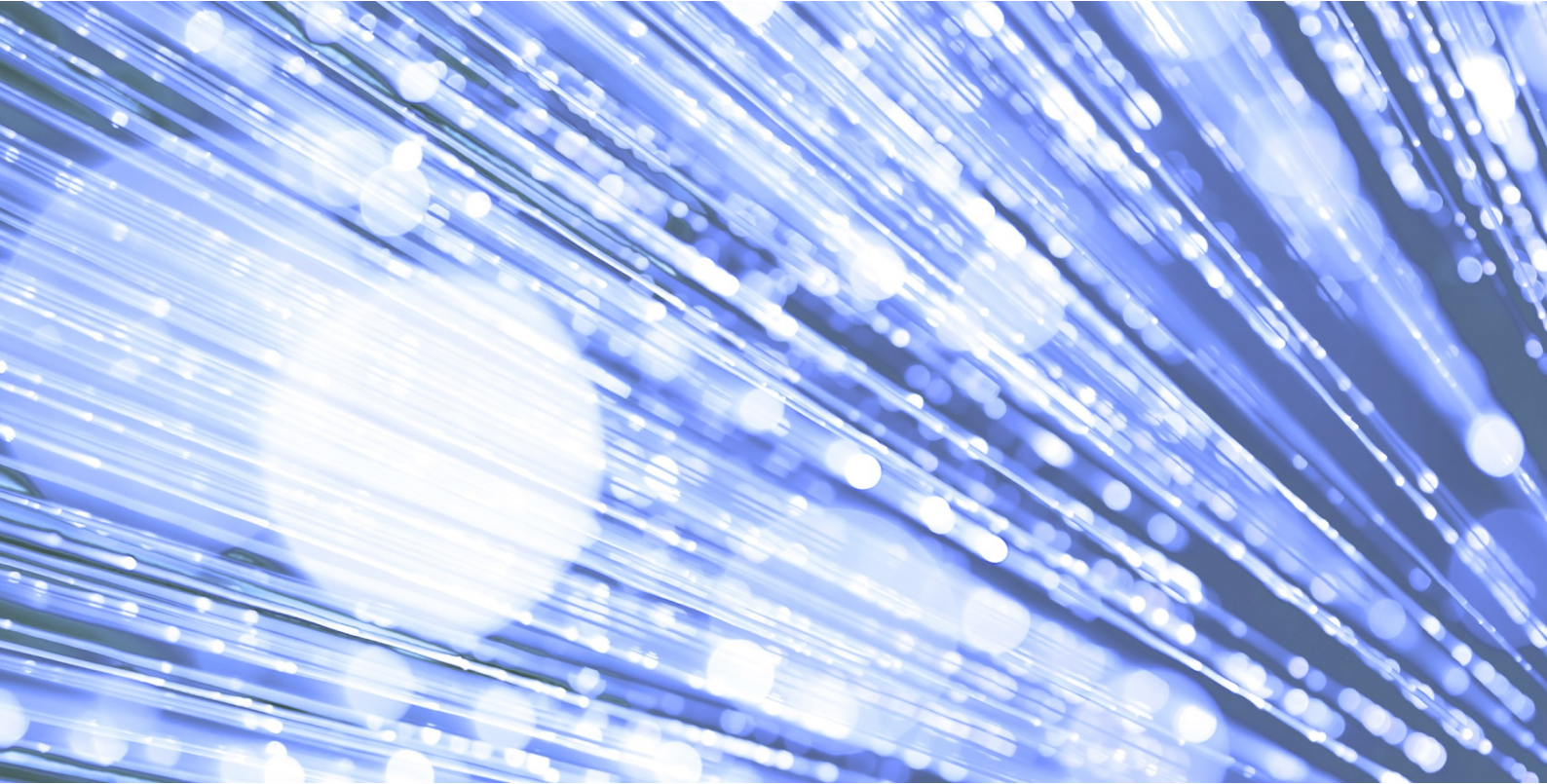


DAPB0092 Amd 64/2020

# Commissioning Data Sets v6.3 Requirements Specification

Published 15 June 2021



**Information and technology**  
**for better health and care**

# Data Alliance Partnership Board

Acting on behalf of the Data Alliance Partnership Board (DAPB), which holds delegated authority from the Secretary of State for Health and Social Care, the Data Alliance Partnership Sub Board (DAPSB) has approved a change to an existing information standard for publication under [section 250 of the Health and Social Care Act 2012](#).

Assurance that this information standard meets the requirements of the Act and is appropriate for the use specified in the specification document has been provided by the Data Standards Assurance Service (DSAS) and approved by the Data Alliance Partnership Board (DAPB).

This information standard comprises the following documents:

- Requirements Specification
- Change Specification
- Technical Output Specification
- Implementation Guidance.

An Information Standards Notice (DAPB0092 Amd 64/2020) has been issued as a notification of use and implementation timescales. Please read this alongside the documents for the standard.

The controlled copies of these documents can be found on the [NHS Digital website](#). Any copies held outside of that area, in whatever format (e.g. paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.

Date of publication: 15 June 2021



This information is licensed under the Open Government Licence v3.0. To view this licence, visit <http://www.nationalarchives.gov.uk/doc/open-government-licence/> or write to the Information Policy Team, The National Archives, Kew, Richmond, Surrey, TW9 4DU.

## Glossary of terms

Term/ Abbreviation	Definition
Acute Trust	An NHS organisation responsible for providing a group of healthcare services. An acute Trust provides hospital services.
AHP	Allied Health Professionals work across a wide range of locations and sectors within acute, primary and community care. They are made up of the following staff groups: <ul style="list-style-type: none"> <li>• Art, Drama, Music Therapists</li> <li>• Chiropodists/Podiatrists</li> <li>• Occupational Therapists</li> <li>• Orthoptists</li> <li>• Physiotherapists</li> <li>• Prosthetists and Orthotists</li> <li>• Radiographers (Diagnostic and Therapeutic)</li> <li>• Speech and Language Therapists</li> <li>• Dietitians</li> </ul>
CCG	Clinical Commissioning Group
CCMDS	Critical Care Minimum Data Set (ISB 0153)  The purpose of the Critical Care Minimum Data Set is to provide a standardised set of data to support the National Tariff Payment System, Healthcare Resource Groups, and Resource Management. The data is partially derived from CDS and relates to any part of the patient's hospital spell that requires care in a designated critical care bed. Separate critical care data sets also exist for paediatric and neonatal critical care.
CDS	Commissioning Data Sets  CDS are patient level, secondary use data sets providing information about NHS provided secondary care activity. CDS form the basis of data on activity carried out by NHS Trusts reported centrally for monitoring and payment purposes. They support the current Healthcare Resource Group (HRG) version 4 for calculation of payment to trusts and monitoring of other initiatives including the 18 weeks Referral to Treatment standard.
Clinical Governance	Clinical governance is defined by the <a href="#">Department of Health and Social Care</a> as describing "the structures, processes and culture needed to ensure that healthcare organisations - and all individuals within them - can assure the quality of the care they provide and are continuously seeking to improve it"
Conformance Date	The date when services and IT systems must conform to standards and meet the specification as set out in the mandate and guidance.
CSDS	Community Services Data Set (DCB1069)  CSDS is a patient level, output based, secondary uses data set which delivers robust, comprehensive, nationally consistent and comparable person-centred information for people who are in contact with publicly funded Community Services.
CQC	Care Quality Commission CQC monitor, inspect and regulate health and social care services.
CTV3	Clinical Terms Version 3  A clinical coding language used for diagnosis and treatment. Now deprecated and replaced by SNOMED CT.

Term/ Abbreviation	Definition
DAPB	Data Alliance Partnership Board  Empowered by the Health and Social Care Act 2012, the DAPB has delegated responsibility for approving information standards for the health and social care system in England. The DAPB membership is drawn from a range of organisations operating within health and social care.
DARS	<a href="#">Data Access Request Service</a>  DARS is an NHS Digital service which can offer clinicians, researchers and commissioners access to data required to help improve NHS services.
Data Controller	A person who (either alone or jointly or in common with other persons) determines the purposes for which and the manner in which any personal data is, or is to be, processed.
Data Group	A collection of data items that describe a distinct event or episode. This can also be referred to as a table of data.
Data Item	A single component of a data set that holds one type of information and relates to a specific record.
Data Set	The full collection of data groups. See 'Technical Output Specification'
DHSC	Department of Health and Social Care
DNA	Did Not Attend (in connection to a hospital appointment)
DPIA	Data Protection Impact Assessment
DSAS	Data Standards Assurance Service  An NHS Digital team that provides assurance that the Information Standard meets the requirement of the Health and Social Care Act and is appropriate for the use specified in the Requirements Specification.
DSDS	Data Set Development Service
ECDS	Emergency Care Data Set (DCB0092-2062)  ECDS is the national data set for urgent and emergency care. It replaced the Accident & Emergency Commissioning Data Set (CDS type 010) and was implemented through CDS 6.2.2 Type 011.
EPR	Electronic Patient Records
ERG	The CDS Expert Reference Group comprises care provider, system supplier, middleware supplier and NHS Digital representatives. Its main focus is on contributing to the understanding of requirements and the development and review of viable solutions.
FPN	Fair Processing Notice
GDPR	General Data Protection Regulation
HES	Hospital Episode Statistics  HES is a data warehouse containing details of all admissions, outpatient appointments and emergency attendances at NHS hospitals in England. HES data is derived from CDS and is the data source for a wide range of healthcare analysis for the NHS, government and other organisations and individuals. The data is submitted and returned via SUS+.
HRG	Healthcare Resource Group  Standard groupings of clinically similar treatments which use common levels of healthcare resource. HRGs offer organisations the ability to

Term/ Abbreviation	Definition
	understand their activity in terms of the types of patients they care for, and the treatments they undertake. They enable the comparison of activity within and between different organisations and provide an opportunity to benchmark treatments and services to support trend analysis over time.
HSCIC	Health and Social Care Information Centre An executive non-departmental public body created by statute, also known as NHS Digital.
ICD-10	International Classification of Diseases (Revision 10)
IG	Information Governance
Information Standard	An information standard is defined in the Health and Social Care Act 2012 as: 'a document containing standards that relate to the processing of information'. Using information standards means that data can be understood across the sector and used for planning and monitoring, as well as for good patient care.
ISN	Information Standards Notice Notification of the release of an Information Standard approved by the Data Alliance Partnership Board (DAPB). Organisations to whom the standards apply must pay regard to those standards within a reasonable time, as defined within the ISN.
LOA	Leave of Absence (in connection with a hospital ward stay)
MHSDS	Mental Health Services Data Set (DCB0011) MHSDS captures data about the care of children, young people and adults who are in contact with mental health, learning disabilities or autism spectrum disorder services.
MSDS	Maternity Services Data Set (DCB1513) MSDS captures information about activity carried out by Maternity Services relating to a mother and baby(s), from the point of the first booking appointment until discharge from maternity services.
National Tariff Payment System	The national tariff is a set of prices and rules managed by NHS England and NHS Improvement, and used by providers and commissioners to deliver the most efficient, cost effective care to patients and enable reimbursement. Formerly known as Payment by Results (PbR).
NHS Digital	The national information and technology partner to the health and care system which plays a fundamental role in driving better care, better services and better outcomes for patients in England. Previously (and still legally) known as the HSCIC.
NICE	National Institute for Health and Care Excellence
Null	A data item with no value (i.e. blank) and therefore, has no meaning. This is different from a value of 0 (zero), since 0 is an actual value.
OAT	Operational Acceptance Testing The assurance of functionality relating to the flow of data through the landing portal. This could include the use of test XML files containing perfect and imperfect test data and different volumes of data on the spectrum of small to large users.
ODS	<a href="#">Organisation Data Service</a>

Term/ Abbreviation	Definition
	The ODS is a service provided by NHS Digital which is responsible for publishing ODS codes. ODS codes provide unique identification codes for organisational entities across health and social care, for example NHS Trusts or CCGs, organisation sites such as hospitals, or GP Practices.
OPCS-4	The OPCS Classification of Interventions and Procedures (OPCS-4) (DCB0084) is a procedural classification used by Health Care Providers and national and regional organisations to support operational and strategic planning, resource utilisation, performance management, reimbursement, research and epidemiology.
OVCC	<a href="#">Overseas Visitor Charging Category</a> The Overseas Visitor Charging Category (OVCC) standard (DCB3017) sets out the values which must be used to record the chargeable status of a patient using NHS services.
PAS	Patient Administration System A computerised administration solution used to record patient data that assists with planning, tracking and recording the patient's contact with the outpatient department or their admission, inpatient stay and discharge.
Patient Level	Relating to a single data subject, as opposed to an aggregate data set.
Read V2	A clinical coding language used for diagnosis and treatment. Now deprecated and replaced by SNOMED CT.
RTT	Referral to Treatment Waiting Times measurement policy for consultant led and Allied Health Professional activity, which monitors the waiting time between the referral of a patient to a service, to the time they receive their first definitive treatment for their condition.
SNOMED CT	SNOMED CT (SCCI0034) is a structured clinical vocabulary for use in an electronic health record. SNOMED CT provides machine readable codes for clinical concepts and is the most comprehensive and precise clinical health terminology product in the world. SNOMED CT has been selected and approved as the terminology to be adopted by the NHS in England.
SRO	Senior Responsible Owner
SUS	Secondary Uses Service Single source of comprehensive data to enable a range of reporting and analysis. SUS supports the NHS and its partners in the areas of planning, commissioning, management, research, audit, public health and a number of national initiatives, such as the National Tariff Payment System. 'SUS' remains in use as a generic term for the Secondary Uses Service as a whole, but the landing portal itself is now known as 'SUS+' (see below)
SUS+	Secondary Uses Service Plus SUS+ is the current version of the SUS landing platform and was implemented in April 2017 replacing the previous legacy version (SUS) as the repository for healthcare data in England. 'SUS+' is used in this standard to refer to the actual landing portal which is used for submissions of CDS data.
TFC	Treatment Function Code A division of clinical work based on Main Specialty, but incorporating approved sub-specialties and treatment interests used by lead care

Term/ Abbreviation	Definition
	professionals including but not limited to Consultants. TFCs are used to record, report on, extract and flow activities undertaken, irrespective of the type of healthcare professional who performs them. TFCs are governed by the Treatment Function and Main Specialty Standard (DCB0028).
TOS	<p>The Technical Output Specification fully defines each data item within the data set. This document splits the data set into a number of groups (tables), each containing data items and values.</p> <p>An enhanced version of the TOS is also published, which includes the validation rules that will be applied by the XML submission schema and SUS+ landing portal.</p>
TRUD	<p><a href="#">Technology Reference data Update Distribution</a></p> <p>A website that hosts technology reference data files from NHS Digital.</p>
UAT	User Acceptance Testing
XML	<p>Extensible Markup Language</p> <p>XML is a markup language designed to carry data. It is used to create the CDS XML schema which carries data in the specified CDS format between health care providers and SUS.</p>

# Contents

---

<b>1. Overview</b>	<b>9</b>
1.1. Summary	9
1.2. Supporting documents	12
1.3. Related standards	12
<b>2. Requirements</b>	<b>14</b>
2.1. Health and care organisations	14
2.2. Systems	17
2.3. XML middleware suppliers	19
<b>3. Conformance Criteria</b>	<b>20</b>
<b>Appendix A – List of CDS Types</b>	<b>21</b>

---

# 1. Overview

This product precisely defines the Commissioning Data Sets (CDS) v6.3 standard. The Summary section below describes the standard; the following Requirements and Conformance Criteria sections explain what is required of care providers and systems to conform to the standard, and the way this will be tested respectively.

This document is the formal definition of the standard.

The key words MUST, SHOULD and MAY are defined in [RFC-2119](#).

## 1.1. Summary

Standard	
Standard Number	DAPB0092
Standard Title	Commissioning Data Sets (CDS) v6.3
Description	<p>The Commissioning Data Sets (CDS) are patient level, secondary uses data sets providing information about NHS provided secondary care activity. CDS is used for a variety of purposes, including national reporting through <a href="#">Hospital Episode Statistics (HES)</a>, the allocation of payments through the <a href="#">National Tariff Payment System</a> and measurement of waiting times through <a href="#">Referral to Treatment (RTT)</a>. The data is submitted through the Secondary Uses Service (SUS) in an XML format on a weekly, monthly or annual basis, depending on the CDS type (see Appendix A).</p> <p>As a secondary uses data set, CDS re-uses clinical and operational data for purposes other than direct patient care. It defines the data items, definitions and associated value sets to be extracted or derived from local information systems.</p> <p>The CDS v6.3 changes are mainly designed to update CDS in line with current clinical and data recording practices, as well as to support recent policy initiatives and enable conformance with other information standards and legislation introduced since CDS v6.2 went live in 2012.</p> <p><b><u>In Scope</u></b></p> <p>This standard mandates the central flow of administrative and clinical information for secondary uses purposes. The standard defines a 'data set specification' for extract from Patient Administration Systems (PAS) and clinical systems.</p> <p>The scope of CDS includes secondary care activity undertaken by NHS Hospital Providers in England, including patients receiving private treatment within an NHS Trust (i.e. within a Private Patient Unit (PPU)), and NHS commissioned elective activity carried out elsewhere, including in the independent sector (including Any Qualified Providers) and overseas.</p> <p>Patient activity in the form of Outpatient Appointments (including Did Not Attends) and Admitted Patient Care (Hospital Admissions) is included.</p> <p><b><u>Out of Scope</u></b></p> <p>The following areas are exceptions to the scope of the DAPB0092 information standard:</p>

	<ul style="list-style-type: none"> <li>• Emergency Care activity – Type 011 is the CDS Type for emergency care services. This is covered by the separate information standard DCB0092-2062: Commissioning Data Sets: Emergency Care Data Set.</li> <li>• Local system functionality or design: whilst the standard provides details of ‘what’ and ‘how’ data should be submitted, it does not stipulate any standard for the functionality or design of local clinical and operational systems, although as a general principle if data is easy to collect and synchronise with care pathways it will improve the quality of the data provided.</li> <li>• Non-NHS funded services provided by independent organisations, i.e. activity relating to private patients treated within private hospitals, which are not required to make submissions except for activity commissioned by the NHS.</li> <li>• Activity carried out by other care services, e.g. by GPs.</li> <li>• Non-contract services rendered outside England.</li> </ul> <p><b><u>Future scope</u></b></p> <p>Please note that the scope of CDS will be refined further as part of a future ISN release. The intention is for mental health data to be removed from the scope, as this is collected in the Mental Health Services Data Set (MHSDS). Maternity data will also be removed from the scope, as this is collected in the Maternity Services Data Set (MSDS). However, both mental health and maternity data remain in scope of CDS v6.3.</p>
Applies to	<p><b><u>Organisation Types</u></b></p> <p>CDS will be used in all NHS organisations providing secondary care, including foundation and non-foundation Trusts. This also includes services commissioned by the NHS but provided by independent organisations.</p> <p><b><u>Professionals</u></b></p> <p>The standard applies to both care professionals and other staff working in secondary care organisations. This could include, but is not limited to, the following:</p> <ul style="list-style-type: none"> <li>• clinicians, in particular consultants working in various specialties and specialist staff working in specific care areas, for example obstetricians and midwives working in maternity care</li> <li>• information and IT professionals</li> <li>• administrative personnel</li> <li>• staff working in support organisations such as XML middleware suppliers, who may be involved in submitting data on behalf of NHS organisations</li> </ul> <p><b><u>IT Systems</u></b></p> <p>The standard predominantly, but not exclusively, relates to the following electronic information systems:</p> <ul style="list-style-type: none"> <li>• Patient Administration Systems (PAS)</li> <li>• Electronic Patient Records (EPR)</li> <li>• Clinical and operational systems used in secondary care hospitals, such as dedicated maternity systems, radiology systems, pathology systems etc</li> </ul>

	<p><b>Data Subjects</b></p> <p>The standard primarily aims to capture information on patients of all ages, including newborn babies, children and adults, who are in contact with secondary care providers.</p> <p>In addition, limited information about clinicians is captured, such as their professional registration details and main speciality.</p>
<b>Release</b>	
Release Number	Amd 64/2020
Release Title	Version 6.3
Description	<p>CDS v6.3 is an interim update to the existing CDS v6.2. The 'tactical release' of CDS v6.3 is designed to rapidly introduce a number of high priority changes so that SNOMED CT codes (including recently authored codes that relate to COVID-19) can be submitted to CDS as soon as possible.</p> <p>In summary, the high-level changes in v6.3 comprise:</p> <ul style="list-style-type: none"> <li>• Introduction of SNOMED CT, as per the SCCI0034 information standard</li> <li>• Removal of Read Version 2/Clinical Terms Version 3 (CTV-3) structures</li> <li>• Changes to conform with other information standards, such as: <ul style="list-style-type: none"> <li>○ DCB0028 Treatment Function and Main Specialty Standard</li> <li>○ DCB3017 Overseas Visitor Charging Category (OVCC)</li> <li>○ DCB0090 Health and Social Care Organisation Reference Data</li> <li>○ DCB2094 Sexual Orientation Monitoring Standard</li> </ul> </li> <li>• Removal of enumerated value lists from the submission XML schema for some data items</li> <li>• Various updates to NHS Data Model and Dictionary data items to reflect changes since the CDS was last updated</li> <li>• Retirement of redundant CDS types which are no longer utilised or represent duplication, such as types 021, 030-110 and 170</li> <li>• Introduction of the ability to submit multiple commissioners and the SPECIALISED SERVICE CODE data item, to support specialised commissioning requirements</li> <li>• Minor changes to support NHS England and NHS Improvement Outpatient Transformation Programme requirements</li> <li>• Acute Data Alignment Programme (ADAPt) changes to support alignment with the Private Healthcare Information Network (PHIN) submissions of data for private patients</li> <li>• Additional data items to match and enable linkage with the forthcoming Ambulance Data Set</li> <li>• Changes to enable the capture of risk assessments completed for ophthalmology patients and an associated 'latest clinically appropriate date' for treatment</li> <li>• Enabling the reporting of digitalised fit notes issued in secondary care within CDS, in support of the forthcoming DAPB4011 eMED3 (Fit Notes) in Secondary Care information standard</li> </ul> <p>CDS v6.3 will ultimately replace CDS v6.2 (ISB 0092 Amd 16/2010), which was published in September 2012.</p>
Implementation Completion Date	<p><b>System Conformance</b></p> <p>From 1 April 2022 systems used by secondary care providers <b>SHOULD</b> be fully conformant with this standard.</p> <p>From 1 April 2023 systems used by secondary care providers <b>MUST</b> be fully conformant with this standard.</p>

	<p><b>Health and Care Organisations</b></p> <p>From 1 April 2022, providers of NHS-funded secondary care activity, as defined in this Information Standard, <b>SHOULD</b> be able to collect the information as defined in the Technical Output Specification for local use.</p> <p>From 1 April 2022, providers of NHS-funded secondary care activity (or their nominated middleware supplier) <b>SHOULD</b> start making CDS v6.3 submissions in accordance with this standard.</p> <p>By 1 April 2023, providers of NHS-funded secondary care activity <b>MUST</b> be fully conformant with CDS v6.3, including the capture and submission of any new mandatory or required data items.</p> <p>Providers of NHS-funded secondary care activity <b>MAY</b> also volunteer to participate in pilot trials ahead of the official start of submissions to test the process ahead of full data collection, upon discussion and agreement with NHS Digital. Pilot data <b>MAY</b> be provided ahead of 1 April 2022.</p>
Full Conformance Date	1 April 2023 - this allows a year from the start of CDS v6.3 submissions for providers of NHS-funded secondary care activity to transition from CDS v6.2 to CDS v6.3.

## 1.2. Supporting documents

This document should be read in conjunction with the following:

Ref #	Title
1	CDS v6.3 Change Specification
2	CDS v6.3 Technical Output Specification
3	CDS v6.3 Implementation Guidance
4	CDS v6.3 User Guidance
5	NHS Data Model and Dictionary CDS v6.3 Change Request
6	CDS v6.3 XML Schema (hosted on TRUD – login required)

Please see section 2.5 of the *Implementation Guidance* for a full list and descriptions of each related document.

## 1.3. Related standards

Reference	Title
DCB0092-2062	<a href="#">Commissioning Data Sets (CDS) Version 6.2.2: Emergency Care Data Set (ECDS)</a>
DCB1069	<a href="#">Community Services Data Set (CSDS)</a>
DCB0011	<a href="#">Mental Health Services Data Set (MHSDS)</a>
DCB1513	<a href="#">Maternity Services Data Set (MSDS)</a>
ISB 0149-02	<a href="#">NHS Number for Secondary Care</a>
SCCI0034	<a href="#">SNOMED CT</a>

Reference	Title
SCCI0021	International Classification of Diseases and Health Related Problems (ICD-10)
DCB0084	OPCS Classification of Interventions and Procedures (OPCS-4)
DCB0090	Health and Social Care Organisation Reference Data
ISB 1553	Read Clinical Terms Version 2 (Deprecated)
ISB 1552	Read Clinical Terms Version 3 (Deprecated)
SCCI0075	Neonatal Critical Care Minimum Data Set
SCCI0076	Paediatric Critical Care Minimum Data Set
ISB 0153	Critical Care Minimum Data Set
DCB3017	Overseas Visitor Charging Category (OVCC)
DCB0028	Treatment Function and Main Specialty Standard
DCB2094	Sexual Orientation Monitoring Standard
DCB2050	Aggregate Contract Monitoring
DCB3003	Patient Level Contract Monitoring
DCB3002	Devices Patient Level Contract Monitoring
DCB2212	Drugs Patient Level Contract Monitoring
DCB0129	Clinical Risk Management: its Application in the Manufacture of Health IT Systems
DCB0160	Clinical Risk Management: its Application in the Deployment and Use of Health IT Systems

## 2. Requirements

### 2.1. Health and care organisations

Many submissions of CDS data are made on behalf of providers of NHS-funded secondary care activity by XML middleware suppliers. The requirements below may therefore apply to middleware suppliers as well as (or instead of) care providers. However, the ISN does not directly place any mandatory requirements on middleware suppliers. There may instead be contractual arrangements in place between care providers and middleware suppliers which impose specific requirements on middleware suppliers relating to data submissions. See also Section 2.3 below for some specific, suggested requirements relating to XML middleware suppliers.

#### 2.1.1. Timeframe

- 1) From 1 April 2022, providers of NHS-funded secondary care activity **SHOULD** be able to collect the information as defined in the Technical Output Specification (TOS) for local use.
- 2) From 1 April 2022, providers of NHS-funded secondary care activity (or their nominated middleware supplier) **SHOULD** start making CDS v6.3 submissions in accordance with this standard.
- 3) By 1 April 2023, providers of NHS-funded secondary care activity **MUST** be fully conformant with CDS v6.3, including the capture and submission of any new mandatory or required data items. Providers **MUST** make CDS v6.3 submissions in accordance with this standard, i.e. stop submitting CDS v6.2 and move to CDS v6.3. Submissions **MUST** be made as per as per the instructions in published CDS v6.3 Implementation Guidance and other supporting documentation.

#### 2.1.2. Scoping

- 4) Providers of NHS-funded secondary care activity new to submitting CDS **MUST** review the 'In scope' and 'Out of scope' sections of this Requirements Specification to establish whether the standard applies to the services they offer.
- 5) All providers **SHOULD** review all related documents to ensure they fully understand the background, objectives and scope of this information standard.

#### 2.1.3. Feasibility assessment

- 6) Providers of NHS-funded secondary care activity **MUST** review the CDS v6.3 TOS and CDS v6.3 User Guidance to understand the scope and definition of each data item.
- 7) Providers of NHS-funded secondary care activity, and their nominated middleware supplier where applicable, **SHOULD** familiarise themselves with the CDS v6.3 XML schema to understand how data is structured within the data submission file.
- 8) The CDS v6.3 standard defines the data submission from provider systems which will flow to NHS Digital. It is not a specification for a clinical system. Providers of NHS-funded secondary care activity **SHOULD NOT** solely use this data set to define their clinical and operational data capture.

- 9) Providers of NHS-funded secondary care activity **SHOULD** carry out a 'data mapping exercise' to understand how well their existing electronic systems align to the TOS and take appropriate action to ensure that the CDS v6.3 standard is fully met.

#### 2.1.4. Information governance

- 10) Data Controllers responsible for NHS-funded secondary care activity **MUST** ensure they are fully conversant with pertinent information governance legislation and guidance, including [patient opt-outs](#) and [GDPR](#).
- 11) Providers of NHS-funded secondary care activity (including the Caldicott Guardian) **SHOULD** review the NHS Digital [Keeping patient data safe webpages](#) to ensure they are fully conversant with pertinent information governance legislation and guidance, including:
- Consent and opportunity to object to sharing
  - Compliance against statutory requirements
  - Potential safety/confidentiality/risk considerations

Further information can be found in the CDS v6.3 Implementation Guidance, Section 3.2.

- 12) Providers of NHS-funded secondary care activity **MUST** make available information and guidance to patients stating that their clinical care data may be re-used, including through linkage with other data sources, for the purpose of data analysis and reporting.
- 13) Any staff responsible for controlling the submission of data **MUST** read the Implementation Guidance to understand the information governance approach and act accordingly. This will help inform the handling of sensitive data and ensure that legally restricted data is not included in an identifiable form. Understanding, behaviours and accountability **SHOULD** be appropriate to the level and nature of responsibility of the staff member.
- 14) Any immediate information governance concerns relating to CDS **SHOULD** be directed to the standard's developers at NHS Digital, or the [Independent Group Advising on the Release of Data \(IGARD\)](#) if the concerns relate to data dissemination.
- 15) Providers of NHS-funded secondary care activity **SHOULD** ensure that local data systems and warehouses comply with appropriate data security controls by ensuring they achieve [Data Security and Protection Toolkit standards](#).

#### 2.1.5. Clinical governance

- 16) The data set **MAY** be used for clinical governance purposes such as:
- Monitoring of year-on-year service improvement by governing and audit bodies
  - Benchmarking performance to drive service improvements.

#### 2.1.6. Clinical risks

- 17) When procuring new systems or modifying agreements with existing system suppliers, providers of NHS-funded secondary care activity **SHOULD** ensure that supplier organisations are compliant with the clinical safety standards [DCB0129 Clinical Risk Management: its Application in the Manufacture of Health IT Systems](#) and [DCB0160](#)

**Clinical Risk Management: its Application in the Deployment and Use of Health IT Systems.** The developers of CDS v6.3 have also completed a clinical safety case for the data set itself, which confirms that it is for secondary uses only and will therefore have no direct impact on clinical safety.

### 2.1.7. Data collection and submission

- 18) The requirements defined in this section can largely be fulfilled by informatics staff working for the NHS-funded secondary care organisation. However, providers of NHS-funded secondary care activity **MAY** nominate an accredited XML middleware supplier to make data submissions on their behalf (see Section 2.3).
- 19) Clinical staff **MUST** capture the information locally that their organisation intends to use to produce CDS v6.3 extracts in an accurate and timely manner.
- 20) Providers of NHS-funded secondary care activity **SHOULD** review the CDS v6.3 Enhanced TOS to understand the data validation rules that will be applied to the data by the XML submission schema and data landing platform. Validation rules not adhered to may result in the entire submission being rejected.
- 21) Providers of NHS-funded secondary care activity **MUST** develop a submission extract as defined by the TOS and supporting guidance documents.
- 22) Providers of NHS-funded secondary care activity **MUST** submit the CDS v6.3 extract as defined in the TOS.
- 23) Providers of NHS-funded secondary care activity **MUST** submit the CDS v6.3 extract as per the frequency defined by Appendix A of this document and also outlined in the TOS and NHS Data Model and Dictionary, i.e. on at least a weekly, monthly or annual basis depending on the CDS Type.
- 24) Providers of NHS-funded secondary care activity **SHOULD** check data quality reports provided by NHS Digital after each submission, correct errors and apply these to re-submissions and future submissions at the earliest opportunity.
- 25) Providers of NHS-funded secondary care activity **MUST NOT** attempt to submit data items not defined in the TOS.

### 2.1.8. Data quality

- 26) Providers of NHS-funded secondary care activity **SHOULD** always seek to understand the context of data quality reports available via SUS and published national reports on the NHS Digital website, and be aware that the information presented depends greatly upon the quality of information submitted. Ongoing efforts **SHOULD** be made to ensure that data quality is of the highest standard before forming judgements about reports and introducing changes to improve data quality.

### 2.1.9. Resources

- 27) Heads of organisations providing NHS-funded secondary care activity **MUST** ensure their service is appropriately resourced to conform to the requirements stated in this Requirements Specification.

## 2.1.10. Communication

- 28) Heads of organisations **MUST** comply with the dates instructed by the Information Standard. Chief executives **SHOULD** therefore ensure awareness by all clinicians and operational staff involved in care delivery by cascading the mandated CDS v6.3 standard and an appropriate project brief covering CDS v6.3 implementation to all relevant staff.
- 29) Instructions **MUST** also be communicated by the organisation's information leads to other clinical and non-clinical staff to initiate collaborative work between informatics services and the relevant secondary care services as soon as possible.

## 2.1.11. Issues and maintenance

- 30) To support the implementation of this information standard, providers of NHS-funded secondary care activity **SHOULD** highlight any persistent issues and feed these back to the standard's developers. Feedback will be used by the developers to improve the implementation and data collection processes for future consideration towards a data set change or, indeed, further implementation phases.

## 2.1.12. Demonstrating readiness

- 31) Several months after publication of this information standard a state of readiness questionnaire will be circulated to assess conformance with this standard. This **MUST** be completed by providers of NHS-funded secondary care activity and returned to NHS Digital by the deadline specified within the questionnaire.

# 2.2. Systems

## 2.2.1. Timeframe

- 32) From 1 April 2022, providers of NHS-funded secondary care activity **SHOULD** ensure their IT systems are able to capture the information locally that is intended for use to produce the CDS v6.3 extracts, as defined in the TOS. This includes information required to derive data items as defined within the standard.
- 33) From 1 April 2022, providers of NHS-funded secondary care activity **SHOULD** ensure their IT systems are able to derive the data items defined within this standard, where they are not collected directly. This includes mapping of local codes to national codes, and the ability to extract this information as envisaged within this standard, e.g. without interim workarounds and in the specified format.
- 34) By 1 April 2023, providers of NHS-funded secondary care activity **MUST** ensure their IT systems are able to derive the data items defined within this standard to allow them to make CDS v6.3 submissions in accordance with this standard, i.e. the capture and flow of any new mandatory or required data items introduced in CDS v6.3 and no longer making submissions of CDS v6.2 data.

## 2.2.2. Scoping

- 35) IT systems suppliers **SHOULD** review all related documents to fully understand the background, objectives and scope of this information standard.

### 2.2.3. Feasibility assessment

- 36) Providers of NHS-funded secondary care activity **SHOULD** ensure that their IT system suppliers review the TOS and associated guidance to understand the scope and definition of each data item.
- 37) Providers of NHS-funded secondary care activity **SHOULD** ensure that their IT system suppliers familiarise themselves with the submission XML schema to understand how data items are structured within the data submission file.
- 38) Providers of NHS-funded secondary care activity **SHOULD** ensure that their IT system suppliers provide tools to enable a 'data mapping exercise' to be carried out and where possible complete the mappings to the national codes on behalf of the CDS providers.
- 39) The CDS v6.3 TOS is a specification for a secondary uses output data set. It does not define patient systems. Whilst providers of NHS-funded secondary care activity **SHOULD** ensure that their IT system suppliers use this data set to support their system development, they **SHOULD NOT** use the data set exclusively and **SHOULD** also consider the full requirements of the care setting where it is used.
- 40) Increase in burden for providers in capturing and extracting the information defined in the TOS as a result of system changes in support of the mandated standard **SHOULD** be proportionate. Any changes to support CDS v6.3 **SHOULD** result in minimal increase on burden for providers in capturing and extracting the information.
- 41) When considering potential developments, supporting good data quality **MUST** be prioritised, in conjunction with minimising the burden on providers.

### 2.2.4. Information governance

The CDS v6.3 Implementation Guidance (Section 3.2) explains the information governance issues surrounding the data set.

- 42) Providers of NHS-funded secondary care activity **MUST** ensure that their IT system suppliers include a mechanism to allow providers to identify records where there is a legal requirement to restrict the flow of identifiable information for a patient.

### 2.2.5. Clinical risks

- 43) Providers of NHS-funded secondary care activity **SHOULD** remind their IT system suppliers to ensure that any changes resulting from the implementation of CDS v6.3 are compliant with the safety standards [DCB0129](#) and [DCB0160](#).

### 2.2.6. Data submission

- 44) [The SUS web page](#) provides guidance relating to data submission. Providers of NHS-funded secondary care activity **SHOULD** review this web page and the requirements for health and care organisations above.

### 2.2.7. Data quality feedback

- 45) Providers of NHS-funded secondary care activity **SHOULD** ensure that their IT system suppliers review the TOS and other guidance on the NHS Digital website to understand

the data validation rules that will be applied to the data by the XML submission schema and data landing platform. Validation rules that are not adhered to may result in the entire submission being rejected.

- 46) From 1 April 2022, all systems used by providers of NHS-funded secondary care activity **SHOULD** have the ability to produce data quality reports to support providers in producing their submission files in line with the CDS v6.3 TOS.

### 2.2.8. Demonstrating readiness

- 47) Several months after publication of this information standard, a state of readiness questionnaire will be circulated to assess conformance with this standard. Providers of NHS-funded secondary care activity **SHOULD** ensure that this is completed by their IT system suppliers and returned to NHS Digital by the deadline specified within the questionnaire.

## 2.3. XML middleware suppliers

- 48) XML middleware suppliers **MAY** submit data on behalf of providers of NHS-funded secondary care activity. In order to do this, middleware suppliers **SHOULD** have completed the Common Assurance Process (CAP) and obtained XML Middleware Supplier accreditation to submit CDS to SUS+ in v6.3 format before any submissions are made.
- 49) XML middleware suppliers **SHOULD** review all related documents to fully understand the background, objectives and scope of this information standard.
- 50) XML middleware suppliers **SHOULD** familiarise themselves with the other requirements listed above for health and care organisations and systems, as many of these also apply to third parties responsible for making submissions on behalf of providers of NHS-funded secondary care activity.
- 51) Several months after publication of this information standard a state of readiness questionnaire will be circulated to assess conformance with this standard. This **SHOULD** be completed by XML middleware suppliers and returned to NHS Digital by the deadline specified within the questionnaire.

### 3. Conformance Criteria

- 1) NHS Digital is in receipt of the completed state of readiness questionnaire circulated to care providers, system suppliers and middleware suppliers several months after publication of this information standard, by the specified deadline. The questionnaire will be used to assess conformance with the stated requirements.  
  
(Requirements (as numbered above) - Health and care organisations: 4, 5, 8, 10, 11, 12, 13, 14, 15, 27, 31. Systems: 35, 36, 37, 38, 47. XML/middleware suppliers: 49, 50, 51).
  
- 2) NHS Digital receives a valid CDS v6.3 submission via SUS+ from April 2022 and no later than April 2023, which conforms to the CDS v6.3 Technical Output Specification. CDS v6.2 submissions are no longer made once CDS v6.3 submissions start.  
  
(Requirements - Health and care organisations: 1, 2, 3, 6, 7, 18, 19, 20, 21, 22, 25, 27, 28, 29. Systems: 32, 33, 34, 44. XML/middleware suppliers: 48, 50).
  
- 3) NHS Digital receives additional valid CDS v6.3 submissions via SUS+ which show improvements in data quality from the initial submission of CDS v6.3 data. Improvements in data quality could be indicated by more records being accepted by the XML submission schema and SUS+, and/or by more data items/groups being submitted.  
  
(Requirements - Health and Care Organisations: 23, 24, 26, 27. Systems: 45, 46. XML/middleware suppliers: 50).
  
- 4) NHS Digital continues to receive CDS v6.3 submissions via SUS+ at the required frequency (i.e. weekly, monthly or annually, depending on the CDS Type) throughout the period that the CDS v6.3 standard remains current.  
  
(Requirements - Health and Care Organisations: 1, 2, 3, 7, 18, 19, 20, 21, 22, 23, 27. Systems: 32, 33, 34. XML/middleware suppliers: 50).
  
- 5) NHS Digital continues to receive additional CDS v6.3 submissions via SUS+ that show improvements in data quality throughout the period that the CDS v6.3 standard remains current.  
  
(Requirements - Health and Care Organisations: 22, 23, 24, 26, 27. Systems: 42, 43. XML/middleware suppliers: 50).
  
- 6) NHS Digital is in receipt of comprehensive good quality submissions which conform to the information governance principles identified in the requirements above, measured by routine data quality reporting and absence of incidents impacting on NHS Digital.  
  
(Requirements - Health and Care Organisations: 10, 11, 12, 13, 14, 15, 18, 26. Systems: 42, 43. XML/middleware suppliers: 50)

## Appendix A – List of CDS Types

Outpatient Commissioning Data Set Type:				
CDS Type	CDS Title	CDS Description	Status	Minimum Frequency for Submission
020	Outpatient CDS	<p>Contains details of all Outpatient Attendance or a cancelled/missed appointment.</p> <p>It covers all NHS and private Outpatient activity taking place in any:</p> <ul style="list-style-type: none"> <li>- acute, community or mental health NHS Trust</li> <li>- other NHS hospital</li> <li>- non-NHS hospitals or institutions where the care delivered is NHS-funded.</li> </ul>	M	Weekly

Admitted Patient Care Commissioning Data Set Types:				
CDS Type	CDS Title	CDS Description	Status	Minimum Frequency for Submission
120	Admitted Patient Care - Finished Birth Episode CDS	<p>Contains details of all Finished Birth Episodes.</p> <p>This is required when a delivery has resulted in a registrable birth (all live births plus still births after 24 weeks gestation) which has taken place in either an NHS Hospital or in non-NHS organisations funded by the NHS.</p>	M	Weekly
130	Admitted Patient Care - Finished General Episode CDS	<p>Contains details of all Finished General Episodes.</p> <p>It covers all NHS and private Admitted Patient Care (day case and inpatient) activity taking place in any:</p> <ul style="list-style-type: none"> <li>- acute, community or mental health NHS Trust</li> <li>- other NHS hospital</li> <li>- non-NHS hospitals or institutions where the care delivered is NHS-funded.</li> </ul>	M	Weekly

CDS Type	CDS Title	CDS Description	Status	Minimum Frequency for Submission
140	<b>Admitted Patient Care - Finished Delivery Episode CDS</b>	Contains details of all Finished Delivery Episodes occurring when a delivery has resulted in a registrable birth (all live births plus still births after 24 weeks gestation).  This may take place in either NHS Hospitals or in non-NHS organisations funded by the NHS.	M	Weekly
150	<b>Admitted Patient Care - Other Birth Event CDS</b>	Contains details of all Other Births.  This CDS applies to: - NHS funded home births and - all other birth events which are not NHS-funded, either directly or under an NHS Service Agreement.	M	Monthly
160	<b>Admitted Patient Care - Other Delivery Event CDS</b>	Contains details of all Other Deliveries.  This CDS applies to: - NHS funded home deliveries and - all other delivery events which are not NHS-funded, either directly or under an NHS Service Agreement.	M	Monthly
180	<b>Admitted Patient Care - Unfinished Birth Episode CDS</b>	Contains details of all Unfinished Birth Episodes.  This is required when a delivery has resulted in a registrable birth (all live births plus still births after 24 weeks gestation) which has taken place in either an NHS Hospital or in non-NHS organisations funded by the NHS, and the episode has not finished.  May optionally be sent more regularly, usually monthly.	R	Annually
190	<b>Admitted Patient Care - Unfinished General Episode CDS</b>	Contains details of all Unfinished General Episodes.  It covers all NHS and private Admitted Patient Care (day case and inpatient) activity taking place in any: - acute, community or mental health NHS Trust - other NHS hospital - non-NHS hospitals or institutions where the care delivered is NHS-funded  where the episode has not finished.  May optionally be sent more regularly, usually monthly.	R	Annually

200	<b>Admitted Patient Care - Unfinished Delivery Episode CDS</b>	<p>Contains details of all Unfinished Delivery Episodes occurring when a delivery has resulted in a registrable birth (all live births plus still births after 24 weeks gestation) where the episode has not finished.</p> <p>This may take place in either NHS Hospitals or in non-NHS organisations funded by the NHS.</p> <p>May optionally be sent more regularly, usually monthly.</p>	R	Annually
-----	--	---	---	----------

## Supporting CDS Types

The table below lists the different Commissioning Data Set types used to support the national flow of CDS information.

CDS Type	CDS Title	CDS Description	Status	Minimum Frequency for Submission
<b>Commissioning Data Set Interchange and Message Controls</b>				
001	<b>CDS Interchange Header</b>	Contains the metadata that describes the identity and addressing information for the Commissioning Data Set submission and signals the start of a CDS submission.	M	Must be submitted for every CDS Interchange
002	<b>CDS Interchange Trailer</b>	Contains the metadata that describes the identity and addressing information for the Commissioning Data Set submission and signals the end of a CDS submission.	M	Must be submitted for every CDS Interchange
003	<b>CDS Message Header</b>	Contains the metadata that describes the content of the message and signals the start of CDS message.	M	Must be submitted for every CDS Message
004	<b>CDS Message Trailer</b>	Contains the metadata that describes the content of the message and signals the end of CDS message.	M	Must be submitted for every CDS Message
<b>Commissioning Data Set Transaction Header Group</b>				
005B	<b>CDS Transaction Header Group - Bulk Update Protocol</b>	Contains the metadata that describe the controls for a bulk submission.	M	Must be submitted for every bulk CDS submission
005N	<b>CDS Transaction Header Group - Net Change Protocol</b>	Contains the metadata that describe the controls for a net submission.	M	Must be submitted for every net CDS submission