



**To: National Quality Board**

**For meeting on:** 30 November 2016

**Report author: NQB Measuring Quality Working Group**

**Report for:**

Decision	Discussion	Information
X	X	

**TITLE: NQB's Measuring Quality Working Group: update and next steps**

**Summary:**

The NQB Measuring Quality Working Group was established to give a forum for organisations to share and align their work on measurement.

In July 2016, an update was provided to the NQB on the Measuring Quality Working Group progress and next steps (Annex A), which included:

- the development of a narrative and principles for measuring quality;
- the mapping of existing quality measurement initiatives; and
- the development of wider measures to support monitoring the impact of staffing on quality.

Since July 2016, progress has been made on alignment, including:

- NHS Improvement's Single Oversight Framework; and
- the Model Hospital Dashboard

The purpose of this paper is to:

- review the working group progress highlights; and
- consider an approach being developed by CQC, NHS Improvement and NHS England to consider where duplication could be reduced, by creation of a roadmap to facilitate development of a common set of indicators across ALBs.








**Actions requested:**

The NQB are asked to:

- a) note the progress of the Measuring Quality Working Group and advise if there areas that NQB would like the Working Group to focus on;
- b) consider and approve the approach for creation of a roadmap to support development of common sets of indicators across ALBs (beginning with NHS England, NHS Improvement and CQC);
- c) consider and approve the following pilot priorities for 2016/17:

- urgent and emergency care; and
  - use of risk triggers and statistical methodology
- d) consider future priorities for 2017/18 and whether these should be linked to the shared planning guidance priorities e.g. mental health, primary care, cancer and learning disabilities.

**ALB Involvement in development and sign-off of paper:**

						
X	X		X			

**ADDENDUM**

The final map of existing quality measurement initiatives is included at the end of this paper.

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# **NQB's Measuring Quality Working Group:**

**Progress and key update: improving efficiency**

**National Quality Board**

**30 November 2016**

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- 2. Background**
- 3. Narrative and principles for measuring quality**
- 4. Progress highlights**
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- 6. Recommendations and questions for NQB**

The NQB Measuring Quality Working Group was established to give a forum for organisations to share and align their work on measurement.

In July 2016, an update was provided to the NQB on the Measuring Quality Working Group progress and next steps (Annex A), which included included:

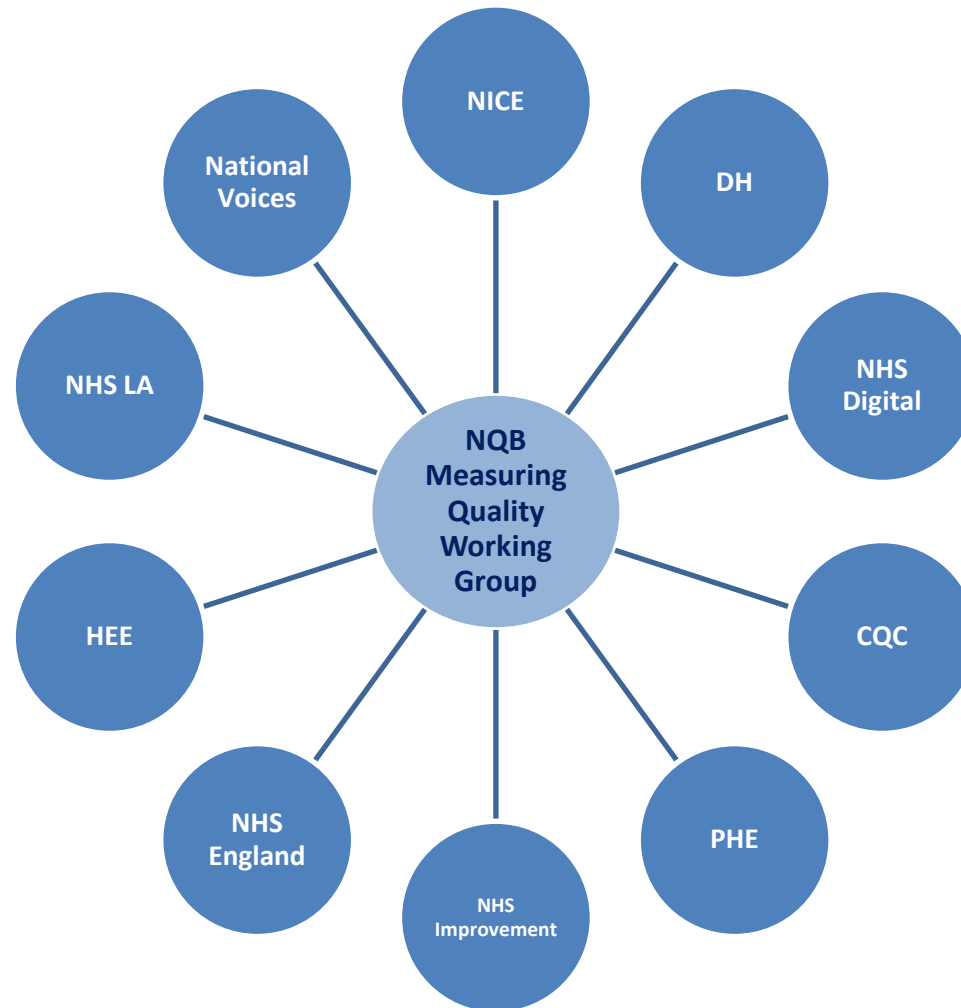
- development of a narrative and principles for measuring quality;
- the mapping existing quality measurement initiatives; and
- the development of wider measures to support monitoring the impact of staffing on quality.

The purpose of this paper is to:

- review the working group progress highlights; and
- consider an approach being developed by CQC, NHS Improvement and NHS England to consider where duplication could be reduced, by creation of a roadmap to facilitate development of a common set of indicators for specific areas.

# Background - measuring quality working group

In Oct 2015 a working group was formed to support the NQB in meeting its ambitions for measurement. The group includes membership across the NQB.



# Principles for measuring quality

The working group has developed a number of principles for measuring quality.

Principle	
1) Definition	We use a shared <b>definition</b> of quality for the purpose of measurement.
2) Purpose	We ensure that each individual measurement tool articulates its <b>purpose</b> and how it can and cannot be used.
3) Data	We want high quality data but <b>data</b> is not an end in itself, we recognise it can come with limitations and caveats.
4) Transparent	We should always start with the presumption that we will be <b>transparent</b> and open with information.
5) Skills & capability	We support the system to have the correct <b>skills and capability</b> to use measurement, and as national organisations we set the standard.
6) Evaluation	We ensure that the benefit of any measure/tool is <b>evaluated</b> on a case by case basis and built into any roll out.
7) Efficiency	We aim to improve <b>efficiency</b> by working together to ensure measures/tools do not duplicate each other's purpose.

# The working group has been working on a number of actions to support the principles

Principles	Work plan progress highlights
<b>1) Definition</b>	<ul style="list-style-type: none"> <li>NQB to agree a single shared definition of quality through the Shared Commitment to Quality</li> </ul>
<b>2) Purpose</b>	<ul style="list-style-type: none"> <li>Comprehensive mapping of measures of quality to identify the purposes of those measures and tools.</li> </ul>
<b>3) Data</b>	<ul style="list-style-type: none"> <li>The working group continues to make links with the National Information Board (NIB).</li> <li>Working in partnership with the NIB to develop and share a set of validated data metrics and outcomes measures for integrated care linked to recommendation 5 of the CQC's thematic review of integrated care for older people.</li> </ul>
<b>4) Transparent</b>	<ul style="list-style-type: none"> <li>Further development and publication of the quality initiative mapping as a practical tool for quality measurement.</li> </ul>
<b>5) Skills &amp; capability</b>	<ul style="list-style-type: none"> <li>Exploring consistent standards on using and presenting information.</li> </ul>
<b>6) Evaluation</b>	<ul style="list-style-type: none"> <li>Considering value and alignment of dashboards via a specific dashboard session.</li> <li>Support good practice on indicator assurance by being a key reference group for the Indicator Governance Board (IGB) and Indicator and Methodology Assurance Service (IMAS) developments.</li> </ul>
<b>7) Efficiency</b>	<ul style="list-style-type: none"> <li>Facilitated conversations between ALBs and other bodies on how to rationalise and align development of dashboards and metrics.</li> <li>Designing a measurement roadmap across ALBs (see next slides)</li> </ul>



# Alignment across the system

- There are good examples of cross system working and alignment during the creation of quality initiatives to improve efficiency and avoid duplication, for example:
  - NHS England has developed an Acute Quality Dashboard, which is based on CQC's intelligent monitoring system, which is shared with CQC and NHS Improvement monthly, and which is used to inform Quality Surveillance Groups where organisations meet locally and regionally to monitor quality. Similar approaches are being developed for mental health and other services.
  - In developing their intelligent monitoring system, CQC worked with the patient safety team (then in NHSE, now in NHSI) to develop measures which could be used consistently across national bodies and the system. These are now the established safety measures used by a number of national bodies.
  - NICE use their Quality Standards development process to identify indicators that can be used to measure the quality of services. These are used by NHS England in measuring the quality of CCG commissioned services through the CCG OIS, the quality of GP practices through the QOF and embedded in National Clinical Audits, commissioned by NHS England.
- Taking a pragmatic approach, the Measuring Quality Working Group itself has considered and helped to steer a number of initiatives, including:
  - the development of wider measures to support monitoring the impact of staffing on quality
  - NHS Improvement's Single Oversight Framework
  - The Model Hospital Dashboard

This approach to sharing across ALBs has and will continue to be been a key output from the Group.

## Principle 7: Improving efficiency & reducing duplication

- Although the working group has been successful at alignment in a pragmatic fashion, the group wants to facilitate a longer term joined up approach to how we measure quality.
- Under Principle 7, the working group has been scoping a piece of work to consider where efficiency could be improved by creation of a roadmap to facilitate a common set of indicators.
- The roadmap will first focus on the work of NHS England, NHS Improvement and CQC and will be informed by the following five questions:
  1. **What are our indicator priorities for next 1-3 years?**
  2. **What is the common content/agreed currency now (and developing)?**
  3. **Can we develop a lead organisation model for indicator areas?**
  4. **What are our systems/mechanisms available for sharing content?**
  5. **What will be made publically available from the shared content?**

## Benefits of this approach

This approach would bring a number of benefits and efficiencies:

- Bring clarity to the system about how we ensure the efficient use of data and measurement across national organisations
- Focus work on data and indicator development in areas that support our roles and priorities
- Clarity from the outset about how measurement can and can't be used for multiple purposes
- The ability to plan more information flows between organisations
- Reduced transactional costs of collecting, maintaining and interpreting data by having a lead organisation and/or collective approach

# Proposed next steps

To inform the development of the roadmap, the working group plans to pilot this work in two specific areas until the end of 2016/17:

## 1. Urgent and emergency care (U&E)

- Rationale: U&E is a significant priority and currently a number of developments nationally
- Key dataset collected by NHS England with NHSI also collecting SitReps (Situation Reports) information from majority of Trusts
- NHSE - U&E dashboard in development
- NHSI – outputs in Single Oversight Framework and compartment development in Model Hospital
- CQC – monitors and rates U&E care as one of its core services, and spans primary and secondary care services

## 2. Use of risk triggers and statistical methodology

- Agree a common approach to use of triggers to identify concerns and improvements
- NHSI – Single Oversight Framework indicator set
- CQC – new insight model and new approach post comprehensive inspection programme (next phase will be implemented from 1<sup>st</sup> April 2017)
- NHSE – Quality Dashboard and other tools employed by Quality Surveillance Groups (e.g. new quality and risk profile approach)

# Recommendations and questions for the NQB

1. NQB to note the progress of the Measuring Quality Working Group. Are there areas that NQB would like the Working Group to focus on?
2. NQB to consider and approve the approach for creation of a roadmap to support development of common sets of indicators across ALBs (beginning with NHS England, NHS Improvement and CQC).
3. NQB to consider and approve the following pilot priorities for 2016/17:
  - Urgent and emergency care
  - Use of risk triggers and statistical methodology
4. NQB to consider future priorities for 2017/18 and if these should be linked to the shared planning guidance priorities e.g. mental health, primary care, cancer and learning disabilities.

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# **NQB's Measuring Quality Working Group: update and next steps**

**National Quality Board**

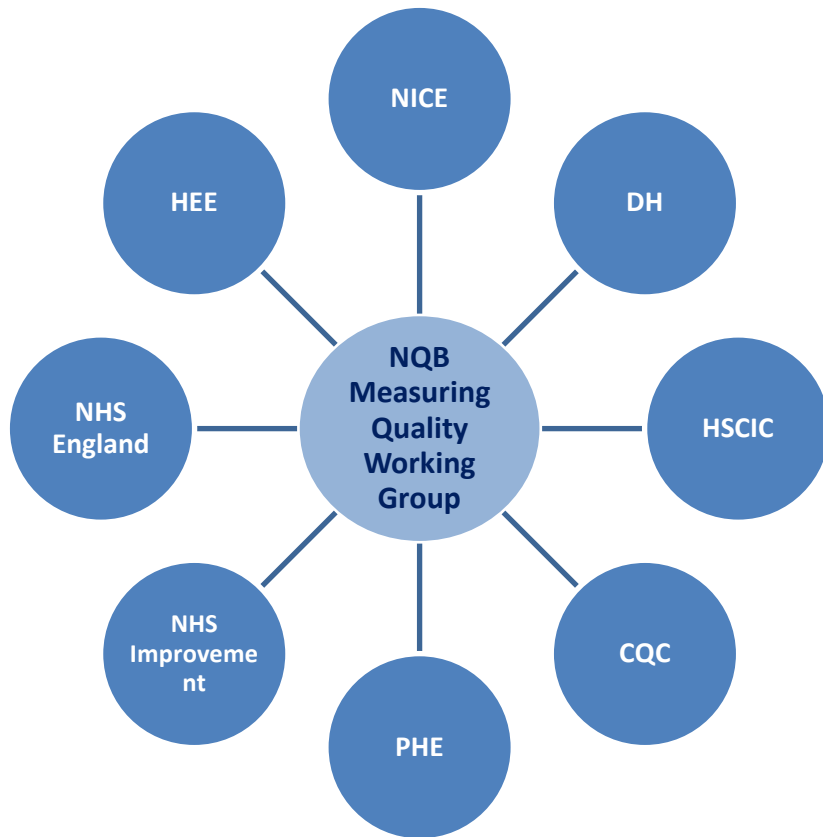
**13 July 2016**

# Contents

- 1. Background**
- 2. Principles for measuring quality**
- 3. Emerging narrative**
- 4. Progress to date on alignment and reducing duplication**
- 5. Next steps and questions for discussion**

# Measuring quality working group

In Oct 2015 a working group was formed to support the NQB in meeting its ambitions for measurement. The group has met six times and includes membership across the NQB.



The working group has made progress in a number of areas:

- Developed a set of **principles** for measuring quality.
- Developed an outline narrative for the role of measurement in quality.
- Mapped existing **quality measurement initiatives** – including a workshop exploring the relationships between primary and secondary data sources, indicators, portals and dashboards (Annex A & B).

The working group has also contributed to the development of wider measures to support monitoring the impact of staffing on quality.



# DRAFT Principles for measuring quality

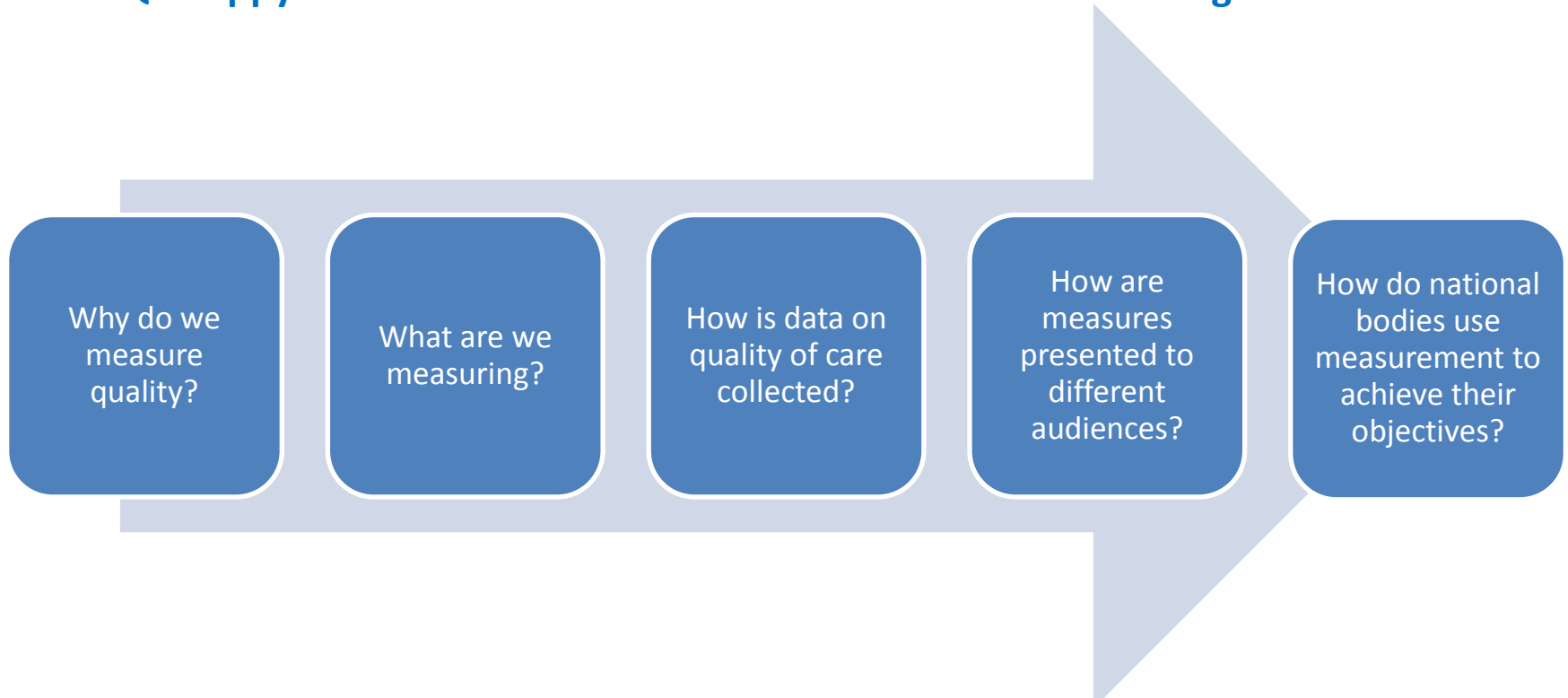
The working group has developed a number of principles for measuring quality which will be signed up to by all national bodies. **Does the NQB support these principles and actions?**

Principles	Actions to be taken
We use a shared <b>definition</b> of quality for the purpose of measurement.	NQB to agree a single shared definition of quality.
We ensure that each individual measurement tool articulates its <b>purpose</b> and how it can and cannot be used.	Working Group to map purposes of measurement tools used across the system.
We want high quality data but <b>data</b> is not an end in itself, we recognise it can come with limitations and caveats.	NQB to be a key customer for work of the National Information Board's work on data.
We should always start with the presumption that we will be <b>transparent</b> and open with information.	NQB organisations to consider how they could best share information between each other and with the public.
We support the system to have the correct <b>skills and capability</b> to use measurement, and as national organisations we set the standard.	NQB organisations to have consistent standards on using and presenting information.
We ensure that the benefit of any measure/tool is <b>evaluated</b> on a case by case basis and built into any roll out.	Working Group to consider value of Dashboards identified in the mapping exercise.
We aim to improve <b>efficiency</b> by working together to ensure measures/tools do not duplicate each other's purpose.	To consider where duplication could be reduced. For example, NHS England and NHS Improvement have shared dashboard view on quality for Acute Trusts.

# Narrative for measuring quality

Discussions at the working group and work on mapping has drawn out an emerging narrative for the role of measurement in quality. Articulation, publication and promotion of this narrative aims to provide an overarching agreement on quality measurement which all partner organisations are signed up to. This is important in ensuring that different parts of the system work together efficiently and effectively, avoiding duplication.

**Is the NQB happy with the outline narrative as set out in the following slides?**



*To note: the most relevant principles for measuring quality have been referenced in each section*

# Why do we measure quality?

## Why is measurement important?

We use measurement all the time across health and care.

Clinicians use measures of clinical parameters to assess patients' health, such as taking an individual's blood pressure.

Commissioners use measures to assess the performance of the system, such as measuring how many patients in a CCG population are having annual blood pressure taken.

Providers are unable to make improvements for patients unless they measure and understand the service they provide.

At a national level, measuring and reporting has often been used as a catalyst for shifting the focus of the NHS. For example, the NHS Outcomes Framework was introduced to move discussions away from processes and towards outcomes for patients.

## For what purposes do we measure quality?

Data which can give information about the quality of services is measured for a number of purposes across health and care. They include:

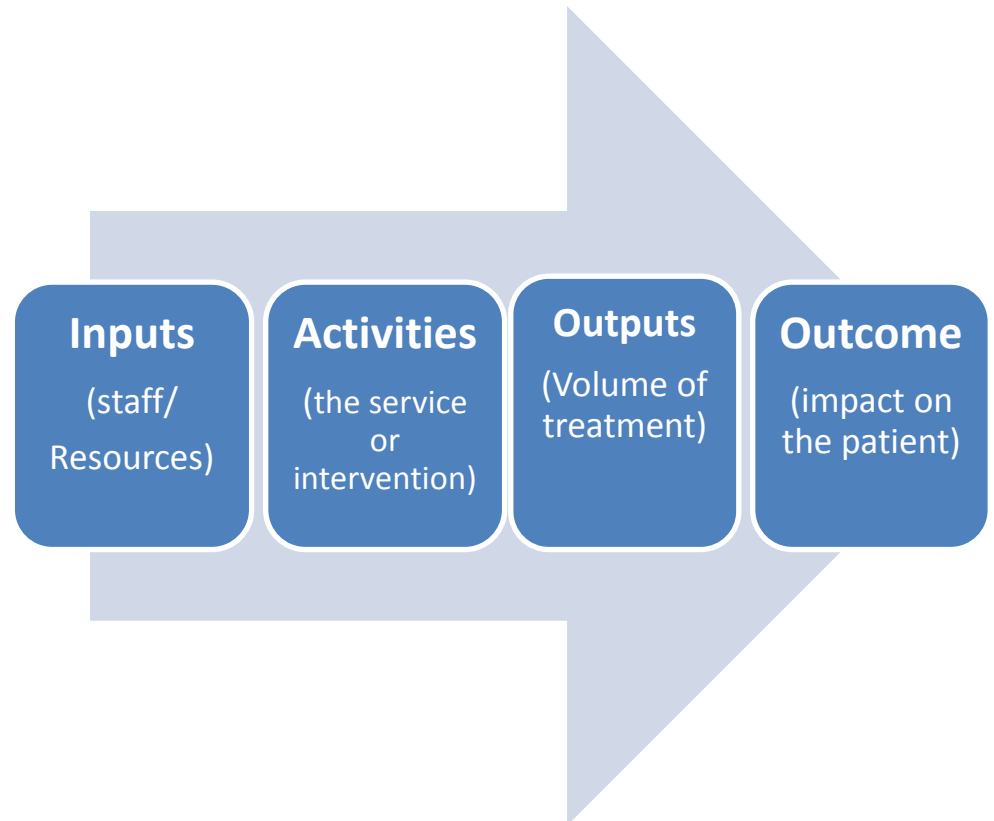
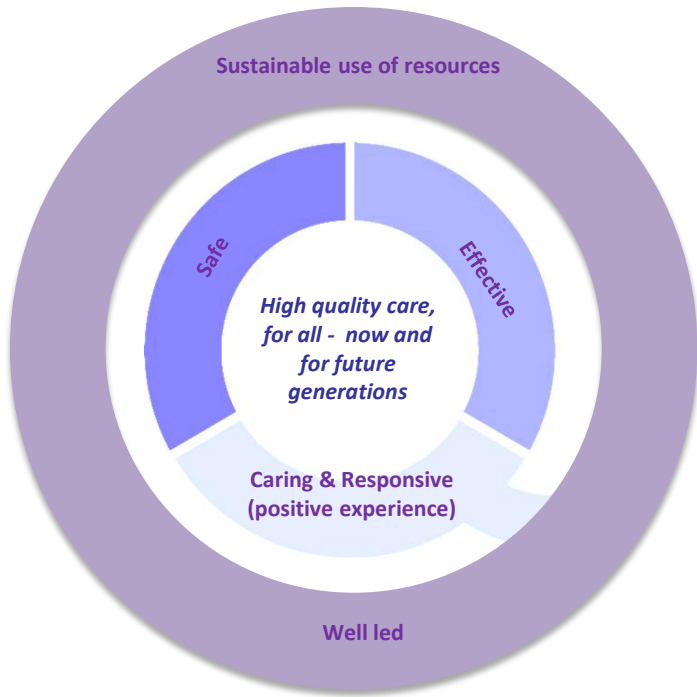
- **Managing patient care** – e.g. an individual's hospital record, providers' data systems
- **Benchmarking for improvement and identifying variation** – e.g. Right Care, clinical audit
- **Setting and measuring against standards** – NHS Constitution or CQC fundamental standards
- **Rewarding the system** – e.g. through contract management and using financial incentives such as CQUIN, QOF and Quality Premium
- **Informing patient choice** e.g. My NHS, NHS Choices
- **Research for clinical discovery** – e.g. clinical trials, genomics data



# What are we measuring?

In order to measure quality, we must always be clear about what are trying to measure. Having a single shared vision for quality allows us to break quality down into measurable aspects.

We can then consider measuring these aspects across a health or care service. The NHS is a complex system, so in order to measure quality we can break services down into structures, activities, outputs and outcomes.

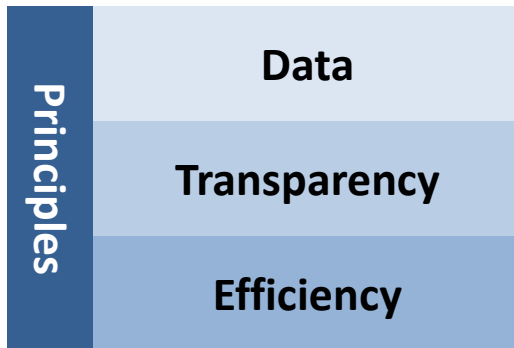


Principle	Definition
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# How is data on quality of care collected?

It is clear that to enable the effective measurement of the quality of care that the right data sources and flows need to be available and accessible at the right time to the right organisations, teams and individuals. To facilitate this and to ensure that this is achievable we need a transparent and open system.

We should ensure we have the correct data across our definition of quality and that it is appropriate for the purpose. It is key that we recognise the importance of high quality data but be realistic about limitations. Data collection must not become an end in itself.



## How do we collect data?

There are numerous data sources we draw on (Annex A & B) spanning quality safety, effectiveness and experience including:

**Primary Sources** – information directly sourced

- Patient Records
- Surveys
- Population events
- Incidents or complaints

**Secondary Sources** – information that has been collated or processed

- Hospital Episode Statistics
- National data sets e.g. mental health minimum data set, IAPT
- Incident and complaints databases
- Clinical audits

# How are measures presented to different audiences?

Data presentations have multiple purposes including:

- Quality improvement
- Judgement
- Patient choice

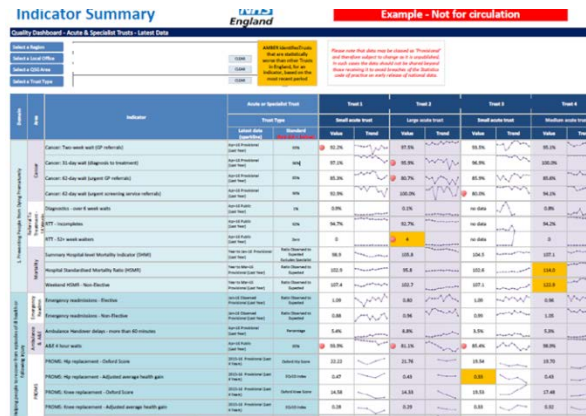
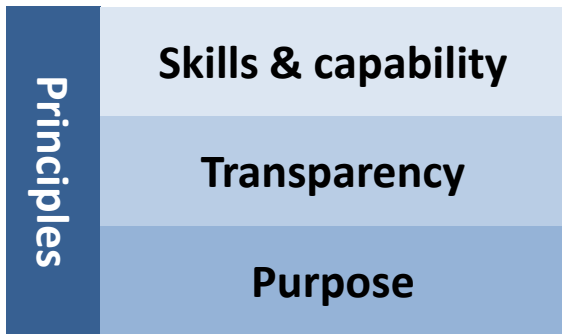
Data presentations also have multiple audiences including:

- Patients
- Commissioners
- Providers
- Regulatory bodies
- ALBs

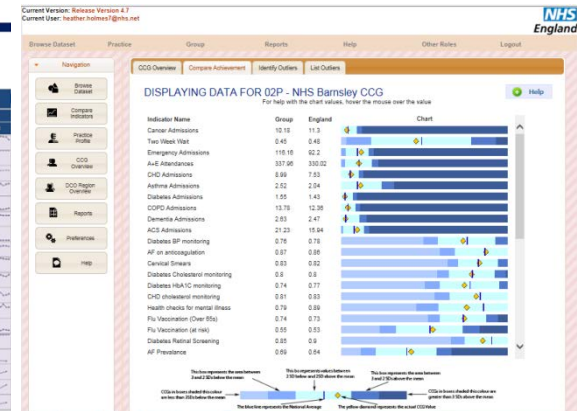
We must be clear on purpose and audience whenever we present data.

The measuring quality working group mapping (Annex A & B) summarises a wide range of types of tools and presentations including:

- Dashboards e.g. acute quality dashboard
- Diagnostic tools
- Outcomes frameworks
- Incentivised schemes e.g. QOF
- National clinical audit programmes
- Value focused schemes e.g. Right Care



Acute Quality Dashboard



Primary Care Web Tool

# How do national organisations measure quality?

**Measuring quality is a key way that national organisations perform their functions:**

**NHS England** – Reward and incentivise the system and hold CCGs to account.

**Care Quality Commission** - Register providers, monitor, inspect and rate their quality, and share information and insight for the public.

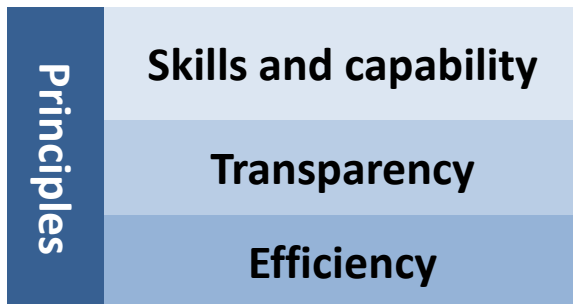
**NHS Improvement** – Assess trusts against a set of criteria which we have determined to be our definition of quality, aligned to the CQC.

**Department of Health** – Hold the system to account using tools such as Outcomes Frameworks.

**Health Education England** – Developing a Quality Framework with a common set of indicators and metrics that can be applied nationally and locally.

**Public Health England** – Present a range of measurement tools through the ‘Finger Tips’ tool in order to protect and improve the nation’s health and wellbeing, whilst addressing inequalities.

**NICE** – Develop quality standards and formal indicators that can be used nationally in the QOF, CCG OIS and IAF, and also at a local level.



# Progress to date on alignment and reducing duplication

- There are good examples of cross system working and alignment during the creation of quality initiatives to avoid duplication, for example:
  - NHS England has developed an Acute Quality Dashboard, which is based on CQC's intelligent monitoring system, which is shared with CQC and NHS Improvement monthly, and which is used to inform Quality Surveillance Groups where organisations meet locally and regionally to monitor quality. Similar approaches are being developed for mental health and other services.
  - In developing their intelligent monitoring system, CQC worked with the patient safety team (then in NHS E, now in NHS I) to develop measures which could be used consistently across national bodies and the system. These are now the established safety measures used by all national bodies.
  - NICE use their Quality Standards development process to identify indicators that can be used to measure the quality of services. These are used by NHS England in measuring the quality of CCG commissioned services, through the CCG Outcomes Indicator Set and IAF and are embedded in National Clinical Audits, commissioned by NHS England.
- The working group has facilitated further conversations between ALBs and other bodies on how to rationalise and align development of dashboards. This work continues, with ALBs helping DH in their potential development of a DH Quality Dashboard.
- The working group continues to make links with the National Information Board's Domain H: *data outcomes for research and oversight*.
- There is still work to be done though and it is important that we pursue our measurement of quality, and any initiatives in train or in development, in line with the principles set out in these slides.
- Inevitably some of the duplication may require particular initiatives to be stopped, or potential gaps that have been identified to be prioritised. These opportunities are being identified via the working group and reported to the NQB and NIB for action where appropriate.



## Proposed next steps

- To further develop the **narrative** on measurement of quality alongside the work to develop a overarching narrative on quality.
- For NQB organisations to agree and sign up to the measurement **principles** and for the working group to follow up on actions needed to put these principles into practice.
- To complete the **initiative mapping work** and present in a form that helps the system to better navigate the various data sets, measures and initiatives.
- To provide **recommendations** to the NQB for where action might need to be taken by members organisations to improve alignment and reduce duplication.
- To work in partnership with the **NIB's Domain H** to develop and share a set of validated data metrics and outcomes measures for **integrated care**, linked to [CQC's thematic review of integrated care for older people](#).
- To explore opportunities support the work the [Carter Review](#) Implementation Team.

## Recommendations and questions for the NQB

1. NQB to note progress made so far and next steps.
2. Does the NQB agree with the draft principles and related actions for measuring quality? (slide 4)
3. Does NQB agree with the outline for the emerging narrative ? (slides 5 - 10)



# National Quality Board – Measuring Quality Working Group

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## Resources to support Measuring Quality

This document has been produced to support those undertaking a project to measure quality. It is a snapshot of the data, indicator sets and portals currently in use. The document was produced by the NQB Measuring Quality Working Group, which brings together those working on quality measurement from across the NHS Arms-Length Bodies. If you want to add anything to the table for future updates or have any general queries, please contact '[england.nationalqualityboard@nhs.net](mailto:england.nationalqualityboard@nhs.net)'.

# NQB Measuring Quality Working Group – resources to support measuring quality

Sources		Indicator sets and data presentation	Portals
Primary	Secondary		
<p><b>Patient record entries (some coded)</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Summary care record</a></li> <li>• Health records - diagnoses, interventions and treatments e.g. hospital, GP, mental health services, community services etc.</li> <li>• Social care records</li> <li>• Prescribing records</li> <li>• Pathology data</li> <li>• Voluntary sector records</li> </ul> <p><b>Population events</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Births, deaths, marriages etc.</a></li> </ul> <p><b>Surveys</b></p> <ul style="list-style-type: none"> <li>• <a href="#">General practice patient survey (GPPS)</a></li> <li>• <a href="#">In-patient survey</a></li> <li>• <a href="#">Community mental health survey</a></li> <li>• <a href="#">Children and young people's survey</a></li> <li>• <a href="#">Accident and emergency survey</a></li> <li>• <a href="#">Maternity survey</a></li> <li>• <a href="#">Friends and Family test (FFT)</a></li> <li>• <a href="#">Staff Friends and Family Test</a></li> <li>• <a href="#">National survey of bereaved people (VOICES)</a></li> <li>• <a href="#">NHS staff survey</a></li> <li>• <a href="#">Adult social care survey</a></li> <li>• <a href="#">Survey of adult carer</a></li> <li>• <a href="#">National Student Survey</a></li> <li>• <a href="#">Population Health Surveys</a></li> <li>• <a href="#">Survey of doctors in training</a></li> <li>• <a href="#">Patient Centred Outcome Measures (PCOMs)</a></li> <li>• <a href="#">Patient reported Outcome</a></li> </ul>	<p><b>Patient &amp; population</b></p> <ul style="list-style-type: none"> <li>• <a href="#">National data sets e.g. maternity and children's, community, IAPT.</a></li> <li>• <a href="#">Hospital Episode Statistics</a></li> <li>• <a href="#">Secondary Uses Service (SUS) data</a></li> <li>• <a href="#">PbR (from SUS)</a></li> <li>• Primary Care data - <a href="#">GPES</a></li> <li>• <a href="#">ONS population data</a></li> </ul> <p><b>Incident and complaints databases/datasets</b></p> <ul style="list-style-type: none"> <li>• <a href="#">National Reporting and Learning System (NRLS)</a></li> <li>• Strategic Executive Information Systems (StEIS)&amp; UNIFY</li> <li>• Clinical audit data collection</li> <li>• Primary care prescribing <a href="#">ePACT2</a></li> </ul>	<p><b>Clinical audit</b></p> <ul style="list-style-type: none"> <li>• <a href="#">National clinical audit programme analysis and reports</a></li> <li>• <a href="#">Confidential outcome review programme</a></li> <li>• Local clinical audit and improvement programmes</li> </ul> <p><b>National outcomes frameworks</b></p> <ul style="list-style-type: none"> <li>• <a href="#">CCG Improvement and assessment framework</a></li> <li>• <a href="#">CCG outcome indicator set</a></li> <li>• <a href="#">Public Health Outcomes Framework</a></li> <li>• <a href="#">Adult Social Care Outcome Framework</a></li> <li>• <a href="#">NICE Indicators &amp; Standards</a></li> </ul> <p><b>Incentivised schemes</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Quality &amp; outcome framework (QOF)</a></li> <li>• <a href="#">Quality Premium</a></li> <li>• <a href="#">CQUINS</a></li> </ul> <p><b>Indicator sets, scorecards and dashboards</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Single Oversight Framework</a></li> <li>• <a href="#">Accident and Emergency Quality Indicators</a></li> <li>• <a href="#">Cancer dashboard</a></li> <li>• <a href="#">Mental health dashboard</a></li> <li>• <a href="#">Long term conditions dashboard</a></li> <li>• Acute Quality dashboard</li> <li>• Vanguard evaluation dashboard</li> <li>• Maternity dashboard (<i>in development</i>)</li> <li>• Community indicators and dashboard (<i>in development</i>)</li> <li>• DH quality dashboard (<i>in development</i>)</li> <li>• Model Hospital dashboard (<i>in development</i>)</li> <li>• <a href="#">Culture &amp; outcomes dashboard</a></li> <li>• <a href="#">Primary care web tool (PCWT)</a></li> <li>• <a href="#">Medicines optimisation dashboard</a></li> <li>• <a href="#">Open prescribing</a></li> <li>• <a href="#">NHS Business Services Authority – GP Practice data</a></li> <li>• <a href="#">ePACT 2 reports</a></li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">My NHS</a></li> <li>• <a href="#">NHS Choices</a></li> <li>• <a href="#">NHS Improvement</a> NHS I - <a href="#">improvement directory</a></li> <li>• <a href="#">NHS England</a> NHSE - <a href="#">NHS data catalogue</a></li> <li>• <a href="#">Care Quality Commission</a></li> <li>• <a href="#">Health Education England</a></li> <li>• <a href="#">National Health Service Litigation Authority</a></li> <li>• <a href="#">NICE</a></li> <li>• <a href="#">Department of Health</a></li> <li>• <a href="#">NHS Digital</a> NHS Digital - <a href="#">indicator portal</a></li> <li>• <a href="#">Public Health England</a> PHE - <a href="#">Fingertips</a> PHE - <a href="#">data and AZ tools</a></li> <li>• <a href="#">Office for national Statistics</a></li> <li>• <a href="#">Gov.uk official statistics</a></li> </ul>

[Measures\(PROMs\)](#)

- [Cancer patient survey](#)

**Incidents and complaints**

- Incidents
- Serious incidents (including never events)
- Complaints

- [Overall patient experience scores & diagnostic tool](#)

- Patient experience headlines tool
- [Patient Online Management Information](#)
- [Summary Hospital-level Mortality Indicator \(SHMI\)](#)
- [Clinical services quality measures](#)
- [Compendium of Population Health Indicators](#)
- [Summaries of data on MRSA, MSSA, E. coli and C. difficile](#)
- CCG and local authority scorecards

**Provider ratings and summaries**

- [CQC ratings](#)
- [Foundation Trust ratings](#)
- [Care home ratings](#)
- Annual Local Education Provider Report
- [Quality accounts](#)
- [Intelligent monitoring reports](#)

**Value focused**

- [Right Care Commissioning for Value packs](#)
- [The Spend and outcome tool \(SPOT\)](#)

**Safety**

- [NRLS feedback reports and quarterly data summaries](#)
- Strategic Executive Information Systems (StEIS) & UNIFY analysis and reports
- Patient Safety Collaborative Measurement Unit
- [NHS Safety Thermometer](#)

**Population Profiles**

- [National Cancer Intelligence Network \(NCIN\) – General Practice Profiles](#)
- [National general practice profiles \(NGPP\)](#)
- [Dementia Atlas](#)
- [iView](#)