G-Cloud 14 Service Definition document

SMART

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Supplier overview

NECS provides services to public sector and healthcare organisations.

Our vision is to make life-changing improvements to patients living in the communities we serve.

We have more than 1,800 staff who work throughout England and Wales. Our customers include NHS England, NHS Providers, Integrated Care Boards (ICB), Local Authorities, Private Health Care Providers, universities and the private sector.
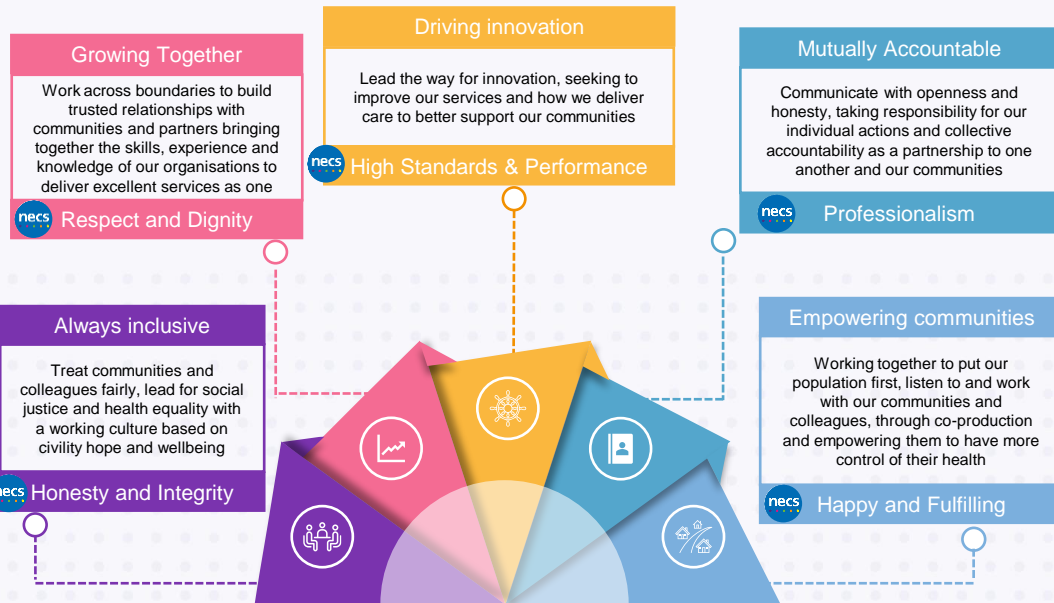
In the past year we have delivered 290 contracts for NHS England.

NECS has the following certification:

- ISO9001
- ISO27001
- Cyber Essentials Plus

NECS is proud to be part of the NHS

NECS values align with the NHS Constitution

Growing Together

Work across boundaries to build trusted relationships with communities and partners bringing together the skills, experience and knowledge of our organisations to deliver excellent services as one

Respect and Dignity

Driving innovation

Lead the way for innovation, seeking to improve our services and how we deliver care to better support our communities

High Standards & Performance

Mutually Accountable

Communicate with openness and honesty, taking responsibility for our individual actions and collective accountability as a partnership to one another and our communities

Professionalism

Always inclusive

Treat communities and colleagues fairly, lead for social justice and health equality with a working culture based on civility hope and wellbeing

Honesty and Integrity

Empowering communities

Working together to put our population first, listen to and work with our communities and colleagues, through co-production and empowering them to have more control of their health

Happy and Fulfilling

Service overview

SMART is an application that gives a view of bed demand and capacity via dashboards, at trust (local) and regional scale. SMART is an acronym for Surge Management and Resilience Toolset.

SMART is an online browser-based modular, permissions-based, application with a core base build. It is cloud-based and deployed across multiple NHS England regions. Current modules available are:

- Acute Trusts

- Mental Health

The application is designed by the NHS for the NHS, for operational teams in NHS provider trusts, police and other healthcare system partners. Data is entered into the system via a series of forms/fields.

SMART provides information on patient referrals and repatriations and supports interoperability through Application Programming Interfaces (APIs).

A demonstration of SMART can be organised, to discuss the functionality and benefits of the system.

Core service functionality – Acute

Acute Sit-Rep – Data Collection Form	The Acute Trust Sit-Rep data collection form is designed to be completed daily for bed data. The defined datasets are completed by bed management teams within each trust. These can be revised as required and the saved data is captured in an audit log displaying the username, time of update and the fields updated, along with the data itself.
Acute Capacity Management View - Sitrep Dashboards	Acute Trust Sit-Rep Dashboards are populated from the most up-to-date data that is submitted in the data collection form. It is critical that data is contemporaneous and updated in line with submission time and frequency requirements. Dashboards provide a comprehensive overview of acute trust adult inpatient bed demand and capacity. Views are provided at Regional, Integrated Care System (ICS) and provider level, supporting improved patient journeys through data transparency and shared situation awareness. Patient confidentiality is maintained through anonymised data. There is no requirement for clinical or personal identifiable data to be submitted.

Core service functionality – Acute

Site Singular Day View Dashboard	This Dashboard displays, as a table, all data and comments inputted within the data collection form for the selected trust and date. In-day it will show the most up to date information, retrospectively it will show the last updated position and an audit log of changes made to the selected data set. This data can be extracted in .pdf format from this location.
Site Singular Week View Dashboard	This Dashboard displays, as a table, all data and any comments placed on the data collection form for an NHS trust. The table displays information for each day of the week, historical data from the previous week and the six-week average. This Dashboard will show the last updated position for each field, for each complete calendar day within that week. There is no audit log view within this Dashboard. To view the last known position time for an update to a field, users must revert to either the data collection form for that date, or the Site Singular Day Dashboards. This data can be extracted in .pdf format from this location.

Core service functionality - Acute

Sites by Week View Dashboard	This view is identical to the site singular week view Dashboard, except that it displays the information for each NHS trust within an ICS or wider partnership area. This view is intended for use by ICB / ICS and surge hubs.
Trust Performance Dashboard	This Dashboard will show trust performance for their Emergency Departments. The data is based on an Emergency Department's attendance and breach rates.
Acute Admission Referrals and Repatriation – New Patient Form	An acute trust admission referral or repatriation can be placed on the system by any provider that has appropriate access to the Content Management System (CMS – SMART) and has been trained on this module.

Within pre-defined fields, reflective of the data required for non-clinical information relating to admission referrals and repatriations are completed by users with the relevant and appropriate administration permissions. Completion of this form generates a record under provider or organisation type data dashboards for Admission Referrals and Repatriation. These records can be revised as required. Saved data is captured in an audit log displaying username (or team name if generic login used), time of update, and any data updated. |

Core service functionality - Acute

Acute Admission Referrals and Repatriation View Dashboards	This feature within the CMS allows providers to have an accurate, shared list of patients who have been referred for admission to an acute trust bed, or for repatriation between acute trusts / providers. Various organisations can be nominated within a patient form and each of those providers will have a shared view of that patient record. Please note that no clinical or patient identifiable information is placed in any section of a patient admission referral or repatriation record.

Core service functionality – Mental Health

Sit-Rep – Data Collection Form (Ward)	The Mental Health Sit-Rep Data Collection Form (for wards) is designed to be completed with ward-related bed data, on a continuous and contemporaneous basis, across each 24-hour period which also includes Section 136 suite data. The defined datasets are completed by ward representatives, daily, within each mental health trust. These can be revised as required, and the saved data is captured in an audit log displaying the username, time of update, and the fields updated, along with the data itself.
Sit-Rep – Data Collection Form (trust / Bed Manager)	The Mental Health Sit-Rep Data Collection Form (for trust / Bed Managers) is designed to be completed daily for macro-level bed data. The defined datasets are completed by bed management and Health Based Placed of Safety (HBPoS) teams within each mental health trust. To reduce the time spent by staff on this process, the relevant bed information from all wards related to the Mental Health Trust are collated and factored into the data submission. These can be revised as required, and the saved data is captured in an audit log displaying the username, time of update, and the fields updated, along with the data itself.

Core service functionality – Mental Health

function	Details of functional delivery
Sit-Rep – Data Collection Form (Ward)	The Mental Health Sit-Rep Data Collection Form (for wards) is designed to be completed with ward-related bed data on a continuous and contemporaneous basis, across each 24-hour period which also includes Section 136 suite data. The defined datasets are completed by ward representatives, daily, within each mental health trust. These can be revised as required and the saved data is captured in an audit log displaying the username, time of update, and the fields updated, along with the data itself.
Site Singular Day View Dashboard	This Dashboard displays, as a table, all data and comments inputted within the data collection form, for the selected NHS trust and date. In-day it will show the most up to date information, retrospectively it will show the last updated position; and an audit log of changes made to the selected data set. This data can be extracted in .pdf format from this location.

Core service functionality – Mental Health

Site Singular Week View Dashboard	This Dashboard displays, as a table, all data and any comments placed on the data collection form for an NHS trust. This displays information for each day of the week, historical data from the previous week, and the six-week average.
	This Dashboard will show the last updated position for each field for each complete calendar day within that week.
	There is no audit log view within this Dashboard. To view the last known position time for an update to a field, users must revert to either the data collection form for that date or the Site Singular Day Dashboards.
	This data can be extracted in .pdf format from this location.
	Please note: all site singular dashboards can only be viewed by authorised users within the individual trusts.

Core service functionality – Mental Health

Sites by Week View Dashboard	This view is identical to the Site Singular Week View Dashboard, except that it displays the information for each trust within an ICS or Sustainability and Transformation Partnership (STP) areas. This view is intended for use by ICS / STP and surge hubs.
Ward Singular Day View Dashboard	This Dashboard displays various statistics sourced from the ward data submitted on a given date. A view of the current state of each bed on the ward is also displayed. The Dashboard also displays the audit trail for submitted ward data.
Ward Singular Week View Dashboard	This Dashboard provides a cumulative view, across seven days, of some abridged ward data statistics, sourced from the data submitted by mental health wards.
Wards To Trust Day View Dashboard	This Dashboard accumulates data from all the wards allocated to a Mental Health Trust and displays various statistics sourced from the ward data submitted on a given date. A view of the current state of each bed on the various wards linked to the Mental Health Trust area is also displayed.
Wards To Trust Week View Dashboard	This Dashboard provides a cumulative view, across seven days, of all wards allocated to a Mental Health Trust. The information is sourced from the data submitted by mental health wards.

Core service functionality – Mental Health

Function	Details of functional delivery
Wards Speciality Day View Dashboard	This Dashboard accumulates data from all the wards allocated to a mental health trust and filters it based on the selected ward speciality. The Dashboard displays various statistics sourced from the ward data submitted on a given date. A view of the current state of each bed on the various wards linked to the ward speciality is also displayed.
Wards Speciality Week View Dashboard	This Dashboard provides a cumulative view, across seven days, of all the wards allocated to a mental health trust and filters it based on the selected ward speciality. The information is sourced from the data submitted by mental health wards.

Core service functionality – Mental Health

Operational Pressures Escalation Levels (OPEL) Dashboard	This Dashboard displays the indicative OPEL status of an NHS trust. OPEL status will be self-calculated from information submitted into the data collection form within the following fields: • Bed Occupancy displayed as a percentage (%). • Section 136 Suite - Number of empty suite spaces. • Section 136 breaches. • Patients waiting to be admitted from all settings (admission referrals). • Completed discharges. • Patients fit for discharges. • Number of trust adult patients placed in a mental health bed outside of that trust. • Beds closed to admission.

Core service functionality – Mental Health

Function	Domain of functional delivery
Regional Bed Availability Dashboard	This Dashboard allows all mental health trusts, surge hubs, and ICSs within an NHS England region to have an 'at-a-glance' view of mental health bed and Section 136 capacity, within that region.
Regional Section 136 Availability Dashboard	This Dashboard allows all mental health trusts, surge hubs, ICSs and police services within an NHS England region to have an 'at-a-glance' view of Section 136 capacity within that region.
ICS Bed Availability View	This Dashboard allows all mental health trusts, surge hubs, and ICSs within an NHSE region to have an 'at-a-glance' view of the overall, average mental health bed occupancy and OPEL status for each applicable ICS with their remit. The data is sourced based on the sites linked to each ICS.
Quick View Daily Dashboard	This Dashboard allows all applicable mental health trusts, surge hubs, and ICS users within an NHS England region to have an 'at-a-glance' view of various, crucial demand and capacity related information, from a region-wide perspective.

Core service functionality – Mental Health

Admission Referrals and Repatriation	A mental health admission referral or repatriation can be placed on the system by any provider that has appropriate access to the Mental Health CMS and has been trained in this module. Pre-defined fields, reflective of the data required for non-clinical information relating to admission referrals and repatriations are completed by users with the relevant and appropriate administration permissions. Completion of this form generates a record under provider or organisation type data dashboards for Admission Referrals and Repatriation. These records can be revised as required. Saved data is captured in an audit log displaying username (or team name if generic login used), time of update, and any data updated.
Admission Referrals and Repatriation View Dashboards	This feature within the Mental Health CMS allows providers to have an accurate, shared list of patients who have been referred for admission to a mental health bed or for repatriation between mental health providers. Up to three organisations can be nominated within a patient form, and each of those providers will have a shared view of that patient record. Please note that no clinical or patient identifiable information is placed in any section of a patient admission referral or repatriation record.

Core service functionality – Mental Health

Admissions Referrals and Repatriation – Mental Health Trust View	Only for use and access by mental health trust and psychiatric liaison teams. Aimed at mental health bed teams, psychiatric liaison and mental health community teams, this view allows for the placement and viewing of a record for patients requiring a definitive mental health placement from all settings (Emergency Department, medical bed, community, Section 136 suites, police custody suites), patients on home leave, patients for and to repatriation to another inpatient mental health admission, whether in the public or private sector.
Mental Health Admission Referrals and Repatriations - Acute Trust View	Only for use and access by acute trust and psychiatric liaison teams. Aimed at bed and site managers and psychiatric liaison teams, this view allows for the placement and viewing of a record for any medically optimised patient requiring a definitive mental health placement. This can be from either the Emergency Department or medical bed base setting.

Core service functionality – Mental Health

Mental Health Admission Referrals and Repatriations – Police Services View	Only for use and access by police services and psychiatric liaison teams. Aimed at custody clinicians and psychiatric liaison teams, this view allows for the placement and viewing of a record for any patient requiring a definitive mental health placement who is in a police custody suite.

Core service functionality – CAMHS specific

Sit-Rep – Data Collection Form	The Child And Adolescent Mental Health Services (CAMHS) Sit-Rep Data Collection Form is designed to be completed a minimum of twice daily for bed data. The defined datasets are completed by bed management within each mental health trust. These can be revised as required and the saved data is captured in an audit log displaying the username, time of update, and the fields updated, along with the data itself.
Capacity Management View - Sitrep Dashboards	CAMHS Sit-Rep Dashboards are populated from the most up-to-date data that is submitted in the data collection form. It is critical that data is contemporaneous and updated in line with submission time and frequency requirements.

These Dashboards provide a comprehensive overview of CAMHS inpatient bed demand and capacity. Views are provided at regional, ICS and provider level, supporting improved patient journeys through data transparency, and shared situation awareness.

Patient confidentiality is maintained through anonymised data. There is no |

Core service functionality – CAMHS specific

Site Singular Day View Dashboard	This Dashboard displays, as a table, all data and comments inputted within the data collection form, for the selected trust and date. In-day it will show; the most up to date information, retrospectively it will show the last updated position, and an audit log of changes made to the selected data set. This data can be extracted in .pdf format from this location.
Site Singular Day View Dashboard (all times)	This view is identical to the Site Singular View Dashboard except that it will show information completed within each of the 1000hrs and 1700hrs forms. This data can be extracted in .pdf format from this location.

Core service functionality – CAMHS specific

Site Singular Week View Dashboard	This Dashboard displays, as a table, all data and any comments placed on the data collection form for an NHS trust. This displays information for each day of the week and historical data from the previous week, and the six-week average. This Dashboard will show the last updated position for each field for each complete calendar day within that week. There is no audit log view within this Dashboard. To view the last known position time for an update to a field, users must revert to either the data collection form for that date or the Site Singular Day Dashboards. This data can be extracted in .pdf format from this location. All Site Singular Dashboards can only be viewed by authorised users within the individual trusts.
Provider Collaborative Sites by Week View Dashboard	This view is identical to the Site Singular Week View Dashboard except that it displays the information for each trust within a Provider Collaborative. This view is intended for use by ICSs and surge hubs.

Core service functionality – CAMHS specific

	Details of functional delivery
Provider Collaborative Day View Dashboard	This view displays the accumulated totals and aggregates of a Provider Collaborative. The data is sourced from the latest entries available for each form item submitted by the Mental Health Trusts / sites associated with the selected Provider Collaborative, for a given date.
Provider Collaborative Week View Dashboard	This view displays the accumulated totals and aggregates of a Provider Collaborative for each day of the week, historical data from the previous week, and the six-week average. The data is sourced from the latest entries available for each form item submitted by the Mental Health Trusts / sites associated with the selected Provider Collaborative.

This data can be extracted in .pdf format from this location. |

Core service functionality – CAMHS specific

OPEL Dashboard	This Dashboard displays the indicative OPEL status of an NHS trust. OPEL status will be self-calculated from information submitted into the data collection form within the following fields: • Bed Occupancy displayed as a percentage (%). • Admission referrals. • Completed discharges. • Patients fit for discharge. • Patients placed outside of the NCF of the host collaborative. • Beds closed to admission.
Provider Collaborative Bed Availability View	This Dashboard allows all mental health trusts, surge hubs, and ICSs within an NHS England region to have an 'at-a-glance' view of the overall, average CAMHS bed occupancy and OPEL status for each applicable provider collaborative with their remit. The data is sourced based on the sites linked to each provider collaborative.

Core service functionality – CAMHS specific

OPEL Dashboard	This Dashboard displays the indicative OPEL status of an NHS trust. OPEL status will be self-calculated from information submitted into the data collection form within the following fields: • Bed Occupancy displayed as a percentage (%). • Admission referrals. • Completed discharges. • Patients fit for discharge. • Patients placed outside of the National Clinical Framework (NCF) of the host collaborative. • Beds closed to admission.
Provider Collaborative Bed Availability View	This Dashboard allows all mental health trusts, surge hubs, and ICSs, within an NHS England region, to have an 'at-a-glance' view of the overall, average CAMHS bed occupancy and OPEL status for each applicable provider collaborative with their remit. The data is sourced based on the sites linked to each provider collaborative.

Core service functionality – CAMHS specific

Quick View Daily Dashboard	This Dashboard allows all applicable mental health trusts, surge hubs, and ICSs users, within an NHS England region, to have an 'at-a-glance' view of various, crucial demand and capacity related information from a region-wide perspective.
Admissions Referrals and Repatriation – CAMHS View	Only for use and access by mental health trust and psychiatric liaison teams. Aimed at CAMHS bed teams, psychiatric liaison and mental health community teams, this view allows for the placement and viewing of a record for patients requiring a definitive mental health placement from all settings (Emergency Department, medical bed, community, Section 136 suites, police custody suites), patients on home leave, patients for and to repatriation to another inpatient mental health admission whether in the public or private sector.

Objectives, values and benefits

SMART will:

- Replace manual systems of monitoring and logging patient information (for example spreadsheets).

- Reduce reliance on multiple clinical systems in an operational environment.

- Improve patient journeys by providing operational staff and system leaders with oversight of demand and capacity, supporting strategic decision making.

To give operational teams and senior leaders access to 'live' data across a range of healthcare settings. Ward, speciality, trust and ICS data dashboards will provide at-a-glance monitoring of patient flow and patients waiting for admission between care settings; and system pressures.

Collating data over time, SMART may also assist with future modelling and planning.

These features are designed to improve patient journeys by giving operational staff and system leaders oversight of demand and capacity, supporting strategic decision-making.

On-boarding and service deployment

The implementation of SMART will be led by the customer. This will be wholly supported by dedicated SMART implementation and training personnel. A task and finish group comprising all stakeholders will be set up at the first implementation meeting. By signing up to use SMART, customers are signing up to:

- A non-exclusive, non-transferable licence, without the right to grant sub-licences, to use SMART internally within their own organisations for the purpose of internal data analysis, processing and reporting requirements, and for no other purpose.

- Where named staff or other third parties are permitted to access the System, this will always be by prior arrangement between the customer and NECS.

- Customers are not permitted to grant or enable access to SMART to third parties without the prior consent of NECS.

Estimated deployment to live would be four weeks. This could be shortened depending on customer resourcing and availability to test. Detailed plans are drawn up with each customer, to meet their specific needs.

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A care system support organisation

Technical and client-side requirements

The platform can be accessed via any modern web browser using the latest version released (or one prior the latest version - see details below) and does not require installation of any additional software on the end user's machine or the organisation's network. We recommend the minimum bandwidth internet connection should be 2mbs, with a recommendation of 5mbs or higher.

- Smart Phone for app use, Android and Apple are supported – must be latest release or one prior to the latest version

- Acceptable mobile browsers: Chrome, Firefox, Android Browser, IOS Safari, Mobile Edge

NECS shall not be liable for any failure to perform any of its obligations if such failure is due directly or indirectly to the failure by the customer to maintain its internet connection or hardware or software appropriate for use of SMART.

Off-boarding and service termination

When off-boarding occurs, data is securely exported and transferred to the relevant organisation in compliance with local policies and protocols.

If off-boarding involves transitioning to another provider organisation, decisions regarding the retention, transfer, or deletion of data and information must be collaboratively discussed and agreed upon with the customer, adhering to applicable information governance and legal requirements.

Data assurance, security and governance

NECS are a data processor for the data in the system. The deploying organisation is responsible for setting up and managing their own local data sharing agreements if they want to share system data with other organisations.

Data quality assurance is the responsibility of the deploying customer.

SMART has the potential to affect patient outcomes and is therefore required to be compliant with DCB0129. NECS as the manufacturer of the product are responsible for creating, maintaining and reviewing the product's compliance with DCB0129. DCB0129 documentation and the Clinical Risk Management File (CRMF) for SMART can be viewed on request.

SMART requires deploying organisations to be compliant with DCB0160. Customers and distributors of the product would be responsible for creating, maintaining and reviewing the product's compliance with DCB0160, using their own resources unless otherwise negotiated with NECS. As the manufacturer, NECS is not responsible for this compliance but can assist customers with the process as a separate service.

Service support

Support services are automatically included in the SMART service fee. Support material is published and managed through the SMART system.

Service desk support is in place to provide a single point of escalation for users where issues cannot be resolved locally. As a standard offering, escalation technical support will be provided between 08:30hrs to 17:30hrs, Monday to Friday (excluding national holidays) via email and phone. The core functions of support provided are listed on the following pages. These functions and the core support hours can be extended and customised to meet our customers' requirements subject to contractual arrangement.

Any scheduled system maintenance that is to take place between the hours of 8.00hrs and 18.00hrs Monday to Friday would be notified to the customer a minimum of two weeks prior to the event. This would occur only in exceptional circumstances.

Services and support to the customer will be agreed prior to implementation and service delivery phases.

Service training

Basic deployment training is included as part of the SMART service fee.

The customer may request additional training at any time during the life of the agreement. Additional training not included as part of deployment is outside the scope of the standard pricing for SMART (see Pricing Document) and will be chargeable.

When considering additional requests, the following matters shall be agreed in writing by the parties:

- The scope of the training services.

- The estimated charges.

- The timetable for the completion of the additional training sessions.

Customer responsibilities

- The customer is responsible for maintaining and confirming their own information governance processes and policies are adequate and will ensure NECS personnel are made aware, in advance where possible, of any impact or restriction local variations may introduce to NECS delivery of the SMART service.

- The customer shall keep confidential SMART and limit access to those of its employees and agents who use SMART.

- Without prejudice to the foregoing, the customer shall take all such other steps as shall from time to time be necessary to protect the confidential information and intellectual property rights in SMART.

- The customer shall be responsible for maintaining as confidential the passwords issued to the customer for access to the customer's data within SMART.

- The customer shall only permit its authorised employees and agents to use SMART.

- The customer shall keep confidential information of a confidential nature received from NECS as a result of discussions leading up to the use of SMART or pursuant to the terms of its use and shall not disclose data in the System to any third party or permit access or use of the System by unauthorised third parties, without the prior written consent of NECS.

- The customer shall be responsible for providing all relevant data in accordance with the agreed data extract schedule.

Customer responsibilities

- It is the responsibility of the customer to provide (or under specific agreement make accessible) all data required to populate the SMART Dashboards. Detailed data definitions and specifications will be provided to the customer.

- If training is required, the customer will be responsible for ensuring that personnel can be allocated the necessary time to do this.

- The customer shall inform NECS of any changes which may affect reference data, for example change of name for ICS or GP Practice.

- The customer shall inform NECS when a user no longer requires access to SMART.

- The customer shall not assign, transfer, sell, lease, rent, charge or otherwise deal in or encumber SMART nor use on behalf of or make available the same to any third party save that in appropriate circumstances NECS may grant permission to sub-licence SMART to third parties which NECS has previously approved in writing and which third parties have undertaken equivalent obligations as to confidentiality and use of SMART as are set out in these terms and conditions.

- The customer shall not copy or reconstruct the whole or any part of SMART.

- The customer shall not modify, merge or combine the whole or any part of SMART with any other software or System without obtaining the prior consent of NECS.

- The customer shall bring to NECS attention any potential information governance risks including but not limited to those specific provisions surrounding person confidential data.

For more information please contact:

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