

# Mental Health Services Data Set v2.0 Implementation Guidance

Published 4 October 2016



**Information and technology**  
**for better health and care**



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.

The controlled copies of these documents can be found on the [NHS Digital website](#). Any copies held outside of that area, in whatever format (e.g. paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.

Date of publication: 4 October 2016



This information is licensed under the Open Government Licence v3.0. To view this licence, visit <http://www.nationalarchives.gov.uk/doc/open-government-licence/> or write to the Information Policy Team, The National Archives, Kew, Richmond, Surrey, TW9 4DU.

## Glossary of Terms

Term / Abbreviation	What it stands for
BSP	Bureau Service Portal
CCG	Clinical Commissioning Group
CPA	Care Programme Approach - The Care Programme Approach has four main elements as defined in ' <i>Building Bridges: A guide to arrangements for inter-agency working for the care and protection of severely mentally ill people</i> '. Components of CPA There are four distinct aspects to the CPA; assessment; care plan, Care Co-ordination and review. These are the cornerstones of the Care Programme Approach.
CQC	Care Quality Commission
C&P	Currencies and Payment
Data Item	A single component of a data set that holds one type of information and relates to a specific record.
DH	Department of Health
HoNOS	Health of the Nation Outcome Scales
HSCA 2012	Health and Social Care Act 2012
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.
IDB	Intermediate Database
ISB	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.
ISN	Information Standards Notices 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.
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.
MHCCT	Mental Health and Community Care Team
MHSDS	Mental Health Services Data Set
NHS Digital	The preferred name for the HSCIC, with effect from 1 August 2016.
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.

# Contents

<b>1</b>	<b>Introduction</b>	<b>6</b>
	Purpose of Document	6
1.1	Scope of Document	6
1.2	Out of Scope of Implementation Guidance	6
<b>2</b>	<b>Background</b>	<b>7</b>
2.1	Related Standards	8
2.2	Related Documents	8
<b>3</b>	<b>Human Behavioural guidance</b>	<b>11</b>
3.1	Data Users	12
<b>4</b>	<b>Organisational Guidance</b>	<b>13</b>
4.1	Resources/Costs	13
4.2	Information Governance	13
4.3	Data Quality	15
4.4	Documentation of Change	16
4.5	Contractual Issues for Staff	16
4.6	Skill Mix Changes and Training	16
4.7	Step-by-Step Implementation Guide	18
<b>5</b>	<b>Technical Guidance</b>	<b>22</b>
5.1	Information Standards Notice Process	22
5.2	Conformance Criteria	22
5.3	Users	22
5.4	Systems	22
<b>6</b>	<b>Maintenance</b>	<b>24</b>
6.1	Implementation Strategy	24
6.2	Data Set Requirements	25
6.3	High-Level Data Set Change Requests Summary	25
6.4	Standardisation Committee for Care Information (SCCI)	25
6.5	Information Standards Notice (ISN)	25
<b>7</b>	<b>Risk/Issues</b>	<b>26</b>
<b>8</b>	<b>Implementation Support</b>	<b>27</b>
8.1	Support	27
8.2	Mental health news and service updates	27

---

8.3	Additional Sources of Information	27
8.4	Disclaimer	29

---

---

# 1 Introduction

## Purpose of Document

The following guidance is intended to support the implementation of the Mental Health Services Data Set (MHSDS) v2.0 which is mandated for collection from 1st April 2017, for existing users of MHSDS v1.1 and new users. Implementation completion dates are available in the *Requirements Specification*.

This document aims to make new and current users aware of guidance available, draw attention to essential steps and help services assess their state of readiness. Users should make use of this document when preparing a high level picture of how their organisation intends to tackle this implementation to meet the anticipated timescales.

## 1.1 Scope of Document

This document provides guidance on how to implement the MHSDS data set, either as a new user or a current user looking to make changes resulting from the release of the MHSDS v2.0 Information Standards Notice (ISN). This document should be read in conjunction with the following documents:

- MHSDS v2.0 Requirements Specification
- MHSDS v2.0 Change Specification
- MHSDS v2.0 Technical Output Specification
- MHSDS v2.0 User Guidance
- MHSDS v2.0 Technical Guidance
- NHS Data Model and Dictionary Change Request

## 1.2 Out of Scope of Implementation Guidance

The following areas are out of scope of this document:

- Detailed justification for the development of the Information Standard.
- Data submission framework (i.e. how data is submitted by data providers to the Bureau Service Portal). Further information about this is available from the *MHSDS v2.0 Technical Guidance*.
- Restating information already accessible from the *MHSDS v2.0 Technical Output Specification*.
- Detailed submission guidance relating to new or amended data items to aid interpretation and implementation within submission extracts. This information is available in the *MHSDS v2.0 User Guidance*.

## 2 Background

The MHSDS is a patient level, output based, secondary uses data set which seeks to deliver robust, comprehensive, nationally consistent and comparable person-based information for children, young people and adults who are in contact with Mental Health, Learning Disabilities or Autism Spectrum Disorder 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.

MHSDS v2.0 introduces changes in response to emerging models of service delivery and commissioning within mental health.

The changes included in this release are required to:

- 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' for adult acute mental health care
- 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
- Meet 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 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

The Health and Social Care Act 2012 (HSCA 2012) makes two specific provisions with regard to the flow of data through NHS Digital.

1. Section 254 - In order to establish and operate a system for the collection or analysis of information the Secretary of State, or devolved authority, must provide to NHS Digital a description of the requirement in the form of a Direction.
2. Section 259 – In order to require and request the provision of information from any health or social care body; or any person (other than a public body) who provides health services, or adult social care in England, NHS Digital must publish a procedure for notifying persons of requirements imposed, and requests made.

In respect of section 254, NHS Digital has received [Direction](#) from NHS England to establish and operate a system for the collection and analysis of mental health data that relates to patients in receipt of secondary mental health care. The full scope of the requirement can be found in the MHSDS Requirements Specification.

In respect of section 259, NHS Digital will produce a section 259 Notification which will be published on the [NHS Digital pages on the government website](#) and communicated to health and social care bodies via the [MHSDS specific web page](#); the monthly [Mental Health Information Update](#); and other standard Mental Health and Community Care Team (MHCCT) routes for communication such as events, user groups and various pertinent meetings.

In addition, the resulting Information Standard amendment has been put through rigorous assurance prior to acceptance by the Standardisation Committee for Care Information (SCCI). The resulting Standard has been assigned Release Number Amd 31/2016 and retaining standard number SCCI0011. The ISN formally requires care providers to submit data as per the HSCA 2012.

The ISN does not directly place any requirement on system suppliers to accommodate the MHSDS within their systems. It is the service providers who must ensure that they have a system or systems to deliver the requirements specified in the standard. The IT Suppliers need to be aware of these requirements so that they can respond to the service providers they support. The contractual agreement between data providers and system suppliers will dictate whether system suppliers have to abide by the ISN and at what cost.

The Information Standard including latest amendments can be found on the MHSDS [SCCI webpage](#).

Further information and supporting documents can be found on the [MHSDS webpage](#).

## 2.1 Related Standards

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

## 2.2 Related Documents

A comprehensive set of documentation has been developed by the project team for the MHSDS Information Standard. A breakdown of the individual products can be found below:

Document/Product	Description	Publication Status
<b>SCCI Information Standard Documentation</b>		
<i>Information Standards Notice</i>	Notification of publication of a new or amended standard.	Published on SCCI webpage
<i>Change Request</i>	Outlines a list of changes made to the MHSDS Information standard. For example, the addition of new data items or tables, the renaming of data items/tables to conform to NHS Data Model & Dictionary and the deletion of other items.	Published on SCCI webpage
<i>Requirements Specification</i>	Outlines the scope of the Information Standard and how it should be implemented. Gives an overview of the requirements for both care providers and system suppliers, and associated conformance criteria (the tests that can be measured to assess whether the standard is being used correctly).	Published on SCCI webpage
<i>Data Set Specification</i>	Specification for the output data set required of providers which is part of the ISN and published on the SCCI website	Published on SCCI webpage
<i>NHS Data Model and Dictionary Change Request</i>	Provides a detailed technical specification of all changes made to the NHS Data Model and Dictionary as a result of the changes to this information standard.	Published on SCCI webpage
<b>Technical Documentation</b>		
<i>Technical Output Specification (TOS)</i>	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.	Published on MHSDS webpage
<i>Data Model</i>	The data model provides a pictorial representation of the output data set. The data model clearly defines the referential integrity that will be enforced when the submission file is validated.	Published on MHSDS webpage
<i>Technical Guidance</i>	Further explains the data submission process, the submission windows, and gives advice regarding populating the Intermediate Database IDB.	Published on MHSDS webpage
<i>User Guidance</i>	Guidance for care providers and system suppliers about the structure and content of the data set, including guidance about how to map/submit each individual data item.	Published on MHSDS webpage
<b>Organisational assessment and planning tools</b>		
<i>Implementation Guidance (THIS DOCUMENT)</i>	A document containing guidance to support care providers and system suppliers with the implementation of the data set, including organisational guidance around data set users and information governance.	Published on SCCI webpage

<i>Implementation Planning Template</i>	You can use this planning template to plan your organisation's activity for implementing the MHSDS data set. The resulting plan should give a high level picture of how your organisation intends to tackle this implementation within the anticipated timescales.	Published on MHSDS webpage
<i>Readiness Assessment Tool</i>	You can use this readiness assessment tool to measure your organisation's MHSDS data set implementation progress. This spans a baseline assessment, regular reviews and a final review to report successful implementation.	Published on MHSDS webpage
<i>System Conformance Checklist</i>	This is a worksheet tool for service providers to assess how well their local IT systems 'map' to the data set specification.	Published on MHSDS webpage

The above documents are provided on either NHS Digital's SCCI or MHSDS webpages:

<http://www.content.digital.nhs.uk/isce/publication/SCCI0011>

<http://www.content.digital.nhs.uk/mhdsd>

## 3 Human Behavioural guidance

The updated MHSDS Information Standard may 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:

- NHS Mental Health Trusts
- NHS Learning Disabilities Trusts
- NHS Acute Trusts<sup>1</sup>
- NHS Care Trusts<sup>1</sup>
- Independent sector providers offering a service model that includes NHS funded and non - NHS funded patients<sup>1</sup>
- Any qualified provider offering specialist secondary adult mental health, learning disabilities or autism spectrum disorder services
- Community services offering secondary care to children.

NB: Where a service is wholly or partially made up of NHS funded patients, data set submission is mandatory for those NHS funded patients. Inclusion of non-NHS funded patients within the submission is optional. Where the service is wholly made up of non-NHS funded patients, data set submission is optional.

The following section describes how the changes to the data set should be used by clinical and operational staff and providers. Providers should meet the compliance requirements for their IT system or systems to implement the MHSDS v2.0 changes. This section also explains where data, in relation to the data set, can be found in the care pathway.

- **Clinical and Administrative Staff:** will be responsible for capturing information as part of the on-going care of the patient i.e. for primary use purposes and will be responsible for capturing information such as demographics and details of contacts/activities.
- **MHSDS systems:** should be implemented by providers ensuring that data items can be captured electronically and output produced or derived to nationally agreed standards to allow extraction and/or derivation to produce the MHSDS.
- **MHSDS Informatics Staff:** will be responsible for the collation of information, which may come from a range of disparate systems, into a single data extract which can be loaded into the MHSDS Intermediate Database and subsequently submitted to the Bureau Service Portal (BSP). This will include ensuring completeness and data quality of the information within the data set.

---

<sup>1</sup> Where there is direct provision of specialist secondary adult mental health, learning disabilities and autism spectrum disorder services

## 3.1 Data Users

### 3.1.1 Primary Users

The MHSDS is not intended for primary data use, as part of the direct care for the patient. The MHSDS is not a specification for the standardisation of a patient care record. Service Providers have the flexibility to adopt any local data collection process or system as long as the local data collection frameworks can output a suitable data extract as per the data set specification, for submission to the Bureau Service Portal (BSP).

The data set is not a patient care record but is based on clinical and operational information. Providers should therefore look to re-use their clinical and operational systems to extract MHSDS data.

### 3.1.2 Secondary Users

The MHSDS is intended for secondary use purposes rather than for the direct care of the patient. Information captured for primary purposes will be extracted from existing Patient Administrative Systems (PAS) and clinical systems.

Information generated by this NHS Information Standard through individual record-level data extracts or published aggregate reports will be used by the following organisations:

#### **At a local level:**

- Providers of mental health, learning disabilities and autism spectrum disorder services including Mental Health Trusts, Learning Disability Trusts, Acute Trusts, Care Trusts and Independent Sector
- Commissioners including CCGs and Specialist Commissioners.

The following are likely to analyse information captured through the amended MHSDS:

- managers
- performance analysts
- finance staff
- commissioners
- mental health professionals
- learning disability professionals
- autism spectrum disorder professionals
- researchers.

#### **At a national level:**

- NHS England
- Department of Health
- Department for Education (DfE)
- Audit Commission
- Care Quality Commission (CQC)
- NHS Improvement
- NHS Digital
- Commercial companies. Current users include Dr Foster
- Universities.

## 4 Organisational Guidance

Health and Care Organisations and System Suppliers should be aware of the requirements and conformance criteria specified for the standard. These are outlined in the *Requirements Specification* document available on the [SCCI webpage](#).

### 4.1 Resources/Costs

Providers of mental health services will have a requirement to collect data for both clinical and patient administration primary purposes. The MHSDS is designed to build on this requirement by gathering this information and using it for a number of secondary purposes, including national reporting and dissemination to commissioners. As such, funding is not available for sites to:

- procure or install data collection systems.
- train staff in order to facilitate data collection.
- undertake additional activities required to facilitate data extract submission.

It is not within the scope of this document to provide advice with regard to the procurement of systems however staff at NHS Digital are available to help where a requirement exists, and can be contacted via the [enquiries@nhsdigital.nhs.uk](mailto:enquiries@nhsdigital.nhs.uk) email address.

Providers should however expect some resource to be required in order to uplift data collection to enable extraction of the required data items. This is likely to be the case whether the provider is new to the data set or making amendments following publication of the ISN, and should be provided for as part of the contract between commissioner and provider.

### 4.2 Information Governance

Guidance for data and information sharing at both operational and secondary uses levels exists nationally, for example:

- [The NHS Confidentiality Code of Practice \(2003\)](#)

*“This document is a guide to required practice for those who work within or under contract to NHS organisations concerning confidentiality and patients’ consent to the use of their health records.”*

- [Report of the Review of Patient Identifiable Information \(1997\) \(Caldicott Report\)](#)

*“A review commissioned in 1997 by the Chief Medical Officer of England which highlighted six key principles and made 16 specific recommendations regarding the transfer of patient-identifiable information from NHS organisations to other NHS and non-NHS organisations.”*

- [The Information Governance Review \(2013\) \(Caldicott 2\)](#):

*“The guidance in this report is intended to help health and social care professionals and staff in sharing information appropriately in their day-to-day activities. There will however, always be exceptional and difficult circumstances where solutions are not obvious. In these situations, professionals and staff should seek advice from Caldicott Guardians or their professional bodies, and use their judgement to act in the best interests of their patients and clients.”*

NHS Digital has also published [A Guide to Confidentiality in Health and Social Care](#) (2013) which provides good practice advice and guidance for healthcare staff.

All data providers must ensure compliance with the fair processing requirement of the Data Protection Act 1998. To meet these requirements, data providers must make available information and guidance to patients and/or their legal guardians to inform them that their data (or their child's data where applicable) will be used for secondary uses purposes (such as service development analysis and national statistical research) in the form of a [Fair Processing Notice](#) or [Privacy Notice](#).

### 4.2.1 Consent and Opt Out

NHS Digital is exempt from “section 251 support” when mandated to collect data via directions from NHS England or the Department of Health and when acting as data controller. This is set out in sections 254 and 255 of the Health and Social Care Act 2012. As a result explicit consent is not required; however, providers are required to inform patients that their information will be used to support secondary uses, and to act on any objections raised in line with their local policy.

Where a patient explicitly objects to their data being used for secondary purposes, the provider has the option of not flowing the records for this patient, as directed by their local Caldicott Guardian. Further information can be found on the NHS Digital ‘[Looking after your health and care information](#)’ web pages. In particular, further information about patient opt-outs is available on the “[Your personal information choices](#)” webpage.

Information about the application of patient opt-outs during the data dissemination process can be found on the “[Information on type 2 opt-outs](#)” webpage.

### 4.2.2 Compliance Against Statutory Requirements

The specification and guidance for implementing this data set has been designed to support organisations in adhering to their statutory responsibilities relating to Information Governance, Data Protection Act 1998 and the Freedom of Information Act 2000. It is the responsibility of the providing organisation to ensure that these statutory responsibilities are adhered to.

### 4.2.3 Potential Safety/Confidentiality/Risk Considerations

The MHSDS utilises information already collected in potentially a variety of disparate provider systems and collated in a non-clinical setting for secondary uses purposes.

As the primary purpose of the MHSDS standard is for secondary uses only, there will therefore be no direct impact on Clinical Safety and as such the standard is not in scope of [SCCI0129](#). Consequently, a Clinical Safety Case Report is not required to support this standard.

However, implementation of this standard may require modification to the health IT system from which the collection/extraction is made. The safety implications of any such modifications must be considered by the manufacturer and all other parties involved under [SCCI0129](#) and the health organisation under [SCCI0160](#). It is expected that Manufacturers and Organisations will take ownership of this risk and make the necessary additions to their respective Clinical Safety Case Reports.

As with all secondary use data sets there is a small underlying risk that the capture of additional information may be time consuming thus potentially impacting upon patient care. To mitigate this risk every effort has been taken to ensure that all changes to the MHSDS are already routinely captured for primary use purposes.

Stakeholders including the NHS (NHS England, care providers, commissioners) and the Department of Health (DH) are actively encouraged to raise any potential safety risks or adverse incidents during Definitional Testing and Consultation exercises throughout the development of each release of this standard. To date no significant issues relating to safety or potential adverse incidents have been identified.

Any concerns, potential safety risks identified or adverse incidents resulting from the implementation of these changes to MHSDS should be reported immediately to the user's local service desk. This will then be escalated through the correct process.

## 4.3 Data Quality

As an output data set, the MHSDS does not mandate design of local systems or specific local data quality measures. However, highlighted below, are areas the data set developers recommend should be considered by data providers within their local governance arrangements to ensure good data quality in respect of the extracted submission.

### 4.3.1 Corporate Data Quality Framework

Each organisation will have its own corporate framework for managing data quality in respect to data collection, submission and publication. Such a framework is likely to involve a number of components such as leadership and direction from a senior officer, organisational and departmental data quality objectives, data quality audits and a performance management framework. It is recommended that appropriate components of the corporate data quality framework include the MHSDS, so that data quality relating to the data set is at the heart of the organisation's data quality framework.

### 4.3.2 Data Quality Risks

At organisational, departmental and individual levels, risks related to data quality should be identified and mitigated. Examples of risks, which could be considered, are:

- Organisational - does the organisation have corporate policy and objectives for managing data? Is there a senior officer with overall responsibility for data quality?
- Team - are all relevant staff aware of the purpose and importance of collecting data for the national data set? Are there sufficient resources available to continue data collection during staff absences?
- Individuals - do staff have sufficient time within their work routine to collect the data? Is there a need for additional training so staff can possess appropriate skills to collect the data (especially where systems are upgraded)?

### 4.3.3 Organisational and Departmental Objectives

In any organisation, resources will be deployed towards organisational and departmental objectives. The organisation's performance management framework will identify the extent to which objectives are met, and, where necessary, revised.

Where the data set is used to monitor progress towards objectives, there will be greater emphasis on collecting good quality data. It may be necessary to embed the data set subject area into the organisation's performance management framework (and therefore set local objectives) to ensure data is collected in a reliable and timely manner.

The structure and internal processes of each data provider, as well as the departmental areas covering the MHSDS, will vary and, to a certain extent, depend on the priority given to IT and informatics. Some organisations will have well developed processes and systems

that, with minimum effort, will accommodate the data set. Other organisations, for whom processes and systems are underdeveloped or in their infancy, or who are new to submission of the MHSDS may require significant changes. In such instances, organisations may choose to plan the implementation of this Information Standard as a priority to ensure sufficient resources are deployed for conformance.

The implementation of a new or re-engineered process may be more successful where organisations use peer organisations to identify and replicate areas of good practice.

#### 4.3.4 Timeliness

The data should be entered in local systems and submitted in a timely manner, so that the data set can deliver meaningful, relevant and timely reports for stakeholders. This should be followed by a review of data quality feedback from the BSP to implement improvement actions.

In particular, providers should reference the validation and inclusion rules detailed within the *Technical Output Specification* to understand the requirements of when each data item must be reported according to the relevant reporting period.

Any delays in data submissions may have adverse impact on data quality if insufficient time is allowed to make improvements following the production of the data quality report provided after each submission to the portal.

#### 4.3.5 Local Data Validation

The validations, which are described in the [MHSDS v2.0 Technical Output Specification](#), only relate to the structure and validity of the submitted data. At the BSP it will be impossible to identify whether data is accurate and complete. For this, local data quality measures must be implemented.

### 4.4 Documentation of Change

Where a new process for data capture, validation, collation, submission or review is developed or changes are made to existing processes, up to date documentation will assist in developing efficient processes. This can also provide continuity to the data collection process during periods of staff absences and personnel changes.

### 4.5 Contractual Issues for Staff

There should be no conflicts or issues with regards to staff contracts under Agenda for Change and the NHS Key Skills Framework.

### 4.6 Skill Mix Changes and Training

With the implementation of the MHSDS, there may be some implications on skill changes and training for clinicians, administration personnel, informatics personnel and IT services. These may be technical and/or soft skill changes.

Technical skills may include:

- Data input training
- Using new technologies such as hand held devices
- Using new applications
- Uploading data from remote devices to provider network / system

- Collation of data from clinical system(s)
- Validation of extract
- Rectification of poor data quality
- Compilation of the submission in the IDB
- Usage of the BSP including uploading and accessing extracts and data quality reports
- Analysis of BSP provided data quality reports.

Soft skills may include:

- Interpersonal and communication skills in asking sensitive questions on areas such as mental health.
- Collaboration between clinical and informatics staff to identify and resolve errors in data entry and address systemic data quality issues.

The data set is an output based specification for data submission. Consequently, 'in scope' services will normally collect information locally using an electronic system, whether this is a commercial or a bespoke system. To ensure systems are used in the correct manner, system suppliers and/or care providers will need to provide guidance for staff on how to use the local system.

**Clinicians:** A local implementation strategy may require additional skills and training for clinicians in using new functions and modules within an existing or new IT system.

**Administration Personnel:** A local implementation strategy may require additional skills and training for administration personnel in using new functions and modules within an existing or new IT system. Additionally, administration personnel may be responsible for transcribing data to a new IT system.

**Informatics and IT Support Services:** From an IT or Information Management Service perspective, skills may be required in

- configuring local systems to capture information using SNOMED CT as required
- developing and maintaining a local data warehouse
- creating a submission file from a spectrum of local IT systems
- creating uni or bi-directional interfaces between electronic systems.

## 4.7 Step-by-Step Implementation Guide

### 4.7.1 New Users – Implementing the MHSDS

Step	Description
Understand the background to the project, and the scope of the Information Standard	Review this <i>Implementation Guidance</i> along with the <i>Requirements Specification</i> to fully understand the background, objectives and scope to this Information Standard.
Understand how the data is grouped within the data set	Review the <i>Data Model</i> and the <i>Technical Output Specification</i> to understand at a higher level how the data items are grouped, and how those groups relate to each other.
Decide whether and how data items will be collected – Data Mapping.	<p>Look more closely at each individual data item in the <i>Technical Output Specification</i> and check whether local systems record the data in a way that means it can be submitted within the MHSDS. Read the <i>User Guidance</i> for further guidance on interpretation and data mapping.</p> <p>The <i>System Conformance Checklist</i> can be used to mark off each data item and record progress towards mapping each data item.</p>
Ensure the organisation complies with Information Governance requirements.	<p>The <i>Implementation Guidance</i> signposts additional information relating to Information Governance (IG) issues surrounding the use of health service data. Caldicott Guardians and the mental health, learning disabilities and autism spectrum disorder services lead(s) MUST:</p> <ul style="list-style-type: none"> <li>• Review the Information Governance Guidelines signposted within the <i>Implementation Guidance</i> to understand the issues around data submission, storage and reporting processes when handling identifiable and sensitive data items.</li> <li>• Review management of the consent issues and put in place local processes.</li> </ul> <p>The <i>User Guidance</i> may also contain data item level guidance in relation to specific local information Governance aspects, where appropriate. For example, please see section 5.5.7 for local information governance and mapping guidance for the new Offence History Indication Code item.</p>
Understand submission process	Review the <i>Technical Guidance</i> to fully understand the data submission process.
Obtain BSP login credentials	<p>Undertake the authorisation process to enable members of staff to be authorised to access the BSP to upload submission files.</p> <p>Detailed instructions are available in the <i>Technical Guidance</i>.</p>
Construct data submission file	<p>Use local processes and technologies to generate the IDB submission file.</p> <p>The Information Standard does not stipulate any particular local processes that should be used to generate the required output file. It may be that some data providers will construct a temporary local data warehouse to enable them to aggregate data from a number of different sources.</p> <p>The <i>Technical Guidance</i> provides further support on the submission process and the IDB which defines the exact structure and content of the submission file.</p>

Fully understand the validation reporting provided by the BSP	<p>The <i>Technical Output Specification</i> defines the reports that will be returned to data providers by the BSP and lists all the error and warning messages that may be produced. The specification also defines diagnostic (data quality) reporting that will be returned.</p> <p>Review this specification to ensure a thorough understanding of the errors and warnings that may be produced and also how they can be fixed for later submissions.</p>
Fully understand the post-deadline extracts that will be available to data providers and commissioners	<p>The <i>Technical Output Specification</i> defines the content of the extract files for providers and commissioners and also all the derived data items that will be generated by the post-deadline processing.</p> <p>Data providers and Commissioners will need to consider how they may use the extract files.</p>
Keep up to date with news and updates	Subscribe to the <a href="#">Mental Health Information Update</a> and attend any of the regular stakeholders' events which may have relevance to your organisation.

## 4.7.2 Existing Users – Implementing v2.0 changes

Step	Description
Understand the background of the changes to the Information Standard	Review this <i>Implementation Guidance</i> along with the <i>Requirements Specification</i> and <i>Change Specification</i> to fully understand the background, objectives and scope to this Information Standard.
Understand how the new or amended data is grouped within the data set	<p>Review the <i>Change Specification</i>, <i>Data Model</i> and the <i>Technical Output Specification</i> to understand how the new or amended data items are grouped, and how those groups relate to each other.</p> <p>The <i>Technical Output Specification's</i> Change Control tab contains detailed information about each change made.</p>
Decide whether and how new or amended data items will be collected – Data Mapping.	<p>Look more closely at each individual change to the <i>Technical Output Specification</i> and check whether local systems record the data in a way that means it can be submitted within v2.0 of the MHSDS. Read the <i>User Guidance</i> for further guidance on interpretation and data mapping for the changes.</p> <p>The <i>System Conformance Checklist</i> can be used to mark off each data item and record progress towards mapping each data item.</p>
Ensure the organisation complies with Information Governance requirements.	<p>Changes introduced in v2.0 have no national IG implication as they do not change or add to any patient identifiable information collected in the data set; neither has any high-level collection/processing principles changed.</p> <p>Existing users must ensure local information governance requirements continue to be met.</p> <p>The <i>Implementation Guidance</i> signposts additional information relating to Information Governance (IG) issues surrounding the use of health service data.</p> <p>The <i>User Guidance</i> may also contain data item level guidance in relation to specific local information Governance aspects, where appropriate. For example, please see section 5.5.7 for local information governance and mapping guidance for the new Offence History Indication Code item.</p>
Understand changes to the	Review the <i>Technical Guidance</i> , particularly section “2.1 Changes in

submission process	<p>MHSDS submission process”, to fully understand any changes to the data submission process.</p> <p>There have been no changes to the submission process for MHSDS v2.0.</p>
Construct data submission file	<p>Use local processes and technologies to generate the new IDB submission file.</p> <p>The Information Standard does not stipulate any particular local processes that should be used to generate the required output file. It may be that some data providers will construct a temporary local data warehouse to enable them to aggregate data from a number of different sources.</p> <p>The <i>Technical Guidance</i> provides further support on the submission process and the new IDB which defines the exact structure and content of the submission file.</p>
Fully understand the validation reporting provided by the BSP	<p>The <i>Technical Output Specification</i> defines the reports that will be returned to data providers by the BSP and lists all the error and warning messages that may be produced. The specification also defines diagnostic (data quality) reporting that will be returned.</p> <p>Review this specification to ensure a thorough understanding of the errors and warnings that may be produced for the new or amended data items and also how any issues can be fixed for later submissions.</p>
Fully understand the amended post-deadline extracts that will be available to data providers and commissioners	<p>The <i>Technical Output Specification</i> defines the content of the extract files for providers and commissioners and also all the derived data items that will be generated by the post-deadline processing.</p> <p>Data providers and Commissioners will need to consider how they may use the amended extract files.</p>
Keep up to date with news and updates	<p>Ensure subscriptions to the <a href="#">Mental Health Information Update</a> are up to date for involved staff and attend any of the regular stakeholders’ events which may have relevance to your organisation.</p>

### 4.7.3 Impact of v2.0 changes on existing users

MHSDS v2.0 represents major changes to the MHSDS v1.1 and the impact on data providers will vary depending on the relevance of the included changes.

#### 4.7.3.1 Change to IDB

The changes included in this release require amendments to the MHSDS IDB. This means that all existing providers will be required to submit in a new MHSDS v2.0 IDB from June 2017. Submissions made from this point onwards using the MHSDS v1.1 IDB will be rejected.

For further details about obtaining and using the MHSDS v2.0 IDB, please see the *Technical Guidance*.

#### 4.7.3.2 Backward Compatibility

Due to the structural changes introduced in MHSDS v2.0, this version will not be ‘backward compatible’ with previous versions of the MHSDS. Providers will not be able to submit MHSDS v1.1 data “as is” using the MHSDS v2.0 IDB.

For example, table MHS008CrisisPlan has been replaced by MHS008PlanType in line with the new Care Planning requirements. This means that providers will need to change the way they extract Crisis Plan data for this table in order for their data to be accepted during processing on the amended v2.0 Bureau Service Portal.

#### **4.7.4 Further Guidance**

Further detailed planning guidance can be found in the *Implementation Planning Template*.

Detailed submission guidance to support the major changes included in MHSDS v2.0 can be found in the *User Guidance*. Where wider guidance exists (such as where applicable across multiple data items), this will usually be contained in a standalone appendix within the User Guidance.

For example, please see 'Appendix 6 - Out of Area Placements' which contains contextual information and an explanation of the scope of this set of changes, as well as links to the relevant Department of Health supporting definition and decision tree.

## 5 Technical Guidance

### 5.1 Information Standards Notice Process

All approved new data standards, and changes to existing standards, are communicated to the providers and system suppliers through the publication of an ISN. These notices are published and available to view on the [SCCI webpages](#).

The key aim of the ISN is to provide clear and unambiguous instruction to all stakeholders on the action required of them relating to the particular information standard and the associated timescales. The ISN will provide the stakeholders with sufficient detail to enable them to plan for and implement the information standard.

More information on the stages of information standard development is available on the [NHS Digital website](#).

The ISN also imposes a legal requirement on care providers to adhere to the standard. The service provider must ensure that they have a system or systems to deliver the requirements specified in the standard. The contractual agreement between data providers and system suppliers will dictate whether system suppliers have to abide by the ISN and at what cost.

### 5.2 Conformance Criteria

The roles of both users and suppliers in terms of business rules, the submission of data, technical architecture and the flow of information, are outlined separately within the *MHSDS Requirements Specification* document.

### 5.3 Users

The majority of the information defined within MHSDS will already be captured routinely by clinicians and administrative staff as part of their existing work practices for the on-going care of patients.

The *MHSDS Technical Output Specification* describes the data items included within the data set and fully defines the linkage and mandation of each item. It is the local clinicians and informatics staff responsibility to review this document to assess their conformance with the data item requirements outlined for this standard.

A step-by-step guide to submitting a Data Submission File is available in the *MHSDS Technical Guidance* document.

### 5.4 Systems

The *MHSDS Technical Output Specification* describes how systems should be configured locally to meet the requirements of the data set. It is the responsibility of care providers to ensure that their IT systems conform to this standard by:

- Updating their systems in order to capture the data items and make available extracts for local use.
- Understanding the data validation rules that will be applied at the BSP to all incoming Data Submission Files. Any validation rules not adhered to will result in a warning message or the entire Data Submission File being rejected.

Updates to MHSDS-related extracts must be deployed in accordance with the timetable detailed within the ISN Specification.

## 6 Maintenance

The MHSDS Information Standard is formally maintained by NHS Digital in accordance with the NHS Digital MHCCT's maintenance procedures.

As this data set has been approved as a full operational standard, it is subject to on-going maintenance such as to ensure it remains 'fit for purpose'.

The content of the data set is determined from consultation with various stakeholder groups. Stakeholders include various sections of Department of Health policy, NHS England, Care Quality Commission, service providers and commissioners. Other changes arise from service providers identifying issues in the current requirements which do not align with current practice, such as the need for permissible value amendments. Commissioners raise issues around the availability of data which will allow them to undertake their duties.

This data collection must remain fit for purpose; this requires the inclusion of new data items, amendment of existing items or removal of no longer required items.

The data set maintenance process ensures the information standard continues to reflect changes to priorities, policy, practice and/or underlying classifications.

The scope of the maintenance process covers:

- Management of change requests from users and stakeholders;
- Specification of changes to the data set in response to changes in policy, practice, coding and classifications;
- The process for authorisation and approval of changes to data set items, including obtaining SCCI standard change acceptance;
- Undertaking periodic reviews of the data set including data items, definitions and data values;
- Amendments to the Implementation Guidance document and associated documentation produced by the development team required to keep documentation up to date in respect of policy and practice; clarify or improve pre-existing guidance; and amend identified errors. This documentation includes, but may not be exclusively: User Guidance, Technical Guidance and the Technical Output Specification (provided this does not change the published standard).

### 6.1 Implementation Strategy

NHS Digital has agreed a new implementation strategy with the Mental Health Data & Information Programme Board (MHDIPB). A new version of the MHSDS will be implemented annually, every April, with the ISN published in September.

Relevant policy, practice and classifications, including NHS Data Model and Dictionary and Information Standards Notices (ISNs), will be continually monitored by the MHCCT. Where changes are identified, the risk and benefits in relation to timescales will be assessed to prioritise the requirement into a planned annual release.

This annual update strategy will aid local planning and development by providing a consistent 6 month window in order to make a limited set of changes, making implementation deadlines more achievable.

To facilitate this annual development cycle, the April Primary submission of each version will be dropped and the first submission of the new version will be April Refresh. Any national measures using amended data will be experimental for an initial period, with remaining official measures being unaffected.

## 6.2 Data Set Requirements

Requirements for future versions of the Data Set can be submitted to NHS Digital by the sponsor, stakeholders and users.

Requests can be submitted, describing any proposed changes to the MHSDS, to NHS Digital via [enquiries@nhsdigital.nhs.uk](mailto:enquiries@nhsdigital.nhs.uk) (please include 'FAO MHSDS' in the subject line).

Each request should be supported by a valid business requirement i.e. what change is needed, justification (i.e. why is it needed) and also any associated timescales.

Any requirement requests will be considered and agreed by the sponsor prior to submission to the SCCI for formal assurance and the publication of an ISN. The ISN will inform the NHS and systems suppliers of the changes and timescales.

## 6.3 High-Level Data Set Change Requests Summary

The MHCCT provides a high-level summary of the requested changes currently in development or under consideration for the MHSDS. This document is refreshed on a monthly basis and can be found on the [Mental Health Support](#) page.

## 6.4 Standardisation Committee for Care Information (SCCI)

Further acceptance of an NHS Information Standard Change submission by SCCI will be required prior to publication and implementation of any data set change.

## 6.5 Information Standards Notice (ISN)

Any changes to this NHS Information Standard will be communicated to the relevant providers of services affected, and their associated system suppliers, via the publication of an ISN. This will outline any new or changed requirements and associated timescales for implementation.

## 7 Risk/Issues

The project team currently holds a list of known risks and issues which are assured by SCCI. In the event that a technical risk or issue needs to be raised by a supplier or service provider, this should be communicated to NHS Digital by writing to [enquiries@nhsdigital.nhs.uk](mailto:enquiries@nhsdigital.nhs.uk). To help us redirect your questions to the most appropriate team and to speed up our response times, please include 'MHSDS' in your subject line.

## 8 Implementation Support

### 8.1 Support

For specific enquiries relating to the MHSDS Information Standard including scope, data items, definitions and data values, future requirements and changes, submission deadlines, analysis and reporting of MHSDS data please contact:

*NHS Digital Mental Health and Community Care Team*

Telephone: 0300 303 5678

Email: [enquiries@nhsdigital.nhs.uk](mailto:enquiries@nhsdigital.nhs.uk) (please include 'FAO MHSDS' in subject line)

For enquiries relating to technical products including the MHSDS IDB, or data submissions using the BSP (on Open Exeter) please contact:

*Open Exeter helpdesk:*

Telephone: 01392 251289 / 0300 303 4034

Email: [exeter.helpdesk@nhs.net](mailto:exeter.helpdesk@nhs.net) (please include 'FAO MHSDS' in subject line)

### 8.2 Mental health news and service updates

The [Mental Health news and service updates page](#) is intended as a portal to update stakeholders with regard to developments around the mental health data sets developed and analysed at NHS Digital, specifically MHSDS, IAPT and Learning Disabilities collections. The portal publishes monthly *Mental Health Information Updates*, which focus on the following areas:

- Maintenance of Data Set Standards
- Submission and data quality
- Publication news
- Events.

### 8.3 Additional Sources of Information

#### **NHS Data Model and Dictionary**

Full details of changes to data items, including definitions and associated value lists are available on the NHS Data Dictionary website:

[www.datadictionary.nhs.uk](http://www.datadictionary.nhs.uk)

#### **UK Terminology Centre (UKTC)**

The UKTC is responsible for the UK management of SNOMED CT, Read codes and other healthcare terminology products.

<http://systems.digital.nhs.uk/data/uktc>

#### **Standardisation Committee for Care Information (SCCI)**

SCCI oversees the development, assurance and approval of information standards, data collections, and data extractions.

<http://www.content.digital.nhs.uk/isce>

### **Refocusing the Care Programme Approach**

[http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_083647](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_083647)

### **CPA Abuse Question**

<http://www.cpa.org.uk/sap/glossary/glossary.html>

### **NHS Occupation Code Manual**

<http://www.content.digital.nhs.uk/statistics-and-data-collections/data-collections/information-supporting-our-data-collections>

### **Health of the Nation Outcome Scales (HoNOS)**

<http://www.rcpsych.ac.uk/quality/honos.aspx>

### **Coding Guidance**

<http://systems.digital.nhs.uk/data/clinicalcoding>

### **National Tariff Payment System**

<https://www.england.nhs.uk/resources/pay-syst/>

### **Have you got a Learning Disability?**

<http://www.improvinghealthandlives.org.uk/news.php?nid=2137>

### **Children and Young People's Mental Health**

<https://www.minded.org.uk>

### **Mental Health Access and Waiting Times**

<https://www.england.nhs.uk/mentalhealth/resources/access-waiting-time/>

## 8.4 Disclaimer

This document is intended to provide guidance for users in relation to the capture and submission of information for the Mental Health Services Data set (MHSDS). It is not intended to represent official policy or legislative guidance.

If you are concerned that any aspect of this guidance does not accurately reflect the intended purpose and/or official policy, legislative or practice guidance; please send details to NHS Digital at [enquiries@nhsdigital.nhs.uk](mailto:enquiries@nhsdigital.nhs.uk) (including 'FAO MHSDS' within the subject line).