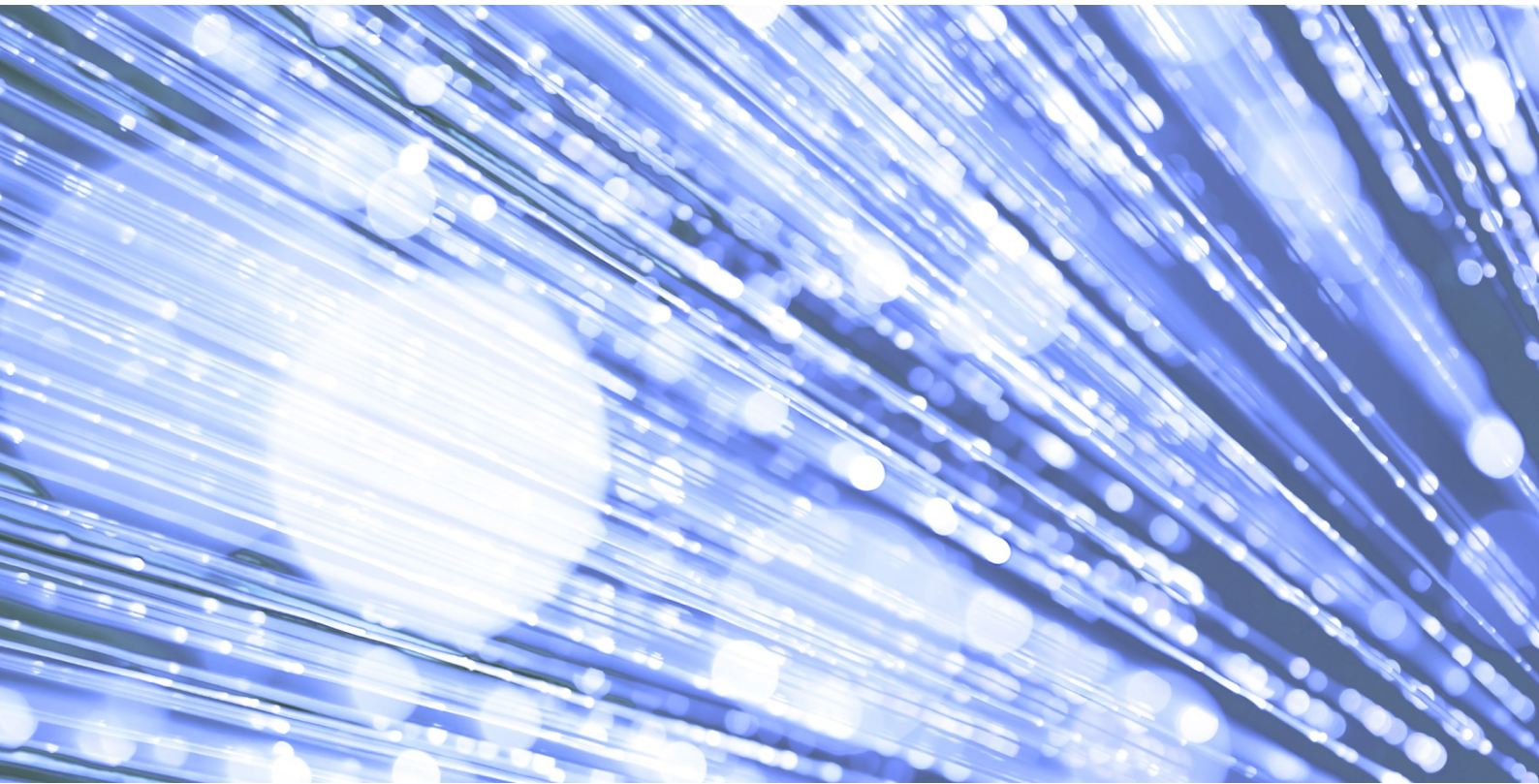


Mental Health Services Data Set v5.0 Requirements Specification

Published 8 April 2021



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 and Social Care 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 Standards Assurance Service (DSAS) and approved by the Data Coordination Board (DCB).

This information standard comprises the following documents:

- Requirements Specification
- Implementation Guidance
- Change Specification.

An Information Standards Notice (DCB0011 Amd 29/2020) 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.

Date of publication: 8 April 2021



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Glossary of terms

Term/ Abbreviation	Definition
AT	Assuring Transformation
C&P	Currencies and Payment
CAMHS	Child and Adolescent Mental Health Services
CCG	Clinical Commissioning Group
CDS	Commissioning Data Sets
Clinical Governance	Clinical governance is defined by the Department of Health and Social Care 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”
CQC	The Care Quality Commission monitor, inspect and regulate health and social care services.
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
DARS	The NHS Digital Data Access Request Service can offer clinicians, researchers and commissioners the data required to help improve NHS services.
DCB	Empowered by the Health and Social 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 Landing Platform	The secure data collection system chosen to facilitate the submission of data to NHS Digital, as specified within the Technical Guidance.
Data Set	The full collection of data groups. See ‘Technical Output Specification’
Data Set Specification	<p>The Data Set 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 ‘Summary of Changes’ tab within this document defines the individual changes made to tables and data items as part of the Change Request.</p> <p>The Data Set Specification is further enhanced with technical information in the form of the <i>Technical Output Specification</i> (please see below).</p>

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

DfE	Department for Education
DHSC	Department of Health and Social Care
DMS	Data Management Service
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.
DPIA	Data Protection Impact Assessment
DToC	Delayed Transfer of Care
EIP	Early Intervention in Psychosis services work with patients that experience their first episode of psychosis.
EPR	Electronic Patient Records
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
HSCA	The Health and Social Care Act 2012
HSCIC	<p>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:</p> <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. <p>The HSCIC is now known as NHS Digital.</p>
IAPT	Improving Access to Psychological Therapies
ICD 10	International Classification of Diseases (Revision 10)
IDB	Intermediate Database (a Microsoft Access Database) used to submit data to the data landing platform.
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	An Information Standards Notice is 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	The NHS Information Standards Board for Health and Social Care closed on 31 March 2014. Responsibility for the governance of information standards then transferred to the Standardisation Committee for Care Information (SCCI). SCCI closed on 31 March 2017, after which responsibility transferred to the Data Coordination Board (DCB).
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 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 services.
MHA	Mental Health Act
MHCC	Mental Health Care Cluster
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)
MSWM (Multiple submission window model)	Implemented from MHSDS v4.1, this describes the way data is submitted for the MHSDS and enables the resubmission of data throughout the financial year.
NHS Digital	The new 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.
ODS	Organisation Data Service
OVCC	Overseas Visitor Charging Category
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
RCPsych	Royal College of Psychiatrists
Read V2	Read Clinical Terms Version 2 - Clinical coding Language used for diagnosis and treatment
Reporting Period	The period (usually a calendar month) for which a particular data upload refers.
SNOMED CT	SNOMED CT is a structured clinical vocabulary for use in an electronic health record. It is the most comprehensive and precise clinical health terminology product in the world. SNOMED CT has

	been selected and approved as the terminology to be adopted by the NHS in England.
SOM	Sexual Orientation Monitoring information standard provides a framework for the monitoring of the sexual orientation of service users, 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
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 contains all the information included in the Data Set Specification. The Technical Output Specification also includes additional information relating to the validations carried out at the data landing platform and the derived data items that are included in the provider and commissioner extracts. The validations and derivations are not controlled through the DCB process and can therefore be subject to change.</p> <p>Additional information to support the Data Set Specification is included within the TOS. This includes things such as the validations which are undertaken upon submission.</p> <p>To be referred to alongside the Data Model.</p>

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1. Overview

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

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 (MHSDS)
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 services for mental health and wellbeing, Learning Disability, autism or other neurodevelopmental conditions.</p> <p>It covers services located in England or located outside England but treating patients commissioned by an English CCG or NHS England specialised commissioner or an NHS-led Provider Collaborative.</p> <p>As a secondary uses data set it re-uses clinical and operational data for purposes other than direct patient care, for example: commissioning, service improvement and service design. 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 patients of any age who receive care for a suspected or diagnosed mental health and wellbeing need, Learning Disability, autism or other neurodevelopmental conditions is within scope of the MHSDS.</p> <p>It may be that the person has:</p> <ul style="list-style-type: none"> • A mental health need or is being supported for their mental wellbeing including; <ul style="list-style-type: none"> ○ Gambling addiction and substance misuse ○ Children and young people's mental health services ○ Mental health support teams working in schools and colleges • Any combination of mental health, Learning Disability or autism needs

	<p><u>Out of Scope</u></p> <ul style="list-style-type: none"> Adult Improving Access to Psychological Therapies (IAPT) are currently out of scope of the MHSDS as this activity is covered by the IAPT data set.
Data set submission requirements by location and funding source	<p>Record level data submission requirements for each patient accessing services, based on location and funding source, are as follows;</p> <p>Services in England:</p> <ul style="list-style-type: none"> If the patient is wholly funded by the NHS – data submission for that patient is mandatory. If the patient is partially funded by the NHS – data submission for that patient is mandatory. If the patient is wholly funded by any means that is not NHS – data submission is optional. <p>Services outside England:</p> <ul style="list-style-type: none"> If the patient is attending a service located outside England, but commissioned by an English CCG, NHS England specialised commissioner or an NHS-led Provider Collaborative, data submission is optional but may be a requirement of the commissioning arrangements. For example, this would include providers that are near English borders that routinely provide services to English patients and are claiming funding from English commissioners.
Examples of activity in scope	<p>The dataset scope includes, but is not limited to, the examples below.</p> <p><u>Service users</u></p> <p>Any patients who receive care for a suspected or diagnosed mental health and wellbeing need, Learning Disability or autism.</p> <p><u>Family Members, Carers or Partners</u></p> <p>Any family member, carer or partner (of the patient described above) who receives family, carer or partner interventions.</p> <p><u>Organisation Types</u></p> <p>Any service providers that provide assessments or care for people with a suspected or diagnosed mental health and wellbeing need, Learning Disability or autism including;</p> <ul style="list-style-type: none"> NHS Mental Health Trusts NHS Acute Trusts² NHS Community Health Trusts² Independent and voluntary sector healthcare providers and any other qualified providers offering a service model that

² Where there is direct provision of specialist secondary mental health, Learning Disabilities, or autism services

	<p>includes NHS funded and non-NHS funded patients²</p> <p><u>Service Types</u></p> <p>The 'Service or Team Type Referred To' and 'Hospital Bed Type' data items, defined in the MHSDS Technical Output Specification (TOS) attempt to define a national list of in-scope community and inpatient service types respectively for the MHSDS and in doing so provides examples of the services included in the scope. However, these lists may not be comprehensive considering evolving models of care delivery.</p> <p>Services covered by the data set scope but not appearing in these data item lists must identify themselves against the most appropriate code available.</p> <p>The following service types are also included within the scope;</p> <ul style="list-style-type: none"> • NHS commissioned mental health services delivered within or to support primary care (excluding adult IAPT) • New models of community mental health services integrated with primary care <p><u>Departments</u></p> <p>The standard must be read and used by all heads of mental health, learning disabilities and autism 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 services and other services offering secondary mental health care including community services. The MHSDS Technical Output Specification (TOS) provides information about the types of care professionals that are within the scope of this information standard (see MHS901 Staff Details table within the TOS).</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 services, Patient Administration Systems (PAS) and Electronic Patient Records (EPR).</p>
IG, Linkage and Data Use	<p>The data held in the MHSDS will be made available within NHS Digital for analysis, and also for other arm's-length bodies, NHS-funded mental health service providers and commissioners and the wider mental health community. This is to support research and innovation and understand the impact of mental health care on patient outcomes and experiences.</p> <p>Requests for data from the MHSDS will be managed through NHS Digital's Clear Data Access Tools and Data Access Request Service.</p> <p>Information will be published in line with NHS Digital's duty to publish under section 260(1) of the Health and Social Care Act</p>

	<p>2012, unless it falls within section 260(2) of the Act. Further information can be found on the NHS Digital data security webpages.</p> <p>Mental health data may also be linked to data held by NHS Digital from various other data sets and collections to provide richer information and enhance existing and develop new publications, and to respond to requests for data and information. More information about the data sets and collections that NHS Digital hold and that may be used for linkage can be found on the NHS Digital Data Collections and Data Sets webpage.</p> <p>Mental health data may also be linked to other data sets held by external bodies including Public Health England, NHS England and other researchers.</p>
Release	
Release Number	Amd 29/2020
Release Title	Version 5.0
Description	<p>The changes included in this release relate to:</p> <ul style="list-style-type: none"> • Deletion of data items that are no longer required within the data set, following comprehensive review with data submitters and data consumers • Inclusion of further specialised mental health (SMH) commissioning data fields to allow the separate overlapping SMH Data Set to be retired • Inclusion of further Transforming Care data requirements to support reporting of Learning Disability and autism care services. This includes additional fields from the DCB2007 Assuring Transformation (AT) collection to support a longer-term hybrid MHS/AT model which has minimised duplication of content and is collected from the provider or commissioner appropriately. • Updating the data set in line with new and evolving models of care, such as community crisis and internet enabled therapy services • Improved monitoring of access to specialist community perinatal mental health services by patients and their partners • Clarification of the data set scope to ensure consistent inclusion criteria are applied across services • Amendments to support reporting in line with the Independent Review of the Mental Health Act 1983 recommendations • Additional data fields for the uses of restrictive interventions to support reporting for the Mental Health Units (Use of Force) Act 2018 • Improvements to the Protected Characteristic data items to better reflect the population, such as inclusion of a placeholder for Ethnic Category 2021 and a move to Gender Identity Code • Various code and definition updates to better reflect the delivery of care, such as to Hospital Bed Types • Updates in line with recent and wider NHS Data Model & Dictionary developments.

Implementation Completion Date	<p><u>System Conformance</u></p> <p>From 1 October 2021 mental health systems MUST be fully conformant with this standard.</p> <p><u>Health and Care Organisations</u></p> <p>From 1 October 2021 providers of mental health, learning disabilities and autism 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 November 2021 providers of NHS funded mental health, learning disabilities and autism services MUST begin submitting MHSDS submissions in accordance with this standard.</p>
Full Conformance Date	20 November 2021

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
4	MHSDS User Guidance
5	NHS Data Model and Dictionary Change Request
6	MHSDS Data Model
7	MHSDS Data Set Specification

Please see section 2.4 of the *Implementation Guidance* for a full list and descriptions of each related document and where they can be found.

1.3. Related standards

Reference	Title
DCB1069	Community Services Data Set (CSDS)
DCB1513	Maternity Services Data Set (MSDS)
DCB2007	Assuring Transformation
DCB1605	Accessible Information
ISB0149-02	NHS Number for Secondary Care
ISB0149-01	NHS Number for General Practice
SCCI0034	SNOMED CT
SCCI0021	International Statistical Classification of Diseases and Health Related Problems (ICD10) 5 th Edition
ISB0092	Commissioning Data Sets (CDS)
DCB0090	Health and Social Care Organisation Reference Data

DCB2094	Sexual Orientation Monitoring
DCB0092-2062	Commissioning Data Sets (CDS) Version 6.2.2: Emergency Care Data Set (ECDS)
DCB3017	Overseas Visitor Charging Category (OVCC)
DCB1520	Improving Access to Psychological Therapies Data Set

Further details regarding the above standards can be found on the [DCB Standards and Collections webpage](#)³. This webpage also contains a list of all current DCB, SCCI and Information Standards Board (ISB) standards and collections.

³ <https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections>

2. Requirements

2.1. Health and care organisations

2.1.1. Timeframe

From 1 October 2021 providers of mental health, learning disabilities and autism 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 v5.0 extract, as defined in the TOS.

From 1 November 2021 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

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.

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

Providers of mental health services **MUST** review the MHSDS TOS and MHSDS User Guidance to understand the scope and definition of each data item.

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. Further information on the submissions process including the IDB can be found on the MHSDS [webpages](#).

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 Checklist⁴](#) tool is available on the NHS Digital website to support this mapping exercise.

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.

⁴ <https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/mental-health-services-data-set/mental-health-services-data-set-specifications-and-guidance>

2.1.4. Information governance

Data Controllers responsible for mental health services **MUST** ensure they are fully conversant with pertinent information governance legislation and guidance, including [patient opt-outs](#)⁵ and [GDPR](#)⁶.

Providers of mental health services (including the Caldicott Guardian) **SHOULD** review the NHS Digital [Keeping patient data safe webpages](#)⁷ to ensure they are fully conversant with pertinent information governance legislation and guidance, including:

- Consent and opportunity to object to sharing
- Compliance against statutory requirements
- Potential safety/confidentiality/risk considerations

Further information can be found in the MHSDS v5.0 Implementation Guidance.

Providers of mental health services **MUST** make available information and guidance to patients stating that their clinical care data may be re-used, including through linkage with other data sources, for the purpose of data analysis and reporting.

Providers of mental health services **MUST** ensure that local data systems and warehouses comply with appropriate data security controls by ensuring they achieve [Data Security and Protection Toolkit standards](#).

Any staff responsible for controlling the dissemination of data **MUST** read the Implementation Guidance to understand this information governance approach and act accordingly. This will help inform the handling of sensitive data and ensuring identifiable data is not included in fields marked for inclusion in external extracts, as identified in the enhanced Technical Output Specification. Understanding, behaviours and accountability **SHOULD** be appropriate to the level and nature of responsibility.

Any immediate information governance concerns relating to the MHSDS **SHOULD** be addressed to the standard's developers at NHS Digital, or the [Independent Group Advising on the Release of Data \(IGARD\)](#)⁸ if the concerns relate to data dissemination.

2.1.5. Clinical governance

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. Data Quality

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.

⁵ <https://digital.nhs.uk/services/national-data-opt-out-programme>

⁶ <https://digital.nhs.uk/data-and-information/looking-after-information/data-security-and-information-governance/information-governance-alliance-iga/general-data-protection-regulation-gdpr-guidance>

⁷ <https://digital.nhs.uk/about-nhs-digital/our-work/keeping-patient-data-safe>

⁸ <https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/independent-group-advising-on-the-release-of-data>

2.1.7. Clinical risks

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 [DCB0129 Clinical Risk Management: its Application in the Manufacture of Health IT Systems](#)⁹ and [DCB0160 Clinical Risk Management: its Application in the Deployment and Use of Health IT Systems](#)¹⁰.

2.1.8. Demonstrating readiness

Several months after publication of this information standard 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.

2.1.9. Data Collection and submission

Clinical staff **MUST** capture the information locally that they intend to use to produce the monthly MHSDS v5.0 extract in an accurate and timely manner.

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 data landing platform to all incoming data submission files. Validation rules not adhered to may result in appropriate groups or the entire submission being rejected.

Providers of mental health services **MUST** develop a submission extract as defined by the TOS and supporting Technical and User Guidance documents.

Providers of mental health services **MUST** submit the MHSDS v5.0 extract as defined in the TOS.

Providers of mental health services **SHOULD** submit the MHSDS v5.0 extract as defined by the TOS on at least a monthly basis.

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.

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.

2.1.10. Resources

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

⁹ <https://digital.nhs.uk/isce/publication/dcb0129>

¹⁰ <https://digital.nhs.uk/isce/publication/dcb0160>

2.1.11. Communication

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 v5.0 standard and an appropriate project brief to all 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 soon as possible.

2.1.12. Issues and maintenance

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

From 1 October 2021 MHSDS services **MUST** ensure their IT systems are able to capture the information locally that is intended for use to produce the monthly MHSDS v5.0 extract, as defined in the TOS. This includes information required to derive data items as defined within the standard.

From 1 October 2021 MHSDS services **MUST** ensure their IT systems are 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

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

Providers of MHSDS services **SHOULD** ensure that their IT system suppliers review the TOS and User Guidance to understand the scope and definition of each data item.

Providers of MHSDS services **SHOULD** ensure that their IT system suppliers familiarise themselves with the IDB to understand how data items are grouped for the data submission file.

Providers of MHSDS services **SHOULD** ensure that their IT system suppliers 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 tool is available on the NHS Digital website to support this mapping exercise.

The MHSDS Data Set v5.0 TOS is a specification for a secondary uses data set. It does not define patient systems. Whilst providers of MHSDS services **SHOULD** ensure that their IT system suppliers 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.

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.

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.

Providers of MHSDS services **MUST** ensure that their IT system suppliers include a mechanism to allow providers to identify records where there is a legal requirement to restrict the flow of identifiable information for a patient.

2.2.5. Clinical risks

Providers of MHSDS services **SHOULD** remind their IT system suppliers to ensure that any changes resulting from the implementation of v5.0 are compliant with the safety standards DCB0129 and DCB0160.

2.2.6. Data Submission

The [SDCS Cloud web page](#) provides guidance relating to data submission. Providers of MHSDS services **SHOULD** review this web page and the requirements for health and care organisations above.

2.2.7. Data quality feedback

Providers of MHSDS services **SHOULD** ensure that their IT system suppliers review the Technical Guidance and TOS on the NHS Digital website to understand the data validation rules that will be applied at the data landing platform to all incoming data submission files. Validation rules that are not adhered to may result in appropriate groups or the entire data submission file being rejected, depending on the particular validation rule.

From 1 April 2021, providers of MHSDS services **MUST** ensure that their IT systems have the ability to produce data quality reports to support production of their submission files in line with the TOS.

2.2.8. Demonstrating readiness

Several months after publication a Conformance Questionnaire will be provided to assess conformance with this standard. A Conformance Checklist can also be found on the MHSDS [webpages](#). Providers of MHSDS services **SHOULD** ensure that this is

completed by their IT system suppliers and returned to NHS Digital within the specified deadline.

3. Conformance criteria

NHS Digital is in receipt of the Conformance Checklist which is a tool to help service providers assess how well their local IT systems map to the MHSDS v5.0 Technical Output Specification. This will be made available on the MHSDS [webpages](#).

The next version of the Mental Health Services Data Set (MHSDS), version 5.0, is scheduled to go-live for data collection on Friday 1 October 2021. Due to the implementation of a mid-year change from v4.1 to v5.0, a cut off for v4.1 submissions will occur following the start of v5.0 submissions on the SDCS Cloud in December 2021 as follows:

- v5.0 goes live for local data collection on 1 October 2021
- a cut off for v4.1 submissions occurs following the start of v5.0 submissions on the SDCS Cloud in December 2021:
 - final submissions of April - September 2021 data (in v4.1 format) will be by November 2021
 - submission of October 2021 - March 2023 data (in v5.0 format) will be from November 2021 to May 2023.

Further details on submission dates can be found on the MHSDS [submissions](#) webpages, with additional information on the multiple submission window [webpages](#).

NHS Digital continues to receive extract data via the SDCS Cloud on a monthly basis throughout the period that the MHSDS v4.1 mandated standard remains current. (Requirements: Health and Care Organisations: sections 2.1.1, 2.1.3, 2.1.9, 2.1.10. Systems: section 2.2.1).

NHS Digital continues to receive submissions that show improvement in data quality, via the SDCS Cloud, on a monthly basis, throughout the period that the MHSDS v5.0 mandated standard remains current via additional submissions within each submission window. (Requirements: Health and Care Organisations: sections 2.1.6 and 2.1.9. Systems: section 2.2.7).

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: sections 2.1.4, 2.1.5 and 2.1.6. Systems: sections 2.2.4 and 2.2.5)

Conformance of the standard may also be monitored by other stakeholders at a national or local level. Monitoring may review conformance in line with the above conformance criteria or the detailed individual requirements listed in section 2.