

Mental Health Services Data Set v2.0 Requirements Specification

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
Acute Trust	An NHS organisation responsible for providing a group of healthcare services. An acute Trust provides hospital services (but not mental health hospital services which are provided by a Mental Health Trust).
AQP	Any Qualified Provider - a means of commissioning certain NHS services in England. Clinical Commissioning Groups (CCGs) will determine the services to be commissioned as AQP; the intention is to increase patient choice. The Any Qualified Provider scheme means that, for some conditions, patients will be able to choose from a range of approved providers, such as hospitals or high street service providers.
BAAS	The Burden Assessment and Advice Service (BAAS) process makes sure that information demands on the NHS are minimised, fit with current national health policies and are carried out in the most efficient way without duplication. It covers the Department of Health and its Arm's Length Bodies (ALBs).
CDW	Central Data Warehouse - a repository of data relating specifically to the MHSDS.
CYP IAPT	Children and Young People's Improving Access to Psychological Therapies Programme - A service transformation programme delivered by NHS England that aims to improve existing Child and Adolescent Mental Health Services (CAMHS) working in the community.
Collection Date	The date when services within the scope of this standard should start data collection in their electronic systems.
Conformance Date	The date when services and IT systems must conform to standards and meet the specification as set out in the mandate and guidance. This can be read as when the first submission window closes for the MHSDS and care providers must therefore be fully conformant.
Data Controller	<p>A person who (either alone or jointly or in common with other persons) determines the purposes for which and the manner in which any personal data are, or are to be, processed.</p> <p>A data controller must be a "person" recognised in law, that is to say:</p> <ul style="list-style-type: none"> • individuals; • organisations; and • other corporate and unincorporated bodies of persons. <p>Data controllers will usually be organisations, but can be individuals, for example self-employed consultants. Even if an individual is given responsibility for data protection in an organisation, they will be acting on behalf of the organisation, which will be the data controller.</p>
Data Group	A collection of data items that describe a distinct event or episode. This can also be referred to as a table of data.
Data Item	A single component of a data group that holds one piece of information relating to an event or episode.
Data Set	The full collection of data groups. See 'Technical Output Specification'
Data Submission File	One file related to a data set that data providers submit to the central data warehouse. A data submission consists of an Intermediate Database (IDB) file containing the data for one or two consecutive reporting periods in the format defined by NHS Digital. When submitting two reporting periods in a single file, this would be the primary submission for month one and the refresh submission for month two.
Derived	A data item populated at the central data warehouse as part of post-deadline processing. The derived data item is based on the manipulation of the 'source' data items using mathematical, logical or other types of transformation process, or by using source data to derive further data from national look-up tables.

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.
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.
IDB	Intermediate Data Base - A Microsoft Access-based database file used by care providers to make their submissions for the MHSDS.
Mental Health	The term 'mental health' includes patients of all ages (i.e. adults, adolescents and children) and is used generically to include patients with a learning disability or autism spectrum disorder as well as other mental health needs.
NHS Digital	The preferred name for the HSCIC, with effect from 1 August 2016.
ODS	Organisation Data Service (ODS) codes facilitate a patient's treatment by providing unique identification codes for organisational entities of interest to the NHS, for example NHS Trusts or CCGs, organisation sites such as hospitals, or GP Practices. The codes are distributed to the wider NHS and uploaded on to IT systems, thus providing a set of organisational data and organisation types, names, addresses etc that are consistent across the board.
Output Data Set	A set of standardised data items defining "what should be extracted" from local clinical IT systems. NHS trusts have the flexibility of adopting any local data collection process and system they see fit, so long as the system can extract data as per the Technical Output Specification (TOS). An output data set is not usually used for direct patient care and is only for secondary uses purposes e.g. national reporting.
Patient Level	Relating to a single data subject (e.g. person or patient), as opposed to an aggregate data set.
Post-deadline Processing	The processing undertaken at the close of a submission window by the central data warehouse.
Pre-deadline Processing	The processing carried out immediately on a submitted file to validate the file as a whole, extract the records that are (or may be) for the particular reporting period, and validate those records.
Reporting Period	The period (usually a calendar month) for which a particular data upload refers.
SCCI	Standardisation committee for Care Information - 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.
Secondary Uses	Re-using clinical and operational information for purposes other than direct patient care. For example, national reporting.
Submission Period or Submission Window	The time period (usually approximately one calendar month) during which a data provider may submit data uploads for a given reporting period.
TOS	Technical Output Specification – a specification that fully defines the data items within the output data set. The Technical Output Specification splits the data set into a number of groups (tables), each containing related data items and values.

Contents

1	Overview	6
1.1	Background	6
1.2	Supporting Documents	10
1.3	Related Standards	10
2	Health and Care Organisations	11
2.1	Requirements	11
2.2	Conformance Criteria	16
3	IT Systems	17
3.1	Requirements	17
3.2	Conformance Criteria	18

1 Overview

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

It is the formal definition of the standard.

1.1 Background

Standard	
Standard Number	SCCI0011
Standard Title	Mental Health Services Data Set
Description	<p>The 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 • 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

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

	<ul style="list-style-type: none"> • Independent sector providers offering a service model that includes NHS funded patients¹ • Any qualified provider offering specialist secondary mental health, learning disabilities or autism spectrum disorder services • Community services offering secondary care to children. <p><u>Departments</u></p> <p>The standard must be read and used by all Heads of Mental Health services, and other clinical and support services, including community services, that have an active involvement in delivering secondary mental health care.</p> <p><u>Professionals</u></p> <p>The standard applies to all professions working in or supporting Mental Health services and other services offering secondary mental health care including community services. The MHSDS Technical Output Specification provides an indication of the care professionals that are within the scope of this information standard.</p> <p><u>IT Systems</u></p> <p>The standard predominantly, but not exclusively, relates to Mental Health Systems, Patient Administration Systems (PAS) and Electronic Patient Records (EPR).</p>
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

	<p>currency model</p> <ul style="list-style-type: none"> • 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 Suppliers</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 Documents

This document should be read in conjunction with the following:

Ref #	Title
1	MHSDS Change 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.

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 Health and Care Organisations

2.1 Requirements

Requirement ²
The following section describes the care provider requirements to conform to this standard. Conformance of provider organisations is assessed through the mandated completion of a state of readiness questionnaire and latterly through analysis of the submitted data, once it is received by NHS Digital.
Timeframe
(1.1) 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 (TOS) for local use. From 1 June 2017 providers of Mental Health Services as defined in this Information Standard MUST begin submitting monthly MHSDS submissions centrally as per the instructions in the Technical Guidance. (1.2) Providers MUST allow time to review and implement corrections to their submission files within the designated window.
Scoping
(2.1) Providers SHOULD review all related documentation to fully understand the background, objectives and scope to this information standard.
Feasibility Assessment
(3.1) With immediate effect, providers of Mental Health Services MUST review the TOS and User Guidance to understand the scope and definition of each data item. (3.2) As an Output Data Set, the MHSDS is intended to define “what should be extracted” from local IT systems, not “what should be captured”. A clinical data set will need data items beyond what the MHSDS specifies; consequently, providers of Mental Health Services SHOULD NOT use this data set to define their clinical and operational data capture. The whole ethos around the MHSDS is to re-use clinical data and not specify standards for capturing clinical data. (3.3) Providers of Mental Health Services SHOULD familiarise themselves with the MHSDS intermediate database (IDB) to understand how data items are grouped for the Data Submission File. (3.4) Providers of Mental Health Services SHOULD carry out a ‘data mapping exercise’ to understand how well their existing electronic systems align to the TOS and take appropriate action to ensure that the standard is fully met. The self-assessment ‘System Conformance Checklist’ tool is available on the NHS Digital website to support this mapping exercise. The mapping exercise is likely to need the involvement of experienced Mental Health leads, the organisation’s Information Management Service and the appropriate IT system suppliers. (3.5) Providers of Mental Health Services MUST make submissions only for those data items defined in the TOS and no additional data items should be included.
Information Governance
(4.1) The Implementation Guidance explains the Information Governance issues surrounding the data set. Caldicott Guardians and the Heads of Mental Health Services MUST review the Information Governance Guidelines within the Implementation Guidance to understand: <ul style="list-style-type: none"> - How data submission, storage and reporting processes handle identifiable and sensitive data items. - How patient preferences are met.

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

(4.2) Providers of Mental Health Services MUST make available information and guidance to patients stating that their clinical care data may be re-used for the purpose of data analysis and reporting.
(4.3) With immediate effect, providers of Mental Health Services SHOULD read the 'Confidentiality: NHS Code of Practice' ³ , 'Caldicott Report' ⁴ and subsequent 'Information: To share or not to share?' Information Governance Review (second Caldicott review) ⁵ for guidance and technical support related to data and information sharing at both operational and secondary use levels.
(4.4) Providers of Mental Health Services SHOULD also consult and adhere to the good practice advice and guidance set out in the NHS Digital's 'A Guide to Confidentiality in Health and Social Care' ⁶ .
(4.5) To prevent breaches of confidentiality, it MUST be the sole responsibility of the Mental Health provider's Caldicott Guardian to ensure the subject information is withheld where appropriate.
(4.6) Any immediate concerns SHOULD be addressed to the Implementation Team at NHS Digital or the Information Governance Alliance .
(4.7) Providers of Mental Health Services MUST ensure that local data warehouses comply with appropriate data security controls.
Clinical Governance
Clinical governance is defined by Department of Health as 'the system through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care, by creating an environment in which clinical excellence will flourish'.
(5.1) As an Information Standard that approves a national patient level data set: <ol style="list-style-type: none"> 1. Governing and audit bodies MAY use the data set to monitor whether providers of Mental Health Services are making year on year improvements. 2. Providers of Mental Health Services MAY use the data set to compare and contrast performance to drive service improvements. <p>It is therefore clear that the data set can be used for clinical governance purposes.</p>
Clinical Risks
(6.1) Providers of Mental Health Services SHOULD always seek to understand the context of published national reports and be aware that the information presented depends greatly upon the quality of information submitted.
(6.2) Ongoing efforts SHOULD be made to ensure that data quality is of the highest standard before forming judgements about reports and introducing changes.
(6.3) Where there is a system change in order to meet this standard (e.g. the procurement of a new clinical system from a different supplier), providers of Mental Health Services SHOULD ensure that supplier organisations are compliant with the safety standards SCCI0129 and SCCI0160 .
Central Data Submission
(7.1) Providers of Mental Health Services MUST create a monthly data submission as set out in the Technical Guidance. Therefore, providers of Mental Health Services MUST be able to:

³ The NHS Confidentiality: Code of Practice: <https://www.gov.uk/government/publications/confidentiality-nhs-code-of-practice>

⁴ Caldicott Report: http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationPolicyandGuidance/DH_4068403

⁵ Second Caldicott Review: <https://www.gov.uk/government/publications/the-information-governance-review>

⁶ A guide to confidentiality on health and social care: <http://www.digital.nhs.uk/confguideorg>

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

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

(7.3) The schedule outlines the timeframe (Submission Window) during which data relating to a monthly period (Reporting Period) **MUST** be submitted in.

(7.4) Providers of Mental Health Services **MUST** check for error reports, correct errors and make re-submissions at the earliest opportunity. Further details on error correction and re-submissions are explained within the Technical Guidance.

Constructing a Data Submission File

The Technical Guidance document provides information on how to create a monthly submission file. However, noted below are key requirements of the technical submission architecture.

(8.1) A submission **MUST** only:

- Contain data for a single provider organisation.
- Contain data relating to activities related to the Reporting Period, as per the inclusion rules explained in the TOS.
- Meet the conditions and validation rules explained in the TOS.

(8.2) Each Data Submission File **MUST** consist of:

- A single Header group (MHS000).
- One or more data groups, including the mandatory groups MHS001, MHS002 and MHS101 for every record.

(8.3) Each group consists of one or more data items. The groupings of data items for each table **MUST** be as per the layout specified in the TOS.

(8.4) Providers of Mental Health Services **MUST** include in their submission all data groups they can generate from local electronic systems.

(8.5) The first data submission **MUST** include all data relating to referrals that were open on 1 April 2017 and all subsequent new referrals.

(8.6) The Information Standard does not stipulate how data should be collected in local electronic systems, so the groups **MAY** generate data from one or more data sources. It **MAY** be that providers of Mental Health Services adopt a local data warehouse to aggregate data from all relevant sources and use this to generate the Data Submission File.

Validation Rules

(9.1) With immediate effect, providers of Mental Health Services **MUST** review the TOS [on the NHS Digital website](#) to understand the data validation rules that will be applied at the Central Data Warehouse to all incoming Data Submission Files. Any validation rules not adhered to will result in appropriate groups or the entire submission being rejected.

(9.2) Where error reports are generated due to non-conformance against validation rules, MHSDS providers **MUST** take immediate action and resubmit the corrected file within the submission window. Details of the rejection and error messages contained within the reports are provided within the TOS.

Data Quality Feedback
<p>(10.1) With immediate effect, providers of Mental Health Services MUST review the TOS on the NHS Digital website to understand the data quality rules that will be applied to each data group on arrival at the Central Data Warehouse. Data quality issues will be highlighted in a data quality report made available to the providers for them to take further action before the submission window closes.</p> <p>(10.2) Providers of Mental Health Services SHOULD make every effort to resolve inherent systemic errors and address recurring data quality issues.</p>
Monthly Submission
<p>(11.1) A submission MUST be made via the Central Data Warehouse on a monthly basis and as per instructions laid out in the MHSDS Technical Guidance.</p>
Issues and Maintenance
<p>(12.1) To support the implementation of this information standard, providers of Mental Health Services SHOULD highlight any persistent issues. Feedback will be used by the standard's developers to improve the implementation and data collection processes for future consideration towards a data set change or, indeed, further implementation phases.</p>
Requirements of Key Personnel Involved in the Delivery of this Data Set
<p>(13.1) Heads of Mental Health Services are responsible for capturing the information as part of the on-going care of patients. They MUST:</p> <ul style="list-style-type: none"> - Familiarise themselves with the TOS to understand what data items are mandated by this Information Standard. - Assist their organisation's IT or Information Management service in completing the MHSDS System Conformance Checklist to assess what proportion of the TOS data items are available from the their organisation's local IT systems. - Ensure they understand and implement the Information Governance approach adopted for this data set, which can be found in the Information Governance section of the Implementation Guidance. - Explain to operational and clinical staff the importance of capturing data for the MHSDS.
<p>(13.2) Clinical staff MUST:</p> <ul style="list-style-type: none"> - Capture the TOS data items as part of the patient's clinical records, in an accurate and timely manner. - Understand the deployed IG approach, especially in relation to the handling of sensitive data.
<p>(13.3) Informatics staff are responsible for producing extracts that conform to the IDB and TOS. They MUST:</p> <ul style="list-style-type: none"> - Familiarise themselves with the MHSDS IDB and TOS to understand what data items are mandated by this Information Standard. - Configure electronic patient record systems to allow compliance with the standard. - Submit the data to the Central Data Warehouse within the prescribed reporting periods and deadlines. - Review and work with clinicians to resolve data quality issues identified in the output reports. - Ensure they understand and implement the Information Governance approach adopted for this data set, which can be found in the Information Governance section of the Implementation Guidance. <p>Informatics staff MAY also be responsible for the collation of information from a range of disparate systems into the MHSDS. This will include ensuring completeness and data quality of the information within the data set.</p>

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

(14.1) With immediate effect, all clinicians and operational staff involved in care delivery need to be made aware of this Information Standard. Chief Executives of Mental Health Services' providers **MUST** be held accountable to comply with the dates instructed by the mandate. The mandate and an appropriate Project Brief **SHOULD**, therefore, be cascaded to the commissioned Mental Health Service for the attention of the Mental Health leads and other relevant staff.

(14.2) Instructions **MUST** also be communicated to the organisation's information leads to initiate collaborative work with informatics services and Mental Health Services as early as possible.

System upgrades

(15.1) This Standard looks to re-use clinical and operational data for national analysis and reporting. Providers of Mental Health Services **SHOULD** conduct a mapping exercise to determine how well local systems map to the TOS (using the System Conformance Checklist).

(15.2) For data items that align to the TOS, providers of Mental Health Services **MUST** make all efforts to collate the data locally on a monthly basis.

(15.3) Where the mapping exercise identifies gaps, providers of Mental Health Services **SHOULD** plan to undertake development efforts with their IT system suppliers to upgrade existing IT systems.

(15.4) Providers of Mental Health Services **SHOULD** consider the provision of adequate resources to make plans for any transcription requirements of paper records to electronic forms which ultimately meet the entire mandated data standard for central returns.

How providers of Mental Health Services should look to capture data

(16.1) This Standard defines the data items that that should be extracted from local electronic systems. Providers of Mental Health Services **SHOULD** continue to develop their electronic systems to support the clinical data capture which best supports their working practices and business plans.

(16.2) However, when planning to improve systems and services, consideration **MUST** be made to this Information Standard during the development and implementation stages.

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

How to achieve timely data capture and file submission

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

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

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

2.2 Conformance Criteria

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

Conformance Criteria
From 1 April 2017, all providers of Mental Health Services MUST be able to collect the information, as defined in the Technical Output Specification, for local use.
From 1 June 2017, all providers of Mental Health Services MUST begin submitting the monthly MHSDS submissions as per the instructions in the Technical Guidance. The first submission MUST include all data relating to referrals that were open on 1 April 2017 and all subsequent new referrals.
From 1 June 2017, providers of Mental Health Services MUST review and act on the pre-deadline validation and data quality reports provided by NHS Digital after each submission. All providers are expected to have reviewed and acted on the reports and made a further submission within the submission window to address the issues, where appropriate.
From 1 June 2017, when the Central Data Warehouse rejects a complete or part submission, providers of Mental Health Services MUST introduce corrections and re-submit rectified data within the submission window. The providers MUST allow time to review and implement corrections to their submission files within the designated window. Providers SHOULD document lessons learned from validation errors to avoid repetitive mistakes.
During February 2017 a state of readiness questionnaire will be circulated to assess conformance with this standard. This MUST be completed by all providers of Mental Health Services and returned to NHS Digital within the specified deadline.

3 IT Systems

3.1 Requirements

#	Requirement ⁷
	The following section describes the care provider requirements to ensure that their IT systems conform to this standard. Conformance of provider organisations is assessed through the mandated completion of a state of readiness questionnaire and latterly through analysis of the submitted data, once it is received by NHS Digital.
	Timeframe
	<p>(1.1) From 1 April 2017, Mental Health systems MUST be able to capture and/or derive the data items defined within this standard. This includes mapping of local codes to national codes, and the ability to extract this information as envisaged within this standard, e.g. without interim workarounds.</p> <p>(1.2) Suppliers MUST ensure that the increase in burden for providers for capturing and extracting the information defined in the TOS is proportionate.</p> <p>(1.3) When considering potential developments, minimising the burden on providers and supporting good data quality MUST be prioritised.</p>
	Scoping
	(2.1) IT Systems Suppliers SHOULD review all related documentation to fully understand the background, objectives and scope of this information standard.
	Feasibility Assessment
	(3.1) With immediate effect, IT Systems Suppliers SHOULD review the TOS and User Guidance to understand the scope and definition of each data item.
	<p>(3.2) As an Output Data Set, the MHSDS is intended to define “what should be extracted” from local IT systems, not “what should be captured”. A clinical data set will need data items beyond what the MHSDS specifies.</p> <p>(3.3) While IT Systems Suppliers SHOULD use this data set to support their system development, they SHOULD NOT use the data set exclusively and SHOULD also consider the full requirements of the care setting where it is used. The whole ethos around the MHSDS is to re-use clinical data, not specify standards for capturing clinical data.</p>
	(3.4) IT Systems Suppliers SHOULD familiarise themselves with the MHSDS IDB to understand how data items are grouped for the Data Submission File.
	(3.5) IT Systems MUST provide tools to enable a ‘data mapping exercise’ to be carried out and where possible complete the mappings to the national codes on behalf of the providers of Mental Health Services. A self-assessment ‘System Conformance Checklist’ is a tool available on the NHS Digital website to support this mapping exercise.
	Information Governance
	The MHSDS Implementation Guidance explains the Information Governance issues surrounding the data set.
	(4.1) IT Systems MUST provide a mechanism to allow providers to identify records where patients have objected to the use of their data for secondary purposes or where there is a legal requirement to restrict the flow of identifiable information for a patient.

⁷ The key words MUST, SHOULD and MAY are defined in [RFC-2119](#).

	Clinical Risks
	(5.1) IT System suppliers SHOULD always ensure that any changes resulting from the implementation of the MHSDS data set are compliant with the safety standards SCCI0129 and SCCI0160 .
	Constructing a data submission file
	(6.1) The Technical Guidance document provides information on how to create a monthly submission file. IT Systems Suppliers SHOULD review this document and the steps outlined in Section 2.1 above.
	Validation rules
	(7.1) IT Systems Suppliers SHOULD review the Technical Guidance and TOS on the NHS Digital website to understand the data validation rules that will be applied at the central data warehouse to all incoming Data Submission Files. Any validation rules not adhered to will result in appropriate groups or the entire Data Submission File being rejected, depending on the particular validation rule.
	Data quality feedback
	(8.1) With immediate effect, IT Systems Suppliers SHOULD review the TOS on the NHS Digital website to understand the data quality rules that will be applied to each data group at arrival to the Central Data Warehouse.

3.2 Conformance Criteria

This section describes the tests that can be measured to indicate that the information standard is being used correctly within IT systems.

Conformance Criteria
From 1 April 2017, all Mental Health systems MUST be able to capture and/or derive the data items defined within this standard, which includes functionality to map local codes/values to national codes/values. Suppliers can assess this against the System Conformance Checklist which can be found on the NHS Digital website.
From 1 April 2017, all Mental Health systems MUST be able to extract data for the MHSDS with minimal additional burden to providers in a format which is compatible with the IDB, e.g. without interim workarounds.
From 1 June 2017, all Mental Health systems MUST have the ability to produce data quality reports to support providers in producing their submission files in line with the TOS.
During February 2017 a questionnaire will be circulated to assess conformance with this standard. This MUST be completed by all suppliers of Mental Health systems and returned to NHS Digital within the specified deadline.