

Appendix 3 – Gaps & Blocks Reporting Form

This form is for recording when there are issues with the working processes or systems within drugs and/or alcohol services. Please DO NOT identify the service user at this stage. If more detailed information is required the service user will need to give consent. Please discuss possible solutions with relevant team members before completing form. Feedback will be received within ten days of sending the form to; (please email is possible)

1. Project name:

Date:

2. Case Manager Name and Contact Details:

3. Please provide a three line overview of the problem.

4. Please list the actions and communications thus far (identify who, what, and outcome for each step).

- 1.
- 2.
- 3.
- 4.
- 5.

5. What is the outcome or the current situation.

3. Can you make practical recommendations for how this situation could be improved for your service user or others?

Before sending this form, the case manager has discussed this issue with the staff team and / or a peer case manager. As line manager I feel that this issue warrants attention through the gaps and blocks protocols.