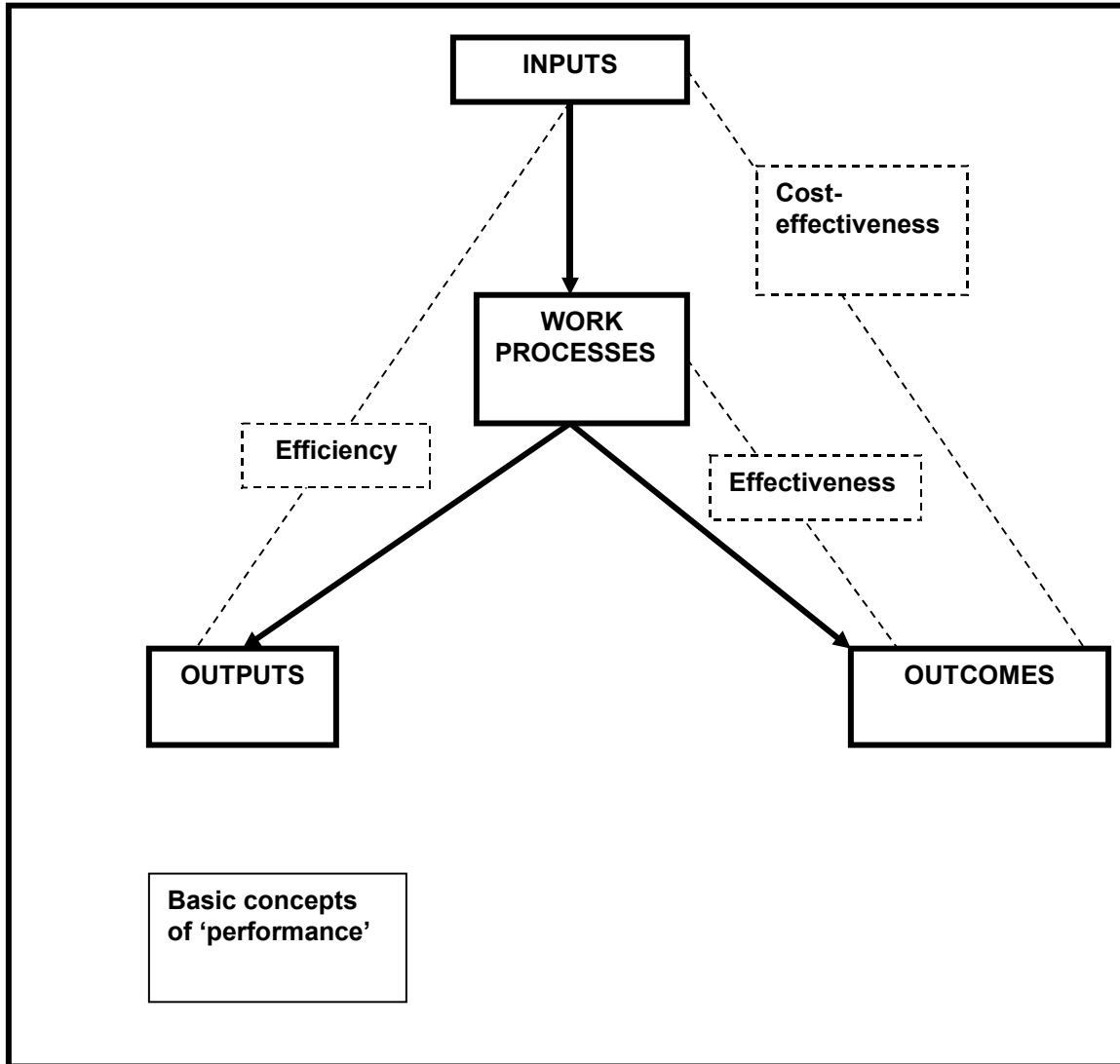


# **Some reflections on NHS 'performance' management**

**Steve Harrison  
School of Social Sciences & National Primary Care  
R&D Centre  
University of Manchester**

**[stephen.harrison@manchester.ac.uk](mailto:stephen.harrison@manchester.ac.uk)**



# Approaches to performance management

- **Formative = PIs as the means of facilitating local management enquiry into organisational performance & thereby facilitating local approaches to differences/ problems identified**
- **Summative = PIs define key aspects of organisational performance, thereby providing targets (absolute or relative) to be pursued, & by which locals account to the management hierarchy**
- **Informational = PIs used by consumers as one element in making choices**
- **Tendency in NHS for formative to drift into summative over time; not much evidence of informational usage**

# **Problems of summative performance management in the NHS – 1**

**(Bevan & Hood 2006)**

- **Incentives to perform in relation to what is measured drives out concern with what is unmeasured but still important (eg cancelling ophthalmic follow-ups to reduce new o/p waits)**
- **Faking performance data (eg ‘correction’ of ambulance response times)**
- **Biasing samples/ statistical associations (eg extra staff in A&E sample week)**
- **Queuing to queue (eg pts in ambulances outside A&E; pt records in desk drawer)**

# **Problems of summative performance management in the NHS - 2**

- **Evading definitions (eg A&E trolleys become 'beds')**
- **'Creaming' (eg surgeons avoid operating on high-risk cases; QOF exception reporting by GPs)**
- **Overall –**
  - **to turn honest managers etc into dishonest ('knights' into 'knaves')**
  - **tendency to make public *less* trusting (Tsoukas's 'tyranny of light')**

# So why do governments do it?

- **Symbolic political defence against criticisms of public sector (eg Brown 'something for something')**
- **Allows governments to maintain distance from work that they don't understand, yet maintains illusion of being in control**
- **Performance 'industry' provides lots of money and jobs**
- **'Winners' validate the regime, whereas 'losers' are just losers!**
- **Number of losers usually manageable by government turning a blind eye in many cases**
- **Path-dependence – difficult to stop performance management without accusations of cover-up etc**

# Possible remedies?

- **Random monitoring - makes various forms of gaming less practicable**
- **Face-to-face inspections more difficult to game and may provoke 'tip-offs' from staff**
- **Abandon summative quantitative performance management in favour of understanding work & systems, & organising them to be better for patients**