## **EXECUTIVE SUMMARY**

## **WHY**

This project set out to explore the 'So What', meaning how the multiple national data sets and national audits, which are relevant to maternity services, are used at the front line. Maternity is a busy space for national reports and data, and the scope of this project extended beyond the National Clinical Audit and Patient Outcome Programme (NCAPOP) reports and data, also including the National Maternity Dashboard, the Perinatal Mortality Review Tool, Getting It Right First Time and Healthcare Safety Investigation Branch reports and data.



## **HOW**

An online survey was completed by over 100 people working in a wide variety of roles across maternity services. This explored what data was being reviewed and how it might influence quality improvement, as well as the burden of data. Free text answers contained valuable suggestions for improvement. Following the survey, a series of in depth interviews were conducted with a diverse group of clinicians and methodologists working in this area.



## WHAT WE FOUND



The datasets that were most likely to be identified as influencing change are those which review maternal and neonatal mortality, namely those produced by MBRRACE-UK and HSIB reports.



Interviews had a greater focus on the data, with insight into differing approaches to local dashboards and interpretation of data.



Recommendations were commonly identified as the most useful thing within reports, particularly by clinical staff.



Making Data Count training was raised several times as a great resource from NHS Improvement.



Resource and time constraints for quality improvement were commonly cited as barriers.



There is a strong understanding of the power of data, but staff are struggling with a lack of time and resource.



Of respondents felt that at least one national dataset was influencing quality improvement. This is encouraging.



Overall staff want reduced duplication of effort and a single source for accessing both data requirements and national results and recommendations.



Question responses and free text answers frequently reflected that people are feeling overwhelmed with data and reports.



Useful change ideas came from both the survey and the interviews, many of which are incorporated into the recommendations, which aim to make utilisation of data and reports more accessible, ultimately leading to improvements in patient care.

### RECOMMENDATIONS



#### 1. ACROSS THE VARIOUS DATASETS:

- 1.1. Align metrics with NICE and other evidence-based standards
- 1.2. Publish a list of standardised metrics, with definitions, so that data is comparable
- 1.3. Do not duplicate collection of the same metric and
- 1.4. There must not be very similar metrics being collected.

# 2. NHS ENGLAND, WORKING WITH RELEVANT ROYAL COLLEGES, TO DEVELOP A SINGLE WEBSITE THAT:

- **2.1.** Signposts to all national maternity reports and datasets (for example NCAPOP reports National Maternity Dashboard, HSIB, GIRFT, Ockenden etc.), and
- **2.2.** Contains up-to-date guidance on all mandatory reporting requirements (for example includes NCAPOP, MIS, CQC etc.).





## 3. TO IMPROVE BENCHMARKING PRACTICES ACROSS MATERNITY SERVICES:

- 3.1. NHS England to maximise the uptake of Making Data Counts training
- **3.2.** Align the National Maternity Dashboard to produce SPC charts as per Making Data Counts methodology, and
- **3.3.** Audit providers to consider ways to raise the profile of benchmarked data. For example the creation of <u>unit posters</u> with benchmarked outcomes. It would be beneficial for NNAP to create perinatal specific unit posters aimed at staff to raise profile amongst obstetric and midwifery communities.

#### 4. RECOMMENDATIONS FROM REPORTS:

- 4.1. NHS England to centrally co-ordinate recommendations
- **4.2** Reports to utilise the NHSE CREATED SMART framework when writing recommendations, and
- **4.3.** HQIP and audit providers to ensure that there is clear messaging to trusts regarding evolution of NCAPOP reports to provide improvement resource rather than local recommendations.



### **5. LOCAL DATA SUPPORT:**



- **5.1.** National development of a suite of common audits that can be carried out in individual units, promoting a consistent standard with meaningful measures that can address national audit recommendations
- **5.2.** NHS England to support local units in curating their data with suggestions and templates for the development of unit dashboards based on local data, and
- **5.3.** NHS England to facilitate the development of professional networks, to enable sharing of learning and resources, reducing duplication of effort across trusts.