Workforce Race Equality Standard (WRES)



Unify 2 – Frequently asked questions

WRES Unify 2 FAQ's

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1. How are you able to access workforce data (Indicator 1) for my organisation?

NHS England has access to the Electronic Staff Record (ESR) Data Warehouse for all organisations nationally.

This system downloads a cut of data on the last day of each month from all local ESR systems. Once the data has been downloaded, the central ESR team apply stringent data quality checks. Due to this reason, the ESR Data Warehouse is always 6 weeks out of sync with the real time system.

ESR Data Warehouse is considered a strategic data repository and as such, users are able to view high level organisational data only.

Other users of this system include the Health & Social Care Information Centre (HSCIC) and Health Education England (HEE).

2. Which staff are included in the under Band 1 category?

This category was created to capture individuals who are paid under Band 1. In most instances, these are apprentices on local pay scales. Most trusts will find a nil value in this field.

3. Do your figures include students?

No, our figures exclude students from Indicator 1 data. Please see the WRES calculations document for information on the definition of students.

4. Do your figures include staff with unknown or null ethnic categories?

The prepopulated figures are broken down by White and BME only and so staff with unknown and null ethnicity have been excluded from the template. However, to gain an overall understanding of data quality and ethnicity self-reporting at the trust, data items 70 and 71 collect this data.

5. How are you categorising staff on local pay grades?

Non-medical staff on local pay grades are categorised by looking at the minimum/maximum pay point and matching to the AfC values.

6. How are the medical and dental sub categories defined (data items 45-48 and 63-67)?

The grade code is used to look up against the medical & dental sub category of each medical staff. This lookup matrix is used nationally and available within the WRES calculations document.

7. What is 'of which senior staff' (data item 45 and 64) trying to capture and why is it not prepopulated?

This data item is capturing the number of medical and dental consultants who are hold senior positions on divisional boards or similar. Such individuals aren't classed as VSM but hold senior positions in as an M&D consultant.

Unfortunately, due to limitations in our central data source, we cannot prepopulate this data item. It must be completed by the Trust.

8. What is the timestamp on the data you have prepopulated and wanting trusts to collect?

The prepopulated data on the spreadsheet is time-stamped as at 31st March 2016. We are asking Trusts to validate and complete the template using data as at 31st March.

For Indicators 5-8, the data has been prepopulated using NHS Staff Survey 2015 results.

9. Why are the prepopulated figures so different from those provided by my local ESR lead?

There may be small differences due to the timestamp. Also, the prepopulated data excludes Bank, Honorary and Locum staff, as well as Students. Another known reason for small differences in data is due to retrospective changes made in local ESR.

The UNIFY2 prepopulated data is intended as a guide and Trusts have the opportunity to verify using their local data.

Please use the WRES calculations document to compare against your internal calculations.

10.I have concerns about small numbers, should I exclude them from indicator 1?

UNIFY2 is a secure system, used across the NHS for collection of data. Small numbers are safe to input into the Excel spreadsheet and upload into UNIFY2. Other organisations are unable to view your data and the WRES team will only be using the calculated percentages in Indicator 1 for reporting purposes. This will mitigate the risk of reporting on small numbers.

Trusts should use the UNIFY2 return to inform the WRES PDF submission which should be published on the external facing website. The PDF submission should not include any small/identifiable figures for indicator 1.

11. Why can't I click into some of the cells on the spreadsheet?

Protection has been applied to the Excel spreadsheet to ensure the layout and prepopulated content is not altered in any way.

12. Which documents are I expected to complete/submit as part of this year's WRES process?

There are three main outputs:

- UNIFY2 WRES submission uploaded by 1st August 2016 at the latest (submission process will commence from 1st July 2016)
- Trust WRES submission template (PDF) completed and published on Trust's external website, ensuring data is based on the UNIFY2 WRES submission
- WRES Action plans completed and published on Trust's external website. These should be based on the latest WRES data and published alongside the PDF template.

13.I cannot match the results for Indicator 2-4 with the auto calculated fields in the Excel template. Please explain how you are calculating the ratios.

The calculations for indicator 2, 3 and 4 use real numbers and not the rounded numbers. If you are manually calculating using the rounded figures then your figures will differ from the results shown on the prepopulated template.

See example below:

	White	BME
Number of Shortlisted Applicants	1378	962
Number of appointed Applicants	343	131
Likelihood	0.2489114659	0.1361746362

Results based on real numbers (as per Excel template)

Ind 2: 0.2489114659/0.1361746362= 1.8278841996 (1.83 to 2.d.p)

Results based on rounded numbers:

Ind 2: 0.25/0.14= 1.78571428576 (1.79 to 2.d.p)

14.I am unable to upload to UNIFY2; the system rejects my return as the template is too large.

We are aware of some organisations encountering technical issues when attempting to upload their WRES return to UNIFY2. These issues are occurring due to the large size of some of the excel templates. As a workaround, we issued WRES leads with a compressed template in .xlsm format (2MB) on Wednesday 20th July. If you are experiencing problems, please use this template, remembering to 'save as' Excel 97-2003 (.xls) format before you attempt to upload to UNIFY2.

If you are unsure of the WRES lead for your organisation, please contact <u>england.wres@nhs.net</u>

15. Indicator 1 and 9 don't include staff who have not reported their ethnicity, is this correct?

In most cases, the level of ethnicity self-reporting is very high. The template only takes into account White and BME staff and this will be clearly outlined in any analysis that we carry out based on your data. Based on feedback from Trusts, we will include the Not Stated and Unknown categories in our WRES template for 2017.

If you are a large organisation and feel your figures are significantly skewed by the omission of Not States/ Unknown staff, please include your <u>verified</u> figures in the WRES PDF template. The Excel template cannot be amended but we advise you to make a note of any significant differences in the Notes column.

16.We still haven't received our template/ don't know who the template was sent to?

All templates and communications are sent directly to the WRES lead for each organisation. It is then the responsibility of the WRES lead to disseminate these documents internally – e.g. to ESR/Workforce/Governance colleagues.

If you think you are missing information, please email <u>england.wres@nhs.net</u> to be sent a copy of your template and to find out who the WRES lead is for your organisation.

17. The WRES framework is too narrow. Why are we including White ethnic minorities within the White category – e.g. Eastern European staff?

For the purposes of WRES 2016, Eastern European staff is included in the White category. With the current political situation, this definition may change or be amended slightly for future WRES submissions.

If Trusts wish do so, a separate analysis can be carried out internally by applying the WRES framework to include White ethnic minorities in the BME category in a separate category.

18. What is the source of the prepopulated results for the staff survey results (Indicators 5-8)?

The WRES indicators 5-8 align to the four of the questions asked as part of the NHS Staff Survey. The results in the template have been lifted directly from the Workforce Race Equality Standard - 2015 NHS Staff Survey data publication. This can be found on the link below by expanding 'Question Level Data':

http://www.nhsstaffsurveys.com/Page/1019/Latest-Results/Staff-Survey-2015-Detailed-Spreadsheets/

We don't expect any discrepancies between the prepopulated figures for Indicators 5-8 and your records. However, if this is the case then please query directly with the NHS Staff Survey team.

19.I am unable to supply data for indicator 2/3/4 as we currently don't have access to this data in our HR systems. What should I do?

If this is the case, please leave the data cells in the excel template blank and explain in the notes column. For the PDF template, you may wish to use other data that is available to provide some context or other form of measure for the indicator in question. We highly recommend you to outline your plans to collect/extract data by ethnicity in your action plans. In the absence of data, the Care Quality Commission (CQC) team will look to the action plan for evidence of commitment to source missing data in future returns.

20. Our board have not signed off our WRES PDF template and action plan. Why am I expected to upload our UNIFY2 template before signoff?

The 1st August deadline is only applicable to the Excel UNIFY2 template. Board signoff is not required for this template as it will not be published in the public domain. The raw data in the template will be used to aggregate by region and trust types to form part of the national analysis of WRES data.

The 1st August deadline is for a first cut of the data to help us design our reporting framework and deliver high level national messages to our Strategic Advisory Board. Once data has been submitted, we expect Trusts to publish their WRES PDF template and action plans after board approval has been gained.

21.I belong to a Clinical Commissioning Group (CCG)/ Commissioning Support Unit (CSU). Am I expected to submit to UNIFY2 as well?

CCGs are not required to submit a WRES report under the Standard Contract which applies to Providers e.g. Trusts

They are however expected to collect, analyse and set out action to mitigate discrimination as part of their equality duties. This is explained in more detail in the Technical Guidance

They are not required to publish it on their web site if the numbers are so low that they might breach the Data Protection Act. They are not required this year at least, to submit on Unify 2

Should you wish to publish the data, the PDF template and technical guidance are available on our website.

https://www.england.nhs.uk/about/gov/equality-hub/equality-standard/

22.I belong to a Community Interest Company (CIC) or other social enterprise. What am I expected to compete for the WRES?

The WRES technical guidance states:

The WRES applies to all NHS providers and any non NHS providers (including voluntary and private sector) subject to the NHS standard contract, except for "small providers", defined as:

"A provider whose aggregate annual income for the relevant Contract Year in respect of services provided to any NHS commissioners commissioned under any contract based on the NHS Standard Contract is not expected to exceed £200,000"

All providers of NHS-funded healthcare services (other than primary care) except "small providers" are expected to collect, analyse and publish relevant workforce data in respect of their staff providing NHS services.

The UNIFY2 process is only applicable to NHS Trusts – Acute, Mental Health, and Ambulance and Community Health sectors. Therefore, you do not need to submit anything through the UNIFY2 system.

If your organisation is subject to the NHS Standard contract, we expect you to follow the WRES Technical guidance and publish the WRES PDF reporting template and action plan ideally by the 1st August. If this is not possible due to the need for board approval, we would expect you to publish these documents after the next board meeting.

You can find a copy of the template on our webpage: <u>https://www.england.nhs.uk/about/gov/equality-hub/equality-standard/</u>

23.I can't match my figures with the results auto calculated in the spreadsheet. Please can you unlock the cells so I can reconcile the calculated results?

A copy of the template with the calculations was sent out to all WRES leads on 20.07.16. This version displays the formulae with cell reference and can be used to help reconcile the data.

If you don't have this workbook, please contact england.wres@nhs.uk

24. We have employees on non-agenda for change bands, how do we report on this? Should there be an additional row stating "Other"? As these do not fit into VSM or up to band 9

Non AfC band staff is mapped to equivalent AfC bandings. See page 1 of WR05 (in email sent out 10.06.16).

25.1 am receiving your emails but can't see the attachments, please help?

There must be an internal firewall issue at your end. We advise you to contact your local IT team who should be able to retrieve the contents of any blocked email attachments.

26. How do I access the Ind1 information so that I can enter the percentages onto the reporting PDF template? The Excel template only shows headcount but is asking for percentages.

Whilst UNIFY2 automatically calculates the percentages for Ind1 (in the background), this isn't visible to users. Unfortunately, you will have to calculate manually to enter the summarised information on your PDF template.

The percentages will be calculated centrally from the raw data and used in our national analyses.

However, for the purposes of the WRES PDF template, you will need to manually calculate this data to enter into the PDF that will be published.

We are often asked about the level of detail required in Ind1. There is no set format for answering Ind1 of the PDF template. As space is limited, you may wish to aggregate into Support (B1-4), Middle (B5-7), Senior (B8a to 9) and VSM. If required, you can attach an annex to your action plan with the detailed breakdown.

27. In reference to Indicators 5-8, do we need to duplicate the info from the prepopulated sheet provided by you onto the pdf WRES reporting template?

You will need to transpose the figures for Ind5-8 to the PDF reporting template.

28. Our calculations are being run on more up to date information than what has been captured for the trust. While not hugely different, we do want to use the most accurate data for our reports and not necessarily as at 31st March;

And

Over the last 5 years we have reporting on equality data using the January to December data. Can we verify our data using our latest timeframes?

We do recommend you adhere to the April-Mar timeframes as this will make it easier to compare progress going forward and also to benchmark with other organisations.

However, if this will cause great difficulty you can use more up to date/ existing timeframes but please be aware that we will mark all data submitted through UNIFY2 with the March timestamp. Over the next 6 months, we will also be carrying out some benchmarking based on these timeframes.

If you do decide to use other timeframes then please make a note of this in the notes column.

29. Is there some kind of verification that needs to occur once we have uploaded the spreadsheet PRIOR to publishing the report on their websites?

We aren't asking for Trusts to wait until the UNIFY2 data has been verified before they publish reports on their websites as we expect there to be little changes required. However, we will be carrying out 'confirm and challenge' from the 1st August and if, as a result of this process you need to make changes to your data, you will be given an opportunity to do so before the end of September.

30. I am trying to complete our action plan; do you have a template for this?

There isn't a set template or any guidance for the WRES action plans. As these documents are in the public domain, you can carry out a quick google search on other Trust's to get a sense of how others are presenting their actions plans.

31.1 am having a few issues with indicator 1. Could you tell me if the headcount figures in lines 68-71, should add up to all the data items in lines 1-67?

The values in 68-71 show the ethnicity reporting for your organisation and aren't directly aligned to data items 1-67.

1-67 only give the totals for BME and White workforce, excluding unknowns and not stated, therefore you will find the two sets of data items won't match up.

32. Is it compulsory for us to verify the headcount data for 2015 as well as 2016?

For Indicators 1 and 5-8, you may wish to accept the prepopulated data. However, you are required to supply 2015 data for indicators 2-4 and 9.

33. Our information from our recruitment system provides two numbers for shortlisted candidates – the total number shortlisted and the number of these who actually attended interview. Please can you confirm which number we should report?

There is no detail in the guidance around the definition of shortlisted candidates so either will suffice, as long as your definition is consistent with the submission last year.

The WRES team may decide to clarify the definition for next year's technical guidance.

34.I just wanted to confirm that you are basing your headcount figures on 'all assignments' and not the primary assignment only.

That's correct. The prepopulated data looks at primary assignment only to avoid double counting headcount.

35. Our pre-populated numbers seem to suggest that data items 42 and 62 are counting clinical director roles as VSM; I just wanted to check this was correct.

VSM figures are calculated using the conditions outlined in WR05 (emailed 10.06.16) If the job role 'clinical director – medical' is used for individuals who aren't VSMs (e.g. divisional medical leads/directors) then these will show up in your VSM figures. If this is the case then please use the verify column to ensure we are only reporting on the VSM clinical director and not those who are coded to this job role in error.