Maternity Services Data Set (MSDS) FAQs

Frequently Asked Questions (FAQ's)

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Document Management

Revision History

Version	Date	Summary of Changes
1.0	12/8/2015	Initial version
1.1	30/09/2015	Document updated to reflect changes to information available on the web pages
1.2	18/02/2016	Document updated to incorporate frequently asked questions

Glossary of Terms

Term / Abbreviation	What it stands for
HSCIC	Health and Social Care Information Centre
ISN	Information Standards Notice
MSDS	Maternity Services Data Set
SCCI	Standardisation Committee for Care Information
TOS	Technical Output Specification
BSP	Bureau Service Portal

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Introduction

The Maternity Services Data Set (MSDS) provides a national standard for gathering data from Maternity healthcare providers in England. It covers key information captured from NHS-funded maternity services.

This data set standard will be used both locally and nationally to generate 'secondary uses' information, i.e. for a purpose other than direct clinical care.

The standard has received full approval from the Standardisation Committee for Care Information (SCCI) and the ISN has been published here:

Maternity Services Data Set (MSDS):
http://www.hscic.gov.uk/isce/publication/isb1513

This document contains a concise list of FAQ's for the MSDS. For more detailed information please refer to the Maternity Services Data Set user guidance, technical guidance and other supporting documents on the Health and Social Care Information Centre website http://www.hscic.gov.uk/maternityandchildren/maternity.

Maternity Services Data Set common FAQ's

Q: What are the penalties if MSDS data cannot be submitted for a given reporting period?

A: Under the ISN every provider is required to submit all of the records held electronically as defined in the dataset, however if this is not possible then we suggest that you try and submit the mandatory tables (MAT001 Mother's Demographics, MAT003 GP Practice Registration and MAT101 Booking Appointment Details) and any additional tables that you hold electronically.

Although there are no penalties from the HSCIC if MSDS data is not submitted for a given reporting period we would advise that you contact the HSCIC to make us aware of why you are unable to make submissions along with a description of the problem, so that we can try to help. We would also recommend that you inform your local commissioners to check the local position.

Where providers have not provided rationale to the HSCIC as to why they have been unable to make any submissions. The intention then is that the Chief Data Officer for NHS England would write to Chief Executives of those organisations, requesting an explanation for their non-compliance with the data standards.

Q: Do we need to obtain patient consent before sending MSDS data to the HSCIC?

A: Under a legal direction, the HSCIC is exempt from Section 251 support where we're mandated to collect data and when acting as data controller. This is set out in Sections 254 and 255 of the Health and Social Care Act 2012. This would mean that the HSCIC would still collect and process any information received, in order to help promote health and to support improvements in delivering care services. By law, any organisation using a mothers information must be clear and transparent about how it is being used and why it is being collected. Mothers using these services, are required to be informed, that their information will be used to support secondary uses, and that any information would still be received and flowed via the Health and Social Care Information Centre (HSCIC).

Should a mother explicitly object to their information being used for secondary purposes, the provider has the option of not flowing the records for this mother, as directed by their local Caldicott Guardian. The submission of patient information to the HSCIC must not be restricted when it is being used directly for payment of service, except when instructed by the local Caldicott Guardian or if the mother is the subject to a legal court order which requires that their identity remain strictly confidential.

Mothers using these services also have the right to change their minds about a disclosure decision at any time before the disclosure is made, and can do so afterwards to prevent further disclosures where an activity requires a regular transfer of their personal information.

Mothers retain the right to restrict the disclosure of their confidential personal information, explicitly declining to allow information to be shared by the HSCIC to other third party organisations or other individuals.

If a mother would like to restrict the sharing of their information by the HSCIC, they will need to inform their registered GP of their decision, who will share their preference with the HSCIC.

The HSCIC has also published some additional information, which can be adapted by care providers to inform their patients about their rights and how the data gathered about them is used. This information can also be found on our web pages.

Q: I have been unable to send my May submission as the window has closed, can I submit those women who had a booking appointment in May in the June submission?

A: Correct, you can then submit these bookings in the following submission window, please refer to our website for a full timetable of submission windows.

To be clear, missing the window may only ever be an issue if for example, the mother presents at two separate organisations and has two booking appointments. For example, she presents at one on the 1st Oct and at the second on the 10th October, if the first organisation missed the window, then the second organisation would most likely receive any payment from the commissioners.

Q: Where can we find information on updated validation errors?

A: The HSCIC are continually working on a number of patch updates which are bug fixes to the system. These first updates were scheduled to be delivered into the production environment on the 01 October 2015, as part of the Maternity Data Set Release 2. This release will include a number of known issues that require fixes, and will also include functionality for the delivery of the National and Provider Extracts. This list is currently documented and available via the main Maternity and Children's Data Set web page under 'Guidance'. Please note that these updates are continually being added to and addressed, and will be updated on this document accordingly.
Any queries related to submission and validation errors, should be directed to the Exeter Helpdesk in the first instance via exeter.helpdesk@hscic.gov.uk. Once solutions are known they will be added to the list of patch updates available on our maternity web page.

All changes to the Technical Output Specification (TOS) including validation rule amendments are recorded on the change log within the document. Planned future versions of the TOS for inclusion in a future release of the Bureau Service Portal (BSP) are available on our web page , which also indicates which version the Bureau Service Portal (BSP) is currently supporting.

Q: What data will be available to providers and commissioners, and when will this be made available?

A: Data quality reports will be made available to providers after each submission, whilst the submission window remains open. Once the submission window closes extracts containing pseudonymised patient level data will then be made available for providers and commissioners.

As the data set is in its early phase, we will spend a few months pulling this information together to create a national extract and work with providers to ensure the data is of sufficient quality for onward dissemination. We published our first report in November 2015, and we will continue to collect monthly data on a rolling basis.

As the dataset becomes more established we will look to reduce these timescales and ensure the data is published and therefore available to our customers quicker.

Q: As a provider, what do we need to do with the post-deadline extracts?

A: Once a provider has submitted their data and it goes into long-term storage, the central system then generates a post-deadline extract which contains the elements of their data that has been taken forward into the data store and will be reported on by the

HSCIC. The central system would then send providers/commissioners an email informing them that their post-deadline extract is available.

The post-deadline extract shows you exactly what we will be reporting on. If you are unable to view the XML files, we recommend you export them into Access or Excel in order to view your data.

Q: We have had four perfectly good births for October being rejected because of the insistence that we provide an EDD Agreed Date. If a woman accidentally delivers here and we have no previous history we will not be entering information on scans, etc. retrospectively.

A: If you do not have an EDD Agreed Date but you do have a Date of Birth, then this can be used instead of the EDD. Please refer to our user guidance document on our webpages for further information.

Q: There is some uncertainty around provision and support of XML tool. How do we access the XML tool?

A: The HSCIC provided this tool as a worked example, to help aid providers in making their submissions during the pilot phase. The feedback on the tool was positive from the pilot sites, so it was then made available for this initial release, and is now supported by the HSCIC.

The XML tool is currently provided upon request, please email the HSCIC enquiries team enquiries@hscic.gov.uk for the latest version.

Please also refer to our web page to check that you have the latest version.

Q: I have started trying to submit the MSDS data and I am experiencing some issues, who should I contact for help?

A: The best approach would be initially to check the MSDS web page to see if any of the guidance documents can be of help, especially the User Guidance document or Technical Output Specification.

A list of patch updates are available on the main Maternity and Children's Data Set web page under 'Guidance' so you may wish to refer to this to see if your issue is outlined here, however if the issue relates to a submission made to the BSP, then any queries should be directed to the Exeter Helpdesk accordingly via exeter.helpdesk@hscic.gov.uk.

If your issue relates to the structure of the data set or a publication or extract, then you will need to send an email outlining the specific issue to the HSCIC enquiries team enquiries@hscic.gov.uk .

Please also note, that all issues addressed, will subsequently be included within the technical output specification (TOS) and user guidance, also found on our web pages.

Q: On referring to the User Guidance and Technical Output Specification on your webpage, I am confused about what tables and data items are mandated.

A: There are 3 mandated tables which are MAT001, MAT003 and MAT101, these must be flowed in every submission file.

Within each table there are mandatory, required and optional items, these are denoted by M, R and O within the Technical Output Specifications (TOS), and on the data model where the mandated items are in bold. Therefore for each data item that is marked as mandatory, this means that these specific items MUST be captured/reported. If not, failure to submit these items will result in rejection of the submission.

For each data item marked as required, these data items SHOULD be reported where they apply. Failure to submit these items will not result in the rejection of the submission but may affect the derivation of national indicators or national analysis. (Please note that the purpose of the data set is not to change clinical practice).

For each data item marked as optional, these data items MAY be submitted on an optional basis at the submitters discretion.

The TOS also contains derived items, these data items are NOT FOR SUBMISSION and will be derived from the submitted data by the HSCIC after submission. These items are also greyed out on the specification.

We recommend that you refer to the TOS in the tab 'explanation of data set columns' and use this alongside our User Guidance.

Q: I am trying to submit October refresh and November primary as one XML file I managed to do this by selecting the Primary submission option on the portal.

The problem I have come across this month is that I have some data in my XML that relates to October, however, the patient turns 19 in November which it is therefore failing integrity checks as I have patients whose dates of birth are outside the reporting period.

The only solution I can think of is to split the files and submit October refresh and November primary as two separate XML submissions. This, I feel, would be a burden to the user to do as it would mean we would have to run the conversion tool twice which takes us around 2 hours to generate an XML file.

A: You would need to split the XML files into two separate submissions, one for the November Primary, and one for the October Refresh.The way that the portal works is that you submit an XML for one reporting period at a time. The validations that it performs are then based upon the start and end date of this particular reporting period. More details of these validations can be found in the CYPHS Technical Output Specification towards the bottom of this page:

The issue regards turning 19 will be resolved when we move to the new CSDS.

Q: What would happen in the following scenarios: a) If A woman booked in January, do we submit booking activity in January. Your data would be submitted in the appropriate submission window which for January is 1/3/16-30/4/16. b) Antenatal appt in March – submit the appt info plus 3 mandatory tables. Yes, in the appropriate submission window: 1/5/16-30/6/16. c) Delivers in August – submit the delivery activity plus 3 mandatory fields Yes, in the appropriate submission window: 1/10/16-30/11/16

A: To clarify, you would have to flow the mandatory tables MAT001, MAT003 and MAT101 tables each time there is any activity for the pregnancy. Plus any other activity that has taken place within the reporting period, so for a typical pregnancy, we would expect to receive activity that spans 8 or 9 monthly submissions. The booking

appointment information would be submitted in each monthly slice for each pregnancy until the mother is discharged from maternity services.

Q: What data should be submitted when a patient is seen by one provider for their booking appointment (who offers a dating scan and all of the usual blood tests) but the actual scans and blood tests are carried out by another provider with the results passing back to the original booking provider?

A: Each provider organisation must only provide data for the activity that they have delivered. Once the separate submissions are received by the HSCIC, and where the NHS number is present within the records, the data is combined from different providers to produce a single record per pregnancy that covers all of the care that they have received.

Q: Booking table MAT101 is mandatory. How should this be completed if the booking is done by another provider, or it is an emergency delivery and we are not sure who has done the original booking?

A: Assuming the mother has booked elsewhere initially, but are on your maternity system as they are then receiving maternity care via yourselves? In this case, you would still need to use for example a first appointment at the maternity unit in place of a formal antenatal booking date, it just needs to relate to the initial contact between the mother and care provider, whether this takes the form of a formal booking appointment or is simply the day when a mother presents herself to give birth (having booked elsewhere or not at all).

Q: If a patient has to visit a maternity unit at another hospital whilst on holiday for example, and they are assessed by that hospital should these bookings/initial assessments be included in the MSDS even though there is no intention that the patient will continue any care with that provider?

A: This data should be submitted to the MSDS using the local patient identifier from the organisation providing the assessment and treatment.

Q: Should we be sending activity if the booking/initial appointment date for the patient is before1st April 2015?

A: No, only submit data for current pregnancies where the booking/initial appointment was on or after 1st April 2015.

Q: What is the logic we are working to for the delivery side of the submission process?

A: You should only submit data to the MSDS for current pregnancies (with a confirmed Estimated Date of Delivery) where the booking/initial appointment was on or after 1st April 2015.

The following tables are mandatory and should be included in every submission file:

MAT001 Mother's Demographics

MAT003 GP Practice Registration

MAT101 Booking Appointment Details

So the mandatory tables should be submitted each month for all open pregnancies with a booking/initial appointment on or after 1st April 2015.

All the other tables should be submitted too if the relevant activity has occurred in the reporting month. For example if a mother booked with a provider on 2nd April 2015 with a dating scan of 11th June 2015, the three mandatory tables would have been submitted in the April 2015 submission window (1st June 2015 – 31st July 2015).

The information for the dating scan (MAT112 Dating Scan Procedure) would then be submitted alongside the mandatory tables in the June 2015 submission window (1st July 2015 and closes on the 31st August 2015).

So delivery information will only be included in the month in which the delivery occurs.

Q: In our submission should we be populating the LocalPatientIDMother with the NHS Number where possible?

A: No, we do not require you to put the NHS number in the LPID Mother as we will link data between organisations directly from the NHS number in its own field.

We advise that you can put the NHS number in the LPID Mother when you locally want to link data from separate systems, and where you won't have a consistent LPID Mother. This is outlined in section 4.1 Linkage and Identifier Data Items of our user guidance on our web page.

Q: How do I report activity data of a mother who is booked in April 2015, but then has activity in May 2015 or June 2015 (where activity can be delivery, an admission, an appointment, etc.)?

A: Data submissions for Maternity Services are based upon fixed period reporting. A period of approximately two months will exist for each submission to be undertaken.

So data for activity between the 1st April 2015 to 30th April 2015 should have been submitted in the April submission window which was open from 1st June 2015 – 31st July 2015.

Providers should have submitted activity for May 2015 in the May submission window which opened on the 1st July 2015 and closed on the 31st August 2015.

The submission window for June 2015 activity opened on 1st August 2015 and closed on the 30th September 2015. Please refer to the diagram below which outlines how the submission windows work.

All of the submission dates are available on the maternity web page.

Reporting Period – The period for which data is being supplied.

Submission Period/Window – The period during which the central system will accept uploads for a particular Reporting Period

Example:

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Reporting Period	███	░░░	▓▓▓	▒▒▒				
April Submission Window			███	███				
May Submission Window				░░░	░░░			
June Submission Window					▓▓▓	▓▓▓		
July Submission Window						▒▒▒	▒▒▒	

Q: Can I submit the data of a mother who was booked in April 2015 if the delivery takes places in September?

A: If a mother was initially booked/had a first appointment in April 2015, then delivered in September 2015, the delivery information should be submitted in the September 2015 submission window alongside the mandatory tables. The MAT101 Booking Appointment details should contain the April 2015 booking details.

Any current (open) pregnancies where the booking/initial appointment was on or after the 1st April 2015, and an EDD in the future (e.g. November 2015) should have each of the mandatory tables submitted.

Q: We are in the process of submitting our data for June. In the MAT101 table, do we only send data for women whose appointment date/booking is in June, regardless of their EDD (if they have one or not)?

A: No, the 'MAT101 Booking Appointment Details' table, should be included in *every* submission file for all current open pregnancies where the booking/initial appointment was on or after 1st April 2015.

Q: What about women who have a booking appointment in May 2015, and then also have a miscarriage in May 2015?

A: They both occurred after 1st April 2015, you need to include data for current pregnancies (with a confirmed Estimated Date of Delivery) where the booking/initial appointment was on or after 1st April 2015.

If the Pregnancy Outcome (Current Fetus) which is the data item which records a miscarriage, occurred in May 2015, but the data was submitted in the June 2015 reporting period for example, then you would get a validation error message.

Q: We will not be able to submit data for our trust in time. Is there a possibility to have an extension on the submission deadline?

A: Unfortunately once the window has closed for that particular month, there is no further opportunity to submit the data for that reporting period. You have a 2 month period in which you can make your submission for a particular month and once that has surpassed, there are no provisions to make a submission retrospectively.

Q: Which date should be used (as a driver) when a mum is admitted (for example) in August but discharged in September – which submission month(s) data should she appear?

A: Data submissions for Maternity Services are based upon fixed period reporting. A period of approximately two months will exist for each submission to be undertaken. For example, data for activity from the 1st September 2015 to 30th September 2015 should have been submitted in the November submission window which was open from 1st November 2015 – 31st December 2015. Providers can then start submitting activity for October 2015 in the December submission window which opened on the 1st of December 2015 and closes on the 31st January 2015.

Q: Do we include deliveries in the same month they are booked?

You will notice that there is an overlap of two separate submission windows. i.e. September data can be submitted from 1/11/2015 to 31/12/2015, in which time the submission for October is also opened from the 1/12/2015 (midway in the submission window). You can choose to submit September or October at the portal from the drop down menu.

September data will pertain to bookings made in September (not deliveries), the delivery will happen when it happens, i.e. further down the line. So to answer your question the booking data will appear in August and discharge data will appear in September.

Q: We have patients that arrive without any previous history and result in giving births. What date should we be using as an EDD if we have no previous information on them as the record will be rejected without a valid EDD.

A: If you do not have an EDD Agreed Date but you do have a Date of Birth, then this can be used instead of the EDD. I believe this should also be noted within our Maternity User Guidance found on our webpage here, within the MAT101 table.

NB: Further questions following our maternity events can be found within the slides we have produced and are available on the overarching maternity webpage.