

DCB1069: Community Services Data Set (CSDS) v1.5 Requirements Specification

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Information and technology
for better health and care

Data Coordination Board

This information standard (DCB1069) has been approved for publication by the Department of Health and Social Care under [section 250 of the Health and Social Care Act 2012](#).

Assurance that this information standard meets the requirements of the Act and is appropriate for the use specified in the specification document has been provided by the Data Coordination Board (DCB), a sub-group of the Digital Delivery Board.

This information standard comprises the following documents:

- Requirements Specification
- Implementation Guidance
- Change Specification
- Technical Output Specification.

An Information Standards Notice (DCB1069 Amd 95/2018) has been issued as a notification of use and implementation timescales. Please read this alongside the documents for the standard.

The controlled versions of these documents can be found on the [NHS Digital website](#). Any copies held outside of that area, in whatever format (e.g. paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.

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Glossary of Terms

Term / Abbreviation	What it stands for
Aggregate data set	A set of data items (i.e. a data set) that captures data in aggregate form. Each record within the data set pertains to a specific form of grouping.
AHP	<p>Allied Health Professionals work across a wide range of locations and sectors within acute, primary and community care. They are made up of the following staff groups:</p> <ul style="list-style-type: none"> • Art, Drama, Music Therapists • Chiropodists/Podiatrists • Occupational Therapists • Orthoptists • Physiotherapists • Prosthetists and Orthotists • Radiographers Diagnostic and Therapeutic • Speech and Language Therapists • Dietitians.
AQP	<p>Any Qualified Provider - a means of commissioning certain NHS services in England. Clinical Commissioning Groups (CCGs) will determine the services to be commissioned as AQP; the intention is to increase patient choice. All providers must meet the qualification criteria set for a particular service and once qualified their service will appear on the NHS e-Referral Service for patients to select.</p> <p>The AQP scheme means that, for some conditions, patients will be able to choose from a range of approved providers, such as hospitals or high street service providers.</p>
Care Pathway	Care pathways describe the route that a patient will take from their first contact with a healthcare provider to the completion of their treatment.
Central Data Repository	A repository of data relating specifically to the CSDS. Could also be known as a Central Data Warehouse.
Clinical Governance	Clinical governance is defined by the Department of Health and Social Care (DHSC) as describing “the structures, processes and culture needed to ensure that healthcare organisations - and all individuals within them - can assure the quality of the care they provide and are continuously seeking to improve it”.
Conformance Date	The date when services and IT systems must conform to standards and meet the specification as set out in the mandate and guidance. This can be read as when the first submission window closes for the CSDS and care providers must therefore be fully conformant.
CSDS	The Community Services Data Set is an information standard, approved by the governing standards body, which defines a patient-level data set for all patients in receipt of publicly funded Community Services. CSDS is an ‘output data set’; therefore, it sets out to describe “what should be extracted” from local IT systems and periodically be submitted to the central data repository. CSDS is not

	an input standard or 'clinical data set'; therefore, this data set does not define "what should be captured or collected" from local IT systems.
CDS	Commissioning Data Sets enable national reporting on NHS funded or provided secondary care.
Data Controller	<p>A person who (either alone or jointly or in common with other persons) determines the purposes for which and the manner in which any personal data are, or are to be, processed.</p> <p>A data controller must be a "person" recognised in law, that is to say:</p> <ul style="list-style-type: none"> • individuals; • organisations; and • other corporate and unincorporated bodies of persons. <p>Data controllers will usually be organisations, but can be individuals, for example self-employed consultants. Even if an individual is given responsibility for data protection in an organisation, they will be acting on behalf of the organisation, which will be the data controller.</p>
Data Group	A collection of data items that describe a distinct event or episode. This can also be referred to as a table of data.
Data Item	A single component of a data group that holds one piece of information relating to an event or episode.
Data Set	The full collection of data groups. See 'Technical Output Specification' (TOS).
Data Submission File	One file related to a data set that data providers submit to the central data repository. A data submission consists of an Extensible Markup Language (XML) file containing the data for a single reporting period in the format defined by NHS Digital.
DCB	Data Coordination Board. Approves information standards and data collections (including extractions) for collection by NHS and Adult Social Care Services.
Derived	A data item populated at the central data repository as part of post-deadline processing. The derived data item is based on the manipulation of the 'source' data items using mathematical, logical or other types of transformation process, or by using source data to derive further data from national look-up tables.
DHSC	Department of Health and Social Care
ETOS	Enhanced Technical Output Specification, available on the CSDS web page ¹ . This is an enhanced version of the specification for the output data set which in addition to defining each data item also provides additional detail which will assist implementation. This document splits the data set into a number of groups (tables), each containing data items, values and additional detail such as validations (to improve data quality) and describes derivations are undertaken. This document is complimented by the Technical Output Specification (TOS) published as part of the standard, available on the Data Coordination Board (DCB) publication page ² .

¹ <https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/community-services-data-set>

² <http://digital.nhs.uk/isce/publication/dcb1069>

Information Standard	An Information Standard as specified within the Health and Social Care Act 2012 is 'a document containing standards in relation to the processing and use of information'. An Information Standard specifies rules for the processing, management and sharing of information and specifies what process is needed, the 'quality' required in the form of conformance criteria and how it can be implemented.
ISN	Information Standards Notices (ISNs) are issued by the Data Coordination Board (DCB) to give notice of changes to information requirements and information standards used by the NHS and Social Care Services.
NHS Digital	A data, information and technology resource for the health and care system which plays a fundamental role in driving better care, better services and better outcomes for patients in England. Previously (and still legally) known as the HSCIC, a non-departmental body created by statute.
ODS	<p>Organisation Data Service (ODS) codes facilitate a patient's treatment by providing unique identification codes for organisational entities of interest to the NHS, for example NHS Trusts or CCGs, organisation sites such as hospitals, or GP Practices.</p> <p>The codes are distributed to the wider NHS and uploaded on to IT systems, thus providing a set of organisational data and organisation types, names, addresses etc that are consistent across the board.</p>
Output Data Set	A set of standardised data items defining "what should be extracted" from local clinical IT systems. NHS trusts have the flexibility of adopting any local data collection process and system they see fit, so long as the system can extract data as per the Technical Output Specification (TOS). An output data set is not usually used for direct patient care and is only for secondary uses purposes e.g. national reporting.
Patient Level	Relating to a single data subject (e.g. person or patient), as opposed to an aggregate data set.
Post-deadline Processing	The processing undertaken at the close of a submission window by the central data repository.
Reporting Period	The period (usually a calendar month) for which a particular data upload refers.
RTT	Referral To Treatment refers to the length of waiting time for a patient's treatment, focusing on the entire patient journey from the initial receipt of a referral to the first definitive treatment.
Screening	A public health service in which members of a defined population, who do not necessarily perceive they are at risk of, or are already affected by a disease or its complications, are asked a question or offered a test, to identify those individuals who are more likely to be helped than harmed by further tests or treatment to reduce the risk of a disease or its complications.
Secondary Uses	Re-using clinical and operational information for purposes other than direct patient care. For example, national reporting.
Submission Window	The time period (usually approximately one calendar month) during which a data provider may submit data uploads for a given reporting period.

TCS	Transforming Community Services was a Department of Health and Social Care (DHSC) programme that aimed to provide essential care to people, families and communities, from health promotion to end of life care. This care is provided in many settings, at critical points in people's lives, and often to those in vulnerable situations.
TOS	Technical Output Specification – a specification that fully defines the data items within the output data set. The Technical Output Specification splits the data set into a number of data groups (tables), each containing related data items and values.

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1. Overview

This product precisely defines the requirements of the Community Services Data Set (CSDS) standard. It is the formal definition of the standard.

Standard	
Standard Number	DCB1069
Standard Title	Community Services Data Set
Description	<p>The Community Services Data Set (CSDS) is a patient level, output based, secondary uses data set which will deliver robust, comprehensive, nationally consistent and comparable person-centred information for people who are in contact with publicly funded Community Services.</p> <p>The standard defines the data items, definitions and associated value sets to be extracted or derived from local systems and submitted to NHS Digital on a monthly basis. Note that this data set does not specify the data to be captured for direct patient care but will make use of such clinical and operational data for secondary uses.</p>
Release	
Release Number	Amd 95/2018
Release Title	Version 1.5
Description	<p>CSDS v1.5 is an uplift to the established CSDS v1.0 and is required to keep the data set relevant with current clinical practices, maintain compliance with national data standards, meet policy requirements and allow further submission of data for patients of all ages. To deliver this, there are a number of small structural changes in this release, but their introduction will have a minimal burden on the care provider or system supplier organisations.</p> <p>Changes to existing standard made in v1.5 are:</p> <ul style="list-style-type: none"> • extension of list of childhood immunisations able to be recorded in table CYP502 Immunisations • allow submission of HPV immunisation for both males and females within table CYP501 Coded Immunisations and CYP502 Immunisations • extension of scope of immunisations recorded in table CYP501 Coded Immunisations, using SNOMED CT Terminology, to all ages. Note: scope of Table CYP502 Immunisations will remain children and young people only • collection of primary data collection system in use in table CYP000 Header

	<ul style="list-style-type: none"> • extension of list of Person Relationship (Main Carer) in CYP001 MPI to facilitate description of caring relationships provided by both children and young people and adults • implementation of DCB0090 Health and Social Care Organisation Reference Data through amendment of appropriate identifiers throughout the data set • collection of data regarding the transition of children and young people to adult services through addition of two new tables, CYP004 Care Plan Type and CYP005 Care Plan Agreement • various amendments to align correctly with the NHS Data Model and Dictionary • alignment with DCB2094 Sexual Orientation Monitoring (SOM) through addition of a new table, CYP006 Social and Personal Circumstances • collection of employment status through the addition of a new table, CYP007 Employment Status • extension of list of service type or team type referred to in table CYP102 Service Type Referred to • monitoring of the following, in response to the NHS Long Term Plan, within table CYP104 RTT <ul style="list-style-type: none"> ○ crisis response intermediate care waiting times and, where clinically appropriate, whether these are within the 2-hour standard, and ○ other intermediate care waiting times (reablement intermediate care, home based intermediate care and bed based intermediate care) and, where clinically appropriate, whether these are within the 2-day response standard • extension of use of SNOMED CT terminology for additional outcome scales and scores, such as Karnofsky Performance Status Scale, Musculoskeletal Health Questionnaire (MSK-HQ) and Palliative Care Phases of Illness Scores. SNOMED Ref Set updates will be issued using normal release cycle of October and April • enable submission of adult data within previously child specific tables and items across the data set <ul style="list-style-type: none"> ○ Note: This continues the work commenced in version 1 of the data set in making it applicable to all ages. <p>In addition, this release incorporates all changes described in the TOS subsequent to v1.0.4 of that document. Various amendments are also made to align with the NHS Data Model and Dictionary and rename 'person' as 'patient', as described in the TOS.</p>
Implementation Completion Date	<p>From 1 April 2020, providers of publicly funded Community Services MUST be able to collect information locally, and their systems MUST be fully conformant with this standard.</p>

	From 1 May 2020, providers of publicly funded Community Services MUST begin submitting CSDS submissions in accordance with this standard.
Full Conformance Date	30 June 2020

1.1. Supporting Products

A comprehensive set of documentation has been developed by the project team for the CSDS Information Standard. A breakdown of the individual products can be found below.

Document/Product	Description	Publication Status
DCB Information Standard Documentation		
Information Standards Notice	Notification of publication of a new or amended standard.	Published on NHS Digital Standards and collections webpage
Change Specification	Outlines a list of changes made to the CSDS Information standard. For example, the addition of new data items or tables, the renaming of data items/tables to conform to NHS Data Model and Dictionary and the deletion of other items.	Published on NHS Digital Standards and collections webpage
Requirements Specification	Outlines the scope of the Information Standard and the timescales for implementation. Gives an overview of the requirements for both care providers and system suppliers, and associated conformance criteria (the tests that can be measured to assess whether the standard is being used correctly).	Published on NHS Digital Standards and collections webpage
CSDS Technical Output Specification (TOS)	This is the specification for the output data set required of providers that fully defines each data item within the data set. This document splits the data set into a number of groups (tables), each containing data items and values. This document is complimented by the NHS Digital published Enhanced Technical Output Specification (ETOS), available on the CSDS webpage. The 'Change Control' tab within this document defines the individual changes made to tables and data items as part of the <i>Change Request</i> . The TOS should be referred to alongside the Data Model, available on the CSDS webpage.	Published on NHS Digital Standards and collections webpage

CSDS Implementation Guidance (this document)	A document containing guidance to support care providers and system suppliers with the implementation of the data set, including organisational guidance around data set users and information governance.	Published on NHS Digital Standards and collections webpage
Technical Documentation		
Enhanced Technical Output Specification (ETOS)	This is an enhanced version of the specification for the output data set required of providers that fully defines each data item within the data set and provides additional detail. This document splits the data set into a number of groups (tables), each containing data items, values and additional detail such as validations (to improve data quality) and derivations. This document is complimented by the Technical Output Specification (TOS) published as part of the standard, available on the Data Coordination Board (DCB) publication page. The 'Change Control' tab within this document defines the individual changes made to tables and data items as part of the <i>Change Request</i> . The ETOS should be referred to alongside the Data Model.	Published on NHS Digital CSDS webpage
Data Model	Provides a pictorial representation of the output data set. The Data Model clearly defines the referential integrity that will be enforced when the submission file is validated.	Published on NHS Digital CSDS webpage
Technical Guidance	Further explains the data submission process, the submission windows, and gives advice regarding submitting data.	Published on NHS Digital CSDS webpage
User Guidance	Guidance for care providers and system suppliers about the structure and content of the data set, including guidance about how to map/submit each individual data item.	Published on NHS Digital CSDS webpage
CSDS XML Schema	Submissions are made using compliant XML schema.	Published on NHS Digital CSDS webpage
Organisational assessment and planning tools		
Implementation Planning Template	Organisations can use this planning template to plan their activity for implementing the CSDS. The resulting plan should give a high-level picture of how the organisation intends to tackle this implementation within the anticipated timescales.	Published on NHS Digital CSDS webpage
Readiness Assessment Tool	Organisations can use this readiness assessment tool to measure their CSDS implementation progress. This spans a baseline assessment, regular reviews and a final review to report successful implementation.	Published on NHS Digital CSDS webpage

System Conformance Checklist	This is a worksheet tool for service providers to assess how well their local IT systems 'map' to the data set specification.	Published on NHS Digital CSDS webpage
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The above documents are provided on either:

- [NHS Digital Standards and collections webpage³](#)
- [Published on NHS Digital CSDS webpage⁴](#).

1.2. Related Standards

Ref #	Reference	Title
1	DCB1513	Maternity Services Data Set
2	ISB 0149-02	NHS Number for Secondary Care
3	ISB 0149-01	NHS Number for General Practice
4	ISB 1555	Birth Notifications
5	ISB 0092	Commissioning Data Sets (CDS) version 6.2
6	SCCI0034	SNOMED CT
7	DCBI1609	Child Protection Information Sharing (CP-IS)
8	DCB0090	Health and Social Care Organisation Reference Data
9	DCB1605	Accessible Information
10	SCCI0021	International Statistical Classification of Diseases and Health Related Problems (ICD-10)

2. Health and Care Organisations

2.1. Requirements

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

Requirement
The following section describes the care provider requirements of this standard.
Timeframe
(1.1) From 1 April 2020, providers of Community Services as defined in this Information Standard MUST be able to collect the information as defined in the Technical Output Specification for local use.
(1.2) From 1 May 2020, providers of Community Services as defined in this Information Standard MUST begin submitting the monthly CSDS submissions as per the instructions in the CSDS Technical Guidance. The providers MUST allow time to

³ <http://digital.nhs.uk/isce/publication/dcb1069>

⁴ <https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/community-services-data-set>

review and implement corrections to their submission files within the designated window.
Scoping
(2.1) With immediate effect, providers of Community Services MUST review the 'In scope' and 'Out of scope' section of this Specification to establish whether the standard applies to the services they offer.
(2.2) Providers SHOULD review all related documentation to fully understand the background, objectives and scope of this information standard.
Feasibility Assessment
(3.1) With immediate effect, providers of Community Services MUST review the latest version of the CSDS Technical Output Specification (TOS) and CSDS User Guidance to understand the scope and definition of each data item.
(3.2) As an Output Data Set, the CSDS is intended to only define "what should be extracted" from local IT systems, not "what should be captured". A clinical data set will need data items beyond what the CSDS specifies; consequently, providers of Community Services SHOULD NOT use this data set to support their clinical and operational data capture. The whole ethos around the CSDS is to only re-use clinical data and not specify standards for capturing clinical data.
(3.3) Providers of Community Services SHOULD familiarise themselves with the CSDS XML schema and conversion tool to understand how data items are grouped for the Data Submission File. <ul style="list-style-type: none"> An XML conversion tool package for the CSDS has been developed by NHS Digital. This enables providers to transform their data into the required structure for submission. Use of the conversion tool is optional. Further information can be found in the CSDS Technical Guidance.
(3.4) Providers of Community Services SHOULD carry out a 'data mapping exercise' to understand how well their existing electronic systems align to the CSDS TOS and take appropriate action to ensure that the standard is fully met. The self-assessment 'System Conformance Checklist' tool is available on the NHS Digital website ⁵ to support this mapping exercise. The mapping exercise is likely to need the involvement of experienced CSDS leads, the organisation's Information Management Service and the appropriate IT system suppliers.
(3.5) Providers of Community Services MUST make submissions only for those data items defined in the TOS and no additional data items should be included.
Information Governance
(4.1) The CSDS Implementation Guidance explains the information governance issues surrounding the data set. Caldicott Guardians and the Heads of Community Services MUST review the Information Governance Guidelines within the CSDS Implementation Guidance to understand: <ul style="list-style-type: none"> how data submission, storage and reporting processes handle identifiable and sensitive data items how consent issues must be best managed.
(4.2) Providers of Community Services MUST make available information and guidance to patients stating that their clinical care data may be re-used for the purpose of data analysis and reporting.

⁵ <https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/community-services-data-set>

- (4.3) With immediate effect, providers of Community Services **SHOULD** read the following documents, more details of which are included in the Implementation Guidance document:
- [The NHS Confidentiality Code of Practice \(2003\)](#)⁶
 - [Report of the Review of Patient Identifiable Information \(1997\) \(Caldicott Report\)](#)⁷
 - [The Information Governance Review \(2013\) \(Caldicott 2\)](#)⁸
 - [Guide to the General Data Protection Regulation \(GDPR\)](#)⁹
- (4.4) Providers of Community Services **SHOULD** also consult and adhere to the good practice advice and guidance set out in NHS Digital's '[A Guide to Confidentiality in Health and Social Care](#)'.
- (4.5) To prevent breaches of confidentiality, it **MUST** be the sole responsibility of the Providers of Community Services' Caldicott Guardian to ensure the subject information is withheld where appropriate.
- (4.6) Any immediate concerns **SHOULD** be addressed to the standard's developers at NHS Digital, or the [Health Research Authority \(HRA\) Confidentiality Advisory Group \(CAG\)](#) if the concerns relate to data dissemination.
- (4.7) Providers of Community Services **SHOULD** ensure that local data repositories comply to appropriate data security controls.

Clinical Governance

- (5.1) As an Information Standard that approves a national patient-level CSDS:
- Governing and audit bodies **MAY** use the data set to monitor whether providers of Community Services are making year on year improvements.
 - Providers of Community Services **MAY** use the data set to compare and contrast performance to drive service improvements.
- It is therefore clear that the data set can be used for clinical governance purposes.

Clinical Risks and data quality

- (6.1) Providers of Community Services **SHOULD** always seek to understand data quality issues, such as through use of published national reports and giving consideration to the quality of information submitted.
- (6.2) Ongoing efforts **SHOULD** be made to ensure that data quality is of the highest standard before forming judgements about reports and introducing changes.
- (6.3) Where there is a system change in order to meet this standard (e.g. the procurement of a new clinical system from a different supplier), providers of Community Services **SHOULD** ensure that supplier organisations are compliant with the clinical safety standards [DCB0129](#) and [DCB0160](#).

Central Data Submission

- (7.1) Providers of Community Services **MUST** create a monthly data submission as set out in the CSDS Technical Guidance. Therefore, providers of Community Services **MUST** be able to:
- collate and extract data from local IT systems as per the CSDS TOS

⁶ <https://www.gov.uk/government/publications/confidentiality-nhs-code-of-practice>

⁷

https://webarchive.nationalarchives.gov.uk/+/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4068403

⁸ <https://www.gov.uk/government/publications/the-information-governance-review>

⁹ <https://www.gov.uk/government/publications/guide-to-the-general-data-protection-regulation>

- structure the data and create a data submission file as per the CSDS Technical Guidance
- apply the basic validation rules and ensure that the submission file conforms to these
- ensure the data submission file only contains data for a single month and relates to one provider organisation
- submit the data submission file as per the data submission protocol highlighted in the Technical Guidance.

(7.2) Providers of Community Services **MUST** submit data monthly to the central data repository as described in the schedule issued on [the NHS Digital website](#). The schedule outlines the timeframe (Submission Window) within which data relating to a monthly period (Reporting Period) **MUST** be submitted.

(7.3) Providers of Community Services **MUST** check error reports, correct errors and make re-submissions at the earliest opportunity. Further details on error correction and re-submissions are explained within the Technical Guidance.

Constructing a Data Submission File

The CSDS Technical Guidance document provides information on how to create a monthly submission file. Providers of Community Services **MUST** review this document; however, noted below are key requirements of the technical submission architecture.

(8.1) A submission **MUST**:

- only contain data for a single provider organisation
- only contain data relating to activities occurring in a single month
- meet the conditions and validation rules explained in the CSDS TOS and ETOS.

(8.2) All relevant elements of the CSDS must be submitted, but in order for a file to be successfully uploaded it **MUST** consist of a:

- header group
- two or more data groups, including CYP001 and CYP002 entries for every record.

(8.3) Each group consists of one or more data items. The groupings of data items for each table **MUST** be as per the layout specified in the CSDS TOS.

(8.4) Providers of Community Services **MUST** include in their submission all data groups they can generate from local electronic systems.

(8.5) The first data submission **MUST** include all data relating to referrals that were open on 1 April 2020 and all subsequent new referrals.

(8.6) The Information Standard does not stipulate how data should be collected in local electronic systems, so the groups **MAY** generate data from one or more data sources. It **MAY** be that providers of Community Services adopt a local data repository to aggregate data from all relevant sources and use this to generate the Data Submission File. A conversion tool has also been provided which **MAY** be used to collate data from multiple systems and produce a submission file in the correct XML format.

Validation Rules

(9.1) With immediate effect, providers of Community Services **MUST** review the CSDS TOS and ETOS to understand the data validation rules that will be applied to each data group on arrival at the central data repository to all incoming Data Submission Files. Any validation rules not adhered to will result in appropriate groups or the entire submission being rejected.

(9.2) Where error reports are generated due to non-conformance against validation

rules, providers of Community Services **MUST** take immediate action and resubmit the corrected file within the submission window. Details of the rejection and error messages contained within the reports are provided within the CSDS TOS and ETOS.

Data Quality Feedback

- (10.1) With immediate effect, providers of Community Services **MUST** review the CSDS TOS and ETOS to understand the data quality rules that will be applied to each data group on arrival at the central data repository.
- (10.2) Providers of Community Services **SHOULD** review reports generated by NHS Digital highlighting issues with data quality to allow them to take further action before the submission window closes.
- (10.3) Providers of Community Services **SHOULD** make every effort to resolve inherent systemic errors and address recurring data quality issues, as once the submission window closes for a particular reporting period there will not be a further opportunity to resubmit the data.

Monthly Submission

- (11.1) A submission **MUST** be made via the central data repository on a monthly basis and as per instructions laid out in the CSDS Technical Guidance.

Issues and Maintenance

- (12.1) To support the implementation of this information standard, providers of Community Services **SHOULD** highlight any persistent issues and feed these back to the standard's developers. Feedback will be used by the developers to improve the implementation and data collection processes for future consideration towards a data set change or, indeed, further implementation phases. Feedback can be sent via enquiries@nhsdigital.nhs.uk (please include 'FAO CSDS Development' in subject line).

Requirements of Key Personnel Involved in the Delivery of this Data Set

- (13.1) **Heads of Community Services** are responsible for capturing the information as part of the on-going care of patients. They **MUST**:
- familiarise themselves with the CSDS TOS to understand what data items are mandated by this Information Standard
 - assist their organisation's IT and/or Information Management service in completing the CSDS System Conformance Checklist to assess what proportion of the CSDS TOS data items are available from their organisation's local IT systems
 - ensure they understand and implement the information governance approach adopted for this data set, which can be found in the information governance section of the Implementation Guidance
 - explain to operational and clinical staff the importance of capturing data for the CSDS.
- (13.2) **Clinical staff MUST**:
- capture the CSDS TOS data items in an accurate and timely manner
 - understand the deployed information governance approach, especially in relation to the handling of sensitive data.
- (13.3) **Informatics staff** are responsible for producing extracts that conform to the XML schema, TOS and ETOS. They **MUST**:
- familiarise themselves with the CSDS TOS, ETOS and XML schema to

- understand what data items are mandated by this Information Standard
- configure electronic patient record systems to allow compliance with the standard
- submit the data to the central data repository within the prescribed reporting periods and deadlines
- review and work with clinicians to resolve data quality issues identified in the output reports
- ensure they understand and implement the information governance approach adopted for this data set, which can be found in the information governance section of the Implementation Guidance.

Informatics staff **MAY** also be responsible for the collation of information from a range of disparate systems into the CSDS. This will include ensuring completeness and data quality of the information within the data set.

Working Practices

Cascading the Information Standard requirements to operational staff

- (14.1) With immediate effect, all clinicians and operational staff involved in community care need to be made aware of this Information Standard (and any subsequent updates). Providers of Community Services' Chief Executives **MUST** be held accountable to comply with the dates instructed by the mandate. The mandate and an appropriate Project Brief **SHOULD**, therefore, be cascaded to the commissioned Community Services for the attention of the Community Service leads and other relevant staff.
- (14.2) Instructions **MUST** also be communicated to the organisation's information leads to initiate collaborative work with Informatics Services and Community Services as early as possible.

System upgrades

- (15.1) This Standard looks to re-use clinical and operational data for national analysis and reporting. Providers of Community Services **SHOULD** conduct a mapping exercise to determine how well local systems map to the CSDS TOS (using the CSDS System Conformance Checklist).
- (15.2) For data items that align to the data set TOS, providers of Community Services **MUST** collate the data locally on a monthly basis.
- (15.3) Where the mapping exercise identifies gaps, providers of Community Services **MUST** plan to undertake development efforts with their IT system suppliers to upgrade existing IT systems.
- (15.4) Providers of Community Services **SHOULD** consider the provision of adequate resources to make plans for any transcription requirements of paper records to electronic forms which ultimately meet the entire mandated data standard for central returns.

How CSDS providers should look to capture data

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

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

How to achieve timely data capture and file submission

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

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

(18.1) Due to the number of services considered Community Services, each of which **MAY** use its own dedicated IT system, the CSDS spans several services and systems (e.g. Health Visiting and Child Health). The Information Standard makes it very clear that a submission file can only include data pertaining to one organisation and for reporting periods that are open. Therefore, providers of Community Services **MAY** wish to consider developing a local data repository to generate the monthly submission files.

2.2. Conformance Criteria

This section describes the tests that can be measured to indicate that the information standard is being used correctly by a provider organisation (conformance criteria). Conformance of provider organisations is also assessed through analysis of the submitted data, once it is received by NHS Digital. In each case, the requirement(s) being measured by each criterion is shown in italics.

Conformance Criteria

(1.1) All relevant data from the CSDS TOS, i.e. mandatory items and required items that should be reported where they apply, are collected locally from 1 April 2020. This will be measured by assessing the data received by providers from the submissions commencing.

(1.2, 7.1, 7.2, 7.3, 8.1, 8.2, 8.3, 8.4, 8.5, 11.1 and 15.2) Submissions to the CSDS, constructed in accordance with the CSDS Technical Guidance, TOS and ETOS, are made from 1 May 2020 and on a monthly basis thereafter. This will be measured by assessing the data received by providers from the submissions commencing.

(2.1, 3.1, 3.5 and 16.2) The CSDS Information Standards Notice, Requirements Specification (this document), Change Specification and other supporting documents have been reviewed within one month of the publication date of this Information Standard, in order to establish which services are covered by the scope, how the data items within the data set are defined, and what data items should be included in submissions.

(4.1, 4.2 and 4.5) Prior to the start of local data collection, the information governance considerations around the CSDS have been reviewed by Caldicott Guardians and the Heads of Community Services, and relevant information communicated to patients about the collection and submission of their data.

(9.1, 10.1 and 17.1) By 1 May 2020 (before start of data submission) the latest version of the CSDS TOS and ETOS has been reviewed and the relevant data validation and data quality rules are understood. Any such issues are identified and acted upon after each submission. This will be measured by assessing the data received by providers from the submissions commencing and assessing any improvements in data quality.

(9.2) From 1 May 2020 (start of data submission), all error reports generated due to non-conformance with validation rules are reviewed in a timely manner, allowing for re-submission of a corrected file within the submission window. This will be measured by assessing the data received by providers from the submissions commencing and assessing any improvements in data quality between submissions.

(13.1, 13.2, 13.3, 14.1 and 14.2) Key personnel involved in the delivery of the CSDS understand their obligations in relation to local data capture, the submission of CSDS data, the required information governance approach and the cascading of the information standard requirements to clinicians and operational staff involved in community care prior to local data collection commencing on 1 April 2020.

3. IT Systems

3.1. Requirements

Requirement ¹⁰
The following section describes the care provider requirements to ensure that their IT systems conform to this standard.
Timeframe
<p>(1.1) From 1 April 2020 systems used by Community Services MUST be able to capture and/or derive the data items defined within this standard. This includes mapping of local codes to national codes, and the ability to extract this information as envisaged within this standard, e.g. without interim workarounds. Suppliers MAY assess this against the System Conformance Checklist which can be found on the NHS Digital website.</p> <p>(1.2) Changes made to systems MUST result in minimal increase on burden for providers in capturing and extracting the information defined in the CSDS TOS and ETOS, and any additional burden MUST be proportionate.</p> <p>(1.3) When considering potential developments, maximising good data quality MUST be prioritised.</p>
Scoping
(2.1) IT Systems Suppliers SHOULD review all related documentation to fully understand the background, objectives and scope of this information standard.
Feasibility Assessment
<p>(3.1) With immediate effect, IT Systems Suppliers SHOULD review the CSDS Technical Output Specification (TOS) and CSDS User Guidance to understand the scope and definition of each data item.</p> <p>(3.2) As an Output Data Set, the CSDS is intended to only define “what should be extracted” from local IT systems, not “what should be captured”. A clinical data set will need data items beyond what the CSDS specifies.</p> <p>(3.3) While IT Systems Suppliers SHOULD use this data set to support their system development, they SHOULD NOT use the data set exclusively and SHOULD also consider the full requirements of the care setting where it is used. The whole ethos around the CSDS is to only re-use clinical data, not specify standards for capturing clinical data.</p> <p>(3.4) IT Systems Suppliers SHOULD familiarise themselves with the CSDS XML schema and conversion tool to understand how data items are grouped for the Data Submission File.</p> <p>(3.5) IT Systems Suppliers SHOULD provide tools to enable a ‘data mapping exercise’ to be carried out and where possible complete the mappings to the national codes on behalf of the CSDS providers. A self-assessment ‘System Conformance Checklist’ is a tool available on the NHS Digital website to support this mapping exercise.</p>

¹⁰ The key words MUST, SHOULD and MAY are defined in [RFC-2119](#).

Information Governance
<p>The CSDS Implementation Guidance explains the information governance issues surrounding the data set.</p> <p>(4.1) IT Systems MUST provide a mechanism to allow providers to identify records where patients have objected to the use of their data for secondary purposes or where there is a legal requirement to restrict the flow of identifiable information for a patient.</p>
Clinical Risks
<p>(5.1) IT System suppliers SHOULD always ensure that any changes resulting from the implementation of the CSDS are compliant with the safety standards DCB0129 and DCB0160.</p>
Constructing a data submission file
<p>(6.1) The CSDS Technical Guidance document provides information on how to create a monthly submission file. IT Systems Suppliers SHOULD review this document and the steps outlined in Section 2.1 (Health and Care Organisations - Requirements) above.</p>
Validation rules
<p>(7.1) IT Systems Suppliers SHOULD review the CSDS Technical Guidance, TOS and ETOS to understand the data validation rules that will be applied at the central data repository to all incoming Data Submission Files. Any validation rules not adhered to will result in appropriate groups or the entire Data Submission File being rejected, depending on the particular validation rule.</p>
Data quality feedback
<p>(8.1) With immediate effect, IT Systems Suppliers SHOULD review the CSDS TOS and ETOS to understand the data quality rules that will be applied to each data group on arrival at the central data repository.</p> <p>(8.2) From 1 April 2020, all systems used by Community Services MUST have the ability to produce data quality reports to support providers in producing their submission files in line with the CSDS TOS and ETOS.</p>

3.2. Conformance Criteria

This section describes the tests that can be measured to indicate that the information standard is being used correctly within IT systems. In each case, the requirement(s) being measured by each criterion is shown in italics.

Conformance Criteria
<p><i>(1.1)</i> All relevant data from the CSDS TOS, i.e. mandatory items and required items that should be recorded where they apply, can be captured by systems used by Community Services from 1 April 2020. Functionality to map local codes/values to national codes/values is included, and the system is able to extract this information as envisaged within this standard. This will be measured using provider submissions.</p>
<p><i>(1.2) and (1.3)</i> Systems used by Community Services are able to extract data for the CSDS, with minimal additional burden for providers, from 1 April 2020. The format is compatible with the XML schema without a reliance on interim workarounds.</p>

(1.3) and (8.2) Systems used by Community Services are able to produce data quality reports to support providers in producing their submission files in line with the CSDS TOS and ETOS, from 1 April 2020. This will be measured through assessing the data quality of provider's submissions.

(4.1) Systems used by Community Services have the required functionality, from 1 April 2020, to allow providers to identify records where patients have objected to the use of their data for secondary purposes or where there is a legal requirement to restrict the flow of identifiable information for a patient.

4. Support

For specific enquiries relating to the CSDS Information Standard including scope, data items, definitions and data values, technical issues (including XML schema) future requirements and changes, submission deadlines, analysis and reporting of CSDS data please contact the standard's developers:

NHS Digital

Telephone: 0300 303 5678

Email: enquiries@nhsdigital.nhs.uk (please include 'FAO CSDS' in the subject line).

Appendix A: List of Community Services within scope of this Information Standard

- Appliances Service
- Arts Therapy Service
- Cancer Service
- Cardiac Service
- Community Dental Service
- Community Paediatrics Service
- Continence Service
- Counselling Service
- Dermatology Service
- Diabetes Service
- District Nursing Service
- Ear Nose and Throat Service
- End of Life Care Service
- Gastrointestinal Service
- Health Visiting Service
- Hearing Service
- Long Term Conditions Case Management Service
- Musculoskeletal Service
- Neurology Service
- Nutrition and Dietetics Service
- Occupational Therapy Service
- Orthoptist Service
- Pain Management Service
- Physiotherapy Service
- Podiatry Service
- Public Health and Lifestyle Service
- Rehabilitation Service
- Respiratory Service
- Rheumatology Service
- School Nursing Service
- Speech and Language Therapy Service
- Vulnerable Children's Service
- Vulnerable Adult's Service
- Respite Care Service
- Clinical Psychology Service
- Children's Community Nursing Service
- Diagnostic Service
- Treatment Room Nursing Service
- Haematology Service
- Phlebotomy Service
- Tissue Viability Service
- Family Support Service
- Integrated Multi-Disciplinary Team (jointly commissioned)
- Prosthetic Service

- Specialist Palliative Care Service
- Enablement Service
- Urgent Care Service
- Wheelchair Service
- Crisis Response Intermediate Care Service
- Reablement Intermediate Care Service
- Home-based Intermediate Care Service
- Community Bed-based Intermediate Care Service