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**Mental Health Services Data Set (MHSDS)
Requirements Specification**

Superseded



This information standard (SCCI0011) has been approved for publication by NHS England under [section 250 of the Health and Social Care Act 2012](#).

Assurance that this information standard meets the requirements of the Act and is appropriate for the use specified in the specification document has been provided by the Standardisation Committee for Care Information (SCCI), a sub-group of the National Information Board.

This information standard comprises the following documents:

- Requirements Specification (this document)
- Change Specification
- Implementation guidance.

An Information Standards Notice (SCCI0011 Amd 12/2015) has been issued as a notification of use and implementation timescales. Please read this alongside the documents for the standard.

The controlled versions of these documents can be found on the [HSCIC website](#).

Date of publication 16 July 2015.

Amendment History:

Version	Date	Amendment History
0.1	06/03/2015	First draft for comment.
0.2	18/03/2015	Updated post ISAS/SCCI review
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1.0	13/05/2015	Final version for SCCL submission
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Reviewers:

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Approvals:

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Glossary of Terms:

Term	Acronym	Definition
Acute Trust		An NHS organisation responsible for providing a group of healthcare services. An acute Trust provides hospital services (but not mental health hospital services which are provided by a Mental Health Trust).
Anonymisation		A method applied to patient identifiable data items to protect the identity of individuals. Under anonymisation, the relevant data items are either randomly encrypted and no keys retained, or completely removed. Anonymised data cannot be linked with other data sets for the same individual, nor can it be reversed to expose the identity of an individual. Anonymisation is different from Pseudonymisation.
Any Qualified Provider	AQP	Any Qualified Provider is a means of commissioning certain NHS services in England. Clinical Commissioning Groups (CCGs) will determine the services to be commissioned as AQP; the intention is to increase patient choice. All providers must meet the qualification criteria set for a particular service and once qualified their service will appear on choose and book for patients to select. The Any Qualified Provider (AQP) scheme means that, for some conditions, patients will be able to choose from a range of approved providers, such as hospitals or high street service providers.
Burden Assessment and Advice Service	BAAS	The Burden Assessment and Advice Service (BAAS) process makes sure that information demands on the NHS are minimised, fit with current national health policies and are carried out in the most efficient way without duplication. It covers the Department of Health

Term	Acronym	Definition
		and its Arm's Length Bodies (ALBs).
Care Pathway		Care pathways describe the route that a patient will take from their first contact with a healthcare provider to the completion of their treatment.
Central Data Warehouse	CDW	A repository of data relating specifically to the MHSDS.
Children and Young People's Health Services Data Set	CYPHS Data Set	An information standard, approved by the governing standards body, which defines a patient-level data set. The CYPHS data set is an 'output data set'; therefore it sets out to describe "what should be extracted" from local IT systems and periodically be submitted to the central data warehouse. The CYPHS data set is not an input standard or 'clinical data set'; therefore, this data set does not define "what should be captured or collected" from local IT systems.
Collection Date		The date when services within the scope of this standard should start data collection in their electronic systems.
Conformance Date		The date when services and IT systems must conform to standards and meet the specification as set out in the mandate and guidance. This can be read as when the first submission window closes for the MHSDS and care providers must therefore be fully conformant.
Data Controller		<p>A person who (either alone or jointly or in common with other persons) determines the purposes for which and the manner in which any personal data are, or are to be, processed.</p> <p>A data controller must be a "person" recognised in law, that is to say:</p> <ul style="list-style-type: none"> • individuals; • organisations; and • other corporate and unincorporated bodies of persons. <p>Data controllers will usually be organisations, but can be individuals, for example self-employed consultants. Even if an individual is given responsibility for data protection in an organisation, they will be acting on behalf of the organisation, which will be the data controller.</p>
Data Group		A collection of data items that describe a distinct event or episode. This can also be referred to as a table of data.
Data Item		A single component of a data group that holds one piece of information relating to an event or episode.
Data Set		The full collection of data groups. See 'Technical Output Specification'
Data Submission File		One file related to a data set that data providers submit to the central data warehouse. A data submission consists of an Intermediate Database (IDB) file containing the data for one or two consecutive reporting periods in the format defined by the HSCIC. When submitting two reporting periods in a single file, this would be the primary submission for month one and the refresh submission for month two.
Derived		A data item populated at the central data warehouse as part of post-deadline processing. The derived data item is based on the manipulation of the 'source' data items using mathematical, logical or other types of transformation process, or by using source data to derive further data from national look-up tables.
Information Standard		An information standard is a formal document approved and issued by the Standardisation Committee for Care Information (SCCI). It

Term	Acronym	Definition
		defines technical criteria, content, methods, processes and practices for implementation across health and social care in England.
Information Standards Notice	ISN	Information Standards Notices (ISNs) previously known as Data Set Change Notices (DSCNs) are issued by the Standardisation Committee for Care Information (SCCI) to give notice of changes to information requirements and information standards used by the NHS and Social Care Services.
Intermediate Data Base	IDB	A Microsoft Access-based database file used by care providers to make their submissions for the MHSDS.
Mental Health		The term 'mental health' includes patients of all ages (i.e. adults, adolescents and children) and is used generically to include patients with a learning disability or autism spectrum disorder as well as other mental health needs.
Organisation Data Service	ODS	<p>Organisation Data Service (ODS) codes facilitate a patient's treatment by providing unique identification codes for organisational entities of interest to the NHS, for example NHS Trusts or CCGs, organisation sites such as hospitals, or GP Practices.</p> <p>The codes are distributed to the wider NHS and uploaded on to IT systems, thus providing a set of organisational data and organisation types, names, addresses etc that are consistent across the board.</p>
Output Data Set		A set of standardised data items defining "what should be extracted" from local clinical IT systems. NHS trusts have the flexibility of adopting any local data collection process and system they see fit, so long as the system can extract data as per the Technical Output Specification (TOS). An output data set is not usually used for direct patient care and is only for secondary uses purposes e.g. national reporting.
Patient Level		Relating to a single data subject (e.g. person or patient), as opposed to an aggregate data set.
Post-deadline Processing		The processing undertaken at the close of a submission window by the central data warehouse.
Pre-deadline Processing		The processing carried out immediately on a submitted file to validate the file as a whole, extract the records that are (or may be) for the particular reporting period, and validate those records.
Pseudonymisation		<p>A method applied to identifiable data items to protect the identity of individuals. Under pseudonymisation, a standard encryption key is used to encode patient identifiable data items so that data linkages within and outside the data set, for the same individual, are feasible. Because the encryption key is retained by a single "Data Controller", there is also the potential to reverse the process (decode) and expose the identity of the individual. The encryption key is only decoded for specific purposes (e.g.: migration of data into another platform or enable linkages to other data sets).</p> <p>Pseudonymisation is different from Anonymisation.</p>
Reporting Period		The period (usually a calendar month) for which a particular data upload refers.
Standardisation Committee for Care Information	SCCI	The Standardisation committee for Care Information (SCCI) is a committee with membership drawn from a range of health and social care organisations with responsibility for overseeing the development, assurance and approval of information standards, data collections, and data extractions used within the health and social care system.

Term	Acronym	Definition
Secondary Uses		Re-using clinical and operational information for purposes other than direct patient care. For example, national reporting.
SNOMED CT		SNOMED CT stands for the 'Systematized Nomenclature of Medicine Clinical Terms', and consists of comprehensive scientifically validated content. SNOMED CT is an international clinical terminology that provides machine readable codes for clinical concepts; the clinical concepts being also represented in a consistent and human readable form through descriptions. SNOMED CT has been selected and approved as the terminology to be adopted by the NHS in England.
Submission Cycle		The data submission frequency and timescales to which Information Management Services must be able to compile electronic files and make periodical electronic submissions in accordance to the standard.
Submission Period or Submission Window		The time period (usually approximately one calendar month) during which a data provider may submit data uploads for a given reporting period.
Systemic Capability		The ability to record information (clinical, administrative or for any other purposes) in an electronic form. This applies to commercial IT solutions, bespoke IT systems or modular electronic services which have the functional capability of extracting the required data to meet the standards of this specific output specification.
Technical Output Specification	TOS	A specification that fully defines the data items within the output data set. The Technical Output Specification splits the data set into a number of groups (tables), each containing related data items and values.

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Superseded

1 Overview

This product precisely defines the patient level Mental Health Services Data Set (MHSDS) standard, 'what it is' and 'how it should be implemented'.

It is the formal definition of the standard.

1.1 Background

Standard	
Standard Number	SCCI0011
Standard Title	Mental Health Services Data Set
Description	<p>The Mental Health Services Data Set (MHSDS) is a change to the Mental Health and Learning Disabilities Data Set (MHLDDS) standard, which supersedes and replaces this and the following standards:</p> <ul style="list-style-type: none"> • ISB 1072 Child and Adolescent Mental Health Services (CAMHS) data set • ISB 1509 Mental Health Care Cluster • ISB 1078 Mental Health Clustering Tool <p>MHSDS will also incorporate requirements in support of Children and Young People's Improving Access to Psychological Therapies (CYP IAPT), elements of the Learning Disabilities Census (LDC) and elements of the Assuring Transformation (AT) Information Standard.</p> <p>The MHSDS is a patient level, output based, secondary uses data set which will deliver robust, comprehensive, nationally consistent and comparable person-based information for children, young people and adults who are in contact with Mental Health Services. As a secondary uses data set it intends to re-use clinical and operational data for purposes other than direct patient care. It defines the data items, definitions and associated value sets to be extracted or derived from local information systems.</p> <p><u>In Scope</u></p> <p>All activity relating to people who receive specialist secondary mental health care services and have, or are thought to have a mental illness; or who receive specialist secondary learning disabilities or autism spectrum disorder services and are thought to have a learning disability or autism spectrum disorder are within scope of the MHSDS.</p> <p>The scope of the data set requires record level data submission from services as follows.</p> <p>For each person:</p> <ul style="list-style-type: none"> • if the person is wholly funded by the NHS – data submission for that person is mandatory; • if the person is partially funded by the NHS – data submission for that person is mandatory;

	<ul style="list-style-type: none"> • if the person is wholly funded by any means that is not NHS – data submission is optional. <p>It may be that the person has:</p> <ul style="list-style-type: none"> • A mental illness • A learning disability • An autism spectrum disorder • Any combination of mental health, learning disability or autism spectrum disorder needs. <p>Children and adolescents (including those with a learning disability and/or autism spectrum disorder) under the age of 18 should also be included where they are in receipt of care from a specialist secondary mental health, learning disabilities or autism spectrum disorder service or an early intervention service. Children and young people in receipt of psychological therapies covered under the CYP IAPT programme are included within the scope of this standard.</p> <p>The standard will be used across a range of service types, which are likely to include:</p> <ul style="list-style-type: none"> • Acute services • Long-term conditions services • Hospital for mental health/learning disabilities • Rehabilitation services • Care home with nursing • Care home without nursing • Community services offering secondary care to children <p><u>Out of Scope</u></p> <p>The following areas are currently out of scope and should consequently not be included within MHSDS:</p> <ul style="list-style-type: none"> • Patients receiving treatment through a specialist mental health, learning disabilities or autism spectrum disorder care provider but not thought to have a mental illness, learning disability or autism spectrum disorder e.g. <ul style="list-style-type: none"> ○ Smoking cessation services ○ Addictions and substance misuse services ○ Some alternative therapy services ○ Some counselling services • Mental Health, learning disabilities, and autism spectrum disorder services provided only at a primary care level (such as by GPs or adult Improving Access to Psychological Therapies).
Benefits	<p>A combined mental health data set, replacing the existing MHLDDS and the CAMHS data set will reduce the burden on care providers and system suppliers who will only have to make one data submission per month. Combining the data sets also reduces burden for the HSCIC in having to maintain two separate data sets and landing platforms, and</p>

	<p>removes the artificial division between adult and children's mental health services that having two separate data sets creates.</p> <p>The data structure has been aligned with other data sets such as the Children and Young People's Health Services (CYPHS) data set. These changes further reduce the burden on providers who deliver children's community and mental health care, and enables equitable analysis through the alignment of the key data set concepts (e.g. referrals, contacts and activities).</p> <p>The access and waiting standard for Early Intervention in Psychosis (EIP) is being introduced in 2015/16 for delivery from 1st April 2016. The referral-based structure of the MHSDS enables the reporting of this information.</p> <p>The introduction of clinical terminology will enable the standardised capture of concepts as they are recorded by the clinician. This improves data quality and reduces burden by removing the requirement for providers to map these concepts to pre-determined classifications enabling providers to flow the data as it is captured locally, with the HSCIC performing any required mapping. The HSCIC is then able to report at a detailed level whilst still being able to derive higher-level terms using the SNOMED hierarchy for use in the development of national publications.</p> <p>The inclusion of elements of CYP IAPT, AT and LDC data will improve the reporting for these important areas and support the eventual removal of these separate data collections which are currently ongoing but due to come to an end.</p>
Applies to	<p><u>Patients</u></p> <p>Any patient (adult, adolescent or child) who receive specialist secondary mental health care services and have, or are thought to have a mental illness; or who receive specialist secondary learning disabilities or autism spectrum disorder services and are thought to have a learning disability or autism spectrum disorder.</p> <p>Where a service is wholly or partially made up of NHS funded patients, data set submission is mandatory. Where the service is wholly made up of non-NHS patients data set submission is optional.</p> <p><u>Organisation and Service Types</u></p> <p>The standard will be used across the range of Service Providers and organisations that provide specialist secondary mental health and/or learning disabilities and/or autism spectrum disorder services (irrespective of funding arrangements) including:</p> <ul style="list-style-type: none"> • NHS Mental Health Trusts • NHS Learning Disabilities Trusts • NHS Acute Trusts¹ • NHS Care Trusts¹ • Independent sector providers offering a service model that includes NHS funded and non-NHS funded patients^{Error! Bookmark not defined.} • Any qualified provider offering specialist secondary mental health, learning disabilities or autism spectrum disorder

¹ Where there is direct provision of specialist secondary mental health, learning disabilities, or autism spectrum disorder services

	<p>services</p> <ul style="list-style-type: none"> • Community services offering secondary care to children <p><u>Departments</u></p> <p>The standard must be read and used by all Heads of Mental Health services, and other clinical and support services, including community services, that have an active involvement in delivering secondary mental health care.</p> <p><u>Professionals</u></p> <p>The standard applies to all professions working in or supporting Mental Health services and other services offering secondary mental health care including community services. The MHSDS Technical Output Specification provides an indication of the care professionals that are within the scope of this information standard.</p> <p><u>IT Systems</u></p> <p>The standard predominantly, but not exclusively, relates to Mental Health Systems, Patient Administration Systems (PAS) and Electronic Patient Records (EPR).</p>
Impact on Existing Information Standards	<p>In terms of the progression through the SCCI process, this is technically a change to the existing MHLDDS standard (ref: ISB 0011), which will require the retirement of the CAMHS standard (ref: ISB 1072), so that the two data sets can be combined into the MHSDS. The Mental Health Care Cluster standard (ref: ISB 1509) and the Mental Health Clustering Tool standard (ref: ISB 1078) will both be retired as the requirements of these standards will be transferred into the MHSDS ISN.</p> <p>The CYPHS data set (ref: ISB 1069) shares a similar data structure to the MHSDS with approximately 50% of the structure being common to both data sets. This is intentional as a common structure supports organisations that provide Mental Health and Community Services by reducing the burden of collection and enabling equitable analysis across both settings. In the future there will be an impact of making changes to either the CYPHS or MHSDS standard due to this alignment but this has been considered and mitigated where possible as part of the design of both data sets.</p> <p>There is a minor impact on other standards due to data items being modified which are used in other data set. The majority of these changes affect the Children and Young People's Health Services (CYPHS) data set (SCCI 1069) which was developed by the same team and as such the same data items have been used where appropriate.</p> <p>The changes also support the SNOMED CT Information Standard (ref: ISB 0034). The feedback from providers and system suppliers is that introduction of SNOMED CT will eliminate the burden of mapping the existing assessment tools. The feedback has been evidenced via public consultation and planned provider/system supplier events and site visits.</p> <p>The introduction of clinical terminology will enable providers to flow data as</p>

	<p>captured by clinicians locally, without the need to map to a pre-determined value list defined in the ISN. Existing data value-based data items remain to support providers that do not have clinical terminology-enabled systems. The move to clinical terminology will reduce the burden on providers by reducing the amount of mapping they need to complete locally.</p>
Release	
Release Number	Amd 12/2015
Release Title	Mental Health Services Data Set (MHSDS) Version 1.0
Description	<p>Formerly known as the Mental Health and Learning Disabilities Data Set (MHLDDS v1.1), the standard has been renamed the Mental Health Services Data Set (MHSDS) following a scope expansion to include the CAMHS data set.</p> <p>The changes for the MHSDS in comparison to the previous MHLDDS and CAMHS data set are as follows:</p> <ul style="list-style-type: none"> • Creation of a common structure in line with the referral-contact-activity structure of the Children and Young People's Health Services (CYPHS) data set, requiring the removal and addition of some data items and values, in order to support the flow of children and adult Mental Health Services data. • Addition of new data tables and items to enable the flow of clinical terminology, including SNOMED CT (for example, Coded Scored Assessment tables). • Incorporation of data items from the CYP IAPT data set. • Incorporation of data items to enable the capture of learning disabilities census and Assuring Transformation data. • Renaming of data items to conform to the NHS Data Model and Dictionary. • Inclusion of additional data quality metrics to support validity of the data set. • Incorporation of Mental Health Care Clusters.
Implementation Completion Date	<p><u>System Suppliers</u></p> <p>From 1st January 2016, Mental Health systems MUST be fully conformant with this standard.</p> <p><u>Care Providers</u></p> <p>From 1st January 2016 providers of Mental Health Services as defined in this Information Standard MUST be able to collect the information as defined in the Technical Output Specification for local use.</p> <p>From 1st February 2016, providers of NHS-funded Mental Health Services MUST begin submitting MHSDS submissions in accordance with this standard.</p>
Full Conformance Date	21 st February 2016

1.2 Supporting Documents

Ref #	Title
1	MHSDS Change Request
2	MHSDS Technical Output Specification
3	MHSDS Data Model
4	MHSDS System Conformance Checklist
5	MHSDS Implementation Guidance
6	MHSDS User Guidance
7	MHSDS Technical Guidance
8	MHSDS Intermediate Data Base (IDB)

1.3 Related Standards

Ref #	Reference	Title
1	SCCI1069	Children and Young People's Health Services (CYPHS) data set
2	ISB 0011 Amd 5/2014	Mental Health and Learning Disabilities Data Set (MHLDDS)
3	ISB 1072 Amd 30/2012	Child and Adolescent Mental Health Services Data Set
4	ISB 1509 Amd 15/2013	Mental Health Care Cluster
5	ISB 1078 Amd 14/2013	Mental Health Clustering Tool
6	SCCI 2007	Assuring Transformation
7	ISB 0149-02	NHS Number for Secondary Care
8	ISB 0149-01	NHS Number for General Practice
9	ISB 0034	SNOMED CT
10	ISB 0092	Commissioning Data Sets (CDS) version 6.2
11	ISB 0090	Organisation Data Service (ODS)

2 Health and Care Organisations

2.1 Requirements

Requirement ²
Timeframe
<p>From 1st January 2016 providers of Mental Health Services as defined in this Information Standard MUST be able to collect the information as defined in the Technical Output Specification for local use.</p> <p>From 1st February 2016 providers of Mental Health Services as defined in this Information Standard MUST begin the submitting monthly MHSDS submissions centrally as per the instructions in the MHSDS Technical Guidance. The providers MUST allow time to review and implement corrections to their submission files within the designated window.</p>
Scoping
Providers SHOULD review all related documentation to fully understand the background, objectives and scope to this information standard.
Feasibility Assessment
With immediate effect, providers of Mental Health Services MUST review the MHSDS Technical Output Specification (TOS) and MHSDS User Guidance to understand the scope and definition of each data item.
As an Output Data Set, the MHSDS is intended to only define “what should be extracted” from local IT systems, not “what should be captured”. A clinical data set will need data items beyond what the MHSDS specifies; consequently, providers of Mental Health Services SHOULD NOT use this data set to define their clinical and operational data capture. The whole ethos around the MHSDS is to only re-use clinical data and not specify standards for capturing clinical data.
Providers of Mental Health Services SHOULD familiarise themselves with the MHSDS intermediate database (IDB) to understand how data items are grouped for the Data Submission File.
<p>Providers of Mental Health Services SHOULD carry out a ‘data mapping exercise’ to understand how well their existing electronic systems align to the MHSDS TOS and take appropriate action to ensure that the standard is fully met. The self-assessment ‘System Conformance Checklist’ tool is available on the Health and Social Care Information Centre website to support this mapping exercise.</p> <p>The mapping exercise is likely to need the involvement of experienced Mental Health leads, the organisation’s Information Management Service and the appropriate IT system suppliers.</p>
Providers of Mental Health Services MUST make submissions only for those data items defined in the TOS and no additional data items should be included.
Information Governance
<p>The MHSDS Implementation Guidance explains the Information Governance issues surrounding the data set. Caldicott Guardians and the Heads of Mental Health Services MUST review the Information Governance Guidelines within the MHSDS Implementation Guidance to understand:</p> <ul style="list-style-type: none"> - How data submission, storage and reporting processes handle identifiable and sensitive data items. - How consent issues should be best managed.

² The key words MUST, SHOULD and MAY are defined in [RFC-2119](#).

Providers of Mental Health Services **MUST** make available information and guidance to patients stating that their clinical care data may be re-used for the purpose of data analysis and reporting.

With immediate effect, providers of Mental Health Services **SHOULD** read the 'NHS Confidentiality Code of Practice', 'Caldicott Report' and subsequent 'Information: To share or not to share?' Information Governance Review (second Caldicott review) for guidance and technical support related to data and information sharing at both operational and secondary use levels. Providers of Mental Health Services **SHOULD** also consult and adhere to the good practice advice and guidance set out in the HSCIC's 'A Guide to Confidentiality in Health and Social Care'. To prevent breaches of confidentiality, it **MUST** be the sole responsibility of the Mental Health provider's Caldicott Guardian to ensure the subject information is withheld where appropriate. Any immediate concerns **SHOULD** be addressed to the Implementation Team at the HSCIC or the Health Research Authority (HRA) Confidentiality Advisory Group (CAG).

Providers of Mental Health Services **SHOULD** ensure that local data warehouses comply to appropriate data security controls.

Clinical Governance

Clinical governance is defined by Department of Health as 'the system through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care, by creating an environment in which clinical excellence will flourish'.

As an Information Standard that approves a national patient-level data set:

- Governing and audit bodies **MAY** use the data set to monitor whether providers of Mental Health Services are making year on year improvements.
- Providers of Mental Health Services **MAY** use the data set to compare and contrast performance to drive service improvements.

It is therefore clear that the data set can be used for clinical governance purposes.

Clinical Risks

Providers of Mental Health Services **SHOULD** always seek to understand the context of published national reports and be aware that the information presented depends greatly upon the quality of information submitted. Ongoing efforts **SHOULD** be made to ensure that data quality is of the highest standard before forming judgements about reports and introducing changes.

Where there is a system change in order to meet this standard (e.g. the procurement of a new clinical system from a different supplier), providers of Mental Health Services **SHOULD** ensure that supplier organisations are compliant with the safety standards [ISB 0129](#) and [ISB 0160](#).

Central Data Submission

Providers of Mental Health Services **MUST** create a monthly data submission as set out in the MHSDS Technical Guidance. Therefore, providers of Mental Health Services **MUST** be able to:

- Collate and extract data from local IT systems as per the MHSDS TOS.
- Structure the data and create a data submission file using the IDB as per the MHSDS Technical Guidance.
- Apply the basic validation rules and ensure that the submission file conforms to these.
- Ensure the data submission file only contains data for a single month or consecutive months and relates to one provider organisation.
- Submit the data submission file as per the data submission protocol highlighted in the Technical Guidance.

Providers of Mental Health Services **MUST** submit data monthly to the Central Data Warehouse, based on a schedule that will be published [on the HSCIC website](#) in advance of the Conformance Date.

<p>Providers of Mental Health Services MUST check for error reports, correct errors and make re-submissions at the earliest opportunity. Further details on error correction and re-submissions are explained within the Technical Guidance.</p>
<p>Constructing a Data Submission File</p>
<p>The MHSDS Technical Guidance document provides information on how to create a monthly submission file. However, noted below are key requirements of the technical submission architecture.</p>
<p>A submission MUST only:</p> <ul style="list-style-type: none"> - Contain data for a single provider organisation. - Contain data relating to activities occurring in a single month or consecutive months. - Meet the conditions and validation rules explained in the MHSDS TOS.
<p>Each Data Submission File MUST consist of a:</p> <ul style="list-style-type: none"> - Header group (MHS000). - One or more data groups, including the mandatory groups MHS001, MHS002 and MHS101 for every record.
<p>Each group consists of one or more data items. The groupings of data items for each table MUST be as per the layout specified in the MHSDS TOS.</p>
<p>Providers of Mental Health Services MUST include in their submission all data groups they can generate from local electronic systems.</p>
<p>The first data submission MUST include all data relating to referrals that were open on 1st January 2016 and all subsequent new referrals.</p>
<p>The Information Standard does not stipulate how data should be collected in local electronic systems, so the groups MAY generate data from one or more data sources. It MAY be that providers of Mental Health Services adopt a local data warehouse to aggregate data from all relevant sources and use this to generate the Data Submission File.</p>
<p>Validation Rules</p>
<p>With immediate effect, providers of Mental Health Services MUST review the MHSDS TOS on the HSCIC website to understand the data validation rules that will be applied at the Central Data Warehouse to all incoming Data Submission Files. Any validation rules not adhered to will result in appropriate groups or the entire submission being rejected.</p> <p>Where error reports are generated due to non-conformance against validation rules, MHSDS providers MUST take immediate action and resubmit the corrected file within the submission window. Details of the rejection and error messages contained within the reports are provided within the MHSDS TOS.</p>
<p>Data Quality Feedback</p>
<p>With immediate effect, providers of Mental Health Services MUST review the MHSDS TOS on the HSCIC website to understand the data quality rules that will be applied to each data group on arrival at the Central Data Warehouse. Data quality issues will be highlighted in a data quality report made available to the providers for them to take further action before the submission window closes. Further information about this data flow is available in Appendix A.</p> <p>Providers of Mental Health Services SHOULD make every effort to resolve inherent systemic errors and address recurring data quality issues.</p>
<p>Monthly Submission</p>
<p>A submission MUST be loaded onto the portal on a monthly basis and as per instructions laid out in the MHSDS Technical Guidance.</p>
<p>Issues and Maintenance</p>
<p>To support the implementation of this information standard, providers of Mental Health Services</p>

SHOULD highlight any persistent issues. Feedback will be used by the standards developers to improve the implementation and data-collection processes for future consideration towards a data set change or, indeed, further implementation phases.

Requirements of Key Personnel Involved in the Delivery of this Data Set

Heads of Mental Health Services are responsible for capturing the information as part of the on-going care of patients. They **MUST**:

- Familiarise themselves with the MHSDS TOS to understand what data items are mandated by this Information Standard.
- Assist their organisation's IT or Information Management service in completing the MHSDS System Conformance Checklist to assess what proportion of the MHSDS TOS data items are available from the their organisation's local IT systems.
- Ensure they understand and implement the Information Governance approach adopted for this data set, which can be found in the Information Governance section of the Implementation Guidance.
- Explain to operational and clinical staff the importance of capturing data for the MHSDS.

Clinical staff MUST:

- Capture the MHSDS TOS data items in an accurate and timely manner.
- Understand the deployed IG approach, especially in relation to the handling of sensitive data.

Informatics staff are responsible for producing extracts that conform to the IDB and TOS. They **MUST**:

- Familiarise themselves with the MHSDS IDB and TOS to understand what data items are mandated by this Information Standard.
- Configure electronic patient record systems to allow compliance with the standard.
- Submit the data to the Central Data Warehouse within the prescribed reporting periods and deadlines.
- Review and work with clinicians to resolve data quality issues identified in the output reports.
- Ensure they understand and implement the Information Governance approach adopted for this data set, which can be found in the Information Governance section of the Implementation Guidance.

Informatics staff **MAY** also be responsible for the collation of information from a range of disparate systems into the MHSDS. This will include ensuring completeness and data quality of the information within the data set.

Working Practices

How providers of Mental Health Services should cascade the Information Standard requirements to operational staff

With immediate effect, all clinicians and operational staff involved in community care need to be made aware of this Information Standard. Providers of Mental Health Services' Chief Executives **MUST** be held accountable to comply with the dates instructed by the mandate. The mandate and an appropriate Project Brief **SHOULD**, therefore, be cascaded to the commissioned Mental Health Service for the attention of the Mental Health leads and other relevant staff. Instructions **MUST** also be communicated to the organisation's information leads to initiate collaborative work with informatics services and Mental Health Services as early as possible.

System upgrades

This Standard looks to re-use clinical and operational data for national analysis and reporting. Providers of Mental Health Services **SHOULD** conduct a mapping exercise to determine how well local systems map to the MHSDS TOS (using the MHSDS System Conformance Checklist). For data items that align to the data set TOS, providers of Mental Health Services **MUST** make all efforts to collate the data locally on a monthly basis. Where the mapping exercise identifies gaps, providers of Mental Health Services **SHOULD** plan to undertake development efforts with their IT system suppliers to upgrade existing IT systems. Providers of Mental Health Services **SHOULD** consider the provision of adequate resources to make plans for any transcription

requirements of paper records to electronic forms which ultimately meet the entire mandated data standard for central returns.

How providers of Mental Health Services should look to capture data

This Standard defines the data items that should be extracted from local electronic systems. Providers of Mental Health Services **SHOULD** continue to develop their electronic systems to support the clinical data capture which best supports their working practices and business plans. However, when planning to improve systems and services, consideration **MUST** be made to this Information Standard during the development and implementation stages.

The TOS and User Guidance provide further information on the data items which need to be captured.

How to achieve timely data capture and file submission

The data set has been deliberately split into a number of data groups. The data groups are intended to support the business processes of providers of Mental Health Services. Providers of Mental Health Services **MUST** make every effort to record clinical information in real time or as a minimum, transcribe information to an electronic form at the earliest opportunity to support clinical interventions and decisions. This procedure will also support seamless data extraction from electronic systems for the required monthly central return.

How to manage data submissions if data is captured across several systems

The Information Standard makes it very clear that a submission file can only include data pertaining to one organisation and for reporting periods that are open. Therefore, providers of Mental Health Services **MAY** wish to consider developing a local data warehouse to collate information from disparate systems and generate the monthly data submission files.

2.2 Conformance Criteria

This section describes the tests that can be measured to indicate that the information standard is being used correctly by a provider organisation (conformance criteria).

Conformance Criteria

From 1st January 2016, all providers of Mental Health Services **MUST** be able to collect the information, as defined in the Technical Output Specification, for local use.

From 1st February 2016, all providers of Mental Health Services **MUST** begin submitting the monthly MHSDS submissions as per the instructions in the MHSDS Technical Guidance. The first submission **MUST** include all data relating to referrals that were open on 1st January 2016 and all subsequent new referrals.

From 1st February 2016, providers of Mental Health Services **MUST** review and act on the validation and data quality reports provided by the HSCIC after each submission. All providers are expected to have reviewed and acted on the reports within one month of issue and made a further submission to address the issues if appropriate and the submission window allows.

From 1st February 2016, when the Central Data Warehouse rejects a complete or part submission, providers of Mental Health Services **MUST** rapidly introduce corrections and re-submit rectified data within the submission window. The providers **MUST** allow time to review and implement corrections to their submission files within the designated window. Providers **SHOULD** document lessons learned from validation errors to avoid repetitive mistakes.

During October 2015 a state of readiness questionnaire will be circulated to assess conformance with this standard. This **MUST** be completed by all providers of Mental Health Services and returned to the HSCIC within the specified deadline.

3 IT Systems Suppliers

3.1 Requirements

#	Requirement ³
	Timeframe
	<p>From 1st January 2016, Mental Health systems MUST be able to capture and/or derive the data items defined within this standard. This includes mapping of local codes to national codes, and the ability to extract this information as envisaged within this standard, e.g. without interim workarounds.</p> <p>Suppliers MUST ensure that the increase in burden for providers for capturing and extracting the information defined in the MHSDS TOS is proportionate. When considering potential developments, minimising the burden on providers and supporting good data quality MUST be prioritised.</p>
	Scoping
	IT Systems Suppliers SHOULD review all related documentation to fully understand the background, objectives and scope of this information standard.
	Feasibility Assessment
	With immediate effect, IT Systems Suppliers MUST review the MHSDS TOS and MHSDS User Guidance to understand the scope and definition of each data item.
	As an Output Data Set, the MHSDS is intended to only define “what should be extracted” from local IT systems, not “what should be captured”. A clinical data set will need data items beyond what the MHSDS specifies. While IT Systems Suppliers SHOULD use this data set to support their system development, they SHOULD NOT use the data set exclusively and SHOULD also consider the full requirements of the care setting where it is used. The whole ethos around the MHSDS is to only re-use clinical data, not specify standards for capturing clinical data.
	IT Systems Suppliers SHOULD familiarise themselves with the MHSDS IDB to understand how data items are grouped for the Data Submission File.
	IT Systems Suppliers MUST provide tools to enable a ‘data mapping exercise’ to be carried out and where possible complete the mappings to the national codes on behalf of the providers of Mental Health Services. A self-assessment ‘System Conformance Checklist’ is a tool available on the Health and Social Care Information Centre website to support this mapping exercise.
	Information Governance
	The MHSDS Implementation Guidance explains the Information Governance issues surrounding the data set.
	IT Systems Suppliers MUST provide a mechanism to allow providers to identify records where patients have objected to the use of their data for secondary purposes or where there is a legal requirement to restrict the flow of identifiable information for a patient.
	Clinical Risks
	IT System suppliers SHOULD always ensure that any changes resulting from the implementation of the MHSDS data set are compliant with the safety standards ISB 0129 and ISB 0160 .
	Constructing a data submission file

³ The key words MUST, SHOULD and MAY are defined in [RFC-2119](#).

	The MHSDS Technical Guidance document provides information on how to create a monthly submission file. IT Systems Suppliers MUST review this document and the steps outlined in Section 2.1 above.
	Validation rules
	IT Systems Suppliers SHOULD review the MHSDS Technical Guidance and TOS on the HSCIC website to understand the data validation rules that will be applied at the central data warehouse to all incoming Data Submission Files. Any validation rules not adhered to will result in appropriate groups or the entire Data Submission File being rejected, depending on the particular validation rule.
	Data quality feedback
	With immediate effect, IT Systems Suppliers MUST review the MHSDS TOS on the HSCIC website to understand the data quality rules that will be applied to each data group at arrival to the Central Data Warehouse.

3.2 Conformance Criteria

This section describes the tests that can be measured to indicate that the information standard is being used correctly by an IT system supplier.

Conformance Criteria
From 1 st January 2016, all Mental Health systems MUST be able to capture and/or derive the data items defined within this standard, which includes functionality to map local codes/values to national codes/values. Suppliers can assess this against the System Conformance Checklist which can be found on the HSCIC website.
From 1 st January 2016, all Mental Health systems MUST be able to extract data for the MHSDS with minimal additional burden to providers in a format which is compatible with the IDB, e.g. without interim workarounds.
From 1 st January 2016, all Mental Health systems MUST have the ability to produce data quality reports to support providers in producing their submission files in line with the MHSDS TOS.
During October 2015 a questionnaire will be circulated to assess conformance with this standard. This MUST be completed by all suppliers of Mental Health systems and returned to the HSCIC within the specified deadline.

Appendix A – MHSDS Data Flow Diagram

