Capacity Tracker

Resource Centre

FAQs (Frequently Asked Questions)

20 March 2023

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Why is there a change to workforce data in Capacity Tracker?	For many reasons but doesn't give the full picture on workforce capacity – which continues to be reported as a major risk to social care and a barrier to local commissioning. If patterns of work are changing at the same time as headcount, we could potentially misunderstand the scale of issues facing the sector. For example: If hours worked rose rapidly while headcount remained still, that could indicate an increased risk of burnout or staffing shortages in the short-term. When combined with the count of users in Capacity Tracker, hours worked can also indicate the average acuity of care needs and whether this is changing over time.
Why are you asking for details of overtime?	DHSC would also like to understand the current use of overtime (if any) and monitor changes in its use. As overtime is often a higher cost to providers than usual wages, increased use indicates that workforce pressures are having an impact on providers' financial position. For similar reasons, we'd like to better understand and monitor the use of agency staff, to better monitor the extent to which reported workforce pressures are resulting in financial pressures or risks. Use of this information can also indicate sector resilience to changes in the workforce – including, potentially, if that resilience is reaching a limit.
What type of staff absence should I be recording – both sickness and annual leave?	Absence should only include short or long-term sickness
Why are you asking for details on staff absence?	Capacity Tracker has included questions on sickness absence for some time, in part to understand the impact (of Covid especially) on workforce capacity. As Covid represents only one health risk, we thought it appropriate to adapt our approach to collecting sickness absence data.
How do DHSC plan to use the data?	Capacity Tracker has until now focussed on workforce headcount, which is useful. We intend to use aggregate data at local authority, region and England level to identify trends – including those areas which may be at greater risk. Improving our understanding of risks and issues facing providers will allow us to consider any potential action by national government in a more timely and proportionate way.
Are there any other considerations?	DHSC are aware of issues with home care providers being registered in only one LA despite serving a wider footprint and are therefore careful to caveat LA-level analysis and combine it with regional approaches for our purposes.

How does this differ from Skills for Care data that providers collect?	In two main ways: In two main ways: - Skills for Care do publish workforce size, the whole-time equivalent ratio, and mean days lost to sickness over a period at the LA level. It is therefore possible to derive the total number of hours worked and days of sickness recorded. However, it is not possible to understand temporary staffing use (beyond headcount) or overtime within this mix. - Skills for Care's ASC-WDS is a voluntary return, reported annually in arrears. While 50% of providers complete it at least once per year, only a smaller number complete it more often. Representative, monthly data is needed in order to monitor, for example, seasonal risks or sudden shocks to the sector and support more timely decision-making. DHSC work closely with Skills for Care to make the best possible use of the data they collect. We're conscious of the burden data collection can place on providers and will aim to eliminate duplication where possible.
Can you explain the wording for the first 2 questions? Why is overtime included in the first one and then asked for separately in the next question?	Asking for total hours worked by direct employees including overtime (the total) was considered to be simpler than asking providers to report total hours worked by direct employees excluding overtime, given how this data might be collected and stored in providers' own HR or payroll data. As we are interested in the proportion of overtime within that mix, we then ask for it separately
Should we include sleep-in shifts in the hours estimated?	Sleep-in shifts shouldn't be included in hours estimates, except where some time was spent providing care. In which case the time spent providing care would need to be included in hours worked
Do you really need the data at hourly level?	"Hours worked" was suggested by provider representatives as an appropriate and meaningful unit of workforce capacity in the sector, and therefore the most appropriate way to improve on headcount as an indicator. DHSC hope that this question can be easily answered using payroll data for the last complete pay period/s (whether that be monthly, weekly or fortnightly). As set out above, we want to move beyond headcount (which is not precise enough given varied working patterns in the sector) without returning to FTEs (which providers have previously reported finding difficult to estimate or report). Hours worked is also our preferred metric as it is applicable to care home and home care settings and, as noted above, a useful proxy for the "amount" of care actually provided (i.e. reflecting acuity).
Did you try the questions out with any providers before bringing them in?	We have engaged extensively with provider representatives on the design of these questions – however, we haven't yet had the opportunity to test these questions directly with providers. We remain open to your feedback and suggested amendments to these questions.
Our payroll data is always older than a month, how can I answer the questions?	So long as your approach is consistent (i.e. always updated with the latest information available each time) this will be most helpful to us. We would not want you to go to any extra effort to get something bespoke and want you to be able to answer in the least burdensome way possible.

Should providers include packages that have ended due to someone's circumstances changing i.e. outcomes have been met and care package no longer needed / needs have become more complex / moved to another area or into a care home, etc.?	Yes, please include any package handed back for any reason. The data is used to get an understanding over time of increased or decreased pressures – including these will still allow this trend to be seen.
Should a package funded by a direct payment be included as NHS/LA funded or self-funded?	Direct payments are classed as NHS/LA funded.
Should we include regulated and non-regulated services in Returned Packages of Care?	Yes

Why do I need to keep providing vaccination data?	Collecting staff and resident data (where they are comfortable sharing this) is essential for local systems and the government to understand overall levels of uptake during a booster campaign, because it's vital that settings in which there are people vulnerable to COVID-19 achieve high levels of protection against coronavirus, and also flu. With regularly updated data, the NHS vaccination programme can direct and target resource in the right place and where it is needed. Furthermore, the data provides insights into current attitudes toward vaccination, and enables DHSC to have conversations, discussions, and even webinars with health systems, care home providers, managers and staff to encourage and reassure those who may be hesitant or unsure.

FAQs | Adult Social Care Provider Data Collection

Where can I find the latest DHSC formal notice and guidance relating to Adult Social Care Data Collection?	Formal Notice: https://www.gov.uk/government/publications/adult-social-care-provider-information-provisions-formal-notice Statutory Guidance: https://www.gov.uk/government/publications/adult-social-care-provider-information-provisions-data-collection
When does the Adult Social Care data collection window open each month?	See data collection section: https://www.gov.uk/government/publications/health-and-care-act-2022-adult-social-care-provider-information-provisions/adult-social-care-provider-information-provisions-guidance-for-providers-on-data-collection
Will providers receive a fine from April 2023 onwards if they have not submitted data during Aug 2022-March 2023 windows or will the potential enforcement fines occur for non-compliance from April 2023 & onwards?	Providers will not receive a fine for periods before April 2023. Compliance for purposes of enforcement will be recorded from April 2023 onwards.
Will there be consecutive fines for providers if they have not submitted data during multiple windows?	A fine may be issued if a provider consistently or persistently fails to submit data. In practice this means that a fine may be issued when a provider has missed 3 submission windows without reasonable excuse - and these need not be consecutive. Each time the provider reaches stage 3 of the process, they are at risk of being fined again. If a provider does not comply with any submission windows and does not engage with DHSC or our delivery partners, a fine may be issued for each breach.
Enforcement process - where fines will be issued, will the enforcers be advising LA's of all fines in their areas, so LA's are aware of fines	We are considering what level of sharing of fines data is needed and will likely need to discuss this more widely with stakeholders before a decision is made.

faced in their area. London would like this.	
Would a move to a weekly mandatory collection window rather than monthly, improve frequency/level of updates?	The monthly mandation was decided upon based on the balance of data needs of users and provider burden in providing data. We are aware some items (especially bed vacancies) are much more useful operationally when updated more frequently but are keen to show the benefits of more frequent updates. We have no plans to increase reporting window frequency.
From a Department of Health and Social Care perspective, what are the benefits for care homes and domiciliary agencies to update Capacity Tracker?	Data provided through Capacity Tracker helps us to identify issues at an early stage and provide an evidence base for central government funding discussions. For example, CT data on staff absence in January 2021 showed the need for support with recruitment and that additional staff hours were needed, one of the drivers of the £120 million Workforce Capacity Fund being established. CT data also continues to be the best source of vaccination data, enabling our NHS partners to prioritise areas through current and upcoming booster campaigns. With more and better data, we can plan the future care of our population and will have the potential to generate significant health and care benefits such as increased independence, improved quality of care, higher satisfaction for people drawing on health and care support, and more efficient use of funding. Improved data on the ASC workforce can also benefit recruitment, retention and equality policies. More details on the government's roadmap for transforming adult social care data can be found on the Care Data Matters page at: https://www.gov.uk/government/publications/care-data-matters-a-roadmap-for-better-data-for-adult-social-care For providers directly we are working on improving provider access to their own data, how things have changed over time and viewing aggregates, so that they can compare how their service works alongside other similar services in their area. For those providers with limited analytical resource (if any) this will mean that they can access key data insights for their business.
DHSC are not explicit about to what extent providers need to be completing CT for LA to qualify for ASC funding	The discharge fund has a condition that all ICBs, trusts and local authorities fulfil any existing data collections and continue to engage with data improvement programmes already under way. This formed part of the requirements for receiving the second tranche of funding. As a minimum social care providers must keep the required Capacity Tracker data updated in line with the Adult Social Care Provider Provisions statutory guidance, however it is acknowledged that more frequent updates to bed vacancy data is essential for operational purposes. We recommend updating bed vacancy data daily, where possible, as this information can be used by local discharge and brokerage teams when planning patient discharges. Keeping this data up to date is imperative for ensuring that patients are discharged to the right place for their

	specific care needs. It also assists with keeping both staff and residents as safe as possible by ensuring providers can accept admission of residents whose specific care needs can be met.
Will DHSC be undertaking any spot checks with Health and Wellbeing Board areas which may have given some Adult Social Care Discharge Fund money to providers who haven't updated Capacity Tracker within the mandatory window?	The department has a review process for the discharge funding, but does not currently have specific plans to contact HWB areas that have given money to providers who have not updated CT within the mandatory window.
How is data from Capacity Tracker currently used by DHSC, and are there any concerns over the accuracy?	Data from Capacity Tracker is currently used in weekly and monthly situation reporting, which also goes to our Ministers and is published monthly for anyone to use. Data are also used to spot trends at aggregate levels (LA lowest level), unless we need to look at a specific location due to data quality concerns. Trends over time are the main way DHSC use the data, to see if assistance or support is needed in any area. Capacity Tracker has some in-built validation which provides a certain level of accuracy and by looking at trends over time we can see outliers, potential data issues to check and if a pattern is emerging.

FAQs | Temporarily/Permanently Closed Locations

The Location is now closed permanently and has no residents ?	When the system is updated via the CQC direct data feed the location will then be permanently removed from the Tracker.
The Location is temporarily closed?	You are not required to update the Capacity Tracker during this period, however, you will need to email the Support Centre to request the location is excluded from reports. When the location reopens please advise the support centre to ensure the location is included back into reports.