

 National Maternity and Perinatal Audit

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| UPCARE: Programme name - please do not change this field.* | National Maternity and Perinatal Audit |
| Workstream name (if applicable) - please do not change this field.* | Not applicable |
| Contract status | Ongoing |
| Audit or non-audit | Audit |
| HQIP commissioned* | Yes |
| HQIP AD | TS |
| HQIP PM | VED |
| 1.0 Included in current NHS Quality Accounts* | Yes |
| 1.1a Geographical coverage - HQIP agreement* | England; Wales |
| 1.1b Geographical coverage - External agreement | Scotland |
| 1.2a Topic - please select which ONE of the following best describes the topic area for the programme or workstream. If more than one apply, please select 'Other' and add comment to the next question.* | Gynaecology, Maternity & Midwifery |
| 1.3a Healthcare setting* | NHS secondary or tertiary care |
| 1.4 Inclusion and exclusion criteria* | https://maternityaudit.org.uk/FilesUploaded/NMPA%20Methods%20for%20births%20from%201%20April%202018.pdf |
| 1.5 Methods of data submission* | Extraction from existing data source(s) |
| 1.6a 2023/24 data submission closes - please indicate date, series of dates or frequency.* | Not applicable, routine data used |
| 1.6b 2024/25 data submission closes - please indicate date, series of dates or frequency.* | Not applicable, routine data used |
| 1.7 Data flow diagram | https://maternityaudit.org.uk/FilesUploaded/Data%20Flow%20Diagrams%20ESW%20June22.pptx |

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| 1.8 Data quality & analysis plan | <p>A range of methods are used to validate data quality and analyses including testing and refining data management and cleaning techniques, validation by the Project Teams and statistical analyses of data quality. For example, at site level there are internal consistency checks (e.g. no C-sections in freestanding midwifery led units), review of data completeness with a minimum threshold of more than 70% and assessment of plausible distribution (e.g. gestational age mostly term).</p> <p>The analysis in NMPA report is restricted to sites that pass NMPA data quality checks, as well as birth records within those sites that contain the required data to construct a measure.</p> <p>The number of sites for which results are available therefore varies from measure to measure, depending on specific data requirements.</p> |
| 1.9 Outlier policy | https://maternityaudit.org.uk/FilesUploaded/NMPA%20Outlier%20Policy1.pdf |
| 2.1 Outcome measures | <p>Two outcome measures were selected for outlier reporting. These were:</p> <ul style="list-style-type: none"> • proportion of vaginal births with a severe (3rd or 4th degree) perineal tear • proportion of singleton, term, liveborn babies with a 5-minute Apgar score of less than 7 |
| 2.2 Process measures | None recorded |
| 2.3 Organisational measures | None recorded |
| 2.4 Patient reported outcome measures | None recorded |
| 2.5 Patient reported experience measures | None recorded |
| 2.6a Do measures align with any of the following sources of evidence (select all that apply) | NICE clinical guideline; NICE quality standard; Professional society; Other (please describe in next question); Royal College; Scottish intercollegiate guideline network |
| 3.1 Results visualisation | Interactive online portal (run charts available); Annual report |
| 3.2a Levels of reporting* | Trust or health board; Hospital or specialist unit; National; NHS region or other geographic area |
| 3.3 Timeliness of results feedback | Within 2 years |
| 3.4 Link to dynamic reporting* | https://maternityaudit.org.uk/Audit/Charting/Clinical |
| Dataset #1 name | Clinical Audit |
| Dataset #1 type* | Clinical audit |
| Dataset #1 population coverage* | All eligible patients |
| Dataset #1 items collected (n) | 0 |
| Dataset #1 use of existing national datasets | Hospital episode statistics (HES); Patient episode database for Wales (PEDW); Maternity services dataset (MSDS); Office for National Statistics (ONS) |
| Dataset #3 name | Not applicable |
| Dataset #4 name | Not applicable |
| When was your Healthcare Improvement Plan (sometimes referred to as a Quality Improvement Plan) last reviewed? Please | 30/10/2023 |

upload under 'Files' below using naming convention ('yyyymmdd_PROGRAMME-Workstream-HIplan').

National report publication date (within calendar year 01/01 - 31/12/2023)* TBC

Published/planned national report publication date (within calendar year 01/01 - 31/12/2024)* TBC

Planned national report publication date (within calendar year 01/01 - 31/12/2025)* TBC

Please add the most recent date that you have reviewed and updated an online version of UPCARE Workstream section(s) on your project's website (click into the response to see pop-up guidance). 15/03/2024

Please add a hyperlink to UPCARE Workstream section(s) on your website (click into the response to see pop-up guidance).* <https://maternityaudit.org.uk/pages/resources>

Files 20231030-NMPA-HIplan.docx