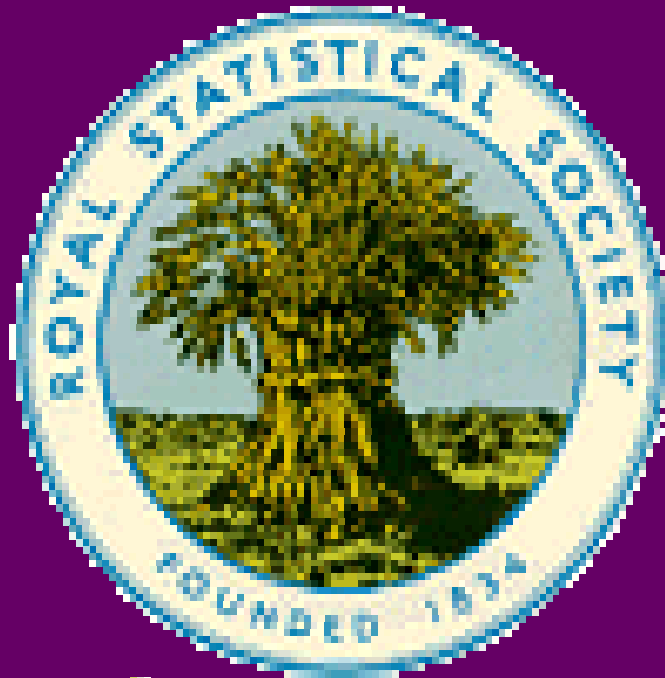


Performance Monitoring in the Public Services



Challenges, opportunities, pitfalls

**(failed) Challenge: Performance Monitoring
in the Public Services**

**(missed) Opportunities: Formal Experiments
in evaluating new policies**

**(rescue) Pitfalls: Reporting, Reliance & rMDT
Freedom of Information**

Performance Indicators: Good, Bad, and Ugly

Some good examples, but

Scientific standards, in particular statistical standards, had been largely ignored

Royal Statistical Society concern

PM schemes

Well-designed, avoiding perverse behaviours*,
Sufficiently analysed (context/case-mix)
Fairly reported (measures of uncertainty) &
Shielded from political interference.

***Address seriously criticisms/concerns of those
being monitored**

1. Introduction

1990s rise in “government by measurement”

**goad to efficiency & effectiveness
better public accountability
(financial)**

Three uses of PM data

What works? (research role)

Well[/under]-performing institutions or public servants . . . (managerial role)

Hold Ministers to account for stewardship of public services (democratic role)

2. PM Design, Target Setting & Protocol

How to set targets

Step 1 Reasoned assessment of plausible improvement within PM time-scale

Step 2 Work out PM scheme's statistical potential

(“power”) re this rational target {see p11}

Power matters

Excess power - incurs unnecessary cost

Insufficient power – risks failing to identify effects that matter

Insufficient power – can't trust claims of policy 'equivalence'

How not to set targets {see p12}

How not to set targets {p12}

- **Progressive sharpening:** “better of current target & current performance” (ignores uncertainty: prisons)
- **Setting extreme target:** “no-one to wait 4 hours” (abandon)
- **Cascading the same target:** 50% reduction in MRSA within 3 years (most hospitals: < 10 MRSA)

3. Analysis of PM data: same principles

Importance of variability

intrinsic part of real world & interesting per se +
contributes to uncertainty in primary
conclusions {p15}

Adjusting for context to achieve comparability

{note p17} incompleteness of any adjustment

Multiple indicators

resist 1-number summary

(avoid value judgements + reveal intrinsic variation)

4. Presentation of PIs: same principles

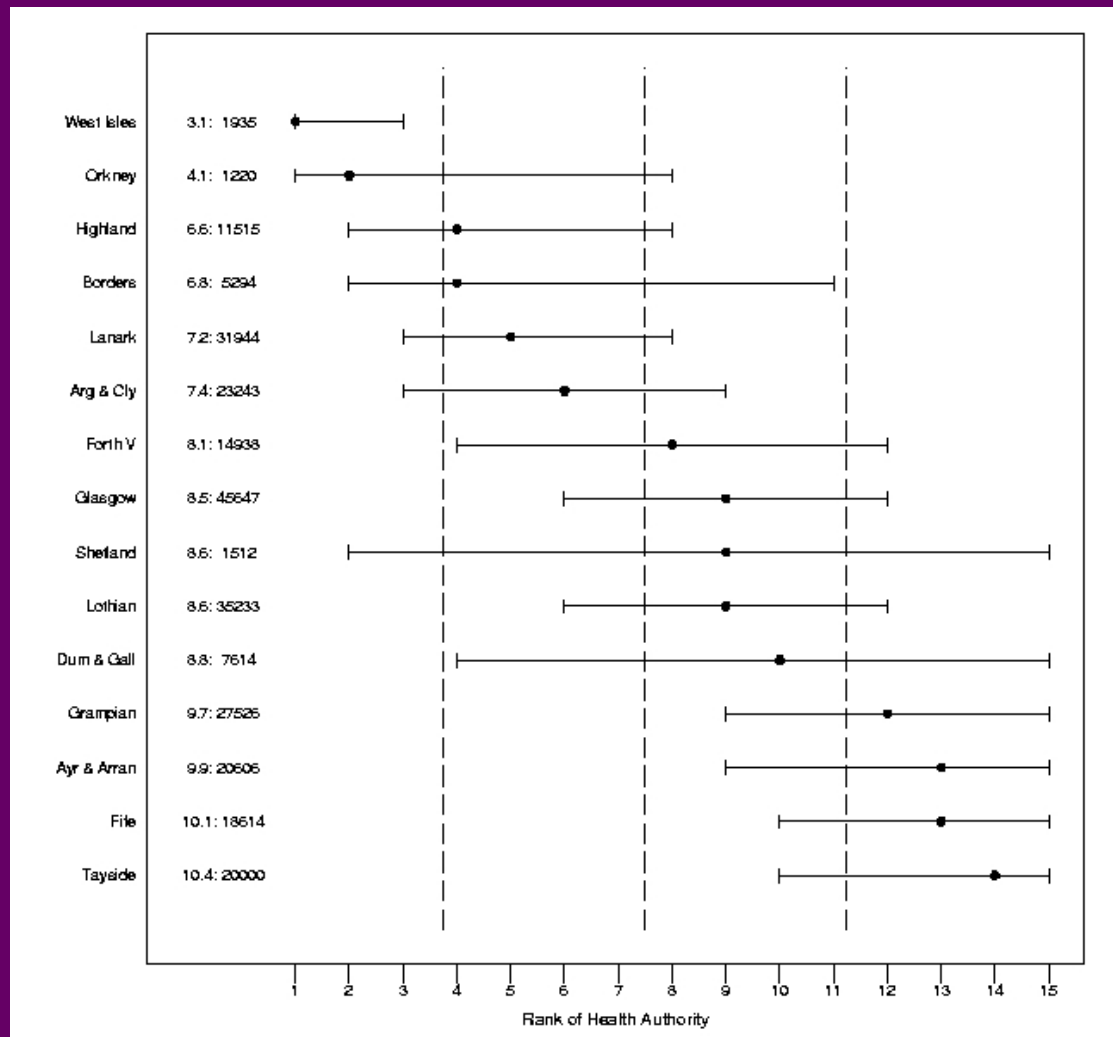
Simplicity \neq discard uncertainty

League tables \Leftrightarrow uncertainty of ranking {PLOT 1}

Star 'banding' \Leftrightarrow show uncertainty of
institution's banding

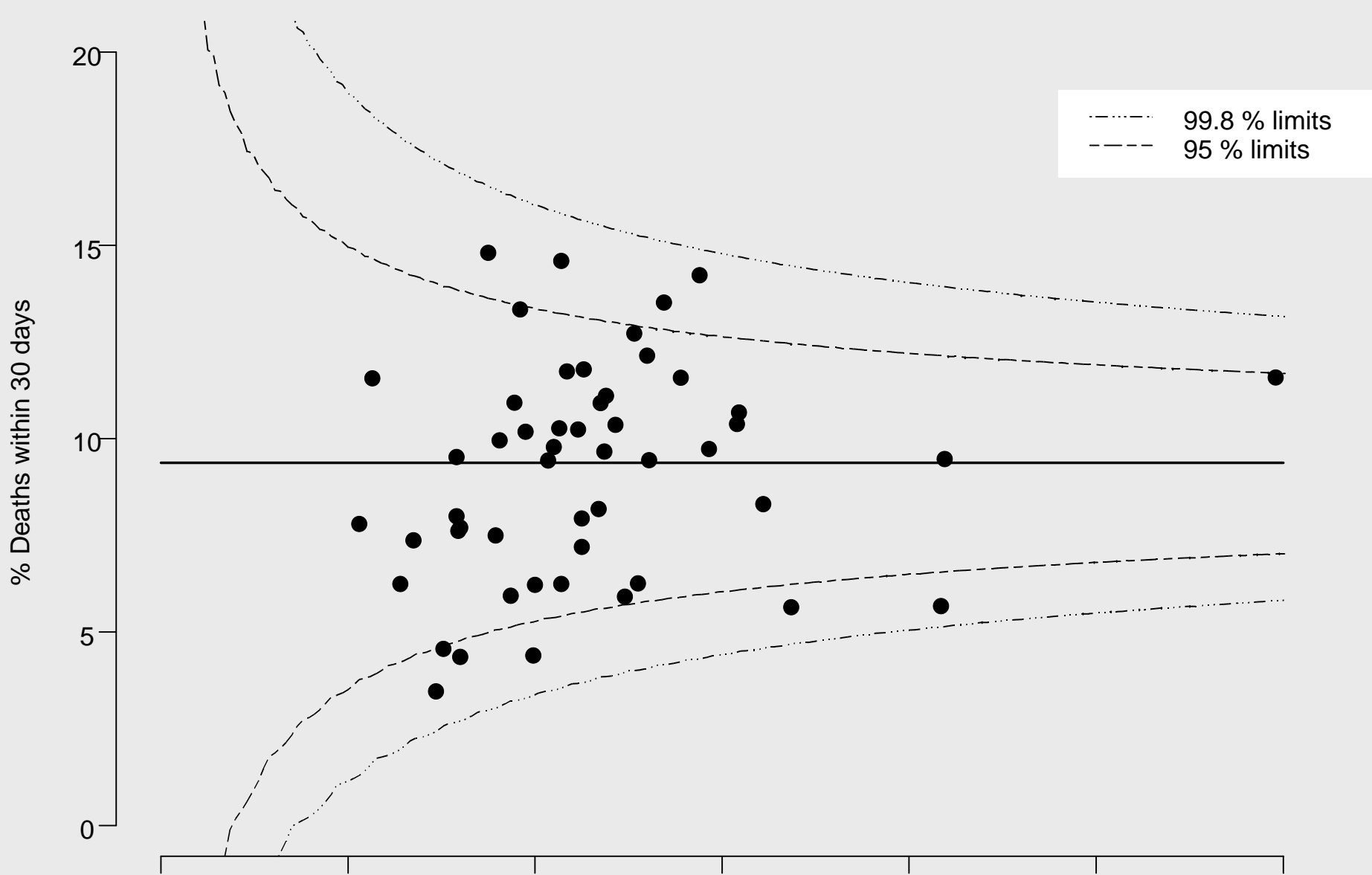
Funnel plot: variability depends on sample size; divergent hospitals stand out {see PLOT 2}

Plot 1: 95% intervals for ranks



Funnel plot: an alternative to the 'league table'

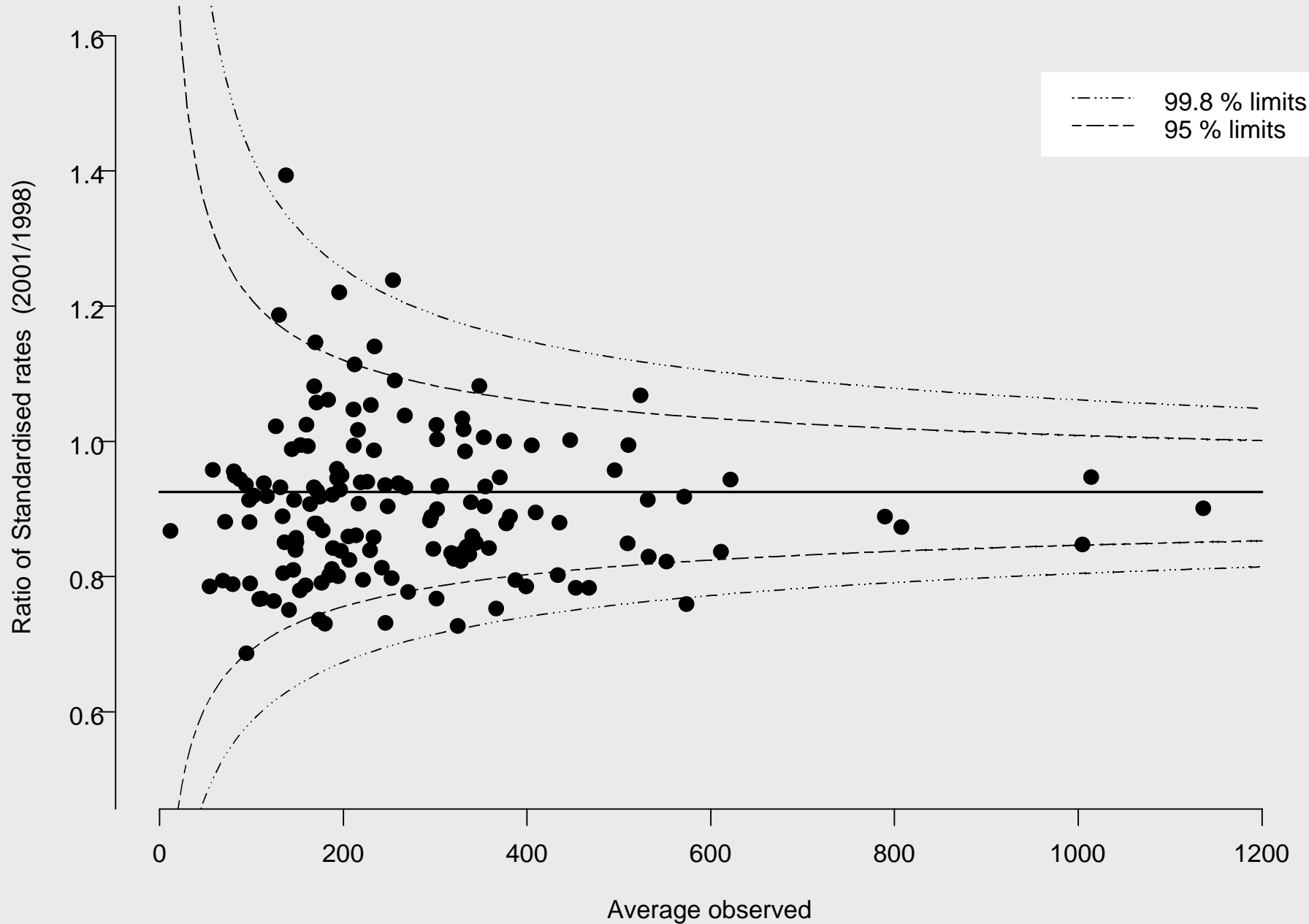
Deaths after treatment for fractured hip



Teenage pregnancies

- Government aim to reduce teenage pregnancies
- Target reduction is 15% between 1998 and 2004
- Hope for 7.5% reduction by 2001

Change in teenage pregnancy rates: 1998 to 2001



5. Impact of PM on the public services

Public cost: if PM fails to identify under-performing institutions & so no remedial action is taken

Less well recognised

Institutional cost: falsely labelled as under-performing

Unintended consequences: e.g. risk-averse surgeons

6. Evaluating PM initiatives

Commensurate with risks & costs

How soon to start evaluation

Pre-determined policy roll-out (DTTOs)

Disentangling (several) policy effects

Role of experiments (& randomisation)

“What works” in UK criminal justice?

RCTs essentially
untried . . .



Judges prescribe sentence on lesser evidence than doctors prescribe medicines

Is
public
aware?



7. Integrity, confidentiality & ethics

Integrity (statistical)

For public accountability: **PIs need wider-than-government consensus + safeguards, as for National Statistics.**

Lacking if: irrational targets, insufficient power, cost-inefficient, analysis lacks objectivity or is superficial.

Royal Statistical Society is calling for

PM protocols

Independent scrutiny of disputed PIs

Reporting of measures of uncertainty

Research: into strategies other than “name & shame” + better designs for evaluating policy initiatives

Wider consideration of PM ethics & cost-effectiveness

Application of scientific method

Randomisation: to compare like with like

Adequate study size: for precise estimation

Reporting standards: as in medical journals

Efficacy and costs: rational, prior estimates

Peer scientific review of

Study/trial protocol

Concept of randomisation


- **Biology, 1926:** Sir Ronald Fisher
- **Medicine, 1947:** Sir Austin Bradford Hill



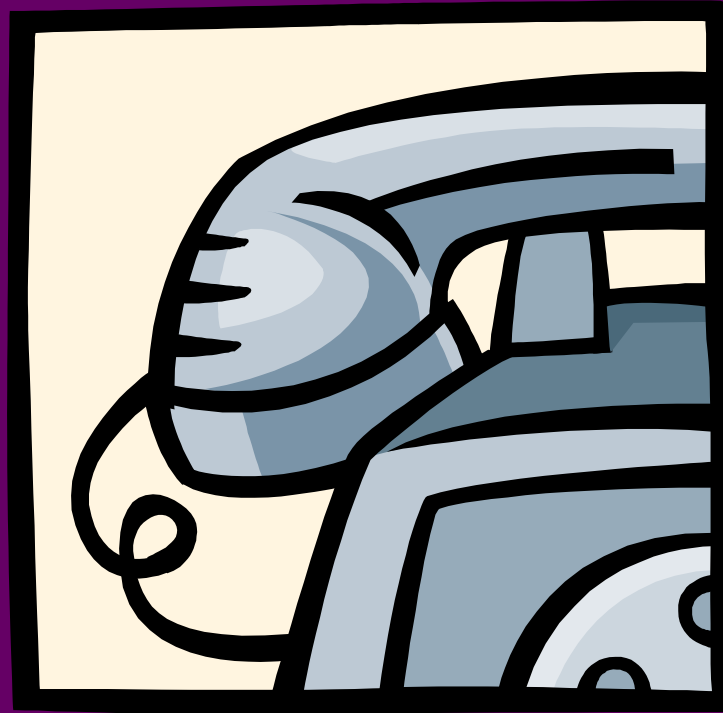
Randomised
Controlled
Trial

- **Criminal justice ?**

Randomisation in **medicine**

- Toss of coin determines experimental or control treatment  RCT assignment unpredictable
- Fair [\Rightarrow *ethical*] allocation of scarce resource
- Balance treatment numbers overall, *in each hospital*, and for major prognostic factors

RCT Telephone randomisation



Experiments & Power matter

Designs for policy evaluations
which respect financial/political
constraints

Evaluations-charade

“Public money spent on inferior (usually non-randomised) study designs that result in poor-quality evidence about how well policies actually work”

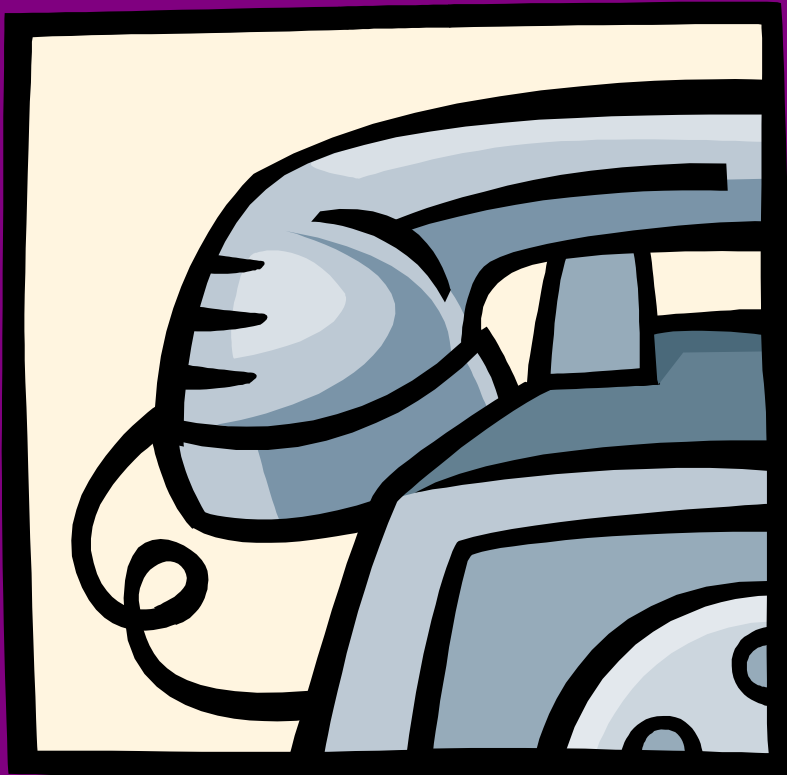
⇔ **costly, inefficient by denying scientific method, & a serious loss in public accountability**

Missed opportunities for experiments (including randomisation)

Drug Treatment & Testing Orders (DTTOs)

Cost-effectiveness matters!

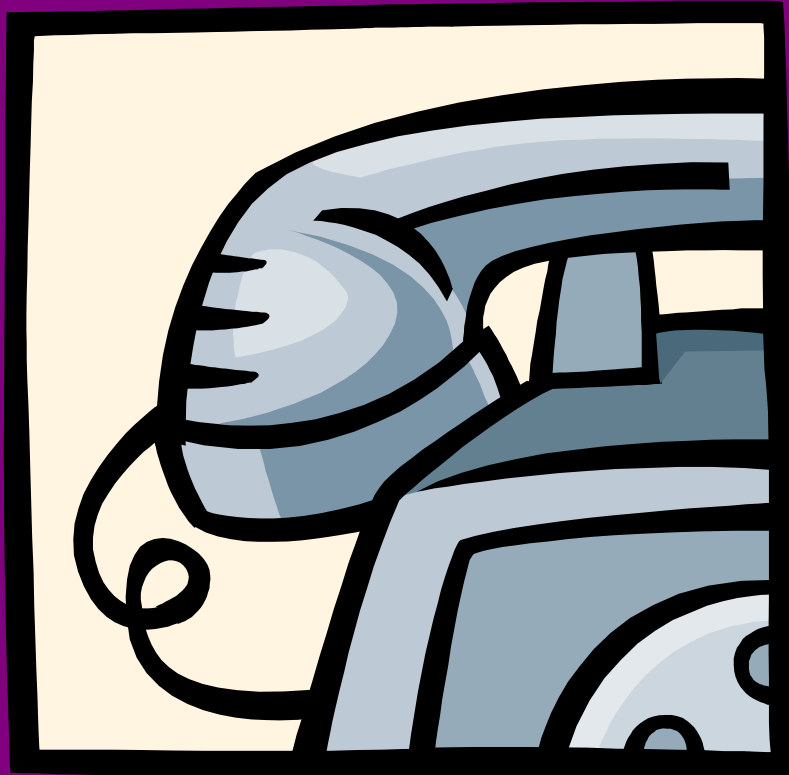
SSRG Court DTTO-eligible offenders: **do DTTOs work ?**



- Off 1 DTTO
- Off 2 DTTO
- Off 3 **alternative =**
- Off 4 DTTO
- Off 5 **alternative =**
- Off 6 **alternative =**

Database linkage to find out about major harms: offenders' deaths, re-incarcerations & ...

SSRG Court DTTO-eligible offenders: **cost-effectiveness** ?



- Off 7 DTTO =
- Off 8 **alternative =**
- Off 9 **alternative =**
- Off10 DTTO =
- Off11 DTTO =
- Off12 **alternative =**
- Off13 DTTO =
- Off14 **alternative =**

Breaches . . . drugs spend?

UK courts' DTTO-eligible offenders: ? guess



- Off 7 DTTO [?]
- Off 8 DTTO [?]
- Off 9 DTTO [?]
- Off10 DTTO [?]
- Off11 DTTO [?]
- Off12 DTTO [?]
- Off13 DTTO [?]
- Off14 DTTO [?]

(before/after) Interviews
versus . . . [?]

Evaluations-charade

- Failure to randomise
- Failure to find out about major harms
- Failure *even* to elicit alternative sentence ⇔ funded guesswork on relative cost-effectiveness
- Volunteer-bias in follow-up interviews
- Inadequate study size re major outcomes . . .

Power (study size) matters!

Back-of-envelope sum
for 80% power

Percentages

Counts

If MPs/journalists don't
know,

UK plc keeps hurting



For 80% POWER, 5% significance:
comparison of failure (re-conviction) rates

Randomise per treatment group, **8** times

STEP 1 answer =

Success * fail rate + **Success * fail rate**
for new disposal **for control**

(success rate for new – success rate for control)²

DTTO example: TARGET 60%
v. control 70% reconviction rate?

Randomise per 'CJ disposal' group, 8 times

STEP 1 answer =

$$40 * 60 + 30 * 70 = 2400 + 2100$$

DTTOs

control

$$(40 - 30)^2$$

100

Five PQs for every CJ initiative

- **PQ1: Minister, why no randomised controls?**
- **PQ2: Minister, why** have judges *not even* been asked to document offender's **alternative sentence** that this CJ initiative supplants {re CE}?
- **PQ3: What statistical power** does Ministerial pilot have re **well-reasoned targets?**
{or just kite flying . . .}
- **PQ4: Minister, cost-effectiveness** is driven by longer-term health & CJ harms, how are these ascertained {↔ database linkage}?
- **PQ5: Minister, any ethical/consent issues?**



“If I had 50p for every prisoner that was liberated in error by the Scottish Prison Service and the police when they were doing the job I think I'd be quite a rich man”



Reliance: PIs, thresholds, penalties?

Performance Indicator: severity	Expect monthly	Thresholds >A ^{0.02} >B ^{0.001}	BLANKED OUT <i>Appeal</i>
Late delivery 10	58 SMB	74 82	Scotland's Commission Freedom of Information Confidential Clause . . .
Key compromise 5	5	9 12	
Prisoner disorder ³⁺ 6	5	9 12	
Serious assault 6	2.5	5 8	
Self-harm 3	5	9 12	
Overdue response 1	50	60 71	

Random Mandatory Drugs Testing of Prisoners: rMDT

Home Affairs Select Committee Inquiry, 2000
ONS contract from Home Office, 2001
Final report, 2003

With Minister . . . raised with **National Statistician,
Statistics Commission, 2004**

Publication? . . . **Freedom of Information!**

Disputed PI: costly, potential danger, impact on parole,
underestimates inside-use of heroin, human rights . . .

Restorative Justice: Youth Justice Board

46 Restorative Justice projects with about 7000 clients by October 2001: Evaluation report for YJB, 2004

“to let 1000 flowers bloom . . . “

Satisfaction rates by victim & offender typically high
(both having been willing for RJ?
eligibility for, & response rate to, interviews?)

YJB Targets: RJ used in 60% of disposals by 2003, & in 80% by 2004; 70% victims taking part to be satisfied!

Specific Recommendations

Royal Statistical Society

Working Party on Performance
Monitoring in the Public Services

Royal Statistical Society: 11 Recommendations

1. PM procedures need detailed protocol
2. Must have clearly specified objectives, achieve them with rigour; & input to PM from institutions being monitored
3. Designed so that counter-productive behaviour is discouraged
4. Cost-effectiveness given wider consideration in design; & PM's benefits should outweigh burden of collecting quality-assured data
5. Independent scrutiny – as safeguard of public accountability, methodological rigour, and of those being monitored

Royal Statistical Society: 11 Recommendations

6. Major sources of variation - due to case-mix, for example – must be recognised in design, target setting & analysis
7. Report measures of uncertainty: always
8. Research Councils: to investigate range of aspects of PM, including strategies other than “name & shame”
9. Research: into robust methods for evaluating new government policies, including role of randomised trials . . . *In particular, efficient designs for ‘roll-out’ of new initiatives*

Royal Statistical Society: 11 Recommendations

10. Ethical considerations may be involved in all aspects of PM procedures, and must be properly addressed

11. Wide-ranging educational effort is required about the role and interpretation of PM data

Scotland's Airborne score-card: 11/11 . . . wrong!

Statistician's role in PM: both

Strenuously to safeguard from misconceived reactions to uncertainty those who are monitored

Design effective PM protocol so that data are properly collected, *exceptional* performance can be recognised & reasons further investigated
⇔ *Efficient, informative random sampling for inspections*

(PM) Protocol

- Assumptions / Rationale in Choice of PI
- Objectives
- Calculations (power) & consultations + piloting
- Anticipated perverse consequences + avoidance
- Context/case-mix + data checks
- Analysis plan & dissemination rules
- Statistical performance of proposed PI monitoring + follow-up inspections
- PM's cost-effectiveness?
- Identify PM designer & analyst to whom queries . . .