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[Home](#) > [Health and Care Act 2022: adult social care provider information provisions](#)

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(<https://www.gov.uk/government/organisations/department-of-health-and-social-care>)

Statutory guidance

Formal notice of a mandate for all ASC providers

Updated 6 October 2022

Applies to England

Contents

[Formal notice of a mandate for all adult social care \(ASC\) providers: information required by the Secretary of State for Health and Social Care from CQC-regulated ASC providers, under section 277A of the Health and Social Care Act 2012, as inserted by section 99 of the Health and Care Act 2022](#)

[Information required under section 277A, from 31 July 2022](#)

[Changes to workforce data collection and domiciliary care packages of care collection](#)

[COVID-19 vaccination question definitions](#)

[Future changes to the data set](#)

[Failure to comply](#)

[Support and guidance](#)



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This publication is available at <https://www.gov.uk/government/publications/health-and-care-act-2022-adult-social-care-provider-information-provisions/formal-notice-of-a-mandate-for-all-asc-providers>

Formal notice of a mandate for all adult social care (ASC) providers: information required by the Secretary of State for Health and Social Care from CQC-regulated ASC providers, under section 277A of the Health and Social Care Act 2012, as inserted by section 99 of the Health and Care Act 2022

Dear colleague

This notice sets out information required by the Secretary of State for Health and Social Care under section 277A of the Health and Social Care Act 2012.

From 31 July 2022 and until further notice, the Capacity Tracker (CT) must be completed each month, with the information listed below.

Information is to be provided via the CT platform. You must do this by either updating each required field individually, or by using the bulk update functionality. If there are no changes to be made, you must save the page so that it is marked in the system as having been updated.

Information must be updated within a designated 7-day reporting window. This window will open at the start of the 8th day of each month and run until the end of the 14th day of each month, or the next working day where the 14th day falls on a weekend or public holiday.

Information required under section 277A, from 31 July 2022

For care home provider locations, the required data is:

- care home bed vacancies:
 - maximum capacity
 - occupied or used
 - (vacant) reserved
 - (vacant) accepting admissions
 - (vacant) not available for admission – reasons bed not available

- workforce resourcing including absences:
 - total headcount of directly employed registered nurses
 - total headcount of directly employed care providing staff
 - total headcount of directly employed non-care providing staff
 - total headcount of agency or bank registered nurses
 - total headcount of agency or bank care providing staff
 - total headcount of agency or bank non-care providing staff
 - number of directly employed registered nurses absent, COVID-19 related
 - number of directly employed care providing staff absent, COVID-19 related
 - number of directly employed non-care providing staff absent, COVID-19 related
 - number of directly employed registered nurses absent, not COVID-19 related
 - number of directly employed care providing staff absent, not COVID-19 related
 - number of directly employed non-care providing staff absent, not COVID-19 related
- COVID-19 vaccination:
 - number of directly employed staff known to have received a full primary course of the COVID-19 vaccination
 - number of agency or bank staff known to have received a full primary course of the COVID-19 vaccination
 - number of residents known to have received a full primary course of the COVID-19 vaccination
 - number of directly employed staff known to have received an autumn booster [\[footnote 1\]](#)
 - number of agency or bank staff known to have received an autumn booster [\[footnote 1\]](#)
 - number of residents or staff known to have received an autumn booster [\[footnote 1\]](#)
- flu vaccination (seasonal: 1 September to 31 March):
 - number of directly employed staff known to have received this season's flu vaccination

- number of agency or bank staff known to have received this season's flu vaccination
- number of residents known to have received this season's flu vaccination
- visiting:
 - if residents have been able to take part in visits in and/or out of the care home
 - the visiting options currently being supported

For domiciliary care settings, the required information will be:

- how many service users are currently registered and receiving care from your agency
- number of staff in the organisation that have face-to-face contact with the people being supported
- number of staff delivering care that are not working because of coronavirus
- COVID-19 vaccination:
 - number of staff known to have received a full primary course of the COVID-19 vaccination
 - number of staff known to have received an autumn booster [\[footnote 1\]](#)
- flu vaccination (seasonal: 1 September to 31 March):
 - number of staff known to have received this season's flu vaccination

Other data items in CT are often key for local operational support and providers will be asked to provide more regular updates to these items – for example:

- confirmed and suspected COVID-19 cases in staff and residents
- vaccination updates
- PPE availability
- daily bed vacancy updates
- workforce data

Such data requests are separate to the mandated list but are essential to continue to support you as providers, and health and social care partners, such as discharge teams, to keep people and staff as safe and healthy as possible. The daily vacancy data is useful when more frequent because it supports people to be in the right place for their specific needs.

Changes to workforce data collection and domiciliary care packages of care collection

From the end of September 2022, in response to feedback and to highlight pressures over the winter period, new workforce related questions were added for both care home and domiciliary care providers. Appropriate help text for these new questions is available within CT.

For care home providers, new workforce related questions are:

- how many hours have you paid direct employees to work in the last month or 4 weeks, including any overtime? [\[footnote 2\]](#)
- how many hours of overtime have you paid for in the last month or 4 weeks? [\[footnote 2\]](#)
- how many hours of agency staff time have you paid for in the last month or 4 weeks? [\[footnote 2\]](#)
- how many days or hours of absence have you recorded in the last month or 4 weeks? [\[footnote 2\]](#)

For domiciliary care providers, new workforce related questions are:

- how many hours have you paid direct employees to work in the last month or 4 weeks, including any overtime? [\[footnote 2\]](#)
- how many hours of overtime have you paid for in the last month or 4 weeks? [\[footnote 2\]](#)
- how many hours of agency staff time have you paid for in the last month or 4 weeks? [\[footnote 2\]](#)
- how many days or hours of absence have you recorded in the last month or 4 weeks? [\[footnote 2\]](#)

In addition, for domiciliary care providers new packages of care related questions are:

- in the last 28 days, how many current NHS and local authority funded service users' care packages have you had to return?
- in the last 28 days, how many current self-funded service users' care packages have you had to end?

These questions refer to previously agreed packages that have been returned or ended after service provision started.

The new workforce and packages of care questions will become mandatory in December 2022.

We are currently reviewing the necessity of the currently collected workforce absence questions for both care home and domiciliary care providers in light of these additions.

COVID-19 vaccination question definitions

A full primary course does not include COVID-19 boosters. For most people, a full primary course is defined as 2 doses of COVID-19 vaccination. For a small number of people, however, including people who were vaccinated abroad, people who have received a single-dose vaccination such as Janssen, or people who are severely immunosuppressed, a full primary course may mean a different number of doses.

As CT no longer includes a separate question asking for the number of care home staff who have been fully vaccinated abroad, individuals falling in this category should be recorded as having received a full primary course of COVID-19 vaccination, together with those who received it in the UK.

An autumn booster is defined as any booster delivered under the autumn booster campaign, which began in September 2022, [as announced in May 2022](https://www.gov.uk/government/news/jcvi-provides-interim-advice-on-an-autumn-covid-19-booster-programme) (<https://www.gov.uk/government/news/jcvi-provides-interim-advice-on-an-autumn-covid-19-booster-programme>).

Future changes to the data set

It is our intention that the data listed above will be the only data mandated during 2022 to 2023. As DHSC's data needs evolve, we aim to give at least 3 months' notice to stakeholders before making the new data need a legal requirement, as far as possible. If DHSC receive feedback on the usefulness or burden of the above listed data items, we will work with the sector to review and iteratively improve these as needed.

Failure to comply

Failure to provide the information in accordance with the requirements will amount to a breach of the duty under section 277A to provide the information.

Breach of the duty under section 277A could also result in enforcement action by way of imposition of financial penalties once relevant regulations are in force. The intention is that, subject to Parliament's approval, regulations will be made under section 277E of the Health and Social Care Act 2012, providing for a financial penalty to be imposed on a provider who without reasonable excuse fails to comply with a requirement to provide information or provides information that is false or misleading to a material extent.

You will be contacted if you have not provided or updated the information required above on the CT by the deadline and, as the CT cannot be completed retrospectively, you will be offered support and advice on completing the next return. Once the regulations under section 277E are in force, if you continue to be in breach, or persistently fail to provide or update your data, enforcement action will be taken under those regulations.

Contact will normally be established via a combination of emails, telephone calls and North of England Care System Support (NECS) regional leads and local system champions, to your named contact for CT and/or your registered manager from the CQC Registry.

Please review your contact details on CT as we will be sending regular updates to your registered email.

Support and guidance

See [Adult social care provider information provisions: guidance for providers on data collection \(https://www.gov.uk/government/publications/health-and-care-act-2022-adult-social-care-provider-information-provisions\)](https://www.gov.uk/government/publications/health-and-care-act-2022-adult-social-care-provider-information-provisions).

You can find all communications, user or help guides and video tutorials along with contact details for local system champions on the CT's resource centre.

The CT is managed by NECS. For administrative amendments, account support, support completing or updating the system, and support accessing or using the reports and analytics please contact the NECS support centre by phone on 0191 691 3729 (Monday to Friday, 8am to 5pm) or via necsu.capacitytracker@nhs.net.

For guidance relating to how to answer specific questions, please email capacitytracker-guidance@dhsc.gov.uk.

1. Autumn booster questions will become mandatory in October 2022.

2. Time period optional to suit working practice, such as, could cover last complete pay period using payroll data in recognition that pay periods will differ between or even within providers (some staff will be paid weekly and others fortnightly or monthly) and no one pay period option will be meaningful to all.

[↑ Back to top](#)

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