Capacity Tracker Q&A

CPA briefing for social care providers

1st Edition – 11 May 2021

Under review

This Q&A is under review following changes to the Capacity Tracker from April 2022. An updated version will be available shortly. In the meantime, please seen the letter from the DHSC dated 24 March 2022 outlining immediate changes from 4 April 2022.

Introduction

The Capacity Tracker was originally developed by NHS England to better manage hospital discharges by identifying available capacity in care homes.

Using the Care Quality Commission (CQC) as source data, care providers register on the system and the provision of real time information enables discharge teams to avoid making multiple calls to identify locations with vacancies. It therefore supports the wider initiatives to improve the pace of discharge and patient care. It also provides a valuable 'shop window' for care home providers to make their vacancies visible.

This Care Provider Alliance (CPA) briefing note covers questions and issues raised by care providers about Capacity Tracker including how data is accessed and used, and how changes to the system are agreed and communicated.

The CPA will update this Q&A on a regular basis. If you have additional questions, please contact us at info@careprovideralliance.org.uk and ensure you have Capacity Tracker in the subject line of your email.

Contents

Background

The Capacity Tracker was identified as a suitable system to support national and local planning during the COVID-19 pandemic. Its repurposing was announced in the Government's Action Plan (15 April 2020) and a joint letter (17 April 2020) from DHSC and NHSE&I, together with the CQC and the CPA.

In addition, hospice providers and community rehabilitation settings were added to the Capacity Tracker in April 2020 and home care providers were added in November 2020 (replacing the CQC system).

Care homes and hospice provider questions were added to help monitor COVID-19 outbreaks, PPE supplies and workforce levels. These were widened to monitor compliance with the Infection Control Fund published on 9 June 2020. Due to the flexibility of the functionality, and to help minimise the duplication of effort for providers, questions to monitor the winter flu vaccination programme were added in September and COVID-19 vaccination monitoring added in December 2020

Responding to feedback from providers, including the CPA, some questions were reviewed and removed from the Capacity Tracker on 7 January 2021 and there was a commitment to further review questions that may no longer be necessary.

The aim is to ensure that the Capacity Tracker offers a broader market overview than just that of care home data capture, and that data on this key COVID-19-related information is shared with NHSEI, DHSC, LGA/LAs, CQC and PHE.

The Capacity Tracker enables search of vacancies in real time, so hospital discharge, CHC and local authority teams can be sure that the information is current.

The care home and home care components and associated questions in the Capacity Tracker have previously been managed by NHSEI, but governance has been transferred to the DHSC as of 1 April 2021.

Longer term commissioning arrangements for 2021/22 have been agreed with the owners of the system, NHS North of England Commissioning Support (NECS) who continue to manage the technical development, operate the Support Centre, provider Q&A sessions and provide dedicated Transformation Leads working across each NHSEI Region to support the embedding and usage of the Capacity Tracker.

Governance arrangements

The Capacity Tracker (CT) was previously managed by NHSEI, with technical changes and a contact support centre being managed by the owners of the Capacity Tracker, NHS North of England Commissioning Support.

At the start of the pandemic the DHSC established the Data Collection Group chaired by the Care Quality Commission (CQC). The group includes a wide range of stakeholders, including several CPA members.

Following conversations between the DHSC and NHSEI, stewardship of the Care Home and Home Care components and associated questions in the Capacity Tracker have transferred to DHSC.

Under the Governance arrangements, three key groups work to ensure the aims of CT will be met. The Steering Group, the Operational Change Advisory Board and the Data Advisory Group each have their own Terms of Reference.

The summary function of these groups are:

Steering Board (SB): Accountable for the oversight and strategic direction of CT including final decision-making authority on changes recommended to the CT by OCAB. Ensuring identified CT risks and issues are effectively managed. Ensuring effective stakeholder communications and engagement and progressing necessary changes to national guidance / policy. As the main commissioners of outputs from the CT, where a consensus cannot be reached, final decisions sit with DHSC (who will as such, bear the risk of non-compliance, poor DQ, etc). Membership comprises 7 main organisations: DHSC, NHSEI, NECS, The Better Care Support Team, CQC, LGA and CPA.

Operational Change Advisory Board (OCAB): Accountable to the Steering Board for the continuous improvement of the CT and ensuring it remains fit for purpose for stakeholders – hence one of its key roles is to distil and represent the views of DAG to the Steering Board. Provides essential operational work and advice for the Steering Board to enable Steering Board decision making. Activities include data sharing, stakeholder engagement, prioritisation of change requests, identification and management of CT risks and issues and making recommendations to Steering Board. Also, any lobbying and consideration of views are undertaken here, reaching a recommended course of action or options or unresolved issues for Steering Board to decide or approve. Membership comprises 6 main organisations: DHSC, NHSEI, NECS, LGA, CQC and UKHCA/CPA.

Data Advisory Group (DAG): This committee provides the views from a wide range of stakeholders on decisions about CT, giving advice to SB and OCAB. This advice will be central to decision making. Items can be brought by this

committee or they will be tabled by OCAB to get steers. Particular areas covered by DAG can include (but are not restricted to) – local burden of collection, local utility of data collection – and challenge to claims of national utility of new data, refining of initial question design.

Anyone can propose a change request using the Request for Change (RFC) form available in the Capacity Tracker's Help Menu. These requests follow an assessment process, with those that are specifically relating to question changes/additions being reviewed by OCAB using feedback from the Data Advisory Group. Recommendations will be made to the Steering Board as appropriate.

Reporting overview

Access to Capacity Tracker data can give providers an early warning signal of COVID outbreaks in their region. The CPA has been working closely with the Data Collection Group for many months to establish provider insights and to minimise the data collection impact on day-to-day service operations.

Following discussion with CPA, DHSC and the Capacity Tracker team, top level data was made available to care providers from mid-April 2021. This enables providers to see their own data, and aggregate data about similar services at LA, CCG, regional and national level. These views on Capacity Tracker enable care providers to benchmark themselves against others. For example, a care home can check their data against an aggregate figure for care homes in their area (LA or CCG), their region (LA region or NHS region), or across England. This enables them to identify if they are an outlier or if their data is similar to others.

Care providers are invited to consider what other data analysis they would value. For example, what other data on Capacity Tracker would they like to be able to compare. Send comments to: necsu.capacitytracker@nhs.net.

Direct data flows from the Capacity Tracker include:

- NHSEI Foundry, LGA, MHCLG and CQC receive direct electronic data transfer of all data each day – this is then utilised to feed organisation specific dashboards and is part of daily monitoring reports and Ministerial updates across Health and Social Care.
- The London Region also receives a direct data feed to supplement wider market information collected within the region.

Question and Answers

Funding and Capacity Tracker reporting

1. **What do we have to complete within CT to ensure access to the IC and Testing Fund Grant?**

For the Adult Social Care Infection Control and Testing Grant (April – June 2021) care homes and home care providers are required to complete the Capacity Tracker at least twice (two consecutive weeks) and be committed to completing the Tracker at least once per week until the conclusion of the fund on 30 June 2021.

See Government guidance on Infection Control and Testing Fund

2. **Do other services, such as, extra care housing and supported living, have to complete the Capacity Tracker?**

Scheme managers of extra care housing and supported living services should not be completing CT unless they also run regulated care services. Regulated care services who provide care within extra care housing or supported living settings should complete CT.

Publishing and using Capacity Tracker data

3. **Who receives the data on COVID-19 from various sources – CQC, Capacity Tracker, PHE, academics etc? How is this data used?**

Various agencies, including PHE, CQC, MHCLG as well as councils, CCGs, Local Resilience Forums through to SAGE and the Cabinet Office, receive the data. These agencies will use the data differently, depending on their roles in pandemic control and management. At local level, it provides valuable insight to the sector as to the level of infections/outbreaks. It enables local agencies, including Health Protection Teams, Infection Control experts, councils and LRFs monitoring shortage of PPE/workforce etc, to quickly identify where support is most needed.

Nationally, PHE, the Cabinet Office and others use the data to inform their strategic responses across the sector.

Since mid-April 2021 care providers can view aggregate data for similar services at local, regional and national level. See Reporting Overview above for more details.

4. **How did data/intelligence prepare us for the winter and the second wave, what did it tell us and what have we learnt about how we can improve the use of the data/intelligence in the future?**

The DHSC and NHS North of England Commissioning Support (NECS) have been refining monitoring and use of existing Capacity Tracker data to identify early signs

of a further increase in cases across the country. Policy teams lead on the response for each operational area - for example PPE and testing – NECS support them with regular monitoring data reports.

5. Can providers have access to the open source data for analysis?

Following discussion with CPA, DHSC and the Capacity Tracker team, top level data is available to care providers from mid-April 2021. This enables providers to see their own data, and see aggregate data about similar services at LA, CCG, regional and national level. These views on Capacity Tracker enable care providers to benchmark themselves against others. For example, a care home is able to check their data against an aggregate figure for care homes in their area (LA or CCG), their region (LA region or NHS region), or across England. This enables them to identify if they are an outlier or if their data is similar to others.

Data on COVID-19 vaccination uptake is published weekly on Thursdays. Data is available on a national, regional and local level on the NHS England website.

6. What is the ASC dashboard in the Winter Plan and how does CT feed in?

The ASC dashboard has been developed to capture and share four data sources: CQC data; (Capacity Tracker data; Pillar 1 data (public testing) and Pillar 2 data (Care home testing). This data is already available to LAs, DHSC and DASS, but it will be in one place to make it easier to access.

The new dashboard will allow national oversight and a drill down to regional, local and individual provider level (depending on an individual's role-based need), held by CQC registration number, and to individual provider data where available – but this will not be identifiable. For example, you would not be able to see services grouped by provider; LAs can see other LAs data if they are in an LRF.

Data control is central to this process and the terms of use CT and providers currently hold.

7. Who holds the ring on all the data and what data groups are in existence? How will providers be consulted over the creation and introduction of new questions?

Each user agrees to The Capacity Tracker Terms of Use when registering and remains the 'owner' of their information. Users are accountable for the integrity and security of their information. Data governance arrangements relating to data sharing were established at the start of the pandemic to ensure compliance with GDPR standards.

8. How is the DHSC capturing all the other work which is being done on data collection at the moment?

The SAGE ASC subgroup is capturing much of this.

There is also much work going on around data collection in social care. A number of agencies are involved, including Digital Social Care, Healthcare Foundation, Future Care Capital, PRSB, and CASPA.

9. Regarding transparency, what will happen with the collected data once the time frame has ended?

The Capacity Tracker data is used to provide historical analyses to national organisations. Data will remain accessible until it is no longer required. If a decision was made by NHS North of England Commissioning Support to shut down the Capacity Tracker at a date in the future it would be de-commissioned in line with GDPR and established NHSE processes.

Outbreak management

10. How can we understand links between outbreaks in care homes/all other community settings and testing capacity at local or regional level?

CT work focuses on adult social care, so this is largely out of scope. However, CPA agrees that community outbreaks and testing capacity are important factors and we have raised this with the Taskforce early on.

Since mid-April 2021, care providers are able to view aggregate data based on their own service type, at local, regional and national level. This will go some way to being able to ascertain if they are outliers in terms of outbreaks. So for example it enables a care home to see how widespread outbreaks are in other care homes – though not in other settings – within their area.

Staff movement

11. What information do care homes have to provide in relation to staff movement between settings?

The following question was added to the CT. It relates to the Winter Plan objective (published 23 November 2020):

> In the last 7 days, are you able to confirm that any staff working in your care home, are not also working in another health or social care setting over the same period?
>
> - Yes
> - No – we have some staff working between services/settings

- No – we have some staff working between services/settings, but we have exhausted all reasonable steps to ensure we have sufficient staff to provide a safe service.

CPA has fed back that care providers would like to see the ability to give a more nuanced reply or the question changed to:

> Are you confident that all feasible measures have been taken to stop staff moving and working across a number of health or care settings?

This question is currently being reviewed as part of a wider review of CT questions being undertaken in consultation with care providers and other key stakeholders.

PPE

12. What information do I need to add to the CT about our access to PPE?

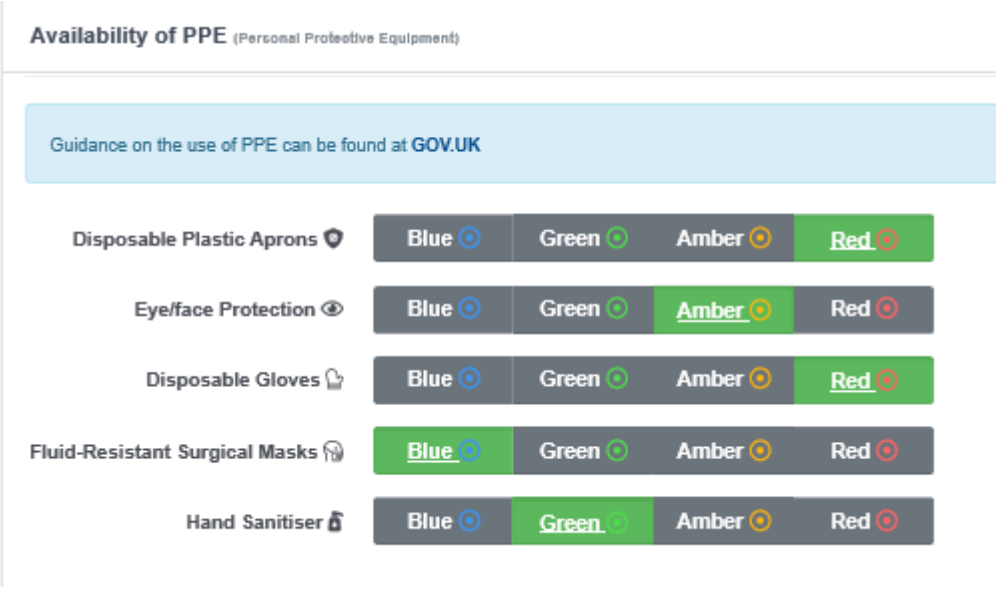
Providers are asked to RAG rate the availability of PPE by selecting one of these ratings across the 5 PPE types:

Blue: At least 1 month's supply at the location and confident of ongoing supply

Green: Up to 1 month's supply at the location and confident of ongoing supply

Amber: Up to 7 day's supply at the location

Red: No PPE supply at the location or less than 48 hours supply of PPE available



This information feeds directly to reports that are reviewed by LA's, LRF's and CCG Commissioners and is included in a direct feed to MHCLG.

The following CT question can be used to update on PPE supplies:

What is happening at local or regional level to support the whole system – including the care providers in areas most affected? Link PPE RAG status to beyond 14-day supply (propose this is blue colour)

Providers can register their support requirements via the daily updating of the 'Business Continuity' section of Capacity Tracker. This enables councils, Local Resilience Forums, CCGs and others to quickly hone in on the support requirements and target their limited resources accordingly, whether in relation to PPE, flu vaccinations, staffing etc.

Conversely, changes to the PPE section introduced a new 'Blue' PPE category which enables providers to show they haven't got any PPE problems at all.

CQC-regulated providers are still being encouraged to use the PPE portal for free COVID-19 related PPE

Providers who are not eligible to register for the PPE portal can order COVID-related PPE via the LRF or LA.

Definitions and data quality

13. How is occupancy determined, and is it accurate and appropriate?

Occupancy is currently a derived figure calculated by the provider entering the total capacity and defining the vacancies that are available. Providers are able to override the CQC Registered Capacity Total if required. Although it is acknowledged that some providers do not make visible the total number of vacancies, there is a CT change request being reviewed to transition the information collected to capture occupancy related information that could improve the market analysis available to providers and wider stakeholder organisations.

Questions remain over whether Capacity Tracker makes enough distinction between learning disability and older people's services (e.g. some learning disability providers have raised issue with the requirement for them to upload their occupancy data so regularly, especially when they haven't been affected in the same way as older people's services with regards to occupancy). However, CT is based on CQC data which does not identify a lead specialism for services that provide dual services (e.g. older people *and* learning disability services or residential *and* nursing care). Therefore it is challenging to disaggregate the data. Further discussions are underway between CQC, NECS and CPA.

At an anecdotal level, it is understood that respondents to Capacity Tracker tend to understate vacancies and may consider registered but unavailable beds, and overstate occupancy by calculating it in an unusual way as:

(registered beds – vacancies) / registered beds

which is equivalent to:

(occupied beds + unavailable beds) / registered beds

There has been much consideration on this issue, particularly how this could potentially be misinterpreted and that it did not take into consideration the cohorting or IPC arrangements in place.

NECS is aware of this issue and there is a balance between having access to contemporary information to understand where the current vacancies are and the imperative to update daily. **At the moment a viable solution hasn't been proposed so any suggestions would be welcomed. Contact** necsu.capacitytracker@nhs.net

Data quality is always a concern and there is wider awareness of the link between staffing and capacity. There are separate questions on occupancy, vacant beds and workforce status so we would hope providers would separate these issues, but we're keen to improve data quality and relevance, so are open to considering changes to questions and collection of data.

The Capacity Tracker was updated to enable providers to simply click 'update' from the email link where no information has changed – this improves the time taken to less than a minute and can be done from any mobile device.

During the pandemic the wider COVID-19 data collection does require review and instances/outbreak information must be reviewed daily therefore we are cautious about recommending this approach at the moment. The transition to occupancy level information would help resolve the long-standing issue of much lower vacancy rates for learning disability services.

Governance of the Capacity Tracker

14. How are new questions introduced and communicated?

The new CT Operational Change Advisory Board (OCAB is made up of representatives from DHSC, CQC, NECS, NHSEI) will initially propose and discuss changes to the CT questions.

At the moment, because of the pandemic, these are often driven by ministerial requests. It is very likely that the Data Advisory Group will be consulted on proposed changes to the questions which is where CPA/NCF/CE can have an influence. Under normal circumstances, changes to questions are communicated to stakeholders with a week's notice but it is appreciated this cannot always be achieved.

It is important for providers to keep their contact details, including email addresses up-to-date as these are used by Capacity Tracker to pass on key messages" The

data burden vs. benefit to providers will be considered in every new request. In terms of prioritising other changes to the CT, a weighting system is in place that takes into account the burden on providers.

15. Is there an information governance structure and are care providers represented within that structure?

Who has access to the CT data is strictly controlled by a set of comprehensive user permissions and all users agree to Terms of Use at the point of registration. The system is set up in a hierarchy for reporting purposes: National, Regional, Local levels, with some reports requiring specific access approval. All access requests are approved by either the CT Team following strict access control protocols or by existing users who have an 'Approver' status and manage user access requests for their organisation. Accounts that have not accessed the Capacity Tracker for 3 months are automatically deactivated. Providers are 'local level' therefore can only view their own information and are unable to use the search functionality. Local Authorities, CCGs see only those providers that are aligned to them. Local Resilience Forums can see those LA's that form part of that LRF and therefore the wider group of Care Homes.

New Governance arrangements have been put in place. Care providers are represented at all levels (see Governance arrangements above).

16. How often will new questions be added?

This is not known yet but every effort is being made to keep the desired changes to an absolute minimum. As the pandemic progresses and the requirement for information changes, the OCAB will consult with the Data Advisory Group on these new requirements. Final approval of significant changes will be given by the CT Steering Board.

17. Will CT be used to capture data about COVID-19 vaccination of care staff and service users?

The CT tracks COVID-19 vaccination rates amongst care home workers and residents, and home care workers (but not people using home care services). The Data Collection Group has commented on plans and the risk of incomplete or duplicated data collection.

We have fed back that home care organisations in particular will be unable to report on vaccination rates amongst their disparate employees.

Discussions are also underway to consider if data collected by any National Booking System or by NHS hospitals while carrying out the vaccinations can be linked to CQC codes. This could enable hospitals to run reports for care homes and national reporting systems on the numbers of staff vaccinated.

Data recorded by the National Booking System and point of vaccination is limited and does not record comprehensive information about someone's role within social care. There care homes and home care providers are asked to continue to collect information about the vaccination of their staff, and in the case of care homes, vaccination of their residents.

Provider requirements for reporting

18. How frequently do care providers have to report via Capacity Tracker?

The Business Continuity and Vacancy sections should be updated when the situation changes or at least daily.

The Infection Control and Testing Fund sections should be updated weekly to meet terms of funding.

19. If providers do not fill in Capacity Tracker on a daily basis, what will be the consequences?

Feedback from discharge teams is that those providers where the update was made more than 48hrs earlier will often not be contacted as they do not feel confident that they are seeing the most up to date position. Therefore, providers who have vacancies they wish to make available should update at least daily.

In addition, we are aware that some LAs have stipulated the frequency of updating the Capacity Tracker within their Contracts with care homes.

The Infection Control and Testing Fund grant funding terms set out that accessing the fund is conditional upon updating the Capacity Tracker.

PHE teams receive alerts when COVID-19 information input suggests an outbreak and Regional IPPC teams review information daily to help monitor and target support

Communication will include clear advice on frequency of completion required for the Tracker to feed into the dashboard.

20. Will data be used by commissioners for any other purposes (e.g. making commissioning decisions)?

We have set out the following that was agreed by commissioners last year and is visible on the Capacity Tracker update page for each provider.

> Any information gathered will not be used to drive any regulatory enforcement activity. The intention is for this information to be used to support collective planning across the health and social care sector and swiftly resolve issues wherever possible, whether through local or national actions.

We are assured the Winter plan dashboard is COVID-19 specific for responding to COVID-19 issues.

21. Would the time frame for use of the Capacity Tracker be extended if infection rates are still high in July 2021?

Possibly. As things currently stand the vital information needed by the government and other agencies to best manage the pandemic across care homes, home care, community rehab, hospices and substance misuse providers is provided via the Capacity Tracker.

Flu vaccination

22. What information do I need to provide on flu vaccination?

The following questions on winter flu vaccinations were added to CT in mid-October 2020. They are for care home services only.

Number of residents:

- Known to be immunised
- Known not to be immunised (includes people who have not consented to be immunised)
- Unknown immunisation status (e.g., people not wanting to disclose their immunisation status or people who have not been asked)

Number of staff (recording agency staff that they're utilising on the day of completion):

- Known to be immunised
- Known not to be immunised (includes people who have not consented to be immunised)
- Unknown immunisation status (e.g., people not wanting to disclose their immunisation status or people who have not been asked)

Have you experienced any delays or issues accessing the vaccination for your residents/staff?

Visiting to care homes

23. What information do I have to provide about visitors to care homes?

The following questions about visitors to care homes were added:

• In the last 7 days, have your residents been able to receive visitors? - Yes/ Only in exceptional circumstances / No

If Yes is selected:

- What visiting options have you put in place to ensure that visiting in your Care Home is Covid-19 Secure?
- Outside covid secure visiting space
- Indoor non-covid secure visiting space (e.g. room with social distancing)
- Indoor covid secure visiting space (e.g. a room with a screen, visiting pod etc.)
- Indoor visiting supported by testing (not socially distanced)

There is a further follow-up question if Yes or Only in exceptional circumstances are selected:

What are the current challenges / barriers that need to be overcome to fully enable visits?

- Insufficient PPE supply
- Insufficient staff capacity to deliver safe visiting
- Inadequate supply of test kits
- Inadequate space to administer tests
- Lack of clear guidance for staff on how to enable safe visits
- Lack of suitable insurance
- Concern from relatives
- Local advice is restricting visits
- Other

Note: the content of this question is under review as part of a wider review of all Capacity Tracker questions.

Designated services

24. Does CT capture information about a care home's status in relation to becoming a designated service?

Designated settings have been added to the Capacity Tracker and those providers have been contacted to update the capacity/vacancies relating to these. A daily update is provided to NHSEI/DHSC to monitor capacity. The 'search' functionality has also been amended to enable discharge services to filter the search for designated service settings.

Discussions are underway with DHSC and CQC regarding what stages should be added to designated services on CT.

These stages (after proposal that a care home should become a service) are:

1. Designated status – assured by CQC
2. Verified as operationally live by NECS Support Centre
3. Data fields for COVID safe vacancies are switched on in Capacity Tracker

Designated services that have reached stage 3 will need to provide information on the number of designated safe beds occupied and vacant (i.e. available for admissions).