

The use and misuse of data for formulating HRH policies

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(ack. Mark Landry, WHO)

The use and misuse of HRH data

- Types of data / what is its purpose?
- What is effective HRH policy and planning?
- [Ab] using the data / evidence
- Data, evidence and politics
- Inaccurate HRH data is a fact of life
- The way forward

Types of HRH Information Needs

- Workforce forecasting/budget
 - Staffing gaps against norms
 - Estimation of workforce needs
 - Estimation of financial needs
 - Timely standardized reports
- Distribution of workforce by cadre, facility, and targets
 - Private sector / cadre types
 - Facility type / geographic location
- Performance management
 - Document employee performance
 - Document data quality/indicators
- Workforce training
 - Pre-service training and production
 - In-service training and continuing professional development
- Workforce recruitment/retention
 - Manage staff vacancies
 - Planning and forecasting needs
 - Manage promotion, retention, pension
 - Workforce credential management

What is the data for ?

- Forecasting
- Budgeting
- “Planning”- commissioning, allocating, distributing
- “Managing”- recruitment, performance, attendance, training and development
- Policy formulation/ analysis/evaluation
- =HR information system (HRIS) and minimum data set (MDS)

Examples of use of HRH data

- Inform and cost health sector strategies and HRH plans
- Maintain up-to-date health workforce registries
- Find and eliminate “ghost” workers
- Address recruitment bottlenecks
- Support improved service delivery

Key to success will be implementation and use of a health workforce registry with adherence to the use of unique IDs for all workforce in all systems

What is effective HRH policy/ planning?: OECD review

- Most models are uni-disciplinary: focus on demographic trends to assess future supply/demand
- Few models link health expenditure projections with health workforce projections
- Models should take into account changing economic and health service delivery contexts
- Models should assess policy options by use of assumptions and scenarios
- HRH planning “is not an exact science”



“Effective” HRH policy and planning

- The choice of HRH policy and planning approach and model (s) is **value-based** but should be driven by service objectives, informed by evidence, and shaped by cost estimates
- Assessing future HRH needs is **about much more than projections of numbers** (e.g. \$\$\$, skill-mix, working conditions, productivity and quality, regulation, rewards/incentives)
- **But numbers are the common currency for policy, planning and politics**

(Ab)using the data and evidence

- Data is only “neutral” until it is used.....then, at best it shapes the evidence that informs debate and decision making
- Evidence can be ignored.....

[Ab]using the evidence

- “What politicians want is policy based evidence, not evidence based policy”
- Evidence shopping
- Fixing the evidence
- Mishandling the evidence
- Imaginary evidence
- Clairvoyant evidence
- Secret evidence (Henderson, 2012)

Data, "Evidence" and politics

CALL A NURSE

7.50am: We've axed 450 nurses since last election
SIMON BURNS, HEALTH MINISTER

8.50am: We've axed 2,000 nurses since last election
SIMON BURNS CHANGES HIS MIND

11.45am: We've axed 3,000 nurses since last election
ANDREW LANSLEY, HEALTH SECRETARY

ON SPOT
Lansley faces fury of nurses at conference yesterday

FURY Dr Carter speaks

BLUNDER Mr Burns

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UNDERING Tories yesterday proved again they have no idea how to run the NHS with a shambolic attempt to reveal how many nurses they have sacked since the election.

Health minister Simon Burns had two jobs at the figures, dramatically revising it before Andrew Lansley stepped in with an even bigger number. The humbling Health Secretary was also red, heckled and branded a liar at the Royal College of Nurses annual conference where he astonishingly claimed he had axed frontline staff despite the Coalition's age programme of NHS cuts. At 7.50am clueless Mr Burns had claimed there were "about 450 less nurses" now, now admitting an hour later there were not "about 2,000 less". At 11.45am Mr Lansley said the number was actually "nearly 3,000". Official

Clueless Tories in disarray on NHS as staff heckle Lansley

government figures show the real figure is 3,619 fewer nurses since May 2010. The Health Secretary later sparked fury when he suggested the number of nurses thrown on the scrapheap had been outweighed by an increase in doctors since the election. The claim was greeted with shouts of "liar" in the packed hall and Mr Lansley was accused of "living in a parallel universe". RCN chief Peter Carter told him: "All this nonsense that there is more clinical staff now than there were a few years ago is simply not true." The group warned that more than 60,000 frontline jobs in the NHS, including thousands of nurses, were at risk because of spending cuts. It said 26,000 workers had

already lost their jobs in the two years to April. And it claimed planned cuts included more than 400 in Greater Glasgow and Clyde, a similar number in Sandwell and West Birmingham, 675 in Blackpool and a 23% reduction in staffing numbers in South London up to 2015. But arrogant Mr Lansley brushed off the warning and insisted overall it was managers and administrators who have lost their jobs rather than clinical staff. He told the conference: "Across the whole of the NHS we have seen staffing levels reduce. But clinical staffing levels overall have gone up by nearly 4,000." Mr Burns added that the Government did not recognise the RCN figures. Dr Carter also warned the Health

Secretary, to loud cheers, that nurses were still furious with the Government for being ignored. He said: "A lot of people in this hall are feeling that out there, by some of their employers, not all, they are not being treated with dignity, they are not being respected, and they feel they are not being respected. You've had a highly professional and dignified encounter with the RCN don't take that as a kind of indication that things are fine. There is a great deal of unhappiness." Ed Milliband will today announce Labour is launching a new service, NHS Check, to allow staff and patients to report how cuts are affecting hospitals and surgeries. He is expected to tell the conference "Resources are being diverted away from the frontline, patients waiting longer for treatment, disruption and fragmentation. But the Government refused to listen. It ploughed on regardless." "The Government have been acting like they are the masters, not the servants, of the NHS. They are not the masters." "Our health service is owned by patients, professionals and the people."

Inaccurate HRH data is a fact of life

- Inaccurate data will limit the full development of effective HRH policy and planning..**BUT**
- **No system has perfect data**; data inaccuracy is not a reason for inaction, and accurate data would not guarantee perfect policy
- Identifying **all** data sources, and working with data limitations is part of the planning process...**needs multi-stakeholder involvement**

HRHIS Strengthening: The way forward

- **Invest:** Ensure HRHIS investments incorporated into HRH strategies and plans. Seek technical assistance as needed
- **Review:** Map all existing sources of HR information and identify data gaps and needs
- **Standardize:** Develop pathway towards compliance with minimum data set for health workforce registry
- **Integrate:** Link HRHIS into national HIS architecture
- **Develop:** Consider implementing NHWA for policy, planning, management of the health workforce

References

- Henderson M (2012) The Geek Manifesto: Why Science Matters to Government
- **OECD Health Working Papers: Health Workforce Planning in OECD Countries: A Review of 26 Projection Models from 18 Countries.** DOI: [10.1787/5k44t787zcwb-en](https://doi.org/10.1787/5k44t787zcwb-en)
- WHO MDS:
http://www.who.int/hrh/statistics/minimum_data_set.pdf?ua=1