NHS Digital

NHS Data Model and Dictionary Service

Type: Change Request
Reference: 1545
Version No: 1.0
Subject: Updates to the Neonatal Critical Care and Paediatric Critical Care Minimum Data Sets
Effective Date: Immediate
Reason for Change: Change to Data Standards
Publication Date: 31 August 2016

Background:
The [Neonatal Critical Care Minimum Data Set](#) and [Paediatric Critical Care Minimum Data Set](#) were approved by the Information Standards Board for Health and Social Care for mandatory collection in 2007.

It has become necessary from clinical and service feedback that changes are required to both data sets to reflect current clinical practice.

To support the Information Standards, this Change Request:

- Updates the attribute CRITICAL CARE ACTIVITY CODE.
  - As a result the Commissioning Data Set Version 6-2 XML Schema Constraints Page is updated to reflect that only the original values can be transmitted in the Commissioning Data Set.
- Replaces DISCHARGE METHOD (HOSPITAL PROVIDER SPELL) with DISCHARGE METHOD CODE (HOSPITAL PROVIDER SPELL) to bring the data sets in line with the Commissioning Data Sets.
  - As a result DISCHARGE METHOD (HOSPITAL PROVIDER SPELL) has been retired.
- Updates the Neonatal Critical Care Minimum Data Set and Paediatric Critical Minimum Data Set Overview pages to reflect the changes.

To view a demonstration on "How to Read an NHS Data Model and Dictionary Change Request", visit the NHS Data Model and Dictionary help pages at: [http://www.datadictionary.nhs.uk/Flash_Files/changerequest.htm](http://www.datadictionary.nhs.uk/Flash_Files/changerequest.htm).

Note: if the web page does not open, please copy the link and paste into the web browser.

Summary of changes:

**Data Set**
- [NEONATAL CRITICAL CARE MINIMUM DATA SET](#) Changed Description
- [PAEDIATRIC CRITICAL CARE MINIMUM DATA SET](#) Changed Description

**Supporting Information**
- [NEONATAL CRITICAL CARE MINIMUM DATA SET OVERVIEW](#) Changed Description
- [PAEDIATRIC CRITICAL CARE MINIMUM DATA SET OVERVIEW](#) Changed Description

**Class Definitions**
- [PERSON STATED GENDER](#) Changed Description

**Attribute Definitions**
- [CRITICAL CARE ACTIVITY CODE](#) Changed Description

**Data Elements**
**DISCHARGE METHOD (HOSPITAL PROVIDER SPELL) (RETIRED)** renamed from **DISCHARGE METHOD (HOSPITAL PROVIDER SPELL)** Changed status to Retired, linked Attribute, Description, Name

**DISCHARGE METHOD CODE (HOSPITAL PROVIDER SPELL)** Changed Description

**XML Schema Constraint**

**COMMISSIONING DATA SET VERSION 6-2 XML SCHEMA CONSTRAINTS** Changed Description

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**Date:** 31 August 2016  
**Sponsor:** Martin Campbell, Head of Pricing, NHS England

**Note:** New text is shown with a blue background. Deleted text is crossed out. Retired text is shown in grey. Within the Diagrams deleted classes and relationships are red, changed items are blue and new items are green.

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**NEONATAL CRITICAL CARE MINIMUM DATA SET**

Change to Data Set: Changed Description

*Neonatal Critical Care Minimum Data Set Overview*

The *Neonatal Critical Care Minimum Data Set* is sent as a subset in the following Commissioning Data Set messages: *Neonatal Critical Care Minimum Data Set* is sent as a part of the following Commissioning Data Set messages:

- CDS V6-2 Type 120 - Admitted Patient Care - Finished Birth Episode Commissioning Data Set  
- CDS V6-2 Type 130 - Admitted Patient Care - Finished General Episode Commissioning Data Set  
- CDS V6-2 Type 180 - Admitted Patient Care - Unfinished Birth Episode Commissioning Data Set  
- CDS V6-2 Type 190 - Admitted Patient Care - Unfinished General Episode Commissioning Data Set

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### Data Set Data Elements

<table>
<thead>
<tr>
<th><strong>Person Group (Patient):</strong> To carry the personal details of the Patient (the baby). One occurrence of this Group is permitted.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PERSON BIRTH DATE</strong></td>
</tr>
<tr>
<td><strong>DISCHARGE DATE (HOSPITAL PROVIDER SPELL)</strong></td>
</tr>
<tr>
<td><strong>DISCHARGE METHOD (HOSPITAL PROVIDER SPELL)</strong></td>
</tr>
<tr>
<td><strong>DISCHARGE METHOD CODE (HOSPITAL PROVIDER SPELL)</strong></td>
</tr>
</tbody>
</table>

**Neonatal Critical Care Group:** To carry the details of the Neonatal Critical Care Period. One occurrence of this Group is permitted.

| **CRITICAL CARE LOCAL IDENTIFIER** |
| **CRITICAL CARE START DATE** |
| **CRITICAL CARE START TIME** |
| **CRITICAL CARE DISCHARGE DATE** |
| **CRITICAL CARE DISCHARGE TIME** |
| **CRITICAL CARE UNIT FUNCTION** |
| **GESTATION LENGTH (AT DELIVERY)** |

**Neonatal Critical Care Daily Activity Group:** To carry the daily activity data for each day of the Neonatal Critical Care Period. 999 occurrences of this Group are permitted.

| **ACTIVITY DATE (CRITICAL CARE)** |
| **PERSON WEIGHT** |

20 occurrences of Critical Care Activity Codes are permitted within the Neonatal Critical Care Daily Activity Group. All codes relate to care provided on the **ACTIVITY DATE (CRITICAL CARE)**.

| **CRITICAL CARE ACTIVITY CODE** |
20 occurrences of High Cost Drugs OPCS codes are permitted within the Neonatal Critical Care Daily Activity Group. All codes relate to drugs provided on the ACTIVITY DATE (CRITICAL CARE).

HIGH COST DRUGS (OPCS)

NEONATAL CRITICAL CARE MINIMUM DATA SET

Change to Data Set: Changed Description
- Changed Description

PAEDIATRIC CRITICAL CARE MINIMUM DATA SET

Change to Data Set: Changed Description

Paediatric Critical Care Minimum Data Set Overview

The Paediatric Critical Care Minimum Data Set is sent as a subset in the following Commissioning Data Set messages: The Paediatric Critical Care Minimum Data Set is sent as a part of the following Commissioning Data Set messages:
- CDS V6-2 Type 120 - Admitted Patient Care - Finished Birth Episode Commissioning Data Set
- CDS V6-2 Type 130 - Admitted Patient Care - Finished General Episode Commissioning Data Set
- CDS V6-2 Type 140 - Admitted Patient Care - Unfinished Birth Episode Commissioning Data Set
- CDS V6-2 Type 180 - Admitted Patient Care - Unfinished Birth Episode Commissioning Data Set
- CDS V6-2 Type 190 - Admitted Patient Care - Unfinished General Episode Commissioning Data Set
- CDS V6-2 Type 200 - Admitted Patient Care - Unfinished Delivery Episode Commissioning Data Set

Data Set Data Elements

Person Group (Patient):
To carry the personal details of the Patient. One occurrence of this Group is permitted.
PERSON BIRTH DATE
DISCHARGE DATE (HOSPITAL PROVIDER SPELL)
DISCHARGE METHOD (HOSPITAL PROVIDER SPELL)
DISCHARGE METHOD CODE (HOSPITAL PROVIDER SPELL)

Paediatric Critical Care Group:
To carry the details of the Paediatric Critical Care Period.
CRITICAL CARE LOCAL IDENTIFIER
CRITICAL CARE START DATE
CRITICAL CARE START TIME
CRITICAL CARE DISCHARGE DATE
CRITICAL CARE DISCHARGE TIME
CRITICAL CARE UNIT FUNCTION

Paediatric Critical Care Daily Activity Group:
To carry the daily activity data for each day of the Paediatric Critical Care Period. 999 occurrences of this Group are permitted.

ACTIVITY DATE (CRITICAL CARE)

20 occurrences of Critical Care Activity Codes are permitted within the Paediatric Critical Care Daily Activity Group. All codes relate to care provided on the CRITICAL CARE START DATE.

CRITICAL CARE ACTIVITY CODE

2 HIGH COST DRUGS (OPCS) codes are permitted but there is the capacity for 20 codes within the Paediatric Critical Care Daily Activity Group, to allow future refinement. All codes relate to drugs provided on the CRITICAL CARE LOCAL IDENTIFIER.

HIGH COST DRUGS (OPCS)
NEONATAL CRITICAL CARE MINIMUM DATA SET OVERVIEW

Change to Supporting Information: Changed Description

The definition of the Neonatal Critical Care is linked to the definition of Neonatal Critical Care Healthcare Resource Groups. These closely follow the definitions contained in the 2003 Department of Health report ‘Report of the Neonatal Intensive Care Services Review Group’.

Introduction

This takes account of related definitions which have been developed for the Maternity and Child Health data sets by the NHS Digital. The Neonatal Critical Care Minimum Data Set (NCCMDS) provides a record of what happens to a PATIENT when they receive Neonatal Critical Care in a Neonatal Intensive Care Unit, Maternity WARD, or Neonatal Transitional Care WARD.

The primary purpose of the Neonatal Critical Care Minimum Data Set is to allow the operation of the National Tariff Payment System within neonatal critical care. The Neonatal Critical Care Minimum Data Set supports the National Tariff Payment System by capturing the data needed to generate a Healthcare Resource Group (HRG) for each calendar day (or part thereof) of a period of neonatal critical care; these Healthcare Resource Groups are then used to inform the annual aggregate costing exercise, NHS Reference Costs.

Scope and Uses

The scope of the Neonatal Critical Care Minimum Data Set is:

a) All PATIENTS on a WARD with a CRITICAL CARE UNIT FUNCTION of National Code ‘13 - Neonatal Intensive Care Unit (Neonatal critical care patients predominate)’.

b) All PATIENTS (excluding Mothers) on a WARD with a CRITICAL CARE UNIT FUNCTION of National Code:

- 14 - Facility for Babies on a Neonatal Transitional Care Ward
- 15 - Facility for Babies on a Maternity Ward

to whom one or more of the following CRITICAL CARE ACTIVITY CODES applies for a period greater than 4 hours:

a) All PATIENTS on a WARD with a CRITICAL CARE UNIT FUNCTION Neonatal Intensive-Care-Unit regardless of care being delivered.

b) All PATIENTS (excluding Mothers) on a WARD with a CRITICAL CARE UNIT FUNCTION Facility for Babies on a Neonatal Transitional Care Ward or Facility for Babies on a Maternity Ward to whom one or more of the following CRITICAL-CARE-ACTIVITIES applies for a period greater than 4 hours:

01 Respiratory support via a tracheal-tube
02 Nasal-Continuous-Positive-Airway-Pressure (nCPAP)
04 Exchange-Transfusion
05 Peritoneal-Dialysis
06 Continuous-infusion of inotrope, pulmonary-vasodilator or prostaglandin
07 Parenteral-Nutrition
08 Convulsions
09 Oxygen-Therapy
10 Neonatal-abstinence-syndrome
11 Care of an intra-arterial catheter or chest drain
12 Dilution-Exchange-Transfusion
13 Tracheostomy cared for by nursing staff
14 Tracheostomy cared for by external Carer
15 Recurrent-apnoea
16. Haemofiltration
22. Continuous monitoring
23. Intravenous glucose and electrolyte solutions
24. Tube-fed
25. Barrier-nursed
26. Phototherapy
27. Special monitoring
28. Observations at regular intervals
29. Intravenous medication
  01. Respiratory support via a tracheal tube (PATIENT receiving respiratory support via a tracheal tube provided)
  02. Nasal Continuous Positive Airway Pressure (nCPAP) (PATIENT receiving nCPAP for any part of the day)
  04. Exchange Transfusion (PATIENT received exchange transfusion)
  05. Peritoneal Dialysis (PATIENT received Peritoneal Dialysis)
  06. Continuous infusion of inotrope, pulmonary vasodilator or prostaglandin (PATIENT received a continuous infusion of an inotrope, vasodilator (includes pulmonary vasodilators) or prostaglandin)
  07. Parenteral Nutrition (PATIENT receiving Parenteral Nutrition (amino acids +/- lipids))
  08. Convulsions (PATIENT having convulsions requiring treatment)
  09. Oxygen Therapy (PATIENT receiving additional oxygen)
 10. Neonatal abstinence syndrome (PATIENT receiving drug treatment for neonatal abstinence (withdrawal) syndrome)
 11. Care of an intra-arterial catheter or chest drain (PATIENT receiving care of an intra-arterial catheter or chest drain)
 12. Dilution Exchange Transfusion (PATIENT received Dilution Exchange Transfusion)
 13. Tracheostomy cared for by nursing staff (PATIENT receiving care of tracheostomy cared for by nursing staff not by an external Carer (e.g. parent))
 14. Tracheostomy cared for by external Carer (PATIENT receiving care of tracheostomy cared for by an external Carer (e.g. parent) not by a NURSE)
 15. Recurrent apnoea (PATIENT has recurrent apnoea needing frequent intervention, i.e. over 5 stimulations in 8 hours, or resuscitation with IPPV two or more times in 24 hours)
 16. Haemofiltration (PATIENT received Haemofiltration)
 22. Continuous monitoring (PATIENT requiring continuous monitoring (by mechanical monitoring equipment) of respiration or heart rate, or by transcutaneous transducers or by Saturation Monitors. Note: apnoea alarms and monitors are excluded as forms of continuous monitoring)
 23. Intravenous glucose and electrolyte solutions (PATIENT being given intravenous glucose and electrolyte solutions)
 24. Tube-fed (PATIENT being tube-fed)
 25. Barrier-nursed (PATIENT being barrier-nursed)
 26. Phototherapy (PATIENT receiving phototherapy)
 27. Special monitoring (PATIENT receiving special monitoring of blood glucose or serum bilirubin measurement at a minimum frequency of more than one per calendar day)
 28. Observations at regular intervals (PATIENT requiring recorded observations for temperature, heart rate, respiratory rate, blood pressure or scoring for neonatal abstinence syndrome. Recorded observations must be at a minimum frequency of 4 hourly)
 29. Intravenous medication (PATIENT receiving intravenous medication)
 80. Heated Humidified High Flow Therapy (HHHFT) (PATIENT receiving HHHFT)
 81. Presence of an umbilical venous line
 82. Continuous infusion of insulin (PATIENT receiving a continuous infusion of insulin)
 83. Therapeutic hypothermia (PATIENT receiving therapeutic hypothermia)
 84. PATIENT has a Replogle tube in situ
 85. PATIENT has an epidural catheter in situ
 86. PATIENT has an abdominal silo
 87. Administration of intravenous (IV) blood products
 88. PATIENT has a central venous or long line (Peripherally Inserted Central Catheter line) in situ
 89. PATIENT has an indwelling urinary or suprapubic catheter in situ
 90. PATIENT has a trans-anastomotic tube in situ following oesophageal atresia repair
 91. PATIENT has confirmed clinical seizure(s) today and/or continuous cerebral function monitoring (CFM)
 92. PATIENT has a ventricular tap via needle or reservoir today
 93. PATIENT has a stoma
If one or more of these CRITICAL CARE ACTIVITIES apply to a PATIENT, then the PATIENT would be counted as receiving Neonatal Critical Care at the level of Intensive Care, High Dependency Care or Special Care depending on the CRITICAL CARE ACTIVITIES which apply.

This data is captured and recorded locally and may be used for the purposes of direct care, clinical audit, Reference Costs, and other local uses. Any transmission of the Neonatal Critical Care Minimum Data Set must be covered by fair processing arrangements in accordance with information governance criteria and appropriate local arrangements.

Commissioning Data Set Transmission

Subject to the Commissioning Data Set Version 6-2 XML Schema Constraints, the Neonatal Critical Care Minimum Data Set is carried into the Secondary Uses Service (SUS) as a part of the following Commissioning Data Set messages, see SCCI0075:

- CDS V6-2 Type 120 - Admitted Patient Care - Finished Birth Episode Commissioning Data Set
- CDS V6-2 Type 130 - Admitted Patient Care - Finished General Episode Commissioning Data Set
- CDS V6-2 Type 180 - Admitted Patient Care - Unfinished Birth Episode Commissioning Data Set
- CDS V6-2 Type 190 - Admitted Patient Care - Unfinished General Episode Commissioning Data Set

Except in very exceptional circumstances, CRITICAL CARE ACTIVITIES 01 to 16 will only occur in a Neonatal Intensive Care Unit environment where all PATIENTS are covered by Neonatal Critical Care Minimum Data Set regardless of treatment. Care on WARDS with a CRITICAL CARE UNIT FUNCTION of 'Facility for Babies on a Neonatal Transitional Care Ward' or 'Facility for Babies on a Maternity Ward' will only be in respect of CRITICAL CARE ACTIVITIES 22 to 29 unless very exceptional circumstances apply. This does not prevent these WARDS recording CRITICAL CARE ACTIVITIES 01 to 16 on the Neonatal Critical Care Minimum Data Set if they occur. However, it does mean that such settings will in practice be dealing with a much shorter list of CRITICAL CARE ACTIVITIES which would determine whether the Neonatal Critical Care Minimum Data Set applied or not. The Secondary Uses Service groups this data into neonatal critical care Healthcare Resource Groups; these are a mandated currency under the National Tariff Payment System. Further guidance can be found on the NHS Digital website at: SCCI0075.

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PAEDIATRIC CRITICAL CARE MINIMUM DATA SET OVERVIEW

Change to Supporting Information: Changed Description

Introduction

The Paediatric Critical Care Minimum Data Set has been specified as a simple data specification but will be carried within the existing framework of the Commissioning Data Set as supported by the Secondary Uses Service. Introduction

Scope

The definition of Paediatric Critical Care is linked to the definition of Paediatric Critical Care Healthcare Resource Groups. The Paediatric Critical Care Minimum Data Set (PCCMDS) provides a record of what happens to a PATIENT when they receive Paediatric Critical Care in a Paediatric Intensive Care Unit, or other critical care setting suitable for children.

The primary purpose of the Paediatric Critical Care Minimum Data Set is to allow the operation of the National Tariff Payment System within paediatric critical care. The Paediatric Critical Care Minimum Data Set supports the National Tariff Payment System by capturing the data needed to generate a Healthcare Resource Group (HRG) for each calendar day (or part thereof) of a period of paediatric critical care; these Healthcare Resource Groups are then used to inform the annual aggregate costing exercise, NHS Reference Costs.

Scope and Uses

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The scope of the Paediatric Critical Care Minimum Data Set is:

**a)** All **PATIENTS** on a **WARD** with a **CRITICAL CARE UNIT FUNCTION** of National Code '04 - Paediatric Intensive Care Unit (Paediatric critical care patients predominate)'

**b)** All **PATIENTS** on a **WARD** with a **CRITICAL CARE UNIT FUNCTION** of National Code of either:

- 16 - Ward for children and young people
- 17 - High Dependency Unit for children and young people
- 18 - Renal Unit for children and young people
- 19 - Burns Unit for children and young people
- 92 - Non standard location using the operating department for children and young people

to whom one or more of the following **CRITICAL CARE ACTIVITY CODES** applies for a period greater than 4 hours:

**a)** All **PATIENTS** on a **WARD** with a **CRITICAL CARE UNIT FUNCTION** regardless of care being delivered

**b)** All **PATIENTS** on a **WARD** with a **CRITICAL CARE UNIT FUNCTION** with National Code of either:

- 04 Paediatric Intensive Care Unit (Paediatric critical care patients predominate)
- 16 Ward for children and young people
- 17 High Dependency Unit for children and young people
- 18 Renal Unit for children and young people
- 19 Burns Unit for children and young people
- 92 Non standard location using the operating department for children and young people

to whom one or more of the following **CRITICAL CARE ACTIVITIES** applies for a period greater than 4 hours:

04 Exchange transfusion
05 Peritoneal dialysis (acute patients only i.e. excluding chronic)
06 Continuous infusion of inotrope, pulmonary vasodilator or prostaglandin
09 Supplemental oxygen therapy (irrespective of ventilatory state)
13 Tracheostomy cared for by nursing staff
16 Haemofiltration
04 Exchange Transfusion (PATIENT received exchange transfusion)
05 Peritoneal dialysis (acute PATIENTS only i.e. excluding chronic) *
06 Continuous infusion of inotrope, pulmonary vasodilator or prostaglandin (PATIENT received a continuous infusion of an inotrope, vasodilator (includes pulmonary vasodilators) or prostaglandin)
09 Oxygen Therapy (supplementary Oxygen Therapy, irrespective of ventilatory state) **
13 Tracheostomy cared for by nursing staff (PATIENT receiving care of tracheostomy cared for by nursing staff not by an external Carer (e.g. parent))
16 Haemofiltration (PATIENT received Haemofiltration)
50 Continuous electrocardiogram monitoring
51 Invasive ventilation via endotracheal tube
52 Invasive ventilation via tracheostomy tube
53 Non-invasive ventilatory support
55 Nasopharyngeal airway
56 Advanced ventilatory support (Jet or Oscillatory ventilation)
57 Upper airway obstruction requiring nebulised Epinephrine/ Adrenaline
58 Apnoea requiring intervention
59 Acute severe asthma requiring intravenous bronchodilator therapy or continuous nebuliser
60 Arterial line monitoring
61 Cardiac pacing via an external box (pacing wires or external pads or oesophageal pacing)
62 Central venous pressure monitoring
63 Bolus intravenous fluids (> 80 ml/kg/day) in addition to maintenance intravenous fluids
64 Cardio-pulmonary resuscitation (CPR)
65 Extracorporeal membrane oxygenation (ECMO) or Ventricular Assist Device (VAD) or aortic balloon pump
66 Haemodialysis (acute patients only i.e. excluding chronic)
Haemodialysis (acute PATIENTS only i.e. excluding chronic)  
Plasma filtration or Plasma exchange  
ICP-intracranial pressure monitoring  
Intraventricular catheter or external ventricular drain  
Diabetic ketoacidosis (DKA) requiring continuous infusion of insulin  
Intravenous infusion of thrombolytic agent (limited to tissue plasminogen activator [tPA] and streptokinase)  
Extracorporeal liver support using Molecular Absorbent Recirculating System (MARS)  
Extracorporeal liver support using Molecular Absorbent Liver Recirculating System (MARS)  
Continuous pulse oximetry  
Patient nursed in single occupancy cubicle  
Heated Humidified High Flow Therapy (HHHFT) (PATIENT receiving HHHFT)  
PATIENT has an epidural catheter in situ  
PATIENT has arrhythmia requiring intravenous anti-arrhythmic therapy  
PATIENT has reduced conscious level (Glasgow Coma Score 12 or below) and hourly (or more frequent) Glasgow Coma Score monitoring  
Intravenous infusion of sedative agent (PATIENT receiving continuous intravenous infusion of sedative agent)  
PATIENT has status epilepticus requiring treatment with continuous intravenous infusion

If one or more of these items apply to a PATIENT, then the PATIENT would be counted as receiving Paediatric Critical Care at one of the levels of Intensive Care or High Dependency Care depending on the conditions/interventions which apply. Notes:

A number of these interventions will only occur in a Paediatric Intensive Care Unit environment where all PATIENTS are covered by the Paediatric Critical Care Minimum Data Set regardless of treatment. Care for PATIENTS outside of a Paediatric Intensive Care Unit will in practice be dealing with a shorter list of interventions. The Paediatric Critical Care Minimum Data Set should not be collected in facilities other than those with CRITICAL CARE UNIT FUNCTION:

- Paediatric Intensive Care Unit; or  
- Ward for children and young people; or  
- High Dependency Unit for children and young people; or  
- Renal Unit for children and young people; or  
- Burns Unit for children and young people; or  
- Non-standard location using the operating department for children and young people.

* National Code 05 applies as an inclusion criterion for acute PATIENTS only: it does not apply with chronic PATIENTS.

** National Code 09 applies as an inclusion criterion when the PATIENT receives supplementary Oxygen Therapy, irrespective of their ventilatory state.

The Commissioning Data Set message will prevent submission of Paediatric Critical Care Minimum Data Set when submitted with a CRITICAL CARE UNIT FUNCTION other than those listed above. This data is captured and recorded locally and may be used for the purposes of direct care, clinical audit, Reference Costs, and other local uses. Any transmission of the Paediatric Critical Care Minimum Data Set must be covered by fair processing arrangements in accordance with information governance criteria and appropriate local arrangements.

The Paediatric Critical Care Minimum Data Set will be carried as part of the following Admitted Patient Care Commissioning Data Set Types: Commissioning Data Set Transmission

Subject to the Commissioning Data Set Version 6-2 XML Schema Constraints, the Paediatric Critical Care Minimum Data Set is sent to the Secondary Uses Service (SUS) as a part of the following Commissioning Data Set messages, SCC10076:

- The Admitted Patient Care Finished General Episode (Commissioning Data Set TYPE-130)
- The Admitted Patient Care Unfinished General Episode (Commissioning Data Set TYPE-190)
The Secondary Uses Service groups this data into paediatric critical care Healthcare Resource Groups. Further
guidance can be found on the NHS Digital website at: SCC10076.

PERSON STATED GENDER

Change to Class: Changed Description

The stated gender of a PERSON.

PERSON STATED GENDER is self declared, or inferred by observation for those unable to declare.

PERSON-GENDER will be replaced with PERSON-STATED-GENDER or PERSON-PHENOTYPIC-SEX, which
is the most recent approved national information standard to describe the required definition.

PERSON GENDER will be replaced with PERSON STATED GENDER or PERSON PHENOTYPIC SEX, which
is the most recent approved national information standard to describe the required definition.

CRITICAL CARE ACTIVITY CODE

Change to Attribute: Changed Description

A type of CRITICAL CARE ACTIVITY provided to a PATIENT during a CRITICAL CARE PERIOD.

National Codes:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Respiratory support via a tracheal tube (Respiratory support via a tracheal tube provided)</td>
</tr>
<tr>
<td>02</td>
<td>Nasal Continuous Positive Airway Pressure (nCPAP) (PATIENT receiving nCPAP for any part of the day)</td>
</tr>
<tr>
<td>03</td>
<td>Surgery (PATIENT received surgery)</td>
</tr>
<tr>
<td>04</td>
<td>Exchange Transfusion (PATIENT received exchange transfusion)</td>
</tr>
<tr>
<td>05</td>
<td>Peritoneal Dialysis (PATIENT received Peritoneal Dialysis)</td>
</tr>
<tr>
<td>06</td>
<td>Continuous infusion of inotrope, pulmonary vasodilator or prostaglandin (PATIENT received a continuous infusion of an inotrope, vasodilator (includes pulmonary vasodilators) or prostaglandin)</td>
</tr>
<tr>
<td>07</td>
<td>Parenteral Nutrition (PATIENT receiving Parenteral Nutrition (amino acids +/- lipids))</td>
</tr>
<tr>
<td>08</td>
<td>Convulsions (PATIENT having convulsions requiring treatment)</td>
</tr>
<tr>
<td>09</td>
<td>Oxygen Therapy (PATIENT receiving additional oxygen)</td>
</tr>
<tr>
<td>10</td>
<td>Neonatal abstinence syndrome (PATIENT receiving drug treatment for neonatal abstinence (withdrawal) syndrome)</td>
</tr>
<tr>
<td>11</td>
<td>Care of an intra-arterial catheter or chest drain (PATIENT receiving care of an intra-arterial catheter or chest drain)</td>
</tr>
<tr>
<td>12</td>
<td>Dilution Exchange Transfusion (PATIENT received Dilution Exchange Transfusion)</td>
</tr>
<tr>
<td>13</td>
<td>Tracheostomy cared for by nursing staff (PATIENT receiving care of tracheostomy cared for by nursing staff not by an external Caret (e.g. parent))</td>
</tr>
<tr>
<td>14</td>
<td>Tracheostomy cared for by external Caret (PATIENT receiving care of tracheostomy cared for by an external Caret (e.g. parent) not by a NURSE)</td>
</tr>
</tbody>
</table>
15 Recurrent apnoea (PATIENT has recurrent apnoea needing frequent intervention, i.e. over 5 stimulations in 8 hours, or resuscitation with IPPV two or more times in 24 hours)
16 Haemofiltration (PATIENT received Haemofiltration)
21 Caregiver Resident - Caring for Baby (External Caregiver (for example, parent) resident with the baby and reducing nursing required by caring for the baby)
22 Continuous monitoring (PATIENT requiring continuous monitoring (by mechanical monitoring equipment) of respiration or heart rate, or by transcutaneous transducers or by Saturation Monitors. Note: apnoea alarms and monitors are excluded as forms of continuous monitoring)
23 Intravenous glucose and electrolyte solutions (PATIENT being given intravenous glucose and electrolyte solutions)
24 Tube-fed (PATIENT being tube-fed)
25 Barrier nursed (PATIENT being barrier nursed)
26 Phototherapy (PATIENT receiving phototherapy)
27 Special monitoring (PATIENT receiving special monitoring of blood glucose or serum bilirubin measurement at a minimum frequency of more than one per calendar day)
28 Observations at regular intervals (PATIENT requiring recorded observations for temperature, heart rate, respiratory rate, blood pressure or scoring for neonatal abstinence syndrome. Recorded observations must be at a minimum frequency of 4 hourly)
29 Intravenous medication (PATIENT receiving intravenous medication)
30 Continuous electrocardiogram monitoring
31 Invasive ventilation via endotracheal tube
32 Invasive ventilation via tracheostomy tube
33 Non-invasive ventilatory support
34 Nasopharyngeal airway
35 Advanced ventilatory support (Jet or Oscillatory ventilation)
36 Upper airway obstruction requiring nebulised Epinephrine/Adrenaline
37 Upper airway obstruction requiring nebulised Epinephrine/Adrenaline
38 Apnoea requiring intervention
39 Acute severe asthma requiring intravenous bronchodilator therapy or continuous nebuliser
40 Arterial line monitoring
41 Cardiac pacing via an external box (pacing wires or external pads or oesophageal pacing)
42 Central venous pressure monitoring
43 Bolus intravenous fluids (> 80 ml/kg/day) in addition to maintenance intravenous fluids
44 Cardiac-pulmonary resuscitation (CPR)
45 Extracorporeal membrane oxygenation (ECMO) or Ventricular Assist Device (VAD) or aortic balloon pump
46 Haemodialysis (acute patients only i.e. excluding chronic)
47 Haemodialysis (acute PATIENTS only i.e. excluding chronic)
48 Plasma filtration or Plasma exchange
49 ICP-intracranial pressure monitoring
50 Intraventricular catheter or external ventricular drain
51 Diabetic ketoacidosis (DKA) requiring continuous infusion of insulin
52 Intravenous infusion of thrombolytic agent (limited to tissue plasminogen activator [tPA] and streptokinase)
53 Extracorporeal liver support using Molecular Absorbent Liver Recirculating System (MARS)
54 Continuous pulse oximetry
55 Patient nursed in single occupancy cubicle
56 Heated Humidified High Flow Therapy (HHHFT) (PATIENT receiving HHHFT) *
57 Presence of an umbilical venous line *
58 Continuous infusion of insulin (PATIENT receiving a continuous infusion of insulin) *
59 Therapeutic hypothermia (PATIENT receiving therapeutic hypothermia) *
60 PATIENT has a Replogle tube in situ *
61 PATIENT has an epidural catheter in situ *
62 PATIENT has an abdominal silo *
63 Administration of intravenous (IV) blood products *
64 PATIENT has a central venous or long line (Peripherally Inserted Central Catheter line) in situ *
65 PATIENT has an indwelling urinary or suprapubic catheter in situ *
66 PATIENT has a trans-anastomotic tube in situ following oesophageal atresia repair *
PATIENT has confirmed clinical seizure(s) today and/or continuous cerebral function monitoring (CFM) *

92 PATIENT has a ventricular tap via needle or reservoir today *

93 PATIENT has a stoma *

94 PATIENT has arrhythmia requiring intravenous anti-arrhythmic therapy *

95 PATIENT has reduced conscious level (Glasgow Coma Score 12 or below) and hourly (or more frequent) Glasgow Coma Score monitoring *

96 Intravenous infusion of sedative agent (PATIENT receiving continuous intravenous infusion of sedative agent) *

97 PATIENT has status epilepticus requiring treatment with continuous intravenous infusion *

99 No Defined Critical Care Activity (PATIENT is not receiving any of the critical care interventions listed above (Excluding code 21). For example, PATIENT is on the Intensive Care Unit ready for discharge and is receiving normal care. This is the default code.

* Note - National Codes 80-97 should not be reported nationally until the functionality to do so becomes available in the next release of the Commissioning Data Sets and the associated XML Schema. Prior to this release, these codes must be recorded locally, however the National Codes 80-97 cannot be transmitted in the current version of the Commissioning Data Sets (Version 6-2). Further guidance can be found on the NHS Digital website at: SCCI0075 and SCCI0076.
Change to Data Element: Changed status to Retired, linked Attribute, Description, Name

- Retired DISCHARGE METHOD (HOSPITAL PROVIDER SPELL)
- null
- Changed Description

DISCHARGE METHOD CODE (HOSPITAL PROVIDER SPELL)

Change to Data Element: Changed Description

<table>
<thead>
<tr>
<th>Format/Length</th>
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<tr>
<td>National Codes:</td>
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<tr>
<td>Default Codes:</td>
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</tr>
<tr>
<td></td>
<td>9 - Not known: a validation error</td>
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Notes:
DISCHARGE METHOD CODE (HOSPITAL PROVIDER SPELL) is the same as attribute DISCHARGE METHOD.

DISCHARGE METHOD CODE (HOSPITAL PROVIDER SPELL) is used by the Secondary Uses Service to derive the Healthcare Resource Group 4. Failure to correctly populate this data element is likely to result in an incorrect Healthcare Resource Group, usually associated with lower levels of healthcare resource.

For further information, please refer to the NHS Digital website at: Payment by Results Guidance.

DISCHARGE METHOD (HOSPITAL PROVIDER SPELL) will be replaced with DISCHARGE METHOD CODE (HOSPITAL PROVIDER SPELL), which is the most recent approved national information standard to describe the required definition.

COMMISSIONING DATA SET VERSION 6-2 XML SCHEMA CONSTRAINTS

Change to XML Schema Constraint: Changed Description

XML Schema constraints applied to the Commissioning Data Sets.

The "Allowed Values" column indicates the NHS Data Model and Dictionary National Codes and Default Codes present in the XML Schema:

- None = The National Codes and Default Codes are included in the XML Schema
- Removed = The National Codes and Default Codes are not included in the XML Schema.

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<tr>
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</table>

For enquiries about this Change Request, please email information.standards@nhs.net