

Data Provision Notice

Maternity Services Data Set (MSDS) v2.0

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Version: 1.1

Published: 12 May 2022



Information and technology
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Background

The Health and Social Care Act 2012 (the Act) gives the Health and Social Care Information Centre, now known as [NHS Digital](#) and hereafter referred to by this name, statutory powers, under section 259(1)(a), to require data from health or social care bodies, or organisations that provide health or adult social care in England, where it has been directed to establish an information system by the Department of Health and Social Care (DHSC) (on behalf of the Secretary of State) or NHS England.

The data, as specified by NHS Digital in this published Data Provision Notice, is required to support a direction from NHS England to NHS Digital. Therefore, organisations that are in scope of the notice are legally required, under section 259(5) of the Act, to provide the data in the form and manner specified below.

Purpose of the collection

The Maternity Services Data Set (MSDS) is a patient-level data set that captures key information at each stage of the maternity care pathway including mother's demographics, booking appointments, admissions and re-admissions, screening tests, labour and delivery along with baby's demographics, admissions, diagnoses and screening tests.

The MSDS provides a national standard for gathering data from maternity healthcare providers in England by covering key information captured from NHS-funded maternity services. The MSDS provides comparative data used to improve clinical quality and service efficiency and to commission services in a way that improves health and reduces inequalities. The data collected will assist care providers, commissioners, clinicians, service users and members of the wider public in understanding what maternity care is delivered, supporting commissioning, payment, planning and outcomes monitoring.

As a secondary uses data set, MSDS re-uses clinical and operational data for purposes other than direct patient care, such as for analysis and research. The data set defines the data items, definitions and associated value sets extracted or derived from local information systems for this purpose.

In particular, MSDS v2.0 is designed to meet requirements that resulted from the National Maternity Review, which led to the publication of the [Better Births report](#) in February 2016. Better Births highlighted the need for maternity services in England to become safer, more personalised and provide better access to information for pregnant women. The publication of Better Births resulted in the establishment of the [Maternity Transformation Programme](#), and the updated version of the data set forms part of the 'Sharing Data and Information' workstream of the programme. The National Maternity Review identified a need to review overall data collection, with a view to supporting the collection of the most useful data and feeding into the ongoing evolution of the MSDS. The updated data set can capture data about specific Better Births initiatives such as [continuity of carer](#) and personalised care plans.

The MSDS v2.0 Change Specification and Technical Output Specification outline the changes included in MSDS v2.0. These are available along with other supporting documents on the [DCB 1513: MSDS webpage](#) and [NHS Digital MSDS v2.0 webpage](#).

The following documents and policies provide further context to the changes required for MSDS v2.0:

Maternity Transformation Programme/Better Births report
<https://www.england.nhs.uk/mat-transformation/>

Personalised Health and Care 2020
<https://www.gov.uk/government/publications/personalised-health-and-care-2020>

NHS Five Year Forward View
<https://www.england.nhs.uk/publication/nhs-five-year-forward-view/>

While the NHS Long Term Plan was published following the development of MSDS v2.0, the changes implemented in this version support the monitoring of admissions for maternity services included in the plan <https://www.england.nhs.uk/long-term-plan/>

Information from the data set is made widely available to commissioners, providers, clinicians, service users and the public (to inform choice) through regular statistical publications as well as through the provision of data extracts (including linked data) to approved organisations.

The data may also be published by the Department of Health and Social Care, the UK Health Security Agency and other bodies, Requests for data from external bodies for analysis and/or publication purposes will be subject to approval from NHS Digital, for example through the Data Access Request Service (DARS), and approval from bodies such as the Independent Group Advising on the Release of Data (IGARD).

The MSDS data is used to populate a [quality improvement dashboard](#) to help providers and commissioners understand the services they provide, identify unwarranted variation and determine how quality improvement work might be targeted, and ultimately help them to deliver better maternity care in the future.

Benefits of the collection

MSDS supports a variety of secondary use functions such as:

- local and national monitoring
- reporting for effective commissioning
- monitoring outcomes
- addressing health inequalities
- payment of maternity services

The aim of the above functions is ultimately to achieve better outcomes of care for mothers and babies. Local and national monitoring will help to improve the efficiency of services and improve clinical quality. Through monitoring outcomes, specific frontline maternity services can be targeted and developed in a way that aid understanding and enable improved health and reduced inequalities.

The MSDS v2.0 will also:

- reduce burden for data submitters through introducing a new structure which better replicates local maternity systems
- enable the retirement of other overlapping collections
- help to support the implementation of new payment approaches for maternity services.

Legal basis for the collection, analysis, publication and dissemination

NHS Digital has been directed by NHS England under section 254 of the Health and Social Care Act 2012 to establish and operate a system for the collection and analysis of the information specified for this service. A copy of the directions is published here:

<https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/directions-and-data-provision-notices/nhs-england-directions/establishment-of-information-systems-for-nhs-services-maternity-services-directions-2018>

Information Required

This information is required by NHS Digital under section 259(1)(a) of the Health and Social Care Act 2012.

In line with section 259(5) of the Act, all organisations in scope, which includes all NHS-funded maternity services in England as defined in the MSDS v2.0 Requirements Specification, must comply with the requirement and provide information to NHS Digital in the form, manner and period specified in this Data Provision Notice.

This Notice is issued in accordance with the procedure published as part of NHS Digital duty under section 259(8).

Under GDPR, NHS Digital's lawful basis for processing is Article 6 (1) (c), which relates to processing necessary to comply with a legal obligation to which we are subject. NHS Digital's lawful basis for processing special category data is GDPR Article 9 (2) (h) and Schedule 1, Part 1 (2) (f) of the Data Protection Act 2018.

Providers are legally required to submit full returns of MSDS data, as the DPN issued under section 259(10) of the Health and Social Care Act 2012 sets aside the common law duty of confidence in respect of this data. However, providers may themselves exclude records where they are subject to any other restriction on disclosure e.g., by other laws.

Patients are able to set a national data opt-out preference to prevent their data being used for purposes beyond their direct care and treatment. Where an opt-out is received from a patient (or their parent or guardian in the case of a child), NHS Digital will exclude the relevant records from any onward dissemination of the data.

Patients using these services have the right to change their minds about a disclosure decision at any time before the disclosure is made and can do so afterwards to prevent further disclosures.

Reporting

NHS Digital has a central reporting system where an anonymised version of the MSDS will be held for reporting purposes. This platform will support the analysis of maternity services data and serve the following purposes:

- Aggregated data will be published on the NHS Digital website and shared with national bodies, allowing the effective monitoring of service standards, including efficiency, equity and effectiveness of service, by policy makers.
- Extracts of data will be made available to care providers and their commissioners to allow the local monitoring of service provision, assist with allocating payments and help submitters to improve data quality.
- Aggregated data will also be made available at provider level to help to inform a patient's care and treatment choices.
- The data held in the MSDS may also be linked to data held by NHS Digital from various other data sets and collections. The MSDS data may also be linked to external data sources. More information about the data sets and collections that NHS Digital hold and that may be used for linkage can be found on [the NHS Digital website](#).

Linkage is carried out in order to investigate the relationship between care in maternity services and subsequent activity and outcomes, such as health visiting and school nursing activity, as well as referrals to neonatal units, mental health services and other services.

Data Protection

The first data protection principle requires NHS Digital to process personal data fairly and lawfully. Ensuring fairness in everything we do with people's personal details is central to complying with our duties under the Data Protection Act 2018. In practice, it means that NHS Digital must:

- have legitimate reasons for collecting and using the personal data
- be open and honest about how we intend to use the data
- handle people's personal data only in ways they would reasonably expect, based on what we have told them
- make sure we do not do anything unlawful with the data.

NHS Digital has produced [fair processing guidance](#) to set out our obligations and actions with respect to the above, and to support maternity providers that are implementing the MSDS. This guidance describes the MSDS and contains suggested fair processing information for including with existing patient information material.

The guidance enables NHS Digital to comply with the requirements of the common law duty of confidentiality, the Data Protection Act 2018, the General Data Protection Regulation (GDPR), NHS Constitution and the Department of Health and Social Care's directions to NHS Digital, formerly known as the HSCIC, issued in 2015, 2017 and 2018, on upholding patients' national data opt out preferences.

Persons consulted

Following receipt of directions to establish a system to collect Maternity Services Data Set (MSDS) v2.0, NHS Digital has, as required under section 258 of the Health and Social Care Act 2012, consulted with the following persons:

- NHS England and NHS Improvement – including Sponsor and Senior Responsible Owner (SRO)
- Public Health England (now Department of Health and Social Care, and UK Health Security Agency)
- The Maternity Transformation Programme Board and Workstream 6 Oversight Group, including representatives from the Department of Health and Social Care, the Care Quality Commission, NHS England and NHS Improvement, Royal College of Midwives, Royal College of Obstetricians and Gynaecologists and maternity clinical networks, has been kept informed of MSDS v2.0 throughout the development process.
- The Data Coordination Board (DCB) (predecessor of the Data Alliance Partnership Board) which approved the MSDS as DCB1513. The DCB was the main governance body for approval of national information standards and data collections. Future releases of the MSDS will be submitted to the Data Alliance Partnership Board.
- A dedicated MSDS Expert Reference Group (ERG), made up of care provider and system supplier representatives, has been established to discuss and agree future changes to the data set, starting with MSDS v2.0. This group has been called upon to help in designing solutions to requirements posed and sign off significant developments.
- The Royal College of Midwives (RCM), the Royal College of Paediatrics and Child Health (RCPCH), and the National Maternity and Perinatal Audit (NMPA) team at the Royal College of Obstetricians and Gynaecologists (RCOG).

The MSDS developments were explained and discussed at a series of workshops during 2017 for providers, commissioners and system suppliers of maternity services in both Leeds and London. The opportunity for feedback, both verbal and written, was also provided.

A MSDS v2.0 public consultation was conducted during early 2018 which gave maternity providers, system suppliers, patients and members of the public an opportunity to provide feedback about the content of the MSDS v2.0 proposal, and related reporting and publication activity.

Scope of the collection

Under section 259(1)(a) of the Health and Social Care Act 2012, this Notice is served in accordance with the procedure published as part of the NHS Digital duty under section 259(8) on all organisations providing NHS-funded maternity services in England. The data set includes all activity carried out by an NHS-funded maternity service relating to the mother and baby or babies, from the point of the first booking appointment until mother and baby or babies are discharged from maternity services.

Please see the MSDS Requirements Specification document for the full scope of the MSDS. This document is available from the [DCB 1513: MSDS webpage](#). The specific Maternity Services that are within scope are listed in this Specification.

Under section 259(5) of the Health and Social Care Act 2012 the organisation types specified in the above Scope must comply with the Form, Manner and Period requirements below:

Form of the collection

The requirement relates to the extraction and submission of patient identifiable data which is collected via NHS Digital's data landing system. Full details of the data to be collected can be found in the MSDS v2.0 [Data Set Specification](#) on the [DCB 1513: MSDS webpage](#).

Providers of maternity services must create a monthly data submission as set out in the MSDS Technical Output Specification. Therefore, providers of maternity services must be able to:

- collate and extract data from local IT systems as per the MSDS v2.0 Data Set Specification
- structure the data and create a data submission file using the XML schema or intermediate database (IDB)
- ensure the data submission file only contains data for a single month and relates to one provider organisation.

The MSDS v2.0 Enhanced Technical Output Specification, including validation rules which the submission file must conform to, and other guidance materials are available from the [NHS Digital MSDS v2.0 webpage](#).

Manner of the collection

The MSDS is submitted to NHS Digital using the MSDS XML Schema or IDB.

Providers of maternity services must submit data submission files to a secure online submission portal as per the data submission protocol, available on the [SDCS Cloud webpage](#).

Data for submission will be formatted into an XML or IDB file as per [Technology Reference Data Update Distribution \(TRUD\)](#) at [NHS Data Model and Dictionary: DD XML Schemas](#).

The [MSDS v2.0 IDB](#) is published on TRUD. Providers can (optionally) use this tool to make their MSDS v2.0 data submissions. Providers are able to submit the MSDS v2.0 IDB directly to the submission portal.

Period of the collection

As per the MSDS v2.0 [Requirements Specification](#):

The MSDS v2.0 replaced MSDS v1.5 from 1st April 2019.

Providers of maternity services have been required to; collect the information locally that they use to produce the monthly MSDS v2.0 extract from this date. Providers of maternity services began making MSDS v2.0 submissions from 1st May 2019.

Providers of maternity must submit data on a monthly basis to the submission portal, based on the schedule published on NHS Digital's [MSDS webpage](#).

Data quality

NHS Digital is committed to supporting providers at the point of submission investigating any unexpected variations in data in order to improve data quality. Also following submission, NHS Digital will work with providers where there are concerns with data quality to improve future submissions. Feedback from providers is published to inform other users about the cause and impact of known data quality issues

As per the MSDS v2.0 Requirements Specification, providers of maternity services must review the MSDS v2.0 Technical Output Specification to understand the data quality rules that will be applied to each data group on arrival at the online submission portal. Data quality issues will be highlighted in a data quality report made available to providers to take further action before the submission window closes.

Responsibilities, and associated conformance criteria, with regard to data quality are detailed within the Requirements Specification available from the [DCB 1513: MSDS webpage](#).

As an output data set, the MSDS v2.0 does not mandate design of local systems or specific local data quality measures. However, the data set developers have outlined recommendations for consideration by data providers to ensure good data quality in respect of the extracted submission. These recommendations can be found in the MSDS v2.0 Implementation Guidance available from the [DCB 1513: MSDS webpage](#).

Burden of the collection

Steps taken by NHS Digital to minimise the burden of collection

In discharging its statutory duty to seek to minimise the burden it imposes on others NHS Digital has:

- Completed a mapping of SNOMED CT codes to MSDS v1.5 content, to assist providers and suppliers who did not have SNOMED CT enabled systems, which should have negated possible system supplier charges.
- Provided a database tool to enable providers to submit data in the required format. This tool is supported by NHS Digital and eliminates the need for providers to employ middleware providers to submit the data in an XML format on their behalf at a cost.

System suppliers were required to move to using SNOMED CT as the single form of clinical terminology in systems in all care settings from April 2020, as set out in the 'Personalised Health and Care 2020' policy paper (<https://www.gov.uk/government/publications/personalised-health-and-care-2020>).

In the longer term, the burden for providers is likely to reduce because the use of SNOMED CT will allow providers to capture information for primary use within their systems and then submit the background data for secondary purposes without local transformation.

In seeking to minimise the burden it imposes on others, in line with sections 253(2)(a) and 265(3) of the Health and Social Care Act 2012, NHS Digital has an assessment process to validate and challenge the level of burden incurred through introducing new information standards, collections and extractions.

This assessment is carried out by the Data Standards Assurance Service (DSAS) which carries out a Detailed Burden Assessment (DBA) and reports findings and recommendations, as part of the overarching DCB process.

Assessed costs

Burden on providers	£2.6m	Year 1 costs (including set up costs)
Burden on providers	£1.1m	Year 2 and ongoing annual costs

For further information

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