

Evaluating a health service taskforce

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Abstract

A large number of taskforces and other quality improvement teams have been set up to achieve change in recent years, both in health and elsewhere, but there has been relatively little systematic evaluation of the benefits obtained. This paper discusses alternative methodologies and frameworks for assessing the value of taskforces and other quality improvement teams in the public sector and concludes that the Performance Prism, used in conjunction with the public sector scorecard, a variant of the balanced scorecard, is most appropriate. The paper then describes a case study on the evaluation of a UK health service taskforce using the recommended approach and reflects on its successes and limitations.

Article type: Theoretical with application in practice, Case study.

Keywords: Performance measurement (quality), Health services, Balanced scorecard, Quality improvement, United Kingdom.

Content Indicators: Research Implications** Practice Implications** Originality**
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Introduction

Many taskforces and other quality improvement teams (QITs) have been set up to achieve change in recent years, both in health and elsewhere. However relatively little has been written on how the success, or otherwise, of these taskforces should be evaluated. Typically, there will be some statement in the taskforce report stating that the aims of the taskforce have been "largely met", but with little objective evidence supporting this. However, as [McCoy and Hargie \(2001\)](#), p. 325) point out, "Only by knowing the precise impact of our interventions can we build on strengths and eliminate weaknesses".

This paper discusses alternative methodologies and frameworks for assessing the value of taskforces and other QITs in health and other public services. The approach recommended, which makes use of the literature on both evaluation and performance measurement, is then described, together with the author's experiences in implementing this when evaluating the

Workforce Taskforce, one of several taskforces set up to help implement the UK's National Health Service (NHS) Plan ([National Health Service, 2000](#)) in the Trent Region. Finally some general conclusions on evaluating QITs in the public sector are offered.

Why evaluate a taskforce?

Taskforces are one example of QITs - groups of people brought together by management to examine a particular problem and/or to bring about change - the only real difference between taskforces and other QITs being that the name taskforce tends to imply higher status. QITs typically include people from different professional groups and backgrounds and will disband once the project has been completed ([Oakland, 2000](#); [Dale and Bunney, 1999](#)). The team may have a specific target such as improving a particular process or may be more strategic in nature ([Munro-Faure and Munro-Faure, 1992](#)). [Morris et al. \(2001\)](#) say that QITs are central to the corporate pursuit of continuous quality improvement while [Berg \(1988\)](#) and [Shannon \(1990\)](#) believe that the success of future quality efforts depends on that rare combination of quality leadership and project teams. While many of the issues surrounding performance measurement of organisations are relevant to QITs, there are some differences. In particular because they have a limited life, there will typically be no previous data available with which to compare performance.

Evaluating the effectiveness of a taskforce is important for many reasons. First, the evaluation will provide feedback to key people - including the team itself and the sponsoring organisations - on how well the taskforce is performing and therefore assist in the review process so that relevant issues can be addressed. Second, developing an evaluation strategy, with taskforce members and other key stakeholders, early on in the life of the taskforce helps it identify clearly what would be a successful outcome for the taskforce and assist in developing a strategy to bring about those outcomes. As [Kanji and Sa \(2003, p. 274\)](#) say, a "system of performance measurement, if properly designed and implemented, will focus organisational efforts into a common purpose by directing everyone's attention into a set of key goals and objectives". Third, lessons learned from the evaluation will be of use to future taskforces and other quality initiatives that might be set up. A final reason for evaluating taskforces and other quality improvement programmes in health is given by [Ovretveit \(1998\)](#) who believes that more money is wasted on changes to service organisation and on new management technologies, such as quality programmes that are ineffective, than is wasted on ineffective treatments.

Performance measurement and evaluation

There are two strands in the literature relevant to evaluating a taskforce, one on performance measurement and one on evaluation. However it is noticeable that each strand rarely refers to the other. Performance measurement has been defined as "evaluating how well organisations are managed and the value they deliver for customers and other stakeholders" ([Moullin, 2002, p. 188](#)). This definition shows clearly the purpose of performance measurement, emphasising both the value an organisation provides for its various stakeholders and the effectiveness of the way the organisation is managed. An interesting implication of this, since performance measurement is itself part of how an organisation is managed, is that performance measurement also needs to be cost-effective and to deliver value. A performance measurement system should be balanced, covering all relevant dimensions ([Kaplan and Norton, 1992](#)) and there should be a clear link between measures and the organisation's strategy ([Skinner, 1989](#); [Kaplan and Norton, 2001](#)).

The above definition uses the term "evaluating" which provides a link to the extensive literature on evaluation which is often overlooked by researchers and managers involved in performance measurement. [Weiss \(1972, p.4\)](#) defines the aims of evaluation research as being "to measure the effects of a program against the goals it set out to accomplish as a means of contributing to subsequent decision making about the program and improving future programming". This definition relates closely to the criteria-based approach of [Tyler \(1942\)](#) who stressed the importance of setting goals and objectives in advance. There are some

difficulties with this approach in practice however since, as [Rossi and Freeman \(1989\)](#) point out, the evaluator is often presented with ambiguous and unrealistic goals and objectives, and the initial goals may change while a programme is underway ([Marra, 2000](#)).

[Rossi and Freeman \(1989\)](#) point out that evaluation should not just focus on the end result of a programme, but also on how the programme was delivered (i.e. the process) and on its effectiveness and efficiency. Perhaps more fundamentally [Scriven \(1996\)](#) and [Verschuren and Zsolnai \(1998\)](#) questioned the effectiveness of criteria-based evaluation, stressing the importance of whether or not the programme was of benefit to its stakeholders. Their client-oriented approach takes as its starting point the requirements and expectations of the different stakeholders and includes an interactive negotiated process that involves stakeholders in determining the evaluation strategy ([Guba and Lincoln, 1989](#)). In fact these approaches are not mutually exclusive ([McCoy and Hargie, 2001](#)) and the best approach is to use complementary approaches to support one another ([Chelimsky, 1995](#)).

Another aspect that should be considered in evaluating a taskforce is whether it provides recommendations on how its work can be sustained once it disbands. There are many examples of QITs that have met the objectives they were set, only for the benefits to evaporate because the work has not been followed up by the sponsoring organisation. While this is primarily the responsibility of the organisation, the taskforce has a key role in this process.

Alternative frameworks for evaluating taskforces

In measuring the performance of a taskforce, or indeed an organisation, it is useful to employ a framework for evaluating performance. Such frameworks help organisations to define a set of measures that reflects their objectives and assesses their performance appropriately ([Kennerley and Neely, 2001](#)). There are a number of frameworks available for evaluating performance, including the excellence model, the NHS performance assessment framework, the balanced scorecard, the public sector scorecard and the Performance Prism. The relevance of each of these to evaluating a taskforce is considered in turn.

The EFQM Excellence Model

The European Foundation for Quality Management (EFQM) excellence model has five enablers - leadership, policy and strategy, partnerships and resources, people, and processes - and four results categories - customer results, people results, society results, and key performance results (EFQM, 1999). This model has the advantage that it can be used to evaluate the taskforce both on what it achieves and how it achieves it.

There are two possible approaches in using the model to evaluate a taskforce. First, it can be used to assess the taskforce on each of the nine elements - so that for example people results refers to the people involved in the taskforce and customer results to the beneficiaries of the taskforce. This approach can rapidly become cumbersome, requiring evidence on nine elements for what will typically be a small group of people.

The second approach is to base the model on the organisation as a whole - for example a health service taskforce could be evaluated on health services in the region - and examine the impact of the Taskforce on the nine elements. For example under people results, the evaluation of a taskforce concerned with workforce matters would need to consider the impact of the taskforce on providing increased learning and career development opportunities for staff, and on helping them become more motivated and valued. The difficulty with this approach is isolating the work of the taskforce from other initiatives and activities carried out by the organisation that may also affect these aspects.

The NHS Performance Assessment Framework

For taskforces in health and social care another possibility is to use the NHS Performance Assessment Framework included in the *NHS Plan* ([National Health Service, 2000](#)). This has six categories - health improvement, fair access, effective delivery of appropriate health care, efficiency, patient/carer experience, and health outcomes of NHS care. While it would be possible to assess the impact of a taskforce on each of these categories, like the excellence model it may require a large number of measures. Also for taskforces concerned with workforce and people issues (such as the one described later in this paper) it would be indirect since for example having more valued staff does not translate directly onto the framework.

The Balanced Scorecard

The Balanced Scorecard ([Kaplan and Norton, 1992](#)) is a logical strategic framework enabling an organisation to articulate its strategy in a set of focused, strategic objectives and measures. It is organised across four key perspectives: financial; customer; internal; and innovation, learning and growth. While there are several reported successful applications of the scorecard in the not-for-profit sector (e.g. [Wisniewski and Dickson, 2001](#); [Amaratunga et al., 2002](#); [Radnor and Lovell, 2003](#)), there are certain difficulties in its use for organisations in that sector. Whereas in commercial organisations the financial perspective covers the prime performance criteria for the organisation, this is not true in the public sector where performing well on the financial perspective is not the overriding purpose of the organisation. Indeed [Gambles \(1999, p. 24\)](#) says that "... in its usual form, it [the scorecard] is clearly not suitable for the vast majority of the public sector". In fact [Kaplan and Norton \(2001\)](#) accept this criticism, saying that non-profit and government agencies should instead consider placing an overarching objective at the top of their scorecard that reflects their long-term objectives. Without this however, it would be difficult to apply the scorecard to a taskforce since it is not clear under which perspective the overall aims of the taskforce should go. Splitting them up into the four perspectives would not be sufficient, since people wish to see clearly to what extent the overall aims have been met.

The Public Sector Scorecard

The Public Sector Scorecard (PSS) ([Moullin, 2002](#)) - illustrated in [Figure 1](#) - overcomes the above problem by including a strategic perspective, which examines the organisation's progress against its main aims and objectives. It also replaces the term "customer" which can be problematic in the private sector ([Moriarty and Kennedy, 2002](#); [Morgan and Murgatroyd, 1994](#)) with the term "service user/stakeholder". Although, as [Kaplan and Norton \(2001\)](#) point out, other stakeholders can be included in the customer perspective, it is better to make this explicit. While the service user is of course a stakeholder, it is felt that additional emphasis is needed on the service user and so the term "service user/stakeholder" is used in preference to simply the stakeholder perspective. In addition there are two relatively minor changes. The "internal" perspective is replaced with "operational excellence" and the term growth is omitted in the innovation and learning perspective. Regarding the latter change, while the meaning of growth in the scorecard is more than just growth in physical or monetary terms, it can be misleading since growth, for example in terms of more service users, may be something the organisation wishes to avoid, e.g. in preventing substance abuse.

The five perspectives of the PSS can be applied to a taskforce as follows:

The strategic perspective - achieving the aims of the taskforce with practical tangible results.

The service user/stakeholder perspective - concerned with how well the taskforce performs from the viewpoint of service users and other key stakeholders, together with the contribution of those stakeholders to the taskforce.

The operational excellence perspective - processes carried out effectively.

The financial perspective - delivering value for money and keeping to budget.

The innovation and learning perspective - the degree to which the taskforce is innovative and whether the benefits obtained are sustainable and transferable to other organisations in health and social care.

Like the Balanced Scorecard, the main aim of the PSS is to ensure that performance is assessed on all relevant perspectives, not just one or two, in order to get a balanced picture of the taskforce. It is also important in developing strategy.

The Performance Prism

The Performance Prism ([Neely et al., 2002](#)) is a non-prescriptive framework for assessing organisational performance with five distinct but linked perspectives: stakeholder satisfaction, strategies, processes, capabilities, and stakeholder contribution. The starting point in using the Prism (although of course no such framework would admit to a starting point!) is to identify stakeholders and their requirements, together with the strategies and processes needed to satisfy the various requirements. The next stage is to ensure that the organisation has the capabilities (people, practices, technology and infrastructure) required to support and enhance the processes so that they operate effectively and efficiently. Finally, the Prism also recognises that the contribution and involvement of stakeholders - in particular users and partner agencies - is a desired outcome. This is particularly important in health and social care where "effective involvement of patients and carers is essential to ensuring that everyone is fully engaged in the drive for quality and that this focuses on what really matters" ([Department of Health, 1998](#)).

The Prism is very suitable for evaluating a taskforce. In particular it helps identify possible causes of problems. For example poor performance of a taskforce could be caused by lack of capabilities - perhaps certain key people were not included or the taskforce was not given the authority to make some vital changes. Another possibility is that the written-down strategy may be excellent and the processes carried out effectively, but the strategic direction - i.e. the link between strategy and processes - was poor. This would result in the taskforce not achieving its strategic aims. Finally the stakeholder orientation and the explicit recognition of the importance of stakeholder contribution are also vital factors in evaluating taskforces. One limitation of the Prism for evaluating taskforces, however, is the absence of an innovation and learning dimension, which is a major aim of any taskforce.

The recommended approach

The recommended approach for evaluating taskforces is to use the Performance Prism alongside the PSS. The Prism is used to identify, in a workshop setting, stakeholder requirements and desired contribution and ensure that these drive the strategies and processes used. The outcomes of these workshops are then summarised using a success map - a cause-and-effect diagram that explains the organisation's strategy and understanding about how the business operates ([Neely and Bourne, 2000](#)). The success map is then used to establish which areas need to be addressed under each of the PSS's five perspectives, while the next task is to identify with the taskforce and stakeholder representatives suitable measures for each area. The PSS framework is preferred to that of the Performance Prism at these later stages, because it explicitly includes the innovation and learning and financial perspectives. Otherwise there is quite a good alignment between the two frameworks. Specifically the stakeholder requirements and stakeholder contribution dimensions of the Prism feed into the stakeholder perspective, while the processes and strategies dimensions fit into the operational excellence and strategic perspectives respectively. The PSS does not assess capabilities explicitly, although any deficiency in this aspect is likely to manifest itself in one or more of the other perspectives.

The various stages of the recommended approach, which requires the involvement of taskforce members and stakeholder representatives throughout, are outlined below:

Identify stakeholder requirements and desired stakeholder contribution in a workshop setting.

Discuss, again in a workshop setting, whether the proposed strategies and processes will meet stakeholder requirements, and identify whether the taskforce has the capabilities to achieve its objectives.

Develop a success map showing the main processes, stakeholder requirements and desired contribution, and use it as a vehicle for making sure the taskforce is on track to meet the various stakeholder needs. Also discuss with taskforce members and stakeholders what they would like from the evaluation.

Translate the outcomes of the workshop and the success map to the PSS framework. Identify the measures needed under each of the PSS perspectives. A variety of methods, including questionnaires, interviews and if possible some outcome measures, will be needed.

Obtain the evidence and analyse it, taking care to present it in an imaginative way. Distil the evidence into recommendations for the future.

Present the results of the evaluation to the taskforce and the sponsoring organisation, so that they can determine a strategy for ensuring that the work of the taskforce is sustained and embedded within the organisation.

Evaluating the workforce taskforce: a case study

The above approach was used by the author in evaluating Trent Regional Health Authority's Workforce Taskforce, one of several taskforces set up in 2001 by the Authority's Modernisation Board to assist in the implementation of the *NHS Plan* ([National Health Service, 2000](#)). The *Plan's* vision is a health service designed around the patient and includes investment in more hospital beds and staff, re-designing care around patients, better partnerships and team-working, and reducing waiting times.

The main aim of the Workforce Taskforce was to "optimise the capacity of non-clinical support staff to support the achievement of the modernisation plan". The reason that the taskforce concentrated on non-clinical support staff (this group includes receptionists, porters, cleaners, and medical secretaries) was that these staff groups tended to be overlooked by other initiatives in the region. The taskforce was successful in gaining a substantial sum of money from the region's Modernisation Board and then invited bids from all parts of the NHS in the region for projects or development activities aimed at non-clinical support staff.

Taskforce members included the regional director of Workforce Development and the chief executive of the Workforce Confederation, as well as the operations director of a large hospital. They appointed a project manager and set up a reference group to advise them. This comprised human resource managers, non-clinical staff, and trade union representatives, together with the author who had been appointed to evaluate the taskforce. The reference group was involved throughout in deciding the framework for bids for project funding, deciding which bids should be approved, and assisting in the development of the evaluation strategy. A total of 18 projects were approved, addressing one or more of the following themes: developing learning opportunities for non-clinical support staff (NCS), personal and professional development, career pathways, increasing patient/service user focus, and developing the roles of NCS freeing up nurse and/or consultant time. The taskforce hosted two major learning events on developing the non-clinical workforce for a variety of staff within the Region, including non-clinical staff. The first of these took place part way through the individual projects, while the second, with over 150 attendees, took place in June 2002 after most of the projects were completed. These learning events had two main aims - to discuss the issues affecting non-clinical staff and to provide feedback to attendees on the individual projects.

Developing an evaluation strategy for the workforce taskforce

Following initial discussions with taskforce members, the author facilitated a series of workshops with the taskforce and the reference group, which as mentioned earlier included non-clinical staff and human resource managers. The first workshop concentrated on identifying the main issues affecting NCS, the desired outcomes that the project might achieve under each of the issues, and possible measures of the desired outcomes. For example one issue was staff status and feeling valued; the desired outcomes included NCS feeling valued, recognition of NCS contribution by other staff, and NCS taking the lead in what

they wanted to achieve; while the suggested measures for these outcomes included NCS and employer satisfaction.

The second workshop identified the various stakeholders who would be affected by the taskforce's activities, the likely requirements of each group, and the measures that might be used to evaluate them. In addition several stakeholders, notably the head of the Modernisation Board and some reference group members, were interviewed personally to identify their particular requirements of the taskforce. The interviews with reference group members were important in case some of the lower-graded staff did not feel confident to raise their concerns in the larger group.

The author then developed a success map based on the workshops and interviews (see [Figure 2](#)). This uses the framework of the Performance Prism and shows the various activities of the taskforce and how they affect different stakeholder groups. As can be seen, the main activities were allocating funds to projects, the support given to projects, monitoring progress, and facilitating dissemination of the outcomes of the projects to other staff within the region. The main stakeholders included the Modernisation Board which provided funds for the projects, unsuccessful bidders, the project leads, other employers and staff who might learn from the projects, participants in the projects, the reference group, and last but not least the patients and carers who will benefit from more effective non-clinical staff.

The success map also shows, as an arrow from the activity to the stakeholder, the activities a particular stakeholder should participate in or contribute to, while an arrow from an activity to a stakeholder indicates that that activity will directly affect the relevant stakeholder. The main requirements of each stakeholder group are also shown. The success map was shared with the taskforce and the reference group and some modifications made.

The next stage in the evaluation was to use the PSS. In using the scorecard, it was decided to omit the term service-user from the "service user and stakeholder perspective" and instead include patients and carers as one of many stakeholder groups. This is because the main intended beneficiary was non-clinical staff and therefore it was felt that additional emphasis on service users was not needed. [Figure 3](#) shows how the scorecard was used. The overall aims under each perspective are shown in the left-hand column. These are fairly generic and can perhaps be applied to most taskforces. The overall aims were then subdivided into specific areas that needed to be addressed by the taskforce. The previous work with the Performance Prism was very useful here. The third column of [Figure 3](#) shows the methods used to assess the taskforce on each of the specific areas. There were several questionnaires - to participants on the individual projects, to project leads, to attendees at the various learning events. In addition to the normal attendee questionnaires, a separate survey of attendees at the second learning event was carried out, asking for their views on the projects undertaken and the taskforce as a whole. These were supplemented by face-to-face interviews with the head of the Modernisation Board, the taskforce chair, and the project manager, while several other Modernisation Board members, unsuccessful bidders, and members of the reference group were contacted by telephone.

The results of the evaluation were presented to taskforce members and project leads and were collated in a final report. In addition to detailed analysis of the various questionnaires and interviews, two summary diagrams were produced linking the analysis to the Performance Prism and the public sector scorecard. One was a modified version of the success map but showing the views of each stakeholder group instead of their requirements, while the other was a diagram summarising the evaluation on each of the five perspectives. Finally, although results were presented in a neutral way as far as possible without subjective bias, some conclusions were offered both on the value of the taskforce and lessons for the future since. As [Amaratunga et al. \(2002\)](#) point out, it is also important to interpret the results, identify what is good, what is bad and what needs changing.

Reflections on the success of the evaluation

Referring back to the earlier discussion on the literature on performance measurement and evaluation, the evaluation of the workforce taskforce by and large met the aims it set out to achieve. The evaluation did influence strategy. For example the identification of unsuccessful bidders as a stakeholder led to appropriate processes to meet their needs including feedback on their proposal and guidance in submitting future bids. Also the emphasis on sustainability and transferability was reflected in the content of the two learning events. In addition the use of the PSS ensured that the evaluation was balanced, reflecting all relevant perspectives rather than just one or two.

The method used obtained the benefits of both the criteria-based and the client-oriented approaches to evaluation. It assessed the taskforce against aims and objectives agreed early on in the life of the taskforce, involved key stakeholders throughout, and assessed the taskforce against stakeholder requirements. It also took into account Rossi and Freeman's advice by including process as well as outcome measures, together with measures of effectiveness and efficiency.

The workshops seemed to be well received, as was the final report and presentation. Much of the success of the evaluation can be attributed to taskforce members, all of whom were committed to involving stakeholders and working in an open way.

[Neely and Bourne \(2000\)](#) give four main reasons why measurement initiatives fail - inappropriate design of the measurement system, failure in implementation, spending a lot of money developing lots of measures but ignoring those that are most important, and not doing anything with the information that is obtained. The use of the success map before deciding what to measure is, as Neely and Bourne suggest, the key to designing a good measurement system. Appropriate measures were obtained for the majority of relevant criteria, and the measures used were obtained at relatively low cost. The report on the evaluation did identify a number of learning points for further initiatives in developing non-clinical staff, for example on the need to facilitate sustainability and transferability of project outcomes. Work is still ongoing on developing support staff within the workforce confederations and there is evidence that they have taken this advice on board.

A notable omission was any feedback from the main intended beneficiary of the taskforce - patients and service users. For example did they see any improvement in the service provided or their relationship with staff involved in the individual projects? This omission was due to the need to report back promptly since, as with many outcome measures, the impact of the projects on service users would take some time to materialise. Several taskforce members were of the opinion that if non-clinical staff felt more supported, better trained and more valued, then value to patients and users would automatically follow. However this is not proven.

Another omission was that no outcome measures were given for the innovation and learning perspective. For example it was felt to be too early to develop measures of the transferability of the project outcomes to other health communities and instead we had to rely on the perceptions of project participants and attendees at the learning events on whether they thought that the projects were transferable.

One possible approach to resolving the lack of outcome measures, given the need to report back quickly, is to have a two-stage evaluation process - the first stage reporting soon after the taskforce's work has been completed and another some time later when more outcome measures are available. The second stage of the evaluation would also be in a better position to assess how well the taskforce's work has been followed up and perhaps to include some feedback from service users.

Conclusion

The paper discusses various methodologies and frameworks relevant to evaluating the performance of taskforces and other QITs in health and public services. It concludes that

representatives of key stakeholder groups should be involved throughout, not just in assessing how well the taskforce has performed, but also in determining how it should be evaluated. The evaluation strategy should be developed early on in the life of the taskforce so that it can assist in the development of strategies and processes to meet the desired objectives. The taskforce needs to be assessed on all relevant factors, including achieving the objectives it has been set, meeting stakeholder requirements, delivering value for money with processes carried out effectively and efficiently, being innovative and providing learning which can be sustained and used more widely within the organisation. Also important are whether stakeholders have contributed and felt involved in its work and whether the taskforce provides recommendations on how its work can be sustained after it disbands.

The paper recommends the use of performance measurement frameworks to help ensure all relevant factors are included and considers that a combination of two such frameworks - the Performance Prism and the PSS - is most appropriate for evaluating taskforces. The Performance Prism helps ensure that strategies, processes and measures reflect the needs of stakeholders, while the PSS, which avoids the private sector bias of the Balanced Scorecard and includes an additional strategic perspective, ensures that the measures used reflect all relevant perspectives on which performance should be assessed.

The application of the recommended approach to a health service taskforce concerned with developing non-clinical staff provided a number of benefits. It assisted in developing strategy, ensured that the evaluation was focussed on stakeholder requirements, and provided helpful feedback both for future taskforces and other health service initiatives in the workforce area. There were some difficulties due to the need to produce the report on the evaluation fairly quickly. This meant that it was not possible to obtain the views of patients and service users on the projects undertaken by the taskforce and it also proved difficult to obtain outcome measures on issues such as sustainability and transferability. However overall, the evaluation enabled the various stakeholders to assess the effectiveness of the taskforce, while also identifying areas that needed addressing to sustain and build on what it had achieved.

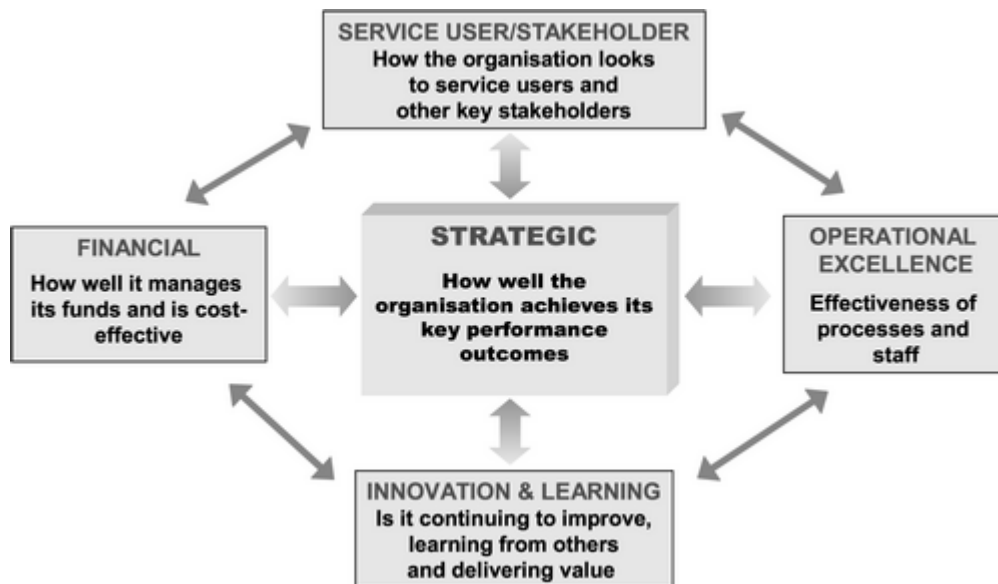


Figure 1 The Public Sector Scorecard

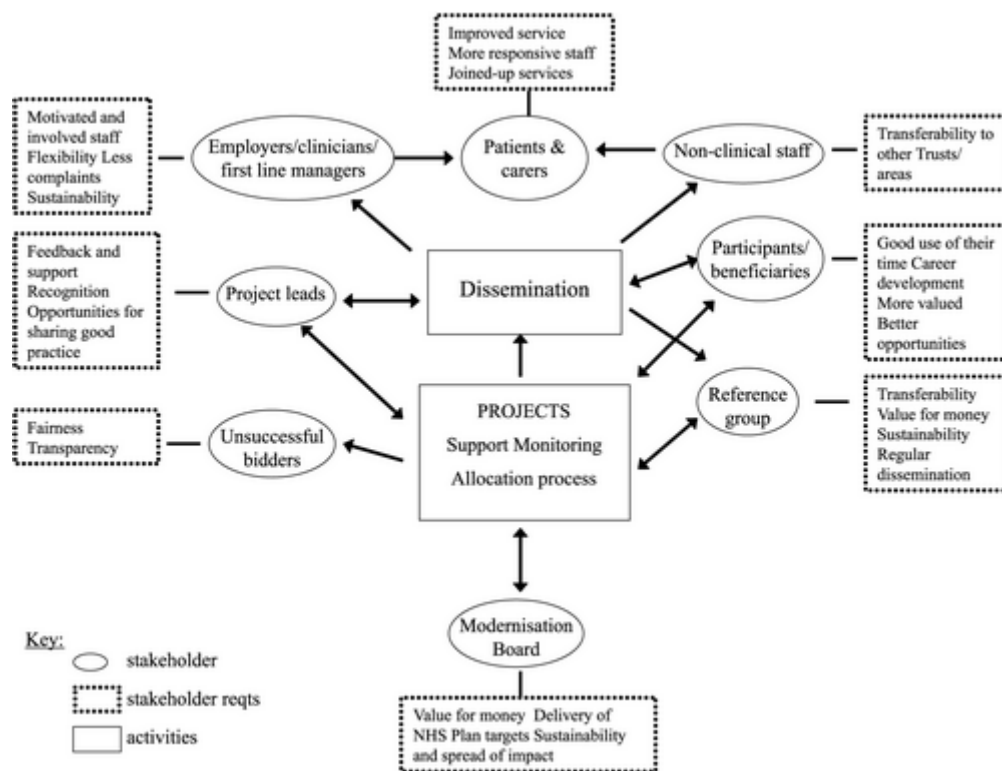


Figure 2 Success map for the workforce taskforce

OBJECTIVES	SPECIFIC AREAS TO ADDRESS	METHODS USED
STRATEGIC Achieving the aims of the taskforce with practical tangible results	More motivated and valued NCS Increased study/learning activity Identifying and disseminating good practice Recommendations for other health and social care organisations	Participant questionnaire. Project reports. Feedback from learning events. Outcomes of learning events Attendee questionnaire.
STAKEHOLDER Satisfied stakeholders and effective stakeholder contribution	Non-clinical staff & others who took part in projects. Project leads. Modernisation board. Reference group. Unsuccessful bidders. Patients and carers.	Participant questionnaire. Project lead questionnaire. Interviews. Interviews/informal feedback. Telephone interviews. [Not measured directly.]
OPERATIONAL EXCELLENCE Processes carried out effectively	Allocation process. Monitoring and support. Learning events.	Project lead questionnaire Interviews with unsuccessful bidders. Project lead questionnaire. Attendee questionnaire.
FINANCIAL Value for money Keeping to budget	Value for money. Keeping to budget.	Participant questionnaire Attendee questionnaire Interviews with Mod. Board and reference group. Interview with project manager and taskforce lead.
INNOVATION AND LEARNING The outcomes are innovative, sustainable and transferable	Projects innovative. Projects sustainable. Projects transferable.	Attendee and participant questionnaires. Project lead, participant and attendee questionnaires. Attendee, participant and project lead questionnaires.

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