

Title	Commissioning Data Sets (CDS) v6.2 Implementation Plan		
ISB Reference	ISB0092 Amd 16/2010 Change		
Sponsor	Jeremy Thorp	Status	Final
Owner	Phil Nixon	Version	1.0
Author(s)	Phil Nixon/Paul Croft	Version Date	27 th August 2012

Commissioning Data Sets (CDS) v6.2 Implementation Plan

Amendment History:

Version	Date	Amendment History
0.1	24/05/2012	First draft for comment
0.2	27/06/2012	Draft incorporating minor changes to address ISB appraisal comments
1.0	27/08/2012	Final version for publication

Glossary of Terms:

Term	Acronym	Definition
Accident and Emergency	A&E	Also referred to as Emergency department. These may be either major units, providing a 24 hour service seven days a week to which the great majority of emergency ambulance cases are taken, or small units commonly called Minor Injury Units, in which services are often only available for limited hours and which may not deal with emergency ambulance. An accident and emergency service offers care to patients who arrive with urgent problems
Ambulance Electronic Patient Report	AEPR	The Ambulance Electronic Patient Report (AEPR) standard defines the minimum clinical information that ambulance staff record in electronic systems in relation to all patients who receive an NHS emergency ambulance response in England.
Allied Health Professional	AHP	A group of medically prescribed healthcare services, such as occupational therapy, physiotherapy and podiatry, provided by professionals registered with the Health and Care Professions Council www.hpc-uk.org
Choose and Book	CAB	Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital or clinic.
Common Assurance Process	CAP	The assurance process used to ensure supplier compliance for systems connecting to the spine. http://www.connectingforhealth.nhs.uk/industry/compliance/cap
Clinical Commissioning Group	CCG	Every GP Practice will become a member of a group of GP practices known as Clinical Commissioning Groups, from April 2013 replacing PCTs. These groups of GP Practices, working with other healthcare professionals and in partnership with local communities and local authorities will commission the majority of NHS Services for patients within their local communities. They will have a duty to work with local authorities in relation to health and adult social care, early years services, public health etc. They will not be responsible for commissioning dentistry, community pharmacy, and primary ophthalmic services or directly involved in commissioning services

		that GPs provide.
Critical Care Minimum Data Set	CCMDS	Relates to any part of the patient's hospital spell within adult, paediatric and neonatal that requires care in a designated critical care bed. The purpose of the Critical Care Minimum Data Set (CCMDS) is to provide a standardised set of data to support Payment by Results, Healthcare Resource Groups, and Resource Management. The CCMDS is used in all units where Critical Care is provided.
Commissioning Data Sets	CDS	The Commissioning Data Set is the basic structure used for the submission of commissioning data to the Secondary Uses Service and is designed to be capable of individually conveying many different Commissioning Data Set structures encompassing Accident and Emergency Attendances, Outpatient Attendances, Future Attendances, Admitted Patient Care and Elective Admission List data etc.
Community Information Data Sets	CIDS	The Community Information Data Set is a patient level, output based, secondary uses data set which will deliver robust, comprehensive, nationally consistent and comparable person-based information on patients in contact with community services. It defines the data items, definitions and associated value sets to be extracted or derived from local systems.
Care Quality Indicators	CQI	A new approach to health 'targets' under the coalition government, removing process based targets with no clinical justification and moving towards outcomes based measures.
Department of Health Informatics Directorate	DHID	Supports the NHS to deliver better, safer care to patients through improved IT systems and services
Data Protection Act	DPA	The Data Protection Act 1998 is a United Kingdom Act of Parliament which defines UK law on the processing of data on identifiable living people. It is the main provision for the regulation of the processing of information relating to individuals, including the obtaining, holding, use or disclosure of such information.
Ethics and Confidentiality Committee	ECC	Established to undertake the responsibilities of the National Information Governance Board for Health and Social Care (NIGB) under section 251 of the NHS Act 2006 and to consider and advise on ethical issues relating to the processing of health or social care information as referred to it by the NIGB.
Hospital Episode Statistics	HES	National statistical data warehouse for England of the care provided by NHS hospitals and for NHS hospital patients treated elsewhere. HES is the data source for a wide range of healthcare analysis for the NHS, Government and many other organisations and individuals
Healthcare Resource Group	HRG	Standard groupings of clinically similar treatments which use common levels of healthcare resource. HRGs offer organisations the ability to understand their

		activity in terms of the types of patients they care for, and the treatments they undertake. They enable the comparison of activity within and between different organisations and provide an opportunity to benchmark treatments and services to support trend analysis over time
Health and Social Care Information Centre	HSCIC	Also referred to as The Information Centre for health and social care; the NHS Information Centre for health and social care; England's central, authoritative source of health and social care information. Acting as a hub for high quality, national, comparative data for secondary uses, it delivers information for local decision makers to improve the quality and efficiency of frontline care.
Information Standards Board	ISB	The board established in England for the governance and approval of information standards for health and social care.
Mental Health Minimum Data Set	MHMDS	Approved NHS Information Standard that delivers robust, comprehensive, nationally consistent and comparable person-based information on patients in contact with specialist secondary mental health services. It captures key information from the mental health care pathway.
National Application Service Provider	NASP	Responsible for purchasing and integrating IT systems and services which are common to all users across the country including the Spine element of the NHS Care Records Service, Choose and Book, NHSmail and the National Network for the NHS (N3).
National Integration Centre and Assurance	NICA	The National Integration Centre and Assurance (NICA) provides integration, assurance and testing facilities for IT across the 'whole' English Health and Social Care as part of the overall aims of the Department of Health Informatics Directorate. Its primary reason for existing is to serve the NHS and its partners, including Social Care, Arms Length Bodies, the Voluntary Sector and relevant interfaces with the Independent/Private sectors as well as supporting Foundation Trusts.
National Information Governance Board	NIGB	An independent statutory body established to promote, improve and monitor information governance in health and adult social care.
NHS Informatics Reporting Service	NIRS	<ul style="list-style-type: none"> • Enable the collection of data from operational systems; • Provide reporting and analysis capability to support planning, management, research, audit and public health at local, regional and national level.

NHS Wide Clearing Service	NWCS	The NHS-Wide Clearing Service was decommissioned on 31 December 2006 and replaced by the Secondary Uses Service, which is now the single NHS-wide system for processing Commissioning Data Sets (CDS).
Organisation Data Services	ODS	Responsible for national policy and standards for organisation and practitioner codes, which form part of the NHS data standards. ODS was previously known as the National Administrative Codes Service (NACS).
Patient Administration System	PAS	A computerised administration solution that assists with planning, tracking and recording the patient's contact with the outpatient department or admission and discharge.
Payment by Results	PbR	Department of Health initiative which aims to provide a transparent, rule-based system for paying trusts, with payment being linked to activity and adjusted for casemix. http://www.dh.gov.uk/en/Managingyourorganisation/Financeandplanning/NHSFinancialReforms/DH_900
Primary Care Trust	PCT	Local NHS organisation responsible for the commissioning, administration and performance management of healthcare within a defined locality. (To be replaced by CCG's from April 2013)
Public Health Observatory	PHO	Produce information, data and intelligence on people's health and health care for practitioners, commissioners, policy makers and the wider community. Their expertise lies in turning information and data into meaningful health intelligence.
Parliamentary Questions	PQs	Tools that can be used by Members of Parliament to seek information or to press for action, they oblige ministers to explain and defend the work, policy decisions and actions of their departments
Role Based Access Control	RBAC	RBAC defines a national standard set of Job Roles and related Activities and Areas of Work which can be approved by a Sponsor and granted by the Registration Authority to a User. Each application, such as Choose and Book, uses these definitions to enable access to specific functionality and information in their system.
Review of Central Returns	ROCR	A body within the IC whose task is to maintain and review requirements. ROCR's role is to rigorously review all central returns to ensure that they are fit for purpose and minimise the burden on the NHS. Membership includes wide representation from the

		NHS, as well as DH, HSCIC and NHS Connecting for Health (DHID).
Referral to Treatment	RTT	Waiting Times measurement policy for consultant led and Allied Health Professional activity, which monitors the waiting time between the referral of a patient to a service, to the time they receive first definitive treatment for their condition
Strategic Health Authority	SHA	SHAs are responsible for managing the NHS locally and acting as a conduit between NHS organisations and the Department of Health. They oversee the local implementation of national policy and are responsible for devising overarching local plans for the NHS to improve services and the health of their population.
SUS User Group	SUG	Provides advice and support to the SUS Programme Board on: Technical and local operational issues associated with the submission of data to SUS and access to data maintained within SUS for analysis, reporting and extraction. Issues, which impact on the quality of data submitted to SUS and actions that need to be taken both locally and centrally to address these issues. The quality of services and support provided to local users of SUS by the commercial suppliers of systems and services, the Health and Social Care Information Centre and NHS Connecting for Health. Priorities for the development of additional or enhanced functionality within the core SUS warehouse and associated data marts.
Secondary Uses Service	SUS	Single source of comprehensive data to enable a range of reporting and analysis. SUS supports the NHS and its partners in the areas of planning, commissioning, management, research, audit, public health and a number of national initiatives, such as Payment by Results, the reimbursement mechanism for acute care
Treatment Function Code	TFC	A division of clinical work based on Main Specialty, but incorporating approved sub-specialties and treatment interests used by lead care professionals including but not limited to Consultants
Treatment Function Maintenance Group	TFMG	The TFMG provide an independent clinical review of candidate Treatment Function Codes to assess their suitability for inclusion on the list of Treatment Functions based on pre-existing acceptance criteria, on an annual basis, to align with the SUS release cycle.
User Role Profile	URP	Each NHS Care Record Service user can be assigned one or more User Role Profiles (URPs). A URP identifies the Organisation within which the user works, the Job Role they will be performing, one or more Areas

		of Work and one or more additional RBAC Activities.
Unique User Identification	UUID	A unique identifier used with IT systems and data set messages
Very General Purpose	VGP	Free-text fields within the CDS XML schema which are used to exchange data locally between Providers and Commissioners, and which are not part of the CDS specification in the NHS Data Model and Dictionary.
Extensible Markup Language	XML	XML is a markup language designed to carry data, not to display data. It is used to create the CDS XML schemas which carry data in the Commissioning Data Set format between health care providers and the Secondary Uses Services

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1 Purpose

This document outlines the implementation plan for Commissioning Data Sets (CDS) version 6.2. This covers the implementation stage of the development lifecycle for the CDS 6.2 Information Standard and focuses on the implementation of the national solution and transition to the standard by healthcare providers.

It is intended to summarise the key activities undertaken during the implementation of the standard to ensure that the changes to CDS 6.2 are successfully implemented.

2 Scope of implementation

SUS R12 will deliver changes to:

- a) enable clinical commissioning groups (CCGs) to receive extracts of patient activity to support their contracting activities with provider trusts;
- b) implement Commissioning Data Sets Version 6.2, introducing changes in data sets to support the Health & Social Care Act, PbR policy, more clinically relevant data collection, and DH policy in areas such as urgent care;
- c) improve the quality and methodology of reporting on waiting times (RTT) through a parallel ADP approach;
- d) improve governance of information, specifically responding to issues raised in its application to NIGB (i.e. Section 251).

2.1 CDS 6.2

Purpose of this element of the R12 release

The development of CDS 6.2 is part of the ongoing cycle of improvements to align the CDS with changes in patterns of care delivery as well as information and analysis requirements. CDS 6.2 will support a range of DH policy initiatives and Data Quality Improvements. The data which flows into SUS underpins local reporting data flows between commissioners.

Overview of the CDS 6.2 requirements

The requirements identified for CDS 6.2 in SUSR12 are principally those necessary to support the transition to a new schema. As well as the technical requirements, this includes modifications upon CDS 6.1. These modifications fall into the following categories:

- New attributes in the schema
- New values in existing fields
- Removed attributes
- Renamed attributes
- Existing Attributes (i.e. no change)

New functionality is being included to improve the usability of the Net Delete facility to encourage users to move towards net protocol updates.

SUS will support a maximum of two schemas at any one time. Following implementation of R12, CDS 6.0 will be 'switched off' and CDS 6.2 will be rolled out. At the end of the CDS 6.2 transition, SUS will support two schemas, CDS 6.1 and CDS 6.2.

2.2 ODS

Purpose of this element of the R12 release

The Health and Social Care Act 2012 sees an organisational structure change within the commissioning arm of the NHS; this release encompasses components to ensure the Secondary Uses Service (SUS) supports commissioning needs of the new structure as well as the existing one until it is phased out. This release supports this by:

- Ensuring all commissioning organisations have access to the data they need to access, when they need to access it.
- Supporting the commissioning organisation(s) needs through the transition phase.
- Support the new GP Practice centric view of commissioning post transition.

Overview of the ODS requirements

The requirements identified for this release fall into the following categories:

1) Support Business As Usual

- Ensure that the correct commissioner is derived for all commissioned events, both pre and post the transition
- Ensure that all of the reports and processing which runs at present will continue to run after the transition.
- Ensure commissioning organisational data, submitted within CDS is retained throughout processing

2) Support the new commissioning structure

- Ensure the NHS Commissioning Board (NCB) will have access to commissioning data for patients they are acting as commissioner for.
- Ensure that the regional offices of the NCB have access to existing SHA extracts

3) Support the transition to the New Structure

- The ability to run the new organisational structure in shadow mode prior to the transition, to support the preparation of the new organisations.
- Provide functionality for the new commissioning organisations to forecast their potential liability by providing financial views of the previous year's costs of their current GP Practice responsibility.
- Provide that ability for the new commissioning organisations to inherit the liability of any outstanding PbR spells not financially closed off by the existing organisations after the transition.
- Provide a set of reports broken down by both residential and GP Practice responsibility of the previous financial years costs, aggregated to fit with the new commissioning organisational structure established at the time of the transition.

2.3 DPA

Purpose of this element of the R12 release

As part of the culture of continuous improvement, further functionality is required to ensure the Secondary Uses Service (SUS) continues to meet its legal obligations under the Data Protection Act (DPA) 1988. This release supports this by:

- Providing functionality to fulfil Subject Access Requests in an automated way
- Enable authorised SUS users to fulfil Section 10 requests
- Improve functionality for handling Names and addresses in SUS

Automated functionality will reduce the resource intensive requirement in fulfilling Subject Access and Section 10 requests and ensure the Data Controller can meet the legal obligations to respond to subjects within the necessary timescales. This will limit the risk of

exposure to legal action for breaches to the Data Protection Act and in turn will contribute towards and enhanced public reputation of SUS.

Overview of the DPA requirements

The requirements identified for this release support the 3 areas identified above.

1) Subject Access Requests

- In respect of SAR, the functionality is being developed to allow SUS to report on the information that is held about a patient within the SUS database. Department of Health guidelines state the NHS must satisfy a request to provide personal information within 21 days, as an NHS organisation dealing with NHS data this requirement should be met (Although the DPA requires a SAR to be processed within 40 calendar days of receipt of the correctly completed (including relevant ID) request). In order to meet this requirement the SAR report should be returned by the system within a maximum of 5 working days from the point of submission of the requestor's NHS number.
- The key user input data will be the requester's NHS Number. It will be possible to select, via an input parameter to the report, the functional areas within SUS to be queried.
- The SAR report will be in a format suitable to be sent directly to the requestor and will consist of clear data, not pseudonymised or encrypted.

2) Section 10 Requests

- Functionality is included that will allow authorised SUS users to remove or anonymise all of the information that is held about an individual within the SUS database and / or preventing Patient Identifiable Data (PID) from flowing into SUS.

3) Improved functionality for handling Names and Addresses

Requirements have been included to improve the functionality for handling Names and Addresses (N&A) held in SUS. This includes:

- Ensuring users can allocate the correct NHS status indicators to records where N&A are flowed into SUS
- Removing N&A from all user extractable SEM and PbR marts after post reconciliation
- Ensuring correct display of N&A in extract marts
- Clean up and deletion of N&A where appropriate
- Tracking providers who submit N&A unnecessarily to improve best practice

3 Description of organisations and roles involved

3.1 CDS 6.2

The table below outlines the sponsor for each group of requirements in CDS 6.2:

Requirements Group	Requester	Sponsor
Health and Social Care Act	Sean Walsh Director – Systems and Service Delivery NHS Connecting for Health	Sean Walsh Director – Systems and Service Delivery NHS Connecting for Health
PbR	Nathan Abbotts Tariff Development Manager PbR Development Branch Department of Health Lorna Sinclair Senior Tariff Development Manager PbR Development Branch Department of Health	Martin Campbell Deputy Director of Finance PbR Development Branch Department of Health
AHP RTT	Netta Hollings Programme Manager - Mental Health and Community Care Health and Social Care Information Centre	Karen Middleton Chief Health Professions Officer Department of Health
Mental Health	Netta Hollings Programme Manager - Mental Health and Community Care Health and Social Care Information Centre	Dr Hugh Griffiths National Clinical Director for Mental Health Department of Health
XML Schema/NHS Data Dictionary	Cath Chilcott NHS Data Model and Dictionary Content Delivery Manager Informatics Directorate Department of Health	Nicholas Oughtibridge Acting Director - Data Standards and Products Informatics Directorate Department of Health
Information Governance	Dominic Povey Senior IG Advisor Health and Social Care Information Centre	Andy Burn Director for NIRS engagement and SUS Informatics Directorate Department of Health
SUS User Group	Andy Banks Chair, SUS User Group (SUG) Head of Information Development Western Sussex Hospital	Andy Burn Director for NIRS engagement and SUS Informatics Directorate Department of Health

	NHS Trust	
Treatment Function Codes	Dr Graham Venables Chair, Treatment Function Maintenance Group (TFMG) Consultant Neurologist and Clinical Director Sheffield Teaching Hospitals NHS Trust	Martin Campbell Deputy Director of Finance PbR Development Branch Department of Health
A&E	Dr Louise Plewes Urgent and Emergency Care Analyst Commissioning Analysis & Intelligence Department of Health	Professor Matthew Cooke National Clinical Director for Urgent and Emergency Care Department of Health
Ambulance Care	Dr Louise Plewes Urgent and Emergency Care Analyst Commissioning Analysis and Intelligence Department of Health	Nick Hall Head of Urgent and Emergency Care Department of Health
Clinical Practice Reporting	Dr Andy Spencer National Clinical Lead for Hospital Specialties Health and Social Care Information Centre	Dr Mark Davies Medical Director Health and Social Care Information Centre
Intermediate Care/Hospital at Home	Rachel McIlroy Casemix Information Design Consultant The National Casemix Office Health and Social Care Information Centre	Kevin Holton Head of Respiratory, Diabetes, Liver and Kidney Programmes Department of Health

The overall sponsor for the CDS 6.2 Information Standard is Jeremy Thorp, Programme Delivery Director, NHS Information Reporting Services (NIRS), Department of Health Informatics Directorate.

In the future the overall Sponsor of Commissioning Data Sets (CDS) is likely to be the NHS Commissioning Board (NCB).

3.2 ODS

The table below outlines the sponsor for each group of requirements in ODS:

Requirements Group	Requester	Sponsor
ODS	Phil Nixon	Jeremy Thorp

3.3 DPA

The table below outlines the sponsor for each group of requirements in DPA:

Requirements Group	Requester	Sponsor
HSCIC IG	Dominic Povey	Clare Sanderson

4 Commitment to implementation mechanisms / funding

Department of Health (Capital & Revenue Investment Branch) confirmed its approval of the SUS business case for Releases 11, 12 and 13 on 25 January 2012.

Following approval of the business case for Releases 11, 12 and 13, the appropriate adequate funding has been allocated to the SUS budget for 2012/13.

5 Information governance and clinical safety plans

Information governance standards will be assured by the HSCIC. The impact of section 251 will be considered in this process.

Clinical safety plans are not applicable to this standard.

6 Migration from “as is” to “to be”

6.1 CDS 6.2

- An implementation task list has been developed (please refer to Section 8 and Section 9) to identify the key actions that need to be taken to ensure a managed transition to the new schema.

6.2 DPA

- DPA impact is minimal from a user perspective. Communications activities will be undertaken to ensure minimal disruption.

6.3 ODS

- The transition to a new organisational structure within the NHS is a major undertaking. Due to the early stage of organisational definition a risk has been raised on the release that assumptions made around the proposed solution may prove incorrect. The ongoing management and monitoring of this organisational change will be key in defining the final transition plan for ODS elements of the R12 release.
- An implementation task list has been developed (please refer to Appendix A) to identify the key actions that need to be taken to ensure a managed transition to the new schema.

7 Deprecation and retirement of existing information standards

Transition from current supported versions of CDS (6.0 and 6.1.1) to CDS 6.2 will be managed by the SUS service as for previous versions of CDS.

The existing version of CDS will continue to be supported for a period of time likely to align to the proposed conformance date for CDS 6.2 of April 2014.

8 Timetable for implementation and ISB approval

Key Milestone	Completion Date
Data Set Development and Assurance	
Requirements Finalised and Validated	End March 2012
Draft Data Set Specification	Mid March 2012
Sense Checking	End March 2012
Consultation Exercise	End March – April 2012
Definitional Testing	April 2012
Final Data Set Specification	End April 2012
Draft NHS Data Dictionary Change Paper	Early May 2012
ISB Change Submission to ISB	Early May 2012
Final NHS Data Dictionary Change Paper (final)	End May 2012
ISB Appraisal	May – June 2012
ISB Documentation Finalised	End June 2012
ISB Board	July 2012
ISN and Key CDS 6.2 Documentation Published	August 2012
Available Date	November 2012
Mandation Date (where relevant)	April 2013
Conformance Date	April 2014
XML Schema	
Draft XML Specification	Mid March 2012
Draft XML Schema	End March 2012
Final XML Schema	May 2012
XML Schema Testing	Mid May 2012
XML schema test report and documentation to ISB	Early June 2012
SUS R12	
Outline Requirements Sign-Off	March 2012
Draft XML Schema Required by Supplier	March 2012
Elaborated Requirements Sign-Off	May 2012
Final XML Schema Required by Supplier	June 2012
Go-Live	Early November 2012
CDS 6.2 Implementation	
Helpdesk support for CDS 6.2 available (HSCIC and Data Standards)	August 2012

XML/Middleware Supplier Assurance	November 2012 – April 2013
Identify Providers for First of Type Testing (FOT)	TBC – dictated by providers
Complete First of Type Testing	TBC – dictated by providers
Notification of Lessons Learnt to Service/Suppliers	Adhoc (as identified during FOT)
POA subset of conditions, code mappings, coding guidance published	April 2014
Plan for mandation of optional items published	April 2014
CDS 6.2 conformance and data quality monitoring	From first CDS 6.2 submission to SUS

9 Key Stakeholder tasks for implementation planning

The following table identifies the key stakeholder tasks required for the implementation and transition of release 12

Stakeholder	Owner	Target Date
XML Suppliers		
1. XML supplier event/workshop to cover deprecation of 6.0 and introduction of 6.2	HSCIC	Jun-12
2. Review NICA and CAP impact with suppliers		May-12
Users		
1. Review Comms for 6.0 to 6.2	HSCIC	May-12
2. Distribute 6.2 comms (in association with ISN process)	HSCIC	Aug-12
3. Workshops to provide guidance and update on the transition to CDS6.2 and deprecation of CDS6.0	HSCIC	Oct-12
4. Website update	HSCIC	Oct-12
Local system suppliers		
1. Review CFH LSP solutions	CFH	May-12
2. Workshops to provide guidance and update on the transition to CDS6.2 and deprecation of CDS6.0	HSCIC	Jun-12
Senders/Providers		
1. Review Comms for 6.0 to 6.1 and the intro of 6.2	HSCIC	Complete
2. Email comms to senders confirming 6.0 deprecation	HSCIC	May-12
3. Email comms to CIOs confirming 6.0 deprecation (via AB)	HSCIC	May-12
4. Periodic update to CIOs (via AB)	HSCIC	Ongoing
5. Workshops to cover transition to 6.1 and 6.2	HSCIC	Oct-12
Commissioners		
1. Commissioner event to provide guidance and update on the transition to CDS 6.2 and deprecation of CDS 6.0	HSCIC	Jan-13
2. Guidance on use of current and additional reporting functionality.	HSCIC	Jan-13
Testing Assurance - XML suppliers		
1. Supplier identification and review (CAP)	NICA	May-12
2. Supplier assurance planning - 6.0 to 6.1 transition	NICA	Jun-12
3. Individual supplier assurance and Technical Authority to Deploy for CDS6.1	NICA	Oct-12
3. Supplier assurance planning - 6.2	NICA	Apr-13

4. Individual supplier assurance and Technical Authority to Deploy for CDS 6.2	NICA	Sep-13
DSS - Data Stewards Service		
1. Initial identification of reference data changes	HSCIC	May-12
2. Confirm Data Ownership	HSCIC	May-12
3. Data availability - Tracking	HSCIC	Ongoing
4. Ongoing Management confirmation	HSCIC	May-12
5. RDRF process (as per BTs delivery plan)	HSCIC	Oct-12
6. Update DSS Inventories (as per BTs delivery plan)	HSCIC	TBC
7. Provision of reference data content (as per BTs delivery and testing plans)	HSCIC	TBC
RBAC		
1. Identification of new business functions	CFH	May-12
2. Application preparation	CFH	Jun-12
3. Board submission	CFH	Jul-12
DPA		
1. Confirmation SSRS content meets 251 requirements	HSCIC	May-12
2. SAR team setup	HSCIC	Jun-12
3. Ongoing review of the new structure and data access requirements	HSCIC	Ongoing
ODS		
1. Confirmation of proposed support structure with Commissioning groups		May-12
2. Validation of reporting with SUG		May-12
3. Ongoing review of structure/requirements		Ongoing