

For SP Team use only. Date recd: _____

Date entered onto database: _____



QMQ

GWENT SUPPORTING PEOPLE QUARTERLY MONITORING QUESTIONNAIRE

QUARTER 4 - END OF YEAR

For All Support Providers: Use for Q4 period only

The information given within this questionnaire will be used by The Supporting People Team for strategic planning, monitoring and contract reviewing purposes and may be shared with other agencies.

***Please provide information for the quarter indicated below;
One QMQ should be completed for EACH scheme!***

Provider Name: _____

Scheme Name: _____

Recording Period (year): 20____

Quarter
4

Period
Jan - Mar: 90 days

Return Deadline
April 14th

All annual periods relate to April-March

***Questions marked with an * indicates that there is a guidance note to assist you.
Please read and follow the guidance notes carefully.***

- Providers must be able to provide evidence of any information included in this form
- Complete ALL Sections; A: Quarterly Monitoring; B: Annual Monitoring; C: Financial information
- Non-accommodation based services should ignore questions about property/rent etc.
- Some questions relate to the Quarter period, others to the annual period, please ensure that you take note of the period stated in the question
- In addition you must comply with any 'Outcomes-Based Monitoring' requirements
- You must also return your audited accounts by September 1st to your SP Team

Is your service an:	<input checked="" type="checkbox"/>	Do you provide a:	<input checked="" type="checkbox"/>
Accommodation-Based Service	<input type="checkbox"/>	Support Service delivered 7 days per week	<input type="checkbox"/>
Floating Support Service	<input type="checkbox"/>	Support Service delivered 5 days per week	<input type="checkbox"/>

Section A: Questions Relate to Quarter 4 only

Q1* Total number of units within the scheme this quarter: _____

Q2* Total number of void days within **whole** scheme during the quarter: _____

Q3* If more than 10% voids this quarter please state why:

To calculate void %: $7 \text{ day pr wk service delivery} = \frac{\text{Total void days}}{(\text{Number units} \times 90 \text{ working days})} \times 100$
 $5 \text{ day pr wk service delivery} = \frac{\text{Total void days}}{(\text{Number units} \times 64 \text{ working days})} \times 100$

Q4* Total number of service users **receiving** support at **start** (opening number on first day) of quarter: _____

Q5* Total number of new service users who have **started receiving** support **during** the quarter: _____

Q6* Total number of service users who have **ended** support **during** the quarter: _____

Q7* Total number of service users **receiving** support at **end** (closing number on last day) of quarter: _____

Q4 to Q7 - To check that this is completed correctly: $Q4 + Q5 - Q6 = Q7$

Q8 Number of people currently on waiting list for scheme: _____

Q9* Average length of time people spend on waiting list this quarter (approx in wks): _____

Q10 Number of Protection of Vulnerable Adult (POVA) investigations this quarter: _____

Q11 Number of these POVA investigations that have been resolved/ completed: _____

Q12 Number of Complaints about the service received this quarter: _____

Q13 Number of complaints in Q12 resolved: _____

Section B: Questions Relate to Annual Period

THE PROJECT:

Q14 If you are an accommodation-based project, is there office space in the property/scheme? Yes No

Q15* Is the project registered as a House of Multiple Occupation? Yes No

Q16 If yes, please state the date of your last HMO inspection:

Q17 Indicate number of units specifically set aside for the following people:
 Women only Children Disability BME groups

THE SUPPORT: Questions relate to Annual Period

Q18-20 do not need to be completed for alarm-only providers.

Q18 Number of support hours provided in an average week by contracted staff:

Q19* Hours in a full time working week/full time equivalent (FTE):

Q20* Total number of days lost due to staff absence e.g. annual/sick leave, training, vacancy etc (N.B. do not include days covered by additional hours by other staff)

Q21* Indicate the percentage of service users according to (lead need) client group for the year:
(Please ensure answers add up to a total of 100%)

Domestic abuse/ Violent relationship	<input type="text"/>	Ex- offenders/ at risk of re-offending/ Criminal Justice	<input type="text"/>	People who are Homeless/ potentially homeless	<input type="text"/>
People with Learning difficulties	<input type="text"/>	People with Physical disability	<input type="text"/>	Vulnerable single parents	<input type="text"/>
People with Mental health Issues	<input type="text"/>	Young & Vulnerable people	<input type="text"/>	Vulnerable two parent families	<input type="text"/>
People with Alcohol Dependency	<input type="text"/>	Refugee with support needs	<input type="text"/>	Older person	<input type="text"/>
People with Drug Dependency	<input type="text"/>	People with Chronic illness	<input type="text"/>	Frail Elderly	<input type="text"/>
Sensory impairment	<input type="text"/>	HIV/AIDS issues	<input type="text"/>	Generic schemes	<input type="text"/>

SERVICE VARIATION OPTIONS (SPRG schemes only)

Q22 Are support staff salary levels linked to NJC scale S01 or above? Yes No

Q23 Are any of the units linked to the High Intensity Option (1:4)? Yes No
If yes, how many:

Q24 Are any of the units linked to the Super Intensity Option (1:2)? Yes No
If yes, how many:

Q25 Is the project entitled to a Children's Allowance? Yes No
If yes, for how many units:

Q26 Number of additional Support Hours provided per week specifically for Child work

Q27 Total Number of Children in Project this year

Q28 Number of weeks when there were **no** children in Project this year

Q29 Is the project entitled to an Out of Hours Service Option? Yes No
If yes, for how many units:

Q30 Is the project entitled to a Rural Allowance? Yes No
If yes, for how many units:

ON-CALL: Questions relate to annual period (All schemes)

Q31 Do you provide on-call provision? Yes No

If yes, is this: Telephone-only response
On-site response (call out)

Q32 Number of on-call contacts made in the last 12 months:

Q33 Please give the top 3 reasons for on-call usage during the year:

1. _____
2. _____
3. _____

REFERRALS: Questions relate to annual period (All schemes)

Q34 Please state number of referrals by age and gender in table below:

Age	16/17	18-24	25-39	40-59	60+
Female					
Male					
Other					

Q35 Number of minority ethnic referrals

Q36 Number of registered disabled referrals:

Q37 Number referrals with English as a Second Language

Q38 Referral Statistics: Of those referred, as Q34, please state in which L.A. they 'normally' reside:

Blaenau Gwent	<input style="width: 80%; height: 20px;" type="text"/>	Caerphilly	<input style="width: 80%; height: 20px;" type="text"/>
Monmouthshire	<input style="width: 80%; height: 20px;" type="text"/>	Newport	<input style="width: 80%; height: 20px;" type="text"/>
Torfaen	<input style="width: 80%; height: 20px;" type="text"/>	other Wales	<input style="width: 80%; height: 20px;" type="text"/>
outside Wales	<input style="width: 80%; height: 20px;" type="text"/>	(equal to number of s/users in Q34)TOTAL	<input style="width: 80%; height: 20px;" type="text"/>

Do you use a Common Housing register? Yes No
 (i.e. Share a referral system with another provider or landlord)

LETTINGS / TAKE UPS: Questions relate to annual period

Q39 Please state number of new lettings/take-ups by age and gender in table below:

Age	16/17	18-24	25-39	40-59	60+
Female					
Male					
Other					

Q40 Number of minority ethnic take ups/ lettings

Q41 Number of registered disabled take ups/ lettings:

Q42 Number with English as a Second Language

Q43 Is the project designed for the provision of providing permanent/long-term support? Yes No

Q44 If no, what is the **average** length service users are with the project:

- 0 – 4 weeks Over 6 months – 1 year
 Over 4 weeks – 8 weeks Over 1 year – 2 years
 Over 8 weeks – 6 months Over 2 years

Q45 Of those people whose support ended/ceased, please state how many were:

Planned Unplanned Death

Q46 Please state the number of service users against the reason for leaving the scheme /project:

chose not to engage	<input type="text"/>	moved to lower support	<input type="text"/>
deceased	<input type="text"/>	needs met	<input type="text"/>
moved to higher support (incl. residential, detox, hospital, prison)	<input type="text"/>	other (please specify)	<input type="text"/>

Q47 Number of individual people on waiting list who were waiting to enter the project this year:

Q48 Average length of time people stayed on the waiting list (in weeks):

Q49 Service user Statistics: Of those who received support, as specified in **Q39**, please state in which local authority they 'normally' reside:

Blaenau Gwent	<input type="text"/>	Caerphilly	<input type="text"/>
Monmouthshire	<input type="text"/>	Newport	<input type="text"/>
Torfaen	<input type="text"/>	other Wales	<input type="text"/>
outside Wales	<input type="text"/>	TOTAL	<input type="text"/>

(equal to number of s/users in Q39)

SUPPORT DELIVERY: Questions relate to annual period

Q50 Have all service users' got an up to date support plan in place? Yes No

Q51 Number of compliments received this year?

Q52 Please list any organisational accreditation that you currently hold and the date they are due for review:

e.g. Investors in People

1. _____
2. _____
3. _____
4. _____

REVIEW OF PROJECT: Questions relate to annual period

Q53 What service reviews have taken place this year?
Please list below and summarise findings (include internal audits)

IMPROVEMENT / ACTION PLAN: Questions relate to annual period

Q54 Please state any scheme improvements/actions identified during the **previous** assessment period(s) that are still outstanding. Give the reasons why the actions have not yet been addressed and a timetable for completion.

Q55 Please state any scheme improvements/actions identified during **this** assessment period that have been addressed this year. *You may attach your action plan to meet this requirement.*

Q56 Please state any scheme improvements/actions identified during **this** assessment period that are still outstanding and the estimated date for completion.

Q57 Please state any barriers to completing any of the scheme actions/improvements that have been identified.

EQUAL OPPORTUNITIES: Questions relate to annual period
These questions are required monitoring under the Equality Act 2010

Q58	Breakdown of Service users commencing support (as specified in Q39):	Total Number
	Gender - Male (including transgender male)	
	Gender - Female (including transgender female)	
	Gender – Other Identity	
	Ethnic Minority	
	Considered Disabled	
	English as Second Language	
	Gender- Not Birth Gender /Undergoing gender re-assignment	
	Bi-Sexual /Gay/Lesbian	
	Heterosexual	
Q59	Breakdown of Staff at end of quarter:	
	Gender - Male (including transgender male)	
	Gender - Female (including transgender female)	
	Gender – Other Identity	
	Ethnic Minority	
	Considered Disabled	
	English as Second Language	
	Gender- Not Birth Gender /Undergoing gender re-assignment	
	Bi-Sexual /Gay/Lesbian	
	Heterosexual	
	Pregnant or on Maternity Leave	

RENTS AND SERVICE CHARGES (*accommodation based projects only*)

Q60 Have you made any amendments to your rent & service charges this year? Yes No

Please return a copy of your breakdown of rent and service charge with this document

Q61 **POLICIES, PROCEDURES & DOCUMENTATION CHECKLIST****Name of Policy**Please indicate if policy is in place & has been reviewed in the last 3 years

Access to the Service (Referral & Assessment)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Business Plan	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Child Protection	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Code of Conduct	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Compliments and Complaints	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Confidentiality and Data Protection	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Disciplinary & Dismissal	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Equal Opportunities	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Finance	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Grievance	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Health & Safety (specific to service provided)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Lone Working	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Money Handling	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Organisational Aims and Objectives	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Organisational Code of Conduct	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Organisational Values	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Privacy & Dignity	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Professional Boundaries	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Promoting Service User Independence	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Protection of Vulnerable Adults from Abuse	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Quality Assurance (Monitoring and Evaluation)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Recruitment & Selection	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Risk Assessment	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Service user Compact	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Service user Handbook	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Service user Involvement	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Staff Handbook	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Staff Training	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Supervision & Appraisal	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Support Delivery	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Terms and Conditions of Staff Employment	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Whistle Blowing	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Withdrawal of Support Service	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

PLEASE INCLUDE A COPY OF ANY POLICY THAT HAS BEEN REVISED OR INTRODUCED IN THIS PERIOD WITH THE COMPLETED QMQ.

Section C: Financial Information

Q62 FINANCIAL INFORMATION

Annual Scheme Income

a	Supporting People funding	£
b	Community Care funding	£
c	Housing Benefit	£
d	Service users contribution	£
e	Other (please state)	£
f	Other (please state)	£
	Total Annual Income	£

Annual Scheme Expenditure

a	Direct staff (including sleep-in costs)	£
b	Non-direct staff	£
c	Apportionables (administration and other non-staff central costs)	£
d	Housing/landlord services	£
e	Other (please state)	
	Total Annual Expenditure	£

Annual Scheme Summary

	Total Annual Scheme Income	£
	Total Annual Scheme Expenditure	£
	Total Annual Scheme Surplus/Deficit	£

N.B. If you are unable to comply with the deadline for the financial information requested above then please contact your SP team to request an extension as soon as possible.

AREAS OF NON-COMPLETION

Q63 Please state below justifications for not complying with/completing any area of this assessment

Declaration:

I confirm that the information included in this Quarterly Monitoring Questionnaire is valid and correct. I give permission for the Supporting People Team to share this information with other agencies, including the Welsh Assembly Government, for the purpose of strategic planning, quality assurance and contract monitoring.

Name: _____

Signature: _____

Job Title: _____

Contact No: _____

Date: _____

E-Mail: _____

Thank you for completing this form, please forward it to your local Supporting People team; contact details below.

Blaenau Gwent Supporting People Team: 01495 354682

Social Services, Anvil Court, Church Street, Abertillery, NP13 1DB

Caerphilly Supporting People Team: 01443 864591

Ty Penallta, Tredomen Park, Ystrad Mynach, Hengoed, CF82 7PG

Monmouthshire Supporting People Team: 01633 644644

Monmouthshire County Council, County Hall, Cwmbran, NP44 2XH

Newport Supporting People Team: 01633 414849

Newport City Council, Blaen-y-Pant Bungalow, 74 Blaen-y-Pant Crescent Newport, NP20 5PX

Torfaen Supporting People Team: 01495 766447

Torfaen County Borough Council, Civic Centre, Pontypool, Torfaen, NP4 6YB

