

 National Maternity and Perinatal Audit

Understanding Practice in National Maternity and Perinatal Audit
Clinical Audit and
Registries (UPCARE):

Programme name

Workstream name (if applicable) Not applicable

Contract status Ongoing

Audit or non-audit Audit

HQIP commissioned Yes

HQIP AD TS

HQIP PM VED

Included in current NHS Quality Accounts Yes

1.10 Geographical coverage - HQIP agreement England; Wales

1.11 Geographical coverage - External agreement Scotland

1.3 Healthcare setting NHS secondary 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 Extract from electronic patient system; Linkage to existing data sources

1.7 Data flow diagram <https://maternityaudit.org.uk/FilesUploaded/Data%20Flow%20Diagrams%20ESW%20June22.pptx>

1.8 Data quality & analysis plan 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).

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.

The number of sites for which results are available therefore varies from measure to measure, depending on specific data requirements.

1.9 Outlier policy <https://maternityaudit.org.uk/FilesUploaded/NMPA%20Outlier%20Policy1.pdf>

2.1 Outcome measures Two outcome measures were selected for outlier reporting. These were:

- 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 add to 2.6b below); Royal College; Scottish intercollegiate guideline network
3.1 Results visualisation	Interactive online portal (run charts available); Annual report
3.2 Levels of reporting	Trust or Health Board; Hospital; National; Regional network
3.3 Timeliness of results feedback	Within 2 years
Dataset #1 name	Clinical Audit
Dataset #1 type	Clinical audit - continuous
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 upload under 'Files' below using naming convention ('yyyymmdd_PROGRAMME-Workstream-HIplan').	30/10/2023
Files	20231030-NMPA-HIplan.docx

