Data Quality Statements
Contents

Purpose of this document 3
Hospital Episode Statistics Data Quality Statement 4
  Introduction 4
  Relevance 5
  Accuracy and Reliability 5
  Timeliness and Punctuality 8
  Coherence and Comparability 8
  Accessibility and Clarity 10
  Trade-offs between Quality Components 11
  Assessment of User Needs and Perceptions 11
  Cost, Performance and Respondent Burden 11
  Confidentiality, Transparency and Security 11
Maternity Services Data Set Data Quality Statement 13
  Introduction 13
  Relevance 14
  Accuracy and Reliability 14
  Timeliness and Punctuality 17
  Coherence and Comparability 17
  Accessibility and Clarity 18
  Trade-offs between Output Quality Components 18
  Assessment of User Needs and Perceptions 18
  Cost, Performance and Respondent Burden 19
  Confidentiality, Transparency and Security 19
Purpose of this document

This document aims to provide users with an evidence based assessment of the quality of the NHS Maternity Statistics 2016-17 statistical outputs by reporting against those of the nine European Statistical System (ESS) quality dimensions and principles appropriate to this output.

In doing so, this meets our obligation to comply with the UK Statistics Authority (UKSA) Code of Practice for Official Statistics, particularly Principle 4, Practice 2 which states:

“Ensure that official statistics are produced to a level of quality that meets users’ needs, and that users are informed about the quality of statistical outputs, including estimates of the main sources of bias and other errors and other aspects of the European Statistical System definition of quality”.

For each dimension, this paper describes how this applies to the outputs and references any additional documents that are relevant for assessing the quality of the output.
Hospital Episode Statistics Data Quality Statement

Introduction

HES data includes patient level data on hospital admissions, outpatient appointments and A&E attendances for all NHS trusts in England. It covers acute hospitals, mental health trusts and other providers of hospital care. HES includes information about private patients treated in NHS hospitals, patients who were treated in England but who were resident outside England and care delivered by treatment centres (including those in the independent sector) funded by the NHS.

Healthcare providers collect administrative and clinical information locally to support the care of the patient. These data are submitted to the SUS to enable hospitals to be paid for the care they deliver. HES is created from SUS to enable further secondary use of this data.

HES is the data source for a wide range of healthcare analysis used by a variety of people including the NHS, government, regulators, academic researchers, the media and members of the public.

HES is a unique data source, whose strength lies in the richness of detail at patient level going back to 1989 for APC episodes, 2003 for outpatient appointments and 2007 for A&E attendances. HES data includes:

- specific information about the patient, such as age, gender and ethnicity;
- clinical information about diagnoses, operations and consultant specialties;
- administrative information, such as time waited and dates and methods of admission and discharge; and
- geographical information such as where the patient was treated and the area in which they live.

The principal benefits of HES are in its use to:

- monitor trends and patterns in NHS hospital activity;
- assess effective delivery of care and provide the basis for national indicators of clinical quality;
- support NHS and parliamentary accountability;
- inform patient choice;
- provide information on hospital care within the NHS for the media;
- determine fair access to health care;
- develop, monitor and evaluate government policy;
- reveal health trends over time; and
• support local service planning.

Relevance
The HES publications focus on headline information about hospital activity. Each annual publication includes a series of national tables and also provider-level breakdowns for some main areas.

Most data included in the published tables are aggregate counts of hospital activity. Where averages are published, e.g. average length of stay for inpatients or caesarean rates for maternity statistics, these data are clearly labelled stating how the data has been calculated.

Accuracy and Reliability
The accuracy of HES data is the responsibility of the NHS providers who submit the data to SUS. These data are required to be accurate to enable providers to be correctly paid for the activity they undertake. NHS Digital has a well-developed data quality assurance process for the SUS and HES data. It uses an xml schema to ensure some standardisation of the data received. The use of the schema means that the data set has to meet certain validation criteria before it can be submitted to SUS. NHS Digital leads on the schema changes and consults the data suppliers about proposed changes.

Each month NHS Digital makes data quality dashboards available to NHS providers to show the completeness and validity of their data submissions to SUS. This helps to highlight any issues present in the provisional data allowing time for corrections to be made before the annual data are submitted.

An external auditor, acting on behalf of the Department of Health (DH), audits the data submitted to SUS to ensure NHS providers are being correctly paid by PbR for the care they provide.

NHS Digital validates and cleans the HES extract and derives new items. The team discusses data quality issues with the information leads in hospital trusts who are responsible for submitting data. The roles and responsibilities within NHS Digital are clear for the purposes of data quality assurance, i.e. to assess the quality of data received against published standards and report the results.

Data quality information for each year to date HES data set is published alongside the provisional year to date HES data, and also alongside annual publications. These specify known data quality issues each year, e.g. if a trust has a known shortfall of secondary diagnoses. The statisticians can only check the validity and format of the data and not whether it is accurate, as accuracy checking requires a level of audit capacity and capability which NHS Digital does not currently possess.
There is also further information about HES data quality published online:


NHS Digital also publishes an annual report The Quality of Nationally Submitted Health and Social Care Data which highlights issues around the recording of the underlying data that are used for HES, as well as examples of good and poor practice, and a regular Data Quality Maturity Index for providers across several datasets including HES.

The UK Statistics Authority conducted case studies of quality assurance and audit arrangements of administrative data sources. HES was used as a case study and further information can be found in the published report (Annex C, case study 3), available at:


Completeness
The HES APC 2016-17 data set includes records of admitted patient episodes collected from 457 providers in England and a single private provider site in Wales which accepts NHS commissioned work from NHS England.

Table 2 provides a count and percentage of records that have valid data in specific key fields.
Table 2: Number of valid records in HES by maternity key fields, 2015-16 and 2016-17

<table>
<thead>
<tr>
<th>HES maternity key fields</th>
<th>2015-16</th>
<th>Percentage of valid/known deliveries/records</th>
<th>2016-17</th>
<th>Percentage of valid/known deliveries/records</th>
</tr>
</thead>
<tbody>
<tr>
<td>Place of delivery</td>
<td>529,471</td>
<td>82</td>
<td>529,308</td>
<td>83</td>
</tr>
<tr>
<td>Person conducting delivery</td>
<td>527,733</td>
<td>81</td>
<td>509,953</td>
<td>80</td>
</tr>
<tr>
<td>Anaesthetics used before or during delivery</td>
<td>508,196</td>
<td>78</td>
<td>507,067</td>
<td>80</td>
</tr>
<tr>
<td>Method of onset of labour</td>
<td>550,026</td>
<td>85</td>
<td>540,918</td>
<td>85</td>
</tr>
<tr>
<td>Method of delivery</td>
<td>637,702</td>
<td>98</td>
<td>627,398</td>
<td>99</td>
</tr>
<tr>
<td>Duration of antenatal stay</td>
<td>554,564</td>
<td>86</td>
<td>546,417</td>
<td>86</td>
</tr>
<tr>
<td>Duration of postnatal stay</td>
<td>553,795</td>
<td>85</td>
<td>545,639</td>
<td>86</td>
</tr>
<tr>
<td>Gestation length</td>
<td>521,217</td>
<td>80</td>
<td>518,281</td>
<td>81</td>
</tr>
<tr>
<td>Gestation period in weeks at first antenatal assessment date</td>
<td>432,379</td>
<td>68</td>
<td>429,064</td>
<td>67</td>
</tr>
<tr>
<td>Birth status</td>
<td>568,821</td>
<td>88</td>
<td>569,765</td>
<td>90</td>
</tr>
<tr>
<td>Birth weight</td>
<td>569,104</td>
<td>88</td>
<td>568,670</td>
<td>89</td>
</tr>
<tr>
<td><strong>Total deliveries</strong></td>
<td>648,107</td>
<td>n/a</td>
<td>636,401</td>
<td>n/a</td>
</tr>
</tbody>
</table>

Source: NHS Digital

Final and Provisional Data Comparison

Collection of HES data is carried out on a monthly basis throughout the financial year, with a final annual refresh (AR) once the year end has passed. Each monthly collection refreshes data back to the start of the financial year.

‘Month 13’ represents the provisional full year data and was published in June 2017. Hospital providers and NHS Digital HES Data Quality team work to improve the quality and completeness of the data in order to produce the final annual refresh data used in this report, as described in ‘Accuracy and Reliability’.

Table 3 shows the change from the Month 13 provisional data and the final annual refresh data.

Table 3: Comparison of Month 13 and annual refresh data

<table>
<thead>
<tr>
<th></th>
<th>Month 13</th>
<th>Annual Refresh</th>
<th>Percentage change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total delivery episodes</td>
<td>636,402</td>
<td>636,401</td>
<td>0.0%</td>
</tr>
<tr>
<td>Spontaneous</td>
<td>372,836</td>
<td>372,836</td>
<td>0.0%</td>
</tr>
<tr>
<td>Instrumental</td>
<td>79,806</td>
<td>79,806</td>
<td>0.0%</td>
</tr>
<tr>
<td>Caesarean</td>
<td>174,720</td>
<td>174,720</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

Source: NHS Digital
Timeliness and Punctuality

HES data are published as early as possible. The production of the underlying annual HES data sets takes several months after the reference period. The final submission deadline for NHS providers to send annual data to SUS is normally at the end of May, almost two months after that year has finished. It then takes approximately three months to produce the HES APC data set and a further two months to complete publication production and data investigation.

In addition to annual data NHS Digital also publish provisional monthly HES data approximately two months after the reference period.

The final annual data includes additional data cleaning, validation and processing compared to the provisional monthly data.

Coherence and Comparability

Users can misinterpret HES data as relating to numbers of patients but care should be taken as HES data relates to hospital activity, not individuals.

UK comparisons
Separate collections of hospital statistics are undertaken by Northern Ireland, Scotland and Wales. There are a number of important differences between the countries in the way that data measures are collected and classified, and differences between countries in the organisation of health and social services. For these reasons, any comparisons made between HES and other UK data should be treated with caution.

ONS used to produce UK Health Statistics which contained key figures about the use of health and social services, including hospital admitted patient activity and waiting times across the UK. The last version of this discontinued series can be found at:


Other UK Data:
Hospital data for the other administrations can be found at:

- Northern Ireland – Hospital Statistics
- Scotland – Hospital Care
- Wales – Health and social care statistics

NHS England also publish hospital activity data:
http://www.england.nhs.uk/statistics/statistical-work-areas

Wider international comparisons
HES and similar statistics from the devolved administrations are used to contribute to World Health Organisation (WHO), Organisation for
Economic Co-operation and Development (OECD) and Eurostat compendiums on health statistics.

**Improvements over time**

HES data are available from 1989-90 onwards. Changes to the figures over time need to be interpreted in the context of improvements in data quality and coverage (particularly in earlier years), improvements in coverage of independent sector activity (particularly from 2006-07) and changes in NHS practice.

Payments by Results (PbR) is a system whereby hospitals are paid for the number of patient treatments, known as activity, they perform and the complexity of these treatments. It was introduced in a phased way from 2003-04 onwards. In order to get paid correctly, hospitals need to record the activity they perform and the clinical codes that outline the patients' conditions and treatment.

The introduction of Payment by Results (PbR) increased private sector involvement in the delivery of secondary care and brought about some changes in clinical practice (including some procedures occurring as outpatient appointments instead of hospital admissions). It is likely that these developments will have affected trends.

This has provided a major financial incentive for hospitals to ensure all of the activity they perform and the clinical coding is fully recorded. This improved recording of information captured by HES could be one of the factors leading to the reported activity increases.

In order to reduce patients’ waiting times there has been the need for additional elective operations to be performed as well as a requirement for more capacity in NHS funded care to perform this activity. In the middle of the last decade, additional capacity was brought in from the private sector via treatment centres, with the NHS funding some patients to be treated there for routine operations.

Improvements in technology and the need to increase efficiency to allow more patients to be treated have led to a reduction in the length of time patients need to stay in hospital for certain planned operations. In particular, many of those operations that would have involved an overnight stay at the start of the period are now routinely performed as day cases. In addition, many operations for which a patient would have been admitted to hospital at the start of the period are now routinely performed in outpatient settings. This has led to increases in day case rates and outpatient attendances over the period.

The recent period has also seen a rise in the number of emergency admissions. One factor contributing to this is likely to be the increased demand on health services from an ageing population. Alongside this there has been the introduction of observation or medical assessment units at many hospitals to which patients arriving in A&E departments are admitted, often for around a day, to enable observation and tests to be performed on them.
Comparisons of annual HES data highlights these changes over time
Care should be taken when interpreting these changes, as improvements in coverage in HES will contribute alongside growth from increased activity.

Extra care should be taken when looking at clinical data, as changes in NHS practices (such as the introduction of new procedures and interventions) can have an effect on changes through time.

Changes to clinical classifications
Diagnoses are coded in HES using the ICD10 classification.
Operative procedures are coded in HES using the OPCS classification.
Further information about these classifications, and changes to them, can be found at: http://systems.digital.nhs.uk/data/clinicalcoding

Since 2006-07 with this publication, OPCS codes have been used to identify delivery method rather than the HES delivery method field. We have compared total numbers of deliveries for each value within the HES delivery method field with the OPCS delivery method codes in recent years. Although there is some variation between the two methods, overall, excluding unknown values, more records are included using the OPCS code method.

Changes to organisation codes and geographical boundaries
The Organisation Data Service (ODS) is responsible for the publication of all organisation and practitioner codes and national policy and standards with regard to the majority of organisation codes, and encompasses the functionality and services previously provided by the National Administrative Codes Service (NACS).

For more information about the ODS and changes to organisation codes and geographical boundaries visit: http://systems.digital.nhs.uk/data/ods

Accessibility and Clarity
As HES is such a rich source of data it is not possible to publish aggregate tables covering all permutations of possible analysis. Underlying HES data is also made available to facilitate further analysis that is of direct relevance to users. There are no restrictions to access the published data.
Trade-offs between Quality Components

As discussed in the Accuracy and Reliability section providers have the opportunity to submit data each month, which is centrally assessed for data quality and issues are reported back to providers in order to give an opportunity to address any issues found. The dataset is then finalised for the full financial year, and issues remaining after that point are published on NHS Digital’s website, but no attempt is made to amend the data.

Assessment of User Needs and Perceptions

There is a “Have your say” link on publication home pages for users of the data and this publication report to feedback their views and any suggestions. We have a dedicated email address for users to e-mail their queries or concerns and if anything is identified as being unclear, we address that as soon as we possibly can.

We consult users when proposing significant changes to the content of or methodologies used in the publications. In addition NHS Digital have recently conducted a wider consultation exercise on all its publications and services, including HES, and the outcome is available to all via this link: http://content.digital.nhs.uk/article/7041/Consultation-on-changes-to-HSCIC-Statistics-201617---201819-Now-Closed

Cost, Performance and Respondent Burden

The production of HES data is a secondary use of data collected during the care of patients in the NHS and submitted so that NHS providers are paid for the care they deliver. Therefore HES does not incur additional costs or burden on the providers of the data.

Confidentiality, Transparency and Security

Although certain information is considered especially sensitive, all information about someone’s health and the care they are given must be treated confidentially and in accordance with legislation and NHS Digital protocols at all times.

There are a limited number of people authorised to have access to the record level data, all of whom must adhere to the written protocol issued by NHS Digital on the dissemination of HES data. For example, guidance is given on handling the very small numbers that sometimes occur in tables to reduce the risk that local knowledge could enable the identification of either a patient or clinician.

HES is a record level data warehouse and it contains information that could (if it was made freely available) potentially identify patients or the consultant teams treating them. In some cases record level data may be provided for medical/health care research purposes. For example, data are likely to be required by the Care Quality Commission and other such bodies. The information may be given following a stringent
application procedure, where the project can justify the need and where aggregated data will not suffice. Any request involving sensitive information, or where there may be potential for identification of an individual, is referred to the appropriate governance committee. NHS Digital publishes a quarterly register of data releases, which includes releases of HES data.

HES data are stored to strict standards: a system level security protocol is in place. This details the security standards that are in place to ensure data are secure and only accessed by authorised users.
Maternity Services Data Set Data Quality Statement

Introduction

The Maternity Services Data Set (MSDS) is a patient-level data set that captures key information at each stage of the maternity service care pathway in NHS-funded maternity services, such as those maternity services provided by GP practices and hospitals. The MSDS does not cover non-NHS funded maternity services provided by independent organisations (e.g. private clinics).

The MSDS has been developed to help achieve better outcomes of care for mothers, babies and children. As a 'secondary uses' data set, it re-uses clinical and operational data for purposes other than direct patient care.

Providers of NHS-funded maternity services in England have been required to make monthly MSDS submissions since April 2015.

There are currently 42 tables in the MSDS that each contain information relating to a specific event or type of information in the maternity pathway. However, only 3 of these tables must be completed in each submission. They cover the woman's details, GP registration information and booking appointment details. Other information relating to a specific event or activity in the pathway should be submitted when those events or activities occur.

MSDS data includes:

- mother’s demographics
- booking appointments
- admissions and re-admissions
- screening tests
- labour and delivery
- baby’s demographics, diagnoses and screening tests.

It is intended that information from the data set will be made widely available to commissioners, providers, clinicians, service users, and the public to inform choice through monthly and annual statistical publications.

Statistics from the MSDS are classified as experimental to reflect that the data set and associated statistics are new and still in development to best meet user needs. Figures from the MSDS should be used with caution.

(Experimental statistics are new official statistics undergoing evaluation. They are published in order to involve users and stakeholders in their development and as a means to build in quality at an early stage. More information about experimental statistics can be found on the UK Statistics Authority website.)
Relevance

The MSDS analysis in the NHS Maternity Statistics, 2016-17 publication focuses on headline information about births recorded in the MSDS, presenting data on babies’ health and care soon after birth, and information on maternal characteristics earlier in pregnancy.

To help users understand the coverage of MSDS data as a new data set compared with HES as a more established data source, the publication also includes a comparison of data common to both datasets.

As the national collection of the MSDS becomes established and more maternity service providers are able to submit more of the MSDS tables and data items, the MSDS analysis in the annual publication will be expanded to report on other pregnancy and birth events.

Accuracy and Reliability

Accuracy

MSDS data submitted by providers each month is validated at the point of submission. Providers receive immediate record-level reports of any submission errors from the data submission portal, and have the opportunity to amend and re-submit data as many times as they wish prior to the submission deadline to improve data quality.

Following the submission deadline, NHS Digital run a number of data quality checks as part of the validation and load process. The methodology for these data quality checks is regularly refined and additional data quality checks are added.

Providers receive a monthly data quality notice shortly after the submission deadline, summarising the quality of their final submission for that reporting period.

Where specific issues are identified, the NHS Digital team contact providers directly to highlight these.

Following the monthly submission deadline, there is no mechanism for providers to resubmit data, but providers are encouraged to address issues in future monthly submissions.

Data quality information at provider level is published alongside each monthly MSDS report, and also alongside the annual analysis. Certain data from the MSDS is included in the NHS Digital Data Quality Maturity Index, which reports across data sets.

Where records are identified from the data quality checks as having possible data quality issues, these are not ignored in the calculated outputs unless specifically stated in the published data quality information.

Users of the data must make their own assessment of the quality of the data for a particular purpose, drawing on these resources.
In addition, local knowledge, or other comparative data sources, may be required to assess the extent to which the reported analysis is affected by local data quality issues.

**Reliability**

**Coverage – providers submitting data**

All providers of NHS-funded maternity services should submit MSDS data. However, as a new national data set, there are non-response issues, and not all providers made submissions for 2016-17. DQ measure 1 in the accompanying data quality report provides a full list of the providers that submitted for each monthly reporting period.

It is not expected that each organisation reporting to the MSDS should also be submitting data to HES (for example, the organisation may only provide antenatal care). However, it is expected that all organisations reporting to HES should be reporting to the MSDS.

The Hospital Episode Statistics (HES) provider level analysis for 2016-17 shows 134 providers that submitted 10 or more delivery episodes to HES. 133 of these providers submitted some data to the MSDS for one or more monthly reporting periods in 2016-17. However, only 111 of these providers submitted the delivery episode data to MSDS that is used in the annual analysis.

As not all providers submitted MSDS data, the geographical coverage of the MSDS varies at geographies higher than individual provider level. This means that caution should be used when interpreting the data at any levels above provider level.

Among providers that did submit for 2016-17, the number of providers submitting valid data for each data table and data item varies widely. The accompanying data quality report provides coverage information for each data table and quality information for each data item in many of the tables.

Totals in MSDS analysis are therefore presented as ‘All submitters’ values rather than England figures, and users of the data should consider the coverage for the relevant analysis when interpreting the data.

**Coverage – inclusion of eligible activity**

Local knowledge may be required to assess the completeness of a submission, based on information about local caseload. Providers and commissioners are encouraged to review the published data to ensure that submissions accurately reflect the local situation. Providers should also use all the aggregate record counts produced at the point of submission as part of the Data Summary Reports to check coverage in key areas.

Where an organisation submitted delivery data to the MSDS for 2016-17, the number of deliveries submitted can be compared to the number of
deliveries reported in HES for the same period (noting that the MSDS is not limited to births in hospital).

At ‘All Submitters’ level, the number of deliveries recorded in the MSDS for 2016-17 is 56 per cent of the number of deliveries recorded in HES.

**Coverage - timeliness of local recording**

Whilst local systems may be continuously updated, the MSDS submission process provides a time-limited opportunity for data relevant to each month to be submitted. The submission requirements for MSDS are that all appropriate activity (e.g. booking appointment, dating scans) be included in the submission for each month in which they occur.

The submission window opens one month following the end of the reporting month and remains open for two months. This means that the timeliness of recording all relevant activity on local systems has an impact on the completeness of the MSDS submission. For example, a birth in June 2016, but not entered onto the local system until the beginning of October 2016 will not be included in the final June 2016 submission (deadline end of September 2016).

**Duplication**

It is possible for the same delivery to be submitted to the MSDS by more than one provider, although this would not be expected to happen as providers should be reporting their own activity only. Investigation has shown that less than 0.1 per cent of deliveries included in the 2016-17 annual analysis were submitted by more than one provider.

If a delivery is reported by two separate providers within the same NHS England Region then provided the same information is submitted by each provider, the delivery would be counted once at each provider, and would be counted only once at NHS England Region level.

However, if the delivery were submitted by two separate providers from two different NHS England Regions, then the delivery would be counted once for each NHS England Region.

Similarly, if the delivery was submitted by two separate providers within the same NHS England Region with different data values submitted by each provider, then this delivery may be counted twice at NHS England Region level. For example, a baby reported with an Apgar score at 5 minutes of 6 recorded by one provider and 8 by another provider would be counted in the NHS England Region total twice, once in the ‘0 to 6’ group and once in the ‘7 to 10’ group.
Quality of Experimental Analysis

It should be noted that statistics from the MSDS are presently experimental in nature and are likely to be subject to further refinement; reference should be made to all accompanying footnotes and commentary when using these statistics.

Timeliness and Punctuality

Annual analysis from the MSDS is published alongside annual HES data, which are published as early as possible after the annual HES submission deadline.

The NHS Maternity Statistics 2016-17 report will be published on the pre-announced publication date.

Coherence and Comparability

Coherence

Information submitted to the MSDS is used to create the Maternity Booking Appointment Data Cube available on iViewPlus. As the booking appointment data in iViewPlus is not linked to birth data, querying iViewPlus for the booking appointment details reported in the annual analysis (smoking status and BMI) will produce different results to those published in this report.

NHS Digital also publishes maternity data from HES as part of this release. As the number of deliveries recorded in the MSDS for 2016-17 is 56 per cent of the number of deliveries recorded in HES, some differences are likely to be found when comparing analysis common to both sources.

A comparison of HES and MSDS data for certain data common to both data sets is shown in the ‘HES and MSDS comparison’ spreadsheet published as part of this release.

The Office for National Statistics also publishes annual data on births in England and Wales. The data are collated from local registrar records. The latest data available is for the annual period from January 2016 to December 2016.

NHS England publishes quarterly data on mothers initiating breastfeeding by NHS Trust and by CCG up to March 2017. The MSDS reports the baby’s first feed, which differs from the definition of initiation in the NHS England collection so data is not exactly comparable between the two sources.

Comparability

As this is the first annual publication using data from the MSDS, there is no comparable data over time.
Accessibility and Clarity

Monthly and annual publications of MSDS data include a report, an interactive Excel provider level analysis, detailed data quality information spreadsheets and data in machine-readable format.

A detailed metadata document explaining the construction of all published measures forms part of each publication, and supporting information is included throughout the publication files where this helps to interpret the data.

Monthly data files are also made available on the data.gov website at https://data.gov.uk/dataset/maternity-services-monthly-statistics-england

Use and re-use of the published data under the Open Government Licence is encouraged, subject to the conditions outlined at https://digital.nhs.uk/article/235/Terms-and-conditions

Maternity service providers can obtain a record level data extract for their patients from the data submission system.

Data Services for Commissioners Regional Offices (DSCROs) can obtain a record level extract of data relevant to the Clinical Commissioning Groups (CCGs) that they support, and can share data with these CCGs subject to the relevant data sharing agreements being in place. Information about DSCROs is available from http://content.digital.nhs.uk/dataservicesforcommissioners

Trade-offs between Output Quality Components

To meet user needs for prompt and detailed information on maternity services, data from the MSDS is published as final on a monthly basis. This means that where providers are notified of data quality issues following review of their monthly submission, they can only address these for future monthly submissions, and cannot amend and resubmit data for previous reporting periods.

There is also no opportunity for late submissions should a provider miss the submission deadline for the relevant reporting period.

Please note that this differs from Hospital Episode Statistics, where data can be resubmitted throughout the year until a final annual deadline.

Assessment of User Needs and Perceptions

We welcome feedback on any data releases from the MSDS, which can be sent to us via enquiries@nhsdigital.nhs.uk.

NHS Digital has held regular workshops with maternity service providers, system suppliers, and analysts to provide information updates and obtain feedback on the development of the data set and statistical outputs from the MSDS.
Cost, Performance and Respondent Burden

The MSDS is a ‘secondary uses’ data set i.e. it re-uses existing clinical and operational data for purposes other than direct patient care. It does not require the collection of new data items by maternity providers.

Providers are not required to submit data held only on paper records as no provision has been made for any cost of transcribing these records into electronic format.

Only three of the data tables are required to flow in every MSDS submission (MAT001, MAT003 and MAT101). Submission of the remaining tables is only necessary when activity has occurred that is captured within these tables.

Confidentiality, Transparency and Security

MSDS data are stored by NHS Digital and accessed in accordance with strict standards.

Relevant NHS Digital policies include:

Statistical Governance Policy (under ‘user documents’)
http://content.digital.nhs.uk/pubs/calendar

A Guide to Confidentiality in Health and Social Care
http://content.digital.nhs.uk/article/4979/Assuring-information

Privacy and Data Protection
http://content.digital.nhs.uk/privacy

Freedom of Information Process
https://digital.nhs.uk/article/253/Freedom-of-Information

A limited number of people within NHS Digital have access to the record level data. Providers can download their processed data extracts through a secure system, and access for DSCROs (Data Services for Commissioners Regional Offices) to data for the CCGs that they support is similarly controlled.

Access to record level data for medical/health care research purposes would require application through a stringent process where the need for record level rather than aggregate data would need to be justified. NHS Digital publishes a quarterly register of data releases that includes applications that have successfully completed this process.

To minimise the risk of identifying an individual from small numbers in any table from the MSDS, all counts between zero and four below ‘All submitters’ level are replaced with an asterisk (*) and all counts of five or more below ‘All submitters’ level are rounded to the nearest five.
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ISBN 978-1-78734-174-6

This publication may be requested in large print or other formats.

Published by NHS Digital, part of the Government Statistical Service

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