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| Sponsor | Sarah McClinton | Status | Final |
| Developer | Nicholas Richman | Version | 1.2 |
| Implementation Manager | Netta Hollings | Version Date | 10/02/2016 |

**Mental Health Services Data Set (MHSDS) v1.1
Requirements Specification**

Superseded

Amendment History:

| Version | Date | Amendment History |
|---------|----------|---|
| 0.1 | 13/11/15 | First Draft to SCCI Development Support to demonstrate progress |
| 1.0 | 11/12/15 | Updated for submission to SCCI Development Support for review |
| 1.1 | 23/12/15 | Updated in line with SCCI Development Support review |
| 1.2 | 10/02/16 | Minor amendments prior to publication checks. |

Reviewers:

| Name | Organisation | Version | Date |
|------------------|--------------|---------|------------|
| Nicholas Richman | HSCIC | 1.2 | 10/02/2016 |

Approvals:

| Name | Organisation | Version | Date |
|----------------|--------------|---------|------------|
| Netta Hollings | HSCIC | 1.2 | 10/02/2016 |



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
- Implementation Guidance
- Data Set Specification.

An Information Standards Notice (SCCI0011 Amd 68/2015) has been issued as a notification of use and implementation timescales. Please read this alongside the documents for the standard.

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

Date of publication 22 February 2016.

Glossary of Terms:

| Term | Acronym | Definition |
|---|----------|--|
| Acute Trust | | An NHS organisation responsible for providing a group of healthcare services. An acute Trust provides hospital services (but not mental health hospital services which are provided by a Mental Health Trust). |
| Any Qualified Provider | AQP | <p>Any Qualified Provider is a means of commissioning certain NHS services in England. Clinical Commissioning Groups (CCGs) will determine the services to be commissioned as AQP; the intention is to increase patient choice. All providers must meet the qualification criteria set for a particular service and once qualified their service will appear on choose and book for patients to select.</p> <p>The Any Qualified Provider (AQP) scheme means that, for some conditions, patients will be able to choose from a range of approved providers, such as hospitals or high street service providers.</p> |
| Burden Assessment and Advice Service | BAAS | The Burden Assessment and Advice Service (BAAS) process makes sure that information demands on the NHS are minimised, fit with current national health policies and are carried out in the most efficient way without duplication. It covers the Department of Health and its Arm's Length Bodies (ALBs). |
| Central Data Warehouse | CDW | A repository of data relating specifically to the MHSDS. |
| Children and Young People's Improving Access to Psychological Therapies Programme | CYP IAPT | 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> |

| Term | Acronym | Definition |
|------------------------------|---------|---|
| Data Group | | A collection of data items that describe a distinct event or episode. This can also be referred to as a table of data. |
| Data Item | | A single component of a data group that holds one piece of information relating to an event or episode. |
| Data Set | | The full collection of data groups. See 'Technical Output Specification' |
| Data Submission File | | One file related to a data set that data providers submit to the central data warehouse. A data submission consists of an Intermediate Database (IDB) file containing the data for one or two consecutive reporting periods in the format defined by the HSCIC. When submitting two reporting periods in a single file, this would be the primary submission for month one and the refresh submission for month two. |
| Derived | | A data item populated at the central data warehouse as part of post-deadline processing. The derived data item is based on the manipulation of the 'source' data items using mathematical, logical or other types of transformation process, or by using source data to derive further data from national look-up tables. |
| Information Standard | | An Information Standard as specified within the Health and Social Care Act 2012 is 'a document containing standards in relation to the processing and use of information'. An Information Standard specifies rules for the processing, management and sharing of information and specifies what process is needed, the 'quality' required in the form of conformance criteria and how it can be implemented. |
| Information Standards Notice | ISN | Information Standards Notices (ISNs) previously known as Data Set Change Notices (DSCNs) are issued by the Standardisation Committee for Care Information (SCCI) to give notice of changes to information requirements and information standards used by the NHS and Social Care Services. |
| Intermediate Data Base | IDB | A Microsoft Access-based database file used by care providers to make their submissions for the MHSDS. |
| Mental Health | | The term 'mental health' includes patients of all ages (i.e. adults, adolescents and children) and is used generically to include patients with a learning disability or autism spectrum disorder as well as other mental health needs. |
| Organisation Data Service | ODS | <p>Organisation Data Service (ODS) codes facilitate a patient's treatment by providing unique identification codes for organisational entities of interest to the NHS, for example NHS Trusts or CCGs, organisation sites such as hospitals, or GP Practices.</p> <p>The codes are distributed to the wider NHS and uploaded on to IT systems, thus providing a set of organisational data and organisation types, names, addresses etc that are consistent across the board.</p> |
| Output Data Set | | A set of standardised data items defining "what should be extracted" from local clinical IT systems. NHS trusts have the flexibility of adopting any local data collection process and system they see fit, so long as the system can extract data as per the Technical Output Specification (TOS). An output data set is not usually used for direct patient care and is only for secondary uses purposes e.g. national reporting. |
| Patient Level | | Relating to a single data subject (e.g. person or patient), as opposed to an aggregate data set. |

| Term | Acronym | Definition |
|--|---------|---|
| 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. |
| Standardisation Committee for Care Information | SCCI | The Standardisation Committee for Care Information (SCCI) is a committee with membership drawn from a range of health and social care organisations with responsibility for overseeing the development, assurance and approval of information standards, data collections, and data extractions used within the health and social care system. |
| Secondary Uses | | Re-using clinical and operational information for purposes other than direct patient care. For example, national reporting. |
| SNOMED CT | | SNOMED CT stands for the 'Systematized Nomenclature of Medicine Clinical Terms', and consists of comprehensive scientifically validated content. SNOMED CT is an international clinical terminology that provides machine readable codes for clinical concepts; the clinical concepts being also represented in a consistent and human readable form through descriptions. SNOMED CT has been selected and approved as the terminology to be adopted by the NHS in England. |
| Submission Period or Submission Window | | The time period (usually approximately one calendar month) during which a data provider may submit data uploads for a given reporting period. |
| Systemic Capability | | The ability to record information (clinical, administrative or for any other purposes) in an electronic form. This applies to commercial IT solutions, bespoke IT systems or modular electronic services which have the functional capability of extracting the required data to meet the standards of this specific output specification. |
| Technical Output Specification | TOS | A specification that fully defines the data items within the output data set. The Technical Output Specification splits the data set into a number of groups (tables), each containing related data items and values. |

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Superseded

1 Overview

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

It is the formal definition of the standard.

1.1 Background

| Standard | |
|-----------------|--|
| Standard Number | SCCI0011 |
| Standard Title | Mental Health Services Data Set |
| Description | <p>The 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 are thought to have a learning disability or autism spectrum disorder are within scope of the MHSDS.</p> <p>The scope of the data set requires record level data submission from services as follows.</p> <p>For each person:</p> <ul style="list-style-type: none"> • if the person is wholly funded by the NHS – data submission for that person is mandatory; • if the person is partially funded by the NHS – data submission for that person is mandatory; • 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</p> |

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| | <p>psychological therapies covered under the CYP IAPT programme are included within the scope of this standard.</p> <p>The standard will be used across a range of service types, which are likely to include:</p> <ul style="list-style-type: none"> • Acute services • Long-term conditions services • Hospital for mental health/learning disabilities • Rehabilitation services • Care home with nursing • Care home without nursing • Community services offering secondary care to children. <p><u>Out of Scope</u></p> <p>The following areas are currently out of scope and should consequently not be included within MHSDS:</p> <ul style="list-style-type: none"> • Patients receiving treatment through a specialist mental health, learning disabilities or autism spectrum disorder care provider but not thought to have a mental illness, learning disability or autism spectrum disorder e.g. <ul style="list-style-type: none"> ○ Smoking cessation services ○ Addictions and substance misuse services ○ Some alternative therapy services ○ Some counselling services. • Mental Health, learning disabilities, and autism spectrum disorder services provided only at a primary care level (such as by GPs or adult Improving Access to Psychological Therapies). |
| Applies to | <p><u>Patients</u></p> <p>Any patient (adult, adolescent or child) who receives specialist secondary mental health care services and has, or are thought to have a mental illness; or who receives specialist secondary learning disabilities or autism spectrum disorder services and is 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 |

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| | <ul style="list-style-type: none"> • NHS Learning Disabilities Trusts • NHS Acute Trusts¹ • NHS Care Trusts¹ • Independent sector providers offering a service model that includes NHS funded and non-NHS funded patients^{Error! Bookmark not defined.} • Any qualified provider offering specialist secondary mental health, learning disabilities or autism spectrum disorder services • Community providers of mental health, learning disabilities or autism spectrum disorder services for 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 68/2015 |
| Release Title | Version 1.1 |
| Description | <p>Changes are required to the MHSDS in response to emerging models of service delivery and commissioning within mental health.</p> <p>The changes included in this release are required to:</p> <ul style="list-style-type: none"> • Enable the reporting of community eating-disorder services for children and young people (CEDS-CYP). A new code for “Community Eating-Disorder Service for Children and Young People” has been added to the following data item code lists: <ul style="list-style-type: none"> ○ MHS006MHCareCoord - Care Professional Service Or Team Type Association (Mental Health) ○ MHS102ServiceTypeReferredTo - Service Or Team Type Referred To (Mental Health) ○ MHS301GroupSession - Service Or Team Type Referred To |

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

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| | <p>(Mental Health).</p> <ul style="list-style-type: none"> • Improve the collection of ward details by providing an indication of whether a ward is locked. To collect this information, a Locked Ward Indicator data item has been added to table MHS502WardStay. • Amend the tab name for MHS006 Mental Health Care Coordinator from MHS006AssignedCareCoOrd to MHS006MHCareCoord to align with the formal table name. <p>The introduction of these changes has an impact on the MHSDS Intermediate Database (IDB). All existing providers will be required to submit in a new MHSDS v1.1 IDB from May 2016. Submissions made from this point onwards using the MHSDS v1.0 IDB will be rejected.</p> |
| Implementation Completion Date | <p>System Suppliers</p> <p>From 1st April 2016, Mental Health systems MUST be fully conformant with this standard.</p> <p>Care Providers</p> <p>From 1st April 2016 providers of NHS-funded Mental Health Services MUST be able to collect the information as defined in the Technical Output Specification for local use.</p> <p>From 1st May 2016, providers of NHS-funded Mental Health Services MUST begin submitting MHSDS submissions in accordance with this standard.</p> |
| Full Conformance Date | 20th May 2016 |

1.2 Supporting Documents

| 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 Data Base (IDB) |

1.3 Related Standards

| Reference | Title |
|-----------|--|
| SCC11069 | Children and Young People's Health Services (CYPHS) Data Set |

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|-------------|---|
| SCCI2007 | Assuring Transformation |
| ISB 0149-02 | NHS Number for Secondary Care |
| ISB 0149-01 | NHS Number for General Practice |
| ISB 0034 | SNOMED CT |
| ISB 0092 | Commissioning Data Sets (CDS) |
| ISB 0090 | Organisation Data Service (ODS) |

Superseded

2 Health and Care Organisations

2.1 Requirements

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| Requirement² |
| Timeframe |
| <p>From 1st April 2016 providers of Mental Health Services as defined in this Information Standard MUST be able to collect the information as defined in the Technical Output Specification for local use.</p> <p>From 1st May 2016 providers of Mental Health Services as defined in this Information Standard MUST begin the submitting monthly MHSDS submissions centrally as per the instructions in the MHSDS Technical Guidance. The providers MUST allow time to review and implement corrections to their submission files within the designated window.</p> |
| Scoping |
| <p>Providers SHOULD review all related documentation to fully understand the background, objectives and scope of this information standard.</p> |
| Feasibility Assessment |
| <p>With immediate effect, providers of Mental Health Services MUST review the MHSDS Technical Output Specification (TOS) and MHSDS User Guidance to understand the scope and definition of each data item.</p> <p>As an Output Data Set, the MHSDS is intended to only define “what should be extracted” from local IT systems, not “what should be captured”. A clinical data set will need data items beyond what the MHSDS specifies; consequently, providers of Mental Health Services SHOULD NOT use this data set to define their clinical and operational data capture. The whole ethos around the MHSDS is to only re-use clinical data and not specify standards for capturing clinical data.</p> <p>Providers of Mental Health Services SHOULD familiarise themselves with the MHSDS intermediate database (IDB) to understand how data items are grouped for the Data Submission File.</p> <p>Providers of Mental Health Services SHOULD carry out a ‘data mapping exercise’ to understand how well their existing electronic systems align to the MHSDS TOS and take appropriate action to ensure that the standard is fully met. The self-assessment ‘System Conformance Checklist’ tool is available on the Health and Social Care Information Centre website to support this mapping exercise.</p> <p>The mapping exercise is likely to need the involvement of experienced Mental Health leads, the organisation’s Information Management Service and the appropriate IT system suppliers.</p> <p>Providers of Mental Health Services MUST make submissions only for those data items defined in the TOS and no additional data items should be included.</p> |
| Information Governance |
| <p>The MHSDS Implementation Guidance explains the Information Governance issues surrounding the data set. Caldicott Guardians and the Heads of Mental Health Services MUST review the Information Governance Guidelines within the MHSDS Implementation Guidance to understand:</p> <ul style="list-style-type: none"> - How data submission, storage and reporting processes handle identifiable and sensitive data items. |

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

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| - How consent issues should be best managed. |
| Providers of Mental Health Services MUST make available information and guidance to patients stating that their clinical care data may be re-used for the purpose of data analysis and reporting. |
| With immediate effect, providers of Mental Health Services SHOULD read the 'NHS Confidentiality Code of Practice', 'Caldicott Report' and subsequent 'Information: To share or not to share?' Information Governance Review (second Caldicott review) for guidance and technical support related to data and information sharing at both operational and secondary use levels. Providers of Mental Health Services SHOULD also consult and adhere to the good practice advice and guidance set out in the HSCIC's 'A Guide to Confidentiality in Health and Social Care'. To prevent breaches of confidentiality, it MUST be the sole responsibility of the Mental Health provider's Caldicott Guardian to ensure the subject information is withheld where appropriate. Any immediate concerns SHOULD be addressed to the Implementation Team at the HSCIC or the Health Research Authority (HRA) Confidentiality Advisory Group (CAG). |
| Providers of Mental Health Services SHOULD ensure that local data warehouses comply to appropriate data security controls. |
| Clinical Governance |
| Clinical governance is defined by Department of Health as "the system through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care, by creating an environment in which clinical excellence will flourish". As an Information Standard that approves a national patient-level data set: <ul style="list-style-type: none"> - Governing and audit bodies MAY use the data set to monitor whether providers of Mental Health Services are making year on year improvements. - Providers of Mental Health Services MAY use the data set to compare and contrast performance to drive service improvements. It is therefore clear that the data set can be used for clinical governance purposes. |
| Clinical Risks |
| Providers of Mental Health Services SHOULD always seek to understand the context of published national reports and be aware that the information presented depends greatly upon the quality of information submitted. Ongoing efforts SHOULD be made to ensure that data quality is of the highest standard before forming judgements about reports and introducing changes. |
| Where there is a system change in order to meet this standard (e.g. the procurement of a new clinical system from a different supplier), providers of Mental Health Services SHOULD ensure that supplier organisations are compliant with the safety standards ISB 0129 and ISB 0160 . |
| Central Data Submission |
| Providers of Mental Health Services MUST create a monthly data submission as set out in the MHSDS Technical Guidance. Therefore, providers of Mental Health Services MUST be able to: <ul style="list-style-type: none"> - Collate and extract data from local IT systems as per the MHSDS TOS. - Structure the data and create a data submission file using the IDB as per the MHSDS Technical Guidance. - Apply the basic validation rules and ensure that the submission file conforms to these. - Ensure the data submission file only contains data for a single month or consecutive months and relates to one provider organisation. - Submit the data submission file as per the data submission protocol highlighted in the Technical Guidance. Providers of Mental Health Services MUST submit data monthly to the Central Data Warehouse, based on a schedule that will be published on the HSCIC website in advance of the Conformance Date. The schedule outlines the timeframe (Submission Window) for which data relating to a |

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

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| <p>Issues and Maintenance</p> <p>To support the implementation of this information standard, providers of Mental Health Services SHOULD highlight any persistent issues. Feedback will be used by the standards developers to improve the implementation and data-collection processes for future consideration towards a data set change or, indeed, further implementation phases.</p> |
| <p>Requirements of Key Personnel Involved in the Delivery of this Data Set</p> <p>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 MHSDS TOS to understand what data items are mandated by this Information Standard. - Assist their organisation's IT or Information Management service in completing the MHSDS System Conformance Checklist to assess what proportion of the MHSDS TOS data items are available from the their organisation's local IT systems. - Ensure they understand and implement the Information Governance approach adopted for this data set, which can be found in the Information Governance section of the Implementation Guidance. - Explain to operational and clinical staff the importance of capturing data for the MHSDS. <p>Clinical staff MUST:</p> <ul style="list-style-type: none"> - Capture the MHSDS TOS data items in an accurate and timely manner. - Understand the deployed IG approach, especially in relation to the handling of sensitive data. <p>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> |
| <p>Working Practices</p> <p><u>How providers of Mental Health Services should cascade the Information Standard requirements to operational staff</u></p> <p>With immediate effect, all clinicians and operational staff involved in care delivery need to be made aware of this Information Standard. Providers of Mental Health Services' Chief Executives MUST be held accountable to comply with the dates instructed by the mandate. The mandate and an appropriate Project Brief SHOULD, therefore, be cascaded to the commissioned Mental Health Service for the attention of the Mental Health leads and other relevant staff. Instructions MUST also be communicated to the organisation's information leads to initiate collaborative work with informatics services and Mental Health Services as early as possible.</p> |
| <p><u>System upgrades</u></p> <p>This Standard looks to re-use clinical and operational data for national analysis and reporting. Providers of Mental Health Services SHOULD conduct a mapping exercise to determine how well local systems map to the MHSDS TOS (using the MHSDS System Conformance Checklist). For data items that align to the data set TOS, providers of Mental Health Services MUST make all efforts to collate the data locally on a monthly basis. Where the mapping exercise identifies gaps, providers of Mental Health Services SHOULD plan to undertake development efforts with their IT</p> |

system suppliers to upgrade existing IT systems. Providers of Mental Health Services **SHOULD** consider the provision of adequate resources to make plans for any transcription requirements of paper records to electronic forms which ultimately meet the entire mandated data standard for central returns.

How providers of Mental Health Services should look to capture data

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

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

How to achieve timely data capture and file submission

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

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

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

2.2 Conformance Criteria

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

Conformance Criteria

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

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

From 1st May 2016, providers of Mental Health Services **MUST** review and act on the pre-deadline validation and data quality reports provided by the HSCIC 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 1st May 2016, 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 March 2016 a state of readiness questionnaire will be circulated to assess conformance with this standard. This **MUST** be completed by all providers of Mental Health Services and returned to the HSCIC within the specified deadline.

3 IT Systems Suppliers

3.1 Requirements

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| Requirement ³ |
| Timeframe |
| <p>From 1st April 2016, Mental Health systems MUST be able to capture and/or derive the data items defined within this standard. This includes mapping of local codes to national codes, and the ability to extract this information as envisaged within this standard, e.g. without interim workarounds.</p> <p>Suppliers MUST ensure that the increase in burden for providers for capturing and extracting the information defined in the MHSDS TOS is proportionate. When considering potential developments, minimising the burden on providers and supporting good data quality MUST be prioritised.</p> |
| Scoping |
| IT Systems Suppliers SHOULD review all related documentation to fully understand the background, objectives and scope of this information standard. |
| Feasibility Assessment |
| With immediate effect, IT Systems Suppliers MUST review the MHSDS TOS and MHSDS User Guidance to understand the scope and definition of each data item. |
| As an Output Data Set, the MHSDS is intended to only define “what should be extracted” from local IT systems, not “what should be captured”. A clinical data set will need data items beyond what the MHSDS specifies. While IT Systems Suppliers SHOULD use this data set to support their system development, they SHOULD NOT use the data set exclusively and SHOULD also consider the full requirements of the care setting where it is used. The whole ethos around the MHSDS is to only re-use clinical data, not specify standards for capturing clinical data. |
| IT Systems Suppliers SHOULD familiarise themselves with the MHSDS IDB to understand how data items are grouped for the Data Submission File. |
| IT Systems Suppliers MUST provide tools to enable a ‘data mapping exercise’ to be carried out and where possible complete the mappings to the national codes on behalf of the providers of Mental Health Services. A self-assessment ‘System Conformance Checklist’ is a tool available on the Health and Social Care Information Centre website to support this mapping exercise. |
| Information Governance |
| The MHSDS Implementation Guidance explains the Information Governance issues surrounding the data set. |
| IT Systems Suppliers MUST provide a mechanism to allow providers to identify records where patients have objected to the use of their data for secondary purposes or where there is a legal requirement to restrict the flow of identifiable information for a patient. |
| Clinical Risks |
| IT System suppliers SHOULD always ensure that any changes resulting from the implementation of the MHSDS data set are compliant with the safety standards ISB 0129 and ISB 0160 . |
| Constructing a data submission file |
| The MHSDS Technical Guidance document provides information on how to create a monthly submission file. IT Systems Suppliers MUST review this document and the steps outlined in Section 2.1 above. |

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

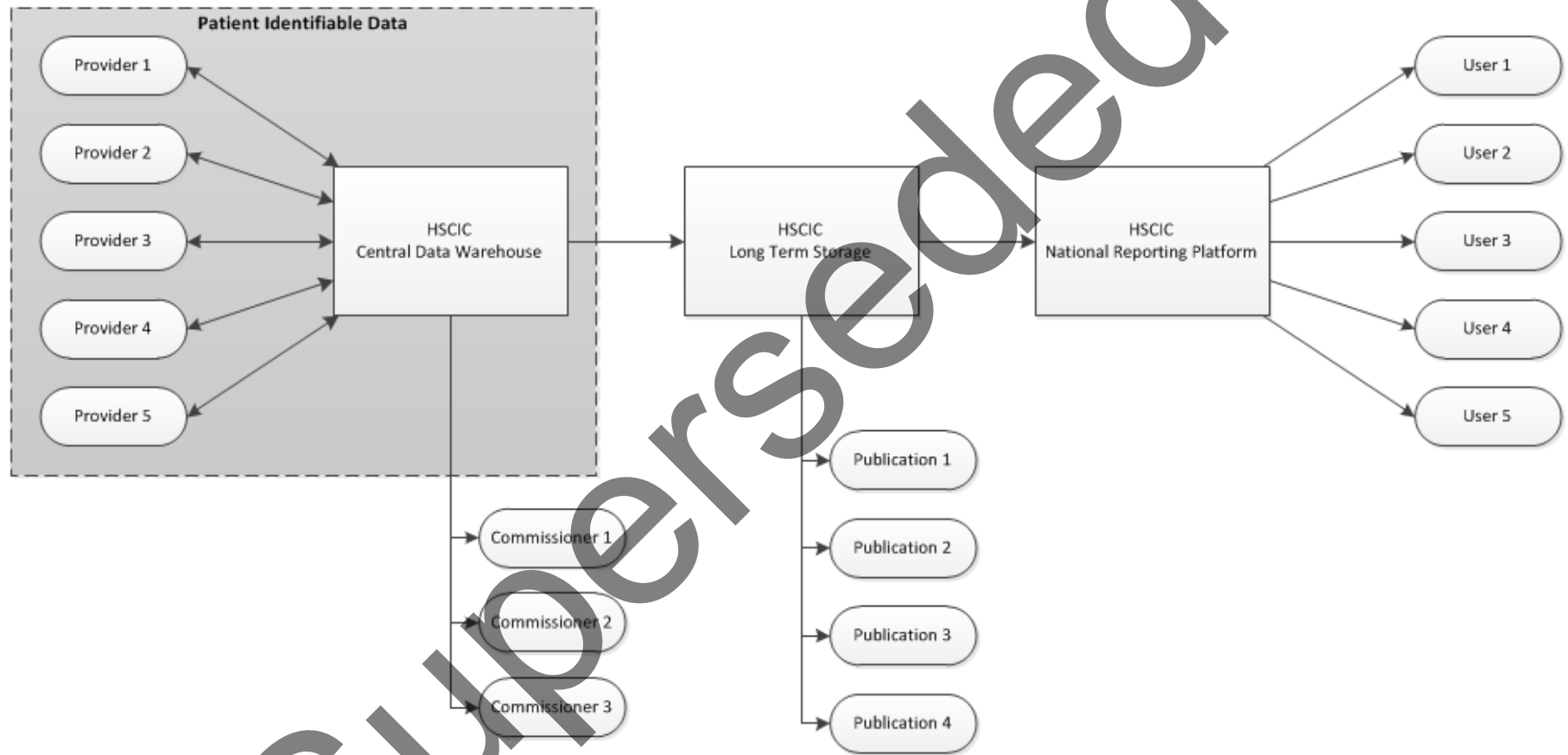
| Validation rules |
|---|
| IT Systems Suppliers SHOULD review the MHSDS Technical Guidance and TOS on the HSCIC website to understand the data validation rules that will be applied at the Central Data Warehouse to all incoming Data Submission Files. Any validation rules not adhered to will result in appropriate groups or the entire Data Submission File being rejected, depending on the particular validation rule. |
| Data quality feedback |
| With immediate effect, IT Systems Suppliers MUST review the MHSDS TOS on the HSCIC website to understand the data quality rules that will be applied to each data group at arrival to the Central Data Warehouse. |

3.2 Conformance Criteria

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

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

Appendix A – MHSDS Data Flow Diagram



Superseded