

### CREATED SMART framework

This short framework defines the components of effective recommendations through a series of statements. It is presented as a mnemonic. It is intended to support the creation of high-quality recommendations as part of reviews, inquiries and investigations. It can be used for any area of healthcare. This can also be used to retrospectively assess the quality of previously generated recommendations.

The framework includes a significant adaptation to the detail of the widely used SMART criteria, with the addition of content from the National Patient Safety Alert Committee criteria for the credentialing of national patient safety alert issuers. It also includes criteria adapted from safety investigation best practice. This proposal builds on the [guidance from NICE](#) about how to produce a recommendation.

Recommendations should be CREATED SMART:

- Cost/Benefit – The cost of implementing recommendations should be justified by the benefits. While a full economic cost/benefits analysis may not be feasible, those creating recommendations have a duty to ensure that what they are proposing is proportionate, and does not divert resources away from initiatives that may have greater benefits
- Reasoned - Recommendations should arise from a logical flow from findings to analysis and reasoning, with the link between the recommendation and the causal factors identified in investigation made explicit, including a rationale for directing them to local or national bodies
- Effective – Recommendations must be effective in reducing the risk of the harm they are designed to address, if implemented as intended. Assessment of effectiveness may draw from published evidence of direct relevance to the issue, or from an understanding of patient safety or implementation science, for example.
- Accidental impacts - Recommendations should be assessed for the risk of accidental or unintended consequences, as any change in complex healthcare systems has the potential to create new risks. The recommendation should be accompanied by clear instructions in relation to mitigating the unintended risks identified
- Together - Recommendations should be developed together with internal and external advisers with expertise of the relevant issue/clinical area, including experts by experience, as well as the target organisations and individuals. The creator of the recommendation should engage with ongoing work with the target of the recommendation
- Equalities - Recommendations should be assessed for any equalities impact to ensure the recommendation will reduce inequalities or at the least not adversely affect protected groups or widen health inequalities
- Duplicative - The recommendation should not duplicate existing recommendations or recommend existing/ongoing work. Reference and acknowledgement should of course be made to existing/ongoing work, but this belongs in the main body of the report rather than as a recommendation

- Specified – Recommendations are clear in terms of who they are directed at and what the recommendation requires
- Measurable – Recommendations should be worded to enable measurement of whether they have been achieved; measurement in this context means that objective evidence that the recommendation has been met could be provided
- Achievable – Recommendations should be achievable for the organisation/team expected to deliver them, rather than expect them to act in ways that are not within their power or remit. If the recommendation is likely to require new financial resources, rather than a shift in existing resources away from other priorities, it should be directed at a funding organisation rather than a delivery organisation
- Realistic – Recommendations need to reflect an understanding of the context into which they will be introduced, both in terms of the political, policy and service considerations but also the level of priority the recipient is likely to be able to give them
- Timebound – Recommendations should have a definable end-point within a reasonable period. This does not need to equate to a set completion date but cannot be simply continuous

#### [English Maternity Transformation Programme \(MTP\) Recommendations Registry](#)

The health system has over the years received a large number of recommendations in relation to maternity services from numerous organisations. It is a challenge for commissioners and service providers to track their organisations progress in implementing so many recommendations. It is also a challenge for organisations producing recommendations to ensure that they do not duplicate existing recommendations or recommend existing/ongoing work.

The NHS England and NHS Improvement Maternity Transformation Team has developed the Recommendation Registry to help meet these challenges by collating all the relevant recommendations into a searchable database, the Recommendation Registry.

This 'live' registry of recommendations provides a 'one stop shop' to access all the published maternity related recommendations. They have been prioritised according to an agreed priority definition scale based upon their importance in helping the health system meet the vision of Better Births for safe, personalised care and the National Maternity Ambition to halve the 2010 rates of stillbirths, neonatal deaths, maternal deaths and neonatal brain injury and reducing preterm births by 25% by 2025.

1. High priority - Implementation of this recommendation is essential to achieve safe, personalised care or to meet the national safety ambition
2. Medium priority - Implementing this recommendation would make a significant contribution towards achieving safe personalised care or to meet the national safety ambition
3. Standard priority - Implementing this recommendation would progress existing policy initiatives targeting safe personalised care or to meet the national safety ambition \*standard

priority' is about progress on initiatives or work which is already underway but still important

There is a 'subcategory' drop down box to enable filtering of recommendations by topic, for example to find all recommendations related to 'Post Partum Haemorrhage' or 'Maternal Mental Health'. The registry has a report list tab which contains the list of all key maternity reports published since 2013 with links to every report - this list will be updated by the MTP/Maternity Transformation Team as new reports are published and any which are imminent.

All remaining tabs have a report title. When the tab is opened it will show all report related recommendations with the following columns:

- Priority according to the agreed priority definition scale (see key above)
- System lead - i.e. who should take responsibility to implement the recommendation
- Subcategory selection drop down box - click on e.g. 'Post Partum Haemorrhage' results would show all related recommendations for that complication of birth

Maternity providers will be able to download the recommendations registry and customise their copy to help them benchmark their progress in implementing recommendations using a BRAG rating

- Blue: The recommendation has been implemented
- Red: The implementation of the recommendation has stopped or in immediate danger with no obvious fix
- Amber: There are issues that may slow down the implementation of the recommendation
- Green: The recommendation is on track

The recommendations registry is due to go live in spring 2022.