

Maternity Services Data Set Information Update - October 2017



Changes to the MSDS submission cycle

If you are a user of MSDS, we are keen that you have timely data for decision making. We've recently engaged with providers and key stakeholder groups and agreed data will be released one month earlier by speeding up the submission process by one month. This means that between 1 January to 28 February 2018 we will open the submission window for both November and December 2017 data. From then on, the window will open on the day after the previous reporting period closed and be open for two months. The extended schedule will be added to [the MSDS web page](#) shortly.

Thanks to providers for improving the number of tables submitted

Many thanks to those of you who have recently increased the number of tables in your MSDS submissions. Looking at the June 2017 data, only fourteen trusts are now not submitting any data on births and there are now only twenty further trusts who have yet to meet our request earlier this year to submit four key birth tables (MAT404, 409, 501, 502) by the end of April 2017. If your trust is in this situation you should already be in touch with katharine.robbs@nhs.net, the Information Analysis Lead Manager for MSDS.

If you would like to check how much data we receive from your trust please review the data on our [website](#), including the [provider analysis file](#), and also look at the data quality reports we send direct to submitters. Recent discussions have identified that this may be less than you planned to send and we are keen to better understand why that is.

Increasing Data Quality

To improve the quality of the data users receive, we're focusing on data quality by engaging with a number of trusts who have been submitting height data rounded to the nearest metre, and also with some trusts who seem to be submitting far fewer births to MSDS than can be seen in HES. The latter issue has highlighted that some trusts are not including all their sites in their data submission, and we would like to hear from trusts in this situation so that we can inform data users that some data are missing.

Quality improvement metrics

Last year, the Maternity Transformation Programme's Sharing Data and Information

Work Stream agreed a list of fourteen quality improvement metrics.

We are now publishing the data on 11 of these areas on a monthly basis, and continue to look to drive up completeness of the tables used. Previous newsletters have explained that MAT401 Medical Induction Method, MAT406 Anaesthesia Type in Labour and Delivery, MAT408 Maternal Critical Incident, MAT508 Neonatal Critical Care Admission and MAT602 Mother's Postpartum Discharge from Maternity Services are the next tables to submit, and we will soon be in touch with you if you are a provider who isn't submitting these.

Analysis on births without intervention published for the first time

We continue to publish MSDS data on the first Wednesday of each month. The latest published data from the MSDS relating to May 2017 is now available [here](#).

Here's a summary:

- 133 providers submitted data
- 53,983 women were recorded having an antenatal booking appointment
- 39,285 births were recorded by 116 providers.

To further the release of data for the quality improvement metrics, counts of births with and without intervention for term cephalic births were published for the first time for May 2017 alongside the main report. A birth without intervention in this analysis is a vaginal birth without induction of labour, augmentation of labour, use of instruments, episiotomy, general, spinal, epidural or caudal anaesthetic.

As this analysis uses a number of data tables and data items, including some used for the first time in MSDS analysis, the counts are subject to coverage and data quality limitations. For example, although 78 of the 133 providers recorded at least one intervention, only 41 providers submitted all of the data items needed to confirm a birth was without intervention.

Publishing this analysis in a separate file allows providers to understand which data tables and data items are used in the constructions, and focus their efforts to improve data quality in these areas. Further tips are included in this newsletter.

The following analysis is also made available in a zip file separate to the main report due to data quality and coverage shortfalls:

- Delivery method by previous births
- Delivery method by Robson group
- Smoking status at delivery - for births in April 2017
- Postpartum haemorrhage and other maternal critical incidents - for births in April 2017

- Antenatal pathway level

The monthly publication for activity in June 2017 will be on Wednesday 1 November.

Births with and without intervention - data quality tips for providers

You could be shown as having 'births with intervention' if you submit the data tables and data items for any of the interventions for example if you submit tables MAT404, MAT501 and caesarean or instrumental delivery methods in MAT502, even if you don't submit MAT401, MAT406 or MAT409.

However, for you to have a count of 'births without intervention' you would need to submit all of the relevant tables and data items.

The MAT401 Labour Induction Method, MAT406 Anaesthesia Type in Labour and Delivery, and MAT409 Genital Tract Trauma tables record details of interventions, but also have a 'None' value to record e.g. that there was no medical intervention or no anaesthetic used.

Each of these tables should therefore be submitted for every MAT404 Labour and Delivery record where the Onset of Labour Date and Time was in the reporting month, using the relevant code for an intervention or 'Non' to record that the intervention did not occur for this birth.

If these tables are not submitted for a labour and delivery, the intervention status for that birth will be unknown i.e. the absence of a MAT401 table is not taken to mean that there was no induction of labour, and similarly for MAT406 and MAT409. In particular:

- MAT401 Labour Induction Method - for a labour to be counted as not medically induced, a MAT401 record needs to be submitted with code 05 None and no codes 01, 02, 03 or 04.
- MAT406 Anaesthesia Type in Labour and Delivery - for a birth to be counted as without general, spinal, epidural or caudal anaesthetic, a MAT406 record needs to be submitted with one or more of the codes 09 (Pudanal block), 97 (Other anaesthetic or analgesic only) or 98 (No anaesthetic administered) and none of the codes 01, 02 or 03.
- MAT409 Genital Tract Trauma - for a birth to be counted as without episiotomy, a MAT409 record needs to be submitted with one or more of the codes 01 to 12 and no code 08.

The occurrence of an episiotomy is also identified from the Episiotomy Performed Reason data item in the MAT404 table, which should be left blank if no episiotomy was performed.

2016/17 Annual data publication

NHS Maternity Statistics, 2016/17 will be published on 9 November 2017, bringing together 2016/17 births data from Hospital Episode Statistics (HES) and the MSDS. This will include the first annual counts from the MSDS, and comparison at provider level of coverage and data quality of fields in both data sets such as gestation length at birth and delivery method.

iView Plus

Some of you may be aware that some MSDS data can be accessed on iView Plus, the data visualisation tool that has been developed at NHS Digital. The maternity bookings data set was the first cube to be developed for the system, and data are now in there up to April 2017.

In addition to our Visualisation Query Designer, we have a new Data Query Designer that should allow users to build your data queries in a faster and more user-friendly manner. We are adding functionality on a regular basis, most recently an updated date selector that should be in place by the time you read this.

If you have any feedback on the system, or would like access, please contact us at enquiries@nhsdigital.nhs.uk.

Digital Maternity Expert Reference Group

On 20 September NHS Digital, with support from the RCM, hosted their second Digital Maternity Expert Reference Group event in London. The group facilitates networking and shared learning from a local and national perspective with an overall goal of digitally support maternity transformation. The group is a collective of digital leaders within midwifery services from across England. They represent Local Maternity System areas and individual trusts. Many of them are also early adopter or pioneer sites.

The MSDS team presented their work around the maternity secondary data set and set out some of the benefits that this data generates. The RCM attendees contributed to the development of the future standards for a core maternity record and were updated on the maternity information toolset in development by NHS Choices. The 'Harnessing Digital Technology' programme is leading Work stream 7 of the National Maternity Review and is working alongside the MSDS team to deliver a cohesive solution to data and information in health and care.

If you would like more information regarding this group please email digitalmaternity@nhs.net.

MSDS v2.0 stakeholder engagement

NHS Digital is continuing to develop the high level requirements for MSDS v2.0.

Thank you to those stakeholders who sent suggestions, or volunteered to work with us on the development of the updated data set. The Data Set Development Service will be in touch with volunteers shortly regarding further consultation activities.

Stakeholder events in Leeds and London are also planned in late November or early December to discuss the updated data set in more detail and gather further feedback. The Leeds event is likely to be held on 4 December, but dates and venues will be confirmed in the near future.

Staff changes

There have recently been some internal moves within NHS Digital. Many of you will have met Dominic Gair, the analytical section head for MSDS, who has led on all MSDS products to date. Dom has just moved to a new role and has been replaced by Giles Foster. You may have also been in touch with Norma Madden about the challenges of submitting your data. Norma has also moved recently and if the enquiry isn't part of an ongoing discussion with Katharine Robbins you should send in the first instance to enquiries@nhsdigital.nhs.uk.

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