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AUTHOR Carmel, Michael
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ABSTRACT

The South West Thames Regional Library Service (England) uses contracts for library service to encourage library cooperation, liberate staff, and focus on the quality of information services. The South Thames Regional Library Service facilitates access to and promotes the use of health care literature and is responsible for planning and commissioning library services for 60,000 National Health Service (NHS) staff, maintaining a framework for library cooperation, and providing logistical support to the libraries in the form of databases, networks, and professional development opportunities. In less than four years, the use of contracts has: doubled the use of the libraries, won budget increases of 50%, increased the professional autonomy of local library staff, and instituted a program of continuous quality improvement. Performance is monitored through quarterly activity returns, annual objective setting, annual structured library visits, and special surveys. Performance measures inform the dialogue between library service commissioners and providers, concentrate on key issues, and keep the "paymasters" happy. The report provides background on the changes in the NHS that resulted in changes in the provision of library services, and discusses each of the performance measures. Figures illustrate examples of library activity reports. A brief discussion with the author is provided. (SWC)

Using Contracts to Improve Quality

by Michael Carmel

Using Contracts to Improve Quality

Michael Carmel

Director of Regional Library Services, South West Thames Regional Library Service, UK

Introduction

I would like to tell you about our experience in the National Health Service (NHS), and in South Thames specifically, in developing contracts for library services. Our approach has enabled us in less than four years to:

- double the use of the libraries
- win budget increases of 50%
- increase the professional autonomy of local library staff
- institute a programme of continuous quality improvement on a broad front

These are turbulent times in health care, so perhaps I should add that the contracts have played their part in our survival strategy. One thing needs to be clear - that this has been throughout, and still is, a process wholly owned by the profession. If we had waited for the authorities to decide how library services should be managed in the new NHS, we would still be waiting. In particular I would like to tell you how we use the contract process to:

- encourage co-operation above competition
- liberate rather than constrain the staff
- put quality before quantity

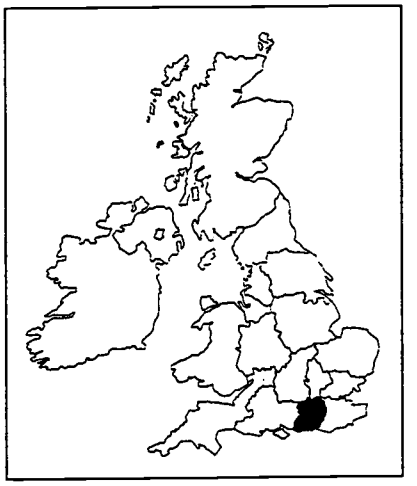
In the course of my talk I shall refer to the ways in which we use a variety of simple performance measures to:

- inform the dialogue between commissioners and providers
- concentrate on the key issues
- keep the paymasters happy

I keep talking about what 'we' are doing, so I had better explain who 'we' are. Most often I use the word to refer to the small team of three professionals and three support staff who comprise the South Thames (West) Regional Library Unit. Between us we are responsible for:

- planning and commissioning library services for 60,000 NHS staff in the region
- maintaining a framework for library co-operation
- providing logistical support to the libraries in the form of databases, networks, and above all professional development opportunities.

We work in tight office accommodation in a hospital in Guildford. Sometimes I mean the 17 library service managers and the hundred or so library staff in the region blocked on the map:



Together we share a mission which was set for us almost a hundred years ago by an American Physician George Gould:

> 'I look forward to such an organization of the literary records of medicine that a puzzled worker in any part of the civilized world shall in an hour be able to gain a knowledge pertaining to a subject of the experience of every other man in the world.'
>
> *George M. Gould (1898)*

For our own purposes we have modernised the language and spelled out the requirements a little to read:

> Our Mission
>
> To ensure rapid and convenient access to reliable, up-to-date information on all aspects of health care and best current practice for all health staff in South Thames; and to promote effective use of research-based evidence by NHS Personnel.

We are quite clear, as you see, that our mission is as much about promoting the use of the literature as it is about facilitating access.

Background

We have been in the business of contracting for services for only four years, and we are still learning how to use the system to the best advantage of the service as a whole. Perhaps I should explain how we came to be involved. That means beginning with the extraordinary changes in the organisation of health care in the UK over the past six years.

NHS CHANGES AND THE CONTRACT ENVIRONMENT

Since 1989 the National Health Service in the UK has been going through a process of continuous restructuring based on a single central concept - that of the 'internal market' in health care. The principle is a very simple one, that instead of the state directly administering health care provision it should commission care - still free to the individual at the point of need - from independently managed providers. In practice it has meant that every institution involved in the health care process - each hospital and health authority, every general practice partnership, even the Department of Health itself - has had to be not so much re-engineered as re-invented.

Health authorities used to manage hospitals and community nursing services in a certain geographical area. Now, each heath authority has responsibility for all health care required by a given population, however it may be delivered. Care is commissioned mainly by means of service contracts for blocks of care, such as so many hip replacements at such a price. The trusts which now manage the hospitals and other services must therefore bid for these contracts, and substantial competition has built up in some areas, not only on price but also on quality and convenience.

It was clear from the start that a contract culture would pervade the NHS, and that librarians had really three options:

- create our own contract culture, to serve our own professional agenda
- have inappropriate contracts forced on us
- keep our heads down and be marginalised

In South West Thames we knew we preferred the first option. We also recognised from the earliest stages that maintaining an emphasis on quality in the face of market forces would become a central issue for the new NHS (Carmel, 1990). Initially there was a problem in identifying between whom, and for what services, contracts could be written. That was resolved in mid-1990 by the announcement of a levy system for postgraduate medical and dental education 'including library services'. The directive (an 'executive letter') made it clear that regional postgraduate deans would be responsible for handling these large new budgets and commissioning educational and library services.

The motive behind this change, and its apparent departure from the principle of maximum devolution, was the fear that in a competitive marketplace long-term investment in the quality of the service as a whole might suffer, and one of the most expensive of investments is medical education. Other areas such as research, and non-medical education, have followed the same pattern.

Up to this point the postgraduate deans, and regional librarians with them, had maintained a comfortably ambiguous relationship with local service providers as advisers, and catalysts for change. Now we were faced with the need to re-invent our role as budget holders and commissioners of library services. There were immediately some territorial issues to be resolved - one involved how to keep the library budget separate, another was how to keep it together.

To appreciate the problems here you will need a little insight into NHS policies on multidisciplinary services, by which I mean library services open to all NHS staff according to their information needs. Official policy on this is quite clear and consistent, having appeared in a number of directives from 1963 to 1993:

> 'The purpose of the staff library is to serve the needs of the hospital's medical, dental, nursing and other professional and administrative staff; and to provide a service for general practitioners, local authority doctors and other professional people who work in the National Health Service outside the hospital and who make use of hospital postgraduate training facilities.
>
> The staff library will usually be sited in the postgraduate medical centre where one exists, and this is the best location.'
>
> *HM(70) 23 April 1970*
> *Library Services in Hospitals*

However, local custom and practice has been much more varied than this suggests. Many hospitals to this day maintain medical libraries which serve only or primarily doctors, with or without a separate 'nursing library' elsewhere.

It can be seen that the identification of library services with the postgraduate medical education function (PME) could appear to endorse this outdated concept, and lead to library budgets being split

between many small pots. At the same time there was a risk that library funds could be lost in an amorphous PME budget where they would compete on unequal terms with more strident priorities.

Having once established the principle of a clear and unified budget - with the unstinted support of the Regional Dean - we had to determine how best to structure the spending of it to create the most effective environment for improving the service. In theory we had many options. We could even have established a centrally managed service - in other words we could have become providers with the Dean as commissioner. However I was convinced from the start that the only way to make use of these changes in order to deliver our professional agenda was to develop a network of contracts, which between them would cover all NHS staff in the region.

There began a round of intensive negotiations, consultations, and sales pitches with everyone from regional directors to local librarians. In our former advisory role our unit had already established a high level of credibility as the regional focal point for policy, ideas and leadership in library and information services. Now, in common with so many others, we had the task of re-inventing ourselves as credible commissioners.

We moved to implementation in parallel with the persuasion exercise. Over a six-month period we carried out the work necessary for determining the libraries' historical budgets and agreeing a network of contracts. This involved most library services actually defining their mission, the services they provide, and their clientele, for the first time. We were able to agree a standard list of services:

Specification of Core Services

1. Enquiry and information searching service
2. Collection of resources
3. Loans and photocopies
4. Interlibrary loan service
5. Current awareness
6. Local grey literature
7. User education
8. Promotion
9. Library environment

Thanks to earlier blitzes on financial management, we had good information on the libraries' budgets - and their deficiencies. The directive had given authorities eight months to prepare for the new system. As a library service we were just about able to meet this requirement. When it became clear that no-one else would be ready on time we were able to run a full-scale trial for a year (1991-92) before the new PME budgets came into effect.

The view of these contracts as a network is very important. It reflects our responsibility as commissioners to ensure that all health staff are covered. It is part of the culture we share - and nurture - that our libraries serve all information requirements of all health staff.

The needs of the patient for high quality well informed care outweigh all narrower priorities. The specifications of the contract are there to support and not to restrict the service. Nevertheless we have found it useful to make explicit core users of each library service. One reason is that we place a heavy emphasis on promotion of library services, and we encourage the targeting of key groups such as general practitioners and community staff.

Also, as we move towards funding targets we must be able to quantify a service's responsibilities in order to determine its budget. We therefore developed a simple and agreed template of user groups:

- Medical and Dental Staff
- Medical and Dental General Practitioners
- Trained Nurses
- Care Assistants
- Scientific, Technical and Pharmacy Staff
- Professions Allied to Medicine
- Managers, Professional Accounting and Personnel Staff
- Administrative and Clerical Staff
- DHA, FHSA and CHC Members and Staff

Selecting Providers

The placing of contracts has been neither random nor competitive. The network of professional library services in 1991 already largely reflected our own efforts to concentrate and rationalise the distribution of resources. The location of the main services in acute hospitals still reflects the highest user concentrations and accessibility to community based staff. However, as commissioners we were able to broker some overdue managerial mergers. We have also experimented with different management arrangements, with various services managed either by health authorities, trusts, or the medical school.

Monitoring the Contracts

Having selected library service providers with minimal competition, and having set funding targets by formula, it is easy to see that sanctions and enforcement were never likely to be our priority. We were determined to continue on the basic understanding that all the librarians are self-motivated to do the best possible job for their users, that their employers support them, and that our role as commissioners is to encourage and facilitate but not to bribe or punish. In essence, we have never been very interested in price and volume competition, although we are very interested in achieving value for money. This makes it all the more important for us to have clear and effective ways to measure the performance of the library services - for the purposes mentioned earlier:

- to inform the dialogue between commissioners and providers
- to concentrate on the key issues
- to keep the paymasters happy

We have identified four distinct mechanisms for monitoring performance:

- quarterly activity returns
- annual objective setting, with reporting back
- a programme of visits
- special surveys

ACTIVITY RETURNS

We have used activity returns for performance measurement for many years in our advisory role, and have long ago shifted the emphasis from inputs to outputs. As a long-term investment we have begun to encourage and sponsor research into outcomes measurement. We were delighted for example to be able to part fund and part host the work described yesterday by Christine Urquhart.

Our activity returns are very straightforward. Simplicity and ease of collection are, we believe, essential if we are to hope for co-operation, accuracy and honesty in returns:

- Loans from stock: To own readers
  To libraries in Region
  To other libraries
- Photocopies from stock: -
  -
  -
- Interlibrary loans: -
  -
  -
- Photocopies obtained: -
  -
  -
- User Education session:
- Information searches:
- Total number of photocopies made by library staff and users:

but we find their use essential in three ways:

- to set a context for more qualitative judgements
- to identify trends
- and to highlight problems

The very first thing we do with the figures, after collating them, is to feed back the output data and simple performance ratios to the librarians them

Figure 1

SOUTH THAMES REGIONAL LIBRARY SERVICE

Summary report on Library C for the year ending 1994

	User Ed	Info Search	Own loans	Own Copies	ILLs sent	Copies sent	ILLs received	Copies received	Total contact	Copies by staff & users
Quarter 1	6	308	326	803	28	95	95	953	2,599	
Quarter 2	4	257	241	707	25	137	108	1,031	2,495	
Quarter 3	6	269	291	814	35	206	148	928	2,682	
Quarter 4	7	283	341	737	17	173	106	1,023	2,672	
TOTAL	23	117	1,199	3,061	105	611	457	3,935	10,448	9,500

Figure 2

Summary report on Library C

Year to March	Search	Loans	Copies Sent	Copies Received	Total Contacts
1990	589	1274	440	2207	5855
1991	685	918	495	2698	6782
1992	805	969	628	2947	7917
1993	1159	1339	529	3345	9514
1994	1117	1199	611	3935	10,508

selves, partly as a data quality check, but also for any issues that might be gleaned *(Figure 1)*. Later - usually at the time of our Regional Visits - we supply simple performance ratios, time series of their own data, and suitable comparators. Figure 2 is a cut down example.

Even a simple table like this can help to make sense of a librarian's claims to be 'very busy', or that their periodicals budget is inadequate. Indeed it may determine sometimes that the cure for overwork is not always extra staff.

We also find great value sometimes in comparing quite simple ratios. As will be clear from Figure 3, or from the reduced version of the table *(Figure 4)*, in a resource sharing system, exchange of resources is not always well balanced. The libraries with ratios below one are net borrowers on the system. Since we are responsible for encouraging co-operation as well as monitoring performance this has a dual interest.

In this and similar ways we are able to identify problems not only of underperformance but also of imbalance with a frequency which surprises us as often as it does the library service managers. However we do continue to mistrust the figures alone, and always prefer to discuss them in detail, and in context, with the librarians concerned. We rarely publicise them out of context since we see them not as a way of judging the past but as the basis for dialogue on service improvements to come.

Risks in activity counting

- easiest to count does not equate to most important service areas
- quantity before quality
- perverse incentives to maximise cheap outputs
- ratio chasing
- misreporting including under-recording

Figure 3

SOUTH THAMES REGIONAL LIBRARY SERVICE
Interlibrary activity report on District Libraries for the year ending 1994

	Received from Region	Received from BLDSC	Received from sources	Received Total	Sent to Region	Reg/non reg ratio	Region sent/ received
A	981	676	255	1,912	901	1.05	.92
B	939	796	107	1,842	580	1.04	.62
C	2,219	1,695	478	4,392	713	1.02	.32
D	1,445	666	302	2,413	1,970	1.49	1.36
E	1,160	955	158	2,273	6,472	1.04	.56
F	1,268	599	157	2,024	1,592	1.68	1.26
G	1,980	1,899	475	4,354	2,453	.83	1.24
H	1,361	888	101	2,350	845	1.38	.62
I	1,008	351	54	1,413	1,210	2.49	1.20
J	1,221	663	116	2,000	996	1.57	.82
K	734	4,567	1,340	6,641	2,935	.12	4.00
L	1,810	2,310	801	4,921	2,581	.48	.87
M	1,492	792	218	2,502	1,734	1.48	1.16
	17,618	16,857	4,562	39,037	18,157	.82	1.03

Figure 4

SOUTH THAMES REGIONAL LIBRARY SERVICE
Interlibrary activity report on District Libraries for the year ending 1994

	Received from Region	Sent to Region	Region Sent/ Received
A	981	901	.92
C	2219	713	0.32
E	1445	1970	1.36
K	734	2935	4.00
L	1810	1581	.87
M	1492	1734	1.16

Therefore we use them as only one, and by no means the most important, of our monitoring activities.

The Objectives Framework

A statement of agreed annual objectives, specific to each library, has been an integral part of our contract process from the beginning, including the trial year. I have no idea whether objectives are nor-

mally considered a legitimate element to a contract, but I do know that for us this has been both the most challenging and by far the most rewarding part of the whole exercise.

The objectives are negotiated between ourselves as commissioners and local librarians. The final form and content is always local, making explicit the librarian's management intentions for the coming year. That phrase - 'making explicit' - is a key to the whole process. Initially we had to face a very tough learning process, to which local and regional staff contributed in full measure. At first we left the choice of objectives almost wholly to local initiative. We found that at this stage librarians tended to be:

- too ambitious, setting unachievable targets in priority areas
- too imaginative, proposing innovations at an unsustainable pace
- too focused, concentrating on a narrow range of activities

The result was often some disappointment, as people realised that they still had a library service to run, managing a broad range of ongoing activities, and could not dedicate themselves to ticking off one achievement after another. In the trial year we actively encouraged people to rewrite their objectives mid-year, and we continue with that tradition whenever it seems necessary.

The pattern we have developed is to suggest that librarians develop their objectives within a framework which reflects the broad range of their management responsibilities. This is an outline of the latest version of the framework

Objectives Framework 1995/96

1. User Needs
2. Collection Development
3. Service Development
4. Management Development
5. Staff Development
6. IT
7. Local Major Initiatives

We suggest librarians state at least twelve objectives, but that they should be limited enough to be achieved - not only individually, but collectively. They must also of course be measurable, although not necessarily quantifiable. Finally, and most important, they must reflect - make explicit - the librarian's own intentions for the year. It is not always easy to realise that objectives are not an add-on to the manager's responsibilities but are a way of organising them. The framework, and our discussions with service managers, can also of course reflect regional commissioning priorities, and the collective interests of the library co-operative as well as local priorities. The detail of the framework changes from year to year, although the headings we feature are suggestions and ideas - often carried from one library to another, rather than a template. For example:

Objectives Framework 1995/96

1. User Needs
   - library promotion
   - target groups
2. Collection Development
   - 'grey literature'
   - stock balance/review
   - stock weeding and discards
6. IT
   - databases
   - networking

For the past two years we have featured target groups and in the current year we are looking for a particular emphasis on the information needs of community nursing staff. Last year it was general practitioners. The kind of evidence of success we would look at in that case would be specific promotions, numbers of readers registered, or as in the following case, number of loans by reader group.

Library F

Loans by Reader Group: April 95 - June 95

Trust medical staff	165
Hospital nurses	466
GPs	18
Community nurses	89
Paramedical staff	96
Health Visitor	32
Midwife	65
Student nurses	466
Admin & clerical	25
Libraries	185
Affiliated member	42

Other important regional priorities have included improving each library's coverage of grey literature in areas such as public health, and especially the greyest of the grey - unpublished local reports such as those circulated with minutes and papers. This

has been so successful that our regional database has become the source of choice for many subject areas poorly covered in the published literature.

Networking is important to everyone, but by specifying management objectives in this area we have been able to strengthen the hands of the local librarians in getting themselves hooked up to hospital LANs, the regional NHS network, and the Internet.

Contracts run from April to March in line with the standard fiscal year. The setting and monitoring of objectives has its own rather tight timescale. In essence we begin the cycle in the early summer by reviewing with librarians - where necessary - their previous year's successes and shortfalls. In the autumn we review progress on the current year's objectives, and begin sharing thoughts on the next year's - which must be with us in usable form by early February. From the end of April we begin to collect and collate the end of year reports. In this way we have begun to build up a record of qualitative progress for each library service in the region, in a form which will eventually facilitate intelligent comparison and also a collective progress report for the service as a whole.

Regional Visits

We have always seen all our librarians rather frequently at meetings and courses as well as on ad hoc visits. However it was only with the advent of contracts that we began to realise the benefits of a structured annual visit to each library. As with other elements in contract monitoring the visits have evolved by experiment and experience, from a simple but lengthy interview with the library service manager to something like this:

Library Service Visit 1995-96

9.30	Meet the staff
10.30	Walk the course
11.15	Meet the users
12.30	(Lunch) Meet senior managers
1.30	(with Library Services Manager)
	- Local news and problems
	- Statistical review
	- Current year's objectives
	- Next year's objectives
4.30	Review with Chief Executive (or representative)

Staff development is a central and strategic issue for us - you will have noticed that it is a heading in the basic objectives framework. A major part of the regional unit's own work is concerned with training and professional development. The annual visit provides us with a unique opportunity to meet all the staff of each library in their own workplace and to collect their views on what should be our priorities.

More central to the monitoring task however is the ability to collect feedback from users of the service. This is perhaps the most truly qualitative and ultimately the most important part of the process. Although a large element of local loyalty tends to mean that we hear only favourable comment, there are often hints and ideas which can affect service delivery and priorities in quite profound ways. Anyway, we like to hear and feed back favourable comment.

As you see a large part of the day is spent in conclave with the local manager, and this incorporates detailed discussions on the returns and the objectives, as well as any other matters the librarian wishes to raise. At the end of our visit we try to arrange a short meeting with some person with real authority in the trust - preferably the chief executive - to review our findings with him and seek support for the librarian where necessary. For some librarians this is just about the only opportunity they have to raise issues at this level.

Special Surveys

From time to time we carry out ad hoc surveys on issues which appear to be causing concern. Often these emerge from the regional visits, and may be raised by the librarians themselves. Sometimes they are in response to a national or regional NHS initiative such as the R&D strategy, or to a service gap such as in the area of 'purchasing intelligence' for the commissioning agencies.

Because of our CPD policies, we always seem to have several students and trainees in the region, at least one of whom is likely, at any one time, to be looking around for a suitable project at any level from City and Guilds to PhD. Recent examples include a Master's (MSc) Dissertation on the impact of CD-ROM on the searching habits of librarians and users which revealed important problems about:

- over-concentration on a narrow range of databases
- unsupervised searching by untrained users
- searching by staff with inadequate training
- unjustified assumptions about competency

These findings have already led to a major new co-operative training programme, and will be an important contribution to the formulation of the next year's objectives for many libraries.

Currently we are supporting a student survey of the use of hospital libraries by members of the public in response to a complaint.

Conclusion

The way in which we have introduced contracts for library services has aimed to be supportive to the library staff in carrying out their work and developing their autonomy. Supportive but not easy, as we seek to encourage ever higher standards of service and value for money, treating contracts as a useful means but not as ends in themselves.

Notes

Two previous papers by Michael Carmel contain more information on the same subject:

1. (1990) 'Editorial - Quality in the market place: white paper challenges.' *Health libraries review* 7(4) 185-89
2. (1991) 'Management by agreement: contracting for library services in South West Tames'. *Health libraries review* 8(2) 63-80

The author wishes to thank Rachel Cook, Janet Holman and Barbara Haynes for their help in producing this paper.

Discussion

Don Revill, Liverpool John Moores University: Having created a contract system, what is to stop senior managers going outside for a competitive bid?

Michael Carmel: We did experiment with various means of managing the services. The contracts were with NHS trusts, health authorities, and with the university, so actually various people are managing them. *Where* you have them is a matter of logic. We have been working for years to try to rationalise the location of library services and the rational place to have them is in the large local acute hospital, where there is maximum concentration of users. They are not 'my people' running the service, they are 'their people'.

Don Revill: What I am saying is, organisations define the service, define the contract, then put it out to tender. If your internal people win it, then fine. But what if they don't?

Michael Carmel: This is true. As things stand at the moment, in creating and defending this territory, I have made this my decision. I am the person who lets the contracts. Because of the way I want them to work, in this qualitative way, to continue to improve the service, I have chosen to work with the people I have already appointed and already been impressed with and developed. The trusts themselves support this process. They agreed to an extra 50% to increase our budgets. Basically, what I have done is to create a support network of people in positions of authority, power and influence, all of whom are very happy with the way the system is working at the moment and do not want to disrupt it. And because it is too small to attract big predators or the interests of politicians, I think it will work. I don't think it will work this way forever and it could go in the direction of competitive tendering for services - once we have the services defined. That is one of the reasons why I have gone into relatively detailed prescriptions as to what services people will offer, including things like promotions. I make sure all those things are in there so if it ever does go down the road of competitive tendering it will go down with services defined in the way we want them defined.

John Clark, Rampton Hospital, UK: We are in a competitive tendering environment though it has not yet reached our library service. Are there individual service level specifications for each of your libraries, and if so, what are the issues?

Michael Carmel: I don't know whether we do or not, because I don't know what the expression 'service level specification' means. We do have a specification of the services each library has to provide and to whom, which are written into the contract. Although I have given the headings, there is a little more detail in the contract itself. That is as far as we would want to go at this stage. We try to avoid detail as much as we can, even in budgets. We would actually like to specify less than we do now. For example we specify how the staff are split up, rather than just giving the staffing budget. This year, we have just managed to get out of specifying the balance of books and journals and IT expenditure to get a single heading for information resources. We prefer to leave it to the local librarian to decide whether to buy more journals.

John Clark: The threat in CCT is in having to break down everything in terms of specification.

Michael Carmel: This is when you need your friends, already won and influenced.

Stephen Town, Royal Military College of Science: If you have no hard competition, you lose incentives and sanctions. How do you deal with under-performing?

Michael Carmel: It is true we have never introduced sanctions as such, either in contracts or anywhere else. Nor have we any way of bribing people other than that our target funding is at least partly based on workloads. So the target funding of an expanding library rises and when more money becomes available, they get priority. Two things to remember: first, our contract is with the trust, not with the librarian. Second, because we are working on a programme of continuing improvement, there is a sense in which there are no under-performing librarians, only under-performing libraries.There is also a sense that all our libraries are under-performing. By definition, if you want continuous improvement, you are not satisfied with the way things are. I dread the day when we get a serious under-performer. I will face that then. Because we are discussing objectives with everybody, every year, all the year round, we are always asking people how they are going to improve. Those that are best are also improving fastest, which might be embarrassing, but everybody knows, they have good comparisons, and we are discussing it not only with the librarian, but as it gets more serious, we discuss it with more people, such as the librarian's line manager. We quite often have to discuss it higher up the hierarchy because the under-performance may not be the librarian's under-performance. It may be the IT Department's under-performance. We are in a constant dialogue process, helping everybody to improve, whether they are under-performing or not.

Lorraine Bate, University of Leeds: What feedback mechanisms do you have with the trusts?

Michael Carmel: There is a lot of informal feedback. The visits are the formal mechanism, and incidentally, represented on those visits are people from the trusts that don't manage the libraries. Bear in mind that only a quarter of our trusts actually manage the libraries, on behalf of a group of trusts. I also meet with groups of users on a regional basis fairly frequently. For example I go to all the meetings of the medical clinical tutors in the region. I get quite a bit of feedback from that process. And I give them quite a bit of feedback about their libraries. Same with senior nursing staff. There is constant dialogue, but the main feedback mechanism is through the regional visits.

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Author(s): Michael CARMEL

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Telephone: 44 1483 464082

FAX: 44 1483 455888

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