

Hertfordshire Supporting People Annual Baseline Questionnaire

Please complete and return this questionnaire to the Supporting People Team using the following email account, supportingpeople@hertscc.gov.uk. This form will be used for contract monitoring purposes and for service reviews.

Provider Name	
Contract ID(s) (4 Digit number)	

The above contract includes the following SP funded services (5 Digit number)

<INSERT NAME>	<ID>	<INSERT NAME>	<ID>	<INSERT NAME>	<ID>
<INSERT NAME>	<ID>	<INSERT NAME>	<ID>	<INSERT NAME>	<ID>

1. Have there been any changes to the following policies in the last 12 months

Health and Safety Policy and accompanying procedures

Equal Opportunities policy or procedures

Protection from Abuse policies or procedures

YES	NO
YES	NO
YES	NO

Please provide details of any changes to H&S, EOP or PoVA policies

2. Have there been any changes to the management agreement between the support provider and the landlord

 YES

 NO

A management agreement is not required

Please provide details of any changes to the management agreement.

3. Have any of these registration details changed

Commission for Social Care Inspectors

YES	NO
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Companies House
 The Charities Commission
 The Housing Corporation

YES	NO
YES	NO
YES	NO

Please provide details of any changes to registration details.

5. Have any notifiable incidents (as determined by the HSAWA 1974) occurred at any support service within the contract

YES	NO
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If you have answered Yes to Q5, please provide copies of any reports relating to a notifiable incident.

6. Have any of the following occurred since the last review

CSCI has highlighted concerns during their last inspection (scored 1 or 2)	<table border="1"><tr><td>YES</td><td>NO</td></tr></table>	YES	NO
YES	NO		
H Corp. has highlighted concerns during their last assessment (amber or red)	<table border="1"><tr><td>YES</td><td>NO</td></tr></table>	YES	NO
YES	NO		

If you have answered Yes to Q6, please provide copies of CSCI or Housing Corporation reviews.

7. Please indicate your self assessed Quality Assessment Framework Scores

	PREVIOUS ANNUAL ASSESSMENT	CURRENT ASSESSMENT
C1.1 Needs and Risk Assessment		
C1.2 Support Planning		
C1.3 Health, Safety and Security		
C1.4 Protection from Abuse		
C1.5 Fair Access, Diversity and Inclusion		
C1.6 Complaints		

Please Note: Questions 8, 9 & 10 relate to Block Subsidy contracts only. If you have a Block Gross contract please go to Question 11.

8. Please indicate the number of service users currently paying their own support charge.

9. Please Indicate the number of ACS8 forms that have been completed in your service(s) (between April - March).
10. Please indicate the number of Fairer Charging referrals that have been made in your service(s) over the last 12 months (April - March).
11. Please provide details of the number of people currently held on any waiting list for the service.
12. Please Provide details of two Referral Agencies who we can contact to discuss the quality of your service (s). As part of our review we may arrange to meet with your Referral Agencies to discuss the service.

Please return the annual baseline questionnaire to the Supporting People Team email supportingpeople@hertscc.gov.uk

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