

Mental Health Services Data Set v2.0 Change Specification

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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
- Change Specification
- Data Set Specification
- Implementation Guidance.

An Information Standards Notice (SCCI0011 Amd 31/2016) has been issued as a notification of use and implementation timescales. Please read this alongside the documents for the standard.

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Glossary of Terms

Term / Abbreviation	What it stands for
CAMHS	Child and Adolescent Mental Health Services
CYP	Children and Young People
CYPHS	Children and Young People's Health Services
DToC	Delayed Transfer of Care
Data Item	A single component of a data set that holds one type of information and relates to a specific record. Each data item is unique to the data set.
EPR	Electronic Patient Records
HSCIC	Health and Social Care Information Centre - a data, information and technology resource for the health and care system which plays a fundamental role in driving better care, better services and better outcomes for patients in England. The HSCIC is also known as NHS Digital.
Information Standard	An Information Standard as specified within the Health and Social Care Act 2012 is 'a document containing standards in relation to the processing and use of information'. An Information Standard specifies rules for the processing, management and sharing of information and specifies what process is needed, the 'quality' required in the form of conformance criteria and how it can be implemented.
Information Standards Notice (ISN)	Information Standards Notices (ISNs) 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.
ISAS	Independent Standards Assurance Service
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.
MHSDS	Mental Health Services Data Set
NHS Digital	The preferred name for the HSCIC, with effect from 1 August 2016.
Information Standards Board for Health and Social Care (ISB HaSC)	This is the body that preceded the Standardisation Committee for Care Information (SCCI) as the approver for information standards.
ODS	Organisation Data Service
PAS	Patient Administration System
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.
TOS	Technical Output Specification - This is the specification that fully defines each data item within the data set. This document splits the data set into a number of groups (tables), each containing data items and values. The 'Change Control' tab within this document defines the individual changes made to tables and data items as part of the <i>Change Request</i> . To be referred to alongside the data model.

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1 Overview

1.1 Summary

Standard	
Standard Number	SCCI0011
Standard Title	Mental Health Services Data Set
Description	<p>The MHSDS is a patient level, output based, secondary uses data set which delivers 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 re-uses clinical and operational data for purposes other than direct patient care. It defines the data items, definitions and associated value sets 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 have, or are thought to have, a learning disability or autism spectrum disorder is 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; • 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

	<ul style="list-style-type: none"> • Hospitals for mental health/learning disabilities • Rehabilitation services • Care homes with nursing • Care homes 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"> • Any patient receiving treatment through a specialist mental health, learning disabilities or autism spectrum disorder care provider but is 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 within general practices or adult Improving Access to Psychological Therapies).
Applies to	<p><u>Patients</u></p> <p>Any patients (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 patients <small>Error! Bookmark not defined.</small> • Any qualified provider offering specialist secondary mental health, learning disabilities or autism spectrum disorder services • Community services offering secondary care to children

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

	<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>
Release	
Release Number	Amd 31/2016
Release Title	Version 2.0
Description	<p>An ongoing requirement exists to update the Mental Health Services Data Set (MHSDS) in order to ensure the data set remains 'fit for purpose'.</p> <p>The changes included in this release relate to new government policy initiatives; resolution of issues within the current data collection; and inclusion of other key stakeholder requirements as follows:</p> <ul style="list-style-type: none"> • Enhance collection of data related to Child and Adolescent Mental Health Services (CAMHS) such as through the collection of CAMHS 'needs based groupings' • Improve the identification of 'Out of Area Placements' • Improve breakdowns in access and outcomes across groups protected by the Equality Act 2010 through inclusion of Person Marital Status • Align Mental Health Delayed Discharge Period data items with changes to NHS England Delayed Transfers of Care (DToC) categories • Enable Access and Waiting Time Standards for Crisis Care reporting • Collect different types of plans relating to referrals and discharges through a genericised 'Care Plan' table • Enable the collection of a Forensic Mental Health tariff and currency model • Incorporate further elements of the Assuring Transformation (AT) and Learning Disability Census collections • Improve understanding of Ward properties with the addition of Hospital Bed Type and Intended Age Group • Address minor maintenance issues to ensure the data set remains fit for purpose such as moving Postcode of Main Visitor to the Hospital Provider Spell table • Address any further known issues that were highlighted during the testing and implementation of MHSDS v1.1.

Implementation Completion Date	<p><u>System Conformance</u></p> <p>From 1 April 2017, Mental Health systems MUST be fully conformant with this standard.</p> <p><u>Care Providers</u></p> <p>From 1 April 2017 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 1 June 2017, providers of NHS-funded Mental Health Services MUST begin submitting MHSDS submissions in accordance with this standard.</p>
Full Conformance Date	23 June 2017

1.2 Supporting Products

This document should be read in conjunction with the following:

Ref #	Title
1	MHSDS Requirements Specification
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 Database (IDB)
9	NHS Data Model and Dictionary Change Request

Please see section 2.2 of the *Implementation Guidance* for a full list and descriptions of each related document listed above.

1.3 Related Standards

Reference	Title
SCCI1069	Children and Young People's Health Services (CYPHS) Data Set
SCCI2007	Assuring Transformation
SCCI1605	Accessible Information
ISB 0149-02	NHS Number for Secondary Care
ISB 0149-01	NHS Number for General Practice
ISB 0034	SNOMED CT
ISB 1553	Read Clinical Terms Version 2 (Deprecated)
ISB 1552	Read Clinical Terms Version 3 (Deprecated)
SCCI0021	International Classification of Diseases
ISB 0092	Commissioning Data Sets (CDS)
SCCI0090	Health and Social Care Organisation Reference Data

2 Change Specification

2.1 Reason for Release

The MHSDS applies to, and is used by, a wide range of stakeholders. The content of the data set is determined from consultation with these stakeholders which include various sections of Department of Health policy, NHS England, Care Quality Commission, service providers and commissioners.

Changes are required to the MHSDS v1.1 to ensure that the data set remains fit for purpose. The following amendments are required in response to changes in clinical practice or coding, changes to policy requirements, changes to the NHS Data Model and Dictionary, and requests for amendments by care providers or system suppliers.

A new maintenance strategy has been agreed with the Mental Health Data & Information Programme Board for NHS Digital to facilitate annual updates of the data set. This release represents the first annual update in this new development cycle. Please see section 6 of the *Implementation Guidance* for full details of the maintenance strategy.

2.2 Change Specification and Justification

2.2.1 CAMHS Enhancements

The changes included in this release are required to enhance collection of data related to Child and Adolescent Mental Health Services (CAMHS) through the following amendments:

- Addition of a default code option to CAMHS Tier of Service
- Collection of CAMHS "needs based groupings"
- Identify respondent of an outcome tool in greater granularity

In October 2011, the Department of Health Payment by Result (PbR) team (now the NHS England Pricing Team) commissioned a consortium of academics and service providers to develop a currency for Child and Adolescent Mental Health Services (CAMHS).

The aim of the project was to develop needs-based currencies (groupings) for children, young people and their families, taking into consideration criteria such as clinical meaningfulness, ability to identify instances or periods of care of similar resource use, reflecting service user need and reliability of identification.

The CAMHS Payment System Project report was published in June 2015 and is available at <http://pbrcamhs.org/final-report>. The report proposed grouping CYP seeking mental health support into 3 groups: Getting Advice, Getting Help and Getting More Help. Below these "super groupings", it proposed a further 19 needs-based groupings.

NHS Digital is collaborating with the NHS England Pricing Team to assist with their project to test and further refine the proposed "needs-based groupings" over a 24 month period. Pilot sites involved with the project will be able to submit the proposed groupings in MHSDS v2.0 to enable quantitative and qualitative analysis.

The changes resulting from the above are included in the MHS v2.0 Technical Output Specification as detailed below:

Group/Table	Data Item Name	Item Type	Item Amend Type	Change details
MHS102ServiceTypeReferredTo	Child And Adolescent Mental Health Tier Of Service	Data Item	Amendment	Addition of code: 9 - CAMHS (Unspecified Tier)
MHS803CareCluster	Child And Adolescent Mental Health Care Cluster Code (Final)	Data Item	Deletion	Replaced by Child And Adolescent Mental Health Needs Based Grouping Code.
MHS803CareCluster	Child And Adolescent Mental Health Needs Based Grouping Code	Data Item	Addition	Replaces existing pilot Child And Adolescent Mental Health Care Cluster Code (Final) data item. Please see TOS for national code list.
MHS606CodedScoreAssessmentRefer	Care Professional Local Identifier	Data Item	Addition	To support paired outcome measure reporting.

2.2.2 Out of Area Placements

In April 2016, Alistair Burt, Minister of State for Community and Social Care, announced a national ambition to eliminate inappropriate Out of Area Placements for adult acute inpatients by 2020/21. Gathering intelligence to address Out of Area Placements is therefore a ministerial priority, however significant gaps in data make it difficult to monitor improvement.

The “[Five year forward view for Mental Health](#)” recommendation 22 states: ‘introduce standards for acute MH care, with the expectation that care is provided in the least restrictive way and as close to home as possible’, and ‘Eliminate the practice of sending people out of area for acute inpatient care as a result of local acute bed pressure by no later than 2020/21’. The “[Improving acute inpatient psychiatric care for adults in England](#)” report also recommends that “*The practice of sending acutely ill patients long distances for non-specialist treatment is phased out by October 2017*”.

As well as this, the NHS Providers report [Right Place, Right Time, Better Transfers of Care: a Call to Action](#) highlighted the need for a clear definition of an Out of Area Placement and clarity around what is counted as an Out of Area Placement in order to make meaningful comparisons, and to identify and share best practice.

The changes included in this release are required to improve the identification of “Out of Area Placements” through:

- Addition of data items in MHS101Referral and MHS105OnwardReferral to capture the reason for an Out of Area Placement
- Addition of date and time of the decision to onward refer for an Out of Area Placement

The new data items are underpinned with a national definition for inappropriate Out of Area Placements and are to be recorded by the “sending” and “receiving” providers.

The changes resulting from the above are included in the MHSDS v2.0 Technical Output Specification as detailed below:

Group/Table	Data Item Name	Item Type	Item Amend Type	Change details
MHS101Referral	Reason For Out Of Area Referral (Adult Acute Mental Health)	Data Item	Addition	Please see TOS for national code list.
MHS105OnwardReferral	Referred Out Of Area Reason (Adult Acute Mental Health)	Data Item	Addition	Please see TOS for national code list.
MHS105OnwardReferral	Decision To Refer Date (Onward Referral)	Data Item	Addition	
MHS105OnwardReferral	Decision To Refer Time (Onward Referral)	Data Item	Addition	

2.2.3 Protected Characteristics

The “[Five year forward view for Mental Health](#)” calls for greater transparency of data including ‘*breakdowns in access and outcomes across groups protected by the Equality Act 2010*’. The MHSDS currently records Disability, Age, Gender, Religious Affiliation and Ethnicity but the remaining protected characteristics are not currently collected. Further definitional work is required for these remaining characteristics prior to inclusion across Information Standards; however those that are deemed ready for inclusion have been addressed in this release.

The changes resulting from the above are included in the MHSDS v2.0 Technical Output Specification as detailed below:

Group/Table	Data Item Name	Item Type	Item Amend Type	Change details
MHS001MPI	Marital Status Code	Data Item	Addition	Please see TOS for national code list.

2.2.4 Mental Health Delayed Discharge

The recent Crisp commission, whose report “[Improving acute inpatient psychiatric care for adults in England](#)” was published in February 2016, reviewed the provision of acute inpatient psychiatric care for adults and recommended that the collection, quality and use of data should be radically improved so it can be used to improve services and efficiency, ensure evidence-based care is delivered and improve accountability. As part of this recommendation delayed transfers of care (DToC) data was determined as not being fit for purpose for mental health and therefore a review of the current DToC data needed to take place.

The NHS Providers’ report ‘[Right Place, Right Time, Better Transfers of Care: a Call to Action](#)’ highlighted the need for clear definitions and clarity around what is counted as a DToC, in order to make meaningful comparisons and to identify and share best practice.

The Department of Health and NHS England have been focusing on understanding better what is causing delays in the system and have worked with NHS Digital to revise the list of DToC categories, which now need reflecting in the MHSDS.

The changes included in this release are required to align Mental Health Delayed Discharge Period data items with changes to the NHS England Delayed Transfers of Care (DToC) categories through:

- Amendment to Mental Health Delayed Discharge Reason code list values
- Amendment to Mental Health Delayed Discharge Attributable To Indication Code list.

The changes resulting from the above are included in the MHSDS v2.0 Technical Output Specification as detailed below:

Group/Table	Data Item Name	Item Type	Item Amend Type	Change details
MHS504DelayedDischarge	Mental Health Delayed Discharge Reason	Data Item	Amendment	Deletion of A1, F1, G1, I1, J1, K1, Z1 Addition of: A2, F2, G2-G12, I2-3, J2, K2, L1, M1, N1
MHS504DelayedDischarge	Mental Health Delayed Discharge Attributable To Indication Code	Data Item	Amendment	Addition of: 04 - Housing (including supported/specialist housing)

2.2.5 Access and Waiting Time standards for Crisis Care

The “*Five year forward view for Mental Health*” recommendation 13 states “introduce a range of access and quality standards across crisis care and acute mental health”. There is a requirement to capture when a request for a crisis assessment has been made, who to and how long someone waited for the assessment. The requirement is to capture these times in hours which needs further Time data items.

The changes included in this release are required to meet future Access and Waiting Time Standards for Crisis Care reporting requirements through:

- Addition of Onward Referral Time
- Addition of Referral Closure Time
- Addition of Service Discharge Time
- New “team type” for specialist Crisis 24/7 response / triage tele services
- Collection of Safety Plan agreement and implementation dates
- Identify types of assessment undertaken and outcome (decision to admit, home treat or refer onward)
- Identify the use of Places of Safety
- Capture the decision to admit or home treat following assessment
- Date and time of request for a crisis assessment

The changes resulting from the above are included in the MHSDS v2.0 Technical Output Specification as detailed below:

Group/Table	Data Item Name	Item Type	Item Amend Type	Change details
MHS105OnwardReferral	Onward Referral Time	Data Item	Addition	
MHS102ServiceTypeReferredTo	Referral Closure Time	Data Item	Addition	
MHS101Referral	Service Discharge Time	Data Item	Addition	

MHS006MHCareCoord	Care Professional Service Or Team Type Association (Mental Health)	Data Item	Amendment	Addition of code: A19 - 24/7 Crisis Response Line
MHS102ServiceTypeReferredTo	Service Or Team Type Referred To (Mental Health)	Data Item	Amendment	Addition of code: A19 - 24/7 Crisis Response Line
MHS201CareContact	Place of Safety Indicator	Data Item	Addition	To identify the use of Places of Safety
MHS301GroupSession	Service Or Team Type Referred To (Mental Health)	Data Item	Amendment	Addition of code: A19 - 24/7 Crisis Response Line

Further details regarding the collection of Safety Plans can be found under the Care Planning section below.

The identification of types of assessment undertaken, decisions to admit/home treat and the request for assessment will all be facilitated through the existing MHSDS v1.0 and no structural changes are required. For example, it is anticipated such assessments will already flow through the CODED PROCEDURE data item in MHS202CareActivity.

2.2.6 Care Planning

A variety of requests were received, particularly from the Assuring Transformation and Learning Disability Census teams across NHS England and NHS Digital, to allow the recording of specific types of plans and to record creation/implementation dates and who was involved in agreeing such plans.

The changes included in this release are required to meet Care Planning requirements through:

- Expand Mental Health Crisis Plan table to allow recording of different types of plans
- Collection of Care Plan creation, Care Plan agreed and Care Plan implementation dates
- Capture who agreed the discharge/transfer plan (as per q34 of Assuring Transformation)
- Capture who has been involved in discussing and agreeing the care plan (as per q44 of LD Census)
- Capture if the patient's care plan includes a positive behaviour support plan (as per q42 of LD census)

The Mental Health Crisis Plan table has been expanded accordingly to allow the recording of different types of plans against the patient. The resultant genericised plan is MHS008CarePlanType.

Similar data items have been added to MHS101Referral to capture discharge plans which specifically relate to a single referral.

Two Plan Agreement tables have been added against the MHS008CarePlanType and MHS101Referral tables to allow recording of multiple agreements by different people, services or organisations.

The changes resulting from the above are included in the MHSDS v2.0 Technical Output Specification as detailed below:

Group/Table	Data Item Name	Item Type	Item Amend Type	Change details
MHS008CarePlanType		Table	Amendment	MHS008Crisis Plan has been renamed to MHS008PlanType
MHS008CarePlanType	Mental Health Crisis Plan Creation Date	Data Item	Deletion	As part of changing table purpose.
MHS008CarePlanType	Mental Health Crisis Plan Last Updated Date	Data Item	Deletion	As part of changing table purpose.
MHS008CarePlanType	Care Plan Identifier	Data Item	Addition	As part of changing table purpose.
MHS008CarePlanType	Care Plan Type Code (Mental Health)	Data Item	Addition	As part of changing table purpose. See TOS for national code list.
MHS008CarePlanType	Care Plan Creation Date	Data Item	Addition	As part of changing table purpose.
MHS008CarePlanType	Care Plan Last Updated Date	Data Item	Addition	As part of changing table purpose.
MHS008CarePlanType	Care Plan Implementation Date	Data Item	Addition	As part of changing table purpose.
MHS009CarePlanAgreement		Table	Addition	
MHS009CarePlanAgreement	Care Plan Identifier	Data Item	Addition	
MHS009CarePlanAgreement	Care Plan Agreed By	Data Item	Addition	See TOS for national code list.
MHS009CarePlanAgreement	Care Plan Agreed Date	Data Item	Addition	
MHS101Referral	Discharge Plan Creation Date	Data Item	Addition	
MHS101Referral	Discharge Plan Last Updated Date	Data Item	Addition	
MHS106DischargePlanAgreement		Table	Addition	
MHS106DischargePlanAgreement	Service Request Identifier	Data Item	Addition	
MHS106DischargePlanAgreement	Discharge Plan Agreed By	Data Item	Addition	See TOS for national code list.
MHS106DischargePlanAgreement	Discharge Plan Agreed Date	Data Item	Addition	

2.2.7 Development of the Forensic Mental Health currency model

A standalone pilot collection has been collecting data on a quarterly basis from service providers as part of the development of this currencies and payment model. The Forensic PbR data set has been included as a contractual requirement for a number of years and continues in 2016/17. The MHSDS has been chosen as the long term collection mechanism and intends to retire the separate Forensic PbR data set as soon as feasible. Following the commencement of collection within the MHSDS, a period of 12 months is required to assure the flow and data quality before the currencies commence.

Service providers are currently submitting activity data through both the MHSDS and the pilot collection. A proportion of the data required can already flow through the existing MHSDS structure and is therefore duplicated across the two at present. However, amendments to the MHSDS structure are required to address gaps between the collections.

The data will be used to allow ongoing development of a currency which will allow more intelligent commission and contracting. The current system relies entirely on occupied bed

day rate and length of admission to define episode cost. The currency model will allow more meaningful comparison of these parameters within defined cluster/pathway groups and linkage to a financial model developed from patient level costing analysis. Adoption of the model in a shadow form will allow local providers and commissioners to assess the potential impact of the model and allow further development at a national level.

The changes included in this release are required to enable the collection of a Forensic Mental Health tariff and currency model through:

- Increase in mandation of Forensic Mental Health Care Cluster items and addition of the code list
- Addition of Forensic five pathway allocation
- Capture Offence History through an indicator
- Capture evidence of Substance Misuse within admission through an indicator
- Capture Substance Misuse Observation Date

The changes resulting from the above are included in the MHSDS v2.0 Technical Output Specification as detailed below:

Group/Table	Data Item Name	Item Type	Item Amend Type	Change details
MHS801ClusterTool	Forensic Mental Health Care Cluster Code (Initial)	Data Item	Deletion	Not required.
MHS803CareCluster	Forensic Mental Health Care Cluster Code (Final)	Data Item	Amendment	Mandation changed from <i>Pilot</i> to <i>Required</i> . Addition of a national code list, please see TOS.
MHS804FiveForensicPathways		Table	Addition	
MHS804FiveForensicPathways	Local Patient Identifier (Extended)	Data Item	Addition	
MHS804FiveForensicPathways	Five Forensic Pathways Assessment Date	Data Item	Addition	
MHS804FiveForensicPathways	Five Forensic Pathway Assessment Reason	Data Item	Addition	See TOS for national code list.
MHS804FiveForensicPathways	Five Forensic Pathway Code	Data Item	Addition	See TOS for national code list.
MHS005PatInd	Offence History Indication Code	Data Item	Addition	See TOS for national code list.
MHS513SubstanceMisuse		Table	Addition	See TOS for national code list.
MHS513SubstanceMisuse	Ward Stay Identifier	Data Item	Addition	
MHS513SubstanceMisuse	Observation Date (Substance Misuse Evidence)	Data Item	Addition	

2.2.8 Assuring Transformation and Learning Disability Census

The Learning Disability Census has now come to an end. It is important to ensure the data gaps are added to the MHSDS as soon as possible to ensure national reporting and monitoring can continue going forward.

For Assuring Transformation, the intention is to reduce or retire the collection and obtain as much data as possible from the MHSDS. The MHSDS will ensure that this information is collected in the long term as business as usual for secondary uses. Providers are currently submitting activity data through the MHSDS collection, which will be used to determine the commissioner of care and will become the source of data for Assuring Transformation.

A proportion of the Census and Assuring Transformation data required can already flow through the existing MHSDS structure, however amendments to the structure are required to address gaps between the collections.

The changes included in this release are required to incorporate further elements of the Assuring Transformation and Learning Disability Census collections as follows:

- Capture who agreed the discharge/transfer plan (as per q34 of Assuring Transformation)
- Capture who has been involved in discussing and agreeing the care plan (as per q44 of LD Census)
- Capture if the patient's care plan includes a positive behaviour support plan (as per q42 of LD census)
- Addition of "319 - Respite Care" to Treatment Function Code (Mental Health)
- Addition of Planned Discharge Destination
- Addition of "Assistive Technology To Support Disability Type" table (as per CYPHS Data Set) to aid identification of wheelchair use and other mobility impairments

The changes resulting from the above are included in the MHSDS v2.0 Technical Output Specification as detailed below:

Group/Table	Data Item Name	Item Type	Item Amend Type	Change details
MHS501HospProvSpell	Planned Discharge Destination Code (Hospital Provider Spell)	Data Item	Addition	See TOS for national code list.
MHS203OtherAttend	Other Person In Attendance At Care Contact	Data Item	Amendment	Addition of new national codes: 10 Parent or relative 11 Friend or neighbour 12 Care Worker To identify other types of attendees who are involved in Care Contacts.
MHS503AssignedCareProf	Treatment Function Code (Mental Health)	Data Item	Amendment	Addition of code: 319 - Respite care
MHS010AssTechToSupportDisTyp		Table	Addition	
MHS010AssTechToSupportDisTyp	Local Patient Identifier (Extended)	Data Item	Addition	
MHS010AssTechToSupportDisTyp	Assistive Technology Finding (SNOMED CT)	Data Item	Addition	
MHS010AssTechToSupportDisTyp	Prescription Date (Assistive Technology)	Data Item	Addition	

Further details regarding the collection of plan agreements can be found under the Care Planning section above.

2.2.9 Various Maintenance Issues

Providers and system suppliers are currently undertaking necessary changes to facilitate the flow of the revised MHSDS v1.1. Experience to date suggests this period in time is when majority of provider/supplier feedback is raised to NHS Digital.

Other minor maintenance issues to ensure data set remains fit for purpose:

- Move Postcode of Main Visitor to Hospital Provider Spell table as this data item only applies to inpatients
- Deletion of Unique Booking Reference Number (Converted) as data item is not required for national secondary uses and this was deemed to be a Person Identifiable Data item
- Amendment to Discharge Method code list to identify whether discharge was patient's or relative's decision
- Amend definitional guidance for recording periods of leave during Ward Stays to ensure national consistency in recording of ward stay and Absence Without Leave / Leave Of Absence / Home Leave periods, in line with best clinical practice and current MHSDS structure. Remove this statement from the business definition for Ward Stay and ensure Ward Stay SHOULD NOT be ended when a period of leave commences
- Addition of Ex-British Armed Forces Indicator to aid identification of veterans accessing Mental Health Services and in line with IAPT data set
- Addition of Hospital Bed Type (Mental Health) to aid collection of this data and to allow a pilot comparison with the Inpatient Service Type derivation currently produced by NHS Digital
- Addition of Intended Age Group to aid development of the Inpatient Service Type derivation for pilot comparison with the new Hospital Bed Type data item
- Address any further known issues that were highlighted during the testing and implementation of MHSDS v1.1.

The changes resulting from the above on the data items and the MHSDS v2.0 Technical Output Specification are detailed below:

Group/Table	Data Item Name	Item Type	Item Amend Type	Change details
MHS001MPI	Postcode Of Main Visitor	Data Item	Deletion	
MHS501HospProvSpell	Postcode Of Main Visitor	Data Item	Addition	
MHS005PatInd	Ex-British Armed Forces Indicator	Data Item	Addition	See TOS for national code list.
MHS104RTT	Unique Booking Reference Number (Converted)	Data Item	Deletion	
MHS501HospProvSpell	Discharge Method Code (Hospital Provider Spell)	Data Item	Amendment	Addition of codes: 2a Patient discharged him/herself 2b Patient discharged by a relative or advocate
MHS502WardStay	Hospital Bed Type (Mental Health)	Data Item	Addition	See TOS for national code list. <i>Note: Hospital Bed Type (Mental Health) is an alias name for Mental Health Admitted Patient Classification. Please see the Data Model &</i>

				<i>Dictionary for further details.</i>
MHS502WardStay	Intended Age Group (Mental Health)	Data Item	Addition	See TOS for national code list.

2.3 Change Control

The *Technical Output Specification* fully defines the individual changes applied to the data set, with each change logged in the Change Control tab.

This *Change Specification* therefore represents a summary of changes included in MHSDS v2.0 which should be read in conjunction with the Change Control tab in the *Technical Output Specification* to fully understand the changes to the data set.

N.B. The latest version of the Technical Output Specification is published with other supporting documents on the NHS Digital [MHSDS webpages](#).