



Mental Health Services Dataset (MHSDS)

Guidance for IPS Service Providers

2021

This Guidance Document

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Introduction

This guidance has been developed by IPS Grow, a programme commissioned by NHS England and NHS Improvement to support the growth of IPS. IPS Grow is led by Social Finance in partnership with a consortium of IPS experts.

What is the MHSDS?

The Mental Health Services Dataset (MHSDS) is a national-level dataset which records information on people in contact with mental health, learning disabilities and autism spectrum disorder services. That includes all IPS services.

The submitted data is analysed and used to create reports about service quality which are then shared with the submitting service provider and their stakeholders.

Submitting data to the MHSDS is mandatory for all organisations receiving funding from the NHS.

Why is it important for IPS services to submit to the MHSDS?

NHS England is currently investing in the world's largest scale-up of IPS services. The Long Term Plan (LTP) commits to expanding access to IPS to 115,000 people by 2029.

Currently IPS progress towards the Long Term Plan is tracked through 2 sources:

- Quarterly returns submissions via Excel template or IPS Grow reporting tool
- Monthly MHSDS submissions

Starting 2021, the **MHSDS will become the primary data source for NHS England to monitor the success of the IPS scale-up progress** towards the 115,000 access target. It is therefore crucial that you are able to submit your data to the MHSDS by 2021, so that NHS England can continue to track the success of IPS.

To ensure that NHS England has the full picture of how many people are being supported into work through IPS services you should ideally report outcomes for all your posts, not just those funded by NHS England.

How should I use this document?

In this document we provide checklists for different types of providers.

They offer a chronological order of the actions you need to take to be able to flow data to the MHSDS. The lists also provide links to NHSE resources and sections in this document, which will help you get a more detailed understanding of what to do at each step.

To get the most out of this document, we recommend that you print out the checklist most relevant to you (links on the following page) and go through the document with the checklist in front of you. At various points it will also tell you who else should get involved (e.g. IT team).

How Do I Submit Data to the MHSDS?

At present, the only way to submit data is via the Strategic Data Collection Service (SDCS) in the cloud. This means that you will require IT support to submit your data.

In addition to these technical skills requirements, you will also need access to data that can be hard to come by and consistently track outside of a clinical setting (e.g. NHS number, GP name etc.). Therefore, we recommend that you flow your data through a Trust. Our regional leads can help you initiate a relationship with the relevant people to get the ball rolling.

If this proves challenging for you, this guidance will point you in the direction of resources that offer support for flowing data independently. While we understand that sometimes this may seem like the only option for you in the short-term, we encourage you to continue pursuing integration with the trust, as our goal is to have all IPS delivered in a clinical setting in the long-term.

We have split this guidance into three sections, to cater to the different circumstances providers find themselves in. We offer a checklist for each type of provider listed below as well as explanations of the points on the checklist and links to all relevant NHSE resources for you and your IT team.

Mental Health Trust

If you are delivering IPS within a Mental Health Trust, then the infrastructure for this should already be in place. All you will have to do is get in touch with your IT team and ensure that they are capturing IPS and your specific service data independently of the other services delivered in the trust. You can find some tips along with a case study on page 25.

Independent Providers Delivering for Mental Health Trusts

If you are an independent provider sitting inside a mental health trust and have access to an Electronic Patient Record (e.g. RiO), then the process will be similar to that of a service that is part of the trust, but you will have to take a few extra administrative steps to ensure that the data is attributed to your independent service rather than the Trust on the MHSDS.

We recommend that you check the section for independent organisations on page 6. You'll be able to skip some of the steps since you've already established a relationship with the Trust and have access to their system, but the other steps will still apply to you.

Independent Providers Without Access to a Mental Health Trust

If you do not have access to a mental health trust you have two options: establish a relationship with a trust or submit your data independently. As noted above, we strongly encourage you to attempt to establish a relationship with your trust and our regional leads can help you initiate this.

On page 6 you will find a comprehensive checklist of all the necessary steps you need to take and contracts you need to set up to be able to flow data through your trust. We have added optional steps and links to resources for those who want to flow data independently, but do not have our own resources on this.

Checklist: Independent Organisation

Before you begin:

Be aware of the MHSDS Implementation Guidance and Requirements Specification to make sure that you fully understand the objective.

We have provided a helpful summary in this document but would encourage you to check the original documentation whenever you are unsure. [Go to MHSDS homepage](#) or consult the guidance on the NHS Collaboration platform.

Get in touch with a mental health trust about flowing your data through their system.

You can ask your regional IPS Grow lead for support to establish a relationship and accelerate the process.

Make sure that you have all the skills necessary at your disposal within the organisation.

You can find a detailed breakdown of the skills necessary in the implementation Guidance section '3.4 Skills Mix Changes and Training'. If you choose to submit independently, you should study the technical skills requirements closely and ensure that you resource accordingly.

Data Requirements:

Understand which tables and data fields you need to submit.

We have summarised this information in this document along with non-technical tips, but you can find the same information on mandatory fields in [this Excel file](#) .

Assess whether your local system is currently collecting all the data.

If you are submitting through a trust, they will likely look at your current data collection system and check whether you meet all the requirements; if you are submitting independently, you will need to ensure that the person submitting understands IPS data and knows how to correctly transform the data into the appropriate tables.

Ensure that all your data in your records (either your own system or an Electronic Patient Record) are mapped correctly to the data fields in the MHSDS.

You can learn more about this in the Data Requirements and Data Quality sections of this document .

Ensure that your technical expert is aware of the [System Conformance checklist](#).

This will only be necessary for independent submissions, as submitting trusts are already aware of this.

Confirm that you fully comply with Information Governance guidelines

Ensure that your organisation continues to comply with Information Governance guidelines.

These signposted in section 3.2 of the [Implementation Guidance](#). Make sure that you continue to comply with GDPR and assess this using a Data Protection Impact Assessment if you haven't done so already. You can review the Information Governance guidelines outlined on the [NHS Digital webpages](#). You can also consult the ICO website.

Ensure compliance with technical requirements to enable submission

Ensure that your organisation has a registered Organisation Data Service code.

You can find the registration for an ODS code [here under Organisation Code Request](#). If you want to learn more about the significance of the ODS code further information on it is available in this document.

Ensure that your organisation has a registered Senior Information Risk Owner.

You can register your SIRO as well as deputy SIROs using the same [link](#). If you are submitting independently, you may also need to register an Information Asset Owner. You can find the form for this following the same link. Learn more about what may be required in your specific circumstances on the [implementation guidance page](#).

Obtain login credentials for the data landing platform (this is only necessary if you plan to submit independently)

Undertake the authorisation process to enable members of IT staff to access the data landing platform where submissions are uploaded.

We offer guidance on this on page , but you can also consult the [SDCS Cloud pages](#) for more information.

Obtain a copy of the latest Intermediate Database (this is only necessary if you plan to submit independently)

The IDB defines the exact data structure and content of the submission file.

If you're submitting independently your IT team will need this to understand how to correctly structure the data for submission. It is available on [this page](#) and users must be registered before downloading from the Data Set Development Services Tools link.

This guidance document elaborates on all the boxes in this checklist. If you are still unsure how to proceed, you can get in touch under england.mhanalytics@nhs.net for further support. We recommend mentioning IPS in the subject line.

If you've ticked off all the boxes that apply to you, then you are ready to flow your data to the MHSDS (or are about to start flowing it)

Checklist: Mental Health Trust

If your service is part of a mental health trust, then it is likely that they are already submitting data to the MHSDS on your behalf. You can check if this is the case by getting in touch with your IT contact at the trust or looking at your numbers on the IPS dashboard for MHSDS data on the [NHS Collaboration platform](#).

If you are happy with the accuracy of the numbers on the dashboard, then there are no further steps you need to take. If you see data on the dashboard but are unsure of the accuracy then we recommend that you skip ahead to the data quality section of this document. If you don't see any data for your service, then you should follow the steps on this checklist.

Before you begin

Be aware of the MHSDS Implementation Guidance and Requirements Specification to make sure that you fully understand the objective.

Most of this will have been done by your trust's tech team, but we recommend that you familiarise yourself with the [data requirements](#) nonetheless.

Get in touch with your IT team about flowing your data specific to the IPS service. *They may already have set this up, but it is your responsibility to confirm this and act if there is no separate data flow for IPS. You can learn more about this in the Data Requirements section or on the [MHSDS page](#).*

Make sure that you have all the skills necessary at your disposal within the organisation.

You should ensure that you have a point of contact with the IT team so that you can fix any data quality issues that may arise during submission in a timely fashion.

Data Requirements

Understand which tables and data fields you need to submit.

We have summarised this information in this document along with non-technical tips under, but you can find the same information on mandatory fields in this [Excel file](#).

Assess whether your local system is currently collecting all the data.

Your IT team will either have a separate code for you on the clinical system or will have set up a form for your team to enter records into – you should make sure that you understand which of your data entries into these records flow into which fields of the MHSDS.

Ensure that all your data in the Electronic Patient Record is mapped onto the correct data fields in the MHSDS.

You can learn more about this in the Data Requirements and Data Quality sections of this document.

This guidance document elaborates on all the boxes in this checklist. If you are still unsure how to proceed, you can get in touch under england.mhanalytics@nhs.net for further support. We recommend mentioning IPS in the subject line.

If you've ticked off all the boxes on this list then you are likely already flowing data into the MHSDS (or are about to start flowing it). We recommend that you check your submission on the MHSDS dashboard for IPS services and follow the tips in the data quality section of this document if you do not recognise the numbers.

When do I submit data to the MHSDS?

Submissions are monthly with two 'windows':

- **Primary**
- **Refresh**

You can find details about the submissions deadlines and windows on the [MHSDS page about submissions windows](#).

Data quality feedback will be given once the submission has been processed. If the file you submitted does not comply with the data standards outlined in the [data requirements](#), then your submission will not be counted.

It is technically possible to resubmit historical activity data, but you should aim to submit in the expected window. You can make as many submissions as you like within each window. This means that if you receive correspondence that your submission was rejected, you need to make sure that you send the correction within the submissions window (i.e. in the same month).

Data Requirements

To avoid having your submission rejected, you should ensure that the person submitting the data has familiarised themselves with the [data requirements](#). You should also ensure that you have understood how the data you are submitting links to referrals, access numbers and other outcomes. This will be the focus of the next section.

IPS Data in the MHSDS

This section will in parts be slightly technical. While it is written in a way that should be accessible to everyone, we encourage you to work through it with your IT support. The section is based on the data requirements outlined in [this document](#). It lists all the data fields that you should submit.

The data requirements document on its own should be enough for your IT team to understand how to get your data flowing in the correct format. However, we still encourage you to skim through this section, to get a better sense of how IPS data is situated in the MHSDS and what you and your IT team should pay attention to when submitting data.

MHSDS and IPS data

The MHSDS is a very large dataset that encompasses all activity related to mental health care provision in England. It was therefore not designed with employment services, and more specifically, IPS services in mind. This means that the data fields you'll have to submit will not correspond perfectly with how you are used to tracking cases.

One example is that there is no explicit data field for vocational profile or access. Rather you are asked to record 'contacts' you've had with your client. **This means that your first recorded contact after referral with the client will count towards access numbers for the LTP.** Another example is that the MHSDS currently only records the latest employment status but does not track changes in employment. This means that 'Supported into Work' outcomes currently cannot be tracked via the MHSDS.

A note on MHSDS version updates

NHSE is taking steps to make the MHSDS more relevant for IPS services. It is updated every year and the newest iteration, which is due in April 2021, will have data fields that will make it possible to better track IPS employment outcomes.

The fluidity of the MHSDS is one of the reasons why we recommend that you work towards integration with a Mental Health Trust. The dataset is updated every year, which means that there may be changes to your submission every year. Trust IT teams are generally aware of these changes and plan for them ahead of time. This will make your transition to a new version of MHSDS much simpler and more seamless.

Mandatory Tables for IPS services

There are 8 mandatory tables for IPS services in the MHSDS. In those tables there are mandatory data fields as well as with required data fields. The difference between these is the following:

- **Mandatory:** This data must be reported. If you do not submit data in line with requirements for all mandatory fields your entire submission will be rejected.
- **Required:** This data should be reported. If you do not submit required fields your submission will not be rejected, but it may affect the calculation of important indicators, such as access numbers.

The reason that this distinction is important is because some of these data fields may be hard to come by as an independent third sector provider, but it is still important to try and submit some of these data points to ensure reporting on IPS services is accurate.

Below we present the most important parts of the tables along with comments in the tips and support section that will help you understand some of the fields a bit better. We have highlighted the fields that are of importance to calculating metrics such as access and ensuring that all this data is attributed to IPS and to your service specifically.

We recommend...

...that you go through these fields with your IT team and make sure that they understand how some of the MHSDS data fields map onto important IPS targets, such as access.

...that you **ensure that your IT team has a copy of the official data requirements document**, which will provide them with all the technical details for data requirements (e.g. formatting, national codes, national definitions) that will help them translate your data into the format that is required by the MHSDS.

Data Requirements

Header Table

This table is key to the submissions process as it links all the data on the work you did over the month to your specific service. Pay particular attention to the ODS code and make sure that you understand which code should be entered where. We provide more detailed guidance in the section on ODS codes below.

Data Item Name (UID)	Description	Help & Tips
Data Set Version Number M000010	The MHSDS version that your data submission is for.	The MHSDS is currently (May 2020) on version 4.0. You can check what the latest version is on the MHSDS website.
Organisation Identifier (Code of Provider) M000080	The Organisation Identifier of the Organisation acting as healthcare provider.	This organisation identifier is very important if you are third party provider submitting as part of a Mental Health Trust. This code will be used to create unique local patient identifiers that link clients to your service (as opposed to that of the Trust). You can find instruction for how to get this unique code (called ODS code) below.

Data Item Name (UID)	Description	Help & Tips
Organisation Identifier (Code of Submitting Organisation) M000090	The Organisation Identifier of the Organisation acting as the physical sender of the MHS data set submission.	<p>If you are submitting data yourself then this will be the same as the Code of Provider field. If you are submitting as a third party through your mental health trust, then this will be the Organisation Identifier of the Trust.</p> <p>If you are submitting as a third party, get in touch with the IT team at the Mental Health Trust to get the Trust's unique identifier.</p>
Primary Data Collection System in Use M000040	The name of the primary data collection system in use by the healthcare provider.	This could be anything from Excel in a small organisation to Postgres in large ones – it is a free text field, so you can type anything.
Reporting Period Start Date M000050	The reporting period start date to which this file refers Format: an10(CCYY-MM-DD)	If you are submitting for the month of March 2020 then this will be 2020-03-01 Note: The date needs to match the date you select on the Submissions Portal discussed in section X.
Reporting Period End Date M000060	The reporting period end date to which this file refers Format: an10 CCYY-MM-DD	If you are submitting for the month of March 2020 then this will be 2020-03-01 Note: The date needs to match the date you select on the Submissions Portal discussed in section X.
Date and Time Data Set Created M000070	Date and time the upload file was created. Format: an19 CCYY-MM-DDTHH:MM:SS	Caution: This needs to match the Upload Date on the portal or the file will be rejected. Only create the file once you're ready to upload it.

GP Table

Data Item Name (UID)	Description	Help & Tips
General Medical Practice Code (Patient Registration) M002010	The organisation code of the GP practice the patient is registered with	Note: Where the GP code is not known, there are default codes. Make sure to consult the data requirements worksheet for all default codes.
Start Date (GMP Patient Registration) M002020	Start date on which person is registered with General Medical Practitioner Practice Format: an10 CCYY-MM-DD	
End Date (GMP Patient Registration)* M002030	End date on which person ceased to be registered with General Medical Practitioner Practice Format: an10 CCYY-MM-DD	
Organisation Identifier (GP Practice Responsibility)* M002050		IF you or your organisation decide to populate this field, ensure that it contains the organisation code of the commissioner that is associated with the patient's current registered GP Practice.

Referral Table

Data Item Name (UID)	Description	Help & Tips
Service Request Identifier M101902	The unique identifier for a service request	This is normally generated locally by your system when you receive a new referral, although it can be assigned manually later if your code is not unique.
Local Patient Identifier (Extended) M101901	The number used to identify your client uniquely within your own service.	This may be different from the number assigned by a casenote system, especially if you are submitting as a third party. Extended is used when the local patient identifier is longer than 10 characters.
Organisation Identifier (Code of Commissioner) M101922	The Organisation Identifier of the Organisation commissioning healthcare	The ODS code of the commissioning CCG What if there are multiple commissioners?
Date Referral Request Received M101010	The date that the referral request was received by your service	Caution: if the referral date is not within the reporting period the entire submission will be rejected

MPI (Master Patient Index)

This table is key to matching your local patient information to the wider NHS system. This is why we encourage you to submit your data through a trust, even if you are a third sector provider. We provide case studies on how other third parties accomplished this.

Data Item Name (UID)	Description	Help & Tips
Local Patient Identifier (Extended) M001901	The number used to identify your client uniquely within your own service.	This may be different from the number assigned by a casenote system, especially if you are submitting as a third party. Extended is used when the local patient identifier is longer than 10 characters.
Organisation Identifier (Local Patient Identifier) M001170	This is the Organisation Identifier of the organisation allocating the local patient identifier.	This should be the same as Organisation Identifier (Code of Provider) i.e. your own ODS code (find out how to get an ODS code on page 24)
NHS Number M001040	A number that identifies the patient uniquely within the NHS in England and Wales	What if they don't have access to a system?
NHS Number Status Indicator Code M001050	The NHS Number Status Indicator of the PATIENT	
Person Birth Date M001060	The date on which a person was born or is officially deemed to have been born Format: an10 CCYY-MM-DD	
Postcode of Usual Address M001070	The postcode of the address nominated by the patient with address association type 'Main Permanent Residence' or 'Other Permanent Residence'	
Person States Gender Code M001090	The gender of a person. Either self-declared or inferred through observation if person is unable to respond.	

Service Type referred to

Data Item Name (UID)	Description	Help & Tips
<p>Service request identifier M102902</p>	<p>The unique identifier for a service request.</p> <p>Normally automatically generated by a local system but could be manually assigned if submitting independently.</p>	<p>This is normally generated locally by your system when you receive a new referral, although it can be assigned manually later if your code is not unique.</p>
<p>Service or Team type referred to (Mental Health) M102010</p>	<p>The type of service or team within a mental health trust that a patient was referred to.</p>	<p>The national IPS code is 'D05'. You need to ensure that every referral to your service has this code in this data field; without it the referral will not be attributable to IPS within the MHSDS.</p>
<p>Referral closure date M102040</p>	<p>The date the referral to a healthcare provider's service was closed. The overarching referral may still be open if another team is still actively treating the patient.</p>	
<p>Referral rejection date M102050</p>	<p>The date the referral to a healthcare provider's service was rejected. The overarching referral may still be open if another team is still actively treating the patient.</p>	

Service Type referred to

Data Item Name (UID)	Description	Help & Tips
Referral closure reason M102060	The reason that a Referral Request has been closed. A Referral Request can be closed as a result of a Patient being discharged from the service.	
Referral rejection reason M102070	The reason that a Referral Request has been rejected by the service.	

Care Contact

Data Item Name (UID)	Description	Help & Tips
<p>Care contact identifier M201903</p>	<p>The care contact identifier is used to uniquely identify the care contact within the Health Care Provider.</p>	<p>This is assigned automatically within clinical systems, but you can manually assign this if needed.</p>
<p>Service request identifier M201902</p>	<p>The service request identifier is used to uniquely identify the service request within the Health Care Provider.</p>	<p>This is assigned automatically within clinical systems, but you can manually assign this if needed.</p>
<p>Care contact date M201010</p>	<p>The date on which a Care Contact took place, or, if cancelled, was scheduled to take place.</p>	
<p>Consultation medium used M201070</p>	<p>Medium used to consult the client.</p>	<p>A list of options is available in the data requirements worksheet.</p>
<p>Attend or did not attend M201090</p>	<p>Whether the client attended the appointment or not</p>	<p>A list of options is available in the data requirements worksheet.</p>

Indirect Activity

Data Item Name (UID)	Description	Help & Tips
Service request identifier M204902	The service request identifier is used to uniquely identify the service request within the Health Care Provider.	This is assigned automatically within clinical systems, but you can manually assign this if needed.
Indirect activity date M204010	The date that the indirect activity took place.	

Employment Status

Data Item Name (UID)	Description	Help & Tips
Local Patient Identifier (Extended) M004901	The number used to identify your client uniquely within your own service.	This may be different from the number assigned by a casenote system, especially if you are submitting as a third party. Extended is used when the local patient identifier is longer than 10 characters.
Employment Status M004010	The current employment status of the client.	Consult the data requirements sheet for the possible employment status options.
Employment Status recorded date M004020	The date that the patient's employment status details were recorded by the healthcare professional.	
Weekly hours worked M004030	The number of hours worked in a typical week.	

A Note for Independent Providers

As an independent organisation you will likely, at least initially, not have access to a clinical system such as RiO. There are two ways you can go about submitting data to the MHSDS:

- 1. Gain access to the clinical system and have the trust submit data on your behalf.**
- 2. Get your own SDCS cloud access and submit data on your own.**

Both of these options have their advantages and drawback.

Gaining access to a trusts clinical system can be challenging, especially if there are no existing relationships, but once you have access you will have access to data that is hard to obtain as an independent organisation (e.g. NHS numbers, GP codes). If you decide to submit data independently, you will not have to deal with contracts and data sharing agreements with your trust, but you will need to find IT resources who can transform your local data collection system into the correct database tables and formats for submission to the MHSDS.

IPS Grow would strongly encourage you to seek access to your mental health trust's clinical system. This is because we are working towards fully integrating IPS within the clinical setting. In the long-term we expect all services to be integrated into their mental health trust's clinical setting, so we encourage you to start this process now. If you are having trouble gaining access, please contact your IPS Grow regional lead for support and advice.

If you are still unable to gain access to your mental health trust's clinical system after this, you will need to find your own IT resource and get in touch through england.mhanalytics@nhs.net, who will offer recommendations on how to proceed when submitting independently. While we take note of the steps you need to take if you want to submit independently, this document primarily focuses on the steps you need to take to submit as part of a trust.

Legal and Technical Compliance for Independent Providers

You will have seen on the checklist on page 8 that there are a few administrative tasks you will have to complete before you can start flowing data to the MHSDS.

In this section we offer a more detailed look at the necessary documents and actions for submission via a trust's clinical system. If you chose to submit independently, then you can skip the contract set up with the trust.

1. Get an ODS code:

The ODS code (also referred to as Organisation Identifier) will be your organisation's unique identifier within the MHSDS – this is how access numbers will be linked back to your service.

You will have to register for an ODS code regardless of whether you decide to submit independently or via your mental health trust's system.

If you are submitting as an independent organisation, the Header table data fields Organisation Identifier (Code of Provider) and Organisation Identifier (Code of Submitting Organisation) will both be your ODS code. However, if you are submitting through a mental health trust, Organisation Identifier (Code of Submitting Organisation) will be the ODS code of the mental health trust while Organisation Identifier (Code of Provider) will be your code.

It is essential that you prioritise registration for an ODS code because it is how referrals, access and outcomes data will be linked back to your specific service.

Download the ODS (Organisation Identifier) registration form from [this page](#).

2. Registering your Organisation's Senior Information Risk Officer (SIRO):

The SIRO will be accountable and responsible for your organisation's information risk policy. They ensure that everyone within your organisation is aware of their personal responsibility to exercise good judgement, and to safeguard and share information appropriately.

You must register a senior person in your organisation as a SIRO before you can be granted access to the SDCS. A SIRO should be an Executive Director or a member of the Senior Management Board within your organisation.

Download the SIRO registration form from [this page](#).

If you are not confident that your chosen SIRO will have the capacity to take on the full responsibility of the role, you may also register a deputy SIRO to take on the responsibility in their stead. You can use the same link for registration of deputy SIROs.

If you think that SIROs may need more practical support with information risk management or submissions to the MHSDS, you may also want to register an Information Asset Owner (IAO) within your organisation. This will likely be someone with the technical capabilities to submit the data in the correct table format. If you are submitting your data through a trust, then this will already be taken care of as part of the trust's own submission to the MHSDS. If you choose to submit on your own, then this will probably be a data lead or a business analyst in your organisation.

IAOs must be registered by a SIRO and the request must be sent from the SIROs email account.

Download the IAO registration form [this page](#).

Note: regardless of how you submit your data, it will always be necessary for you to have a registered SIRO in your organisation.

3. Ensure that you are in line with Information Governance practice

Information Governance reminder

This is not MHSDS-specific, but it is important to bear in mind that all healthcare providers have statutory responsibilities relating to Information Governance, the [Data Protection Act 1998](#), the [GDPR](#) and the [Freedom of Information Act 2000](#).

NHS Digital provides an online toolkit that will help you measure your organisation's performance against the data security and information governance requirements. Those requirements reflect legal rules as well as Department of Health policy. Those practices and policies should generally be in place, although distinction is drawn between large MHTs and small third sector providers. [Go to NHS Data Security and Protection self-assessment](#)

Legal basis

NHS Digital is legally obliged to collect data for the MHSDS under section 254 of the Health and Social Care Act 2012. However, health and social care organisations such as yours have a legal responsibility to inform patients how their data will be used. To find out more about any responsibility you might have, we encourage you to take a look at the [National data opt-out programme](#).

4. Setting up contracts with a Mental Health Trust

If you have chosen to submit to the MHSDS independently, then those will be all the necessary administrative tasks before you can move on to setting yourself up with an SDCS account. As noted above, we strongly encourage you to submit your data via a trust and suggest you get in touch with your IPS Grow regional lead for support in establishing a relationship with the trust. If you for any reason cannot do this at present, then skip ahead to the next section.

Once you've been put in touch with the right people, you will need to set up a few contracts to ensure that the data is shared appropriately between your organisation and the trust. The necessary contracts for this purpose are outlined below:

5. Contract and Data Depositor Agreement with the Mental Health Trust

If you want a mental health trust to flow data to the MHSDS on your behalf, then you will need to set up a contract and a depositor agreement which identify the trust as the data processor and your organisation as the data controller and contract the trust to undertake the submission of your data on your behalf.

6. Data Protection Impact Assessment

In addition to formalising your relationship with the trust, you should also ensure that your own data practices are safe and in compliance with the GDPR. There are no existing templates for such local assessments, but there are helpful resources on the ICO website <https://ico.org.uk/for-organisations/guide-to-data-protection/> .

Get access to the Strategic Data Collection Service in the Cloud (SDCS) (*only if you choose to submit independently*)

The SDCS is the platform through which you can submit data to NHS Digital. As noted above, you must have a registered SIRO in order to be able to access the SDCS because the SIRO is responsible for user access into Systems and Service Delivery (SSD) systems. This means that only they can nominate who can access and submit data to the MHSDS.

The SIRO can grant user access to anyone they deem fit by submitting a completed Data User Certificate (DUC). So once you have a registered SIRO, think about who in your organisation has the skills to submit this information to the MHSDS and have the SIRO or IAO fill out a DUC to grant them user access to the SDCS. It is recommended that your organisation nominate multiple users to have access to the platform for continuity reasons.

Case Studies

In this section we offer two examples of how services handled their data flow into the MHSDS. While you may strictly identify as one type of service, **we would recommend that you go through both of these case studies**, especially if you are an independent provider.

The first example will help you understand the process of gaining access to the trust's system and the order of the necessary administrative processes to accomplish this. The second example will give a bit more insight into ways to integrate into a clinical system as an IPS service.

While the latter will vary quite a bit between services, we strongly encourage you to plan this part thoroughly with your IT team using the Data Requirements, the Mental Health Trust case study on page 26 and the Data Quality section on page 28.

Example 1: Southdown (Independent Organisation)

Southdown is an independent service providing IPS to referrals from their local trust.

Initially, Southdown did not have access to a clinical system and they were collecting data independently. This made submissions to be MHSDS a big challenge as they did not have the right technical resources in place and did not have access to all the data points required for submission to the MHSDS.

They initiated a relationship with the Trust from which they were receiving referrals for years in order to get access to the clinical system and be able to deliver IPS within the clinical setting. In order to formalise the relationship, they had to set up:

- an honorary contract,
- a data depositor agreement, which enabled them to add their data as an independent provider to the clinical system;

Once they were in clinical system, the Trust's IT team set up them up as **discreet teams** so they would be able to trace back referrals, contacts and other relevant events to their team in the system. This meant that any time one of the employment specialists made an entry into the system it was attributed to the IPS team. It is essential that you

Once they were successfully integrated into the trust's system, the next step was to ensure that the data they were entering into the clinical system could be traced back to their service within the MHSDS, not just the clinical system. For this they had to:

- **request and ODS code using [this form](#)** – This code is added under Organisation Identifier (Code of Provider) M000080 in the header table for every entry into the MHSDS; it is what links your work with clients back to your service
- **register their own Senior Information Risk Officer** using [this form](#) as their relationship to the trust is as a data depositor and the data is still owned by Southdown, not the Trust – the SIRO would also be responsible for all other data procedures (e.g. DPIAs, IG communications etc.)
- **ensure that IT attributes referrals to Southdown to IPS in the team type table** using the code D05 for Service or Team Type Referred To.

Once all these points were implemented, Southdown was able to start flowing data to the MHSDS via the Trust. Since they are integrated into the system, they do not have to participate in the process as this is done on their behalf every week.

Example 2: [Mental Health Trust](#)

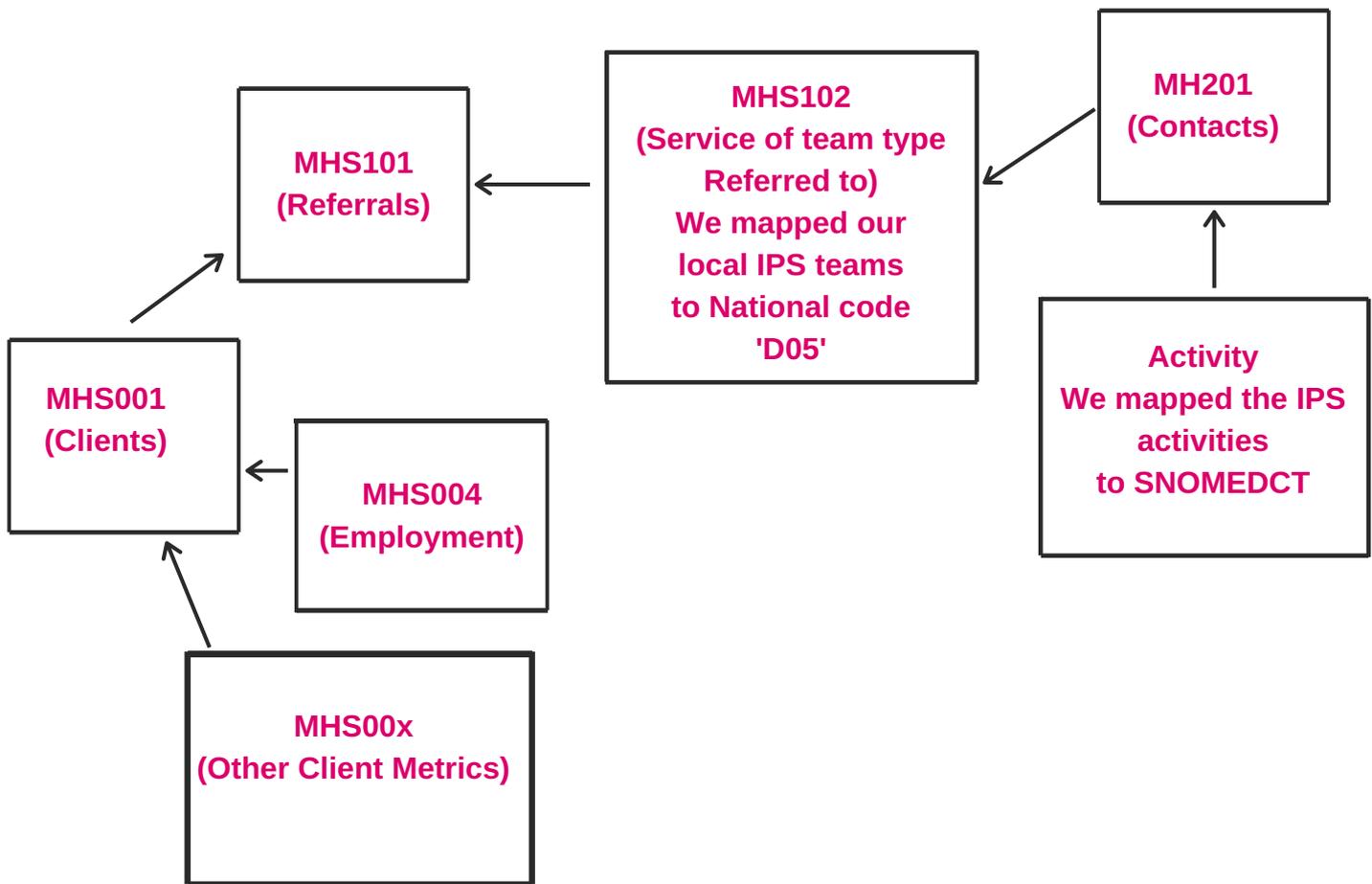
This IPS service is being delivered as part of an NHS Foundation Trust. This means that the service has access to the clinical system (in their case RiO) and even has its own form on the system entirely dedicated to IPS.

As part of the service integration into the trust, the service manager collaborated with the IT team to match IPS activity to SNOMED-CT. This helped them translate IPS activity such as 'Vocational Profile started' into 'Contacts' as listed in the contact table MHS201. It was crucial to get this right because the first contact after every referral is currently defined as access within the MHSDS.

Once the service was set up in the clinical system, it was time to map the data points in the system to the MHSDS data requirements. To ensure that all relevant contacts are attributed to the IPS service rather than some other service within the trust, the national IPS code within the MHSDS (D05) has to be selected in table MHS102 ('service or team type referred to').

Once the national IPS code was mapped to every contact the IPS service had, the IT team was able to map this onto referrals in the referrals table – this means that they now also had the IPS national code attached for all relevant referrals. From there the team was able to map MPI and Employment table data along with other client data.

The illustration below may be helpful for your IT team. We recommend that you present it along with the Data Requirements and the SQL code provided in the Data Quality section.



Once this was set up and the service is happy with the data that appears on the IPS Dashboard for MHSDS, there is nothing more the service needs to do. Since the service uses the same systems alongside other clinicians and services, their data is submitted automatically to the MHSDS as part of a larger submission.

Data Quality

The final point to consider is data quality. Even after getting their data flowing, providers often still find discrepancies between their internal dashboard and the MHSDS returns.

The MHSDS provides an IPS specific dashboard in which services can check their submissions and compare to their local systems. If you are submitting data to the MHSDS, you can access the **MHSDS Dashboard for IPS** on the [NHS Collaboration Platform](#). If you don't have an account yet, you can request access by emailing, IPSSpace@future.nhs.uk.

Some services have raised that there are discrepancies between their local dashboards, IPS Grow dashboards and the MHSDS dashboard. Through conversations with providers we found that there are two main sources for such data discrepancies:

- **Data tracking issues in the clinical system**
- **Lack of clarity around definitions of access and outcomes in the MHSDS**

The former point may require you to work with your IT team to ensure that there is a mutual understanding of which data points need to be tracked and how. The latter can be resolved by adjusting the way you enter your data into the system based on definitions within the MHSDS.

Mapping IPS on MHSDS data

NHSE is in the process of making the underlying SQL code publicly available through GitHub. In the meantime, if you're technical team would like to get a better sense of how the MHSDS reads and processes your data submission you can request the script or support through england.mhanalytics@nhs.net.

Data tracking issues in the clinical system

As new services integrate into the clinical system, miscommunications can occur on both ends, which can lead to discrepancies in the MHSDS submissions. This issue occurs for services delivering as part of the trust as well as independent providers.

For example, a provider was working with the IT team to set up their own form on the clinical system to track their referrals. The form had a lot of useful fields for employment specialists, but the key field – the patient code – was not made mandatory in the form. Without that code, the local system could not match referrals to the correct team, which meant that any time the code was not entered the referral was not counted on the MHSDS.

To ensure that this does not happen in your service, we encourage you to proactively engage with your IT team about how your data is handled and processed. Above we provided you with guidelines on which codes you need to enter to ensure that referrals, access and outcomes are attributed to your service.

Unfortunately, we cannot give you concrete guidelines on how to avoid data quality issues, because there are many different clinical systems and many different ways to set up an IPS service within that system.

However, we can provide you with some tips for steps you can take to improve data quality that should help regardless of which system you are using.

Tips on Data Quality

Below we offer a few suggestions for steps to take to improve your data quality on the MHSDS. Please note that even after you follow all of these steps you may still uncover differences in the reported data against your internal data.

If you still have issues with data quality after following this guidance, we encourage you to share your experience with NHSE through england.mhanalytics@nhs.net, and by sharing your experience on the NHS Collaboration Platform, so that we can update this document with more tips as we learn where providers experience issues.

Get in touch with your IT team and make sure you understand all the requirements for your data to flow into the MHSDS. *Your IT team does not understand your service as well as you do, so it is important that you represent it and are able to clarify any questions.*

With your IT team, assess what fields in the clinical system your ES must complete for the referral to be attributed to your service. *If you are not set up as a proper team on the system, then referrals may not actually be attributed to you in the MHSDS submission. To avoid this, make sure your IT team set your team up on the system and informs you about all the steps you need to follow when entering data, so that it is attributed to you.*

With your IT team, assess how the data fields in your clinical system map onto the MHSDS. *Make sure you understand what the system records as the first contact with the client. This is particularly important, because the first care contact date from the care contact table in the MHSDS is used to define Access. If your engagements don't match with the access numbers in the MHSDS dashboard, you may want to investigate this link.*

Keep your team in the loop about changes to the data entry process recommended by your IT team. *Small entry errors, like missing Client IDs in a form can mean that the client is not recorded in the MHSDS. It is key to understand what the data entry requirements are, and ideally ask your IT team to make those fields mandatory in the system to avoid losing important data.*



Did you find this document helpful?

Let us know via the [NHS Collaboration Platform](#).