Title	Report Group	Data / Report	Reporting Period	Format of Report	Timing of Report	Method for Delivery of Report
2.1	2. Service Quality	Service Quality Performance Report, detailing perfomance against Operational Standards, National Quality Requirements, Local Quality Requirements, Never Events and the duty of candour	Monthly	Completion of Quality Scorecard supported by narrative report	Operational Day 15 of the month following the reporting period	Upload to MS Teams Provider Non PID Reports channel (Non Patient Identifiable Data)
2.3	2. Service Quality	Service User Experience and engagement report	Quarterly	Thematic analysis, in Word or Excel, of patient feedback and actions taken in response to that feedback.	Operational Day 15 of the month following the reporting period	Upload to MS Teams Provider Non PID Reports channel (Non PID)
2.6	2. Service Quality	Audit Reports	Six Monthly	Progress Report, in Word on Annual Audit Plan •Progress for each audit •Details of non-compliance with audit plan •Learning identified from completed audits •Actions to address non-compliance •Proposed actions to address any identified areas for concern resulting from an audit	Operational Day 15 of the month following the reporting period	Upload to MS Teams Provider Non PID Reports channel (Non PID)
2.9	2. Service Quality	Medication - Audits	Six Monthly	Word document(s) with excel supporting data where necessary •Outcomes from audits in 2.31 •Participation in pan-Dorset healthcare medicines optimisation schemes as identified through DMIG group	Operational Day 15 of the month following the reporting period	Upload to MS Teams Provider Non PID Reports channel (Non Patient Identifiable Data)
2.10	2. Service Quality	NICE Compliance	Six Monthly	Exception report, in Word, on compliance with NICE Technology Appraisals and Clinical Guidance	Operational Day 15 of the month following the reporting period	Upload to MS Teams Provider Non PID Reports channel (Non Patient Identifiable Data)
2.11	2. Service Quality	Surveys - As detailed in Schedule 2 Part G	Quarterly	•Details of the results of all surveys including identification of any actions reasonably required to be taken as a result of the Survey. •Details of actions to improve performance against categories falling into the lowest 20% or have not improved since last survey •Progress against remedial action plans Narrative report in Word	Operational Day 15 of the month following the reporting period	Upload to MS Teams Provider Non PID Reports channel (Non Patient Identifiable Data)
2.12	2. Service Quality	Safeguarding Compliance	Annually/Quarterly	Narrative report detailing areas of compliance against Schedule 2 part K. Refer to document 2.12 Safeguarding Standards- Adults and Children	Reporting timings identified in document 2.12 Safeguarding Standards-Adults and Children	Upload to MS Teams Provider Non PID Reports channel (Non Patient Identifiable Data)
2.13	2. Service Quality	Safeguarding Training	Quarterly	Report, via the Quality Scroecard, on the number and percentage of eligible staff trained to: •Children Level 1 •Children Level 2 •Children Level 3 •Adults Level 1 •Adults Level 2 •Adults Level 3 •MCA/DOLS •PREVENT Basic Awareness •WRAP •Learning Disability Awareness •Domestic Abuse Awareness	Operational Day 15 of the month following the reporting period	Upload to MS Teams Provider Non PID Reports channel (Non Patient Identifiable Data)
2.14	2. Service Quality	Improving care for people with Learning Disability	Annually	Narrative Report, in Word, in line with National Guidance	Operational Day 15 of the month following the reporting period	Upload to MS Teams Provider Non PID Reports channel (Non Patient Identifiable Data)
2.15	2. Service Quality	Independent Investigations commissioned by provider	As and when	Email outlining reason for investigation and timescale for completion	Within 1 operational day of commission. Email notification to nominated address for service of notices in Contract	Upload to MS Teams Provider Non PID Reports channel (Non Patient Identifiable Data)
2.17	2. Service Quality	Copy of correspondence and Reports from or in response to Regulatory or Supervisory Bodies (as per General Condition 15.4)	As and when	As submitted/received	Operational day 10 of the month following the reporting period	Upload to MS Teams Provider Non PID Reports channel (Non Patient Identifiable Data)

Title	Report Group	Data / Report	Reporting Period	Format of Report	Timing of Report	Method for Delivery of Report
2.20	2. Service Quality	Nursing Assessment and Documentation indicators	Quarterly	Narrative report, in Word, on nursing assessments including MUST, EWS, Pressure Ulcers, Falls, Nutrition, Documentation and Care planning. The report should include information on how the data is collected; what it is telling the trust and what is being done about it. Some elements may be included in the monthly exception report.	Operational Day 15 of the month following the reporting period	Upload to MS Teams Provider Non PID Reports channel (Non Patient Identifiable Data)
2.24	2. Service Quality	Duty of Candour (Ref SC35)	Quarterly	•Duty of Candour to be evidenced through RCAs into incidents and SIRIs. •CCG to review all STEIS incidents to ensure Duty of Candour has been discharged. •Failure to meet DoC regulations- CCG to be notified immediately.	Operational Day 15 of the month following the reporting period	Upload to MS Teams Provider Non PID Reports channel (Non PID)
2.27	2. Service Quality	Medication – Errors	Monthly	•Number of medication errors by severity of harm. •Number of medication errors relating to controlled drugs, by speciality and severity of harm •Outcomes of lessons learnt from RCAs and subsequent follow-on audits •Evidence of lessons learnt from near miss events e.g. minutes from medication safety groups Word with supporting data in Excel	As set out in relevant Guidance	Upload to MS Teams Provider Non PID Reports channel (Non Patient Identifiable Data)
2.28	2. Service Quality	Medication – Controlled Drugs	As and when	Word with supporting data in Excel As and when - Advise of significant incidents concerning controlled drugs which may affect another organisation.	Within 24 hours of occurrence	Upload to MS Teams Provider Non PID Reports channel (Non Patient Identifiable Data)
2.29	2. Service Quality	Medication – Controlled Drugs	As and when	To NHSE Accountable Officer for Controlled Drugs and copied to CCG Medicines Manager Assurance report or copy of report supplied to NHSE sent to CCG Medicines Management Lead	Operational Day 15 of the month following the reporting period	Upload to MS Teams Provider Non PID Reports channel (Non Patient Identifiable Data)
2.30	2. Service Quality	Medication – CQC Self-Assessment on Controlled Drugs	Annually	Copy of report to be submitted to CCG Medicines Manager and CD Accountable Officer in NHSE	Operational Day 15 of the month following the reporting period	Upload to MS Teams Provider Non PID Reports channel (Non Patient Identifiable Data)
2.33	2. Service Quality	Medication – High Cost Drugs	Quarterly	Indication level data on specified high cost drugs spend as listed in Annex 7b of the prevailing National Tariff System. N.B. list is subject to change with change in commissioning of certain medications between CCG and NHS	Operational Day 15 of the month following the reporting period	Upload to MS Teams Provider Non PID Reports channel (Non Patient Identifiable Data)
2.34	2. Service Quality	Medication –Formulary	-	Participation in on-line pan-Dorset formulary to include maintenance of nominated sections	Representative attendance at development meetings. Participation in agreed workplan for management of formulary content.	Upload to MS Teams Provider Non PID Reports channel (Non Patient Identifiable Data)
3.1	3. Complaints	Complaints monitoring report, setting out numbers of complaints received and including analysis of key themes in content of complaints	Quarterly	Completion of Quality Scorecard supported by narrative report	Operational Day 15 of the month following the reporting period	Upload to MS Teams Provider Non PID Reports channel (Non Patient Identifiable Data)
4.1	4. IRRP	Summary report of all incidents requiring reporting	Monthly	Number of IRRP declared including nil returns Compliance with STEIS data entry requirements	Operational Day 15 of the month following the reporting period	Upload to MS Teams Provider Non PID Reports channel (Non Patient Identifiable Data)
4.2	4. IRRP	Incident Reporting	As and when	Report all incidents and breaches of confidentiality/Information security to the CCG where the provider has used the DSP Toolkit to assess the level of risk	Within 72 hours of occurrence	Upload to MS Teams Provider Non PID Reports channel (Non Patient Identifiable Data)
4.3	4. IRRP	Patient Safety Incident Report	Quarterly	Number of incidents reported per month by level of harm as defined by the NRLS Number of incidents, themes, trends and learning for incidents graded as severe/high/moderate risk that do not meet SIRI criteria	Operational Day 15 of the month following the reporting period	Upload to MS Teams Provider Non PID Reports channel (Non PID)