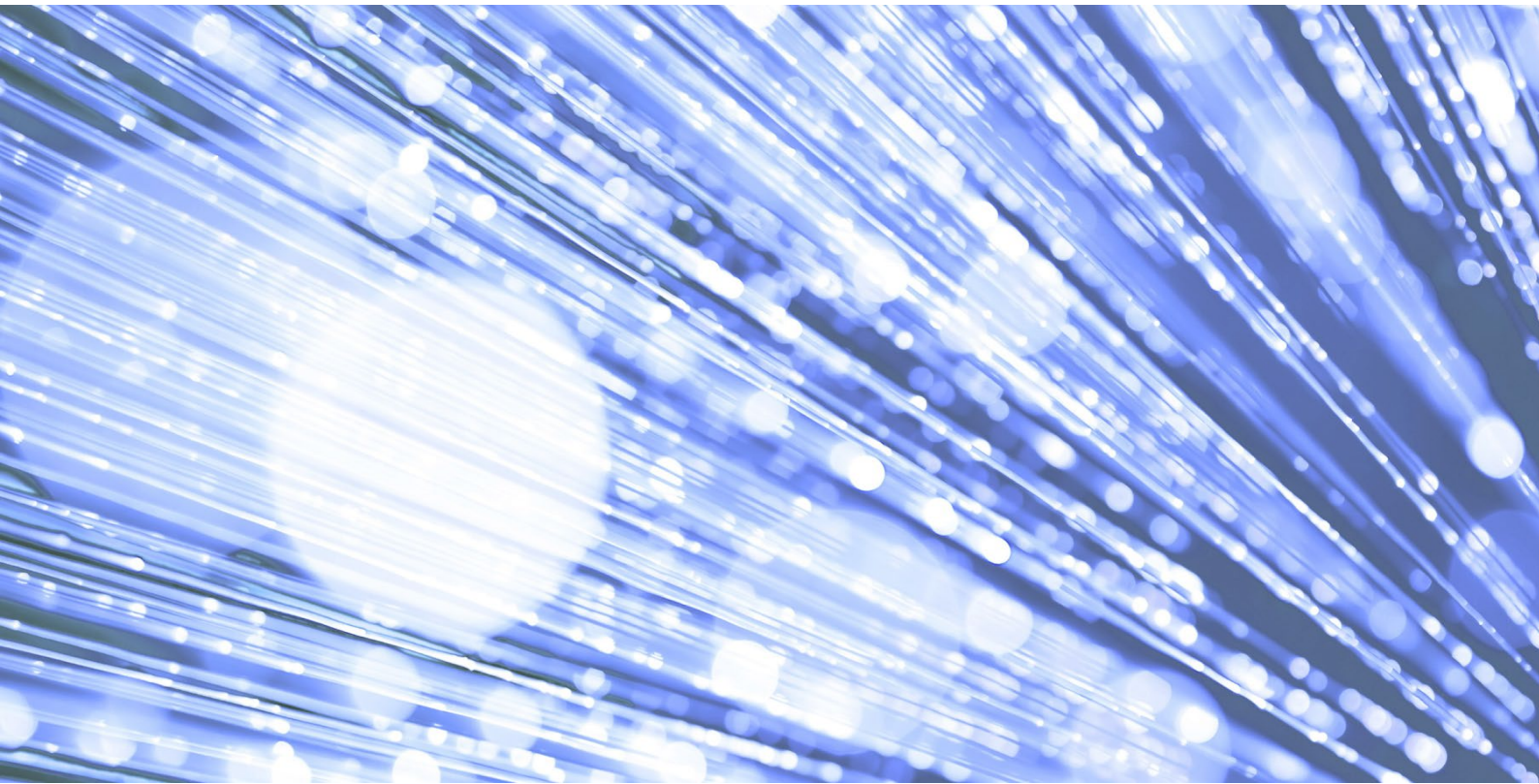


Surgical Devices and Implants Core Data Set V1.0 Requirements Specification

Published 3 February 2022



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

Data Alliance Partnership Board

The Data Alliance Partnership Board (DAPB), which holds delegated authority from the Secretary of State for Health and Social Care, has approved a new 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 endorsed by the Data Alliance Partnership Sub Board (DAPSB). This information standard comprises the following documents:

- Requirements Specification
- Implementation Guidance
- Technical Output Specification.

An Information Standards Notice ([DAPB3103 Amd 100/2021](#)) has been issued as a notification of use and implementation timescales. Please read this alongside the documents for the standard.

The controlled versions 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: 3 February 2022



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Glossary of terms

Term/ Abbreviation	Definition
CQC	Care Quality Commission
DAPB	Data Alliance Partnership Board
DHSC	Department of Health and Social Care
DSA	Data Sharing Agreement
GMC	General Medical Council
HES	Hospital Episode Statistics
HSCA	Health and Social Care Act 2012
ICO	Information Commissioners Office
IGARD	Independent Group Advising on the Release of Data
ISHPs	Independent Sector Healthcare Providers
MESH	Message Exchange for Social care and Health
MHRA	Medicines and Healthcare products Regulatory Agency
ODS	Organisation Data Service
PDS	Personal Demographics Service
POP	Pelvic Organs Prolapse
SDIS	Surgical Devices and Implants System
SDICDS	Surgical Devices and Implants Core Data Set
SUI	Stress Urinary Incontinence
UDI	Unique Device Identifier
UK GDPR	UK General Data Protection Regulation

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1. Overview

This product precisely defines the Surgical Devices and Implants Core Data Set standard (SDICDS). The Summary section below describes the standard; the Requirements and Conformance Criteria sections explain what is required of care providers and systems to conform to the standard, and how the conformance is tested.

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	DAPB3103
Standard Title	Surgical Devices and Implants Core Data Set
Description	<p>The SDICDS is a patient level, secondary uses data set which is intended to capture generic data to link patients to specific implants or device inserted by specific clinicians at a specific location in a robust, comprehensive, nationally consistent and comparable patient-based manner.</p> <p>This data set is intended to support collection of Surgical Devices and Implants data as required by the Surgical Devices and Implants Direction 2020.</p> <p>This information standard supports the Secretary of State's strategic requirements to ensure patient safety in the use of surgical devices and implants, and the equivalent requirements raised by the Independent Medicines and Medical Devices Safety Review: First Do No Harm (Cumberlege Report) recommendation seven.</p> <p><i>Recommendation 7: A central patient-identifiable database should be created by collecting key details of the implantation of all devices at the time of the operation. This can then be linked to specifically created registers to research and audit the outcomes both in terms of the device safety and patient reported outcomes measures</i></p> <p>The data set covers NHS funded services located in England or located outside England but treating patients commissioned by an English provider</p> <p>As a secondary uses data set it re-uses clinical and operational data for purposes other than direct patient care, for example: healthcare planning, commissioning services, national tariff reimbursement and developing national policy. It defines the data items, definitions and associated value sets extracted or derived from local information systems.</p>

In Scope

The scope of this standard is to set out data collection to support the implementation of a system-wide surveillance mechanism.

All activity relating to patients who receive care from Health and Care providers which undertake activity involving the implant, revision or removal of Class III or Class IIb implantable devices including information regarding alternative procedures¹ is within scope. This is to enable comparison of patient outcomes associated with surgical devices and implants with alternative procedures.

This will include NHS funded patients, including NHS Providers and Independent Sector Healthcare Providers (ISHPs), and private healthcare providers. Data pertaining to NHS funded care is mandated, and privately funded care will be voluntary.

Class III and IIB implantable devices are as defined by the Regulation (EU) 2017/745 of the European Parliament and of the Council of 5 April 2017 on medical devices:

Any device, including those that are partially or wholly absorbed, which is intended:

- *to be totally introduced into the human body, or*
- *to replace an epithelial surface or the surface of the eye,*

by clinical intervention and which is intended to remain in place after the procedure.

Any device intended to be partially introduced into the human body by clinical intervention and intended to remain in place after the procedure for at least 30 days shall also be deemed to be an implantable device.

<https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32017R0745>

Data items include unique identifier to the patient identifier (NHS Number), the named clinicians undertaking the procedure(s) (GMC number, or equivalent), the procedure details, the location of the activity (provider ODS code), unique device identifier (UDI) and/or other medical device details such as medical device serial/lot/batch number.

¹ An alternative procedure is any procedure undertaken that did not involve a surgical device or implant which was carried out as an alternative to a procedure involving a surgical device or implant, e.g., use of a coronary artery bypass graft (CABG) instead of a coronary angioplasty involving an insertion of a stent”

	<p><u>Out of Scope</u></p> <p>Information relating to the removal of surgical devices or implants from deceased patients i.e., prior to cremation is out of scope.</p>
<p>Data set submission requirements by location and funding source</p>	<p>Record level submissions are required from any health and care organisation which undertakes surgery involving surgical devices and implants and alternative procedures within England. This will include:</p> <ul style="list-style-type: none"> • providers of NHS funded care including NHS Providers and Independent Sector Healthcare Providers (ISHPs) • private healthcare providers in England. <p>The reporting of surgical devices and implants data is mandated for:</p> <ul style="list-style-type: none"> • providers of NHS funded care including NHS Providers and Independent Sector Healthcare Providers (ISHPs). <p>The reporting of surgical devices and implants data is voluntary:</p> <ul style="list-style-type: none"> • for independent providers where care is not funded by the NHS.
<p>Examples of activity in scope</p>	<p>The data set scope includes, but is not limited to, the examples below.</p> <p><u>Patients</u></p> <p>Any patient who receives surgery involving any class III or Class IIb implantable medical devices and implants.</p> <p>Any patient who undergoes alternative procedures for the same medical conditions which do not result in a surgical device or implant.</p> <p><u>Organisation Types</u></p> <p>Any health and care organisations which undertake surgery involving surgical devices and implants and alternative procedures.</p> <p><u>Procedure Types</u></p> <p>While the reporting of any class III and class IIB device and implant is accepted, the immediate focus is on pelvic floor procedures relating to:</p> <ul style="list-style-type: none"> • Use of surgical mesh or alternative procedures for: <ul style="list-style-type: none"> ○ pelvic floor surgery (stress urinary incontinence (SUI) and pelvic organ prolapse (POP)) ○ prolapsed bladder ○ prolapsed uterus and

	<ul style="list-style-type: none"> ○ prolapsed rectum <p>To this effect NHS Digital has with clinical input attempted to create a list of in-scope procedures which are published on the NHS Digital website. This list may not be comprehensive and providers should use utilise their clinical judgement and expertise on whether data outside of this list is to be submitted. This list will be reviewed based on feedback by the sub-mesh clinical registry group which has clinical oversight for the Surgical Devices and Implants Core Data Set.</p> <p>Transition to mandatory submissions for other clinical specialties will be confirmed and formally communicated to provider organisations once agreed with NHS England and NHS Improvement and the Department of Health and Social Care.</p> <p><u>Professionals</u></p> <p>The standard applies to all clinical and supporting professionals working in health and care organisations who undertake surgery involving surgical devices and implants and alternative procedures. The data set includes data about the surgeon and lead clinician involved in surgery as outlined in the Technical Output Specification.</p> <p><u>IT Systems</u></p> <p>The standard predominantly, but not exclusively, relates to clinical systems designed to support surgical interventions, Theatre Systems, Patient Administration Systems (PAS) and Electronic Patient Records (EPR).</p>
IG, Linkage and Data Use	<p>This standard and the data to be submitted is under a Direction from the Secretary of State for Health and Social Care under section 254 of the Health and Social Care Act 2012.</p> <p>Details of the data submitted as part of this standard and processing will be included in the NHS Digital Unified Register and a UK GDPR Transparency Notice is published on the NHS Digital website.</p> <p>The National Data opt-out does not apply to the capture of data by this standard by NHS Digital and only applies to the sharing / disclosure by NHS Digital of confidential patient information for non-direct care purposes.</p> <p>Where identifiable data is made available, then the National Opt-out would apply to the dissemination of that data for non-direct care purposes. The National Data opt-out does not apply where a disclosure from NHS Digital is anonymised in line with the ICO Code of Practice on anonymisation (which includes data that has been pseudonymised by NHS Digital and which is released under a DSA where the DSA prevents the reidentification of the data).</p>

The National Data Opt-out does not apply to workforce or staff data, or any other personal data which is not confidential patient information.

The data collected through this standard will be made available within NHS Digital for analysis, and to other regulatory and arm's length bodies, health and care providers and commissioners with appropriate permissions to receive the data. This is to monitor outcomes for patients achieved by manufacturer of device or implant, hospital and surgeon, using performance measure agreed with key stakeholders and clinical input, and highlight where these fall below an expected performance in order to allow prompt investigation from the Medicines and Healthcare products Regulatory Agency (MHRA), Care Quality Commission (CQC), General Medical Council (GMC) or providers and to support any follow-up action.

While the use of the data collected by this standard will not be used for direct care at present, this position will change in the future and an amendment to this standard will be made.

NHS Digital will create a longitudinal database to support improved patient safety, to enable surveillance of surgical devices and implants through linkage of the data, as set out below, to support patient focussed activities such as review or recall of specific devices.

The data collected as part of this standard will be linked at a record level to relevant key data sets, including patient outcomes data, to be agreed by the Department of Health and Social Care and NHS Digital are but are likely to include:

- [Commissioning Data Set \(CDS\) /Hospital Episode Statistics \(HES\)](#)
- [National Perioperative Data](#)
- [Mortality data](#)
- [Patient Reported Outcomes Measures \(PROMS\)](#)
- [Patient Reported Experience Measures \(PREMS\)](#)
- [Secondary Uses Service](#)
- [National Clinical Audits](#)
- [MHRA Yellow Card incident data](#)

In addition to the above, SDICDS linked data will be used to provide richer information and enhance existing and develop new publications, and to respond to requests for data and information. 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 Data Collections and Data Sets webpage](#).

	<p>Requests for data from the Surgical Devices and Implants Collection will be managed through NHS Digital's Clear Data Access Tools and Data Access Request Service.</p> <p>Information will be published in line with NHS Digital's duty to publish under section 260(1) of the Health and Social Care Act 2012, unless it falls within section 260(2) of the Act. Further information can be found on the NHS Digital data security webpages.</p> <p>Surgical Devices and Implants data may also be linked to other data sets held by external bodies including MHRA, NHS England and Improvement and research bodies.</p>
Release	
Release Number	Amd 100/2021
Release Title	Version 1.0
Description	First release of the data standard.
Implementation Completion Date	<p><u>System Conformance</u></p> <p>From 1 June 2022 secondary care systems MUST be fully conformant with this standard.</p> <p><u>Health and Care Organisations</u></p> <p>From 1 June 2022 health and care organisations that undertake surgery involving surgical devices and implants and alternative procedures as defined in this Information Standard MUST be able to collect the information as defined in the Technical Output Specification for local use.</p> <p>From 1 July 2022 health and care organisations that undertake surgery involving surgical devices and implants and alternative procedures that are NHS funded MUST begin submitting SDICDS submissions in accordance with this standard.</p>
Full Conformance Date	1 July 2022

1.2. Supporting documents

This document should be read in conjunction with the following:

Ref #	Title
1	SDIS Technical Output Specification
2	SDIS Implementation Guidance
3	SDIS User Guidance

1.3. Related standards

Reference	Title
ISB0149-02	NHS Number for Secondary Care
SCCI0034	SNOMED CT
DCB0090	Health and Social Care Organisation Reference Data
DCB2094	Sexual Orientation Monitoring
DCB3103-01	Surgical Devices and Implants, Phase 1: Pelvic Floor Registry

Further details regarding the above standards can be found on the [DAPB Standards and Collections webpage](#)². This webpage also contains a list of all current DCB, SCCI and Information Standards Board (ISB) standards and collections.

² <https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections>

2. Requirements

2.1. Health and care organisations

2.1.1. Timeframe

From 1 June 2022 health and care organisations that undertake surgery involving surgical devices and implants and alternative procedures as defined in this Information Standard **MUST** be able to collect the information locally that they intend to use to submit part of the Surgical Devices and Implants Core data set as defined in the TOS

From 1 July 2022 health and care organisations that undertake surgery involving surgical devices and implants and alternative procedures that are NHS funded **MUST** begin submitting SDICDS submissions in accordance with this standard within 10 days of a surgical intervention taking place as per the instructions in the implementation guidance.

2.1.2. Scoping

Providers new to submitting Surgical Devices and Implants data **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.

In scope: implanting, revision, or removal of a Class III and IIb implantable medical device and alternative procedures - an alternative procedure is any procedure undertaken that did not involve a surgical device or implant which was carried out as an alternative to a procedure involving a surgical device or implant

Out of scope: removal of surgical devices or implants from deceased patients

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

Health and care organisations that undertake surgery involving surgical devices and implants and alternative procedures **MUST** review the SDICDS TOS and SDICDS User Guidance to understand the scope and definition of each data item.

Health and care organisations that undertake surgery involving surgical devices and implants and alternative procedures **MUST** ensure that all staff have received communications and relevant training where a system has been updated to meet conformance criteria.

Health and care organisations that undertake surgery involving surgical devices and implants and alternative procedures **SHOULD** familiarise themselves with the SDICDS user guidance to understand how data items can be submitted through the webform or the MESH transfer tool. Further information on the submissions process can be found on the [SDIS webpages](#).

Health and care organisations that undertake surgery involving surgical devices and implants and alternative procedures **SHOULD** carry out a 'data mapping exercise' to understand how well their existing electronic systems align to the SDIS TOS and take appropriate action to ensure that the standard is fully met. Providers can contact their Data Liaison Team representative or contact the data liaison team mailbox (data.liaisonteam@nhs.net) for assistance in carrying out the data mapping exercise.

The SDICDS standard defines the extract from provider systems which will flow to NHS Digital. It is not a specification for a clinical system. Providers **SHOULD NOT** solely use this data set to define their clinical and operational data capture.

2.1.4. Information governance

Data Controllers responsible for involving surgical devices and implants and alternative procedures **MUST** ensure they are fully conversant with pertinent information governance legislation and guidance, including patient opt-outs and UK GDPR

Health and care organisations that undertake surgery involving surgical devices and implants and alternative procedures (including the Caldicott Guardian) **SHOULD** review the NHS Digital Keeping patient data safe webpages³ to ensure they are fully conversant with pertinent information governance legislation and guidance, including:

- Compliance against statutory requirements
- Potential safety/confidentiality/risk considerations

Further information can be found in the SDICDS Implementation Guidance.

Health and care organisations that undertake surgery involving surgical devices and implants and alternative procedures **MUST** ensure that local data systems and warehouses comply with appropriate data security controls by ensuring they achieve [Data Security and Protection Toolkit standards](#)

Any staff responsible for controlling the dissemination of data **MUST** read the Implementation Guidance to understand this information governance approach and act accordingly. Understanding, behaviours and accountability **SHOULD** be appropriate to the level and nature of responsibility.

Any immediate information governance concerns relating to the SDICDS **SHOULD** be addressed to the standard's developers at NHS Digital, or the [Independent Group Advising on the Release of Data \(IGARD\)](#)⁴ if the concerns relate to data dissemination.

2.1.5. Clinical governance

The data set **MAY** be used for clinical governance purposes such as:

- greater visibility of implants and device procedures across the country
- investigation of problems and prompt action when required
- monitoring of patient outcomes achieved by 'brand' of device or implant, hospital, and surgeon
- better understanding where outcomes fall below an expected performance
- benchmarking performance to drive service improvements.

2.1.6. Data Quality

Health and care organisations that provide surgery involving surgical devices and implants and alternative procedures **SHOULD** always seek to understand the context of published national reports and be aware that the information presented depends greatly upon the quality of information submitted.

³ <https://digital.nhs.uk/about-nhs-digital/our-work/keeping-patient-data-safe>

⁴ <https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/independent-group-advising-on-the-release-of-data>

2.1.7. Clinical risks

When procuring new systems or modifying agreements with existing system suppliers, Health and care organisations that provide surgery involving surgical devices and implants and alternative procedures **SHOULD** ensure that supplier organisations are compliant with the clinical safety standards [DCB0129 Clinical Risk Management: its Application in the Manufacture of Health IT Systems⁵](#) and [DCB0160 Clinical Risk Management: its Application in the Deployment and Use of Health IT Systems⁶](#).

2.1.8. Demonstrating readiness

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 health and care organisations that provide surgery involving surgical devices and implants and alternative procedures and returned to NHS Digital 4 weeks before the conformance deadline of 1 June 2022.

2.1.9. Data Collection and submission

Clinical staff **MUST** capture the information locally that is intended to be used to produce the SDICDS submission in an accurate and timely manner.

Health and care organisations that provide surgery involving surgical devices and implants and alternative procedures services **SHOULD** review the TOS to understand the data validation rules that will be applied to each data group on submission through the webform or through MESH to all incoming data submission files. Further information on the methods for submission can be found on the [surgical devices and implants web page](#) or by contacting the Data Liaison Team. Validation rules not adhered to may result in appropriate groups or the entire submission being rejected.

Health and care providers that provide surgery involving surgical devices and implants and alternative procedures providers **MUST** develop a submission extract as defined by the TOS and supporting User Guidance documents if submitting through MESH.

Health and care providers that provide surgery involving surgical devices and implants and alternative procedures **MUST** submit the SDICDS as defined in the TOS and this standard.

Health and care providers that provide surgery involving surgical devices and implants and alternative procedures providers **MUST** submit the SDDCDS as defined by this standard within 10 days of a surgery taking place.

Health and care providers that provide surgery involving surgical devices and implants and alternative procedures providers **MUST NOT** attempt to submit data items not defined in the TOS.

The requirements defined in this section are likely to be fulfilled by secondary care informatics, clinical or administrative staff.

2.1.10. Data Quality

Health and care providers that provide surgery involving surgical devices and implants and alternative procedures providers **SHOULD** check validation and data quality reports provided by NHS Digital after each submission, correct errors and make re-submissions at the earliest

⁵ <https://digital.nhs.uk/isce/publication/dcb0129>

⁶ <https://digital.nhs.uk/isce/publication/dcb0160>

opportunity. Further details on error correction and re-submissions are explained within the Implementation Guidance.

2.1.11. Resources

Chief executives of health and care providers that provide surgery involving surgical devices and implants and alternative procedures providers **MUST** ensure their service is appropriately resourced to conform to the requirements stated in this Requirements Specification.

2.1.12. Communication

Chief executives **MUST** be held accountable to comply with the dates instructed by the mandate. Chief executives **SHOULD** therefore ensure awareness by all clinicians and operational staff involved in care delivery by cascading the mandated SDICDS standard and all associated guidance to all Surgical leads and other relevant staff.

Instructions **MUST** also be communicated to the organisation's information leads to initiate collaborative work with informatics services and surgical services as soon as possible.

2.1.13. Issues and maintenance

To support the implementation of this information standard, health and care providers that provide surgery involving surgical devices and implants and alternative procedures services **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.

2.2. Systems

2.2.1. Timeframe

From 1 June 2022 SDIS services **MUST** ensure their IT systems are able to capture the information locally that is intended for use to produce the SDICDS submission, as defined in the TOS. This includes information required to derive data items as defined within the standard.

From 1 June 2022 SDIS services **MUST** 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.

2.2.2. Scoping

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

Providers of SDIS services **SHOULD** ensure that their IT system suppliers review the TOS and User Guidance to understand the scope and definition of each data item.

Providers of SDIS services **SHOULD** ensure that their IT system suppliers familiarise themselves with the TOS to understand how data items are grouped for the data submission file of submitting through MESH.

Providers of SDIS services **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 SDIS providers.

The SDIS TOS is a specification for a secondary uses data set. It does not define patient systems. Whilst providers of SDIS services **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.

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.

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 SDIS Implementation Guidance explains the information governance issues surrounding the data set.

Providers of SDIS services **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. Guidance on legally restricted codes is found within the [Secondary Uses Services Guidance Webpage](#)

2.2.5. Clinical risks

Providers of SDIS services **SHOULD** remind their IT system suppliers to ensure that any changes resulting from the implementation of this standard are compliant with the 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](#).

2.2.6. Data Submission

The SDIS [web page](#) provides guidance relating to data submission. Providers of SDIS services **SHOULD** review this web page and the requirements for health and care organisations above.

2.2.7. Data quality feedback

Providers of SDIS services **SHOULD** ensure that their IT system suppliers review the Implementation Guidance and TOS on the NHS Digital website to understand the data validation rules that will be applied when submitting through the webform or to all incoming data submission files submitted through MESH. Validation rules that are not adhered to may result in appropriate groups or the entire data submission file being rejected, depending on the particular validation rule.

From 1 June 2022, providers of SDIS services **MUST** ensure that their IT systems have the ability to produce data quality reports to support production of their submission files in line with the TOS.

2.2.8. Demonstrating readiness

Several months after publication a Conformance Questionnaire will be provided to assess conformance with this standard. A Conformance Checklist can also be found on the SDIS [webpages](#). Providers of SDIS services **SHOULD** ensure that this is completed by their IT

system suppliers and returned to NHS Digital 4 weeks before the conformance deadline of 1 June 2022.

3. Conformance criteria

The below states the criteria to which a health and care provider can be deemed to be in conformance with this standard.

NHS Digital receives SDICDS data via the webform or MESH within 10 days of a surgery throughout the period that the SDICDS mandated standard remains current. (Requirements: Health and Care Organisations: sections 2.1.1, 2.1.3, 2.1.9, 2.1.10. Systems: section 2.2.1).

NHS Digital receives submissions that show improvement in data quality, via the webform or MESH within 10 days of a surgery, throughout the period that the SDICDS mandated standard remains current via additional submissions. (Requirements: Health and Care Organisations: sections 2.1.6 and 2.1.9. Systems: section 2.2.7).

NHS Digital is in receipt of comprehensive, good quality submissions, reflective of the type of service submitting. Submissions 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: sections 2.1.4, 2.1.5 and 2.1.6. Systems: sections 2.2.4 and 2.2.5).

NHS Digital is producing compliance and data quality reports which will show which providers have complied with the implementation of the standard. These reports will be shared with NHS England and NHS Improvement and may be published on the NHS Digital website. Conformance of the standard may also be monitored by other stakeholders at a national or local level. Monitoring may review conformance in line with the above conformance criteria or the detailed individual requirements listed in section 2.