

G-Cloud 15

Service Definition

**Management and Supervision Tool (MaST), decision-making
Support for Community Mental Health Teams**

Holmusk Europe Ltd

Lot 2b Software as a Service

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1. Introduction

Company Overview

Holmusk Europe is the European arm of a global Data Analytics and Health Technology Company, with an ambition to advance the management of mental health care, working closely with care providers, the life sciences sector and academia.

The MaST (Management and Supervision Tool) team, is a specialist team within Holmusk Europe that focuses on forging strong collaborative relationships with NHS stakeholders. Based in the UK the team specialise in working with health care providers to support both strategic and operational delivery of mental health services. The combination of deep understanding of clinical pathways, data interrogation and predictive analysis, helps front line staff to make more informed decisions with the data available. The ambition is to support mental health services to deliver high quality care for service users, through solutions and insights that make a measurable impact across the UK.

Value Proposition

Through the MaST intelligent caseload management software, and the experienced MaST team at Holmusk, we aim to address the following challenges:

- Large complex caseloads make it difficult to allocate resources effectively and stay on top of patient care.
- Increasing demand for mental health crisis services requires healthcare systems to make optimal use of the resources available.
- Reduced flow through services increases caseload sizes and has the potential to reduce the speed at which service users receive appropriate care.
- Increased workload and stretched resources can impact on wellbeing in the workforce.

What the Service Provides

MaST is a decision support solution used to support community mental health services. MaST uses predictive analytics to help healthcare professionals assess and manage their caseloads, providing:

- Risk of crisis and complexity stratification to support resource prioritisation.
- Decision support nudges to help clinicians ensure service users are receiving care in the most appropriate setting.
- Clear tracking for staff of safety and quality indicators such as physical health reviews and care plans.
- Oversight for managers showing caseload complexity and demands across their team.

At its core MaST is a clinical and management supervision tool for clinicians using information from the existing electronic health record systems to support improved decision making within community mental health teams with the ability to incorporate additional data sets as they become available.

Social Value

Holmusk, through its business actions and the use of its product delivers social value in a number of ways:

Kickstart Economic Growth

Outcome 1: Fair work: that offers fair wages and good working conditions. Help people get a job, stay in work, and progress in their careers, with good employment opportunities across the country

Model Criteria - 1a Create and retain high quality jobs '(as defined in MACs 1b-1d)

- Holmusk has grown from proof of concept to scale up creating jobs and a value chain built from SME's, single handed business owners and larger established companies.
- With the growth of the business through additional contracts the company aspires to grow the workforce over the coming years.
- The remote working ethos of Holmusk enables us to recruit on talent and fit rather than geography, with a wide range of skills from different parts of the country.

Measurement

- Number (heads employed) created due to the growth of the business, by the UK region.

Model Criteria - 1b Fair working conditions

- Holmusk has plans to introduce more formalised staff engagement surveys to support the current informal feedback and 1:1 process. The ambition is to provide opportunities to measure and monitor staff workforce conditions over time, including employee engagement, involvement in decision-making and satisfaction, with clear processes for acting on focus areas identified.
- Holmusk supports an environment where staff feel empowered to report and address any cultural issues.
- Holmusk adopts flexible working arrangements to the working week with generous annual leave and wellbeing leave in place (such as closing over the Christmas period).

Measurement

- Frequency of staff engagement survey and evidence to show activity on areas of focus.

Model Criteria - 1c. Fair pay practices.

- Holmusk is an equal opportunities employer with policies and processes to review and benchmark pay across the organisation every 2 years to stay on par with industry benchmarks and are adjusted where feasible to account for inflation and any other identified discrepancies. Holmusk is committed to continuing these practices.
- Provision in place that supports continued pay in the event of sickness, carer leave or requests for unpaid leave from Employees.

Measurement

- Pay review practices compared to external market factors.
- Satisfaction scores from employee engagement surveys.

Model Criteria - 1d In-work progression to help people to move into higher paid work by developing new skills

- Holmusk has an established performance and development review process that supports personal development planning and the resources required to support execution of the plan.
- Holmusk makes available a personal development budget for employees to spend on initiatives to support their personal development plan.
- Holmusk operates a culture where people are able to pick up new skills and experience in role and aims to proactively identify opportunities for experiences that grow skills in line with personal development ambition.
- Holmusk aspires to create more volunteering opportunities for staff in the future.

Measurement

- Number of opportunities dedicated to volunteering.
- Number of people taking up their personal development budgets.

Model Criteria - 1e Identifying and managing the risks of Modern Day slavery.

- Holmusk have policies in place to raise awareness across the team.

Measurement

- Number of staff who have completed training.

Making Britain a clean energy superpower

Model Criteria - 1a Deliver additional environmental benefits in the performance of the contract, including working towards net zero greenhouse gas emissions and use of clean energy and green technologies

- Holmusk has had an independent review of carbon emissions and developed a Carbon Reduction Plan. Holmusk are working towards Net Zero by 2035 with the aim to reduce Scope 3 emission by at least 30% by 2030 and 90% by 2045.
- The Holmusk team is a remote team with a low carbon footprint. Initiatives in place include: transition to low-carbon goods and services to achieve at least a 5% annual reduction in emissions in this category, sourcing carbon natural services to achieve at least a 5% annual reduction in emissions in this category and Reduce business travel emissions by limiting flights and using a booking system that shows carbon emissions at the time of booking, targeting zero emissions in this category by 2045.
- Holmusk continues to strive towards developing products that have a positive impact on the Net Zero ambition of the NHS. MaST reduces the environmental footprint of mental health services by digitising caseload management, reducing printed records and reducing the need for caseload workers to travel to visit the hub to view whiteboards and a shift in care from

acute settings into the community.

Measurement

- Performance against activity set out in our Carbon Reduction Plan.

Build an NHS fit for the future

Model Criteria - 8a Support health and wellbeing in the contract workforce, including physical and mental health

- Holmusk champions a culture of support, empathy and a whole person approach to work. Employees are encouraged to share issues relating to health and wellbeing, including physical and mental health in interactions with managers and peers.
- In cases where reasonable adjustments are required these are discussed and agreed between employees and line managers. Holmusk operates flexibility working hours to support employees.
- Health care support exists through Maven for all employees.
- The Team in the UK employs practicing Mental Health professionals as well as individuals accredited with Mental Health in the workforce. Holmusk is working towards meeting the 6 standards in the Mental Health at Work commitment.
- Holmusk gives employees a generous leave allowance, carer leave allowance, and maternity and paternity leave.
- The company enables access to occupational health and HR services as required.
- The company also observes a shutdown from Christmas to New Year's, allowing employees to recharge and connect with family. Additionally, the company allocates additional wellbeing days outside of local public holidays to promote work life balance.
- Holmusk focuses on products that provide better care for service users, support the move from analogue to digital, from treatment to prevention, and from acute setting to community. These products aim to enhance the wellbeing of staff, increase productivity, reduce administrative burden on Clinicians, freeing up more time for patient care.

Future measures of success

- Number of initiatives focusing on staff health and wellbeing.
- Continuation of existing and growth in employee initiatives in line with staff engagement survey.

Overview of the G-Cloud Service

MaST is a decision support tool which uses predictive analytics to help mental health staff make better decisions about the resources they use to provide safer and higher quality care.

MaST is a software platform used by front line staff, including Doctors, Mental Health Nurses and Team Managers.

Its simple dashboard displays clinically relevant information that is already captured but often buried deep within the electronic health record, and uses this data to stratify the caseload based on agreed complexity factors and the risk of using Crisis services in the next 28 days.

The MaST tool supports in 4 key areas:

1. **Quality and safety** - MaST has a care standards page, giving Managers and Care Coordinators a score card for mandatory assessments. This supports Care Coordinators to identify cohorts of service users at higher risk of using crisis services, completion of documentation and enables oversight on service user contact frequency.
 - 21% increase in the rate of crisis plans being completed on time.
 - 35% reduction in those that don't have an allocated healthcare worker.
2. **Patient Flow** - with easy oversight of the service user pathway and insights to support management of those 'in assessment', 'in active care' and identifying a cohort that may be suitable for 'ready to move on' service users can be actively managed through the treatment journey.
 - The number of service users 'in assessment' in MaST for over 28 days has reduced from 68% in June 2024 to 49% by December 2024.
 - 5.24% increase in discharge rates.
3. **Productivity** – advanced sort and filter functionality enables user defined cohort searches quickly and enables teams to prioritise resources based on caseload care needs. Data led supervision allows supervisors and clinicians to identify gaps in care or areas of support.
 - 14% reduction in those that haven't been seen for 4 weeks.
 - 20% reduction in those that haven't been seen for 12 weeks.
 - MaST was the caseload management solution used in a broader digital and quality transformation within Mersey Care. An independent report showed a £1.7m efficiency gain in the first 6 months.
 - Time saved comparing information search using MaST as opposed to normal buyer systems.
4. **Staff wellbeing** - Care Coordinators and Managers have clearer oversight of their caseload enabling greater transparency and a feeling of increased control. MaST has no data entry mitigating the need for additional data entry.
 - "Makes me feel I get things done quicker, I feel it's made my job a hell of a lot easier" GMMH frontline staff comments.
 - Survey results demonstrate that MaST provides information that makes managing caseloads easier.

MaST helps improve the management of community mental health caseloads and flow through the service by providing data driven insights.

The use of MaST in NHS Mental Health Trusts has been shown to:

- Reduce hospital admissions.
- Reduce mental health crisis rates.
- Shift activity from inpatient to community services during a period of crisis.

- Support staff to feel more in control of their caseload and the delivery of core safety and quality standards.

The Service comprises of 3 core elements

- Set up, support and configuration of MaST to meet the needs of the local service by an expert team of Clinicians and Data Scientists.
- License for a buyer to access a caseload management solution (MaST) which incorporates predictive analytics, risk stratification, and advanced cohort search within community mental health teams.
- Engagement, training and clinical behaviour change to support adoption and maximise outcomes.

Associated Services

Maintenance is included in the license fee. This includes routine and emergency patching, ongoing training and engagement, release of upgrades and changes to MaST, changes to business rules within the scope of the contract to ensure that MaST stays relevant to local service provision, that clinical risks are mitigated, and compliance with IT security controls maintained.

2. Data Protection

Information Assurance

- Compliance with NHS Digital's Data Security Protection Toolkit. Holmusk submits assurances against the standards outlined in the DSPT (ODS code A6Y5D).
- Cyber Essentials accredited.
- ISO 27001 certified - Holmusk Europe has been ISO 27001 certified since January 2020.
- Compliance with NHSX Digital Technology Assessment Criteria (DTAC).

Data Back-Up and Restoration

Processes and Policies are in place to protect against data loss and support continuity of service.

Data flow for MaST

1. A Microsoft SQL database residing on the buyer infrastructure is used to hold data extracted from data sources (primarily the electronic patient record). Data items are moved into this database as agreed between the buyer and Holmusk. Data populated into this database occurs at least once a day (usually overnight), but increased frequency can be considered if desired.
2. A sFTP server is used to communicate between the buyer and Holmusk infrastructure to retrieve backup files of the MaST database residing on the buyer infrastructure. A buyer contacts this sFTP server using their login credentials to send Holmusk a backup file. This database backup file is then loaded into a mirror image database on the Holmusk infrastructure ready to be processed.

3. MaST algorithm is a series of scheduled SQL scripts which will analyse the data received and produce the required output tables for MaST to use in the front-end application. These output tables are then used to populate a Microsoft SQL database in the Holmusk environment.

4. These output tables are then passed to the MaST application servers which are accessed via the HSCN using SSO or username and password.

MaST is hosted on 2 pairs of database and web servers ensuring that failures in any server do not cause an interruption to service or loss of data. Onsite and offsite encrypted backups are made daily with a longer retention of weekly and monthly backups. Full continuity and disaster recovery plans are in place to reduce any potential downtime in service as required by our ISO 27001 certification.

Business continuity statement/plan

- Holmusk conducts a Business Impact Assessment each year which contributes to its Business Continuity Plan and Disaster Recovery Process.
- Holmusk works closely with its hosting provider to ensure controls are in place to support maximum uptime and reduce business disruption.
- Business continuity processes and policies cover delivery of the MaST solution from a technology and people perspective.
- This is managed through the following stages:
 1. Plan (establish) - Documented business continuity policy, objectives, targets, controls, processes and procedures, relevant to maintaining business continuity.
 2. Do (implement and operate) - Implementation of the policy, controls, processes and procedures
 - a. Documented business impact analysis and operational risk assessment;
 - b. Identification of appropriate business continuity strategies;
 - c. Establishing an incident response structures and processes;
 - d. Documenting business continuity plans for key services and areas key to their delivery;
 - e. Implementation of exercises to validate the effectiveness of plans.
 3. Check (monitor and review) - Evaluation through methods of monitoring, measurement, analysis and evaluation of processes, including audits of plans and management reviews.
 4. Act (maintain and improve) - Implementation and follow-up of lessons learnt, as identified from incidents and exercises.

The following responsibilities for the management of Business Continuity are assigned to the senior roles identified;

- SIRO (Senior Information Risk Owner) - Accountable for maintenance and delivery of the plan;
- Technical Lead - Responsible for maintenance and delivery of the plan, production and maintenance of the Business Impact Assessment and Operational Risk Register. Responsible for the communication of this Policy / Plan to the staff.

Further details on Business Continuity Planning and Recovery Time Objectives can be requested by the buyer as part of the contracting process.

Privacy by Design

From an information security perspective Holmusk Europe is ISO27001 certified with the scope covering the 'provision of software solutions to the NHS'.

Data Protection Impact Assessments (DPIAs) are completed with each buyer to ensure controls and mitigations are in place (implementation risks are signed off by the buyer Information Governance team). Controls include:

- Role based access to NHS staff for patient data.
- MaST hosted within the NHS private network (HSCN).
- Data is replaced at least daily to remain reflective of the source data where information is input (typically the EPR).

Data used in MaST is used for the purposes of direct care. If there are any specific additional requirements for the secondary use of data, this is reflected in the buyer DPIA and governance process undertaken as the data controller.

Legal processing of data under UK GDPR (Article 6 and Article 9).

3. Using the service

Ordering and Invoicing

- Email christina.spencer@holmusk.co.uk with confirmation of order.
- Buyer and Holmusk will complete G-Cloud call off contract.
- Signatures added to contract.
- PO provided to Holmusk.
- Holmusk will provide an Invoice for upfront payment to buyers for payment within 30 days.

Availability of Trial Service

Holmusk does not currently offer trials of the service outside of the standard pricing.

On-Boarding, Off-Boarding, Service Migration, Scope etc.

Onboarding

An on-boarding kick off meeting will be set up with the buyer during project initiation detailing technical specifications, IG and clinical safety requirements and outline the support from the Holmusk team to ensure MaST is embedded into normal ways of working. Accompanying documentation will also be provided as required. A project steering group will be established to support onboarding with oversight of the following key tasks:

i.Data and Technical set up

- Provision of data by the buyer against the data specification for the MaST dashboard and the Algorithm.
- Definition of local standards and service configuration to inform the MaST business rules.
- Adaptation of MaST to adopt the buyer defined business rules.
- Validation against existing reports, EPR and dashboards to ensure consistency with existing data sources.

- Set-up of a single sign on solution so that staff can access MaST from their organisational account without having separate sign on credentials.

ii.Governance

- MaST is registered as a Class I Medical Device (SaMD) - The Holmusk Clinical Safety officer will work closely with the buyers Clinical Safety Officer by providing documentation to help them comply with internal clinical safety management.
- Holmusk will work closely with the buyers Information Governance team to complete the DPIA and deliver the project within appropriate data protection frameworks.
- A joint project steering group will be developed to oversee delivery of the contract.

iii.Training and Support

- The MaST team will work with buyers to understand any local variation in service delivery so that the buyer can review unexpected variation and agree how MaST can be adapted to meet local service needs.
- During the set up and roll out, the MaST team will provide training resources for local digital champions and new users of MaST as agreed with the buyer.
- The buyer will have access to an online training course for the duration of the contract.
- The buyer will have access to the administrator functionality within MaST so that designated staff can provide access to their teams, manage leavers, and enable locked accounts.
- The buyer will have access to usage reports through the MaST administrator area and weekly emails reporting on team adoption.
- For the initial year Holmusk Team will work closely with buyer stakeholders to ensure successful set up and adoption. Once the set-up is complete Holmusk will provide a second line help desk during standard working hours (9am to 5pm weekdays, excluding public holidays).

iv.Implementation Plan

	Milestones	Time
Step 1	Project Initiation ● Contract and purchase order in place ● Information governance and DPIA authorisation ● Clinical safety discussion and review ● Project steering group and governance oversight in place ● Strategic alignment with Community Transformation Solution Set Up ● Technical and data set up with BI teams ● Review of local services and variation ● Business rules definition and sign off ● MaST adaptation to buyer data structure, services and alignment with the EHR ● MaST set up and clinical validation with front line staff ● Algorithm performance reports generated by Holmusk ● Test and adopt single sign on solution	Month 1 - 3

	● Review of BI processes to ensure data supply is integrated into BI operations, monitored and supported	
Step 2	Engagement, awareness and adoption ● Face to face engagement for service specific requirements ● Baseline Survey ● Online F2F and access to self guided training content ● Fully supported roll out and implementation in line with agreed project plan ● Check in with users to gather end user feedback ● Transfer of the administration rights to buyer ● Benefits monitoring with the buyer Ongoing Service Support ● Algorithm Performance Reporting ● Usage Reporting ● Upgrade and enhancements ● Agreed number of localised changes	Month 4 - 12
Step 3	Transfer to BAU (support desk, training, account access management) ● Transfer of 1st Line support desk to the buyer ● Training built into onboarding processes ● Account Administration owned by the buyer	Month 12 +

A detailed implementation plan will be developed with the buyer.

Offboarding

i. End of contract process

On termination of the contract, Holmusk will work with the buyer to ensure there is a smooth transition to an alternative service or removal of the service from end users where there is no alternative. This will include:

- Notification from the buyer of intent to end the contract.
- Planning meeting to agree communications plan, management of data, decommissioning of service.
- The organisation would communicate the plan to remove access to end users.
- The transfer of data (examples include audit logs, algorithm performance reports, usage reports).
- The decommissioning of the buyers site including (removing access to the sFTP, removal of web application sites, removal of databases, removal of back ups).
- A report from Holmusk confirming decommissioning activities have been undertaken.
- Confirmation from the buyer that the end of contract process has been completed.

ii. Extracting data

MaST is a read only solution which uses data provided by the buyer from existing data sources. Holmusk does not hold any patient or staff data that the buyer does not already have.

In the event that the customer chooses to terminate the contract, any data supplied to MaST will already be held by the buyer in the source systems and database.

The buyer may request the transfer of newly generated data such as audit logs, algorithm performance reports, usage reports. If a buyer required a copy then the copy would be provided in an agreed method, typically SQL or CSV via sFTP. Remaining data will be destroyed in agreement with the buyer.

All decommissioning activities above are included in the license agreement.

Service Management

Support for End users

- Holmusk provides one level of support which is included in the set up and license fee.
 - Users of the product will initially receive 1st line support from Holmusk via the Holmusk helpdesk during set up.
 - Once the service is launched and established (usually at 12 months), Holmusk will provide 2nd line support.
- Holmusk also proactively supports buyers as part of the standard pricing model to ensure a smooth and successful adoption, with attendance at weekly operational meetings, service mapping and engagement sessions, onsite visits and membership of the monthly strategic oversight meetings throughout set up. Holmusk continue to provide support to buyers in subsequent years as agreed with the buyer as part of the transfer to business as usual (included within the set up and license fee)
- A Holmusk Senior Manager, Data Analyst and Clinician are allocated from Holmusk to form the account team responsible for successful implementation and ensure MaST continues to meet expectations in line with national guidance.
- At the request of the customer Holmusk are able to visit on site (included within the set up and license fee).
- Users also receive the option of remote training sessions or self guided learning (included within the set up and license fee).

Technology

- Servers will be patched on a monthly basis (usually out of hours).
- Any critical patches will be released at the first opportunity. In the event of needing to apply these in normal hours, disruption will be kept to a minimum and buyers notified.

Data imports

- Data will be imported at least daily as agreed with the buyer. Holmusk will be alerted to any data import failures and will be raised with the buyer to identify the cause and trigger a new data export.

Change Requests

- Adaptation to Business Rules or changes to the software will be subject to a change control process and appropriate validation before release. Releases will be agreed with the buyer with appropriate communication.

Service Constraints

- Routine support is offered weekdays 9am-5pm.
- Maintenance windows will be completed out of hours where possible.
- New functionality or agreed change requests will be released Monday - Thursday.
- If an updated data feed is not received and data becomes more than 72 hours out of date then a holding page will be placed on MaST dashboard saying the service is unavailable until a refreshed data feed is imported.

Service Levels

- MaST will be accessible 99% of the time.
- MaST will be updated no more than 12 hours after receipt of a data file.
- Holmusk has a Disaster Recovery Policy which aims to ensure availability of MaST by restoring systems and data within 24hrs.
- Queries to the Holmusk Helpdesk will receive an initial response within 1 working day - resolution will be prioritised on the following basis:

Hotfix release characteristics: P1 – Within 2 working days

- Small but critical bug fixes to the software
- Simple but urgent text changes, simple but urgent usability changes
- Simple but urgent visual changes, simple but urgent data format changes

Minor release characteristics: P2- by the next release; within the next 2 releases - Within a month

- Multiple non-urgent text, usability, visual or data format changes
- New functionality that does not introduce new attack vectors

Major releases (requires full regression and penetration testing): P3 – As agreed with the client

- New API endpoints or significant changes to existing ones
- Any changes to user authentication process
- Significant changes in infrastructure
- Significant updates to 3rd party libraries or tools.

During the set up and launch phase (Year 1), Holmusk will provide 1st line help desk support for MaST software and analytics during standard working hours (9am to 5pm weekdays, excluding public holidays).

On transition to Business as Usual (Year 2):

- Holmusk will provide 2nd line helpdesk support during standard working hours (9am to 5pm weekdays, excluding public holidays).
- The buyer helpdesk should triage initial calls operating in normal working hours to identify the nature of the call (hardware, network, single sign on, or is related to data and requires referral to the buyer data team).
- Holmusk will address any issues directly related to the set up and provision of MaST.

- Minor customisation allowed in line with the contract. This includes minor adaptations to business rules to fit local service delivery models and resulting front end modifications.
- Minor software updates will occur as needed.

Outage and Maintenance Management

MaST is hosted on 2 pairs of database and web servers ensuring that failures in any server do not cause an interruption to service or loss of data. Onsite and offsite encrypted backups are made daily with a longer retention of weekly and monthly backups. Full continuity and disaster recovery plans are in place to reduce any potential downtime in service as required by our ISO 27001 certification.

Financial Recompense Model for not Meeting Service Levels

- Performance and delivery of the agreement will be reviewed monthly with the joint project team to resolve any issues and challenges collectively.
- In the event that service levels don't meet those expected, Holmusk will work with the buyer to understand the reasons why and agree on a best course of action.
- In the rare event that a contract cannot be completed discussion between the two parties will be undertaken on the best course of action.

4. Provision of the service

Customer Responsibilities

Resources should be made available by the buyer to support set up and implementation (suggested below):

- Senior Manager Level Sponsor.
- Project Manager to support project delivery and a single point of contact.
- Clinical Safety Officer to support the monthly clinical risk management review and compliance with DCB0160, validate business rules and authorise change requests.
- Change Manager to support the implementation and engagement with Community Mental Health Teams (CMHTs) to ensure adoption and uptake of MaST. Support with demonstrating benefits realisation.
- BI resource to support the provision and maintenance of data. Main responsibilities include set up of the initial data feed against the data specification, ad hoc requests and data provision, data queries from front line staff, validation against existing BI reports, setting up monitoring of daily data supply and implementing systems for ensuring continuity of data, support from BI team to schedule scripts within SSIS as needed.
- Services and Clinical Systems lead to support with translation between clinical practice and the data, testing and validation of MaST.
- IT expertise to support the technical set up. I.e Whitelisting and firewall management, set up of a suitable single sign on, integration of Holmusk's support desk into existing support processes.
- Appropriate representation on the Project steering Group (meeting monthly).

Governance

- The buyer will act as the Data Controller.
- The buyer will carry out their responsibilities from a clinical safety perspective.

Technical Requirements

- Hosting will be provided by Holmusk through a 3rd party with data based in the UK.
- The assumption is that there is no requirement to bridge between datasets from legacy Electronic Health records. This should be discussed at contracting if legacy systems are in place.
- Buyers should be able to transfer data via an SQL Backup file sent to the Holmusk sFTP server (default method) or via a suitable alternative such as Azure Data Lake.
- Holmusk would recommend enabling single sign on using OpenID through a standard provider such as Azure Entra ID or NHS Mail.
- MaST should be accessed through a compatible browser (as of December 2025 recommended browsers are Google Chrome or Microsoft Edge).

Outcomes/Deliverables

Outcomes for the buyer should be discussed at the point of contracting to ensure it aligns with the strategic ambition of the buyer.

Expected benefits for a buyer. To be agreed at the point of contracting:

- Usage and adoption
- Increased patient flow
- Reduced access to crisis services
- Increased discharges
- Increased staff satisfaction
- Increased compliance with key documentation and reviews
- Reduction in DNA's
- Time saved searching for information and data

Development life cycle of the solution

- MaST follows an Agile methodology with processes outlined in Software Development Lifecycle and Maintenance Documentation.
- This process includes defining requirements, design, develop, test, release with appropriate change management processed in place and version control

After-sales Account Management

- Monthly touch point meetings with customers.
- Allocated members of staff to support successful implementation including an Holmusk SRO, Data Analyst and Clinician.
- Development of the system to ensure it continues to meet expectations in line with national guidance.

Termination Process

- In line with 13.2.2 Each buyer has the right to terminate their Call-Off contract by giving Holmusk not less than 30 days' written notice. If termination occurs then Clause 13.5.3 applies.
- If the contract is terminated by the buyer or not renewed at the end of the contract term then buyer data will be returned to the buyer and a mutually agreeable plan to decommission the service will be developed to ensure minimum disruption and buyer service continuity as described in the offboarding process above.

5. Our experience

The MaST team is committed to providing insights to mental health services with an experienced team of individuals passionate about supporting improved delivery in mental health.

The team is made up of Analysts, Technologists, Clinicians and Business Managers with experience of working closely with NHS teams and overcoming the challenges faced across the NHS system.

Case Studies

Supporting Community Transformation

A number of community mental health teams across England have been using MaST to support 'Community Transformation' and benefitting from a caseload management tool that uses intelligent analysis, and fingertip search and filter functions to help identify resourcing priorities objectively using the data that they have already collected within the electronic patient record.

MaST is being used to support supervision, by individual care coordinators, team managers and in team meetings such as safety huddles and MDT's, helping front line staff to use data more effectively to inform clinical decision making.

MaST supports positive behaviour change in the context of caseload management by using data to prompt staff to stay on track with essential care delivery standards, and is a catalyst for driving forward new initiatives in the quality care agenda. MaST provides clinicians and multi-disciplinary teams with the data, information and analytics which inform effective and efficient decision making in a more joined up, representative way.

MaST is implemented in fourteen Mental Health Trusts in England (as of December 2025).

A London Trust Implemented MaST to all 17 CMHTs in their boroughs to support caseload management and reported:

- A 54% reduction in the number of service users without an allocated Health Care Worker within one borough within 3 months, with an overall reduction in caseload sizes since the introduction of in other teams over time.
- The implementation of Patient Reported Outcome measures identifying completion and review due dates for service users, seeing a completion rates of 6,013 assessment in an 18month period.
- More effective staff caseload management with 80% of clinicians completing the questionnaire agreed it helped with tracking risk assessment reviews, 90% agreed that it helped with meeting 45-day contact target, 70% agreed it helped manage allocation of

service users to named health care professions, 60% agreed/ it helped track completion of physical health review and 74% respondents felt MaST made it easier to ensure individuals in their care have had the appropriate levels of contact.

MaST has been implemented across all CMHTs in a large Trust in the North West of England. A survey conducted pre and post MaST implementation, showed a positive trend regarding the perceived value of MaST. Staff identified that MaST supported positive insights to support caseload management. Examples of this were:

- Moving from using basic excel spreadsheets or individual notebooks held by staff to Web based, use anywhere, consistent system all staff can access.
- Allocating and assessing new cases based on appropriate clinician and caseload size.
- Using data to report and analyse past events.
- Using data to help plan and anticipate future demand and service user needs.
- Increase from 47% to 85% in those that believed that information systems were helpful in supporting them manage their caseloads.
- Increase from 35% to 69% in those that believed that the information systems were able to help them identify those at risk of using crisis services in the future.
- Increase of 40% to 84% in those that believed that information systems were useful in helping them track completion of key quality indicators (care plan, CPA review, physical health, clustering, risk assessment and follow up activities).

Quotes from staff identified a positive response to MaST as a solution for clinical staff at the point of care delivery:

- *“Quicker way to see where my clients were up to rather than waiting to be told when things are out of date”.*
- *“As a tool for looking at caseloads, effective, good, overview, things you want to see immediately”.*

MaST was also used by a large Greater London Trust in a focussed way to support clinical focus on service users with enhanced vulnerability. The trial intervention intended to support key focus areas:

- Improve the allocation of lead practitioners for priority service user cohorts.
- There was a reduction in the number of service users who were identified as needing extra support, who had not been contacted in an appropriate time period and a 60% reduction in the number of service users without an allocated lead worker within 8 weeks.

MaST has been well received by clinical staff using the solution, helping staff feel more organised and able to prioritise their workload, a quote from a Senior Clinician in another London buyer exemplifies this:

“MaST is used on a daily basis in Safety Huddles, Multi-Disciplinary Case Management Meetings and Supervision. It supports safe decision making, care planning and effective caseload management to highlight the most vulnerable service users, and potential areas for prioritisation. Focused work was carried out with our Single Point of Access using MaST, to support meeting the 4 week wait standard and introduction of dialog+ for new referrals within two weeks and monitored closely within Operational Management Meetings.”

MaST has also been used to support national initiatives around identifying cohorts of service users suitable for Assertive Outreach by being able to quickly filter on factors agreed with the buyer.

Specific case studies and discussion with Trusts using MaST can be supplied on request.

Existing Clients:

- Mersey Care NHS Foundation Trust
- Greater Manchester Mental Health NHS Foundation Trust
- Central and North West London NHS Foundation Trust
- North East London NHS Foundation Trust
- Derbyshire Healthcare NHS Foundation Trust
- Northampton NHS Foundation Trust
- Bradford District Care NHS Foundation Trust
- Essex Partnership University NHS Foundation Trust
- Devon Partnership NHS Trust
- North London NHS Foundation Trust
- Cheshire and Wirral Partnership NHS Foundation Trust
- Black Country Healthcare NHS Foundation Trust

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