

MSDSv2 Plan

Trust:	Bradford Hospitals Foundation trust
Key Contact:	Sara Hollins
Number of records submitted in December 2020:	76,236
Number of records rejected in December 2020:	18,208
Are plans fully funded? i.e. are relevant departments sufficiently resourced to achieve these plans?	

This MSDSv2 plan is to be discussed by the WY&H LMS Board on the 21st May. Please submit to Duncan.Cooper4@nhs.net before the 14th of May.

This plan relates to CNST safety action 2 criterion 3:
Trust Boards to confirm to NHS Resolution that they have fully conformed with the MSDSv2 Information Standards Notice, DCB1513 And 10/2018, which was expected for April 2019 data, or that a locally funded plan is in place to do this, and agreed with the maternity safety champion and the LMS. This should include submission of the relevant clinical coding in MSDSv2 in SNOMED-CT.

Information Standards Notice, DCB1513 And 10/2018 can be found by clicking this box

	Y/N	If no, what actions need to be undertaken to submit SNOMED-CT clinical coding?	If no, when will relevant clinical coding be submitted in SNOMED-CT?
Is clinical coding submitted in SNOMED-CT where relevant?	Y		

Submission of MSDSv2 Tables

MSDSv2 Tables	Is this table currently submitted and will continue to be submitted? (Y/N)	If not submitted, what actions need to be undertaken for this table to be submitted?	If not submitted, when is this table planned to be submitted?
MSD000 Header	Y		
MSD001MotherDemog	Y		
MSD002 GP	Y		
MSD003 SocPersCircumstances	Y		
MSD004 OverseasVisChargCat	Y		
MSD101 PregnancyBooking	Y		
MSD102 MatCarePlan	Y		
MSD103 DatingScan	Y		
MSD104 CodedScoreAssPreg	N	While we now have a data source, this dataset has not currently been integrated. Currently low figures produced from the data source, needs further investigation including if all SNOMED mapping	Plan for Data warehouse team to integrate and validate data for inclusion - May Flex, April Freeze Data.

MSD105 ProvDiagnosisPreg	N	While we now have a data source, this dataset has not currently been integrated. Currently low figures produced from the data source, needs further investigation (including if SNOMED mapping correctly configured). Currently low figures would be integrated due to Diagnosis Date not being populated not submitted, previously no weekly source in place.	Plan for Data warehouse team to integrate and validate data for inclusion - May Flex, April Freeze Data. Although largely dependent on data investigation
MSD106 DiagnosisPreg	N	While we now have a data source, this dataset has not currently been integrated. Currently low figures produced from the data source, needs further investigation (including if SNOMED mapping correctly configured). Currently low figures would be integrated due to Diagnosis Date not being populated not submitted, previously no weekly source in place.	and validate data for inclusion - May Flex, April Freeze Data, however it is important to recognise that further investigation is required around data quality in regards to
MSD107 MedHistory	N	While we now have a data source, this dataset has not currently been integrated. Currently low figures produced from the data source, needs further investigation (including if SNOMED mapping correctly configured). Currently low figures would be integrated due to Diagnosis Date not being populated not submitted, previously no weekly source in place.	Plan for Data warehouse team to integrate and validate data for inclusion - May Flex, April Freeze Data. Although largely dependent on data investigation
MSD108FamHistBooking	N	Not submitted, previously no weekly source in place. While we now have a data source, this dataset has not currently been integrated. Needs confirmation of SNOMED mapping.	Plan for Data warehouse team to integrate and validate data for inclusion - May Flex, April Freeze Data.
MSD109FindingObsMother	N	While we now have a data source, this dataset has not currently been integrated. Currently low figures would be integrated due to restriction around LocalFetalID. Need to investigate data further and	and validate data for inclusion - May Flex, April Freeze Data. Further investigation is required around data quality in regards to the fetal ID.
MSD201CareContactPreg	Y		
MSD202CareActivityPreg	Y		
MSD203CodedScoreAssContact	N	Not submitted, previously no weekly source in place. While we now have a data source, this dataset has not currently been integrated. Needs confirmation of SNOMED mapping.	Plan to integrate this data in May Flex, April Freeze.
MSD301LabourDelivery	Y		
MSD302CareActivityLabDel	Y		
MSD401BabyDemographics	Y		
MSD402NeonatalAdmission	Y		
MSD403ProvDiagNeonatal	N	Information system, however if no Neonatal Diagnosis is suspected no data will be added to this field by the end user. Further investigatory work is required to understand if SNOMED-CT codes are mapped. It is	Unable to give clarification on date - weekly meetings are in place to address.
MSD404DiagnosisNeonatal	N	Information system, however if no Neonatal Diagnosis is suspected no data will be added to this field by the end user. Further investigatory work is required to understand if SNOMED-CT codes are mapped. It is	Unable to give clarification on date - weekly meetings are in place to address.
MSD405CareActivityBaby	Y		
MSD501HospProvSpell	Y		

MSD502HospSpellComm	N	This extract is not currently populated by the Inview MSDS extract, this is likely due to the configuration of the Inview in relation to the PbR process not populating an Inview table that drives the Inview MSDS extract.	Would need further clarification with the supplier (CACI). Unable to give time frame until this clarification is received.
MSD503WardStay	Y		
MSD504AssignedCareProf	Y		
MSD901StaffDetails	Y		

Pick your Trust to populate the below CQIM status:

Org_Name
AIREDALE NHS FOUNDATION TRUST
BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST
CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST
HARROGATE AND DISTRICT NHS FOUNDATION TRUST
LEEDS TEACHING HOSPITALS NHS TRUST
MID YORKSHIRE HOSPITALS NHS TRUST

Org_Name	BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST		
Indicator	Value	If passed, please confirm that data to support this CQIM will continue to be submitted. If not passed, what actions need to be undertaken for this data to be submitted at a high enough data quality?	If not passed, when will the relevant data items be submitted at the required data quality?
CQIMAggar	Fail	CQIMDQ24- Percentage of babies with an Apgar score recorded between 0-10 and a valid gestational age between 259 days (37wks) and 315 days (45wks) in the current 3 months reporting period (Singleton) - btft first submission of this Data was for the Dec 2020. Data is now published monthly so this CQIM should be achieved in the next reporting period.	First submission was December 2020 and plan to continue to Submit.
CQIMBreastfeeding	Pass	This data will continue to be submitted.	
CQIMPPH	Fail	recorded in the previous 6 month. BTHFT first submission of this data was for the December 2020 data. Data warehouse team to confirm that the correct SNOMED-CT codes are mapped. We are likely to continue to fail this CQIM due to the required 6 month recorded data.	First submission was December 2020 and plan to continue to Submit.

CQIMPreterm	Pass	This data will continue to be submitted.	
CQIMRobson01	Pass	This data will continue to be submitted.	
CQIMRobson02	Pass	This data will continue to be submitted.	
CQIMRobson05	Pass	This data will continue to be submitted.	
CQIMSmokingBooking	Fail	SNOMED-CT codes are not mapped in the Maternity information system (Medway). Clarification required from system supplier, this configuration can not be completed locally and the System supplier will need to complete this work. Relates to 101 table - (Care contact date & antenatal booking date need to be the same however due to current pathway for a proportion of women (pre-booking appointment with a maternity support worker and the remainder of antenatal completed with the Midwife) the current workflow within the MIS does not support this and impacts on the data. This has been raised with NHS digital for clarification). This pathway of care has been raised by the Cerner maternity project team to ensure the new MIS supports this.	Unable to provide assurance on the date when this data will be submitted due to reliance on MIS provider. Support call requested with system supplier -26th April 2021.
CQIMSmokingDelivery	Fail	SNOMED-CT codes are not mapped in the Maternity information system (Medway). Clarification required from system supplier, this configuration cannot be completed locally, the System supplier will need to complete this work. Relates to 203- Care contact date > onset of labour). Field is available and mandatory in the Maternity information system so the data is captured locally. If the system supplier is able to configure it is recognised Homebirth data cannot be included currently due to no hospital spell on the Electronic Patient record. (This issue will be addressed during the implementation of the New MIS - planned 'go live' date March 2022).	Unable to provide assurance on the date when this data will be submitted due to reliance on MIS provider. Support call requested with system supplier -26th April 2021. However if the system supplier is able to configure it is recognised Homebirth data cannot be included currently due to no hospital spell on the Electronic Patient record.

CQIMTears	Fail	<p>tear recorded in the previous 6 months reporting period. BTHFT first submission of this data was for the December 2020 data. Data is now published monthly so this CQIM should be achieved in the next reporting period. Data warehouse team will undertake further validation to ensure SNOMED-CT code mapping within the maternity information system.</p>	First submission was December 2020 and plan to continue to Submit.
CQIMVBAC	Pass	<p>This data will continue to be submitted.</p>	