

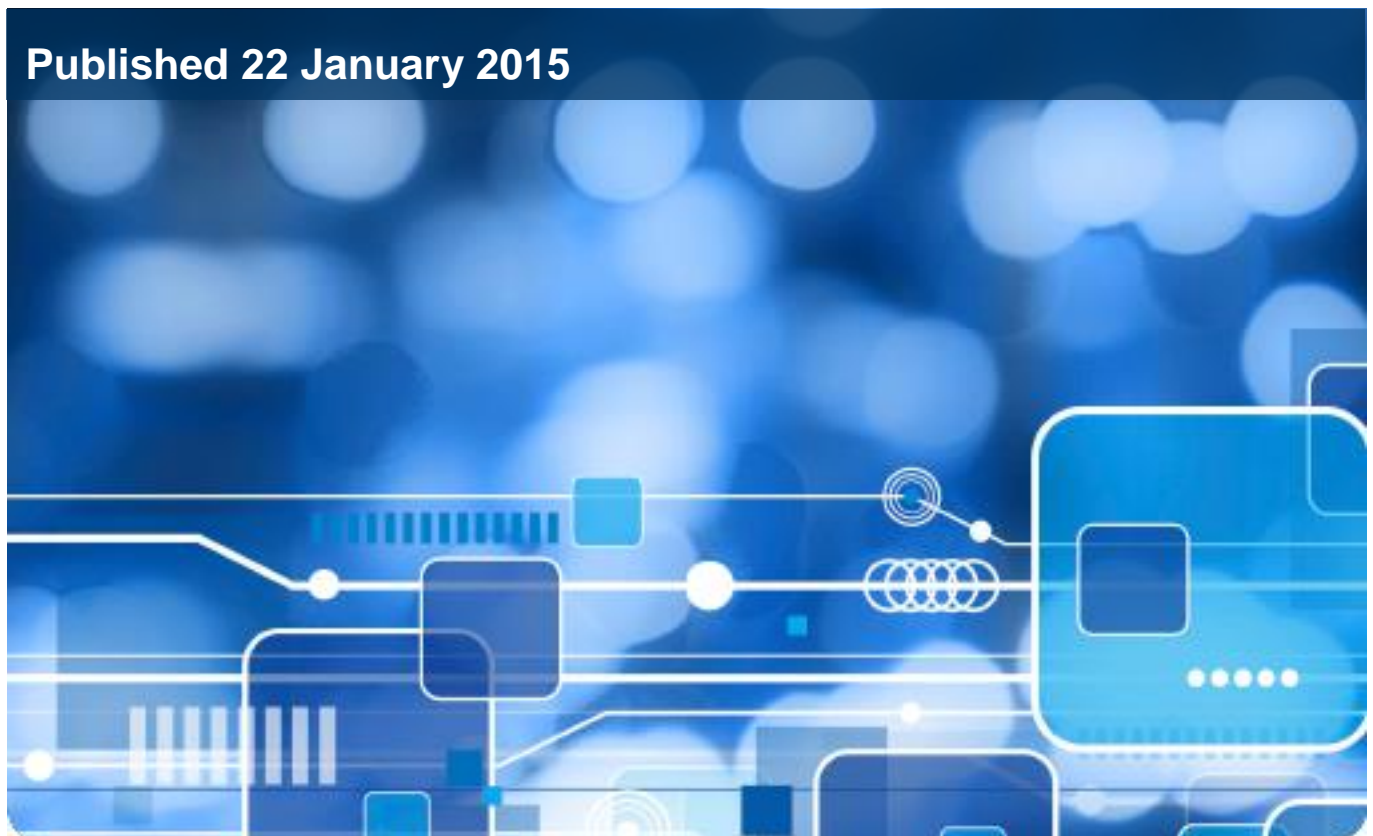


Health & Social Care  
Information Centre

# Background Quality Report:

## Mental Health and Learning Disability Statistics Monthly Report

Published 22 January 2015



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## Version History

Version	Date issued	Summary of changes
1.0	22/1/2014	Initial version

Please contact us via [enquiries@hscic.gov.uk](mailto:enquiries@hscic.gov.uk) for earlier versions of the Background Quality Report

## Introduction

This document constitutes a background quality report for the publication of monthly data from v 1.1 of the Mental Health and Learning Disabilities Dataset (MHLDDS). All statistics produced from the MHLDDS are referred to under the banner of Mental Health and Learning Disabilities Statistics (MHLDS). The elements included in this release are as follows:

- An Executive Summary reporting on measures of activity and people accessing specialist mental health and learning disability services as headline figures, with national measures and time series graphics;
- This background data quality report;
- Provider level data quality measures (also includes provisional data for next reporting period);
- An MHLDS monthly data file which presents 40 measures by Provider, Clinical Commissioning Group (CCG), Local Authority (LA) and Provider/CCG pairings;
- A mental health currencies and payment (CaP) monthly data file which presents 75 measures specific to those people in scope of mental health currencies;
- A metadata document for these data files which explains the constructions and derivations used.

It replaced the 'Monthly Mental Health Minimum Dataset (MHMDS)' suite of publications, the last of which was produced for August 2014 data, published November 2014.

## Context

### Background to this publication

#### *MHLDS statistics*

The MHLDDS is a mandatory monthly return for all NHS funded providers of adult secondary mental health and learning disability services. It is received as record level pseudonymised data from patient administration systems, Care Programme Approach (CPA) systems and Mental Health Act (MHA) administration systems.

It contains records relating to all adults aged 18 or over (including elderly adults) who receive NHS funded specialist secondary mental health and learning disability services. Children and adolescents under the age of 18 should also be included where they are in receipt of care from adult services.

The scope of the MHMDS was expanded to cover people in contact with learning disability services from September 2014 and was renamed the MHLDDS to reflect this change.

MHMDS was first mandated for submission from April 2003. Version 1.1 of MHLDDS was implemented in September 2014 and, like version 4.1 of the MHMDS, is a monthly collection.

Further information on the MHLDDS can be found on the Health and Social Care Information Centre (HSCIC) website at: <http://www.hscic.gov.uk/mhldds>

Providers make their MHLDDS submissions via the Bureau Service Portal on Open Exeter<sup>1</sup>. Full details of the way in which submissions are processed can be found in the MHLDDS v1.1 User Guidance and Appendices.

The most recent Information Standards Notice (ISN) for MHLDDS can be found on the Information Standards Board (ISB) website at: <http://www.isb.nhs.uk/documents/isb-0011>

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<sup>1</sup> Further details on how to access the Open Exeter portal can be found here: <http://www.hscic.gov.uk/mhldds>

## Purpose of this document

This paper aims to provide users with an evidence based assessment of the quality of the statistical output of the MHLDS Monthly Reports publication by reporting against those of the nine European Statistical System (ESS) quality dimensions and principles<sup>2</sup> appropriate to this output.

In doing so, this meets our obligation to comply with the UK Statistics Authority (UKSA) Code of Practice for Official Statistics<sup>3</sup>, particularly Principle 4, Practice 2 which states:

*“Ensure that official statistics are produced to a level of quality that meets users’ needs, and that users are informed about the quality of statistical outputs, including estimates of the main sources of bias and other errors and other aspects of the European Statistical System definition of quality”.*

For each dimension this paper describes how this applies to the publication and references any measures in the accompanying monthly data quality measures report that are relevant for assessing the quality of the output.

The Appendix contains a full list of the measures in each of the monthly data files with an item level summary of possible data quality issues and references to any data quality measures that can assist users in assessing specific provider level information.

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<sup>2</sup> The original quality dimensions are: relevance, accuracy and reliability, timeliness and punctuality, accessibility and clarity, and coherence and comparability; these are set out in Eurostat Statistical Law. However more recent quality guidance from Eurostat includes some additional quality principles on: output quality trade-offs, user needs and perceptions, performance cost and respondent burden, and confidentiality, transparency and security.

<sup>3</sup> UKSA Code of Practice for Statistics: <http://www.statisticsauthority.gov.uk/assessment/code-of-practice/index.html>

# Assessment of statistics against quality dimensions and principles

## Relevance

***This dimension covers the degree to which the statistical product meets user need in both coverage and content.***

This publication comprises a set of reports which have been produced from mental health providers' MHLDDS monthly submissions. It provides the timeliest information from the MHLDDS.

This publication provides, in the form of an Executive Summary, a summary of key national information in the release (including end of month people counts, in month activity counts and calculated measures) with a time series and visual representations. A monthly data file containing underlying data for Providers, LAs and CCGs (end of month people counts and in month activity counts) and a monthly file containing data to support mental health currencies and payment are also included. There have been a number of changes to the monthly reports since they were first introduced to ensure that they remain up to date and meet users' needs, as referenced by the following notices:

- Consultation on statistics produced from the mental health minimum data set (2012)<sup>4</sup>
- Methodological change papers – July 2013<sup>5</sup>, June 2014<sup>6</sup>.
- Announcing changes to MHMDS monthly reports, November 2014<sup>7</sup>

The Executive Summary and monthly files are supported by national and provider level data quality measures, which include validation of key data items from the MHLDDS and new data consistency measures.

This publication includes a detailed metadata file describing all of the measures in the executive summary and the monthly data file. This includes, for each measure, how it has been constructed from providers' submissions and how and where it is used. A full list of measures is also included in the Appendix to this Background Quality Report.

Some of the statistics in this publication series are presently marked as 'experimental' and may be subject to further change as we develop our statistics. Feedback is very welcome via our [enquiries@hscic.gov.uk](mailto:enquiries@hscic.gov.uk) address (please quote 'MHLDS monthly' in the subject line).

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<sup>4</sup> Consultation on statistics produced from the mental health minimum data set:  
<http://www.hscic.gov.uk/mhmdsconsultation>

<sup>5</sup> Announcement of methodological change: Mental Health Minimum Dataset (MHMDS) Reports:  
[http://www.hscic.gov.uk/media/14272/Monthly-MHMDS-Reports-2014-15/pdf/MHMDS\\_14-15\\_methodological\\_change\\_paper.pdf](http://www.hscic.gov.uk/media/14272/Monthly-MHMDS-Reports-2014-15/pdf/MHMDS_14-15_methodological_change_paper.pdf)

<sup>6</sup> Announcement of methodological change: Mental Health Minimum Dataset (MHMDS) Reports:  
[http://www.hscic.gov.uk/media/14272/Monthly-MHMDS-Reports-2014-15/pdf/MHMDS\\_14-15\\_methodological\\_change\\_paper.pdf](http://www.hscic.gov.uk/media/14272/Monthly-MHMDS-Reports-2014-15/pdf/MHMDS_14-15_methodological_change_paper.pdf)

<sup>7</sup> Announcing changes to MHMDS Monthly Reports: <http://www.hscic.gov.uk/catalogue/PUB15937/mhmds-monthly-ann-change-oct-2014.pdf>

## Accuracy and reliability

***This dimension covers, with respect to the statistics, their proximity between an estimate and the unknown true value.***

### Accuracy

The MHLDDS is a rich, person level dataset that records packages of care received by individuals in contact with NHS funded specialist mental health and learning disability services and these packages of care vary widely. This means that each record contains different elements of the dataset. It is also an area where there have been frequent changes in service models and organisational changes such as mergers. Therefore, no single approach can measure the completeness and accuracy of the data collected and reported nationally. However the HSCIC provides a number of different reports at different stages in the data flow to ensure that the submitted data reflect the services that have been provided:

For data suppliers only:

At the point of submission:

- Providers receive immediate feedback on the quality of their submission, including detailed Data Summary Reports about coverage, volume, code validity and data consistency. These are described in the MHLDDS version 1.1 User Guidance. Providers have the opportunity to re-submit data up to the deadline and to send a refresh submission one month later.

On receipt of processed data by HSCIC:

- A variety of data quality checks are run as part of the validation and load process for monthly data, prior to production of this monthly release. Where there are concerns about data quality we contact providers directly so that any issues with local data extraction processes can be addressed for a future submission.

For all users:

As part of this publication:

- Organisation level data quality measures that validate a selection of key data items by provider – for provisional and final data.

These show the proportion of records as counts and percentages which have 'valid', 'other', 'default', 'invalid' and 'missing' values for the following fields:

- DQM 1 NHS number
- DQM 2 Postcode
- DQM 3 Birthdate
- DQM 4 Person Gender Current
- DQM 5 Person Marital Status
- DQM 6 Patient Ethnic Category
- DQM 7 Organisation Code (Code of Commissioner)
- DQM 8 General Medical Practice Code (Patient Registration)
- DQM 9 NHS Occupation Code (Care Co-ordinator)
- DQM 10 Legal Status Classification Code
- DQM 11 Primary Diagnosis
- DQM 12 HoNOS
- DQM 13 HoNOS 65
- DQM 14 Mental Health Team Type
- DQM 15 Main Specialty Code (Mental Health)
- DQM 16 Admission Method



- DQM 17 Ward Security Level
  - DQM 18 Mental Health Clustering Tool Assessment Reason
  - DQM 19 Mental Health Care Cluster
  - DQM 32 MHCT Assessment Tool
  - DQM32 MHCT Assessment Tool
  - DQM33 Main Specialty CCASS
  - DQM34 Main Specialty RCASS
  - DQM35 Treatment Function
  - DQM36 HoNOS-LD
  - DQM37 Site Code of Treatment
  - DQM38 NHS No Status Indicator
  - DQM39 Delayed Discharge Indicator;
- Organisation level data consistency measures which indicate the extent to which duplication or unclosed episodes are affecting the accuracy of the information about the patient's spell of care:
  - DCM 1 Mental Health Act episodes
  - DCM2 Care Programme Approach episodes
  - DCM 3 Payment by Results Care Cluster episodes
  - DCM 4 Community Treatment Order episodes
  - DCM 5 Hospital Provider Spell episodes
  - DCM 6 Ward Stay episodes;
- DCM 7 Provider level time series analysis of spell volumes (using final data for the 4 most recent reporting periods);
- DCM 8: Provider level measures showing the proportion of records with potentially inactive spells (number of open spells at the end of the reporting period, number of open spells with no referral at the end of the reporting period and the difference (percentage);
- Organisation level data integrity measures which can be used for local comparisons with information from other sources (e.g. CQC returns and internal Trust reports) to ensure that the data submitted in MHLDDS is complete and accurate
  - DIM1 Gatekept admissions
  - DIM2 PCT codes
  - DIM3 Restraints
  - DIM4 Seclusion
  - DIM5 Self Harm
  - DIM6 Assault
  - DIM7 Intervention
- This background quality report which describes data quality issues relevant to the analysis in the release and is produced each time as part of the publication.

Users of the data must make their own assessment of the quality of the data for a particular purpose, drawing on these resources.

In addition, local knowledge, or other comparative data sources, may be required to distinguish changes in volume between reporting periods that reflect changes in service delivery from those that are an artefact of changes in data quality. Such issues should be kept in mind when viewing time series analysis since year-on-year changes may sometimes be a product of shortfalls in earlier years and should not automatically be interpreted as trends in treatment practice or activity.

The analysis in this report is based on the latest data available after the refresh submission, providers' last opportunity to submit activity for the month. Final data is assembled from provisional data from providers plus any refresh data submitted (which supersedes primary submissions).

However, the analysis in the monthly report is potentially liable to future change because information about these episodes will be re-submitted until the episode ends and could potentially be amended.

It should also be noted that England level counts (and rounded counts where suppression at organisation level has been applied) are calculated as a sum total of organisational totals so there is a possibility of double counting.

We continue to invite and welcome feedback from users on our constructions.

### Reliability/known data quality issues

#### Coverage – are all eligible providers submitting data?

All providers of NHS funded specialist mental health services for adults (including people aged 65 and over) should submit the MHLDDS. However, at present only a small number of independent sector providers are making submissions. DCM7 in the accompanying Data quality measures file provides a full list of providers submitting data each period. When an organisation starts or ceases to submit data this can affect overall record numbers.

#### Coverage – how complete is data for Clinical Commissioning Groups?

It should be noted that the measures in the monthly data file are presented by CCG of GP practice (or CCG of residence if this information is not provided), which might not be recorded as the commissioning organisation in the individual patient record. Commissioners' extracts from Open Exeter are filtered by Organisation Code of Commissioner and there may be discrepancies with these published reports if the commissioner has not been recorded as a CCG. DIM2 may be of some assistance here as this measure shows the number of commissioner history episodes submitted in the month that include a PCT code.

#### Coverage – is data for all eligible people included in the submission?

Local knowledge may be required to assess the completeness of a submission, based on information about local caseload and bed numbers. This publication provides detailed information about caseload and activity and providers and commissioners are encouraged to review this to ensure that submissions accurately reflect the local situation. Providers should also use all the aggregate record counts produced at the point of submission as part of the Data Summary Reports to check coverage in key areas (e.g. CPA, Ward Stays, and Hospital Provider Spells etc.).

Each MHLDDS record represents that part of a person's Adult Mental Health, Learning Disability or Autism Spectrum Disorder Care Spell that occurs in the month and a record is generated for every patient with an open referral and at least one other episode or event recorded (e.g. an open Care Co-ordinator Assignment episode). It is therefore possible for records to be generated for people who have not had a face to face contact for months. A spell will only be closed when the patient is discharged from the provider's services and all associated episodes have also been ended.

It is clinically accepted that some spells of care can last for months or years without frequent contact, however providers will need to ensure that their submissions only include information for patients who are still considered to be on the caseload, even if contact is infrequent and that a discharge date is provided for referrals to the service that have now ended.

Providers receive a variety of metrics as part of the submission process which enables them to review their submissions to ensure that patients whose data is submitted are still part of their active

case list. These reports make it possible for providers to check the content of their submissions whilst there is still a chance to re-submit and make improvements. DCM8 provides information to assess the extent to which this may be a problem for individual providers.

### **‘In scope’ derivations**

The MHLDDS contains data on a range of secondary mental health services, some of which are not in the current scope of mental health currencies and payment. Because the MHLDDS does not currently support referral based reporting, we’ve created two derivations to allow us to identify people who are in contact with in scope services for our mental health currency reports – one for the start of the reporting period and one for the end of the reporting period. These derivations are explained fully in our metadata file.

As a result of our snap shot start and end of reporting period derivations, if a person is out of scope at the start and end of the reporting period, but in scope *in* the reporting period, their data will not be included in the currency and payment report.

### **Duplication of episodes**

Submissions often include duplicate or overlapping entries for types of episodes which describe the status of a patient for a period of time ( e.g. ‘on CPA’ – CPA episode, ‘subject to the Mental Health Act’ – Mental Health Act Event episode, ‘assigned to a PbR cluster’ – PbR Cluster episode, ‘occupying a bed on a ward’ – Ward Stay episode). There should only be one open episode at a time for a patient in a provider for these episode types and duplication or overlapping entries can affect the accuracy of information derived from this data.

DCM1 – DCM6 are data consistency measures in the MHLDS monthly reports which aim to highlight this issue so that it can be addressed. The item level data quality information in the Appendix links specific measures in the monthly data file to relevant consistency measures.

### **Unclosed episodes**

The submission requirements are for each episode to be submitted in every month where it is open (starting, continuing or closing) and for the episode End Date to be submitted in the month in which it occurs. Failure to do so results in episodes remaining unclosed. Failure to submit the same episode in a future month suggests that it has ended, but an end date cannot be derived. This will affect the accuracy of information calculated from episode end dates (e.g. Discharge from Hospital Provider Spell episodes) or durations (eg Bed Days, calculated from Start and End Dates of Ward Stay episodes). This issue can result in duplicate and overlapping episodes for a patient, as described above, and the same data consistency measures (DCM1-DCM6) are relevant to assessing the extent to which this might be an issue for individual provider organisations.

Providers are urged to ensure that episode end dates are provided in line with the submission requirements.

### **Timeliness of recording events on local systems**

Whilst local systems may be continuously updated, the MHLDDS submission process provides just two opportunities for data relevant to each month to be submitted. The first (primary) submission deadline is approximately 3 weeks after the end of the month and the last (refresh) is approximately 7 weeks after the month end. This means that the timeliness of recording all relevant activity on local systems has an impact on the completeness of the MHLDDS submission. For example, a diagnosis made in April, but not entered onto the local system until the beginning of July, will not be included in the final April submission (deadline 3<sup>rd</sup> week in June). Providers should use the Data Summary Reports produced at the point of submission to ensure that all relevant data has been included.

### **Local system issues**

MHLDDS contains data from provider organisations' patient administration systems. The primary purpose of such systems is to support the provision of patient care and not to provide data for secondary uses, such as national reporting. The configuration of local systems may affect the accuracy of extracts used for MHLDDS submissions and may contribute to the issues described above. Providers are urged to use all the reports produced during the submission process, during loading and validation and at publication, to ensure that the data submitted is as complete and accurate as possible. The metadata file includes full details of how the measures have been constructed so that they can be replicated from locally held MHLDDS extracts.

The submission requirements for MHLDDS are that all episodes (e.g. CPA episodes, Ward Stay episodes, Mental Health Act Event episodes, Hospital Provider Spell episodes, etc.) be included in the submission for each month in which they start, continue or end. It is important that data providers ensure that NHS numbers are submitted consistently because this is a key piece of information for creating the person and care spell identifiers in our records. These identifiers are used to ensure that events which are part of the same care spell for a person can be linked and any inconsistencies will affect indicators which look back over previous months:

- People on CPA at the end of the RP with HoNOS recorded (mm04)
- People on CPA for 12 months at the end of the RP (mm05)
- People on CPA for 12 months with review at the end of the RP (mm06)
- People in contact with NHS funded adults secondary mental health services at the end of the RP with accommodation status recorded (mm13)
- People aged 18-69 on CPA at the end of the RP in settled accommodation (mm14)
- People with employment status recorded at the end of the RP (mm16)
- People aged 18-69 on CPA at the end of the RP in employment. (mm17)
- People in contact with services at the end of the RP with a diagnosis recorded (mm20)
- Discharges from hospital, net, in RP (mm29)
- Discharges from hospital, net, followed up within 7 days in RP (mm30)
- Emergency readmissions in RP (mm65)

### Quality of Experimental Analysis

It should be noted that some of these statistics are presently experimental in nature and are likely to be subject to further refinement before the final constructions are confirmed; reference should be made to all accompanying footnotes and commentary when using these statistics.

Some of these measures may be used in the construction of official indicators (for example in the CCG Outcomes Indicator Set) but the monthly file presents potential numerator and denominator lines separately.

We are working with providers to define methodologies for new measures and welcome input from users of the data. These can be sent to us at [enquiries@hscic.gov.uk](mailto:enquiries@hscic.gov.uk), quoting 'New MHLDS Indicators' in the subject line.

## Timeliness and punctuality

***Timeliness refers to the time gap between publication and the reference period. Punctuality refers to the gap between planned and actual publication dates.***

The executive summary and monthly data file are based on the most recent available final data. We aim to publish within 10 weeks of the month end. Data quality measures are produced from provisional data within 6 weeks of the month end. The submission deadlines for MHLDDS are published here:

<http://www.hscic.gov.uk/mhldds>

## Accessibility and clarity

***Accessibility is the ease with which users are able to access the data, also reflecting the format in which the data are available and the availability of supporting information. Clarity refers to the quality and sufficiency of the metadata, illustrations and accompanying advice.***

### Accessibility

Alongside this data quality statement, an Executive Summary of the results included in this publication is accessible via the HSCIC website as a PDF document together with a supporting monthly data files containing machine readable underlying data (with an accompanying metadata document). The monthly data files are also available on the data.gov website, here:

<http://data.gov.uk/dataset/monthly-mental-health-minimum-dataset-reports>

Re-use of our data is subject to conditions outlined here:

<http://www.hscic.gov.uk/data-protection/terms-and-conditions>

Providers and commissioners are able to obtain a record level data extract for their patients from the Open Exeter Bureau Service Portal. Commissioner's extracts are filtered by Org Code of Commissioner, as entered for each patient by the provider. It should be noted that the measures in the monthly data file are presented by CCG of GP practice (or CCG of residence if this information is not provided), which might not be recorded as the commissioning organisation in the individual patient record.

### Clarity

The monthly data file is presented as a .csv file, with an accompanying metadata file in MS Excel format. A broad definition of each indicator, including the data items used in the analysis and constructions and current or intended uses are provided. Terminology is defined where appropriate.

Full details of the way that MHLDS returns are processed, which will be of use to analysts and other users of these data, are provided in the MHLDDS v1.1 User Guidance, available on the HSCIC website:

<http://www.hscic.gov.uk/mhldds>

In order to prevent disclosure of identities or information about service users, all figures (except national totals) are rounded to the nearest five. All figures between 0 and 4 are suppressed (\*).

## Coherence and comparability

***Coherence is the degree to which data which have been derived from different sources or methods but refer to the same topic are similar. Comparability is the degree to which data can be compared over time and domain.***

### Coherence

There is no other monthly publication that includes the same measures as are included in this publication. However, measures that provide a snapshot count as at the end of the month are comparable with measures as at the end of a year.

The publication produced from the KP90 collection contains some comparable figures for the measure 'Number of people subject to the Mental Health Act at the end of the month'. Providers who complete both the KP90 annual return and MHLDDS can compare the total number of people detained in hospital and subject to a Community Treatment Order (CTO) at the end of 2012/13 with this measure. When making comparisons users should bear in mind that the MHLDDS does not include people accessing CAMHS.

Data on CPA 7 day follow up has continued to be collected via the Unify collection. mm30 and mm31 provide a denominator and numerator from which a similar calculated measure can be produced, but the discharges included in these MHLDS measures are not limited to people on CPA, but cover most discharges following emergency admissions. Likewise, the CCG Outcome Indicator Set (CCG-OIS) indicator 3.16 (unplanned readmissions) uses a different set of logic to construct their indicator to the measure in the MHLDS monthly report.

### Comparability

The Executive Summary presents monthly time series for the measures reported at national level and these may be affected by organisational change or re-configuration of local services, as well as by data quality issues. All these factors should be considered when interpreting change over time. DCM7 shows where a failure to submit or the discontinuation or introduction of services will have an impact on national counts.

## Trade-offs between output quality components

***This dimension describes the extent to which different aspects of quality are balanced against each other.***

The format of this publication meets user needs for a greater wealth of information from the MHLDDS at a range of geographies. The publication demonstrates parity of esteem with acute healthcare, in terms of the timeliness and frequency of the reports and is designed to support the implementation of currencies and payment for mental health. Benefits to users include publication of underlying data and improved data quality measures, as well as a visual representation of the national picture on a monthly basis, with some time series analysis.

The aggregate underlying data provides a much greater scope of analysis including initial metrics on patient pathways and will support a variety of local uses as well as meeting our obligations under the Code of Practice for National Statistics and the Transparency Agenda. It provides a greater amount of basic information from MHLDDS than has ever been produced before, including numerators and denominators for established indicator measures

The format of this publication balances the need for increased frequency of reporting and scope of analysis with HSCIC resources and production time. As well as continuing to produce the majority of measures included in the previous version of this publication in the monthly data file, we are producing a large number of new measures in response to user feedback, in a range of formats to meet the different needs of the users of our data.

By publishing a range of clearly defined measures in a timely fashion we hope to support discussions between providers and commissioners about caseload and activity and promote a virtuous cycle of improving data quality, through use.

We no longer produce a suite of data tables as part of this publication. However the new machine readable data file is very detailed and allows data users to easily produce custom tabulations as required for their own analytical purposes.

## Assessment of user needs and perceptions

***This dimension covers the processes for finding out about users and uses and their views on the statistical products.***

The purpose of the MHLDS monthly reports is to provide mental health and learning disabilities service providers, commissioners and other stakeholders with timely information about caseload and activity. This is intended to support changes in commissioning arrangements as mental health services move from block commissioning to commissioning based on activity and caseload and outcomes for patients.

For members of the public, researchers and other stakeholders, the release provides up to date information about the people in contact with services and introduces some monitoring of aspects of the Mental Health Act.

## Performance, cost and respondent burden

***This dimension describes the effectiveness, efficiency and economy of the statistical output.***

The MHLDDS was identified as the data source to replace others in the Fundamental Review of Returns programme designed to reduce burden on the NHS. New analyses in the scope have been gradually being introduced into reporting from MHLDDS, initially classified as experimental statistics, starting with the community activity data. Where possible we have provided some parallel running of statistics from the original source and from MHLDDS, for comparison purposes.

## Confidentiality, transparency and security

***The procedures and policy used to ensure sound confidentiality, security and transparent practices.***

- Organisations may provide a refresh of their data during the data collection window for the subsequent reporting period should they wish; this will be published as final data with the next release.
- All publications are subject to a standard HSCIC risk assessment prior to issue. Disclosure control is implemented where deemed necessary.

Please see links below to relevant HSCIC policies:

Statistical Governance Policy (see link in 'user documents' on right hand side of page)

<http://www.hscic.gov.uk/pubs/calendar>

Freedom of Information Process

<http://www.hscic.gov.uk/foi>

A Guide to Confidentiality in Health and Social Care

<http://www.hscic.gov.uk/confguideorg>

Privacy and data Protection

<http://www.hscic.gov.uk/privacy>



## Appendix: Quality of individual measures

This table lists the measures in the Executive Summary and monthly data file, references related measures in the data quality measures file and provides some explanatory notes.

Measure reference	Name of measure	Related DQM and DCM references	Notes on quality
	Month		Generated in processing of submissions
	CCG Code	DQM8	The CCG used is the CCG of GP practice or, if GP practice was not recorded or was invalid, the CCG derived from the patient's postcode.
	CCG Name	DQM8	<u>ORGANISATION NAME</u> of the CCG
	Provider Code		This is derived at the point of submission and is present for every MHLDDS record.
	Provider name		<u>ORGANISATION NAME</u> of the Provider
	Reporting level		The data grouping. This should be filtered depending on the analysis required. Values are - national, provider, CCG, Local Authority and Provider/CCG
mm01	People in contact with services at the end of the Reporting Period	DCM1 - DCM8	Any unclosed episodes will prevent a Spell from being closed and may inflate the caseload at the end of the RP. Large changes in overall MHLDDS record volumes between RPs may be caused by local system issues or organisational change. These will affect the overall caseload at the end of the RP and all the related counts of people 'as at the end of the RP'. Local knowledge may be required to assess whether this applies.
mm02	People on CPA at the end of the RP	DCM2, DCM 7, DCM 8	Any CPA Episode episodes that have ceased but not been closed will affect the accuracy of this count.
mm03	People on CPA aged 18-69 at the end of the RP	as for mm02, DQM3	Birthdate is a mandated item in the submission so age will always be calculated
mm04	People on CPA at the end of the RP with HoNOS recorded	as for mm02, DQM12-13, DQM32	Any missing submissions for previous RPs will affect the accuracy since all variants of <u>HoNOS</u> and <u>Mental Health Clustering Tool</u> events from previous RPs are examined.
mm05	People on CPA for 12 months at the end of the RP	as for mm02	Any missing submissions for previous RPs will affect the accuracy since <u>CPA Review</u> events from previous RPs are examined.
mm06	People on CPA for 12 months with review at the end of the RP	as for mm02	Any missing submissions for previous RPs will affect the accuracy since <u>CPA Review</u> events from previous RPs are examined.
mm07	People with an open hospital spell at the end of the RP	DCM5	Any <u>Hospital Provider Spell</u> episodes that have ended but for which an <u>End Date of Hospital Provider Spell</u> has not been recorded will affect the accuracy of this count.



Measure reference	Name of measure	Related DQM and DCM references	Notes on quality
mm08	People subject to the Mental Health Act at the end of the RP	DQM10 DCM1, DCM4, DCM5, DCM6	The validity of <u>Legal Status Classification Code Following Event</u> data item will affect the accuracy and coverage of this report. Also any <u>Mental Health Act Event</u> , <u>Community Treatment Order</u> , <u>Hospital Provider Spell</u> or <u>Ward Stay</u> episodes which have ended but for which an <u>End Date</u> has not been submitted will affect the accuracy of this count. The coherence of this analysis can be assessed by comparison, at provider level, with reports included in the annual national statistics on uses of the Mental Health Act when figures for comparable reporting periods are available.
mm09	People subject to detention	as mm08 and see mm10	As mm08 and see mm10
mm10	People subject to CTO	DCM4	Any <u>Community Treatment Order</u> episode which has ended but for which an <u>End Date</u> has not been recorded will affect the accuracy of this count. This will have a knock on effect on the accuracy of mm09 if the CTO has ended with a revocation since such people should have been categorised as 'subject to detention'. The coherence of this analysis can be assessed by comparison, at provider level, with reports included in the annual national statistics on uses of the Mental Health Act when figures for comparable reporting periods are available.
mm11	People being treated by Early Intervention teams at the end of the RP	DQM14	The validity of <u>Adult Mental Health Team Type</u> data item will affect the accuracy and coverage of this report. Feedback from providers also suggests that many teams formerly defined as distinct Early Intervention teams have merged with other community mental health teams and can no longer be clearly identified in the MHLDDS dataset. This will have an impact on coverage. Any Team episodes that have ended but for which an <u>End Date</u> has not been recorded will affect the accuracy of this count.
mm12	People being treated by Assertive Outreach teams at the end of the RP	DQM14	As mm13. Feedback from providers also suggests that many teams formerly defined as distinct Assertive Outreach teams have merged with other community mental health teams and can no longer be clearly identified in the MHLDDS.
mm13	People in contact with NHS funded adults secondary mental health services at the end of the RP with accommodation status recorded.	as mm01	Any missing submissions for previous RPs will affect the accuracy since <u>Accommodation Status</u> events from previous RPs are examined.
mm14	People aged 18-69 on CPA at the end of the RP in settled accommodation	as mm03 and mm01	As mm01, mm03 and mm13
mm15	Proportion of people aged 18-69 on CPA in settled accommodation	as mm13 and mm14	As mm13 and mm14.

Measure reference	Name of measure	Related DQM and DCM references	Notes on quality
mm16	People with employment status recorded at the end of the RP	as mm01	Any missing submissions for previous RPs will affect the accuracy since <u>Employment Status</u> events from previous RPs are examined.
mm17	People aged 18-69 on CPA at the end of the RP in employment.	as mm03 and mm01	As mm01, mm03 and mm16
mm18	Proportion of people aged 18-69 on CPA in employment	as mm16 and mm14	As mm16 and mm17.
mm19	People with a crisis plan in place at the end of the RP	as mm1	
mm20	People with a diagnosis recorded in the RP	as mm1 DQM11	The validity of <u>Primary Diagnosis</u> data item will affect the accuracy and coverage of this report. Any missing submissions for previous RPs will affect the accuracy since <u>Primary Diagnosis</u> events from previous RPs are examined.
mm22	Care spell days in RP	as mm01	Any unclosed episodes will prevent a Spell from being closed and may affect the accuracy of this calculation.
mm23	Care spells starting in RP	as mm01	Any unclosed episodes will prevent a Spell from being closed. A new Spell can only occur where a previous Spell for the same person in the same provider has ended. Otherwise new activity will be part of the continuing Spell.
mm24	Bed days in RP	DCM6	Any unclosed or overlapping <u>Ward Stay</u> episodes will affect the calculation of this measure
mm25	Bed days less leave in RP	DCM6	Any unclosed or overlapping <u>Ward Stay</u> episodes will affect the calculation of this measure
mm26	Admissions to hospital in RP	DCM5	Any duplication of <u>Hospital Provider Spell</u> episodes will affect the accuracy of this measure.
mm27	Detentions on admission to hospital in RP	DQM10 DCM1, DCM5	The validity of <u>Legal Status Classification Code Following Event</u> data item will affect the accuracy and coverage of this report. Any duplication of <u>Mental Health Act Event</u> or <u>Hospital Provider Spell</u> episodes will affect the accuracy of this count. The coherence of this analysis can be assessed by comparison, at provider level, with reports included in the annual national statistics on uses of the Mental Health Act when figures for comparable reporting periods are available.
mm28	Discharges from hospital in RP	DCM5	Any duplication of <u>Hospital Provider Spell</u> episodes of failure to record the <u>End Date of Hospital Provider Spell</u> will affect the calculation of this measure.
mm29	Discharges from hospital, net, in RP	DCM5, DQM16	This is an experimental measure and subject to further refinement of the method. <u>Admission Method</u> is a key field in this measure and will be impacted by poor data quality
mm30	Discharges from hospital, net, followed up within 7 days in RP	as mm29	as mm29

Measure reference	Name of measure	Related DQM and DCM references	Notes on quality
mm31	Proportion of discharges from hospital followed up within 7 days	as mm29	as mm29
mm32	Contacts and daycare attendances in RP		Local knowledge will be required to assess the coverage. Providers receive feedback on activity volumes within the Data Summary Reports produced on submission, so they can check coverage for these measures.
mm33	Attended contacts and daycare attendances in RP		As mm32
mm34	Days of delayed discharge in RP		
mm39	AWOL episodes in RP		The change in methodology from that used in Routine Quarterly MHMDS Reports makes this figure more comparable with notifications provided to the Care Quality Commission about overnight AWOL episodes, which should make it easier for providers to validate.
mm40	Under 16 bed days in RP	DQM3, DCM6	Birthdate is a mandated item in the submission and a warning at the point of submission highlights records submitted for patients aged under 16 so there is an opportunity to remove any ineligible patient records from the submission. Any unclosed or overlapping <u>Ward Stay</u> episodes will affect the calculation of this measure
mm62	16 year old bed days in RP	DQM3, DCM6	See mm40
mm63	17 bed days in RP	DQM3, DCM6	See mm40
mm64	Emergency admissions in RP	DCM5, DQM16	Any duplication of <u>Hospital Provider Spell</u> episodes will affect the accuracy of this measure, as will accurate recording of <u>Admission Method</u>
mm65	Emergency readmissions in RP	As mm64	As mm64
mm66	People in contact with LD services	As mm01	The accuracy of data about the <u>Intended Clinical Care Intensity of Ward Stays</u> , <u>Treatment Function</u> , <u>Staff Specialty</u> and <u>Team Episodes</u> will impact on the accuracy of this measure
mm67	People in contact with MH services	As mm01	As mm66
mm68	People with an open LD hospital stay	As mm07	The accuracy of data about the <u>Intended Clinical Care Intensity of Ward Stays</u> will impact on the accuracy of this measure
mm69	People with an open MH hospital stay	As mm07	As mm68
CP001	People in contact with services at the end of the Reporting Period (RP)	As mm01	As mm01
CP002	People in scope for MH currencies at the start of the RP	DQM14, DQM15, DQM17	As mm01. The accuracy of data about the <u>Intended Clinical Care Intensity of Ward Stays</u> , about <u>Team Types</u> and timely recording of <u>Care Contacts</u> will affect the accuracy of categorising spells of care open at the start of the RP as 'in scope'.
CP003	People in scope for MH currencies at the end of the RP	As mm01 and CP002	As mm01 and CP002

Measure reference	Name of measure	Related DQM and DCM references	Notes on quality
CP004	People in scope for MH currencies at the end of the RP assigned a cluster	As CP003, DQM19	As CP003. Will be affected by the accuracy of recording <u>Mental Health Care Cluster</u> .
CP005	Proportion of in scope patients assigned to a cluster	As CP003 and CP004	Calculated as CP004 divided by CP003
CP006	Clusters assigned to people in scope for MH currencies at the end of the RP	DCM3	This measure shows duplicate or overlapping <u>Mental Health Care Cluster</u> episodes. CP006 should equal CP004. Any duplication will affect the accuracy of other cluster related measures and is referenced where appropriate
CP007	Proportion duplicate care clusters	As CP004 and CP006	Calculated as (CP006 minus CP004) divided by CP006.
CP008	People assigned to cluster with contact within Cluster Review Period	As CP006, DCM7	As CP004. Any missing submissions for previous RPs will affect the accuracy since <u>Care Contact</u> events from previous RPs are examined.
CP009	Proportion of people assigned to cluster on active caseload	As CP007 and CP008	Calculated as CP008 divided by CP006 and show as a percentage
CP010	Initial cluster assignments in the RP	As mm01 and CP004	As CP004. Also see mm23. Initial <u>Mental Health Care Cluster</u> episodes may be missed if an earlier Adult MH Care Spell has not been closed.
CP011	Initial cluster assignments with MHCT assessment in RP	As CP010	As CP010. Any missing <u>Mental Health Clustering Tool</u> assessments will affect the accuracy of this measure
CP012	Initial cluster assignments meeting red rules in the RP	As CP011	As CP011
CP013	Proportion of initial cluster allocations adhering to red rules	As CP011 and CP012	Calculated as CP012 divided by CP010
CP014	Days (MIN) to initial cluster assignments in RP	As CP010	As CP010.
CP015	Days (MEAN) to initial cluster assignments in RP	As CP010	As CP010
CP016	Days (MAX) to initial cluster assignments in RP	As CP010	As CP010
CP017	Contacts (MIN) to initial cluster assignments in RP	As CP010 and CP002	See CP010 and CP002. Data quality issues with the recording of <u>Care Contacts</u> (alongside <u>Ward Stay</u> episodes) will affect the accuracy of this measure
CP018	Contacts (MEAN) to initial cluster assignments in RP	As CP017	See CP017
CP019	Contacts (MAX) to initial cluster assignments in RP	As CP017	See CP017
CP020	People assigned to cluster in scope for MH currencies within cluster review period at the end of the RP	As CP004 and CP006	As CP004 and CP006

Measure reference	Name of measure	Related DQM and DCM references	Notes on quality
CP021	People assigned to cluster in scope for MH currencies outside cluster review period at the end of the RP	As CP020	As CP020
CP022	Proportion of patients within Cluster Review Periods	As CP020	Calculated as CP020 divided by CP006
CP023	Cluster review periods ended in RP	As CP004 and CP006	As CP004 and CP006
CP024	Distribution of Actual Cluster Review Periods (MIN)	As CP023	As CP023
CP025	Distribution of Actual Cluster Review Periods (MEAN)	As CP023	As CP023
CP026	Distribution of Actual Cluster Review Periods (MAX)	As CP023	As CP023
CP027	Cluster review periods that ended and stepped up in RP	As CP023	As CP023
CP028	Cluster review periods that ended with little change in RP	As CP023	As CP023
CP029	Cluster review periods that ended and stepped down in RP	As CP023	As CP023
CP030	Cluster review periods that ended with a rare transition in RP	As CP023	As CP023
CP031	Cluster review periods that ended with a discharge in RP	As CP023	As CP023
CP032	Cluster episodes that ended in the RP	As CP023	As CP023
CP033	Cluster episodes that ended in the RP, net	As CP023	As CP023
CP034	Cluster episodes that ended in the RP with paired HoNOS	As CP023, DQM12, DQM13 and DQM19	As CP023. Data quality issues with the recording of <u>Health of the Nation Outcomes Score (HoNOS)</u> or <u>Mental Health Clustering Tool</u> will affect the accuracy of this measure
CP035	Proportion of cluster episodes that ended in the RP with a HoNOS assessment at start and end	As CP034	Calculated as CP034 divided by CP033
CP036	Distribution of Actual Cluster Episode Period Duration (MIN)	As CP023	As CP023
CP037	Distribution of Actual Cluster Episode Period Duration (MEAN)	As CP023	As CP023
CP038	Distribution of Actual Cluster Episode Period Duration (MAX)	As CP023	As CP023

Measure reference	Name of measure	Related DQM and DCM references	Notes on quality
CP039	CPA reviews in the RP	As CP002 and CP003; DCM3	As CP002 and CP003. All measures of activity in the RP for in scope patients will be affected by the accuracy of CP002 and CP003 and adversely affected by duplication of <u>Mental Health Care Cluster</u> episodes as shown by DCM3
CP040	CPA reviews in the RP with corresponding MHCT	As CP039, DQM19	As CP039. Data quality issues in the recording of <u>Mental Health Clustering Tool</u> events will affect the accuracy of this measure
CP041	Proportion CPA reviews in the RP with MHCT	As CP039 and CP040	Calculated as CP040 divided by CP039
CP042	Cluster days in the RP	As CP039, DQM19	As CP039
CP043	Bed days in the RP	As CP038, DCM6	As CP039. Any unclosed or overlapping <u>Ward Stay</u> episodes will affect the calculation of this measure, as will a high proportion in CP007
CP044	Intensity of care	As CP043 and CP042	Calculated as CP043 divided by CP042
CP045	People with an open hospital spell at the end of the RP	As mm07 and CP006.	As mm07 and CP006.
CP046	Proportion with open hospital spell at the end of the RP	As CP045 and CP006	Calculated as CP045 divided by CP006
CP047	People subject to the Mental Health Act at the end of the RP	As mm08 and CP006	As mm08 and CP006.
CP048	Proportion subject to the Mental Health Act at the end of the RP	As CP047 and CP006	Calculated as CP047 divided by CP006
CP049	Admissions to hospital in the RP	As mm26 and CP039	As mm26 and CP039
CP050	Discharges from hospital in the RP	As mm28 and CP039	As mm28 and CP039
CP051	Discharges from hospital, net, in RP	As mm29 and CP039	As mm29 and CP039
CP052	Discharges from hospital, net, followed up within 7 days in RP	As mm30 and CP039	As mm30 and CP039
CP053	Proportion of discharges from hospital, net, followed up within 7 days in RP	As CP051 and CP052	Calculated as CP052 divided by CP051
CP054	Contacts and daycare attendances in RP	As mm32 and CP039	As mm32 and CP039
CP056	Contacts and daycare attendances in RP not attended	As mm32 and CP039	As mm32 and CP039
CP057	People on CPA at the end of the RP period	As mm02, CP003 and CP006	As mm02, CP003 and CP006
CP058	The proportion of users in each cluster who are on CPA	As CP057 and CP006	Calculated as CP057 divided by CP006
CP059	People on CPA for 12 months at the end of the RP	As mm05, CP003 and CP006	As mm05, CP003 and CP006
CP060	People on CPA for 12 months with review at the end of the RP	As mm06, CP003 and CP006	As mm06, CP003 and CP006



Measure reference	Name of measure	Related DQM and DCM references	Notes on quality
CP061	The proportion of users on CPA who have had a review within the last 12 months	As CP059 and CP060	Calculated as CP059 divided by CP060
CP062	People with ethnicity recorded at the end of the RP	DCM1 – DCM8, DQM14, DQM17	As CP006
CP063	The completeness of ethnicity recording	As CP062 and CP006	Calculated as CP063 divided by CP006
CP064	People in contact with NHS funded adults secondary mental health services at the end of the RP with accommodation status recorded.	As mm13 and CP006	As mm13 and CP006
CP065	Proportion of people with accommodation status recorded in the last 12 months at the end of the RP	As CP064 and CP006	Calculated as CP064 divided by CP006
CP066	People at the end of the RP in settled accommodation	As mm14, CP003 and CP006	As mm14 (not limited by age or CPA), CP003 and CP006
CP067	The accommodation status of all users (as measured by an indicator of settled status)	As CP006 and CP066	Calculated as CP066 divided by CP006
CP068	People with no serious accommodation problems at the end of the RP	DQM32 and as CP006	Accurate recording of <a href="#">Mental Health Clustering Tool</a> ratings is essential for this measure
CP069	Proportion with no serious accommodation problems at the end of the RP	As CP006 and CP068	Calculated as CP068 divided by CP006
CP070	People with a crisis plan in place at the end of the RP	As mm19 and CP006	As mm19 and CP006
CP071	Proportion of people with a crisis plan in place at the end of the RP	As CP070 and CP006	Calculated as CP070 divided by CP006
CP072	People with on CPA at the end of the RP with a crisis plan in place	As mm19 and CP006	As mm19 (limited to those on CPA), CP003 and CP006
CP073	The proportion of users with a crisis plan in place, limited to those on Care Programme Approach (CPA).	As CP072 and CP006	Calculated as CP072 divided by CP006
CP074	People in contact with services at the end of the RP with a diagnosis recorded	As mm20 and CP006	As mm20 and CP006

Measure reference	Name of measure	Related DQM and DCM references	Notes on quality
CP075	The proportion of users who have a valid ICD10 diagnosis recorded	As CP074 and CP006	Calculated as CP074 divided by CP006



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