

BS15000: A NEW IT SERVICE-MANAGEMENT STANDARD FOR THE NHS

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Abstract

A new quality standard, BS15000, has been introduced that focuses on the requirements of IT service-management processes. It complements the ISO9000 standard. This article describes the new national quality standard and makes associations between the aims of the standard and the strategic direction of the NHS against the background of technical change in the public sector and the drive for higher quality and more cost effective service provision.

INTRODUCTION

The definition and use of clinical standards in the National Health Service (NHS) is a well established approach towards ensuring that the highest possible levels of patient care are achieved and maintained. Clinical standards have long been established as has technology led patient support and monitoring but with the continuing integration of care services, and with the National Care Records Service (NCRS) particularly in mind, there is a clear and urgent need to establish equivalent standards in the management of technology led clinical and care information.

The Wanless Report made several key recommendations for IT in the NHS, including that there should be:

- adherence to stringent national standards for data and IT that are set by the centre; and
- better management of IT implementation.

The report goes on to say that, "without a major advance in the effective use of ICT, the health service will find it increasingly difficult to deliver the efficient, high quality service, which the public will demand. This is a major priority which will have a crucial impact on the health service over future years."

MEETING THE CHALLENGE

This article is about what is being done to meet these challenges: to start with, a few words about the role of standards. The objective of any standard is to establish a generally recognised, understood and measurable level of achievement. Up until now, we have tended to - had to, is a more accurate way of putting it - rely on the ISO9000 series of standards to achieve this with our suppliers.

This has been successful to a point, but because the ISO9000 standard is broadly based to serve different industry sectors it is primarily focussed on management issues, being concerned to ensure that defined processes are followed and evidenced rather than ensuring that the processes were actually appropriate in the first place. This has meant that the services themselves have had to be defined contractually, often in detailed schedules, which have often been open to subsequent interpretation.

The difficulty is that the more detailed the service specification becomes, the more likely it is that the supplier will focus on doing what has been specified in the way that it was specified rather than identifying improvements in efficiency and effectiveness, so that firstly, the potential added value element of contracts is weakened and secondly costs can escalate because the supplier has designed the service to follow the detail of the contract.

QUALITY STANDARDS

Recently, however, a new quality standard, BS15000, has been introduced which focuses on the requirements of IT Service Management processes, including service implementation, as well as the ISO9000 type management requirements, and therefore addresses the Wanless recommendations directly. It may be no coincidence that

Section 9 of the specification for the National Care Records Service (NCRS) indicated that, in the future, both suppliers and NHS departments will be required to be certified under that standard: suppliers who were successful in recent service tender exercises will now have to achieve certification within an agreed timeframe to comply with contract requirements.

As a functionally based standard, BS15000 is different to ISO9000: it is specific to IT Service Management and describes an industry consensus on what constitutes a quality service. In order to achieve certification, an organisation has not only to conform to defined service management best practice, which is based around the Information Technology Infrastructure Library (ITIL) guidelines, but also needs to demonstrate the managerial requirements covered by ISO9000: this does not detract from ISO9000, but complements it.

In practice, BS15000 covers more processes than ITIL. It recognises that many organisations have a mixed approach to service delivery with both internal and external suppliers: for that reason, Business and Supplier Relationship Management have been introduced as auditable areas. Data Protection and Security are recognised by Information Security Management and Service reporting is now identified as an area with a vital role to play in quality service provision. The table below shows the coverage of BS15000.

MANAGERIAL AREAS	FUNCTIONAL AREAS
Overall management system <ul style="list-style-type: none"> • Management responsibility • Documentation requirements • Competence, awareness and training 	Service Level Management Service reporting Budgeting and accounting for IT services Availability & Service Continuity Mgmt Capacity Management Information Security Management
Planning and implementing service management <ul style="list-style-type: none"> • Plan service management • Implement service management • Monitor, measuring and reviewing • Continuous improvement 	Incident Management Problem Management Configuration Management Change Management Release processes
Planning and implementing new or changed services	Business relationship management Supplier management

AN EXAMPLE

If I take one of these process areas, Availability and Service Continuity Management, and look at the way that BS15000 defines best practice and addresses the issue of conformance, it may help to illustrate why it has been adopted by the NHS as a specific requirement of suppliers.

The objective of Availability and Service Continuity Management, as defined by the standard, is to ensure that agreed obligations to customers can be met in all

circumstances. Obviously this area will be a critical success factor for the integration of NHS services in the future.

Part 1 of the standard defines the specification for the process, that is to say, prescribes what should be done to achieve the stated objective. The following is a brief extract of the relevant specification:

- Availability and service continuity requirements shall be identified on the basis of business plans, SLAs and risk assessments. Requirements shall include access rights and response times as well as end to end availability of system components.
- Availability and service continuity plans shall be developed and reviewed at least annually to ensure that requirements are met as agreed in all circumstances from normal through to a major loss of service. These plans shall be maintained to ensure that they reflect agreed changes required by the business.
- The change management process shall assess the impact of any change on the availability and service continuity plan.

So far so good, we all now know what to expect. Part 2 goes on to describe the industry consensus on what should be done in order to meet the objective.

So, for example, to deliver the Service Continuity elements, the service provider should “develop and maintain a strategy that defines the general approach to be taken to meeting service continuity obligations. This should include risk assessment and take into account agreed service hours and critical business periods. The service provider should agree for each customer group and service:

- maximum acceptable continuous period of lost service;
- maximum acceptable periods of degraded service; etc”

This is just a small extract, there is lots more detail, to show the approach that the client and supplier can now expect to be adopted.

THE WAY FORWARD

So what difference is this likely to make? Well, we have a common definition of what is required and, more to the point, a clear idea of what activities should be undertaken, which means we no longer have to spend time trying to agree a service definition every time we go to tender. It does not define how services should be supplied however, so prospective suppliers are free to design service provision in a way that maximises their efficiency and effectiveness, this is consistent with the NHS approach of defining output based specifications where the focus is on service outcomes and quality. We do, of course, have to define and agree the required service levels and that is where our focus should be.

You can be forgiven for thinking that the emphasis so far has been on external service supply. Exactly the same principles apply to in-house service provision, the major difference being that the services will be managed not through a contract, rather

through Service and Operating Level Agreements and funding arrangements may be different. There is however an important point to recognise here. There will be situations where an external service level is dependent on internal NHS services and that is why internal service providers are also recommended to achieve the certificate: so that assurance can be taken about the end to end nature of patient care.

SUMMARY

The NHS is a large, complex and disparate organisation providing critical services with an increasing reliance on technology as a central part of patient care. There is immense change as the government implements its eGovernment modernisation plans throughout the public sector and individual Trusts implement local initiatives. In particular the NHS is implementing a huge programme of IT investment, which will entail staff using a range of new systems, e.g. the new integrated care record system. Against this background, we have to find a way of maintaining and improving existing services while delivering change in a structured and secure way.

This is a challenge common to many organisations in both public and private sectors: more and more we are seeing BS15000 being used as an effective way of defining the relationship between client and suppliers. As the standard becomes more mature, and especially when it becomes an international standard, we can expect to see significant changes in the quality, cost and effectiveness of IT service provision.

References:

Wanless Report:

Securing Good Health for the Whole Population February 2004

National care Records Service:

NHS Standards Strategy April 2004

BS15000:

National Standard for Service Management – www.bs15000certification.com