Abstract

The idea of this paper is to understand the methods of managing performance in healthcare facilities management in the UK. Most of what is put forward in this paper is based on an already completed research study on ‘the role of Facilities Management in the control of Healthcare Associated Infections (HAI)’. Therefore the findings presented in the paper are discussed with a specific focus on the control of Healthcare Associated Infections (HAI). The paper first reviews different definitions and concepts of performance management (PM). It then discusses some of the common performance management approaches used by facilities management (FM) services in hospitals in the UK. These discussions of the paper are based on the findings of a mixed methodology approach. The data sets obtained were subjected to rigorous qualitative and quantitative analyses. Based on the findings of the data analysis, the paper finally concludes that there is a need for a robust performance management approach in order to improve the quality of the National Health Service (NHS), UK.

Keywords: Domestic services, Healthcare Associated infections (HAI), Facilities management, Performance management

1. Introduction

This paper is based on research titled ‘the role of Facilities Management services in the control of Healthcare Associated Infections’ (Liyanage, 2006). Healthcare Associated Infection (HAI) by definition means “infection which was neither present nor incubating at the time of admission but has developed during the course of a stay in hospital or other healthcare facility” (Scottish Executive Health Department, 2002). Studies throughout the world document that Healthcare Associated Infections are major causes of morbidity and mortality. According to Ayliffe et al (1999) the acquired infection rate is approximately 5-10% in the UK and other developed countries. A review of literature suggests that errors in clinical practices dramatically contribute to the emergence of HAI (Bennet and Brachman, 1998). Nevertheless, some suggest that, if HAI is to be controlled effectively, it is also essential to focus on non-clinical areas such as Facilities Management (FM) as well (Meers et al, 1992; Horton and Parker, 2002).
FM in healthcare usually includes a myriad of services. These are mainly in two categories; hard FM and soft FM. Hard FM relates to management and maintenance of property and other physical assets, while soft FM includes the management of support services. The built environment, including infrastructure facilities such as estate and property, indoor air, structure and fabric, water supply, electricity and telecommunication systems come under the first category (hard FM); and catering, cleaning, waste management, security, and laundry describes the latter (soft FM).

The main aim of this paper is to present and discuss the methods of managing performance in FM services in hospitals from a control of HAI point of view. In doing so, specific attention is drawn only to the cleaning service, which for the purposes of this paper is classified as ‘domestic services’.

2. Performance management

The concept of Performance Management (PM) has no generally agreed definition in or across the literature reviewed for this study. According to Martinez (2001), performance management is a term borrowed from the management literature that has only recently been adopted in the healthcare field. The term ‘Performance Management (PM)’ was first used in the 1970s, but it did not become a recognised process until the latter half of the 1980s (Armstrong and Baron, 1998). As Armstrong and Baron (1998) state, PM is mostly identified as a system which enhances individual performances to support or achieve organisational goals. Adair et al (2003) stress that the term PM cannot be defined in the absolute and that its meaning is contextual in terms of both individuals and activities. Many authors or researchers have different views on PM; some have taken a human resource focus to define performance management (Armstrong and Baron, 1998; Storey and Sisson, 1993), while others provide an organisational view of PM (Fletcher and Williams, 1992; Watkins, 2005). However, according to Donabedian (1980) it is not totally appropriate to consider PM in view of individual performance alone.

Performance Management (PM) can be seen as a significant area in the control of HAI in domestic services. However, it has seldom been recognised as a main component in the said area. As Bartely (2000) has recommended, PM is essential to assess the level of adoption of control of HAI standards in FM services. The Auditor General for Scotland (2000), also provides some of the benefits of PM as follows:

- Measure progress towards achieving corporate objectives and targets.
- Promote the accountability of service providers to the public and other stakeholders.
- Compare performance to identify opportunities for improvement. Performance indicators may be used to identify opportunities for improvement through comparison both within the organisation over time or between different units or organisations.
- Promote service improvement by publicising performance level.

PM can be used as an effective tool to detect pros and cons of the domestic service and it can also support strategic decision-making. It could be used as a point of reference to compare past
performance levels with the present. Further, it could also be utilised to identify mistakes and assist with appropriate remedies to be taken.

3. Existing performance management approaches in FM services – case study findings

3.1 Details of the case studies

The existing performance management approaches used in FM services (specifically domestic services) for the control of HAI was identified using the findings of qualitative and quantitative methodologies. The qualitative methodology employed a case study approach involving 26 semi-structured interviews with key parties in the control of HAI in domestic services. For the purpose of this study, domestic services in hospitals were categorised as shown in figure 1.

![Figure 1: types of domestic services (Adapted from NHS Estates, 1998)](image)

Using the above classifications two different types of domestic services were chosen for the case study approach.

The selected cases were: an in-house domestic service and a Private Finance Initiative (PFI) domestic service. Choosing an in-house and a PFI domestic service was strengthened by the increasing concern by the NHS for such types of services as well as their current level of use. For ease of reference the two case studies were coded as ‘In-house case’ and ‘PFI case’ in the study reported here. Both In-house case and PFI case are main hospitals in two of the largest Acute Trusts in the NHS in Scotland. In the In-house case, the domestic service was provided by an internal team that was under the control of the hospital management. The PFI scheme of this hospital was large; hence the private sector partner was a consortium (the special purpose vehicle, i.e. SPV) whose members included a construction company and a principal service provider. The client was the particular NHS trust. The construction company and the principal service provider were the main contractors. The principal service provider had sub-contractors to manage both clinical and support services (FM). The support service provider (i.e. the FM provider) managed all FM services including the domestic service.
3.2 Case study findings

Table 1 presents the PM approaches in-use for the control of HAI in the two case studies. Discussions related to all the above are presented in detail in subsequent paragraphs.

**Table 1: PM approaches in-use in FM services**

<table>
<thead>
<tr>
<th>PM approaches</th>
<th>In-house case</th>
<th>PFI case</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Audits by Audit Scotland</td>
<td>✓</td>
<td>-</td>
</tr>
<tr>
<td>Audits by Infection Control Teams (ICT)</td>
<td>✓</td>
<td>-</td>
</tr>
<tr>
<td>Audits by the domestic service</td>
<td>✓</td>
<td>-</td>
</tr>
<tr>
<td>Audits for reviewing standards ISO 9001:2000</td>
<td>✓</td>
<td>-</td>
</tr>
<tr>
<td>Environmental audits</td>
<td>✓</td>
<td>-</td>
</tr>
<tr>
<td>Performance appraisal</td>
<td>✓</td>
<td>-</td>
</tr>
<tr>
<td>Personal Development Plans</td>
<td>-</td>
<td>✓</td>
</tr>
<tr>
<td>Patient Satisfaction Survey Techniques</td>
<td>✓</td>
<td>-</td>
</tr>
<tr>
<td>Programme Evaluation Techniques</td>
<td>-</td>
<td>✓</td>
</tr>
<tr>
<td>Benchmarking techniques</td>
<td>-</td>
<td>✓</td>
</tr>
</tbody>
</table>

Both the *In-house case* and the *PFI case*, in the main, had two types of PM approaches, i.e. external audits and internal audits. The audits carried out by Audit Scotland were the main types of external audits in both cases. The Audit Scotland is responsible for investigating whether the domestic services achieve the best possible value for money and adhere to the highest standards of financial management. It provides a baseline review of hospital cleaning services and makes several recommendations. The recommendations are aimed at improving the quality and effectiveness of hospital cleaning. The review also incorporates a baseline assessment of compliance with standards for cleaning services issued by the Clinical Standards Board for Scotland - CSBS (2002). The Audit Scotland reviews are carried out together with the domestic managers in hospitals. Its reviews are conducted against a number of criteria relating to floors, fixtures and fittings, sanitary ware, walls, curtains and screens and waste bins. Each area is rated using a Likert scale of four, i.e. very good, acceptable, need for improvement or concern (i.e.
unsatisfactory). This basically provides a ‘snapshot’ of the levels of cleanliness in hospitals in Scotland. As one of the domestic managers from the PFI case noted:

“The Audit Scotland gives us an action plan to comply with for anything that they felt was unsatisfactory. We have to then respond within a given time frame.”

Audit Scotland completed its last audit in May 2002. However, it is supposed to carry out its audits in hospitals throughout Scotland, at least once every three years.

The In-house case had two other external audits, the environmental audits and the audits carried out for ISO 9001:2000 quality accreditation. The environmental audits are carried out quarterly, by the Health and Safety Executive (HSE) and Environmental Health. It is an independent review, which specifically audits the cleanliness of kitchen areas, ward areas and the conditions of hospitals. The ISO 9001:2000 audit, on the other hand, is a process level quality accreditation. It is carried out by an external organisation called SGS Yardley. SGS Yardley conducts its audits twice a year across the NHS Trust of the In-house case. The audits not only include the domestic service but also areas such as maintenance, catering and portering. As the General Manager (Facilities) noted, this audit is similar to a rolling programme:

“Their (ISO 9001:2000) performance tool is a check list. They (the auditors) come with a list of areas to check. Each time they come, they check different areas, so, they make sure that they cover the whole service every year”

The ISO 9001:2000 audits provide a report on the performance of the In-house case at the end of each audit. It identifies any areas of shortfalls and provides a sufficient time period to rectify the problems. As the hotel services manager of the In-house case explained:

“It is a fairly robust system. They provide us with a corrective action form. If we have a number of corrective actions then they (the auditors) tell us that we have a poor performance level. Usually they benchmark our system against the number of corrective actions we have.”

The main types of internal audits carried out by both cases are known as self-audits. As the name implies, they are carried out by the domestic service itself. The domestic supervisors in the In-house case are mainly responsible for these self-audits. The supervisors go round the wards and physically check surfaces, walls, beds, and sanitary areas to ensure that the wards are free from dust. It is carried out weekly or at times, daily. If there are any under-performing areas then the supervisors have to bring this to the attention of the responsible domestics and the latter have to take necessary actions in order to rectify the problem. In the PFI case, the NHS Trust (client) and the PFI consortium carry out individual audits, simultaneously, to ensure performance of the contractor. The PFI contractor also carries out an audit similar to the In-house case. The PFI consortium and the NHS Trust adopt a point system when carrying out their audits. They allocate points to each and every area of the wards (depending on the level of risk involved in terms of control of HAI, e.g. very high, high, low, very low) and finally sum up
the points to determine the total (out of 100 points). If the total is more than 90%, then the contractor’s performance is very good.

The other types of internal audit in the In-house case are the ICT (Infection Control Team) audits. Some of the senior members of the infection control teams carry out these audits in order to check compliance of the domestic service with the requirements of the control of HAI. They check cleanliness in wards, cleanliness in sanitary areas, different waste segregations, staff compliance and hand washing procedures. The audits are carried out at least monthly.

Apart from the aforementioned audits, both the In-house case and PFI case have another PM approach in-use, i.e. the performance appraisal (PA). According to one of the domestic managers in the In-house case, performance appraisals and reviews have become a necessary part of the domestic service. However, due to time constraints, in both cases, it is limited to only appraisal and review of performance of domestic managers (including supervisors) not domestics. The domestic manager meets with their subordinates once a year and has a personal interview, approximately for one hour. The latter is asked about their job role, job satisfaction and any problems regarding their work. Apart from the performance appraisals, in the PFI case, personal development plans are also used as part of an on-going PM programme. This is also for domestic managers. As one of the domestic managers from the PFI contractor’s side highlighted, it is a meaningful part of their career-planning process. It recognises domestic managers’ contributions toward achieving organisational goals and identifies training and education needs. The PFI case also extends their use of PM by adopting programme evaluation techniques and benchmarking techniques in their service. The latter is mainly used to identify their current performance levels compared to previous performance levels whilst the former is used to review the performance of their programmes (e.g. effectiveness of training and education programmes for domestics).

4. Common approaches in managing performance in FM services - Questionnaire survey findings

4.1 Questionnaire survey details

Findings gleaned from the 26 interviews prompted the need to further investigate the most common PM approaches in-use in the control of HAI in facilities management services (specifically domestic services). A questionnaire survey was therefore carried out as the next step of the research study. All four different types of domestic services (refer to figure 1) were chosen for the questionnaire survey, i.e. in-house, outsourced, PFI and the balanced approach (a mix of in-house and contracted-out domestic service). The target population of the questionnaire survey was limited to only domestic managers and infection control team members across England and Scotland. A total of 412 completed questionnaires were received out of the 1304 sent out, giving an overall response rate of 31.60%. Frankfort-Nachmias and Nachmias (1996) state low response rate as one of the serious problems of a postal questionnaire survey. As they noted, the typical response rate for a personal interview is about 95%, whereas the response rate for a mail survey is between 20 – 40%. The response rate of this survey is therefore satisfactory.
The data collected from the survey was analysed using Statistical Package for Social Sciences (SPSS) version 12.0.

4.2 Questionnaire survey findings

As identified from the case study findings, much of the focus of performance management in the *In-house case* and the *PFI case* is on performance audits. However, it is understood from a thorough review of literature that number of other PM approaches which exist in organisations.

Undoubtedly, one of the most widely recognised PM approaches is the Balanced Scorecard (BSC). Developed by Kaplan and Norton, and popularised by the marketing efforts of major consulting companies, the phrase ‘balanced scorecard’ appears to have entered the management vernacular (Neely, 1999). Kaplan and Norton (1992) created the balanced scorecard to assist businesses in moving from ideas to action, to achieve long-term goals, and obtain feedback about strategy. The Balanced Scorecard identifies four fundamental perspectives: financial perspective; customer perspective; internal-business-process perspective; and learning and growth perspective. It expresses an organisation’s strategy as a set of measurable goals from the perspectives of owners/investors, other external stakeholders and the organisation itself.

The European Foundation Quality Management (EFQM) model is another popular model widely used in organisations. In the EFQM, the two main important criteria are the ‘enablers’ and the ‘people results’. The model consists of nine components, namely: leadership, people management, policy and strategy, resources, processes, people satisfaction, customer satisfaction, impact on society and business results. The assumption behind the model is that, excellent results with respect to performance, customers, people and society are achieved through leadership driving policy and strategy, people, partnership and resources, and processes (EFQM, 1999; as cited in Samuelsson and Nilsson, 2002). The model assists organisations to achieve business excellence through continuous improvement in the management and deployment of processes to engender wider use of best practice activities.

Likewise, there are several other approaches used by organisations in measuring and managing performance. Some of them are as follows:

- PQASSO (Practical Quality Assurance System for Small Organisations)
- the Big Picture (an organisational improvement framework and diagnostic tool for identifying strengths and weaknesses within an organisation or programmes of work)
- Investors in People (a national standard for improving organisational performance by training and developing people to achieve organisational goals).

All the above performance management approaches are a range of models and improvement tools that either provide a performance management framework for the whole organisation or support a particular aspect or area of performance.
A careful observation would suggest that some of these common approaches are used in healthcare organisations as well, e.g. BSC and EFQM. Besides, in the NHS, there is also a national Performance Assessment Framework (PAF) to assess performance in the NHS as a whole (NHS Estates, 1999), which is based on the BSC approach. The PAF highlights six areas of performance which, taken together, give a balanced view of the performance of the NHS: health improvement; fair access; effective delivery of appropriate healthcare; efficiency; patient/carer experience; and health outcomes of NHS care. The PAF is supported by a set of national headline NHS Performance Indicators (e.g. access, mental health, diabetes, cancer and coronary heart disease). Even so, currently, the PAF does not give much attention to infection control as part of their overall assessment in hospitals. In addition, it has also not given any particular attention to domestic services (and FM services as a whole).

Given the above discussions, a list of PM approaches (14) were put together, drawing on the literature and discussions with the participants of the case studies. These are given in Table 2 together with the overall mean scores and the rankings of the frequency of use of the PM approaches in the control of HAI in domestic services.

As table 2 results reveal, of the fourteen performance management approaches only the audits carried out by the domestic service is ‘very frequently used’ in domestic services (overall mean score is 1.62). It is further affirmed by its mode value being in the scale of 1. Four other approaches are also significant and fall in the category of ‘frequently used’ with mean scores in the range of 2.57 (audits by the Infection Control Teams) to 2.95 (patient satisfaction survey). Out of the nine remaining approaches, only three approaches are ‘not frequently used’, as they have mean values greater than 4. These approaches are the audits for ISO 9001:2000 quality accreditation, Balanced Scorecard and the EFQM Business Excellence model. Even though it was identified at the beginning of this section that the latter two are the most used approaches in organisations in-general (Neely, 1999), from a domestic service point of view, they can be identified as the least used approaches of PM as their mode values are 5 (i.e. not at all used).

Table 2: PM approaches in-use in the control of HAI in domestic services

<table>
<thead>
<tr>
<th>Frequency</th>
<th>PM approaches</th>
<th>Mode</th>
<th>Overall mean score</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Frequent</td>
<td>Audits by domestic service</td>
<td>1</td>
<td>1.62</td>
<td>1</td>
</tr>
<tr>
<td>Frequent</td>
<td>Audits by infection control teams (ICT)</td>
<td>2</td>
<td>2.57</td>
<td>2</td>
</tr>
<tr>
<td>Frequent</td>
<td>Environmental audits</td>
<td>3</td>
<td>2.58</td>
<td>3</td>
</tr>
<tr>
<td>Frequent</td>
<td>Audits by the National Audit Office</td>
<td>3</td>
<td>2.86</td>
<td>4</td>
</tr>
<tr>
<td>Frequent</td>
<td>Patient satisfaction survey</td>
<td>2</td>
<td>2.95</td>
<td>5</td>
</tr>
</tbody>
</table>
### 5. Performance management in FM services – data synthesis

It is necessary for organisations to measure and manage their performance in order to know where they stand in terms of performance levels, to compare results with past performance levels or with others and to set goals for future improvements.

As mentioned in the earlier sections of the paper, the importance of domestic services (and facilities management as a whole) within the NHS should not be underestimated. Standards of cleanliness can vary enormously and have a direct influence on the quality of care received by the patients (NHS Estates, 2001). Therefore, PM should be an integral part of domestic service provision and best carried out with the full involvement of service providers. Robust approaches of PM should exist in domestic services across the NHS covering all aspects of cleaning and the control of HAI – from the activities of staff carrying out day-to-day cleaning tasks to the strategic responsibilities of managers engaged in the longer term planning of the service (Auditor General for Scotland, 2003).

From the case study findings, it was identified that several PM approaches, most of which are related to performance audits, are in place in the two cases (i.e. In-house case and PFI case). This may be due to the fact that audits have been the prime methodology for the assessment of service costs across departments and functions within Facilities for some years with national compulsory audit systems (Heavisides and Price, 2001). Even though, in this study, audits are

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Approach Description</th>
<th>Value 1</th>
<th>Value 2</th>
<th>Value 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fairly Frequent</td>
<td>PA for domestic managers</td>
<td>3</td>
<td>3.31</td>
<td>6</td>
</tr>
<tr>
<td>Fairly Frequent</td>
<td>Benchmarking techniques</td>
<td>3</td>
<td>3.37</td>
<td>7</td>
</tr>
<tr>
<td>Fairly Frequent</td>
<td>PA for domestics</td>
<td>3</td>
<td>3.44</td>
<td>8</td>
</tr>
<tr>
<td>Fairly Frequent</td>
<td>Personal Development Plans</td>
<td>3</td>
<td>3.48</td>
<td>9</td>
</tr>
<tr>
<td>Fairly Frequent</td>
<td>PAF by the NHS</td>
<td>3</td>
<td>3.74</td>
<td>10</td>
</tr>
<tr>
<td>Fairly Frequent</td>
<td>Programme evaluation techniques</td>
<td>5</td>
<td>3.87</td>
<td>11</td>
</tr>
<tr>
<td>Not Frequent</td>
<td>ISO 9001:2000</td>
<td>5</td>
<td>4.25</td>
<td>12</td>
</tr>
<tr>
<td>Not Frequent</td>
<td>BSC</td>
<td>5</td>
<td>4.41</td>
<td>13</td>
</tr>
<tr>
<td>Not Frequent</td>
<td>EFQM</td>
<td>5</td>
<td>4.72</td>
<td>14</td>
</tr>
</tbody>
</table>

Meaning of scale (frequency of use of the performance management approaches):

1 (Very frequent), 2 (Frequent), 3 (Fairly frequent), 4 (Not frequent), 5 (Not Applicable/not at all used)
taken as PM approaches, in reality it is only part of the PM cycle. The latter not only includes performance audits, but also performance measurement and performance control. According to Wikipedia (2006) ‘audits’ are independent review and examination of records and activities to assess the adequacy of system controls, to ensure compliance with established policies and operational procedures, and to recommend necessary changes in controls, policies, or procedures. It can be done internally (by employees of the organisation) or externally (by an outside firm). In the study reported in this paper, internal audits (carried out by the domestic services and infection control teams) appear to dominate the PM approaches. External audits such as environmental audits and audits by the National Audit Office also seem to be relatively common. These approaches, although essential for domestic services to ascertain snapshot reviews of the service and, at times, cost and output positions, are not geared towards measuring efficiency, efficacy and economy with respect to service provision. Further, it does not assist in continuous improvement. Thus, there is a need for domestic services to use rather more robust PM approaches that cover most aspects of PM. Balanced Scorecard (BSC) and EFQM are leading examples of robust approaches of PM. Although different, they share many common characteristics such as:

- They encourage whole-organisation thinking and management (Adair et al, 2003)
- They highlight the importance of effective stakeholder management, stakeholder integration, staff involvement and continuous improvement (Atkinson et al, 1997)
- They clarify the links between strategy, processes, and outcomes (Amaratunga et al, 2000); and, most importantly,
- They focus strongly on measuring and managing performance results

The Facilities Management ‘Good Practice Guide’ published by NHS Estates (2001), which has been designed to enable domestic services to assess their current performance in comparison with others, is integrated with the principles of EFQM. This is based on the premise that excellent results are achieved through the enablers of commitment, effective leadership, clear and realistic policies, good management of people and finance and the understanding and management of well-defined processes. Also the performance assessment framework developed by the NHS follows the principles of BSC. According to NHS Estates (1999), the use of the balanced scorecard allows organisations to get a more rounded view of performance by identifying different key elements of performance and understanding how changes in them may have implications for others. However, even though BSC and EFQM are thought to be the most used approaches in organisations in general, surprisingly, they are the two least used approaches in domestic services (refer to table 3).

The overall research findings suggest that the use of performance indicators and measures is very limited in domestic services. Financial performance is considered the prime performance indicator especially in the PFI case. This is mainly driven by the budget constraints occur in FM services in hospitals. Resources (including staff) are the other main indicator used by the domestic services in the control of HAI. An example of a performance measure used by the In-house case is also given as follows (see Table 3):
Table 3: An example of a performance measure

<table>
<thead>
<tr>
<th>Description</th>
<th>Performance measure</th>
<th>Target</th>
<th>Signed by</th>
<th>Action plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beds are effectively cleaned and prepared for use with fresh clean linen</td>
<td>yes/no/not applicable</td>
<td>95%</td>
<td>ward sister/auditor</td>
<td>(target and time scale)</td>
</tr>
</tbody>
</table>

The absence of a robust PM approach could be the main reason for the lack a comprehensive set of performance indicators and measures in domestic services. It was understood from the above discussions that most of the domestic services have only performance audits to gauge their performance. Even if they have other performance management approaches, most of them do not use its results to ‘manage performance’. For example, the domestic services do not feed back their performance results to the staff and managers, which can help to prevent repetition of mistakes. The domestic managers should not collect performance data simply because it is available, or because having large amount of data proves that they work. Instead, they should choose performance measures that can help describe the overall performance of their service, and directions towards the required goals and accomplishments. A robust performance management approach is therefore needed to enable the domestic managers to measure the effectiveness of all aspects of their working practices (both financial and non-financial). If these are not properly identified and measured, the domestic service, without a doubt, could be faced many challenges.

### 6. Summary and conclusions

Despite its importance, little has been researched or published in the areas of performance management in healthcare organisations, and even less so in the context of domestic services. There is evidence of a lack of common understanding of what is meant by performance, or how performance could be measured in practice, especially with regard to the control of HAI in domestic services. The main approach to performance management in domestic services is performance audit. The performance audits are either carried out by internal teams of the hospital (e.g. the domestic services or infection control teams) or external teams (e.g. the National Audit Office or environmental agencies). While the domestic managers, nationally, would agree that they are striving to improve their services in hospitals; the standards of performance remain extremely variable, mostly due to resource limitations such as budget constraints and staff shortages (because of high staff turnover and sickness absence) and tight time schedules. Besides, the lack of an overall yardstick (i.e. benchmark) to compare the variations in performance standards has exacerbated the problems in domestic services. A new mindset is, therefore, needed that moves away from the traditional one-sided ‘cost’ or ‘snapshot’ audits to a new multi-faceted approach of performance management.
References


