



CYLCHLYTHYR IECHYD CYMRU

Statws: Cydymffurfio

Categori: Ansawdd a diogelwch

Teitl: Set Ddata Adrodd ynghylch Mamolaeth (MR ds) – Gofynion Data

Dyddiad dod i ben / Dyddiad adolygu: 1 Ebrill 2029

I'w weithredu gan: Byrddau Iechyd Lleol ac Ymddiriedolaethau'r GIG yng Nghymru a Iechyd a Gofal Digidol Cymru

Angen gweithredu erbyn: Ar unwaith – y gweithredu yn cyd-fynd â defnyddio'r system famolaeth genedlaethol o Ebrill 2026, gyda'r data cyntaf yn llifo o Fehefin/Gorffennaf 2026 ar gyfer data Ebrill a Mai

Anfonydd: Louise Armstrong-Rodgers, Pennaeth Polisi Mamolaeth a Newyddenedigol

Enw(au) Cyswilt GIGC Llywodraeth Cymru: Louise Armstrong-Rodgers LL.B, Pennaeth Polisi Mamolaeth a Newyddenedigol, Swyddfa'r Prif Swyddog Nyrsio, Y Gyfarwyddiaeth Nyrsio, Grŵp Iechyd, Gofal Cymdeithasol a'r Blynnyddoedd Cynnar, Llywodraeth Cymru, 03000 628570

Dogfennau amgaeedig: Dim

Purpose and Background

1. This Welsh Health Circular (“the Direction”) sets out mandatory requirements for the collection, submission, processing and use of nationally defined maternity and neonatal data to support national maternity reporting, assurance and improvement functions in Wales.
2. Variation in local data definitions, recording practices and data quality, alongside fragmented and manual reporting arrangements, currently limits comparability, constrains national oversight and reduces the system’s ability to identify unwarranted variation and inequalities in outcomes. The Maternity Reporting Data Set (MR ds) addresses these issues by establishing a single, nationally mandated dataset.
3. This Direction replaces the existing Maternity Indicators Data Set. Implementation will be phased to ensure proportionality and system readiness.

Scope of this Direction

Data in scope

4. This Direction applies to the collection, submission, processing and use of nationally defined, patient-level maternity and neonatal data across all NHS Wales maternity services.
5. Data in scope comprises:
 - Patient-level maternity and neonatal data collected as part of routine care;
 - The minimum mandated data items, definitions, value sets, outcome indicators and safety metrics specified within the Maternity Reporting Data Set (MR ds);
 - Data originating from secondary, community and primary care settings where required to support the national dataset;
 - Identifiable data where necessary and proportionate to enable lawful record linkage, longitudinal analysis, monitoring of outcomes and inequalities, and quality and safety assurance.

Data out of scope

6. This Direction does not introduce new audit requirements.
7. Data flows to external audit providers and registries, including submissions already made under existing arrangements, are not within scope of this Direction.

Direction to Local Health Boards and NHS Trusts

8. Pursuant to sections 3, 12 and 19 of the National Health Service (Wales) Act 2006 and associated regulations, Local Health Boards and NHS Trusts in Wales are directed to comply with the following requirements.

Collection and recording

9. Local Health Boards and NHS Trusts must ensure that relevant patient-level maternity and neonatal data are accurately recorded as part of routine care in accordance with nationally defined standards and definitions.

Submission of data

10. Local Health Boards and NHS Trusts must:
 - Routinely submit the nationally specified Maternity Reporting Data Set to Digital Health and Care Wales (DHCW) in accordance with the timetable set out in this Direction; and
 - Support phased implementation aligned to deployment of the national maternity system, with reporting commencing from April 2026 and initial submissions flowing from June/July 2026 for April and May activity.

Information governance responsibilities

11. Local Health Boards and NHS Trusts:
 - Remain data controllers for maternity and neonatal data at the point of collection;
 - Are responsible for ensuring that appropriate lawful bases and information governance arrangements are in place where required data elements are obtained from outside their own systems, including primary and community care;
 - Must participate in the completion of Data Protection Impact Assessments (DPIAs) where new identifiable data sharing or processing is introduced.

Direction to Digital Health and Care Wales (DHCW)

12. Pursuant to section 23 of the National Health Service (Wales) Act 2006 and the Digital Health and Care Wales (Establishment and Membership) Order 2020, Digital Health and Care Wales is directed as follows.

Role and legal status

13. Digital Health and Care Wales (DHCW) is directed to collect and process maternity reporting data in support of the national Maternity Reporting function.

14. In exercising its statutory functions and official authority in relation to national data collection, analysis, reporting and dissemination, DHCW will act as a data controller for the data it collects from Health Boards and Trusts. In determining the purposes and essential means of this national processing, DHCW is acting as a controller under UK GDPR.

15. The fact that DHCW undertakes operational processing functions on behalf of the NHS Wales system does not of itself render DHCW a data processor.

Processing and standardisation

16. DHCW will:

- Determine the purposes and essential means of national processing of maternity reporting data;
- Develop and implement Data Standards Change Notices (DSCNs as necessary to support consistent, streamlined data flows from NHS organisations in Wales;
- Facilitate the secure processing and sharing of data in accordance with this Direction and applicable information governance requirements.

Information governance

17. DHCW will:

- Rely on existing Data Sharing Agreements with Health Boards and Trusts for the information sharing events required under this Direction;

- Ensure that relevant data flows are documented on the National Information Flows Register;
- Participate in the completion of DPIAs where required to comply with data protection legislation.

Use of the data

18. Data collected and processed under this Direction may be used only insofar as necessary and proportionate to support:

- National oversight, assurance and benchmarking of maternity and neonatal services;
- Welsh Government performance management and statutory reporting functions;
- Quality improvement, safety monitoring and service improvement activity across NHS Wales;
- Submission to established national audits, including the National Maternity and Perinatal Audit, where data flows are already in place;
- Population health, screening and prevention activity, including analysis of inequalities and outcomes for women and babies.

19. This Direction does not create new audit or regulatory functions.

Allocation of responsibilities

20. Health Boards and Trusts remain data controllers for maternity and neonatal data at the point of collection.

21. DHCW assumes controllership of the data at the point of collection from Health Boards and Trusts and determines the purposes and essential means of national processing as described in this Direction.

22. Information sharing will take place under existing Data Sharing Agreements and be recorded on the National Information Flows Register.

23. DHCW, Health Boards and Trusts must complete such DPIAs as are necessary to comply with UK GDPR where new identifiable data sharing or processing is introduced.

Review

24. Welsh Government will keep this Direction and the associated data processing arrangements under review to ensure they remain necessary and proportionate for the stated purposes. The continued need for processing and the scope of the dataset will be reviewed no later than three years from the date of issue, or earlier where material changes to processing occur

APPENDIX

The basis of the WHC and subsequent processing of information is made in consideration of:

- Section 1 of the National Health Service (Wales) Act 2006 which places a duty on the Welsh Ministers to continue the promotion of a comprehensive health service designed to secure improvement in the physical and mental health of the people of Wales, and in the prevention, diagnosis and treatment of illness. Section 1[A] of the Act requires the Welsh Ministers to exercise their functions with a view to securing improvement in the quality of health services. 'Quality' includes, but is not limited to, the effectiveness of health services, the safety of health services, the experience of individuals to whom health services are provided. Section 2 of that Act empowers Welsh Ministers to do anything which is calculated to facilitate, or is conducive or incidental to, the discharge of their duties.
- Pursuant to Section 3 of the National Health Service (Wales) Act 2006 the Welsh Ministers have a statutory duty to, inter alia, provide throughout Wales, to such extent as they consider necessary to meet all reasonable requirements, healthcare services and such other services or facilities as they require for the diagnosis and treatment of illness.
- Pursuant to Section 12 of the National Health Service (Wales) Act 2006, the Welsh Ministers may direct a Local Health Board to exercise in relation to its area functions relating to the health service. Pursuant to the Local Health Board (Directed Functions) (Wales) Regulations 2009, the duty under Section 3 of the 2006 Act has been delegated to the Local Health Boards and are thus responsible for the provision of health services in Wales.
- Pursuant to Section 18 of the National Health Service (Wales) Act 2006, the Welsh Ministers may by order establish NHS trusts to provide goods and services for the purposes of the health service. Pursuant to Section 19 of the National Health Service (Wales) Act 2006, the Welsh Ministers may give directions to an NHS trust about its exercise of any functions.
- The supply of data to support the Maternity Data Reporting Standard, including submission to the National Maternity and Perinatal Audit, reporting to Welsh Government, and enabling quality improvement, performance, screening, and population health functions delivered through IQPD, NHS Wales Performance and Improvement, and Public Health Wales, falls within the statutory responsibilities of Health Boards to monitor, improve, and assure the safety, quality, and equity of maternity services.

- Section 23 of the National Health Service (Wales) 5 Act 2006 provides that the Welsh Ministers may give directions to a Special Health Authority about its exercise of any functions.
- The Digital Health and Care Wales (Establishment and Membership) Order 2020 (“the Order”) came into force on 30 December 2020 and established Digital Health and Care Wales (“DHCW”) as a Special health Authority. Article 3 sets out the nature of DHCW’s functions which are to be specified more particularly in directions given by the Welsh Ministers under Section 24 of the National Health Service (Wales) Act 2006. DHCW’s functions relate to, inter alia, the collection, analysis, use and dissemination of health service data and any other matter so as to support the improvement of health and care for Welsh residents.

For the purposes of the data flows already established within existing agreements, the following conditions from the GDPR are most likely to be relied upon in these circumstances:

Article 6(1) (c) and (e):

(c) processing is necessary for compliance with a legal obligation to which the controller is subject;

(e) processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller.

Article 9(2) (h) and (i):

(h) processing is necessary for the purposes of preventive or occupational medicine, for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems and services on the basis of Union or Member State law or pursuant to contract with a health professional and subject to the conditions and safeguards referred to in paragraph 3;

(i) processing is necessary for reasons of public interest in the area of public health, such as protecting against serious cross-border threats to health or ensuring high standards of quality and safety of health care and of medicinal products or medical devices, on the basis of Union or Member State law which provides for suitable and specific measures to safeguard the rights and freedoms of the data subject, in particular professional secrecy.

All parties have a responsibility for the accuracy, integrity and confidentiality of the information shared in these circumstances.

COPY LIST

All mandatory copy recipients (as indicated in the guidance).

- Mandatory Copy List
- Local Health Boards and NHS Trusts in Wales (Health Boards and Trusts)
and
- Digital Health and Care Wales (DHCW)

