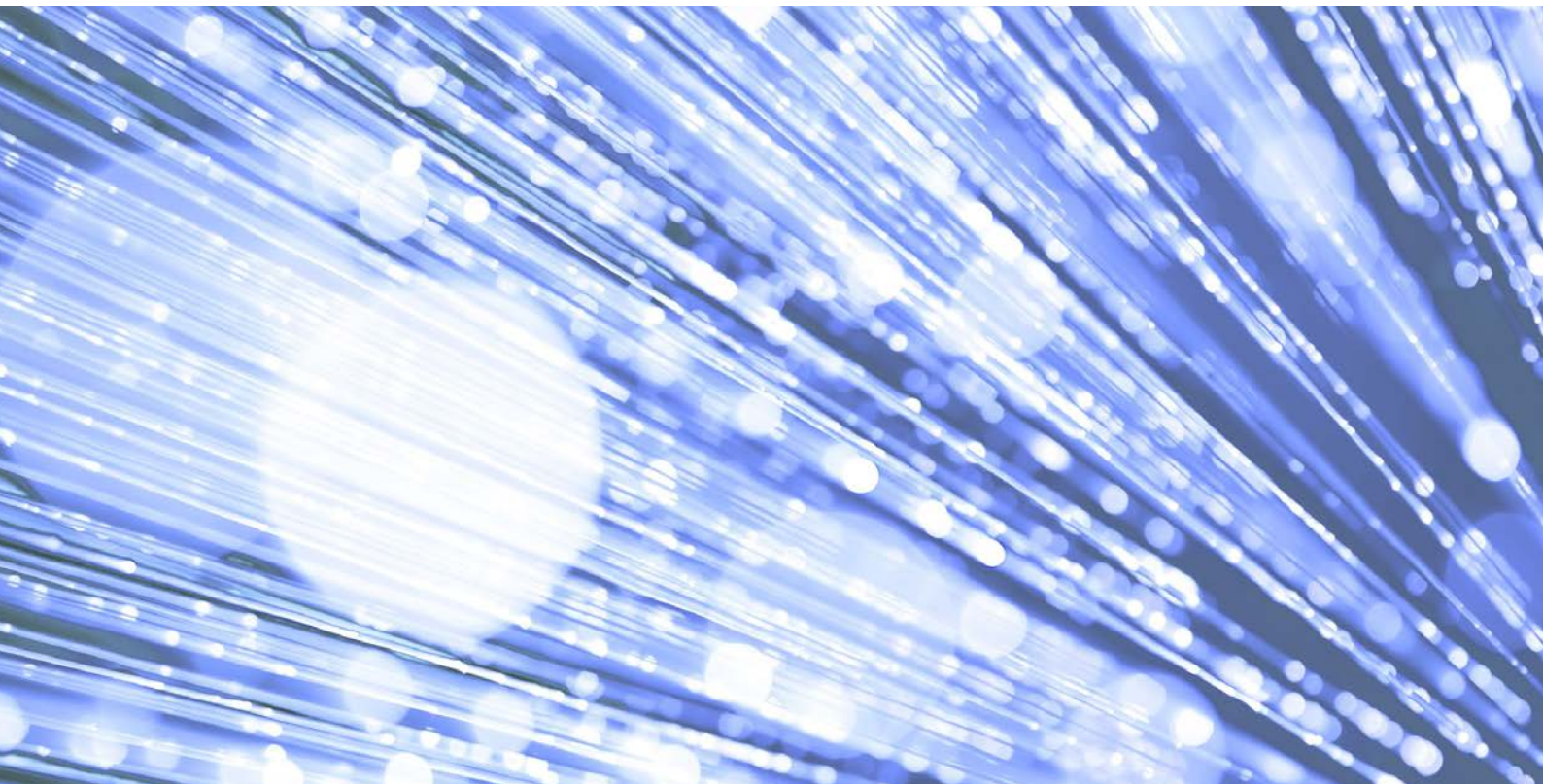


Mental Health Services Data Set v3.0 Requirements Specification

Published 28 September 2017



Information and technology
for better health and care

Data Coordination Board

This information standard (DCB0011) has been approved for publication by the Department of Health 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 Data Coordination Board (DCB), a sub-group of the Digital Delivery Board.

This information standard comprises the following documents:

- Requirements Specification
- Change Specification
- Data Set Specification
- Implementation Guidance.

An Information Standards Notice (DCB0011 Amd 82/2016) 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 [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.

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Glossary of terms

Term/ Abbreviation	Definition
AHP RTT	Allied Health Professionals Referral To Treatment
AT	Assuring Transformation
AWOL	Absence Without Leave (connected with a hospital ward stay)
BSP	Bureau Service Portal allows providers of relevant NHS services to upload their data at regular intervals. At the end of a given period the applications produce extracts for providers, commissioners and NHS Digital which can be downloaded.
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).
C&P	Currencies and Payment
CAMHS	Child and Adolescent Mental Health Services
CCG	Clinical Commissioning Group
CDS	Commissioning Data Sets
CEDS-CYP	Community Eating-Disorder Services for Children and Young People
Clinical Governance	Clinical governance is defined by the Department of Health ¹ as describing "the structures, processes and culture needed to ensure that healthcare organisations - and all individuals within them - can assure the quality of the care they provide and are continuously seeking to improve it"
CPA	Care Programme Approach - The Care Programme Approach has four main elements as defined in 'Building Bridges: A guide to arrangements for inter-agency working for the care and protection of severely mentally ill people'. There are four distinct aspects to the CPA; assessment; care plan, care co-ordination and review.
CQC	Care Quality Commission monitor, inspect and regulate health and social care services.
CTO	Community Treatment Order
CTV3	Clinical coding Language used for diagnosis and treatment
CYP	Children and Young People
CYP IAPT	Children and Young People's Improving Access to Psychological Therapies
CYPMHS	Children and Young People's Mental Health Service is a specialist service for children and young people who have a mental health problem.
DARS	The Data Access Request Service enables others to request access to data held by NHS Digital.
DCB	The Data Coordination Board (DCB) replaces SCCI and is a sub-group of the Digital Delivery Board (DDB). Empowered by the Health and Social

¹ <https://www.gov.uk/government/news/clinical-governance-guidance>

	Care Act 2012, the DCB has delegated responsibility for approving information standards for the health and social care system in England. The DCB membership is drawn from a range of organisations operating within health and social care.
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 set that holds one type of information and relates to a specific record.
Data Set	The full collection of data groups. See 'Technical Output Specification'
DfE	Department for Education
DH	Department of Health
DMS	Data Management Service
DNA	Did Not Attend (in connection to a hospital appointment)
DSAS	Data Standards Assurance Service ensures that the Information Standard meets the requirement of the Act and is appropriate for the use specified in the specification document
DToc	Delayed Transfer of Care
EIP	Early Intervention in Psychosis services work with patients that experience their first episode of psychosis
ERG	The NHS Digital (data set development) MHSDS Development Expert Reference Group comprises care provider, system supplier and NHS Digital representatives. It is currently chaired by NHS Digital. Its main focus is on contributing to the understanding of requirements and the development of viable solutions.
FPN	Fair Processing Notice
GDPR	General Data Protection Regulation
HoNOS	Health of the Nation Outcome Scales
HSCA	The Health and Social Care Act 2012
HSCIC	The HSCIC was formed in April 2013 and established as an Executive Non-Departmental Public Body (ENDPB) under the Health and Social Care Act 2012. Through the Act, the HSCIC has a significant statutory duty to support the health and care system with regard to: <ul style="list-style-type: none"> • collecting, storing, analysing and disseminating England's health and care data • providing a trusted safe haven for some of an individual's most sensitive information • building and delivering the technical systems that enable data both to be used to support an individual's care and to deliver better, more effective care for the community as a whole. The HSCIC is also known as NHS Digital.
ICD 10	International Classification of Diseases (Revision 10)
IDB	Intermediate Database (a MS Access DB used to submit data to the BSP)
IG	Information Governance
Information Standard	An information standard is a formal document approved and issued by the Data Coordination Board (DCB). It defines technical criteria, content, methods, processes and practices for implementation across health and social care in England.
ISN	A notice of an Information Standard approved by the Data Coordination Board (DCB). When a health and social care organisation in England receives an ISN, they will ensure that they and their contractors comply

	with the standard in a reasonable time (such time defined within the ISN). ISNs were previously published by the Standardisation Committee for Care Information (SCCI).
ISB	NHS Information Standards Board for Health and Social Care
LOA	Leave of Absence (in connection with a hospital ward stay)
MDT	Multi-Disciplinary Team
Mental Health	The term 'mental health' includes patients of all ages (i.e. adults, adolescents and children) and is used generically to include patients with a learning disability or autism spectrum disorder as well as other mental health needs.
MHSDS	The Mental Health Services Data Set (MHSDS) contains record-level data about the care of children, young people and adults who are in contact with mental health, learning disabilities or autism spectrum disorder services.
MHA	Mental Health Act 2007
MHCC	Mental Health Care Cluster
MHCCT	Mental Health and Community Care Team
MHCT	Mental Health Clustering Tool
MHDIPB	Mental Health Data and Information Programme Board
MHFYFV	The Five Year Forward View for Mental Health
MHLDDS	Mental Health and Learning Disabilities Data Set (superseded by MHSDS)
MHMDS	Mental Health Minimum Dataset (Superseded by MHLDDS)
NHS Digital	The preferred name for the HSCIC, with effect from 1 August 2016.
NICE	National Institute for Health and Care Excellence
Null	A data item with no value (i.e. blank) and therefore, has no meaning. This is different from a value of 0 (zero), since 0 is an actual value.
OAP	Out of Area Placement
OAT	Operational Acceptance Testing
ODS	Organisation Data Service
PAS	Patient Administration System used by trusts to record patient data
Patient Proxy	A Patient Proxy is a representative of the PATIENT. This is most likely to be the case where the PATIENT is unable to communicate effectively, for example, for an infant or a PERSON who is mentally ill or who has learning disabilities.
PbR	Payment by Results
PHQ-9	Patient Health Questionnaire - 9
RCPsych	Royal College of Psychiatrists
Read V2	Clinical coding Language used for diagnosis and treatment
Reporting Period	The period (usually a calendar month) for which a particular data upload refers.
SCT	Supervised Community Treatment
SMI	Severe Mental Illness

SNOMED CT	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.
SOM	Sexual Orientation Monitoring standard monitors the sexual orientation of service users across all data sets, relating to adults and young people over the age of 16 years, in the health and social care system in England.
SRO	Senior Responsible Owner
SSD	Systems and Service Delivery (at NHS Digital) are responsible for developing and maintaining the Bureau Service Portal (BSP)
SCCI	<p>The Standardisation committee for Care Information (SCCI) was 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.</p> <p>New national governance arrangements for information standards, data collections and data extractions came into effect on 1 April 2017.</p> <p>On 1 April 2017, the Data Coordination Board (DCB) took over responsibility for the approval of standards from SCCI.</p>
TOS	<p>The Technical Output Specification 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.</p> <p>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.</p>
UAT	User Acceptance Testing

Contents

1. Overview	8
1.1. Summary	8
1.2. Supporting documents	11
1.3. Related standards	12
2. Requirements	12
2.1. Health and care organisations	12
2.2. Systems	15
3. Conformance criteria	18

1. Overview

This product precisely defines the patient level Mental Health Services Data Set (MHSDS) standard. The Summary section below describes the standard; the following Requirements and Conformance Criteria sections explain what is required of care providers and systems to conform to the standard, and the way this will be tested respectively.

This document is the formal definition of the standard.

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

1.1. Summary

Standard	
Standard Number	DCB0011
Standard Title	Mental Health Services Data Set
Description	<p>The MHSDS is a patient level, output based, secondary uses data set which aims to deliver robust, comprehensive, nationally consistent and comparable person-based information for children, young people and adults who are in contact with mental health services. As a secondary uses data set it 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</p>

	<p>early intervention service. Children and young people in receipt of psychological therapies covered under the CYP (Children and Young People's) IAPT (Improving Access to Psychological Therapies) 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 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 IAPT).
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

	<ul style="list-style-type: none"> • NHS Learning Disabilities Trusts • NHS Acute Trusts² • NHS Care Trusts² • Independent sector providers offering a service model that includes NHS funded patients² • 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, learning disabilities and autism spectrum disorder 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, learning disabilities and autism spectrum disorder services and other services offering secondary mental health care including community services. The MHSDS Technical Output Specification (TOS) provides an indication of the care professionals that are within the scope of this information standard (see MHS901 Staff Details table).</p> <p><u>IT Systems</u></p> <p>The standard predominantly, but not exclusively, relates to clinical systems designed to support mental health, learning disabilities and autism spectrum disorder services, Patient Administration Systems (PAS) and Electronic Patient Records (EPR).</p>
Release	
Release Number	Amd 82/2016
Release Title	Version 3.0
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"> • Changes to the data set to enable reporting on access and waiting times for various identified mental health and autism spectrum disorder pathways • Enhanced data collection in support of the transition between children and young people's and adult mental health services • Enhanced data collection for patients with a learning disability supported in the community

² Where there is direct provision of specialist secondary mental health, learning disabilities, or autism spectrum disorder services

	<ul style="list-style-type: none"> • Enhanced data collection in support of timely diagnosis of autism spectrum disorder • Inclusion of specialised commissioning activities to reduce duplication with other data flows such as the distinct specialised commissioning mental health data collection • Inclusion of Individual Placement and Support service type • Change to support understanding of delayed transfers of care • Minor maintenance changes to respond to issues raised by the NHS Data Model and Dictionary • Operationalisation of fundamental standards: <ul style="list-style-type: none"> ○ DCB2094³ Sexual Orientation Monitoring (SOM) ○ SCCI0090⁴ Health and Social Care Organisational Reference Data Set (ODS) • Further development of the data set in support of the SCCI0034⁵ SNOMED CT standard
Implementation Completion Date	<p><u>System Conformance</u></p> <p>From 1 April 2018 mental health systems MUST be fully conformant with this standard.</p> <p><u>Health and Care Organisations</u></p> <p>From 1 April 2018 providers of mental health, learning disabilities and autism spectrum disorder 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 2018, providers of NHS funded mental health, learning disabilities and autism spectrum disorder services MUST begin submitting MHSDS submissions in accordance with this standard.</p>
Full Conformance Date	22 June 2018 - This is the date the April refresh MHSDS v3.0 submission window closes. Providers must be able to make a valid submission prior to this date, which will include data collected from 1 st April 2018.

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 Implementation Guidance

³ DCB2094 - <http://www.content.digital.nhs.uk/isce/publication/sexual-orientation-monitoring>

⁴ SCCI0090 - <http://content.digital.nhs.uk/isce/publication/scci0090>

⁵ SCCI0034 - <http://content.digital.nhs.uk/isce/publication/scci0034>

Ref #	Title
4	MHSDS User Guidance
5	MHSDS Technical Guidance
6	NHS Data Model and Dictionary Change Request (CR1610)

Please see section 2.4 of the *Implementation Guidance* for a full list and descriptions of each related document.

1.3. Related standards

Reference	Title
SCCI1069	Community Services Data Set (CSDS)
ISB1513	Maternity Services Data Set (MSDS)
SCCI2007	Assuring Transformation
DCB1605	Accessible Information
ISB0149-02	NHS Number for Secondary Care
ISB0149-01	NHS Number for General Practice
SCCI0034	SNOMED CT
SCCI0021	International Classification of Diseases
ISB0092	Commissioning Data Sets (CDS)
SCCI0090	Health and Social Care Organisation Reference Data
DCB2094	Sexual Orientation Monitoring
SCCI0092-2062	Emergency Care Data Set
ISB1553	Read Clinical Terms Version 2 (Deprecated)
ISB1552	Read Clinical Terms Version 3 (Deprecated)

2. Requirements

2.1. Health and care organisations

2.1.1. Timeframe

- 1) From 1st April 2018 providers of mental health, learning disabilities and autism spectrum disorder services ('mental health services') in scope of this Information Standard **MUST** be able to collect the information locally that they intend to use to produce the monthly MHSDS v3.0 extract, as defined in the Technical Output Specification.
- 2) From 1st June 2018 providers of mental health services in scope of this Information Standard **MUST** begin ongoing monthly MHSDS submissions as per the instructions in the MHSDS Technical Guidance.

2.1.2. Scoping

- 3) Providers new to submitting MHSDS **MUST** review the 'In scope' and 'Out of scope' sections of this Requirements Specification to establish whether the standard applies to the services they offer.
- 4) All providers **SHOULD** review all related documents to ensure they fully understand the background, objectives and scope of this information standard.

2.1.3. Feasibility assessment

- 5) Providers of mental health services **MUST** review the MHSDS TOS and MHSDS User Guidance to understand the scope and definition of each data item.
- 6) 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.
- 7) 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 NHS Digital website to support this mapping exercise.
- 8) The MHSDS standard defines the extract from provider systems which will flow to NHS Digital. It is not a specification for a clinical system. Providers of mental health services **SHOULD NOT** solely use this data set to define their clinical and operational data capture.

2.1.4. Information governance

- 9) Caldicott Guardians responsible for mental health services **MUST** ensure they are fully conversant with pertinent information governance legislation and guidance, including patient objections.
- 10) Providers of mental health services (including the Caldicott Guardian) **SHOULD** review the NHS Digital [Data security and information governance](#) web pages⁶ to ensure they are fully conversant with pertinent information governance legislation and guidance, including:
 - Consent and opt-out
 - Compliance against statutory requirements
 - Potential safety/confidentiality/risk considerations

Further information can be found in the MHSDS v3.0 Implementation Guidance.

- 11) Providers of mental health services (including the Caldicott Guardian) **SHOULD** ensure they are aware of requirements in respect of the [General Data Protection Regulation \(GDPR\)](#).⁷ Additional guidance will be updated on the [NHS Digital website](#)⁸ when it becomes available.

⁶ <https://digital.nhs.uk/data-security-information-governance>

⁷ <https://ico.org.uk/for-organisations/data-protection-reform/overview-of-the-gdpr/>

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- 12) 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.
- 13) All staff **MUST** understand the deployed IG approach, especially in relation to the handling of sensitive data, and respond accordingly. Understanding, behaviours and accountability **SHOULD** be appropriate to the level and nature of responsibility.
- 14) Any immediate concerns **SHOULD** be addressed to the standard's developers at NHS Digital, or the Health Research Authority (HRA) Confidentiality Advisory Group (CAG) if the concerns relate to data dissemination.

2.1.5. Clinical governance

- 15) The data set **MAY** be used for clinical governance purposes such as:
- Monitoring of year on year service improvement by governing and audit bodies.
 - Benchmarking performance to drive service improvements.

2.1.6. Clinical risks

- 16) 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.
- 17) When procuring new systems or modifying agreements with existing system suppliers, providers of mental health services **SHOULD** ensure that supplier organisations are compliant with the clinical safety standards [SCCI0129 Clinical Risk Management: its Application in the Manufacture of Health IT Systems](#)⁹ and [SCCI0160 Clinical Risk Management: its Application in the Deployment and Use of Health IT Systems](#)¹⁰.

2.1.7. Demonstrating readiness

- 18) During February 2018 a state of readiness questionnaire will be circulated to assess conformance with this standard. This **MUST** be completed by providers of mental health services and returned to NHS Digital within the specified deadline.

2.1.8. Data Collection and submission

- 19) Clinical staff **MUST** capture the information locally that they intend to use to produce the monthly MHSDS v3.0 extract in an accurate and timely manner.
- 20) Providers of mental health services **SHOULD** review the MHSDS TOS to understand the data validation rules that will be applied to each data group on arrival at the central data warehouse to all incoming data submission files. Validation rules not adhered to may result in appropriate groups or the entire submission being rejected.

⁸ <https://www.digital.nhs.uk/article/1414/General-Data-Protection-Regulation-guidance>

⁹ <http://www.content.digital.nhs.uk/isce/publication/sccci0129>

¹⁰ <http://www.content.digital.nhs.uk/isce/publication/SCCI0160>

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- 21) Providers of mental health services **MUST** develop a submission extract as defined by the Technical Output Specification and supporting Technical and User Guidance documents.
 - 22) Providers of mental health services **MUST** submit the MHSDS v3.0 extract as defined in the TOS.
 - 23) Providers of mental health services **SHOULD** check pre-deadline validation and data quality reports provided by NHS Digital after each submission, correct errors and make re-submissions at the earliest opportunity. Further details on error correction and re-submissions are explained within the Technical Guidance.
 - 24) Providers of mental health services **MUST NOT** attempt to submit data items not defined in the TOS.

The requirements defined in this section are likely to be fulfilled by Mental Health Service Informatics Staff.

2.1.9. Resources

- 25) Heads of mental health services **MUST** ensure their service is appropriately resourced to conform to the requirements stated in this Requirements Specification.

2.1.10. Communication

- 26) Chief executives **MUST** be held accountable to comply with the dates instructed by the mandate. Chief executives **SHOULD** therefore ensure awareness by all clinicians and operational staff involved in care delivery by cascading the mandated MHSDS v3.0 standard and an appropriate project brief to all mental health leads and other relevant staff.
- 27) Instructions **MUST** also be communicated to the organisation's information leads to initiate collaborative work with informatics services and mental health services as soon as possible

2.1.11. Issues and maintenance

- 28) To support the implementation of this information standard, providers of mental health services **SHOULD** highlight any persistent issues and feed these back to the standard's developers. Feedback will be used by the developers to improve the implementation and data collection processes for future consideration towards a data set change or, indeed, further implementation phases.

2.2. Systems

2.2.1. Timeframe

- 29) From 1 April 2018 systems used by mental health services **MUST** be able to capture the information locally that is intended for use to produce the monthly MHSDS v3.0 extract, as defined in the Technical Output Specification. This includes information required to derive data items as defined within the standard.
- 30) From 1 June 2018 systems used by mental health services **MUST** be able to derive the data items defined within this standard, where they are not collected directly. 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.

2.2.2. Scoping

31) IT systems suppliers **SHOULD** review all related documents to fully understand the background, objectives and scope of this information standard.

2.2.3. Feasibility assessment

32) IT systems suppliers **SHOULD** review the MHSDS TOS and MHSDS User Guidance to understand the scope and definition of each data item.

33) IT systems suppliers **SHOULD** familiarise themselves with the MHSDS IDB to understand how data items are grouped for the data submission file.

34) IT systems suppliers **SHOULD** 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 MHSDS providers. A self-assessment [System Conformance Checklist](#)¹¹ tool is available on the NHS Digital website to support this mapping exercise.

35) The TOS for MHSDS v3.0 is a specification for a secondary uses data set. It does not define patient systems. Whilst 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.

36) Increase in burden for providers in capturing and extracting the information defined in the TOS as a result of system changes in support of the mandated standard **SHOULD** be proportionate.

37) When considering potential developments supporting good data quality **MUST** be prioritised, in conjunction with minimising the burden on providers.

2.2.4. Information governance

The MHSDS Implementation Guidance explains the information governance issues surrounding the data set.

38) IT systems **MUST** include 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.

2.2.5. Clinical risks

39) IT system suppliers **SHOULD** always ensure that any changes resulting from the implementation of the MHSDS are compliant with the safety standards [SCCI0129](#)¹² and [SCCI0160](#)¹³.

¹¹ <http://content.digital.nhs.uk/mhsds/spec>

¹² <http://www.content.digital.nhs.uk/isce/publication/SCCI0129>

¹³ <http://www.content.digital.nhs.uk/isce/publication/scci0160>

2.2.6. Constructing a data submission file

40) The MHSDS Technical Guidance document provides information on how to create a monthly submission file. IT systems suppliers **SHOULD** review this document and the requirements for health and care organisations above.

2.2.7. Data quality feedback

41) IT systems suppliers **SHOULD** review the [Technical Guidance and TOS](#)¹⁴ 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. Validation rules not adhered to may result in appropriate groups or the entire data submission file being rejected, depending on the particular validation rule.

42) From 1st April 2018, all systems used by mental health services **MUST** have the ability to produce data quality reports to support providers in producing their submission files in line with the MHSDS TOS.

2.2.8. Demonstrating readiness

43) During February 2018 a state of readiness questionnaire will be circulated to assess conformance with this standard. This **SHOULD** be completed by all suppliers of systems used by mental health services and returned to NHS Digital within the specified deadline.

¹⁴ <http://content.digital.nhs.uk/mhsds/spec>

3. Conformance criteria

- 1) NHS Digital is in receipt of the completed state of readiness questionnaire circulated to care providers and system suppliers during February 2018, by the specified deadline. The questionnaire will be used to assess conformance with the stated requirements. (Requirements: Health and care organisations: 3, 4, 5, 7, 9, 10, 11, 12, 13, 14, 18, 25, Systems: 31, 32, 33, 34, 43).
- 2) NHS Digital receives a refresh submission via the Bureau Service Portal (BSP) during the June 2018 [submission window](#)¹⁵ which conforms to the MHSDS v3.0 Technical Output Specification and contains data which is pertinent to the April 2018 reporting period. A refresh submission is a submission received during the second submission window following the reporting period. (Requirements: Health and care organisations: 1, 2, 6, 19, 20, 21, 22, 25, 26, 27. Systems: 29, 30, 40).
- 3) NHS Digital receives additional refresh submissions via the BSP during the June 2018 submission window which conforms to the MHSDS v3.0 Technical Output Specification and contains data which is pertinent to the April 2018 reporting period, which shows improvement in data quality from the initial refresh submission. (Requirements: Health and Care Organisations: 23, 25. Systems: 41, 42).
- 4) NHS Digital continues to receive extract data via the BSP on a monthly basis throughout the period that the MHSDS v3.0 mandated standard remains current via primary and refresh submissions. (Requirements: Health and Care Organisations: 1, 2, 6, 19, 20, 21, 22, 25. Systems: 29, 30). A primary submission is a submission received during the first submission window following the reporting period.
- 5) NHS Digital continues to receive submissions that show improvement in data quality, via the BSP, on a monthly basis, throughout the period that the MHSDS v3.0 mandated standard remains current via additional primary and refresh submissions. (Requirements: Health and Care Organisations: 16, 23, 25. Systems: 41, 42).
- 6) NHS Digital is in receipt of comprehensive, good quality submissions, reflective of the type of service submitting. Submissions conform to the information governance principles identified in the requirements above, measured by routine data quality reporting and absence of incidents impacting on NHS Digital. (Requirements: Health and Care Organisations: 9, 10, 11, 12, 13, 14, 16. Systems: 38, 39)

¹⁵ <http://content.digital.nhs.uk/mhsds/submit>