



Business Services
Organisation

Providing Support to Health and Social Care



Annual Quality Report

2016 - 2017

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FOREWORD FROM BSO CHIEF EXECUTIVE

Welcome to the fourth Annual Quality Report of the HSC Business Services Organisation (BSO).

The BSO was set up in April 2009 to provide a range of business and specialist professional services to other health and social care bodies. Subsequent legislation also permits BSO to provide some services outside our Health and Social Care (HSC) remit.

Against a backdrop of significant change and development, both within BSO and in the wider environment, the draft Programme for Government has set a goal of supporting citizens to lead long, healthy and active lives. There have been a number of initiatives during the past year to try to help our own staff in BSO stay fit and healthy. These activities which have been designed to enable people to take responsibility for their own health and well-being are described in more detail within this report. Their success has been such that, many of them, like the Global Corporate Challenge, will be continued or repeated next year.

I remain very proud of the many achievements of BSO members of staff which demonstrates their calibre and commitment despite the challenges posed by political uncertainty, structural change and ongoing resource constraints. I would like to thank everyone in BSO for their continuing efforts. While there will always be room for improvement, I hope that this report demonstrates the quality of services provided by BSO.



Liam McIvor

Chief Executive

November 2017

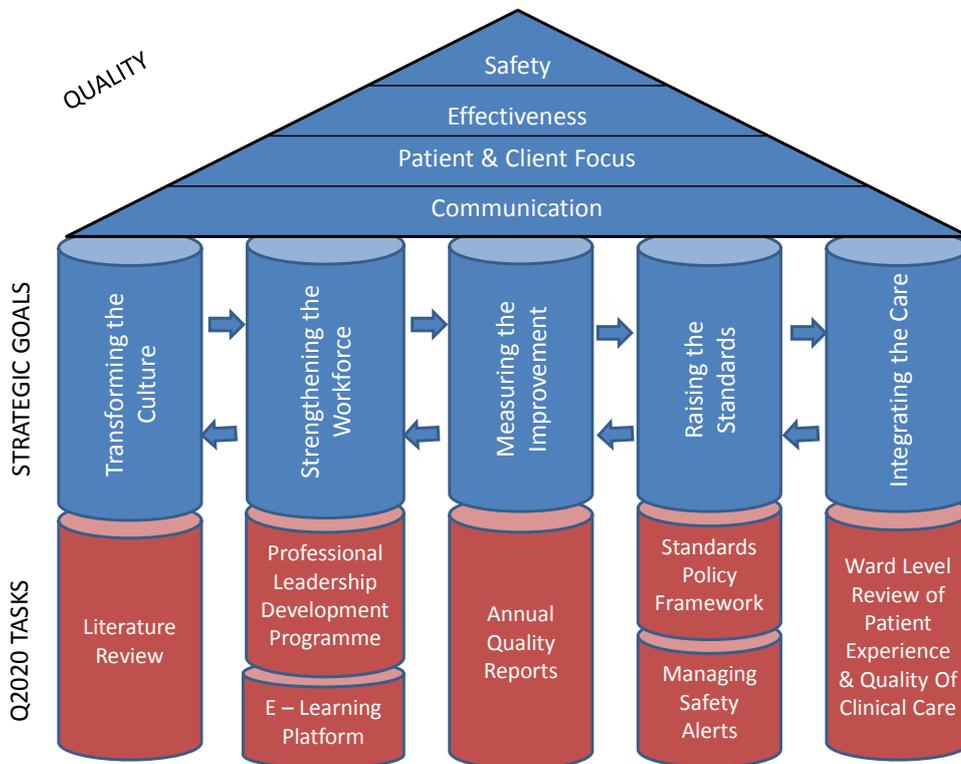
2.0 Introduction

In 2011 the Department of Health, Social Services and Public Safety (DHSSPS) launched “Quality 2020, ‘A 10-year Strategy to Protect and Improve Quality in Health and Social Care in Northern Ireland’”.

The 2020 Quality Strategy for HSC draws its strategic relevance from the “Transforming Your Care” (TYC) Review which views quality as a driver for change; the financial climate – doing more with less; public demand – political and media scrutiny; change factors such as demography, environment, scene and social.

The goals of the 2020 Quality Strategy are outlined as follows:

- Transforming the Culture – a dynamic HSC culture focused on continuous quality improvement that values learning and inspires trust;
- Strengthening the Workforce – a workforce that is confident, skilled and quality-inspired;
- Raising the standards – a more robust set of service standards effectively applied;
- Measuring the improvement – an effective set of quality measures and improvement techniques;
- Integrating the care – more effective integration of services and interfaces.



The lead agency for Quality 2020 is the Department of Health (DoH). The Chief Medical Officer is the Programme Sponsor and the DoH Director of Safety, Quality and Standards is the Senior Responsible Officer (SRO) for the programme. The BSO is represented by Director of Finance and Head of Clinical Education Centre on the Quality 2020 Implementation Team. The Customer Care and Performance Directorate has responsibility for co-ordinating the organisational approach to quality excellence within the BSO.

The development of Annual Quality Reports is one of the designated tasks under the Strategic Goal of Measuring the Improvement in the Quality 2020 Model above. This is the third BSO Annual Quality Report. It documents some of the BSO's achievements with regard to quality excellence and continuous improvement during the year 2016-17 following the concept of the five Quality 2020 strategic goals previously outlined.

The BSO's mission is *"to deliver value for money and high quality business services to Health and Social Care, so contributing to the health and well-being of the population of Northern Ireland."*

The Business Services Organisation (BSO) was set up in April 2009 to provide a range of business support and specialist professional services to other health and social care bodies. These services include procurement, technology support, human resources, legal services, family practitioner services, counter fraud and internal audit. Recently enacted legislation also permits the BSO to provide services beyond our Health and Social Care remit.

Our Strategic Objectives and Values for 2015-18 help us to fulfill our Mission in an increasingly challenging environment.

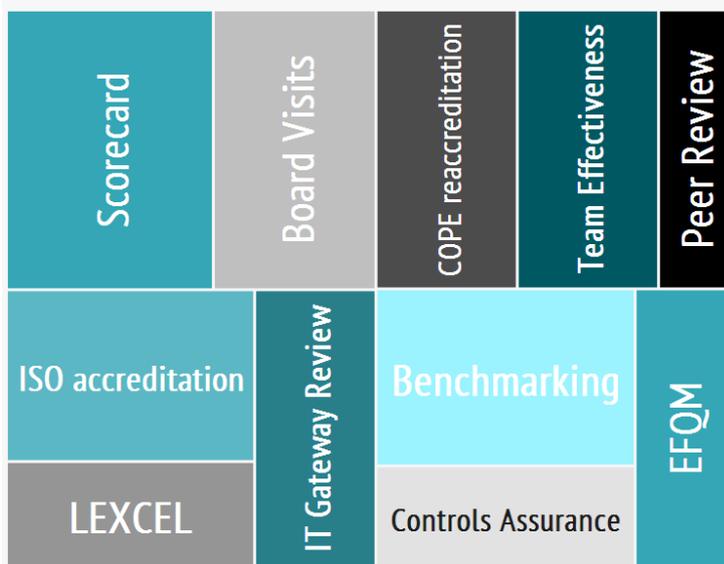
As an organisation we value:

- *Respect of Staff and Customers;*
- *Accountability in how we use our Resources;*
- *Transparency, Openness and Trust;*
- *Partnership and Collaboration with our Stakeholders and Customers;*
- *Professionalism and Expertise.*

Our Strategic Objectives or Outcomes are the focus of everything we do:

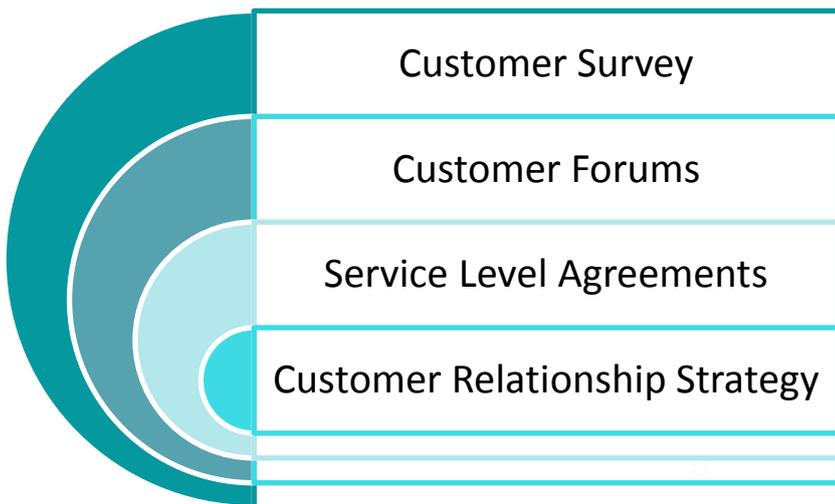
- *To Deliver Value for Money Services to our Customers*
- *To Grow our Services and Customer Base*
- *To Pursue and Deliver Excellence through Continuous Improvement*
- *To Enhance the Contribution and Development of Our People.*

3.0 Summary - Quality Excellence in BSO



Our processes are assessed internally and externally to ensure their optimisation

We have a range of initiatives to support our staff in the provision of a high quality service



We have built quality into the management of our customer relationships – which are vital to the success of the BSO

4.0 Transforming the Culture

The Quality 2020 aim: ***We will make achieving high quality the top priority at all levels in health and social care. We will promote and encourage partnerships between staff, patients, clients and carers to support decision making.***

It is widely agreed that the culture of an organisation is an indication of the quality of its output, in this case care. In order for the quality of care and services to be of the highest level, the culture of the organisation must be open, honest, transparent and, above all, client-focused.

4.1 Our Board

The Executive and Non-Executive Directors of the BSO Board provide leadership for the organisation. Guided by the Minister and priorities set by the Department of Health (DoH), they set the strategic direction for the BSO and are responsible for ensuring that the organisation achieves its objectives. The Chief Executive is accountable to the Board for the performance of the organisation.

The BSO Board and its Committees maintain a focus on quality by discussing performance information, including key quality indicators, on a regular basis. This information is presented through:

- the monthly Corporate Balanced Scorecard,
- the quarterly report on Performance against Annual Business Plan,
- the quarterly Human Resources and Corporate Services Report,
- the monthly Finance Report,
- the annual Service Offering to customers;
- updates on Benchmarking against other organisations,
- compliance with Audit Reports and Controls Assurance Standards,
- updates on Quality Awards and Accreditations and
- the outcomes of the corporate Customer Satisfaction Survey with associated improvement action plans.

In addition, the BSO Board has reviewed its Corporate Risk and Assurance Register on a quarterly basis. The Board does this with a view to assessing prospectively risks to quality of services and ensuring that appropriate controls and assurances are in place. Non-executive members of the BSO Board also undertake a series of visits to various service areas within the organisation as a means of assuring quality.

4.2 Quality Culture within BSO

When an organisation has a quality culture all employees have embedded quality improvement into the way they conduct their daily business. BSO, as an organisation, continually strives to ensure that any changes introduced in terms of new systems and ways of working lead to improved quality and experience for our customers. We continually seek new and innovative ways of developing and growing our services and increasing our productivity.

The most recent Feedback Report from the Investors in People Reaccreditation Process states:

“Senior leaders and managers articulated a robust culture of self-review that uses a range of techniques and methodologies. My conversations confirmed that the climate of constant change makes it more essential than ever to perform and improve; therefore strategic planning reflects the key areas where culture shift is still needed. The staff survey provides an insight into the things that people feel are managed well and where they see potential for improvement. ...”

Improvement to our services is more likely to succeed if all members of staff are involved rather than just looking to a number of senior figures. During 2016-17, the BSO Organisation Workforce Development (OWD) Group, which is made up of representatives from all services within BSO, continued to work closely with the Senior Management Team to embed a culture of professionalism and expertise.

3.3 Employee Engagement

In addition to the work carried out by the OWD Group, Human Resources carried out further work to analyse in detail the results of the BSO staff Survey. This included further analysis of the experience of staff working at Band 3 level in the organisation. A series of focus groups were facilitated to examine what it means to work in BSO and, with the support of Human Resources, Directorate specific action plans are being taken forward. More general, organisational specific initiatives include the review of the appraisal process, induction for new staff, career opportunities, communication and health and wellbeing being delivered centrally in Human Resources.

We have a range of initiatives to support our staff in the provision of a high quality service.

BSO Staff Quality model



5.0 Strengthening the Workforce

*The Quality 2020 aim: **We will provide the right education, training and support to deliver high quality service. We will develop leadership skills at all levels and empower staff to take decisions and make changes.***

The importance of leadership in empowering staff to challenge and change bad practice and attitudes has been stressed both at Ministerial level and by Chief Professional officers. The Minister stated that “*Strong leadership is the key to effecting change and although the future brings major challenges, including effective transformation of services, it also brings opportunities, and Quality 2020 should ensure that we are more ready to deal effectively with the challenges and opportunities that lie ahead and so protect and improve quality.*”

Strong leadership will strengthen the workforce and training can play a major role in this. Quality training will produce quality staff who will produce a quality service.

5.1 Health and Wellbeing

A Health and Wellbeing Sub-Group was established in 2015 to support and implement the BSO Health and Wellbeing Strategy. During 2016-17 we focussed on enhancing the contribution and development of our people. Through the HRPTS system, we were able to identify reasons for absence and direct our resources accordingly. We have provided our staff with access to a number of health and well-being programmes on mindfulness and personal resilience. By offering these courses we encouraged BSO staff to take responsibility for their health and well-being.

Another initiative that took place during the year was the Global Corporate Challenge. This challenged 294 staff to take on average 10,000 steps per day over 100 days, promoting exercise as well as learning more about mindfulness, nutrition, sleep and recovery. Staff noted improvements in their weight, sleep and recovery. This was such a success that the BSO intend to participate again during 2017-18. The end of challenge report highlighted that the BSO needed to promote more awareness around nutrition and healthy eating. In light of this, BSO provided all staff with portions of fresh fruit once a week during the month of February 2017. Again this proved successful with the staff. The BSO appreciates that our staff face major challenges in difficult times. To help staff cope during these difficult times, the BSO provided staff access to screening and well-being assessments. As well as the mental health programmes that were run during the year, BSO arranged for Cancer Focus to provide screening programmes for staff. Part of this also included staff accessing a skin scanner that would indicate some skin damage caused by the sun.

5.2 Global Corporate Challenge Celebration

On 1 September 2016 we saw the completion of the 100 day Global Corporate Challenge (GCC). This challenge saw over 40,000 teams taking part worldwide with 72 teams (504 staff) from the BSO and HSCB taking up the gauntlet. This raised a lot of interest and became very competitive!

On 12 October 2016, we had a GCC Celebration Day to commemorate the end of the event and to recognise the achievements of individuals, teams and both organisations, BSO and HSCB. Rachel Tavener and Jack Williams from GCC came over for the day. Hugh McPoland, Director of HR thanked everyone for coming and expressed how impressed he was on the uptake, competitiveness and success of this challenge. Rachel then provided an overview of what was achieved by all participants from BSO and HSCB.



The BSO's most active team was the Kingspammers (above) from ITS. They walked an incredible 5,717 miles with an individual daily step average of 20,535 steps.

Over the 100 days, together we achieved 594,963,599 steps which equated to 236,604 miles. Phileas Fogg and Michael Palin travelled around the world once in 80 days, however, we all walked around the world 9.5 times!!!

Pre GCC, only 9% of participants (45 staff) were exceeding 10,000 steps per day. This increased to 78% (393 staff). An amazing 773% increase. Daily step average was 12,709 steps per day. Other small changes that made a big difference during the challenge saw 21% (106 staff) now meeting the nutritional guidelines compared to 9% pre GCC. Together we burned a staggering 23,873,575 calories which equates to 49,977 hamburgers. We had an overall reported weight loss of 301kg (47.5 stone).

In terms of sleep, 71% reported that they were now getting the recommended seven or more hours sleep compared to 55% pre-GCC. 72% of participants are feeling less

The event ended with Rachel and Jack presenting a special crystal award to BSO and HSCB for taking up the GCC challenge.



Hugh McPoland and Paddy Hanna, BSO HR, pictured with Rachel Tavener and Jack Williams from Global Corporate Challenge.

5.3 Notable Awards and Events 2016-17

May 2016:

Maurice Devine, CEC awarded a MBE



Maurice Devine and his family at Buckingham Palace

Maurice Devine, Assistant Head of the Clinical Education Centre was recognised for his outstanding contribution to nursing and learning disabilities nursing in particular in the 2016 New Year's Honours List. This news was widely welcomed by all those who know him. On 6th May 2016 Maurice and his family attended his investiture ceremony in Buckingham Palace.

Maurice is much respected as a progressive and inspirational leader. His dedicated commitment to improving the quality of care to patients/ clients and their families/carers and his contribution to the profession and nursing education is well recognised. The honour of MBE is well deserved.

June 2016:

Jennifer McHugh wins the UU Innovation in Placement award.



Eilish Meehan (HSC Demographics Service Manager), Professor Jonathan Wallace (Director of Academic Enterprise, UU), Jennifer McHugh (BSO Placement Student), Professor Liam Maguire (Dean of the UU Faculty of Computing & Engineering)

BSO Placement Student, Jennifer McHugh received her 'Innovation in Placement Award' from the UU on 10th June 2016. The award was for her work whilst on her placement with BSO/ITS.

Jennifer Identified mismatches of patient demographics across a variety of HSC systems, which was affecting a number of HSC Service Improvement initiatives.

As a result of Jennifer's work, the need to implement a data cleansing project has been identified.

December 2016:

eTriage wins the IT category in Building Better Health Awards, London.



The end-to-end electronic triage process has effectively replaced the paper process in the Northern HSC Trust. As a result, it has reduced the time for most referrals to be processed to below 48 hours in comparison to the 2-3 weeks it previously took. It also improves safety by reducing the risk of loss and allowing referrals to be tracked.

A key reason for the successful award was the collaboration between all of those involved in BSO ITS and clinical, IT and administrative staff in Northern Trust. Other Trusts are keen to deploy this service because of the benefits. Lee Brolly, Eamon Doherty and Gemma Chambers from BSO were invited to attend the Awards.

March 2017:



Dr. Anne Kilgallen (DoH), Prof. Mike Mawhinney (DoH), Canice Ward (DoH), Connor Scullion (BSO), Joe Brogan (HSCB), Dr. Brenda Bradley (HSCB), Mary Hinds (PHA).

BSO, DoH & HSCB win Safety Forum Teamwork Award.

Colleagues from the **Business Services Organisation, Information and Registration Unit (BSO-IRU)**, the **Department of Health (DOH)** and the **Health and Social Care Board (HSCB)** have been awarded the HSC Safety Forum Teamwork Award 2016/17 for their work on the **Controlled Drug Reconciliation Project (CDRP)**. Their award was presented by Dr Anne Kilgallen, Deputy Chief Medical Officer at an awards ceremony in the Spires Conference Centre.

BSO PaLS highly commended award for Procurement Innovation.



BSO PaLS are celebrating success at this year's National Government Opportunities (GO) Excellence in Public Procurement Awards which were held in Manchester on 21st March 2017. These awards recognise those organisations that are continuously raising the benchmark in public sector procurement and are recognised as the UK's premier public procurement awards. The event included over 150 finalist organisations competing in 17 categories. As the only Northern Ireland finalist, BSO PaLS received a highly commended award for Procurement Innovation/Initiative of the Year

Hannah Baxter, Procurement Manager;
Rodney Smyth, Specialist Procurement
Manager; Florence McAllister, Senior
Procurement Manager; Linda O'Hare, Head of
Non Clinical Procurement , BSO Procurement
and Logistics Service

5.4 Communication

Members of BSO staff are made aware of quality improvement initiatives being undertaken by a variety of means. These include the monthly staff magazine, “*Business Matters*”, regular staff meetings, team briefings, professional supervision meetings and the HSC Knowledge Exchange. An organisational review of communications took place during year and it is planned to implement its recommendations in the forthcoming year.

The *HSC Knowledge Exchange* is an initiative of the HSC Leadership Centre which was established in February 2014 with the creation of a website and network for people delivering health and social care in Northern Ireland. The website continues to be a place where new policy, news and thinking from the UK and global health and social care community can be accessed. All key HSC organisations have submitted case studies of NI specific good practice and improvement work.



The Knowledge Exchange is being used both as a system wide events calendar and as a repository of speaker presentations and recordings for access by a wider audience. Membership is diverse and includes GPs, social workers, nurses, students, managers and researchers. As one GP has commented, “*a great resource, now if I only have five minutes between patients I can keep up to date with what’s happening.*”

5.5 Listening to Staff & Training Opportunities

The Vetter Staff Suggestion Scheme was launched and a staff engagement workshop took place in December 2016. There was a continuation of lunchtime learning sessions with Sandra Janoff holding a session in Belfast and attendees linking in from satellite offices.

There have been a number of training initiatives across the BSO. This is the second year of the "Career Pathways" Initiative and a new cohort of staff commenced this programme in January 2017. The BSO has introduced a new "Building Potential" programme for staff at bands one to four and there has been a continuation of the "Moving Forward" suite of programmes. There is continued encouragement for individual staff development demonstrated by uptake on the Acumen, Aspire, Proteus and Succession Planning programmes.

In 2016 -17 the HSC Leadership Centre delivered nine regional senior leadership programmes with attendees including HSC and DoH staff as well as representatives from the community and voluntary sector. These programmes were aimed at Directors/ Medical Directors, Assistant Directors/ Co-Directors/ Senior Clinicians, and Middle Senior Manager/Heads of Services respectively. The overarching aim was to develop the leadership capacity both collectively and individually of leaders across the health and social care region and they were delivered in partnership with a range of industry leaders including colleagues from the public, private, community and voluntary sectors, academic partners and leading national and international speakers. Overall, reaction was extremely positive with a range of knowledge, skills and networks developed over the course of the programmes and a number have been commissioned for 2017-18.

The Leadership Centre entered a new collaborative partnership with Ulster University (UU) to deliver a Business Improvement MSc/Post Graduate Diploma during the year. This programme is aimed at equipping students with skills so that they can improve the operational performance of their respective organisations. This is the first time the Centre has engaged in joint delivery with the University and there was an excellent subscription to the programme with 26 students commencing from HSC and a further eight from UU.

The Leadership Centre was pleased to link with NIMDTA to secure one of the Clinical Leadership Fellows. Dr Ruth Thornbury was appointed from August 2016 and works between the Leadership Centre and the HSC Safety Forum. The Fellowship is progressing well and has been a positive addition to the Leadership Centre for a second year running.

6.0 Measuring the Improvement

*The Quality 2020 aim: **We will improve outcome measurement and report on progress for safety effectiveness and the patient/client experience. We will promote the use of accredited improvement techniques and ensure that there is sufficient capacity and capability with the HSC to use them effectively.***

It is acknowledged that whilst the processes of gathering information and examining data are important, it is vital that lessons from the information are learned. Information from complaints, for example, is an invaluable source of learning and it is critical that learning is shared and put into practice quickly and effectively.

For the service user, no matter which specific aspect of health and social care they are using, the outcome is the most important thing. It is therefore important that the most effective methods of service delivery are used and improvement techniques are applied.

6.1 Collection and Analysis of Data

As described in paragraph 2.1, the BSO Board maintains a focus on quality by discussing performance information, including key quality indicators, on a regular basis. This information is presented through:

- the monthly Corporate Balanced Scorecard,
- the quarterly report on Performance against Annual Business Plan,
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In addition, the BSO Board reviews its Corporate Risk and Assurance Register on a quarterly basis. The Board does this with a view to assessing prospectively risks to quality of services and ensuring that appropriate controls and assurances are in place. Non-executive members of the BSO Board also undertake a series of visits to various service areas within the organisation as a means of assuring quality.

Further operational examples from BSO Directorates include:

- Comprehensive quantitative and qualitative evaluation systems from course participants in the HSC Leadership and Clinical Education Centres and inform changes to products. Impact evaluation processes are included in HSC Leadership Centre proposals for consultancy initiatives.
- HSC Clinical Education Centre (CEC) has an annual Quality Assurance report into a sample of its programmes carried out by NIPEC.
- IT Services use service toolsets, customer feedback and project monitoring tools such as Project Vision.
- Equality team uses qualitative data collection through roundtable discussions or one-to-one engagement with customers and quantitative data collection through surveys
- HSC Pensions Service provides quarterly governance reports to DoH
- PaLS has its own performance dashboard and analyses data from all available systems, audits and performance against Key Performance Indicators (KPIs). Outputs are addressed by operational groups throughout PaLS
- Directorate of Legal Services (DLS) provides monthly reports to each client setting out the time recording against each case/referral in each area of law.
- Customer Care and Performance provide Service Level Agreement monthly performance reports to customers on metrics from across all services provided by BSO.

6.2 Continuous Professional Development and Training

As part of our commitment to investing in our people, the BSO undertakes significant training and development activity for staff to support quality excellence. This includes the attainment of professional qualifications.

In addition to the majority of BSO IT technical staff having a relevant computing degree, many also have ITIL, PRINCE 2 and other technical specialist accreditations. Our ITS staff are actively encouraged as part of their training and development plans to undertake ITIL training. ITIL is the most widely accepted approach to best practice service management and there is a BSO target of 100% ITIL qualified teams by April 2017. ISO Awareness and Auditor training has also been provided to ITS staff as appropriate.

Around 33% of staff members in PaLS are professionally qualified with a Diploma in Procurement and Supply from the Chartered Institute of Purchasing and Supply. Specialist training in ISO has been provided to the designated PaLS officer with quality responsibilities and this is refreshed at regular intervals. This officer in turn provides training in relation to ISO auditing. Specialist training in EFQM assessment

was provided to senior PaLS officers to support gaining the Mark of Excellence and update training is provided as required.

Members of Internal Audit staff are actively encouraged to gain accreditation through an accountancy body or as a certified internal auditor.

Similarly, members of our Finance staff are encouraged to gain accreditation through an accountancy body.

Our Counter Fraud investigators are encouraged to work towards a qualification as an accredited counter fraud specialist and technicians through the Counter Fraud Professional Accreditation Board.

All solicitors within the Directorate of Legal Services have access to Continuous Professional Development (CPD) and conferences on legal topics. Additionally, Solicitors provide training on a variety of legal topics to clients; e.g. to clinicians, social workers, managers etc.

All members of nursing and midwifery staff within the HSC Clinical Education Centre (the Centre) are registered with the Nursing and Midwifery Council (NMC) and come from all fields of practice and a range of specialisms. In addition, the Centre's nursing and midwifery teaching staff are required to hold or are supported to obtain a NMC approved PGCE teaching qualification sourced through a local university, ensuring that the delivery of education is provided by educational, as well as clinical experts. As registrants and teachers, they are supported and enabled to maintain and enhance their knowledge and skills through Continuous Professional Development (CPD), clinical updating, professional supervision, attendance at conferences and professional forums. In planning, preparing and delivering programmes, these members of staff critically review evidence and innovations in practice.

The vast majority of Allied Health Professional (AHP) education and training programmes are delivered by experienced and highly skilled external tutors, sourced regionally, nationally and internationally. The Assistant Head and AHP Training Co-Ordinator as HCPC registrants are supported to access a variety of opportunities in CPD and to engage with and contribute to the wider professional agenda.

The HSC Clinical Education Centre has also developed strong inter-agency working with our partners in HSC Trusts. This ensures that the educational programmes and products delivered by Centre's Nursing and Midwifery and AHP Units not only meet the needs of local workforces, but also provides opportunities for teaching staff to participate in appropriate, high quality and relevant clinical updating on a yearly basis. This helps to ensure that clinical competence is a core component of professional development and appraisal processes.

Training for BSO staff is primarily identified through the staff appraisal process which leads to an Annual Training Plan reflected the broad corporate training needs.

Additional training programmes will be developed in the coming year such as a Root Cause Analysis programme to enable full and proper understanding of complaints and significant events. All members of BSO staff are encouraged to participate in relevant training programmes provided either in-house or by the HSC Leadership Centre. In turn, members of HSC Leadership Centre staff have been trained in LEAN/Six Sigma, Foundation in Improvement Science in Healthcare and in the Institute for Health Improvement (IHI) model for improvement.

As part of Quality 2020, the Department of Health, in conjunction with Trust representatives, commissioned the HSC Leadership Centre to develop and host a regional eLearning programme to provide staff with a greater understanding of Level 1 of the Attributes Framework: Supporting Leadership for Quality Improvement and Safety. The programme was launched in July 2016 and is available to all HSC staff on the HSC Learning Centre (<http://www.hsclearning.com>).

Over 50% of staff working in Accounts Receivable Shared Services Centre gained the Chartered Institute of Credit Management (CICM) qualification in January 2017.

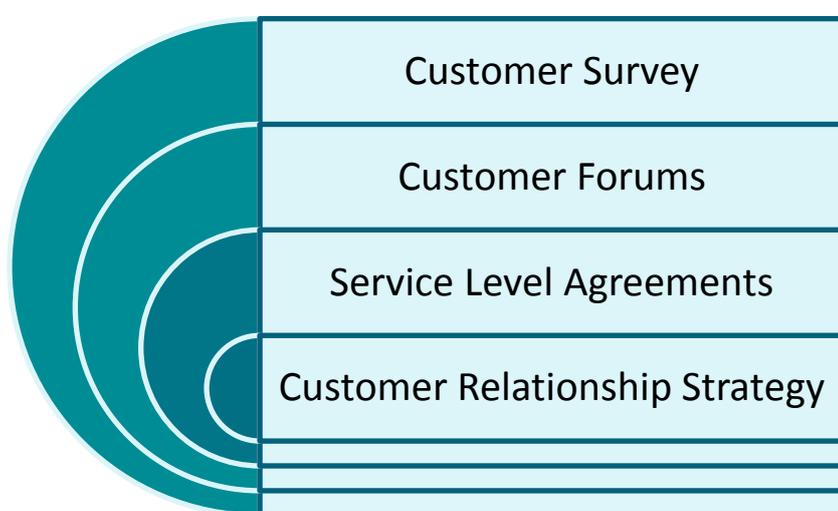
7.0 Raising the Standards

*The Quality 2020 aim: **We will establish a framework of clear evidence-based standards and best practice guidance. We will establish dynamic partnerships between service users, commissioners and providers to develop, monitor and review.***

The Quality 2020 Strategy has emphasised the importance of the voice of the service user. Their contribution to policy and procedures is essential to build a service user based healthcare system.

7.1 Involving Service Users in Quality Improvement

The BSO is a customer-driven organisation and earns its income from the provision of services which are paid for by other HSC bodies. These include the five HSC Trusts, the HSC Board, the Public Health Agency and other regional agencies within the HSC community, as well as the DoH. Services are provided to each customer within the quality standards and pricing set out within their contract or Service Level Agreement (SLA) with the BSO.



We have built quality into the management of our customer relationships – which are vital to the success of the BSO

BSO customer quality model

The BSO is not required by statute to establish governance arrangements to involve and consult with service users as our customers are, in the main, other HSC organisations. However, we recognise that effective involvement is a key component in the delivery of a high quality service. The BSO Customer Relationship Strategy seeks to place our customers at the heart of everything we do and will be reviewed and updated during period 2017-2021.

As part of the Customer Relationship Strategy, we have established Customer Forums in each of our areas of service and carry out an annual Customer Satisfaction Survey. A corporate Customer Satisfaction Survey has been carried out each year since the establishment of BSO and continues to drive what we do and how we do it. Our eighth annual survey took place in 2016-17 with the overall response and satisfaction rates decreasing from the previous year as there had been a large spike in responses in 2015-16. The **Customer Care and Performance team** reviewed the survey approach and presented a paper to Board in January 2017. It has been agreed that, from 2017-18 onwards, surveys will be carried out on a two year rolling basis and supplemented with other customer satisfaction measurement techniques such as focus groups.

*During 2016-17, the **BSO Equality and Human Rights Service** continued the placement scheme for people with a disability. In total, 11 individuals began their 26-week placement with us. The scheme is run jointly with the other regional HSC organisations. Overall, 24 opportunities were created in 2016-17 and nine individuals completed 6 months on the scheme. Together with our regional partners and the HSC Trusts, the BSO Equality Unit developed and consulted on a new regional Gender Identity and Expression Employment Policy.*

The aim of the **HSC Regional Interpreting Service** based within BSO is to improve access to Health and Social Care for patients who do not speak English proficiently, through the provision of trained interpreters. An Interpreting Service User Panel has been established to enable patient and client representation to improve user experience. Membership of the Panel includes representation from the Patient and Client Council, NI Council for Ethnic Minorities, Bryson Intercultural, Stronger Together network and the Chinese and Polish Welfare Associations. By October 2016, 19 new interpreters had been registered to meet the need for priority languages such as Arabic, Bulgarian and Romanian.

*The remit of the **Counter Fraud and Probity Service (CPFS)** has been extended to matters of financial abuse and now participates in the NI Adult Safeguarding Partnership. CPFS staff members have been working closely with HSC Board and Trust representatives to increase awareness of financial abuse. This has involved participation in workshops, delivering presentations and the development of literature setting out possible warning signs of financial abuse and the action to be taken.*

There were a number of successful outcomes from the **Small Business Research Initiative (SBRI)** during the year. These included two field trials in medicines optimisation and five working prototype technology solutions delivered to patients in their own homes.

The Clinical Education Centre (CEC) was invited by one of its stakeholders to participate in the **Southern Health and Social Care Trust Child Protection Conference** titled “Neglect under the Microscope: what works?” The conference

was attended by 150 delegates from statutory, community and voluntary agencies.

Maire O'Halloran, Nurse Education Consultant gave an overview of the Solihull Approach programmes and led a workshop for 53 delegates titled, "*Neglect, Early Intervention and Prevention?*" The workshop highlighted the importance of early intervention, prevention of neglect and other safeguarding children issues aligned to current policy direction in infant mental health and safeguarding children.

The CEC presently teaches a range of Solihull Approach programmes however, for the purpose of this workshop Solihull Approach Antenatal Parent group was presented - including a mother's parent group experience via audio interview. The workshop received very positive feedback and delegates reported a positive learning experience.

The **CEC** was also privileged to host the **5th Regional Solihull Trainers Learning Event** on 31 March 2017. The focus of the event was the delivery of Solihull Parent Groups across a range of settings and delivered by disciplines from across agencies. The CEC provided an overview of the contract with the Public Health Agency 2015-2018 for the delivery of the *Antenatal Foundation Programmes* to 120 Midwives per year. The focus of the programme is on early brain development, supporting parent infant relationships and transformation of antenatal care.

A highlight of the day was the account given by a mother who attended the Antenatal Parent Group with her partner and who are now the proud parents of a five-week old baby boy. She expressed her gratitude and attributed the success of their journey to the Midwives who facilitated the group



Participants at Clinical Education Centre's Regional Solihull Trainers Learning Event, March 2017



8.0 Integrating the Care

*The Quality 2020 aim: **We will develop integrated pathways of care for individuals. We will make better use of multi-disciplinary team working and shared opportunities for learning and development in the HSC and with external providers.***

In order to provide the best possible service, it is essential that training provided is of the highest standard. To help ensure this, the HSC must look to providers of excellence in terms of training and practices. This must be done cost effectively and with outcomes for the service user in mind.

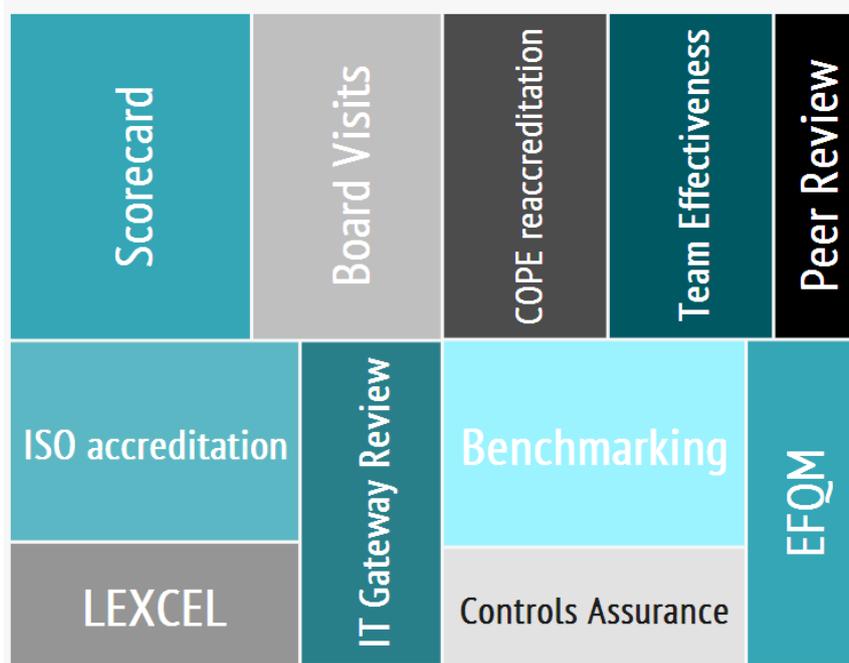
Reaching outside of the HSC to avail of expertise and experience is an excellent way to measure performance and to use other outlooks on training and management to achieve the best results for the service user.

8.1 External Assessment of BSO Business Processes

The BSO seeks to use modern business processes and information technology to lower operational costs and improve quality. The aim is to allow other HSC bodies to concentrate their efforts on their core objectives to improve the health and well-being of the population by relieving them of the day to day responsibility to manage support functions.

Our processes are continually assessed both internally and externally to ensure their optimisation and some of the accreditations and initiatives undertaken by BSO are summarised overleaf.

The corporate approach of the organisation to Benchmarking is outlined at paragraph 8.2.



BSO Process Quality model

The following provides a flavour of some of the quality initiatives and accreditations held or undertaken by BSO during 2016-17. It is not by any means intended to be an exhaustive list.

8.1.1 Investors in People



The Business Services Organisation continues to be corporately re-accredited against the Investors in People international quality standard in November 2015. This framework delivers organisational improvement through people. It centres on the development of people to achieve continuous improvement for BSO and the people we serve. By investing in our staff, we are investing in the improvement of health and social care.

8.1.1 Centre of Procurement Expertise

In Northern Ireland public procurement is governed by the Northern Ireland Public Procurement Policy. This policy established the concept of Centres of Procurement Expertise (CoPE) and directed central government departments and their arms-length bodies that procurement should be conducted through a recognised Centre of Procurement Expertise. BSO Procurement and Logistics Service is the accredited

CoPE for goods and services for health. The reaccreditation process will be completed in 2017-18.

8.1.3 ITS ISO 20000- 1:2011 accreditation

Quality and performance are key considerations for the BSO IT Service. ITS has been an 'ISO 9001:2008 TickIT' quality accredited service since its creation in 2009, undergoing biennial independent external audits. In 2014-15 ITS was successful in achieving the ISO 20000- 1:2011 standard. The ISO 20000 standard is an externally accredited industry standard which is based on the Information Technology Infrastructure Library (ITIL) best practice guidelines for the provision of IT Services.

These standards and guidelines give BSO a template to support our aim of providing the highest quality IT service to our HSC customers. We are continually working to increase the scope of adoption of ISO 20000 across service areas and teams are subject to bi-annual surveillance audits by an approved external auditor. The following service areas have been in scope since 2015-16:



- E-mail
- Theatre Management Systems (TMS)
- Human Resources, Payroll, Travel and Subsistence (HRPTS)
- Finance, Procurement and Logistics (HRPTS)
- Electronic Care Record (ECR)
- Integration.

In 2016-17 ITS increased the scope of ISO 20000 to include Desktop and Service Desk. A dedicated team led the technical refresh of NI Fire and Rescue Service HQ IT infrastructure with a new BSO ITS platform. This and other ITS led initiatives within NIFRS created annual contract savings of £385k.

ITS continues to lead on the development and delivery of the NI Electronic Care Record (NIECR). The use of the NIECR has continued to grow with over 18 000 active accounts by February 2017. A number of interfaces added during the year and the NIMATS maternity system information is also now available in ECR. The national healthcare award-winning 'eTriage' Electronic Referral functionality has gone live in all Trusts in specific areas but with rollout to all areas still underway. Electronic Document Transfer was rolled out to 45% of GP Practices.

8.1.4 Lexcel

The Directorate of Legal Services continues to be accredited to the ISO and LEXCEL Quality awards following external assessment in October 2016.



8.1.5 Internal Audit

Our Internal Audit Service is accredited to the ISO 9001: 2008 quality standard. It is also an approved Association of Chartered Certified Accountants (ACCA) Gold Status Employer Training and Professional Development Service. The ACCA accreditation recognises the Unit's high standards of staff training and development. BSO Internal Audit Unit has both the 'trainee development' stream for trainees taking the ACCA qualification and the 'professional development' stream. The 'trainee development' stream recognises the Unit's existing in-house training and simplifies trainees' membership application process.



The 'professional development' stream recognises the Unit as an employer who provides learning opportunities for ACCA members to support their continuing professional development (CPD). This registration has been assigned for six years from 2012, after which it will be reassessed by ACCA.

8.1.6 Accounts Receivable Shared Services

The Accounts Receivable Shared Services Centre became a corporate member of the Chartered Institute of Credit Management (CICM) in September 2016. The service successfully achieved the CICM Quality Accreditation in March 2017



CORPORATE
MEMBER

8.1.7 PaLS ISO 9001

In August 2016 PaLS undertook its latest external audit against the ISO9001 Quality Management Standard with successful continued accreditation. PaLS have consistently focused on providing a quality service to customers within HSC and retaining our accreditation against the European Standard for Quality Management Systems (since 1996) is testimony to the members of PaLS staff who were integral to its success.



8.1.8 Clinical Education Centre ISO 9001

The HSC Clinical Education Centre also achieved ISO 9001: 2015 accreditation in November 2016. This accreditation was awarded for the quality management system in place for the design, [planning, delivery and evaluation of education and training programmes for nurses, midwives and allied health professionals.

8.2 BSO Benchmarking

A corporate approach to monitoring and review quality of performance and value for money in BSO services includes a rolling programme of benchmarking. This includes participation by a number of BSO services in a benchmarking “club” conducted by the Chartered Institute of Public Finance and Accountancy (CIPFA). Results are compared with other participating organisations, which are typically based in Great Britain and predominantly local government.

Each service area in BSO is responsible for completing the relevant questionnaire issued by CIPFA. Customer Care and Performance has a central role in the administration and verification of the questionnaires and analysis of reports which are produced by CIPFA. Following completion of a benchmarking exercise, results are collated and summarised to report to the BSO Senior Management Team and Board along with defined follow on actions.

In general, the Benchmarking Exercises indicate that services provided by the BSO represent good value for money and it is important that customers continue to be made aware of this. The reports have therefore been shared with customers at various meetings throughout the year. Shared Services Payroll, Accounts Payable and Accounts Receivable were included in the CIPFA Corporate Benchmarking exercise for the first time in 2016-17.

In areas where there has been no CIPFA Benchmarking Club available, other arrangements for benchmarking have been made. For example, the Office for Research Ethics Committees (ORECNI) benchmarks against its sister organisations in England, Scotland and Wales. During 2016-17, ORECNI achieved 100% in significant national Key Performance Indicators and was rated the most efficient service of its kind in the UK.

9.0 Conclusion

This Fourth Annual Quality Report of the BSO has been produced in accordance with the guidance issued by the Department of Health. Broadly speaking, this is that the format of the report should follow the five strategic Goals of the Quality 2020 Strategy. These Strategic Goals are as follows:

- Transforming the Culture
- Strengthening the Workforce
- Measuring the Improvement
- Raising the Standards
- Integrating the Care.

In seeking to fulfil these goals, it is clear that financial constraints will be a part of our life for the foreseeable future and will continue to impact on HSC resources. BSO, as the key support organisation within HSC, will continue to monitor their effects on the quality of our services and seek to meet them with creativity and innovation.