

Glasgow City Council Social

Work Services

Guidance on Completing Provider Service
Return (PSR)

Version 1.2 – September 2018

Introduction

All providers of purchased services to Glasgow City Council Social Work Services are required to provide contract monitoring data; this is submitted twice annually and covers the preceding six month period. Providers are given a two-week window to complete each quarterly return.

Period	Reporting Months	Reporting Window Opens
1 st Period	1 st April - 30 th September	October
2 nd Period (Annual)	1 st January - 31 st March	April

This document provides general guidance on the completion of the PSR questionnaire. Specific questions about any aspect of the Provider's Service Return should be raised with your link officer or by email to SW_ContractManagement@sw.glasgow.gov.uk

Note that if you want to print out a hard copy of your completed survey for your records, you need to print it out after completing the final question, but before you click the "Done" button at the bottom of the screen.

You must fully complete the survey in one sitting. If you close the survey before you have completed all questions and clicked "Done" you will lose all of your answers and have to start again. It is highly recommended that before filling in the survey you read through all of the questions and make sure that you have to hand all the information that you will be asked for.

1. Contact Details

Provide basic details for the service you are completing the survey on behalf of. Remember that if any of these details have changed recently you should have already notified your link officer at Glasgow City Health and Care Partnership.

a) Provider Name

The name of your organisation.

b) Project/ Service Name

Enter the name of the Project / Service. This may be the same as your organization name.

c) Address

Address of project/ service

d) Postcode

The postcode of the project/ service

e) Service Type

Please enter the name of the service type as it appears in the email requesting a PSR submission.

f) Name of person completing the form

Enter the name of the person completing the form

g) Which care group are you aligned to?

Please see the care group as it appears in the email requesting PSR submission.

h) Name of your Contract Manager

Please enter the name of your contract manager as it appears in the email.

2. Total number of service users

This figure should be the total of all services users you have had contact with during this reporting period, not only new service users but also including individuals who were already receiving a service from you before this reporting period began.

3. Number of new service users during this reporting period, do not include any service users entering the project utilising an agreed individual budget

Enter the number of new users who entered the project within the six months covered by the survey. If your project consists of one-off contact only (for example an information / advice service), state the number of unique service user contacts received in this period.

4. Number of leavers during this period

a) How many leavers were planned and unplanned?

Please enter in the spaces provided the number of service users who left the service which were planned and unplanned

b) What were the reasons and numbers for unplanned leavers?

Provide numbers which represent the reasons for service users who left the service on an unplanned basis during the reporting period. The figures entered in these boxes should equal the total number of users leaving the project as stated in question 4a – are not disclosed and reason unknown the same?

c) If you answered other in 4b please provide the details here

5. Staffing

a) Is your staffing complement sufficient to ensure service users outcomes are met - a yes or no answer is required here

b) If you answered no please provide any details of any pressures faced in terms of staffing

6. Staff Training

Are all care staff appropriately trained and/or registered with the relevant professional body?

This is a yes or no answer. If anyone has not completed the appropriate training for their role then the answer should be NO.

7. Volunteers

a) How many volunteers/unpaid staff does your organisation use to support delivery of health and social care services?

b) Please identify how these volunteers/unpaid staff support the delivery of Health and Social Care Service by each category.

The total number here should equate to the number stated in Q6a.

c) Please confirm that all volunteers/unpaid staff have completed the appropriate A – Training and B – PVG – this is a yes or no answer.

If anyone has not completed the appropriate training then the answer should be NO.

d) If no please explain in detail the reasons why.

8. Complaints

Please enter the number of complaints in each of the following categories: Not upheld/not pursued, partially upheld, fully upheld and pending.

Enter a figure in each category and remember that you must maintain an up to date complaints register, which your link officer may ask to see at any time.

9. Number of Incidents

Please enter the **numerical** value of the **total number of notifiable** incidents that have occurred in the reporting period. This should be recorded in the first column.

Depending on the nature of the incident(s), it/ they will need to be reported to various authorities (e.g. Care Inspectorate, Police, RIDDOR, Mental Health Commission, Office of the Public Guardian etc). The columns that follow after are designed to reflect these bodies.

In the following columns enter the **numerical** value to indicate which incidents were reported to (use “0” where no incidents have occurred).

Incidents should always be notified to the service user's Care Manager and your link officer and to the service user's next of kin or legal guardian where appropriate.

10. Management

Have there been any changes to the management of your organisation (either at local level, area level, national / board level) since completion of your last provider return?

Detail any changes that have taken place to the management structure of your project or organisation during this reporting period.

11. Risks

Are there any risks that could prevent your organisation providing a service for the next reporting period? (For example financial, legislative, staffing, resources, referrals, turnover)

Use this question to tell us about any potential risks to your project. If the questionnaire is being completed by support staff, the response to this question should be approved by a senior manager within your project or organisation.

12. Other Issues

Are there any current issues you need to discuss with your link officer at Glasgow City Health & Social Care Partnership?

Use this question to outline any issues you would like to discuss with your link officer at your next monitoring meeting. For any urgent issues, you should phone or email your link officer directly.

After completing the survey, click '**Finish Survey**' to submit your answers. If you wish to print a copy of your answers, you can do this after you click '**Finish Survey**'.

If you realise after submitting your completed survey that you have given any incorrect information, please email full details including your PQR ID number to SW_ContractManagement@sw.glasgow.gov.uk