



Provider Service Return

1. Contract Management Framework: Provider Service Return

IMPORTANT - READ ALL TEXT BELOW BEFORE COMPLETING YOUR RETURN.

This survey covers the period 1 April 2018 – 30 September 2018.

You have been contacted as Glasgow City Health and Social Care Partnership (GCHSCP) requests your organisation submit a Provider Service Return (PSR). It is a requirement that all providers with whom GCHSCP does business are monitored in accordance with our Contract Management Framework (CMF). Further information on the CMF can be found on the [CMF page](#) of Your Support Your Way Glasgow. The information you provide will help us monitor the performance of your organisation, ensure it complies with the CMF and that Glasgow's citizens are safeguarded. The information will be used by and shared with employees of GCHSCP as appropriate. In some instances, we may be required to share this information with other regulatory bodies and relevant stakeholders.

For information about how we store and use your information under General Data Protection Regulation (GDPR) please follow the link: [Privacy statement for Glasgow City Council](#) For information regarding research and consultation please follow the link: [Research Privacy Statement](#)

You will be able complete this survey in one sitting or save your progress and return to it later. If you wish to save the survey and return to it later you will be asked to provide an email address. A unique link will then be sent to that email address and this link must be used to complete the survey response. However, if you close the survey before you have saved it or completed all questions and clicked "Finish Survey" you will lose all of your answers and have to restart. The survey will remain open for two weeks and providers have to complete the survey within this timescale. If you are unable to complete within that timescale please make alternative arrangements within your organisation to ensure the return is submitted on time. The survey will close on 15th October 2018 at 10am.

It is highly recommended that before completing the survey you familiarise yourself with the questions in this survey and make sure that you have to hand all the information that you will be required. Guidance on completing the survey is available on the providers

page of: www.yoursupportglasgow.org

When you click 'Finish Survey' to submit your survey, you will see a new screen with a message confirming your return has been submitted. If you do not see this screen, your return has not been submitted as it is likely that you have not answered one or more mandatory questions. You should review your answers and make sure every question has been completed.

Please note that if you want to print out a hard copy of your completed survey for your records, you will be able to print it out after completing the final question and clicking "Finish Survey".

If you have any difficulties completing this return please contact your link officer at Glasgow City Council, or email SW_ContractManagement@glasgow.gov.uk

2. Contract Management Framework: Provider Service Return

Basic Service Information

Some of the information required for this section can be found within the email issued inviting you to complete the PSR. However, please do not copy and paste direct from the email to the survey as it can distort the text.

Q1 - Please provide the following information in relation to the appropriate service *

- a) Provider Name *
- b) Project / Service Name *
- c) Address *
- d) Postcode *
- e) Name of person completing this form *

Q1 Cont. - Please select from the drop down list the Service Type which best describes the type of service you provide. If there are multiple options that could apply please select that which seems most appropriate.

f) Service Type

If you selected "Other" please enter details below:

Q1 Cont. - Which Care Group are you aligned to? *

g) Care Group

Q1 Cont. - Name of your Contract Manager *

h) Contract Manager

3. Contract Management Framework: Provider Service Return

Provider Service Return Questions

Q2 - Total number of service users in this period

Q3 - Number of new service users during this period

Q4 - a) Number of leavers during this period - planned or unplanned *

Planned

*

Unplanned

*

Q4 - b) Please enter the number of unplanned leavers within each category below:

Dissatisfaction with service

Service user deceased

Risk of harm to self or others

Personal choice

Unmet need/outcomes

Changing needs

Financial reasons	<input type="text"/>
Not disclosed	<input type="text"/>
Reason unknown	<input type="text"/>
Other	<input type="text"/>

Q4 - c) If you answered "Other" above please provide details

Q5 - Is your staffing complement sufficient to ensure service users outcomes are met?

- Yes
 No

If answered no please provide details of any staffing pressures specify

Q6 - Are all care staff appropriately trained and/or registered with the relevant professional body?

- Yes
 No

If answered no, please provide an explanation

Q7 - a) How many volunteers/unpaid staff does your organisation use to support delivery of health and social care services?

Q7 - b) Please identify how these staff support delivery of Health & Social Care Services by each category: (Tick all that apply)

- Care and Support

	Total No of incidents	No reported to Care Inspectorate	No reported to Health & Safety Executive	No reported to Police	No reported to Mental Welfare Commission	No reported to SSSC
Self harm	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Violent incident directed against staff by service user	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Violent incident directed against service user by staff	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Violent incident directed against service user by another service user	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Incidents of actual or intended emotional abuse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Incidents of actual or intended physical abuse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Incidents of actual or intended sexual abuse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medication errors	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maladministration of service user's funds or property	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Incidents of financial exploitation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Serious loss or damage to property	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Illegal restraint or restrictions on liberty	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Missing persons - total number of all incidents	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Missing persons - total number of service users involved in these incidents	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Breaches of Data Protection and/or information security laws	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Q10 - Have there been any changes to the management of your organisation (either at local level, area level, national/board level) that your organisation has not yet informed the Partnership about? (if yes please detail)

Q11 - 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) (Please Describe)

Q12 - Are there any current issues you need to discuss with your link officer at the Partnership? (Please describe)

I confirm that the information submitted as part of the return is accurate and that it is my responsibility to inform the Partnership of any inaccuracies or changes.

Yes

No

Sample - Do not use