

FOLLOW UP OF AUDITOR-GENERAL'S 2010 FINANCIAL AUDIT REPORTS

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Name: Mr Mike Rillstone
Position: Chief Executive
Telephone: 8907 1400
Date Received: 13/04/2012

Theme:

Summary

ES12/87

Mr J O'Dea MP
Chair
Public Accounts Committee
Parliament of New South Wales
Macquarie Street
SYDNEY NSW 2000

Dear Mr O'Dea

I write in response to your letter dated April 4, 2012 to the Hon. Jillian Skinner Minister for Health and Minister for Medical Research. Again I wish to express my sincere apologies for the breakdown in communication that led to the Public Accounts Committee not receiving this response as originally requested.

As foreshadowed in my letter to you on April 5, I have now conducted a review of the events of last September and have made internal process changes to ensure that such a serious omission does not happen again.

Please find enclosed a response to the three key recommendations contained within the Auditor-General's Report to Parliament 2010 Volume 11 for which the Committee seeks comment.

I would be pleased to meet with you or the Committee at your convenience should you require any further clarification or detail.

Should you or the Office the Committee require any further information please do not hesitate to contact me directly on 8644 2011, or Deborah Willcox, Director Customer Service and Corporate Governance, on 8907 1446.

Yours sincerely



Mike Rillstone
Chief Executive

Health Support Services

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Excellence in the delivery of support services to NSW Health

RECOMMENDATION:

I again recommend Health Support Services (HSS) further develop its Key Performance Indicators (KPIs) for its service centres to ensure they include more qualitative indicators as well as quantitative indicators, and to measure these indicators against appropriate targets.

Auditor-General's Report, Financial Audits, 2010, Volume 11, p.160

In order to support more timely and rigorous decision making by Health Support Services management (HSS) and to enhance service delivery to customers, HSS has been working to establish more meaningful key performance indicators (KPIs) with targets.

HSS currently provides strategic and operational KPIs monthly and quarterly to all Local Health Districts, Specialty Networks and other health entities, Ministry of Health executives, HSS Finance & Performance Committee and HSS Audit & Risk Committee.

Key performance indicators track the following services and transactions:

- Accounts payable
- Sundry debtors
- Procurement and logistics
- Payroll
- Recruitment
- Food
- Linen
- Statewide service desk for ICT support

The Auditor-General has previously made the observation that many of these measures focus on process and lack appropriate targets. Incremental improvements have been made to these measures over time and where appropriate indicators now have targets, trends and in some cases identify where responsibility for a particular function lies. These reporting improvements allow HSS and Local Health Districts to more readily work together to respond to poor performance and to identify where in the process attention is required. The reporting of trends in performance enables the early identification of system issues that may require intervention. The targets that have been attributed go to compliance and timeliness.

Attached is a copy of the most recent Strategic Key Performance Indicators Report (February 2012). *Attachment 1*

In addition, a Finance Creditors Dashboard went "live" in 2010. This dashboard is a web based tool automatically updated on a daily basis for use by the Chief Financial Officer, Ministry of Health and the Directors of Finance in Local Health Districts. The dashboard has undergone two significant changes since its inception. Firstly, the inclusion of payment of registered small vendors and secondly a report on invoices being managed on the new invoice processing system (new Invoice scanning software package designed to improve accountability and transparency in the management of invoices).

Key performance indicators reported on the Finance Creditors Dashboard include:

- Vendors with invoices ready for payment over 45 days
- Registered Small Vendors with invoices ready for payment over 30 days
- Invoice age (top 20 vendors)
- Invoice age profile
- Vendor's payment profile
- Vendor's payment performance

Concurrently HSS has been working to establish "a single view of truth" in terms of the factual operational position that can be used to drive and support internal decision making by HSS management and external discussions with HSS customers. It is recognised that there are currently too many indicators being measured (over 200 KPIs), the reporting is labour intensive (a manual process that can take up to two weeks for the monthly report) and that different reports are provided at different time intervals.

The reporting suite has now been refined to provide a short but informative list of measures that provide a snapshot of performance. A fully automated dashboard is under development which will provide a window into daily and monthly operational targets and a separate customer portal specifically designed to provide our Customer Health Services with up to date data as to current performance. A performance management unit has been established within HSS reporting to the Director, Customer Service and Corporate Governance who is accountable to the Chief Executive.

The work has been divided into three phases.

Phase one (to be completed May 2012):

- Financial Services
- Customer Service as represented through Service Desks
- Recruitment Services
- Procurement Services

Phase two (to be completed 30 June 2012):

- Food Services
- Linen Services
- Payroll Services
- Warehousing and Distribution Services

Phase three (to be completed July 2012)

- Customer Satisfaction

A matrix is attached showing phase one KPIs with targets (pending consultation with Local Health Districts) These KPIs will be fully automated and active by May 2012.

Attachment 2

The Auditor-General has previously recommended HSS include indicators that measure:

- Number of errors in processing of accounts payable transactions

- Time taken to recover overpayments to suppliers and customer employees
- Number of complaints in a month made by customers, and how long it took to satisfactorily address complaints.

In relation to accounts payable and over payments, these will form part of Phase two and customer satisfaction measures, including complaint management will form part of Phase three.

It is proposed that the matrix will have three interconnected layers:

- Executive scorecard – to provide high level advice to support executive decision making
- Customer service dashboard – to provide customer service information including accuracy of the service in meeting customer demands and requirements, customer and consumer satisfaction and service quality
- Operational dashboard – to provide internal management with key operational information including productivity and process effectiveness.

The key performance indicators with targets will be included in the Service Agreements with Local Health Districts for 2012/2013.

RECOMMENDATION:

I again recommend HSS finalise the Service partnership Agreements with its customers under its newly established framework as soon as possible.

Auditor-General's Report, Financial Audits, 2010, Volume 11, p.161

Master Service Agreements have been finalised for the 2010/2011 year. The process has been lengthy and complex. Health Support Services has commenced discussions with Local Health Districts on the approach for the 2012/2013 Service Level Agreement.

One of the criticisms of the previous year's agreement was the length of the service schedules. A web based service catalogue is currently under construction. This will enable the services to be described in a short schedule that will reference back to the more detailed service catalogue. Key performance indicators with targets will be included and HSS will engage with Local Health Districts with respect to future cost/pricing strategies that will also be included.

A simple heads of agreement will describe the parties and the terms of the 'Agreement'. It will include machinery provisions to deal with dispute resolution and the escalation of issues.

The 'Agreement' will as much as possible align with the Service Level Agreements that bind the Ministry of Health and the Local Health Districts in relation to performance.

RECOMMENDATION:

I recommend the following control deficiencies I have reported to the Corporation for the past two years, which have not been addressed, be actioned as a matter of priority.

The following control weaknesses have been identified either at one or all of the HSS service centres for at least the past two years:

- insufficient control to ensure all customer transactions are processed
- the validity of signatures authorising purchases, approving payments to suppliers and approving manual timesheets are not checked
- payroll master file changes are not reviewed on a regular basis and when reviewed they are not always reviewed by an independent officer
- final termination payments are not being made in a timely manner to terminated customer employees

Auditor-General's Report, Financial Audits, 2010, Volume 11, p.161

1) Insufficient control to ensure all customer transactions are processed

a) *Accounts Payable*

Ensuring customer transactions are supported by robust and transparent processes is a priority for Health Support Services (HSS). A number of initiatives, including invoice scanning technology and B2B (electronic business to business) transactions have been adopted by HSS to improve the management of invoices. Each year HSS processes over 8.5 million Invoice lines to a value of over \$9 billion on behalf of the NSW public health system.

The current business model for processing Customer Health Service (CHS) invoices by HSS requires invoices to be addressed to a HSS Service Centre rather than being sent to the CHS or travel with the goods to the delivery point and acting as a packing slip. It is acknowledged that the manual handling of this volume of invoices carries an inherent risk and HSS continue to work closely with Local Health Districts to encourage the use of electronic requisition in ordering goods and services as well as opportunities for business improvement.

Key performance indicators to monitor customer transactions are reported monthly – these include number of invoices accompanied by a purchase order, total invoices on hold and the reasons, and time taken for invoices to be received and then entered by HSS Service Centres.

In order to respond to concerns regarding lack of transparency and accountability of certain internal control activities, a comprehensive risk and control analysis (RACA) of all HSS service lines including accounts payable was completed by Internal Audit Bureau (IAB) Services and provided to CHSs. A workshop facilitated by IAB was held in December 2010 to discuss risk and control issues with customer health services. A number of process changes were made as a result, for example the signing off on requisitions. As a fraud mitigation strategy, sign off is now a two-step process regardless of the delegation of the officer making the requisition. HSS subsequently met with

the NSW Audit Office, the Ministry of Health with all HSS customers to confirm the responsibility for processing of accounts.

HSS has been implementing full electronic Business to Business (B2B) Procurement to Pay processing whereby a CHS approved requisition is converted into an electronic purchase order and transmitted electronically to the supplier. This trading method commenced implementation in 2009 and is being rolled out progressively to suppliers that are B2B ready. There are currently six major suppliers connected in this way. One of the benefits of this method is that invoices are sent electronically to HSS for processing. Current Suppliers have indicated their satisfaction with this trading method as it handles data synchronisation at the start of the transaction and therefore minimises further manual intervention on the Supplier's part as the purchase order carries a high degree of data accuracy for the supply of goods such as unit price, unit of measure, part numbers and the like. Additionally, when the purchase order is submitted to the Supplier, the data is fed directly into its financial system without the need for manual data entry and when the goods are supplied, the Supplier electronically submits its invoice to HSS for direct upload into the HSS financial system. HSS regularly receives inquiries from suppliers seeking to migrate to the business to business trading platform. In short, for vendors it means lower transaction costs and faster payment of invoices.

In 2010 HSS embarked on an invoice scanning project and rolled out to two pilot sites with a view to a statewide roll out. The pilot highlighted some limitations with the system and components of the system required redevelopment. In 2011 the redeveloped invoice scanning model was introduced for eight Customers and HSS is working closely with Local Health Districts to deal with any emerging issues associated with new technology. With this system comes a feature whereby all documents that are emailed to a specified HSS email address will automatically upload into the scanning software obviating the need for manually scanning documents into the system. This technology will significantly improve the visibility of the management of invoice transactions.

A further pilot is being conducted whereby larger suppliers who are not yet on the B2B platform can electronically transmit invoice files at agreed intervals to ensure that HSS has received the documents.

HSS also carries out routine statement reconciliations for an agreed list of suppliers for each CHS. Additionally, HSS conducts statement reconciliations where a supplier forwards a statement and in cases of stop supply and where HSS has been advised that it does not have a nominated invoice at hand.

b) Payroll

The HSS business model calls for all CHS time and attendance information to be recorded through an electronic roster, thereby eliminating manual timesheets and reducing the risk that all customer transactions are not processed. The project to eliminate manual timesheets is well underway and there has been some improvement in reducing these numbers. HSS will continue to work closely with CHS to ensure that they achieve stronger controls around manual processes.

A report on Customer Payroll Operations by HSS Internal Audit dated August 2011 concluded that "there remains a strong manual control environment over payroll processing, one that will largely remain in place while the Oracle HRIS is introduced to replace the current Supero system". With reference to global updating of the master file (for example, award changes and tax rates) it noted that these updates are put into production only after structured testing procedures.

2) The validity of Signatures authorising purchases, approving payments to Suppliers and approving manual timesheets are not checked

a) *Authorisation of Purchases and Approval of Payments to Suppliers*

With the earlier decision to defer the roll out of invoice scanning, the Ministry of Health, HSS and Customer Health Service representatives agreed that actions and controls would need to be put in place to mitigate risks to an acceptable level based on the RACA for purchasing and accounts payable. The outcome was that HSS has adopted a process of randomly checking authorised signatories where the Customer Health Service has provided HSS with a routinely updated signature register.

HSS continues to seek solutions to minimise the number of purchases and payments requiring manual signature. For example:

- Implementation of electronic B2B trading with major vendors; and
- A new invoice scanning solution is currently being rolled out progressively to Customer Health Services. At March 2012 invoice scanning had been implemented for eight Customers that employ the Oracle FMIS delegation set up, for forwarding unauthorised documents for electronic approval. This rollout will continue throughout 2012.
- NSW Health has instructed CHS over a number of years to use (electronic) purchase orders for purchasing goods and services with some exceptions. Where an electronic purchase order is used in purchasing goods and services, all approvals are recorded electronically. The exceptions are considered exempt from requiring a purchase order and are in cases such as utility supplies and the like.

When HSS receives an invoice where a purchase order should have been used, HSS returns that invoice to the Supplier and requests them to seek a purchase order from the requestor in compliance with instructions provided by the NSW Health Chief Procurement Officer. This action has reduced the number of Non Authorised invoices, where a purchase order should have been used, requiring authorisation on the invoice by the CHS.

There are some other systems other than the Oracle Financial Management Information System (FMIS) being used to generate a purchase order to purchase goods and services, these are typically Pharmacy and Food related. Systems are in place for CHS to provide the necessary authorisations in relation to invoices being processed for payment by HSS.

Again, HSS is progressing the introduction of electronic invoice processing, as identified in points 1(a) and 2(a) above, where possible to ensure adequate controls are in place for the correct payment and recording of CHS expenditure.

b) Manual Timesheets

The HSS business model calls for all time and attendance information to be recorded via an electronic roster, thereby eliminating manual timesheets and the need for checking signatures. Where manual timesheets are being used, it is the responsibility of the Customer Health Service to ensure that there is a proper signature on the timesheet but HSS checks there is a signature before processing pays.

HSS has embarked on a project to eliminate manual timesheets through consultation with the responsible entities (CHS) to ensure in instances where manual time sheets are being used that those staff are being transitioned onto an electronic roster and this exercise is well underway. HSS will continue to work closely with CHS to implement stronger controls through the introduction of a CHS Single Point Of Contact for the passage of approving manual timesheets before they reach HSS. HSS has also been exploring ways in which roster adjustments can be recorded and transmitted to HSS electronically however, this practice is dependent on the roster system used by the respective CHS. HSS will seek to have this roster adjustment function in the new state wide roster system currently under development.

3) Payroll master file changes are not reviewed on a regular basis and when reviewed they are not always reviewed by an independent officer

Staff are regularly reminded that independent checking of master file changes is required. At the Service Centre Parramatta, this activity is undertaken within Teams, while at the Service Centre Newcastle these checks are undertaken by the Audit and Performance team.

A report on Customer Payroll Operations by HSS Internal Audit dated August 2011 confirmed that both Service Centres perform independent checks on master file changes. It noted, however, an opportunity to strengthen control around the receipt and processing of non-global master file changes. The risk was rated as low by the Internal Audit Bureau and the agreed management action where HSS has implemented a database for routinely checking master file changes.

HSS has additionally developed a master file change form within the Mercury Recruitment software that provides CHS with an electronic means of advising HSS of any employee master file changes required. The information provided within the Mercury software is then electronically uploaded into the Supero Human Resources Information System (HRIS).

With the introduction of StaffLink, the new HRIS, a function of Employee Self Service enables individual employees to update their own master file details.

4) Final termination payments are not being made in a timely manner to terminated customer employees

Action has been taken recently to focus all terminations processed through Supero at the Service Centre Parramatta and all StaffLink terminations at the Service Centre Newcastle. Statistics on outstanding workloads are reported weekly and are monitored.

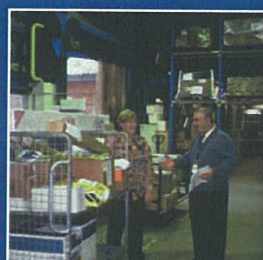
The "Term Inc" report is now retained and the "date the termination was entered" has been added to the report. This has been addressed since the time of the audit in June 2011.

A report on Customer Payroll Operations by HSS Internal Audit dated August 2011 noted that some CHS were not entering termination dates into the system which can potentially cause delays in making final termination payments. The agreed management action within the customer model is to ensure CHS enter termination dates, which prompts the payment process. However, the Daily Termination Report is used by Service Centre Payroll staff to check and confirm that all employees terminated have been processed by payroll.

Health Support Services

Strategic Key Performance Indicators Report

Local Health Districts,
Sydney Childrens Hospital Network,
Justice Health & Albury Wodonga Health
February 2012



Prepared by: Corporate Services, Health Support Services
Authorised by: Chief Executive, Health Support Services
Publication Number: HSS0243



Health
Support Services

Key for Health Networks

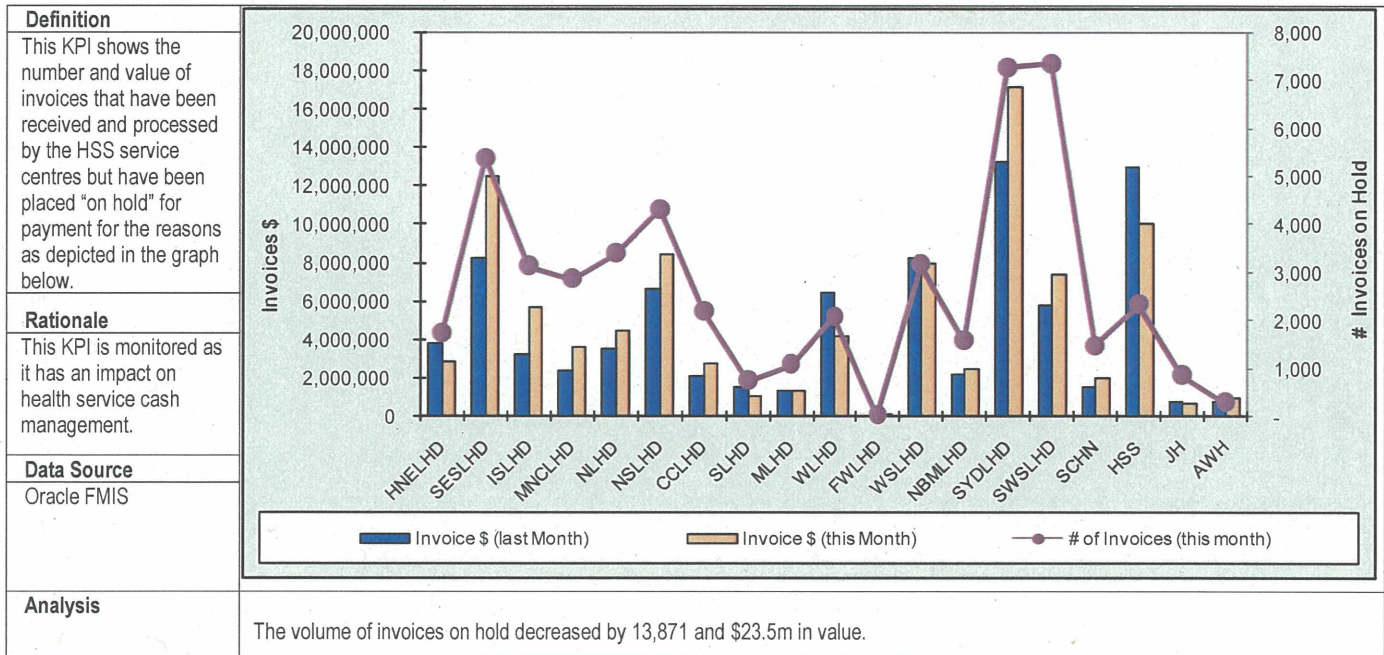
CCLHD	Central Coast Local Health District
HNELHD	Hunter New England Local Health District
MNCLHD	Mid North Coast Local Health District
NLHD	Northern NSW Local Health District
NSLHD	Northern Sydney Local Health District
FWLHD	Far West Local Health District
WLHD	Western NSW Local Health District
NBMLHD	Nepean Blue Mountains Local Health District
SWSLHD	South Western Sydney Local Health District
WSLHD	Western Sydney Local Health District
SYDLHD	Sydney Local Health District
ISLHD	Illawarra Shoalhaven Local Health District
MLHD	Murrumbidgee Local Health District
SESLHD	South Eastern Sydney Local Health District
SLHD	Southern NSW Local Health District
SCHN	Sydney Children's Hospitals Network
FMHN	Forensic Mental Health Network
JH	Justice Health
HSS	Health Support Services
AWH	Albury Wodonga Health
Guthrie	Guthrie
Tresillian	Tresillian

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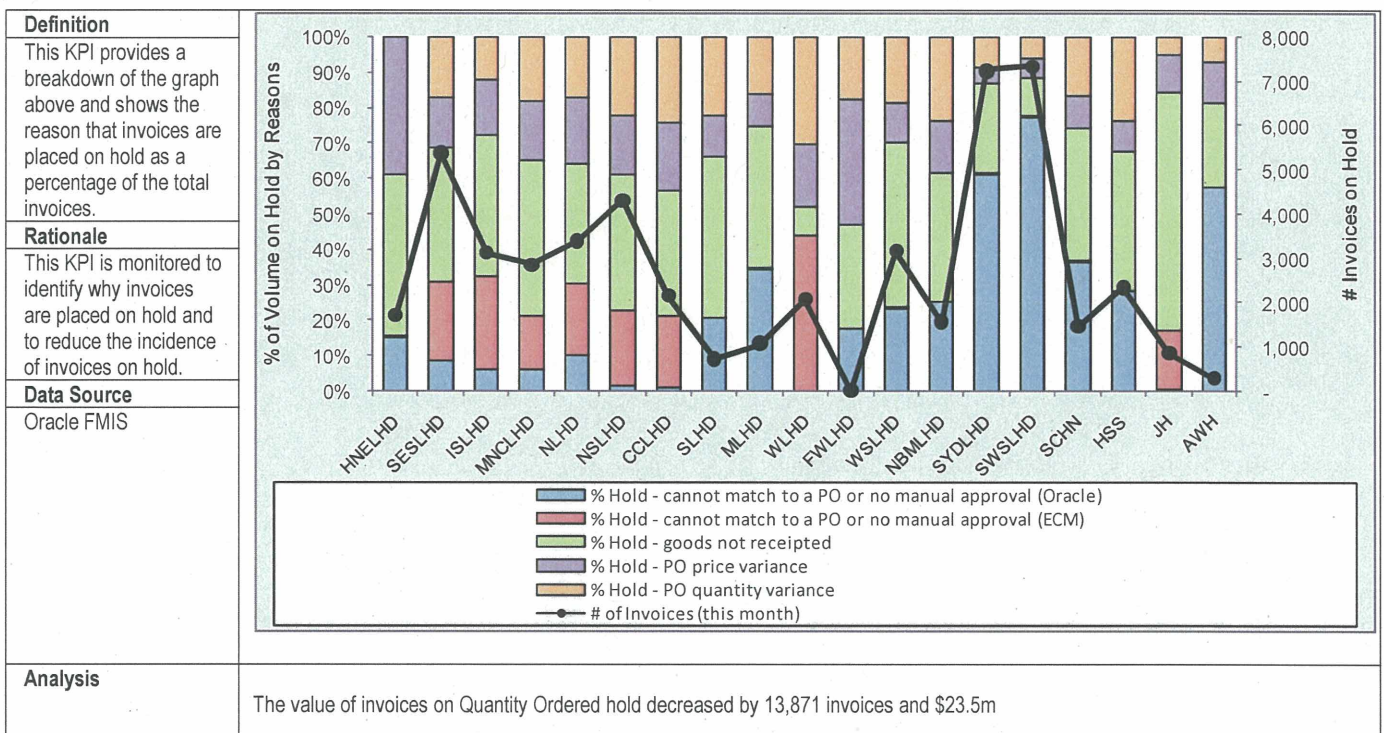
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1 Accounts Payable

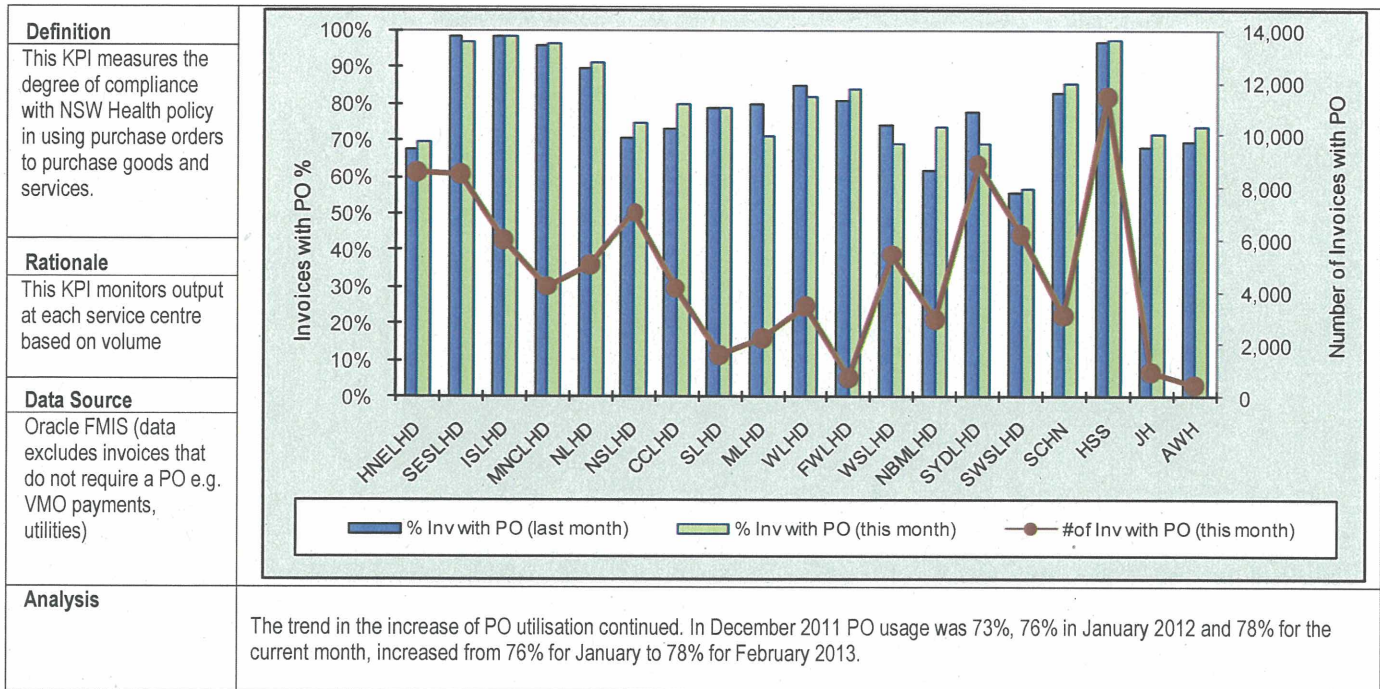
1.1 Total Invoices on Hold



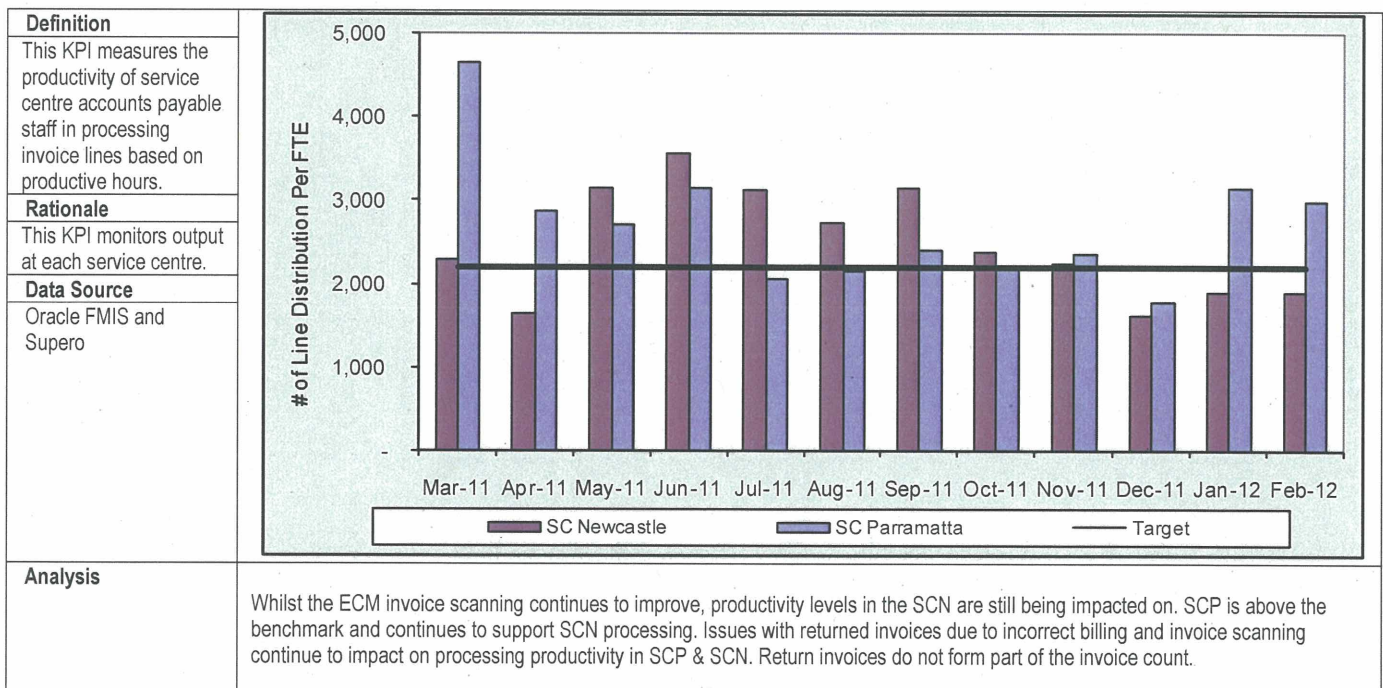
1.2 Reasons for Invoice Hold



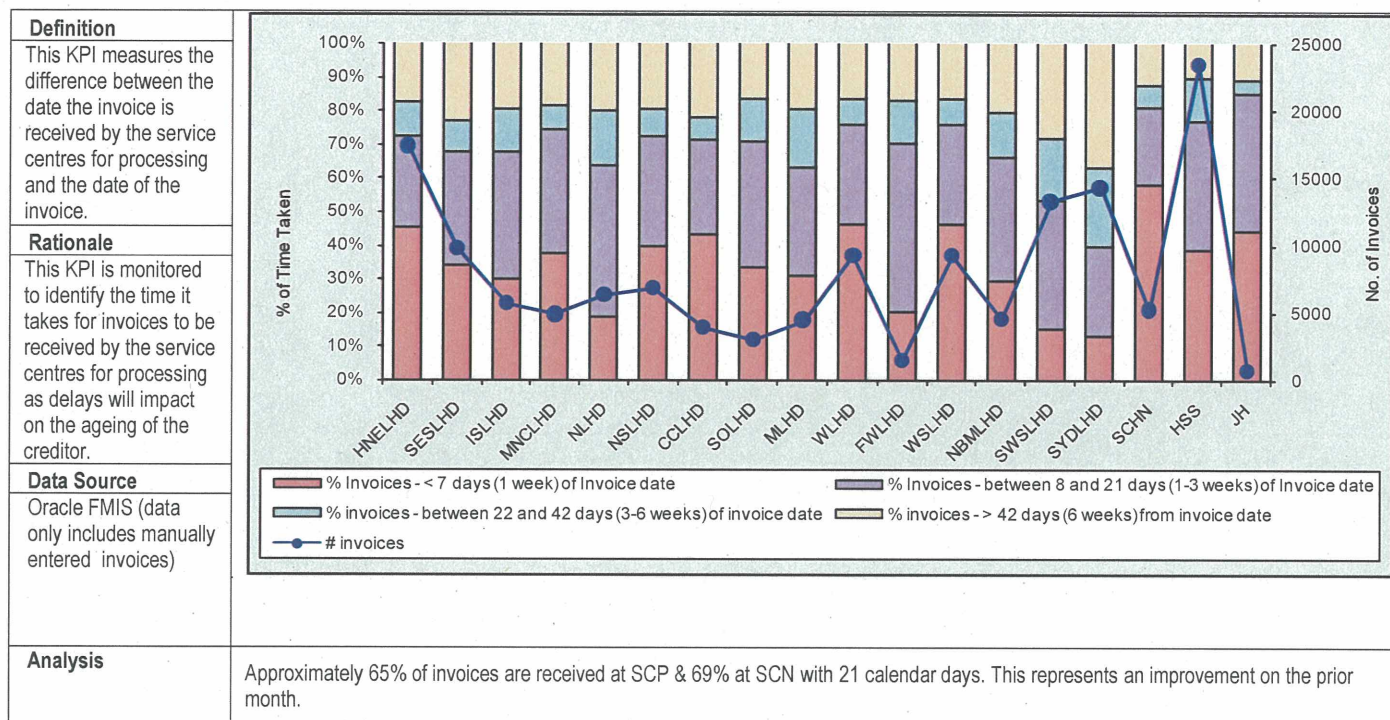
1.3 Invoices with Purchase Order Based on Volume



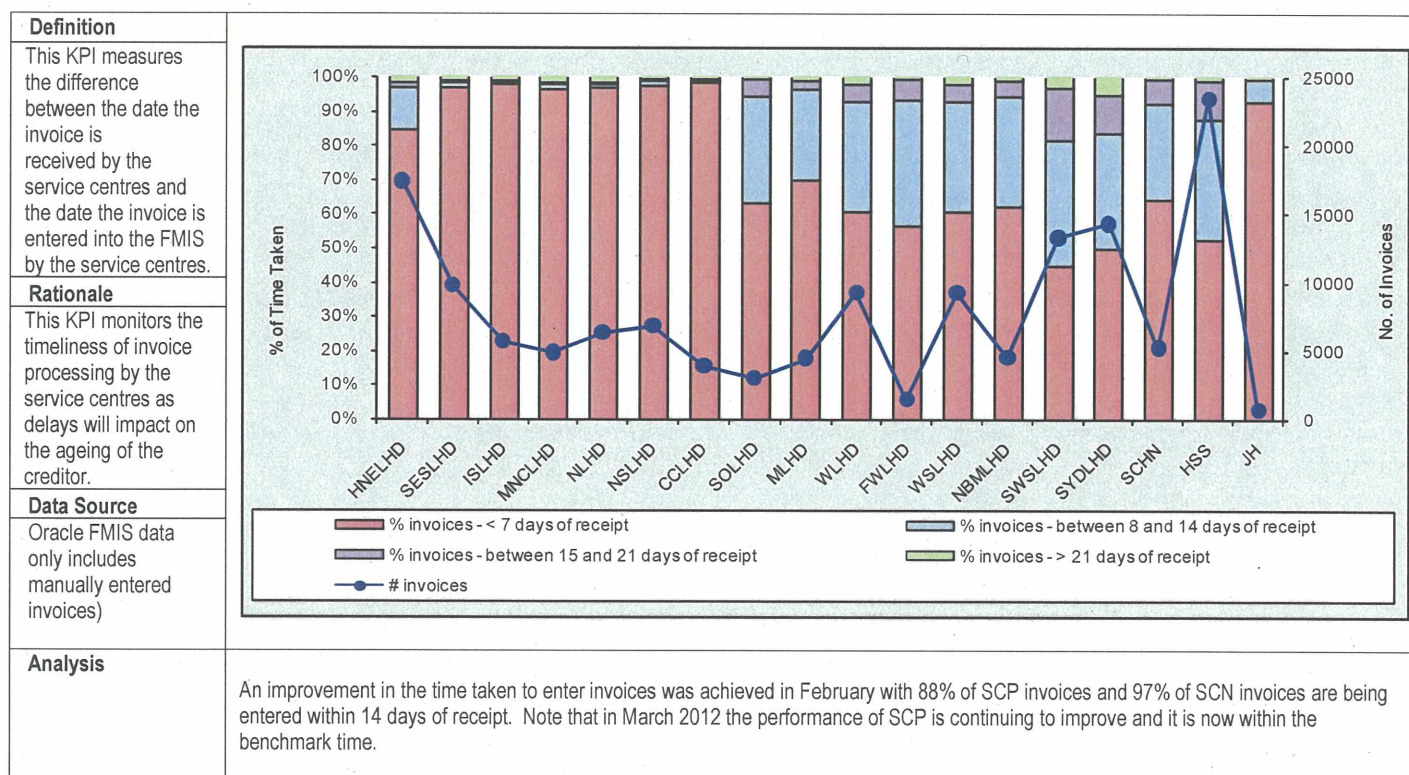
1.4 Number of Invoice Line Distributions per FTE



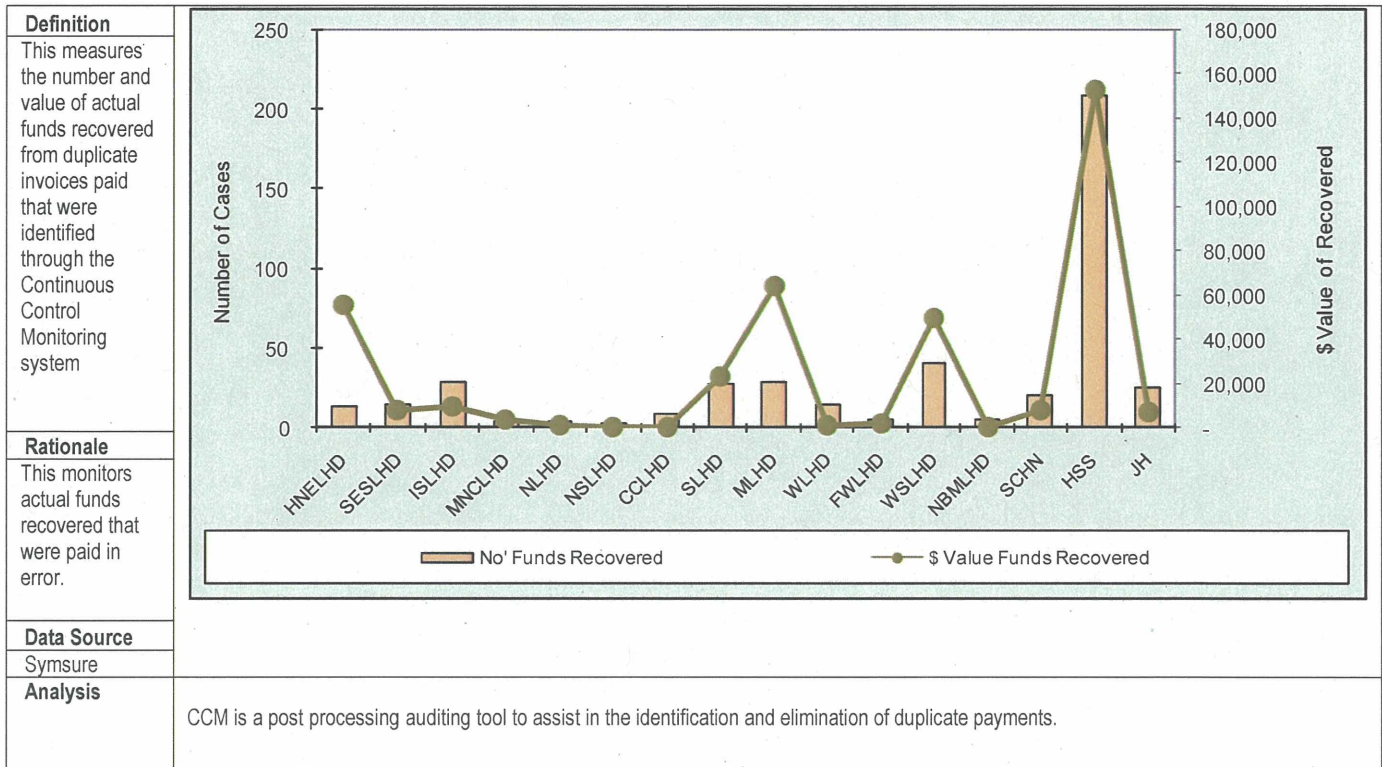
1.5 Time Taken for Invoices to be received by Service Centres



1.6 Time Taken to Enter Invoices by Service Centres

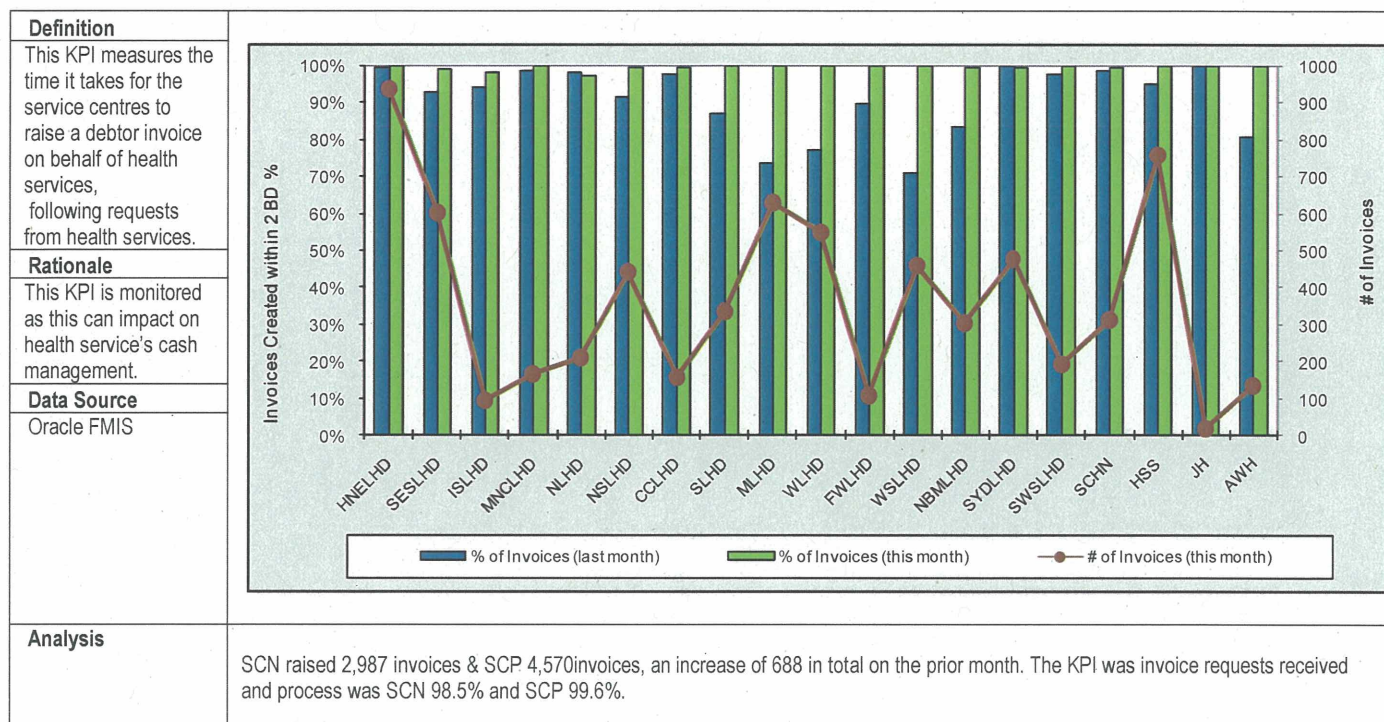


1.7 YTD Continuous Control Monitoring (CCM)

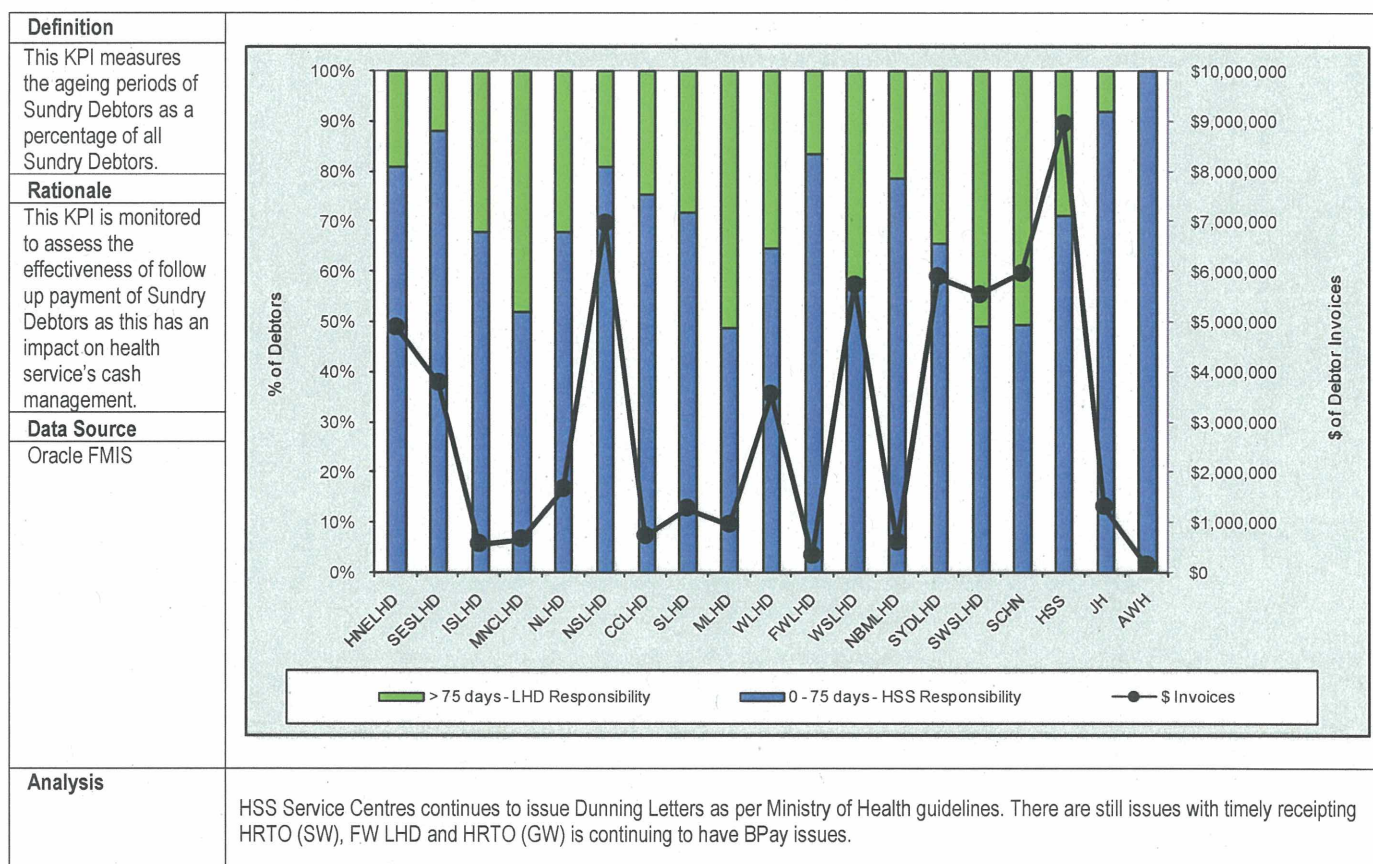


2 Sundry Debtors

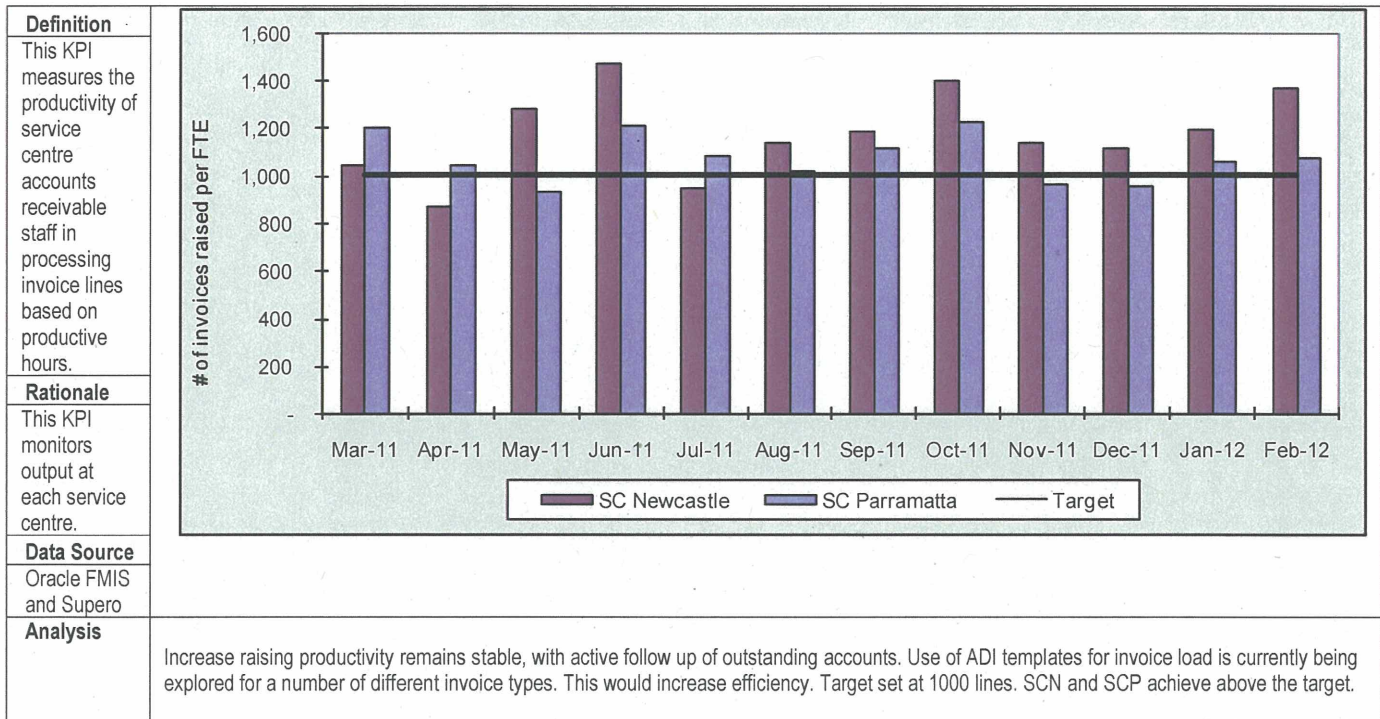
2.1 Invoices Created Within 2 Business Days



2.2 Sundry Debtors by Ageing

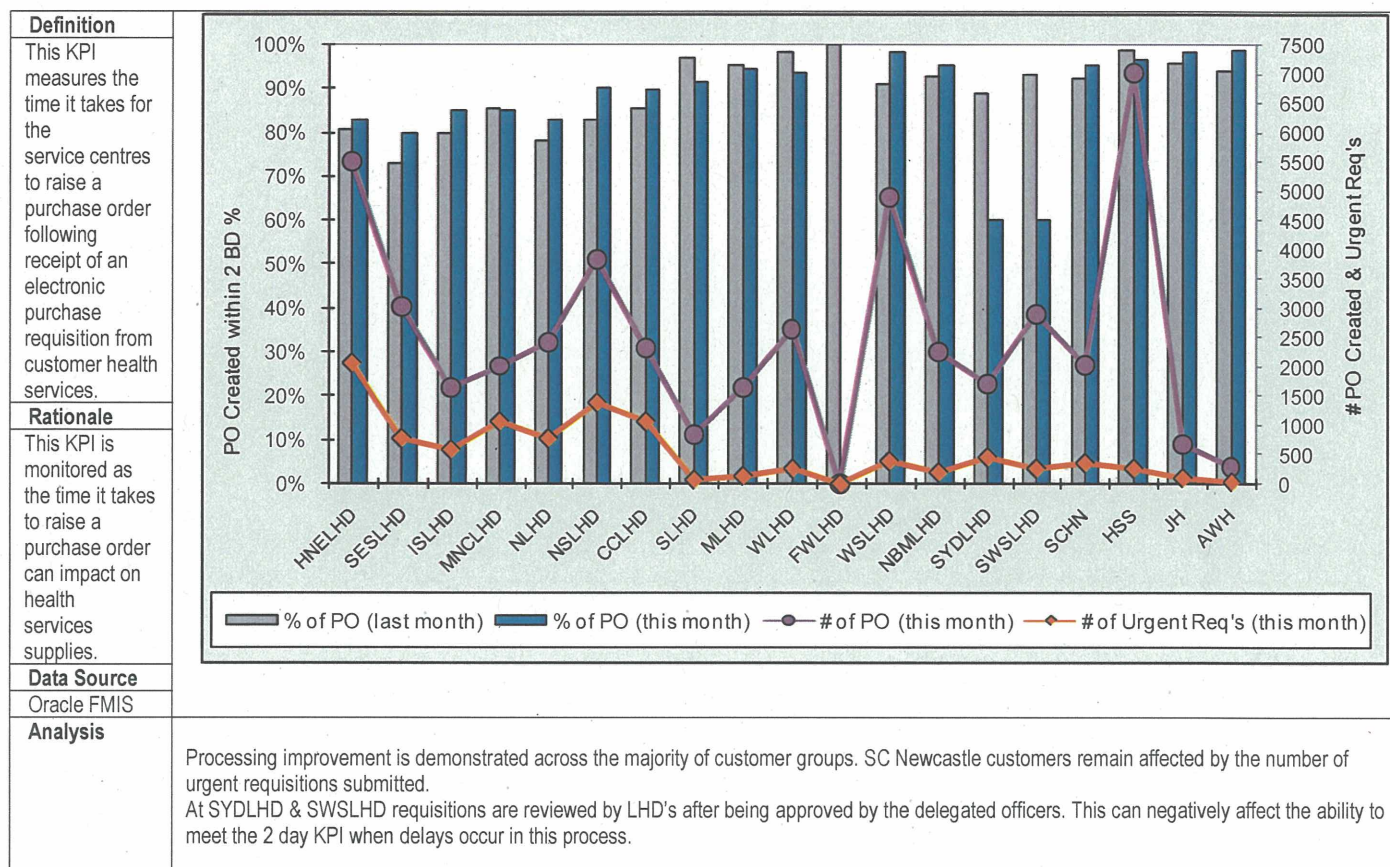


2.3 Number of invoice line distributions raised per FTE

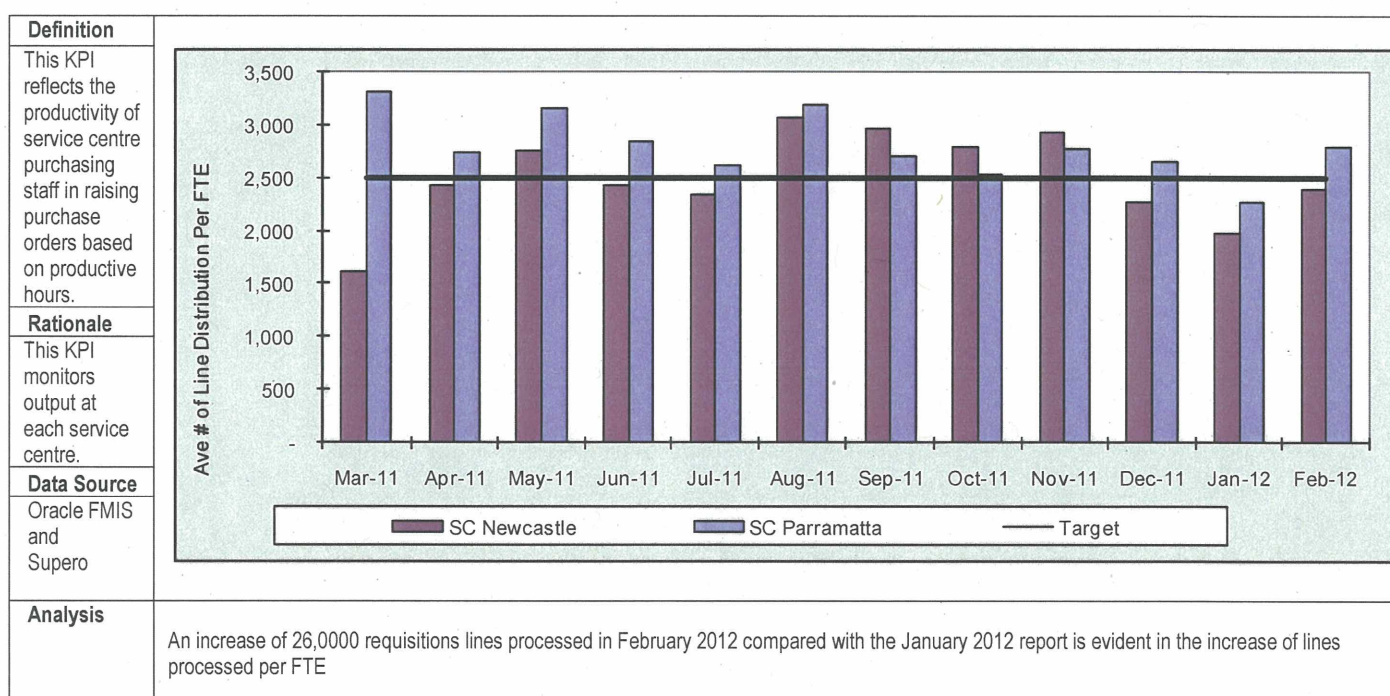


3 Procurement and Logistics

3.1 Purchase order Created within 2 Business Days

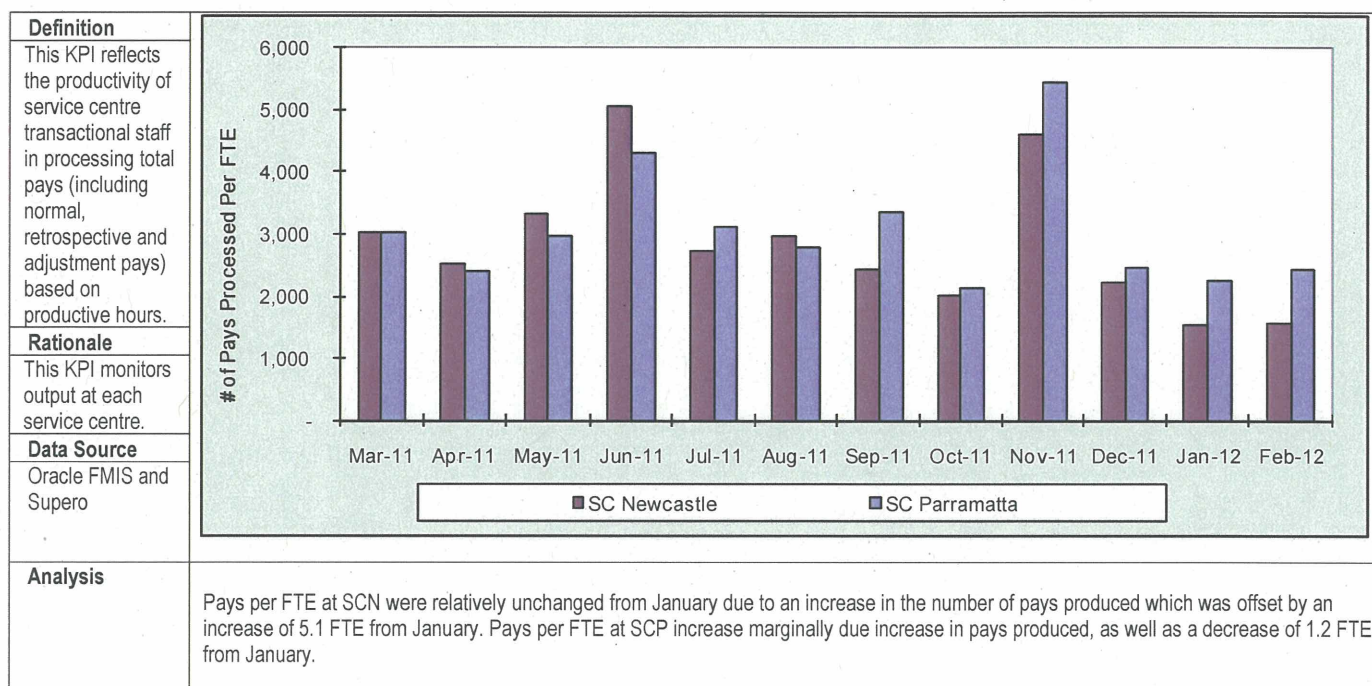


3.2 Number of Purchase Order Line Distributions per FTE

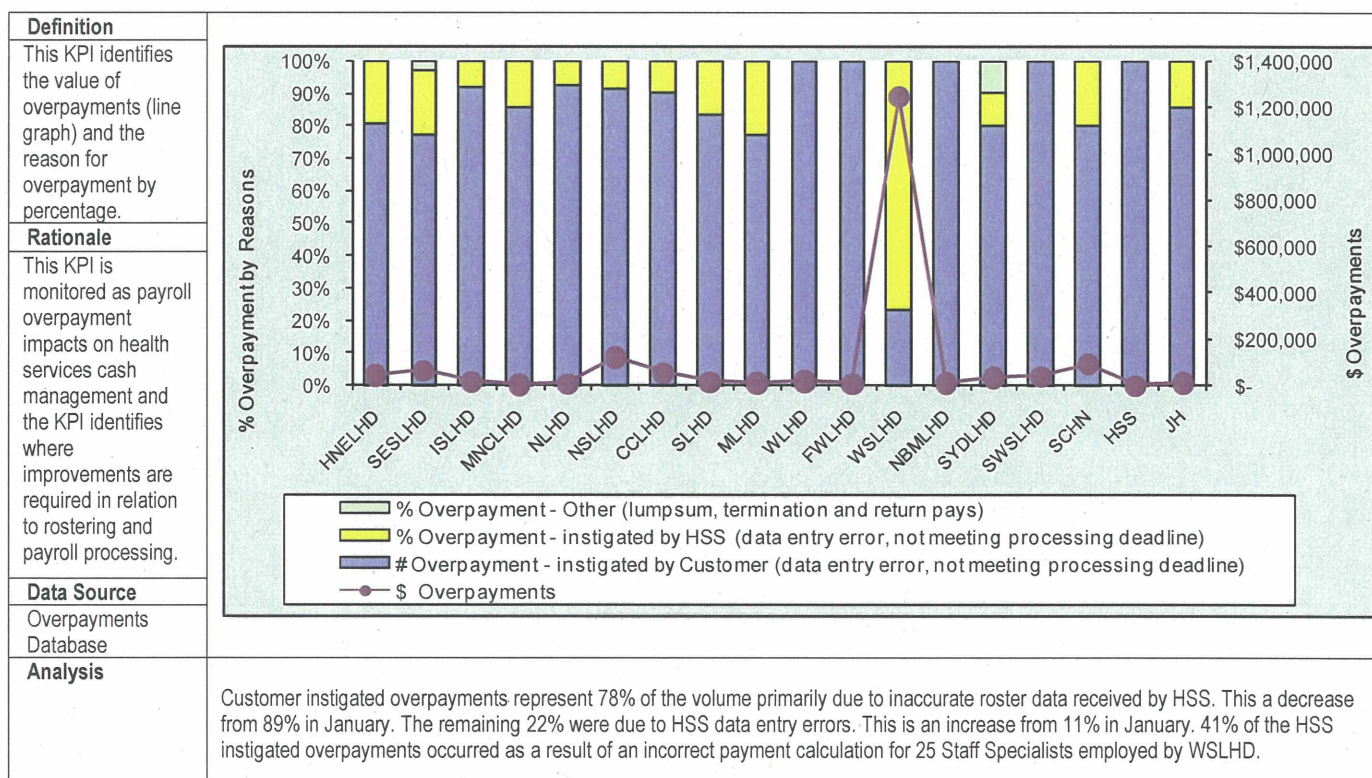


4 Payroll

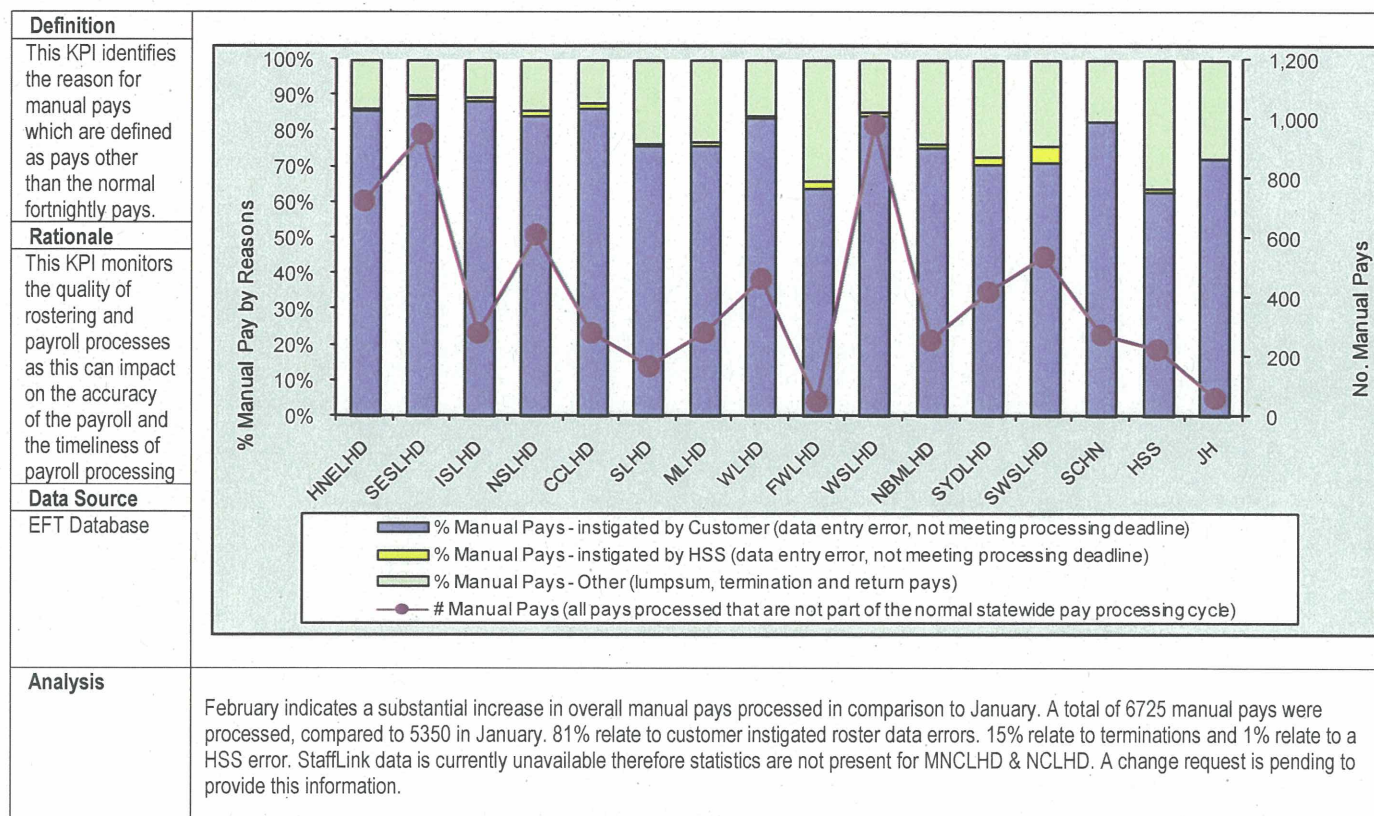
4.1 Number of Pays Processed per FTE



4.2 Reasons for Overpayments

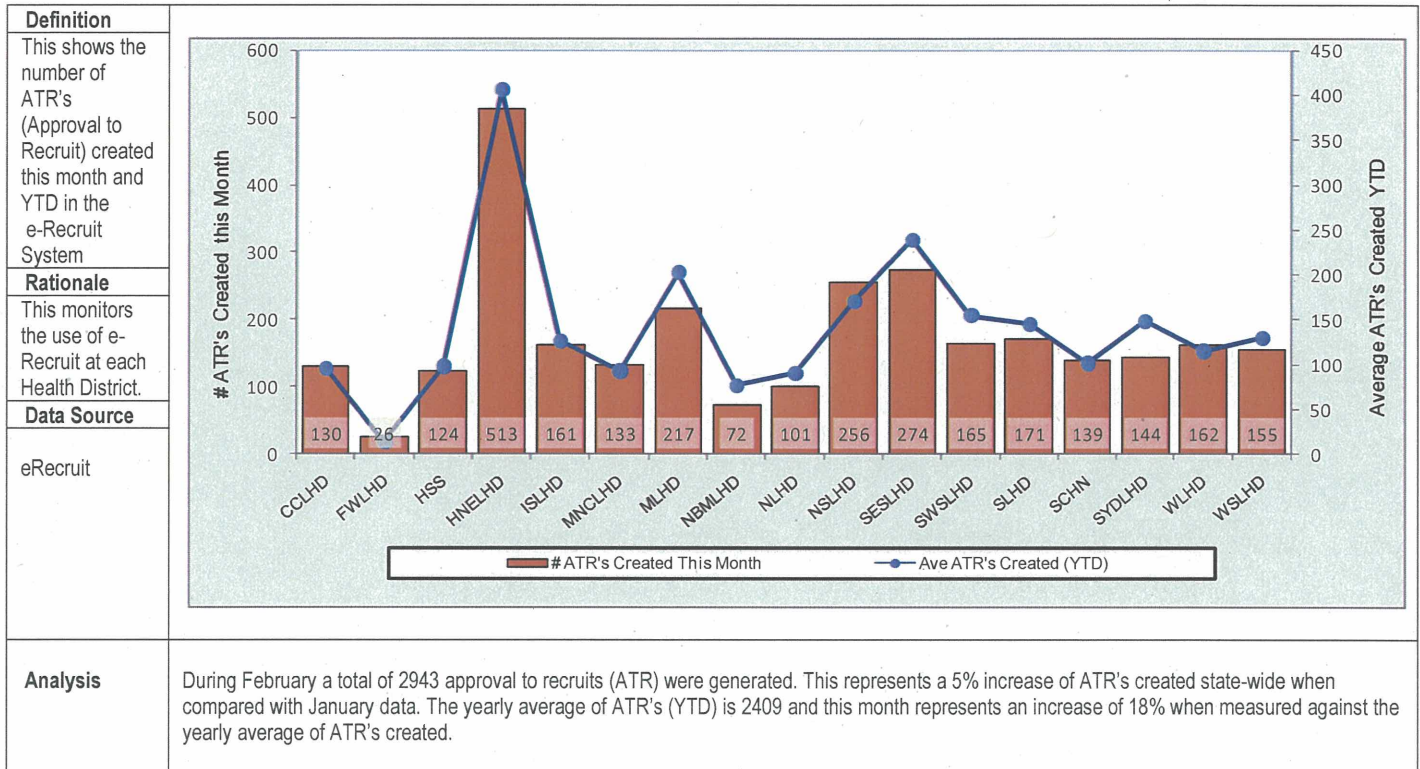


4.3 Reasons for Manual Pays Processed

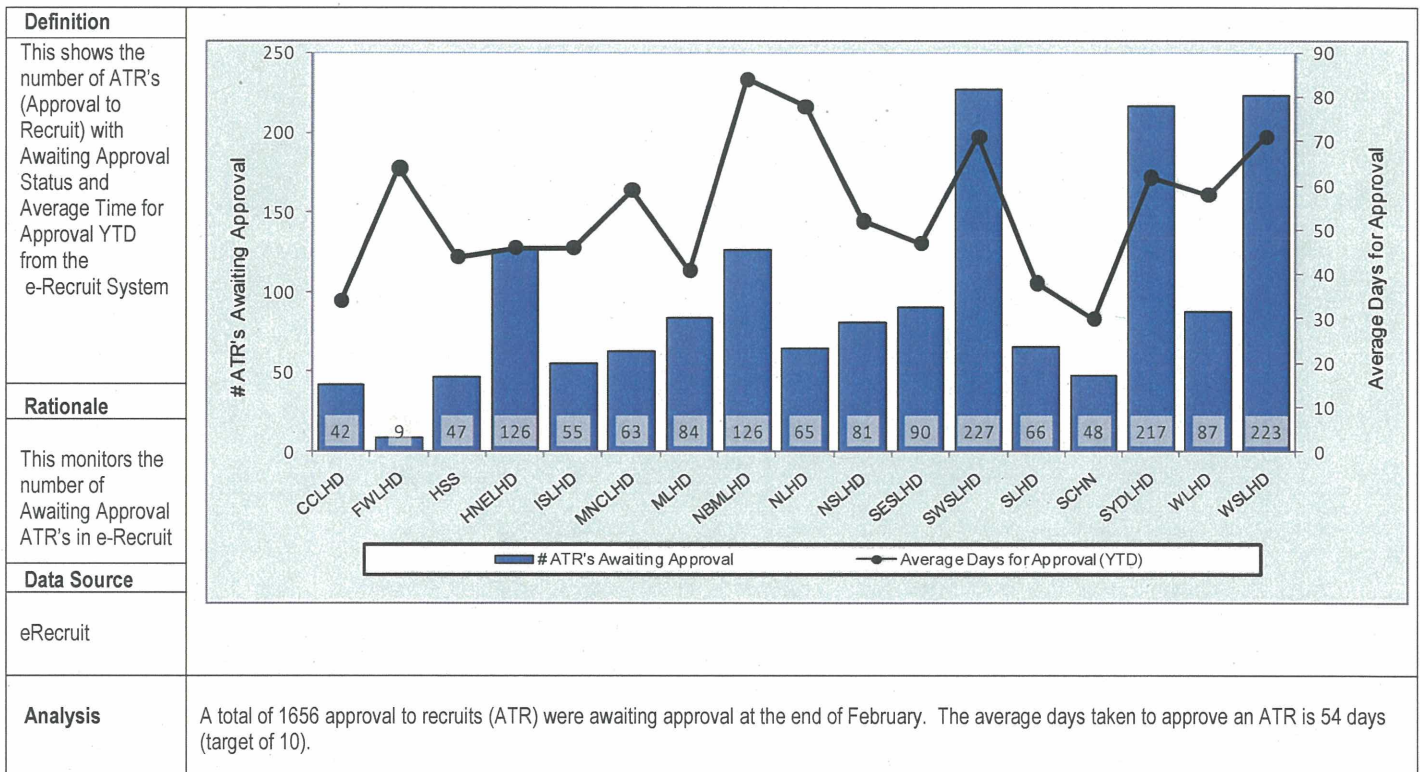


5 Recruitment

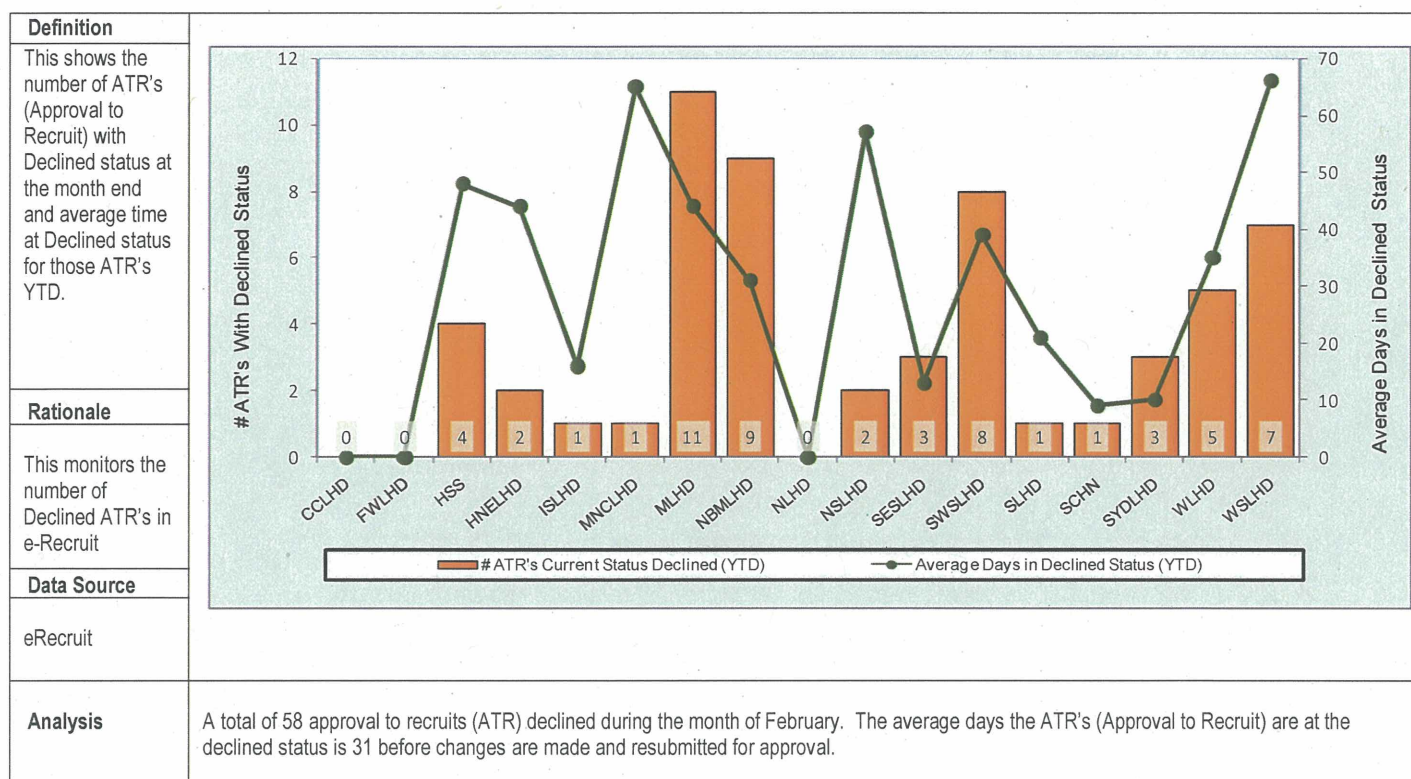
5.1 Number of ATR's Created



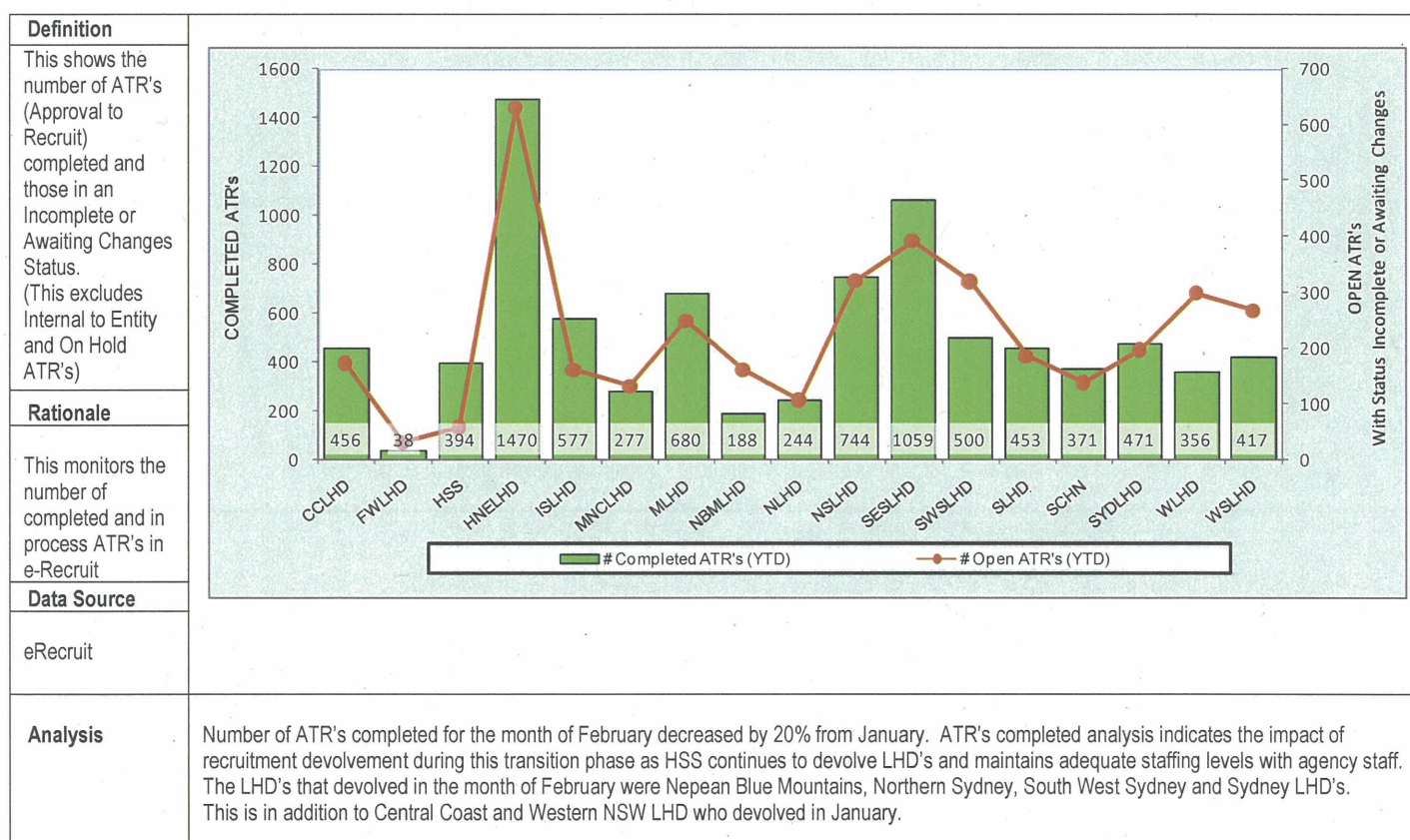
5.2 Number of ATR's Awaiting Approval at End of Month (YTD ATR's)



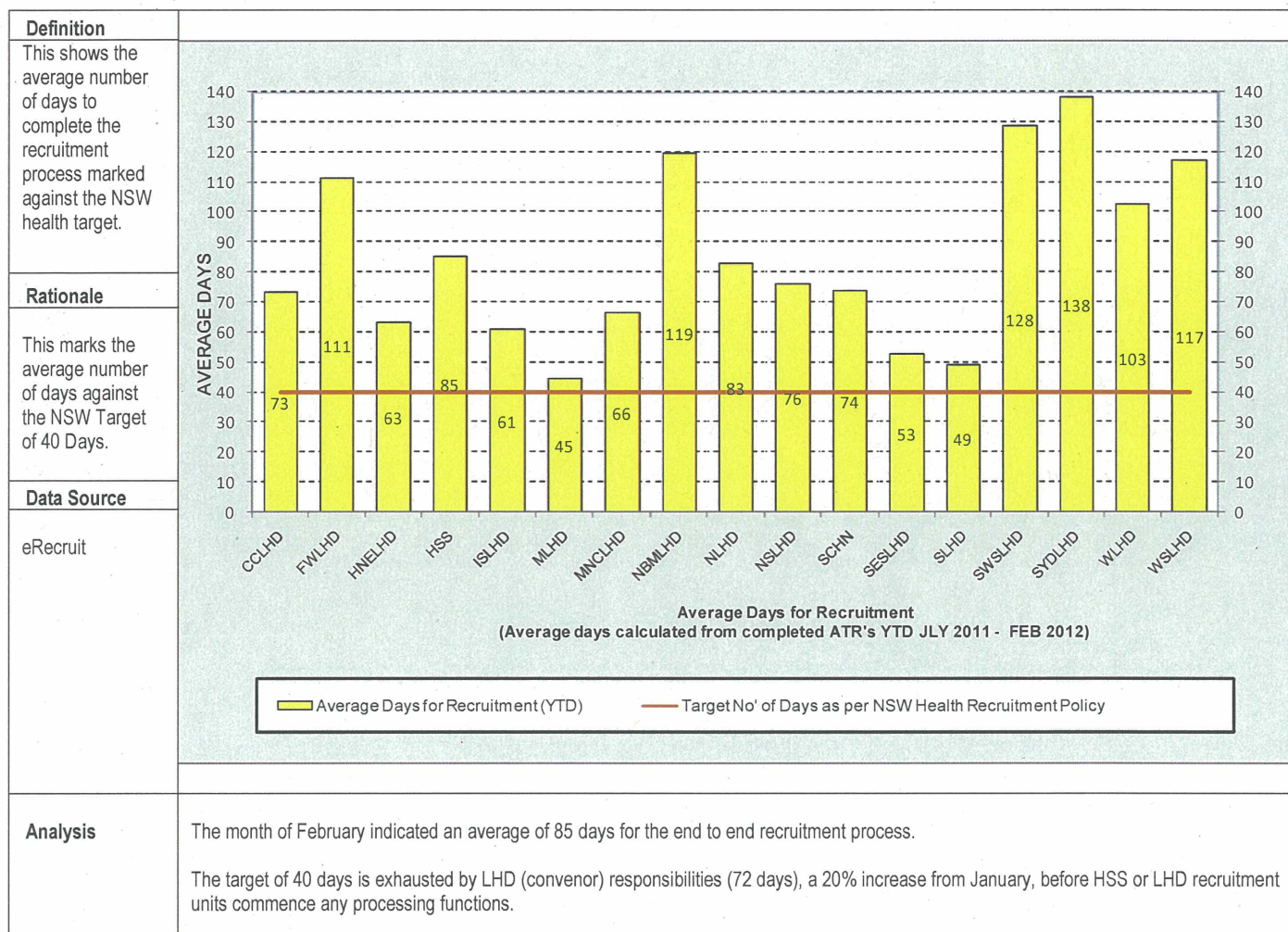
5.3 Number of ATR's with status of Declined at End of Month (YTD ATR's)



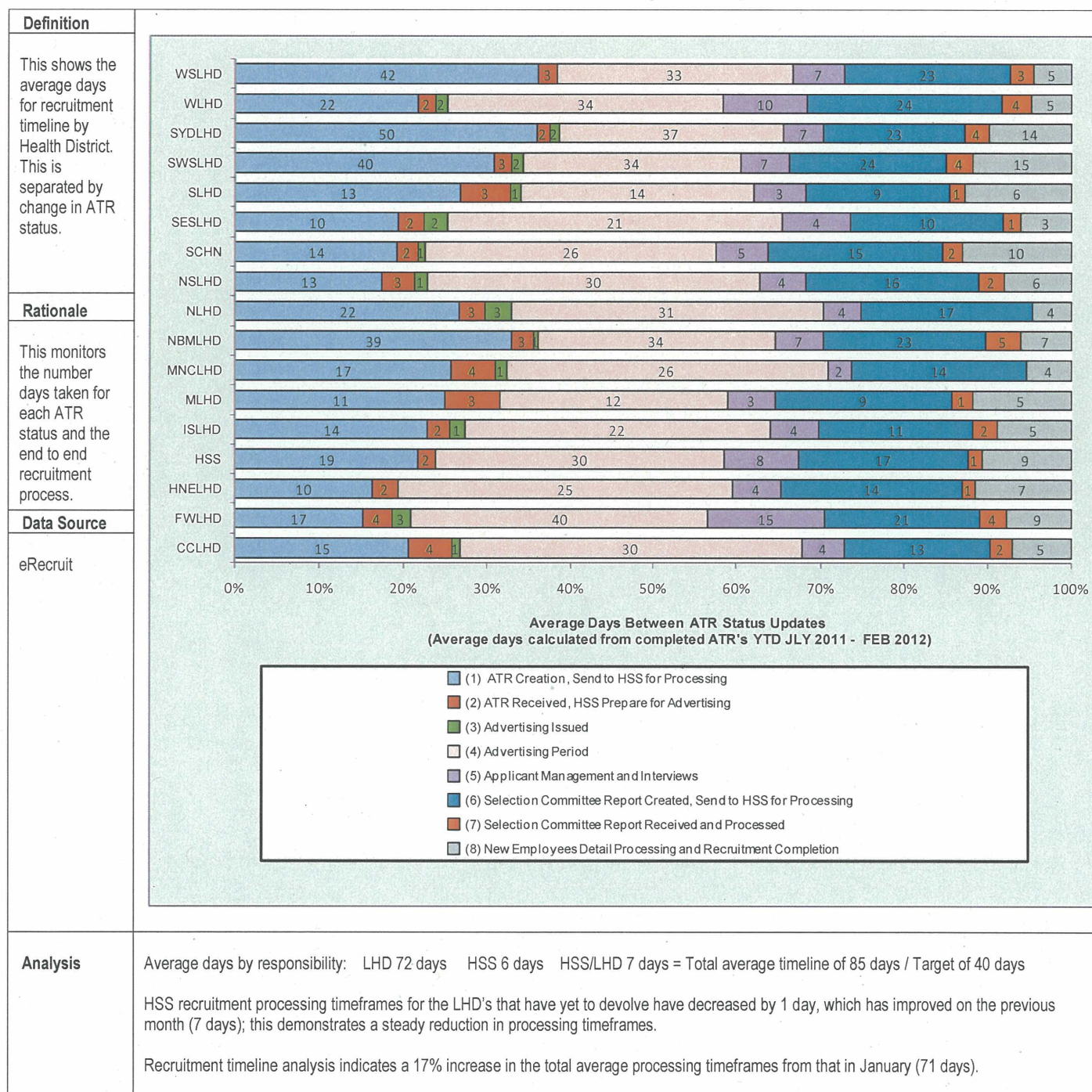
5.4 Number of ATR's completed



5.5 Average Days for Recruitment Process

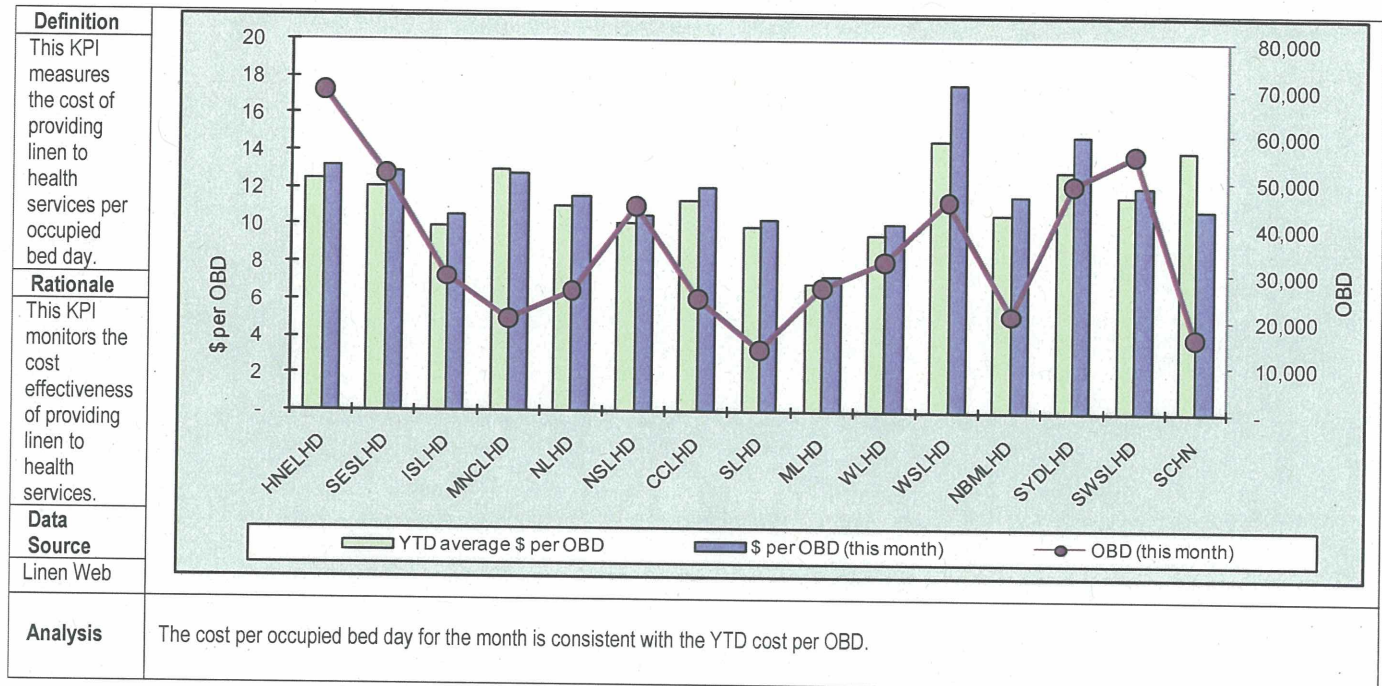


5.6 Recruitment Timeline - Average Days for Recruitment Process by Status

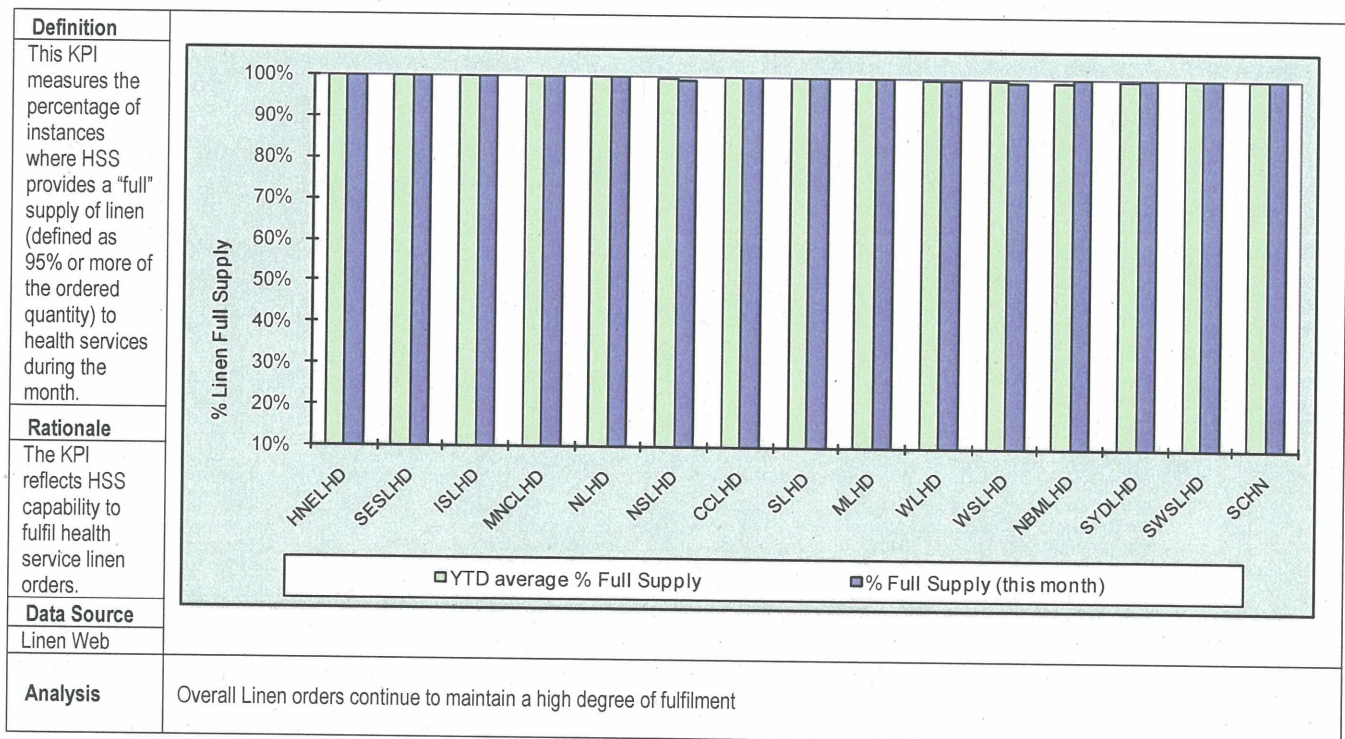


6 Shared Business Services (Food / Linen)

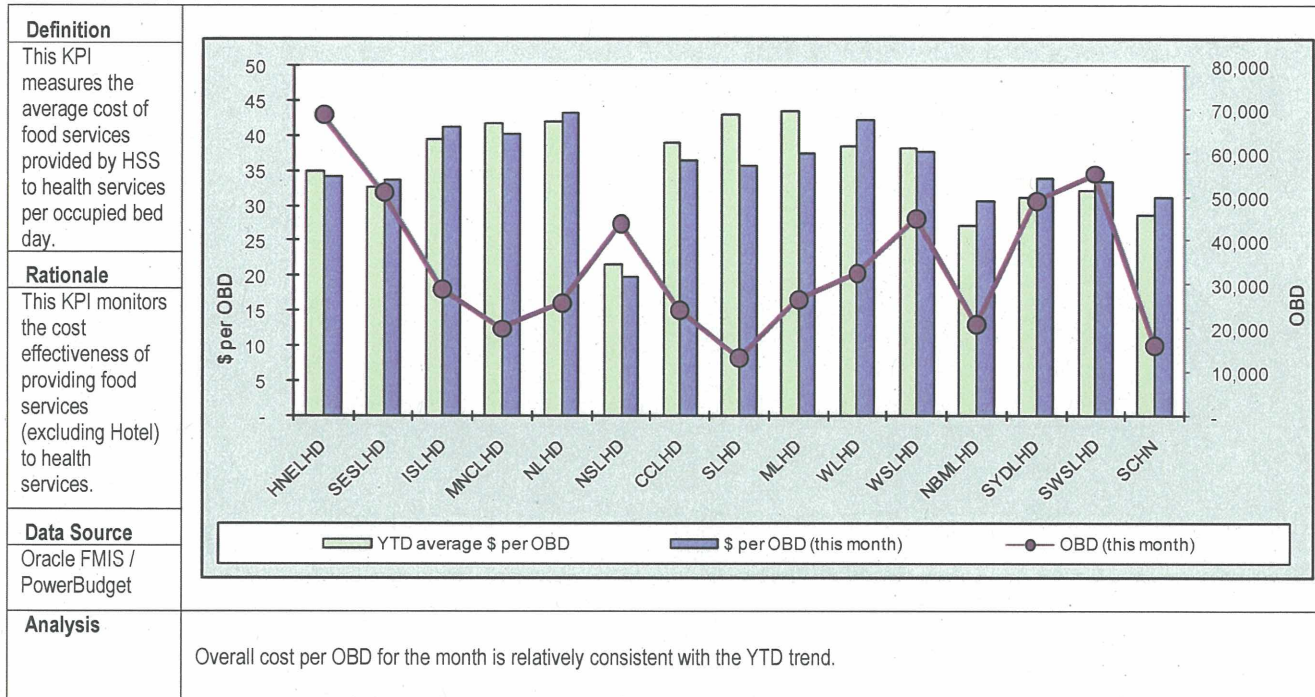
6.1 Linen Cost per Occupied Bed Day (OBD)



6.2 Linen Supply

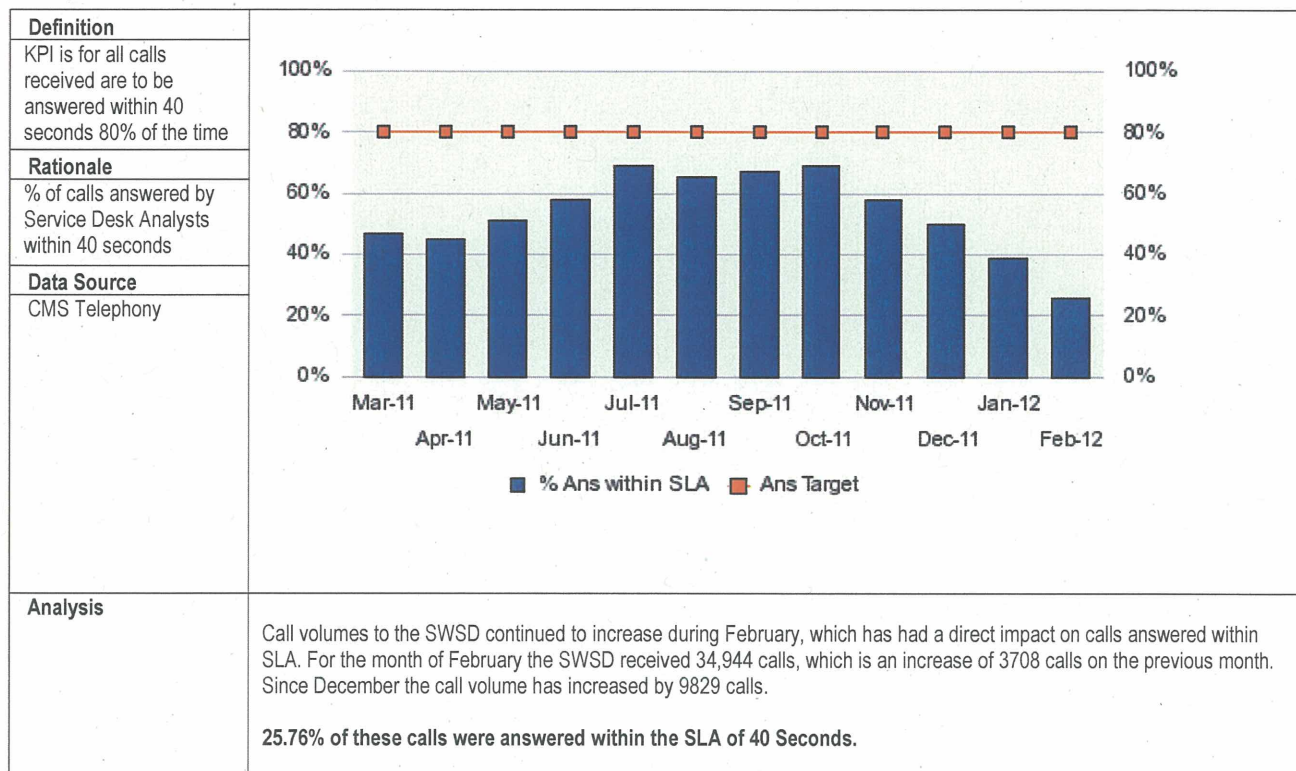


6.3 Food Cost per Occupied Bed Day (OBD)

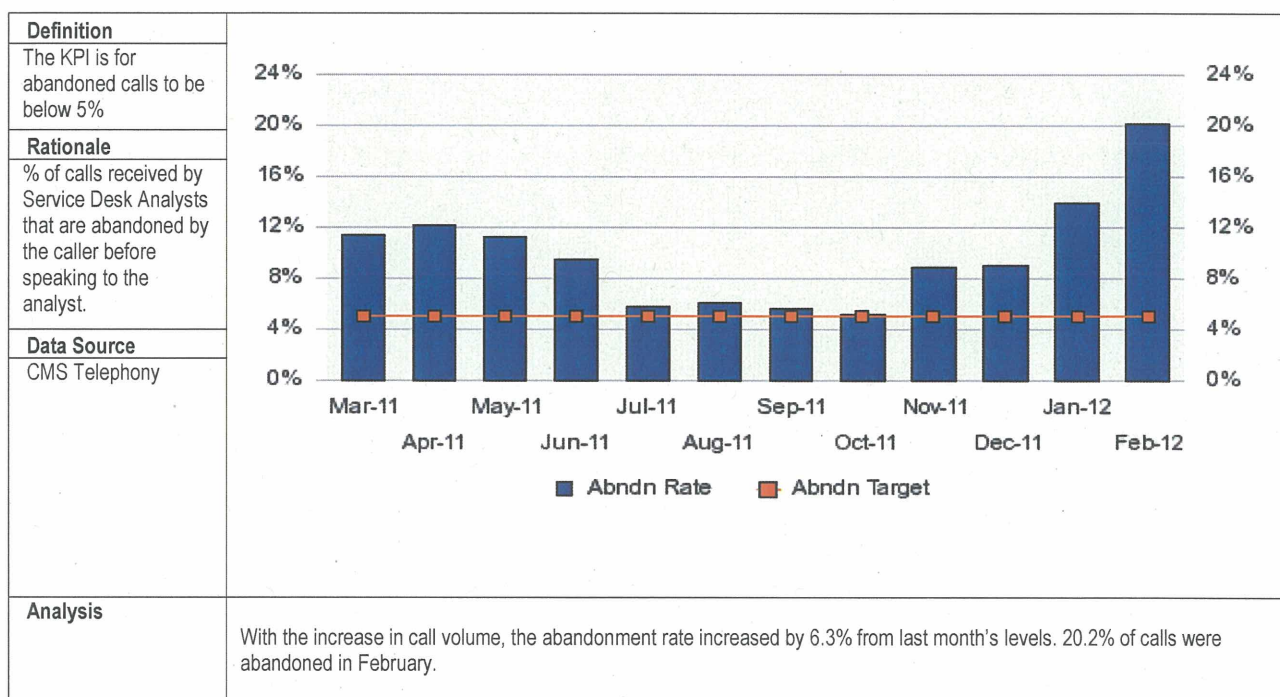


7 State Wide Service Desk (SWSD)

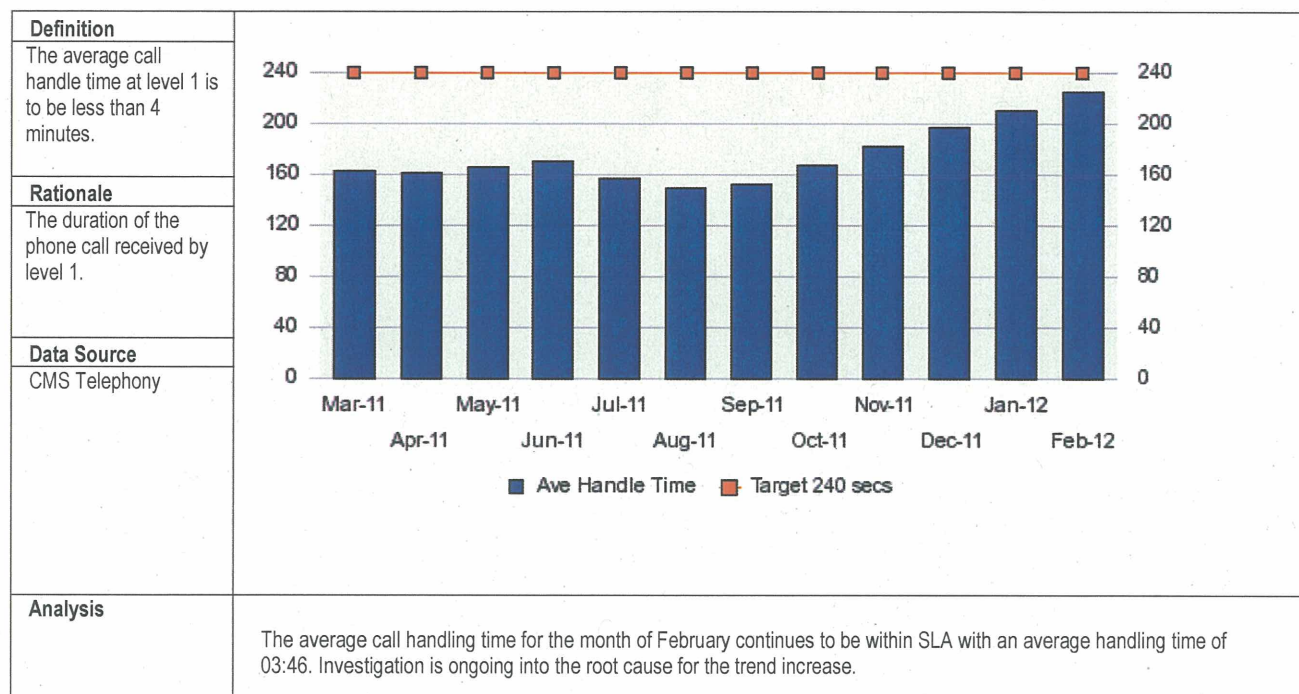
7.1 All Calls Answered (<=40 Seconds)



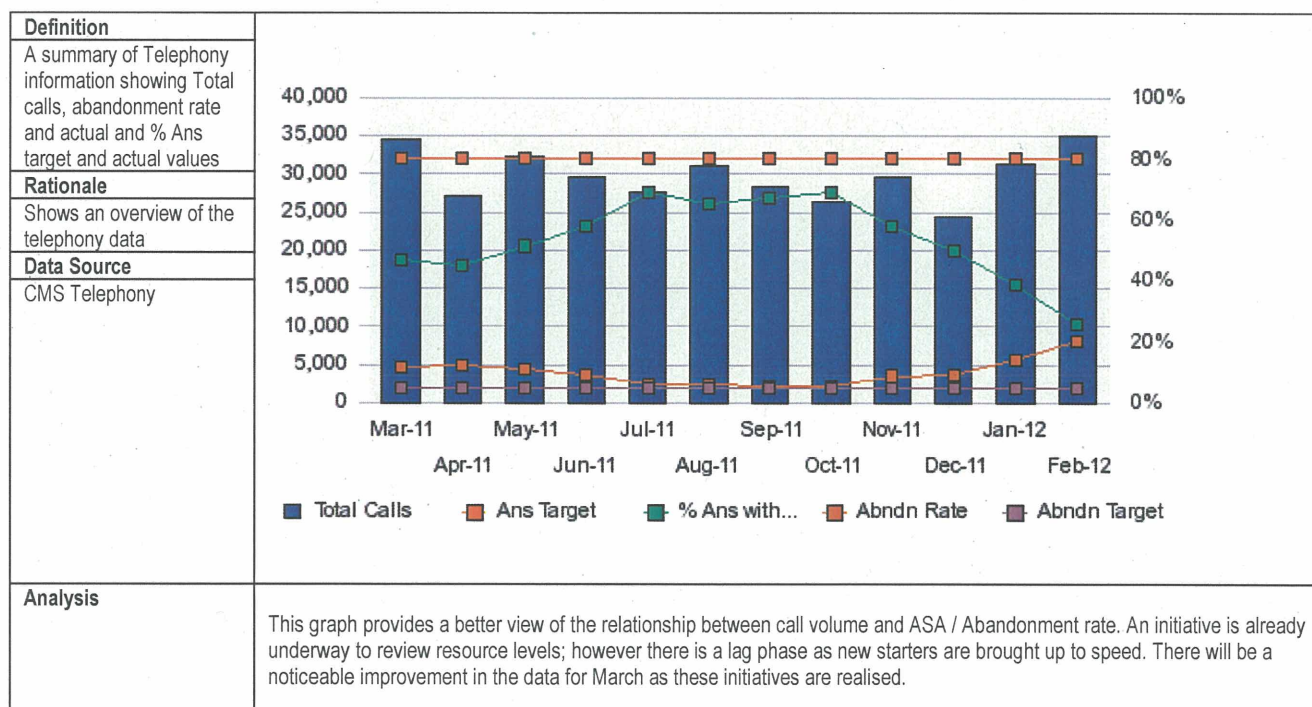
7.2 Abandonment Rate (<=5%)



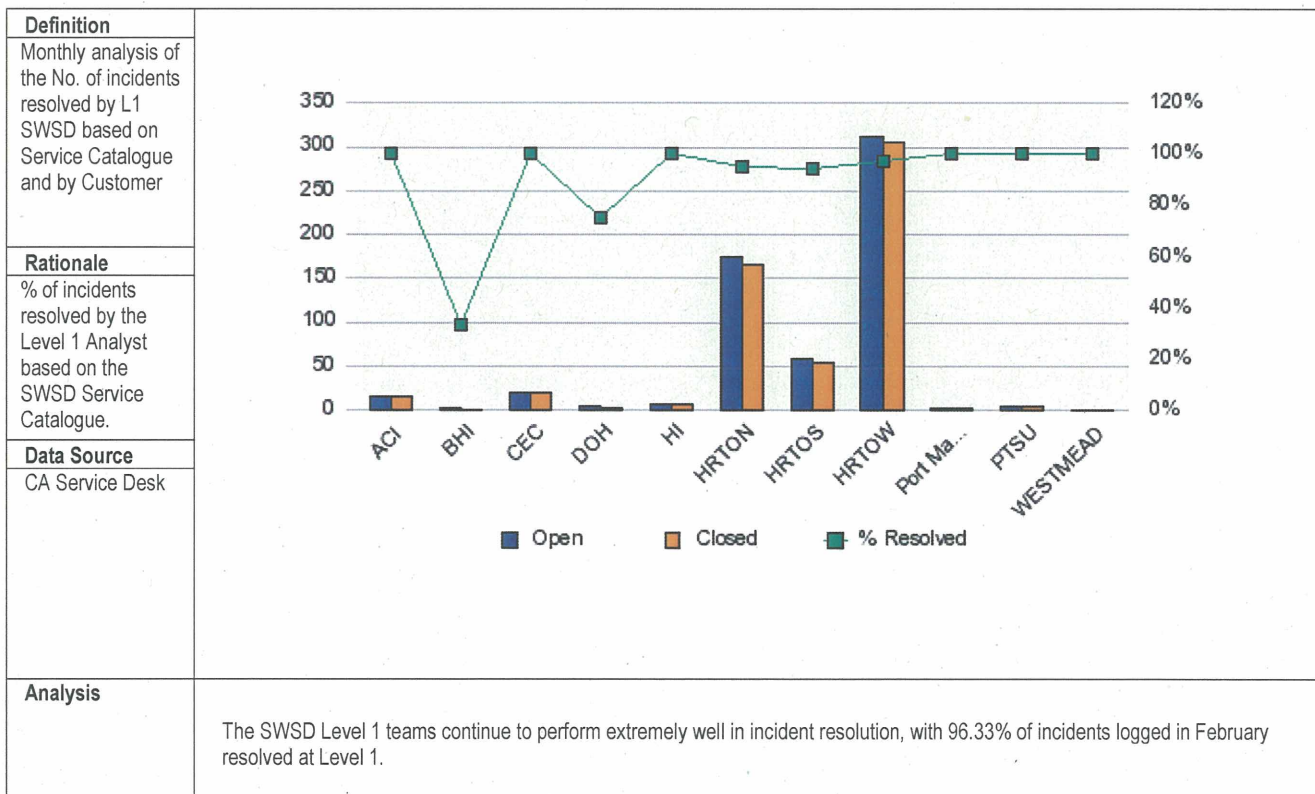
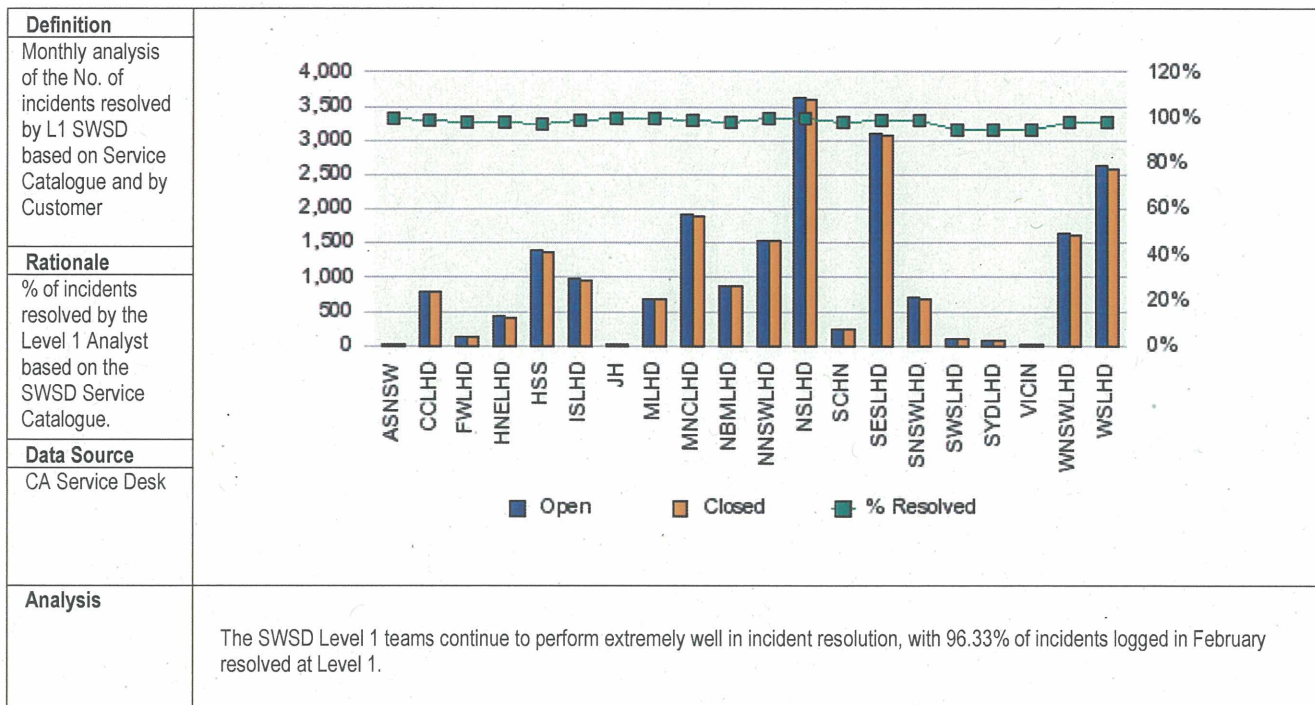
7.3 Average Call Handling Time <240 secs (4min)



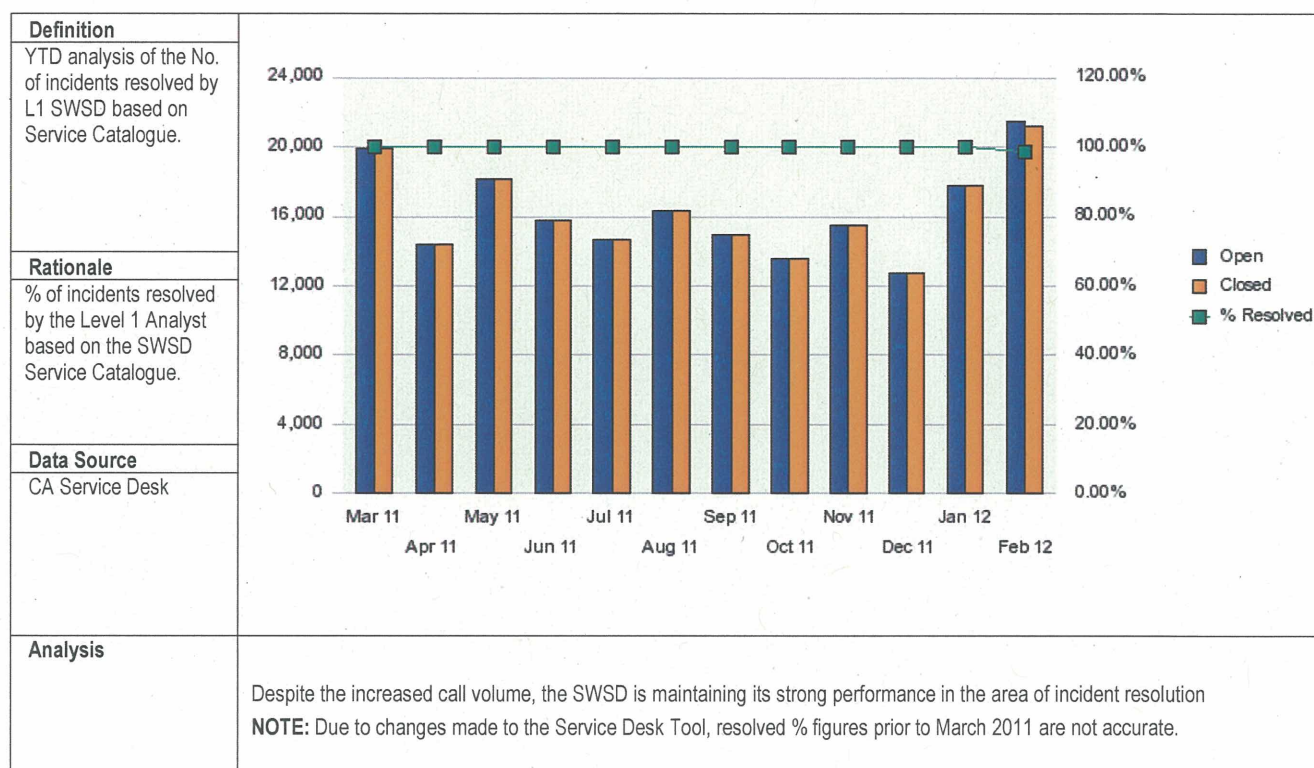
7.4 Consolidated Telephony Information



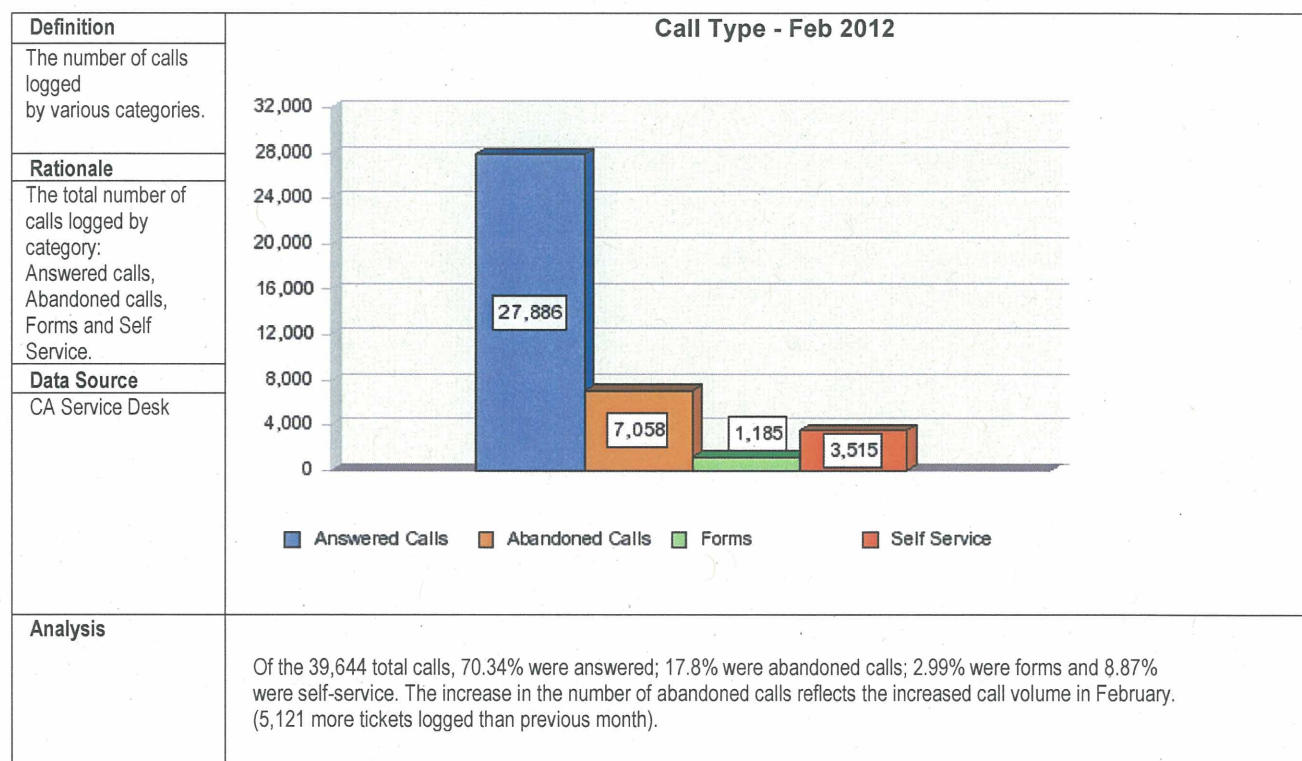
7.5 Incident Resolution based on Service Catalogue – SWSD Level 1



7.6 YTD Incident Resolution based on Service Catalogue – SWSD Level 1

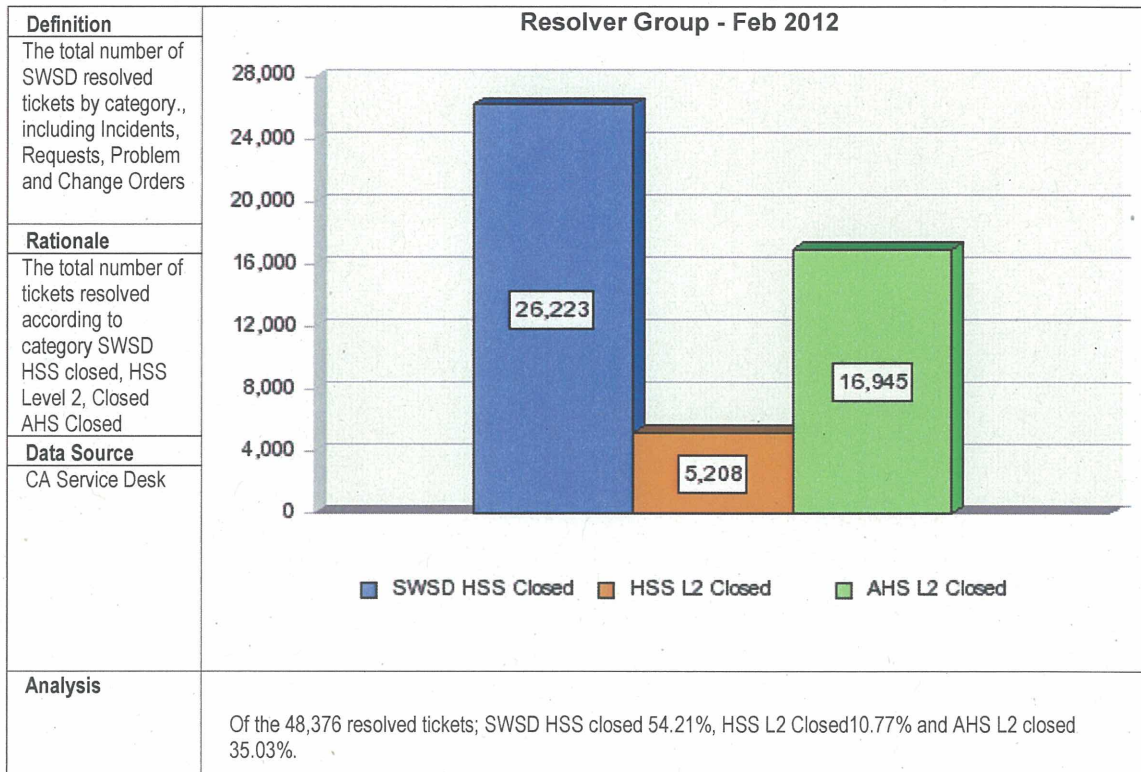


7.7 HSS SWSD Calls Logged by Call Type



Of the 39,644 total calls, 70.34% were answered; 17.8% were abandoned calls; 2.99% were forms and 8.87% were self-service. The increase in the number of abandoned calls reflects the increased call volume in February. (5,121 more tickets logged than previous month).

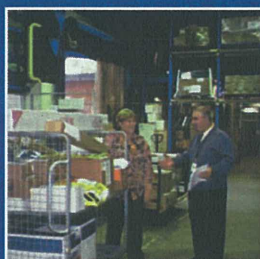
7.8 Ticket Resolver Group



Health Support Services

Strategic Key Performance Indicators Report

Ambulance Service NSW
Health Infrastructure &
Health Pillars
February 2012



Prepared by: Corporate Services, Health Support Services
Authorised by: Chief Executive, Health Support Services
Publication Number: HS



**Health
Support Services**

Key for Health Networks

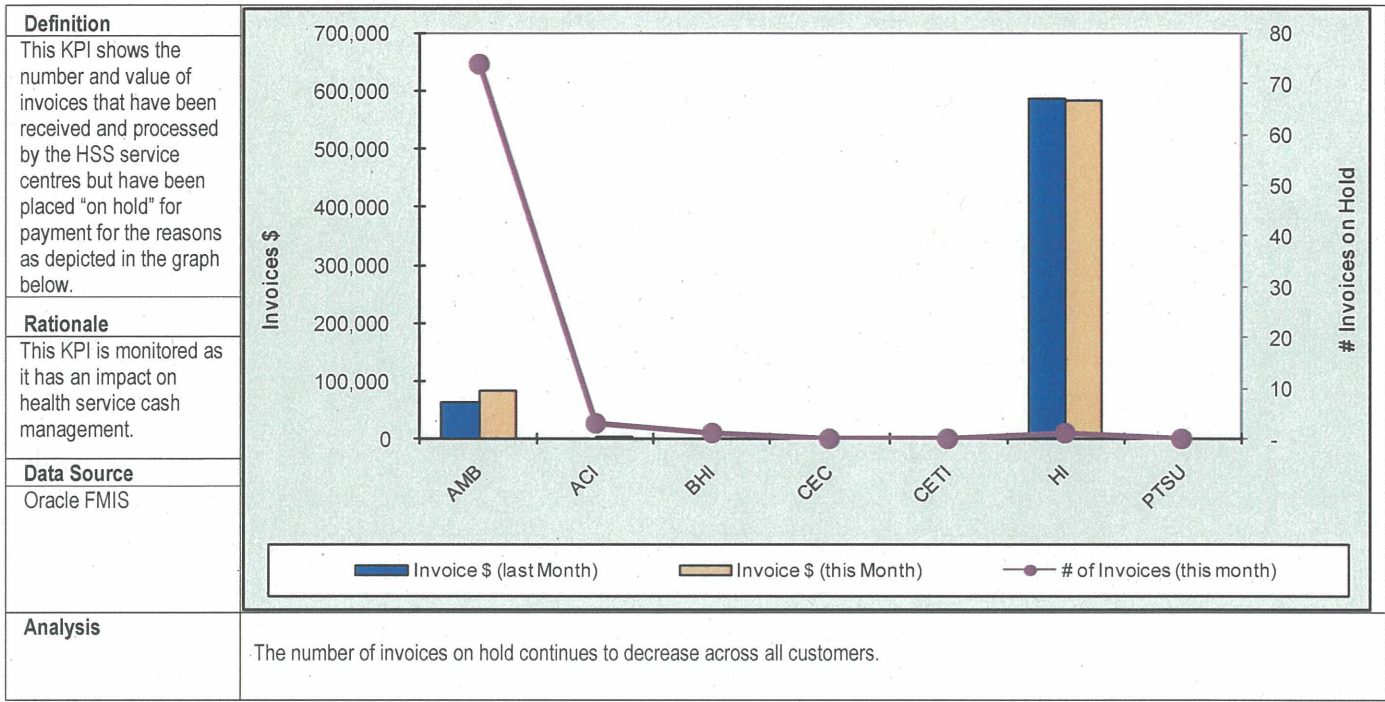
AMB	Ambulance Service NSW
ACI	Agency for Clinical Innovation
BHI	Bureau of Health Information
CEC	Clinical Excellence Commission
CETI	Clinical Education and Training Institute
HI	Health Infrastructure
PTSU	Policy & Technical Support Unit

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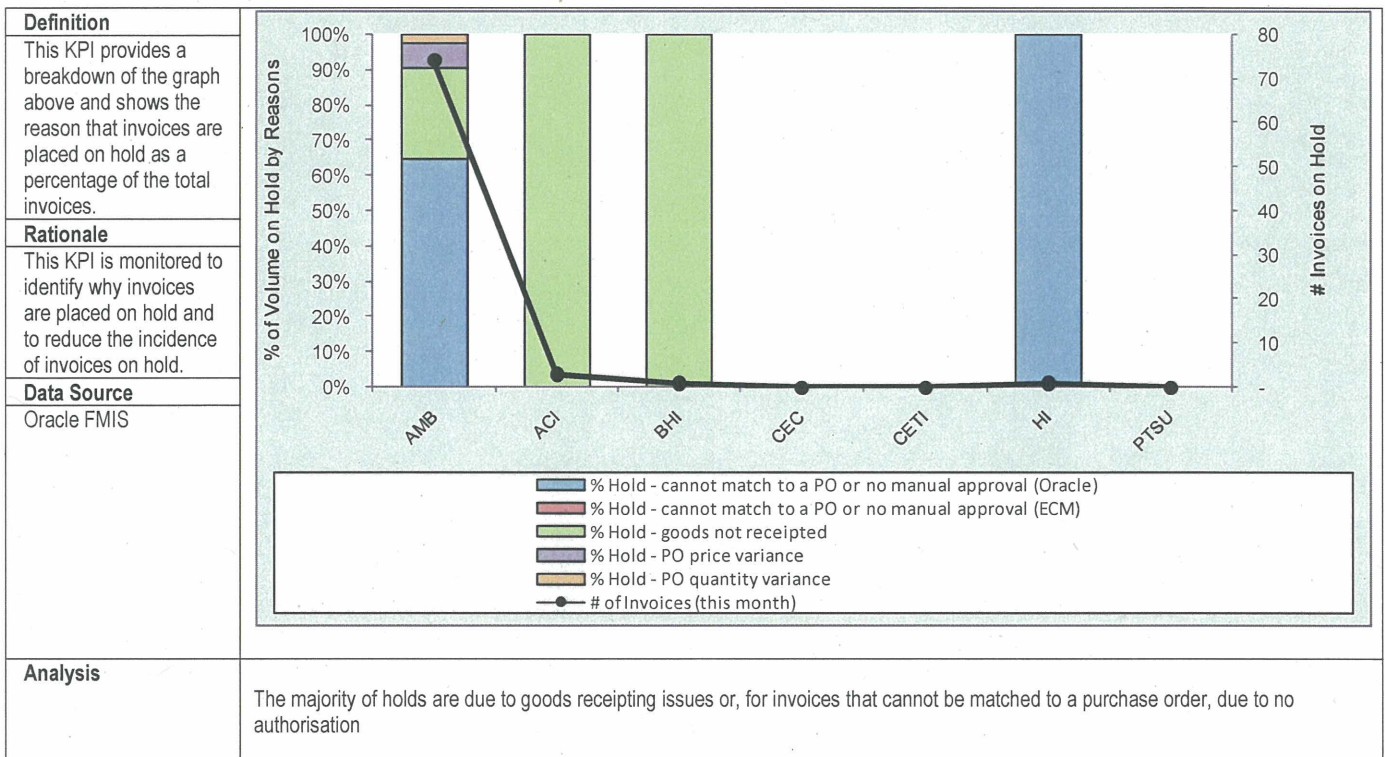
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1 Accounts Payable

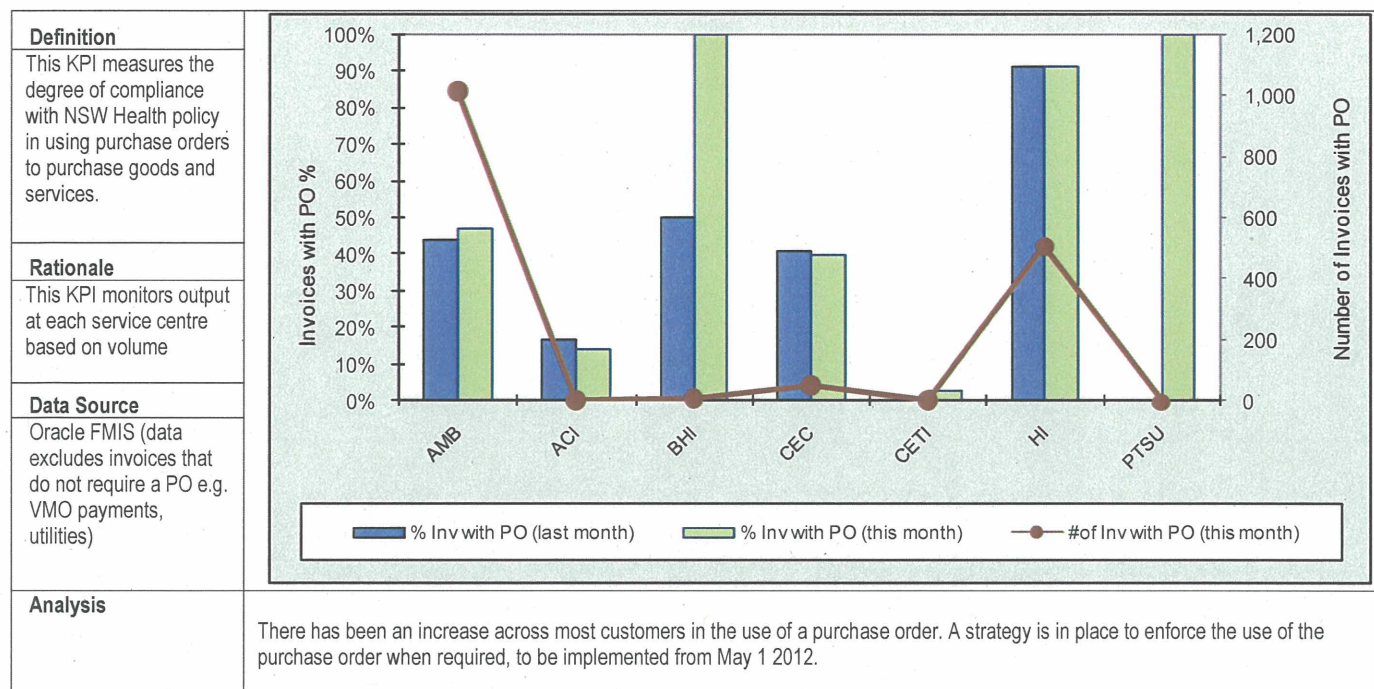
1.1 Total Invoices on Hold



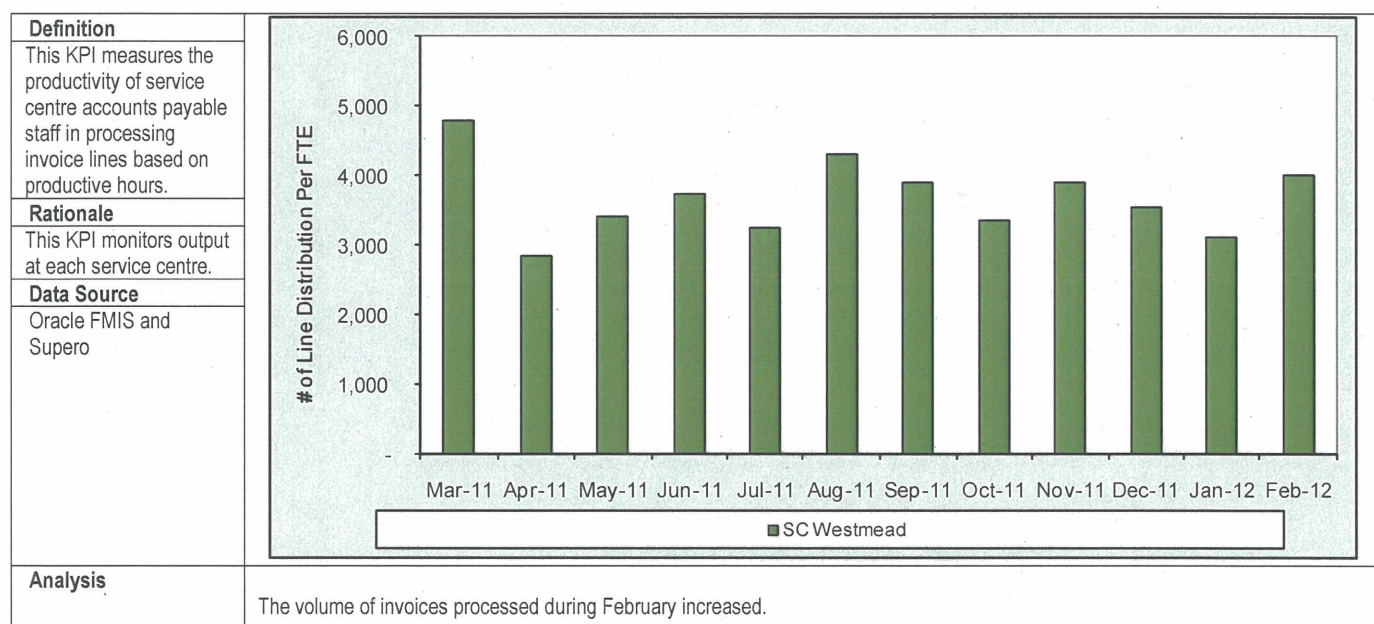
1.2 Reasons for Invoice Hold



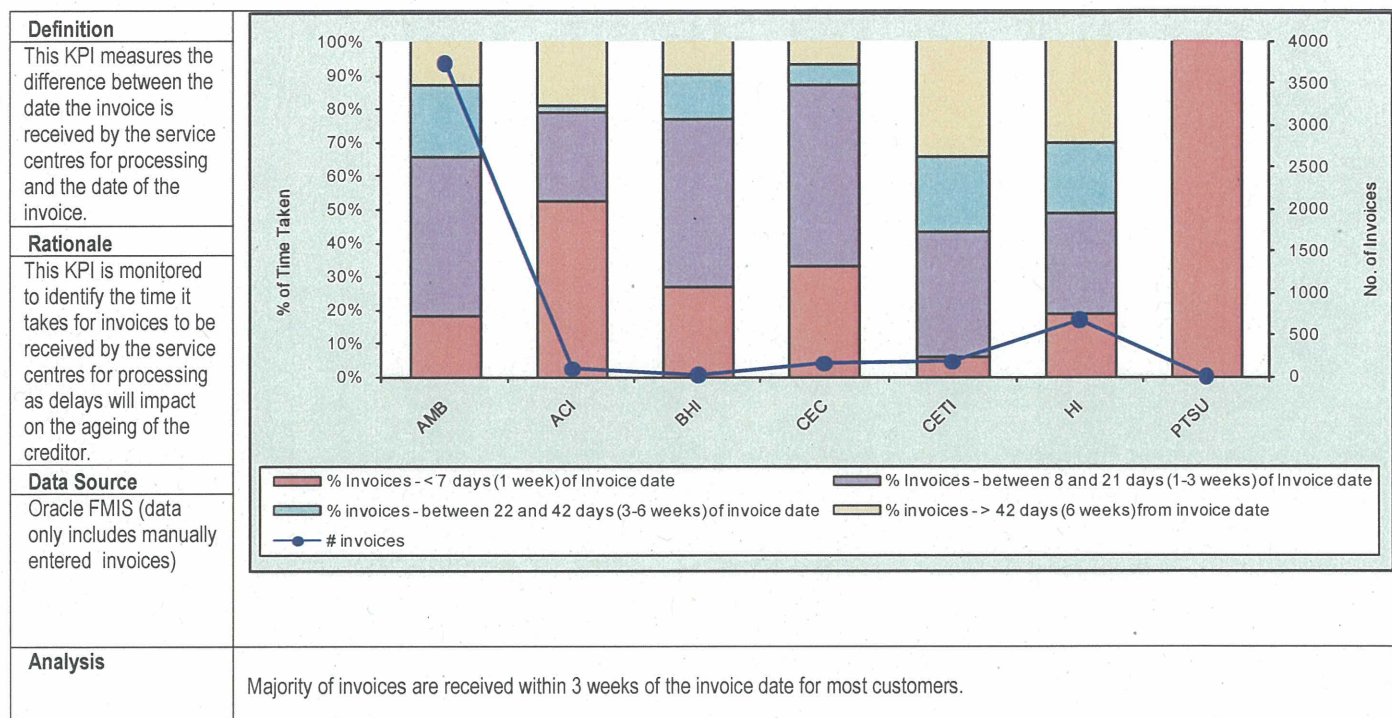
1.3 Invoices with Purchase Order Based on Volume



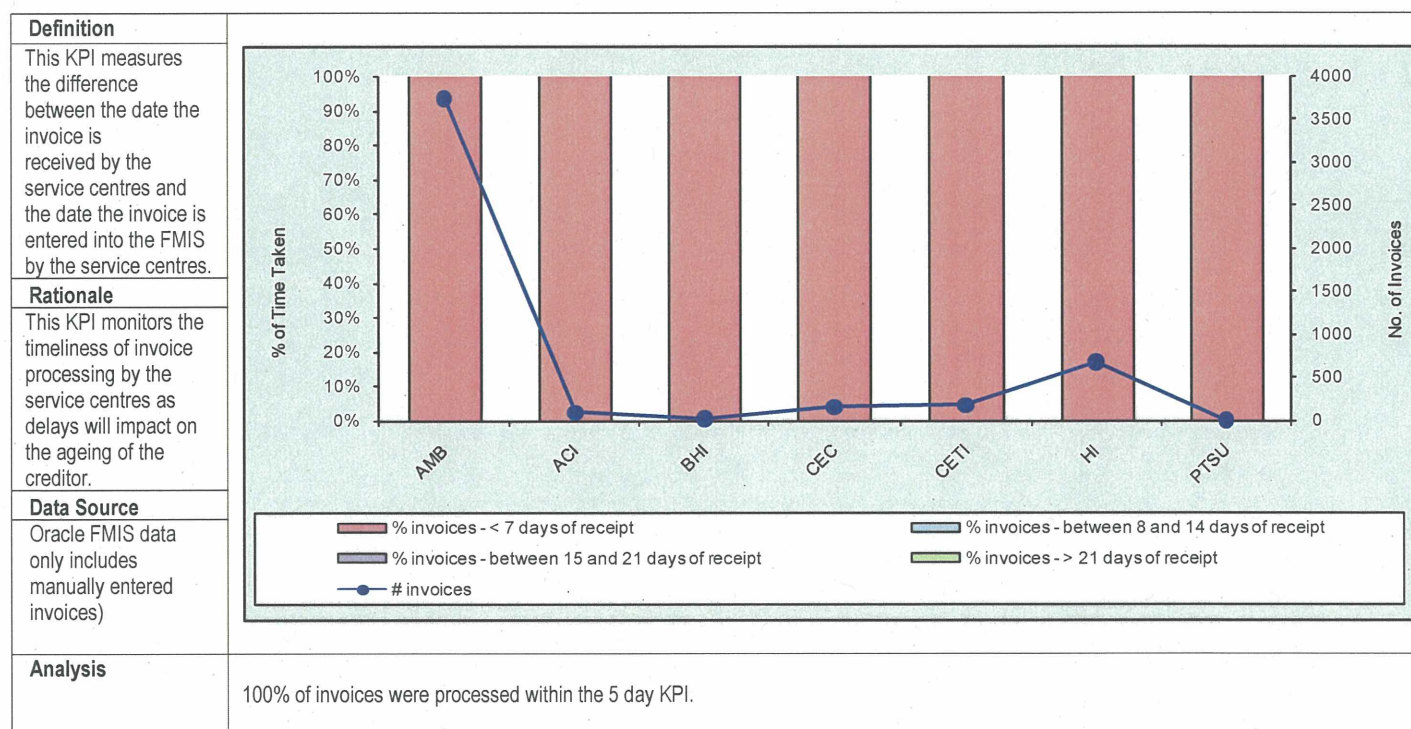
1.4 Number of Invoice Line Distributions per FTE



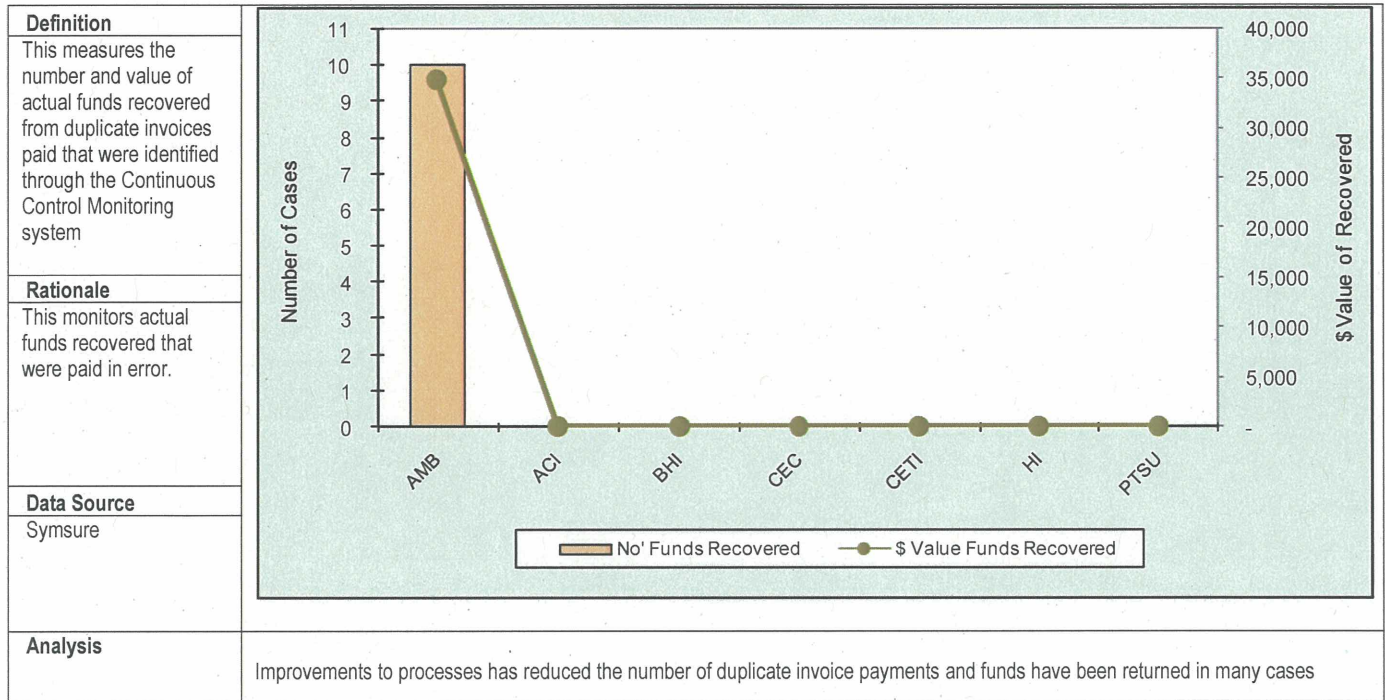
1.5 Time Taken for Invoices to be received by Service Centres



1.6 Time Taken to Enter Invoices by Service Centres

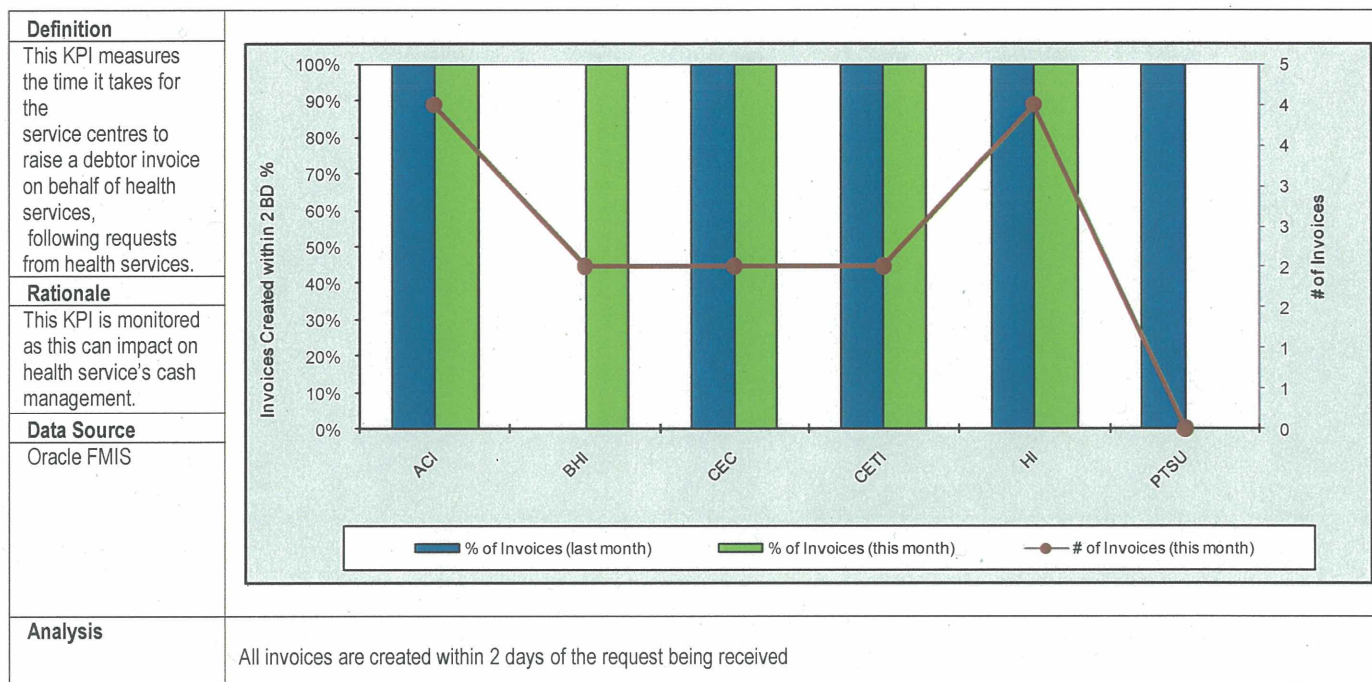


1.7 YTD Continuous Control Monitoring (CCM)

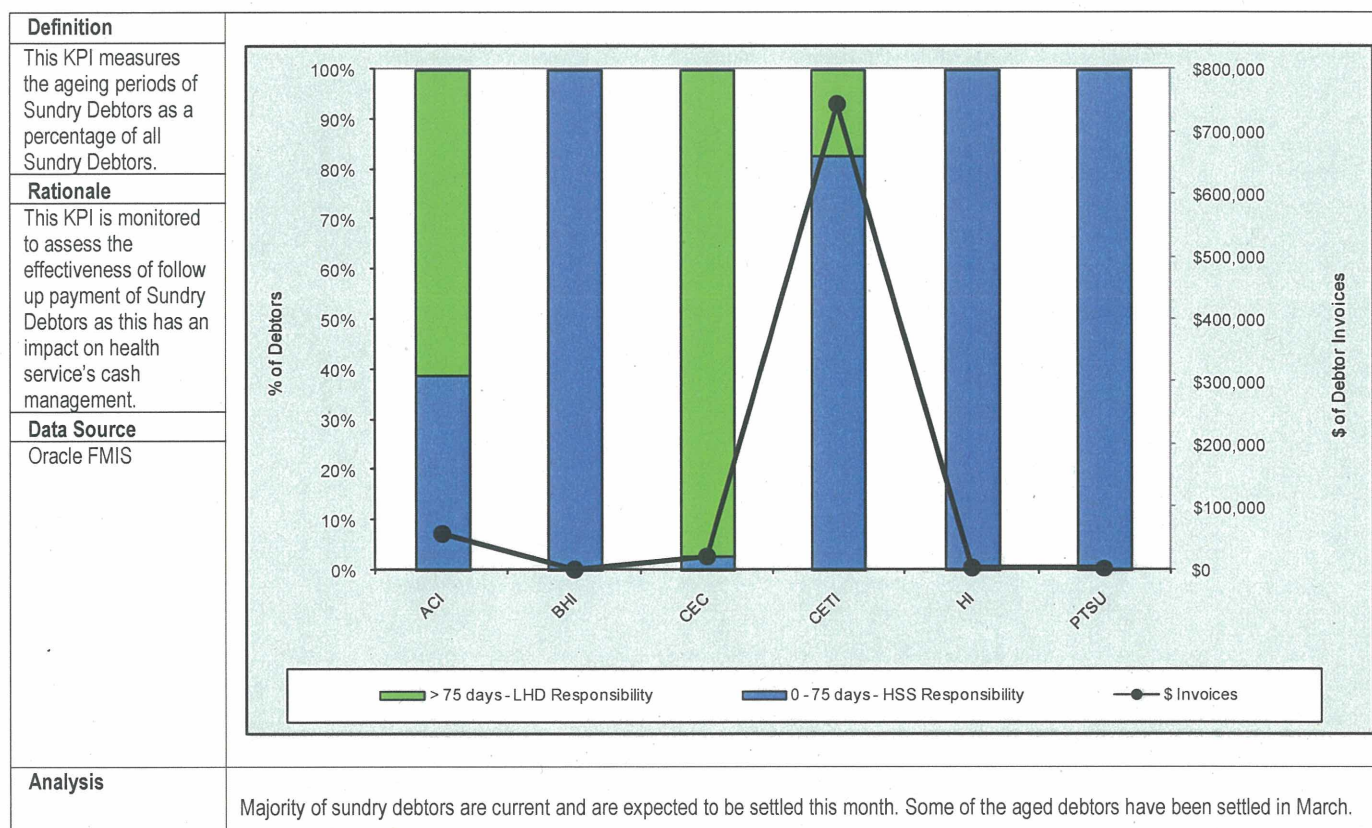


2 Sundry Debtors

2.1 Invoices Created Within 2 Business Days

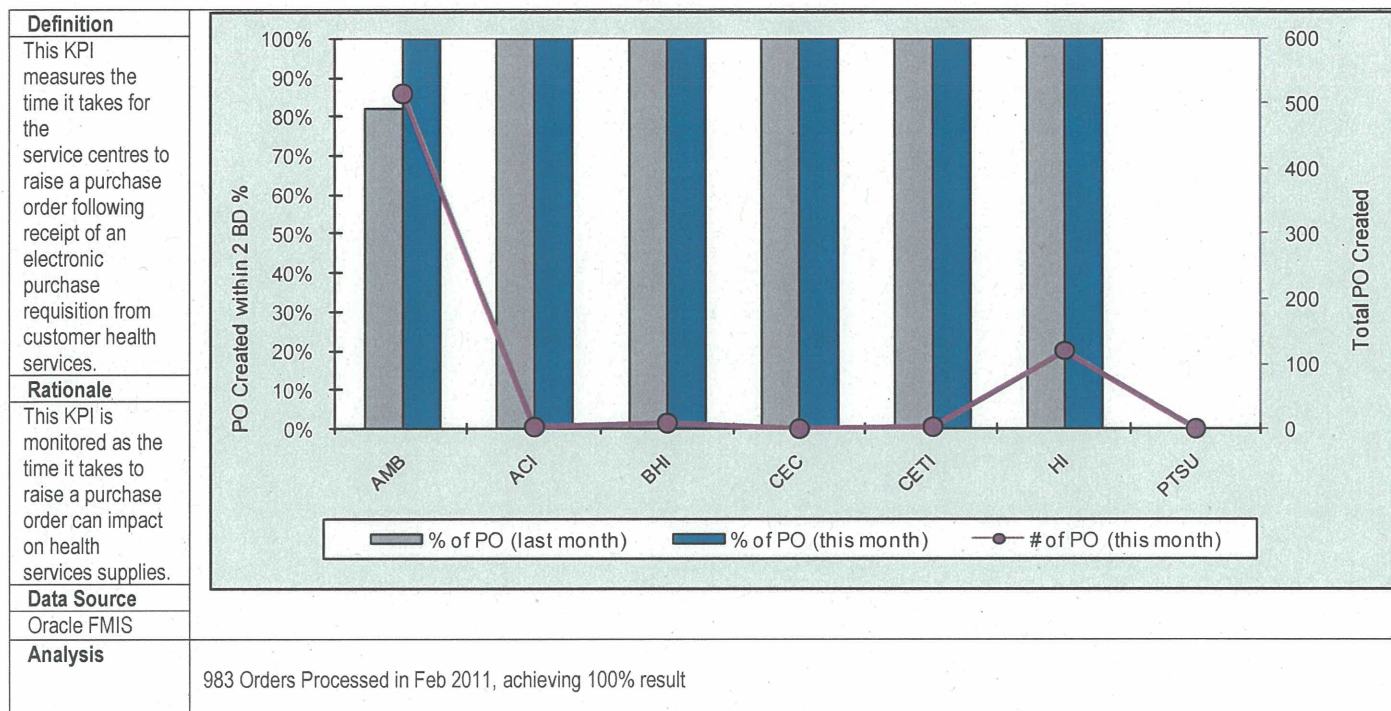


2.2 Sundry Debtors by Ageing

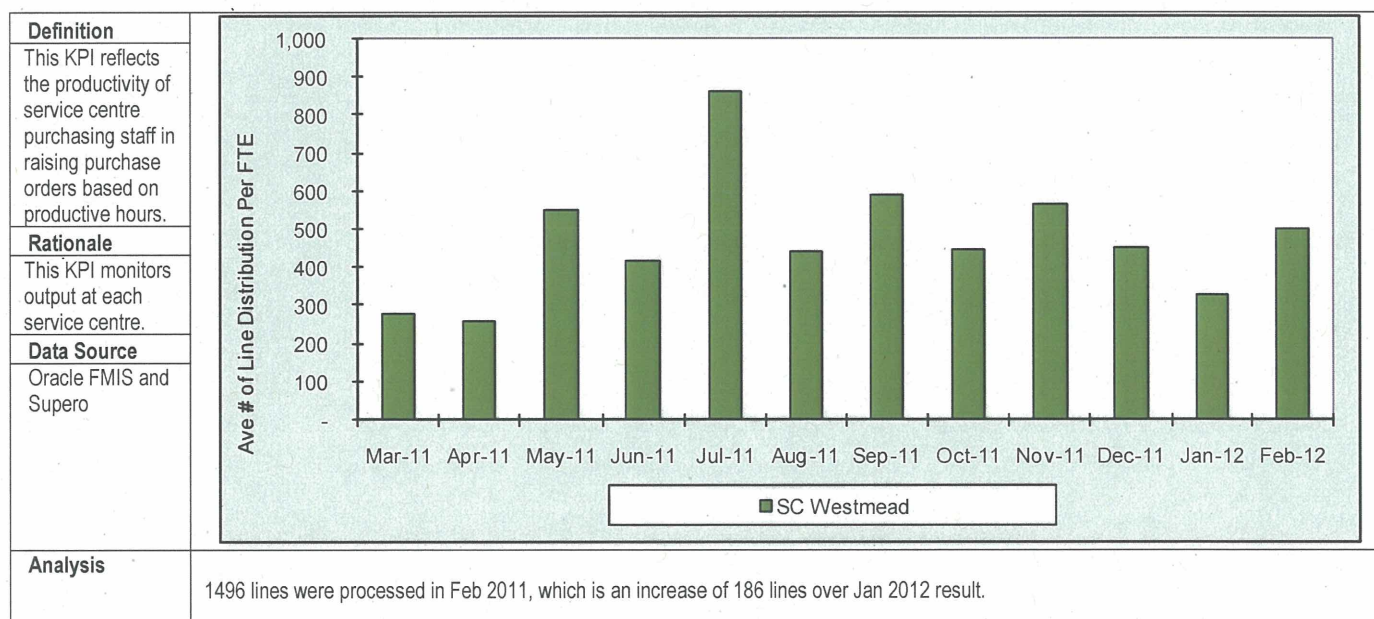


3 Procurement and Logistics

3.1 Purchase order Created within 2 Business Days

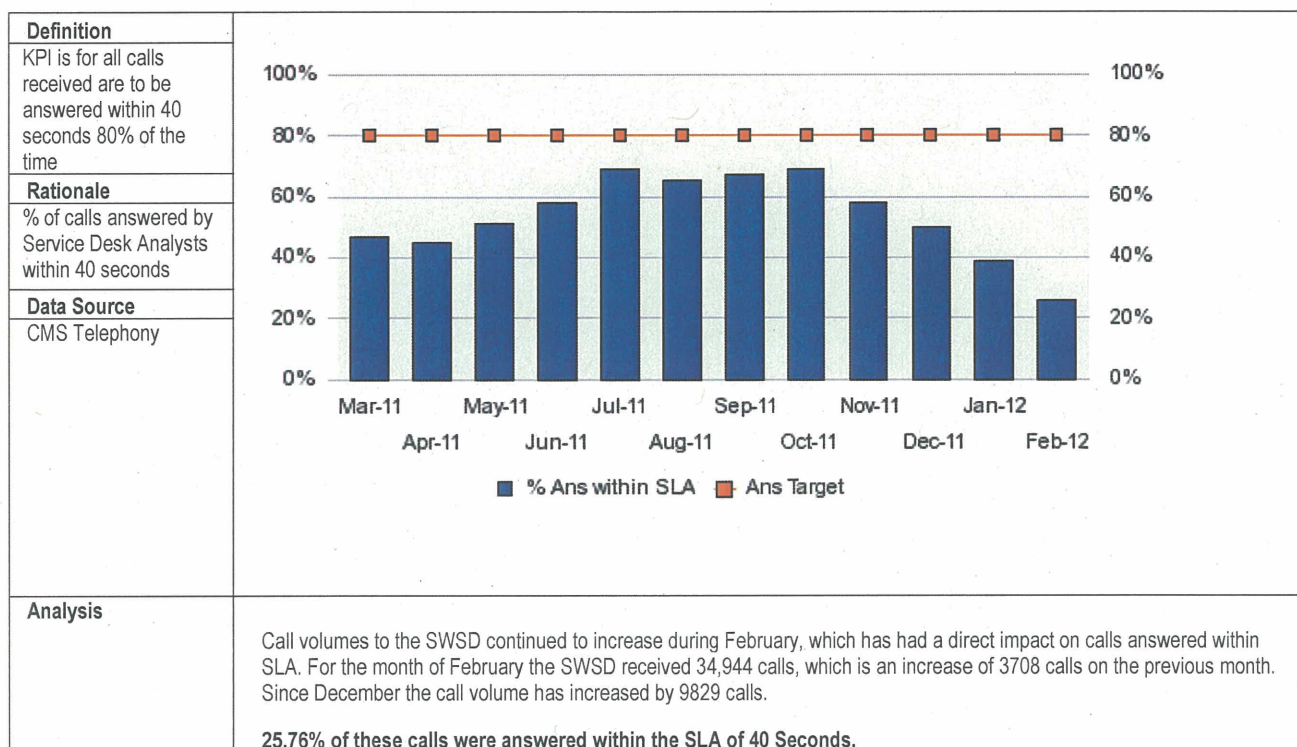


3.2 Number of Purchase Order Line Distributions per FTE

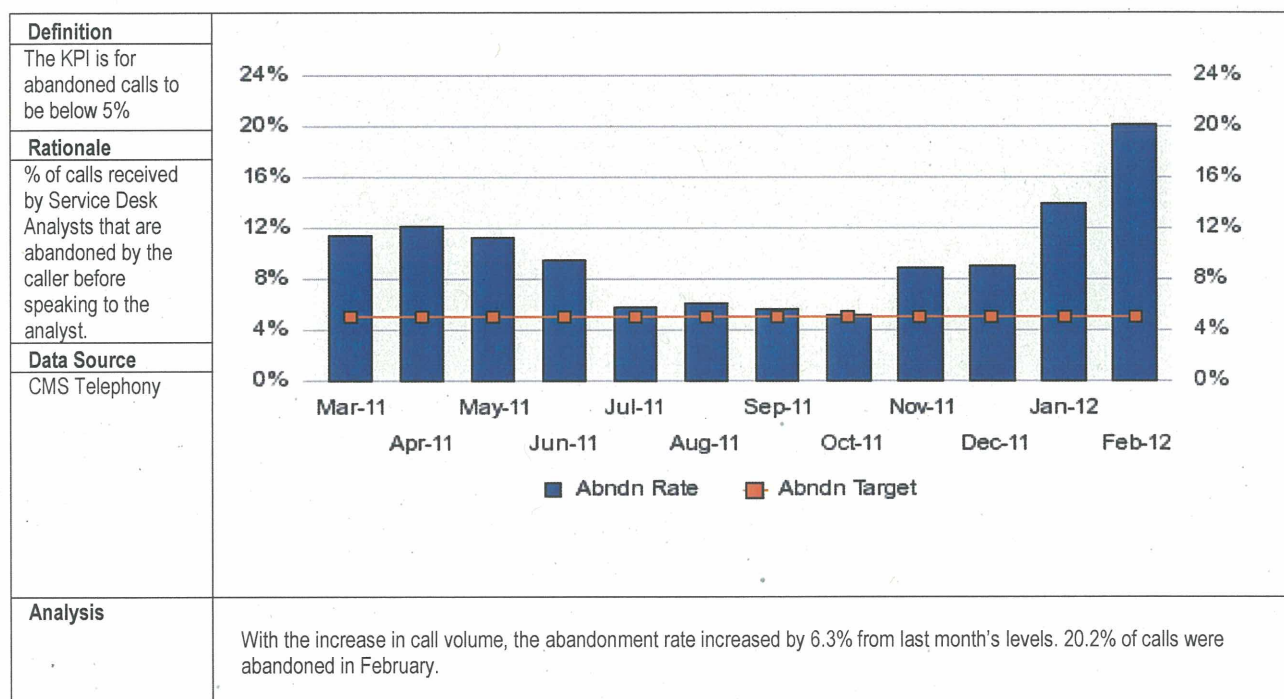


4 State Wide Service Desk (SWSD)

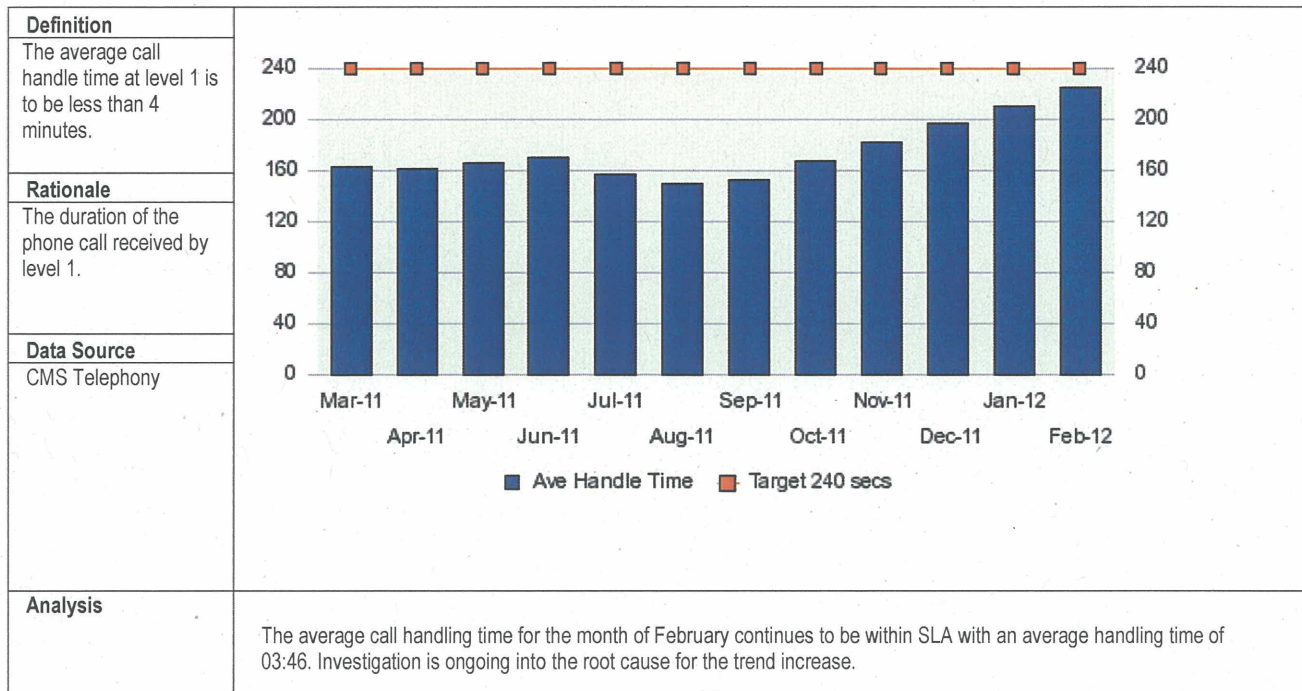
4.1 All Calls Answered (<=40 Seconds)



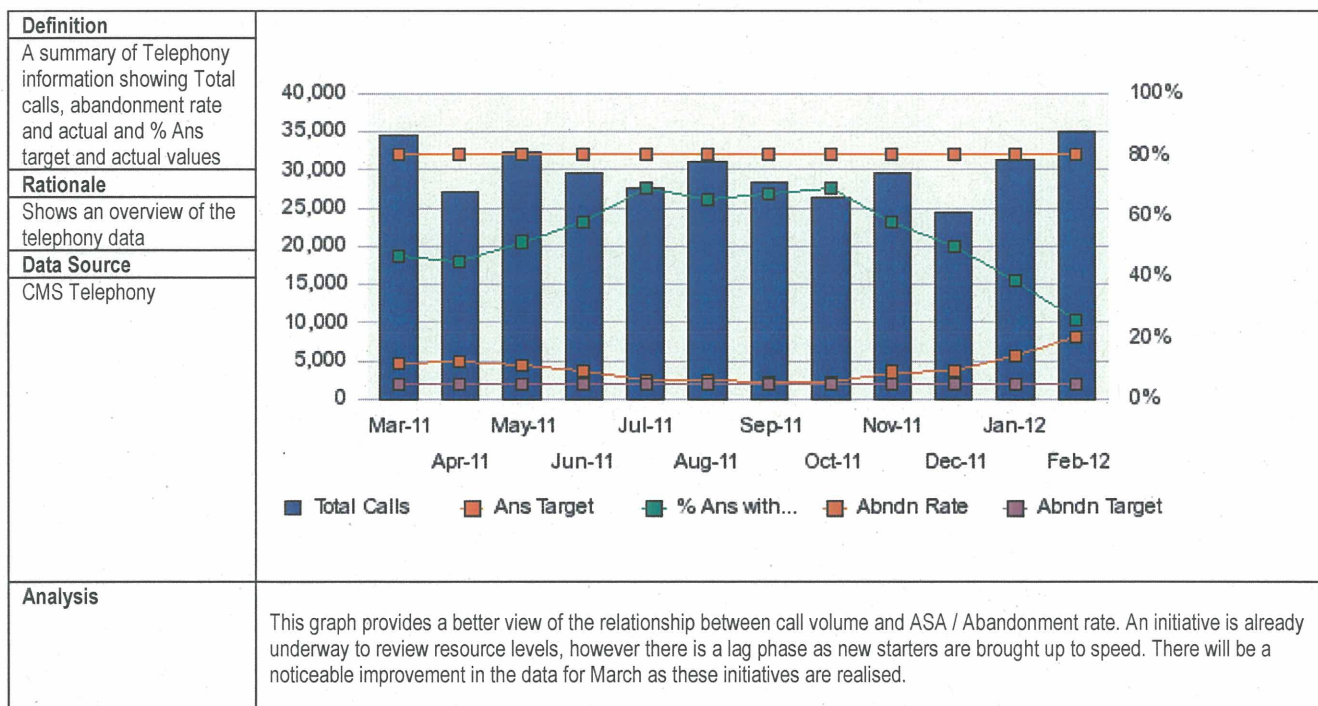
4.2 Abandonment Rate (<=5%)



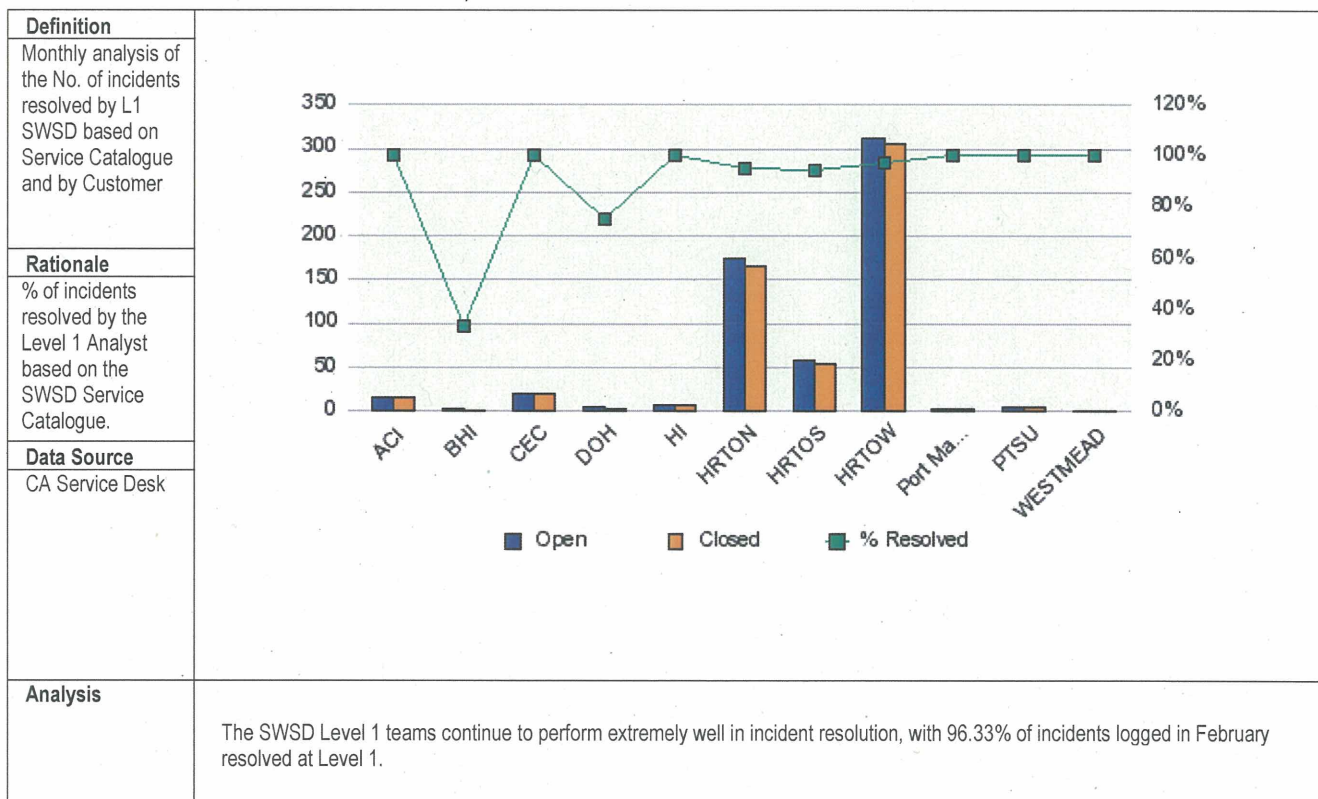
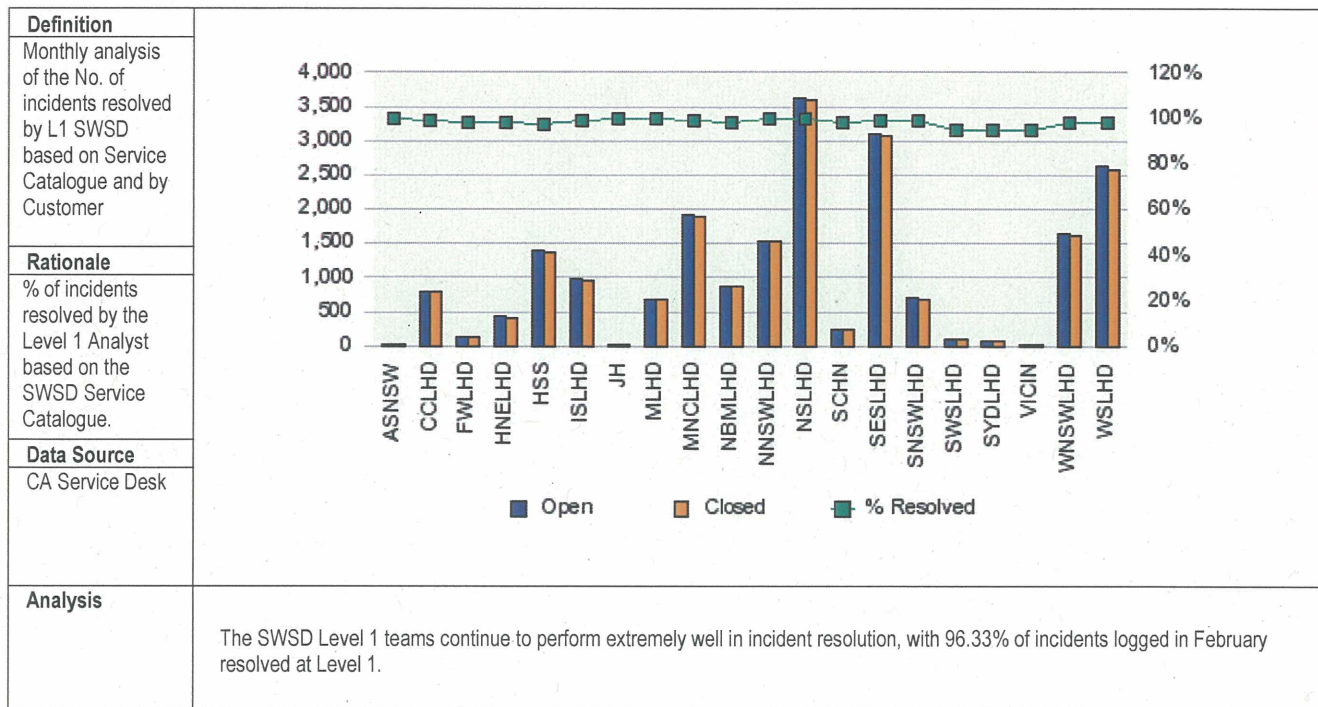
4.3 Average Call Handling Time <240 secs (4min)



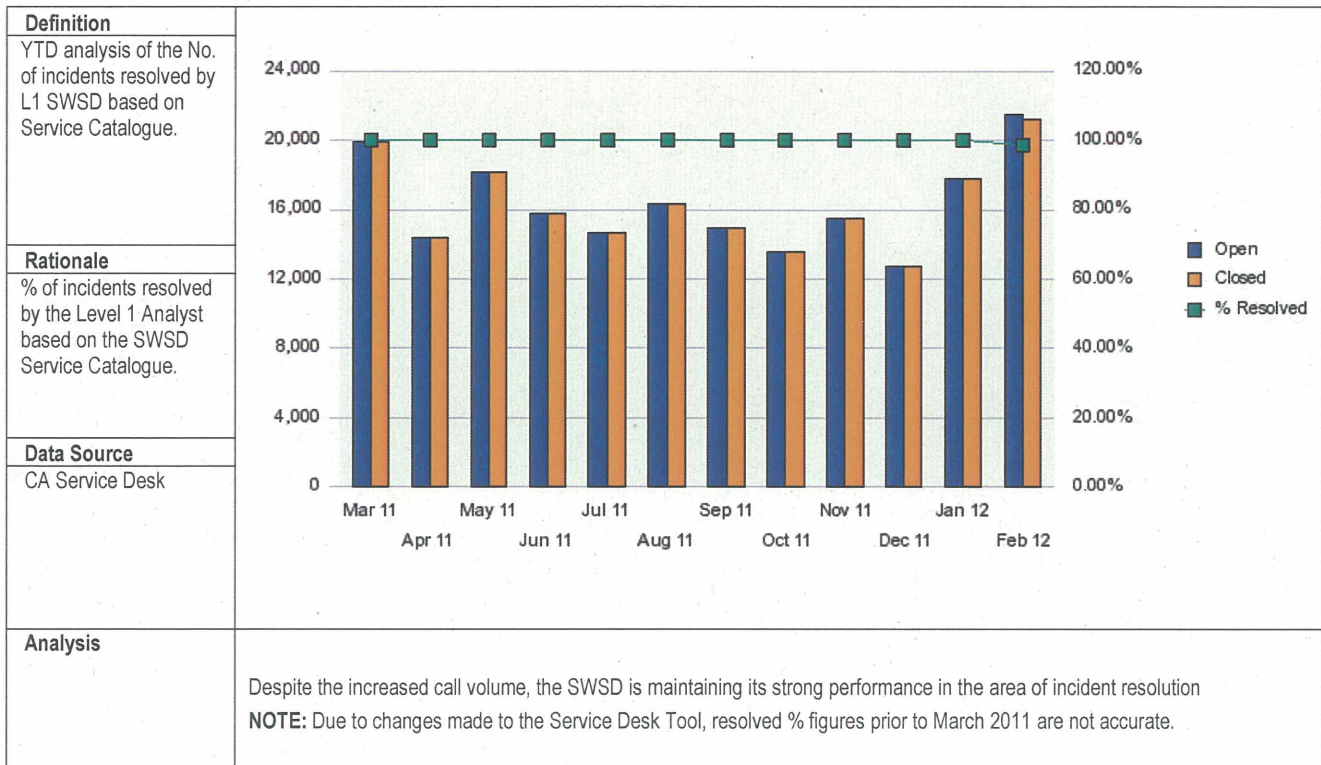
4.4 Consolidated Telephony Information



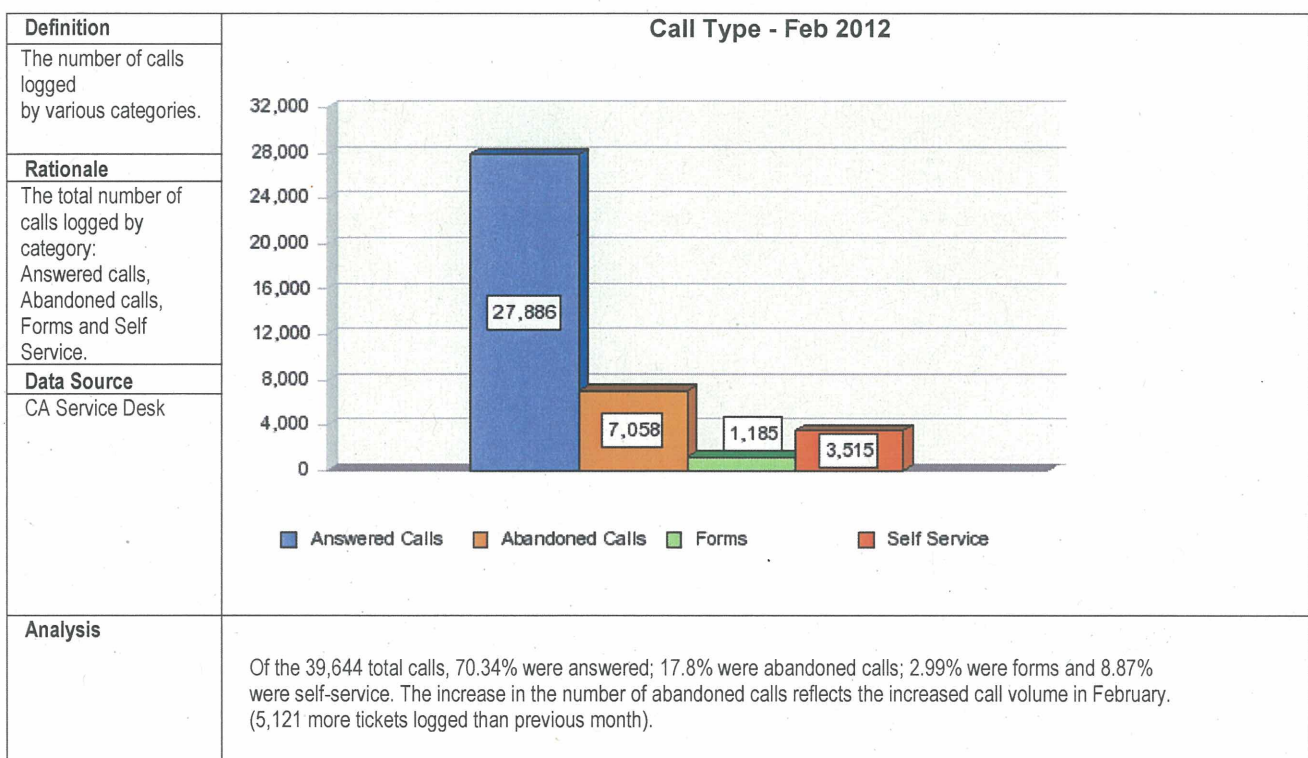
4.5 Incident Resolution based on Service Catalogue – SWSD Level 1



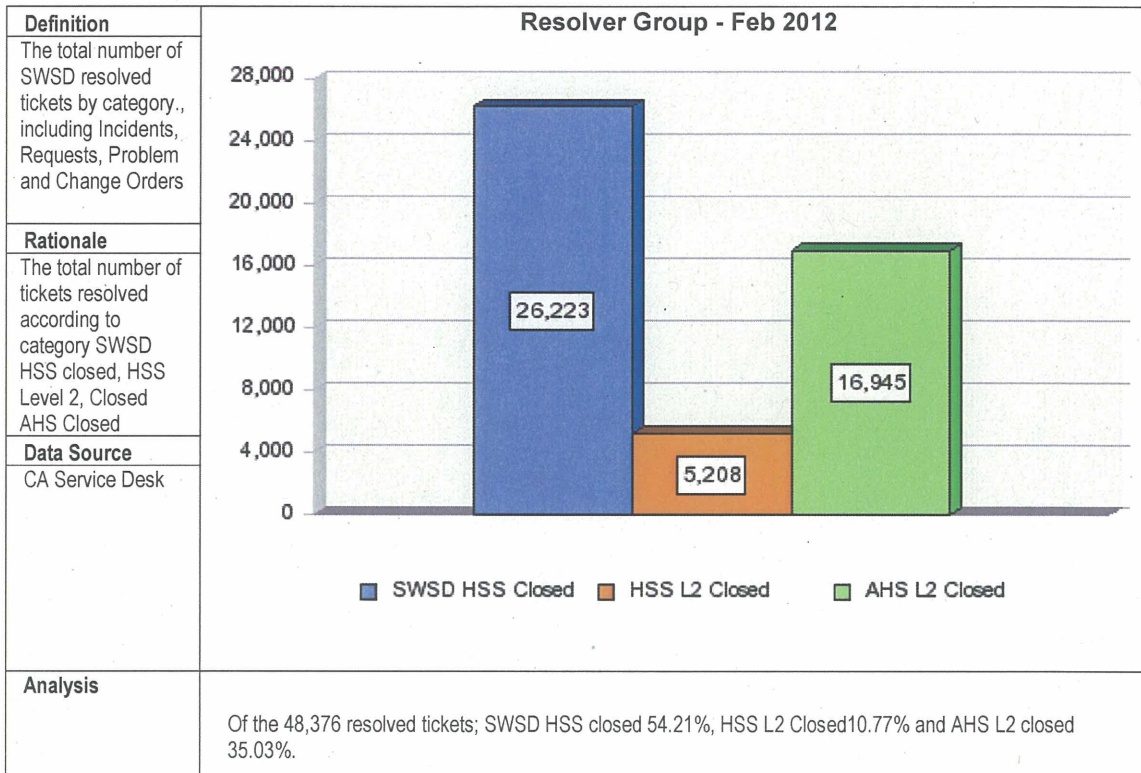
4.6 YTD Incident Resolution based on Service Catalogue – SWSD Level 1



4.7 HSS SWSD Calls Logged by Call Type



4.8 Ticket Resolver Group



Future Model - Customer Dashboards

Phase 1

Business Line	Area	Measures
Financial Services	Accounts Payable	Number of Invoices entered
		Invoices with PO based on volume
		Invoices paid on time
		Invoices on hold (Reasons / Volume and Responsibility)
		Time taken for invoices to be received by service centre
		Time taken for invoices to be entered by service centre
	Accounts Receivable	Number of Invoices created
		Invoices created within 2 business days (SLA)
		Invoices paid within timeframe (Invoice due date)
		Aged debtors (by age)
		Aged debtors (by responsibility < or > 75 Days)
Customer Service	Customer Service	Average call wait time / speed of answer
		Ticket Ageing
		% of calls abandoned
		Total calls received per business line / reason
Recruitment & Employee Transactional Services (RETS)	Recruitment	Number of ATR's created
		Number of ATR's open / closed
		Recruitment timeline
		Average days for Recruitment by responsibility
Procurement & Logistics	Purchasing	Number of PO's raised within 2 business days (SLA)
		Number of Urgent Requisitions raised
		% of Urgent Requisitions actioned within 4 Hours (SLA)
		PO's raised without an approved requisition (Number & Value)
		Confirmation orders raised (Number & Value)
		B2B compliance