

Reference: FOI.ICB-2526/327

Subject: Talking Therapies Contract Information

I can confirm that the ICB does hold the information requested; please see responses below:

QUESTION	RESPONSE
<p>I am writing to request information relating to the commissioning and contracting of NHS Talking Therapies services in your area. Please provide the following information for the period 1 January 2018 to present (or the period for which data is held) for NHS Talking Therapies services commissioned within your footprint, including services commissioned at place level. Where the information is held by a place-based commissioning team, CSU, or another NHS body on your behalf, please either provide the information or advise which organisation holds it.</p>	
<p>1. The name(s) of the current provider(s) of NHS Talking Therapies services.</p>	<p>Vita Health Solutions Limited</p>
<p>2. The name(s) of any previous provider(s), if different.</p>	<p>The previous model was an AQP (Any Qualified Provider) model and was delivered by the following organisations:</p> <ul style="list-style-type: none"> • Avon and Wiltshire Mental Health Partnership (AWP) NHS Trust (Bristol Wellbeing Therapies) • AWP (PositiveStep) (North Somerset) • AWP (South Gloucestershire Talking Therapies) • ARA (Addiction Recovery Agency) Connect Psychology • GAN West (Group Analysis West) • Missing Link • Nilaari Agency • Oasis-Talk

	<ul style="list-style-type: none"> • Off the Record • Penny Brohn • Relate Avon • Second Step • St Mungo's • The Bridge Foundation • The Green House • The Harbour • Wellspring Healthy Living Centre • Womankind
3. Contract start and end dates , including details of any extensions and whether they have been exercised.	<p>Contract start date – 1st September 2019</p> <p>Contract end date – 31st August 2029</p> <p>The contract does not have a provision for extension</p>
4. Contract value (annual and total value, where available).	The annual value of the contract for 2025/26 is £12,387,187
5. The procurement route(s) used (e.g., open competitive tender, direct award, framework call-off).	Competitive process under Public Contract Regulations 2015
6. Whether the service is commissioned as: <ul style="list-style-type: none"> ○ A standalone contract, or ○ part of a wider mental health / block contract (and if so, the contract reference) 	Standalone contract

7. Any known plans or timelines for re-procurement, consolidation, or integration into wider mental health contracts.	There are no known plans or timelines for future re-procurement of this service.			
8. Where available, a copy of the current service specification and a list of headline KPIs or outcome measures used in contract performance monitoring.	Please see enclosed service specification document. National performance metrics for all NHS Talking Therapies services are set nationally by NHS England and should be requested directly from them; https://www.england.nhs.uk/contact-us/foi/ Local KPIs for the service are detailed on the enclosed KPI document.			
9. A list of Freedom of Information requests received since 1 January 2022 relating to NHS Talking Therapies services, including the FOI reference number, date received, brief description, and whether a response was issued (with a copy or link where available).	Reference	Date Received	Description/ Subject	Response Issued
	FOI.ICB-2223/092	20/10/22	IAPT/MSK/Community Dermatology Services	Microsoft Word - FOI.ICB-2223_092 - Final Response.docx
	FOI.ICB-2324/109	19/06/23	IAPT Services	FOI.ICB-2324_109-Final-response.pdf
	FOI.ICB-2324/143	10/07/23	Pulmonary Rehabilitation and Talking	FOI.ICB-2324/143: Pulmonary

			Therapy Services for Adults and Young People	Rehabilitation and Talking Therapy Services for Adults and Young People - BNSSG Healthier Together
	FOI.ICB-2324/203	22/08/23	NHS Talking Therapies or Improving Access to Psychological Therapies Contract	FOI.ICB-2324/203: NHS Talking Therapies or Improving Access to Psychological Therapies Contract - BNSSG Healthier Together
	FOI.ICB-2324/429	08/25/24	Talking Therapies / IAPT Service	FOI.ICB-2324/429: Talking Therapies / IAPT Service - BNSSG

				Healthier Together
	FOI.ICB-2526/230	17/10/25	NHS Talking Therapies	FOI.ICB-2526/230: NHS Talking Therapies - BNSSG Healthier Together
	FOI.ICB-2526/269	12/11/25	Agenda for Change Pay Scales, Commissioned Providers of NHS Talking Therapies and MH Budget	FOI.ICB-2526/269: Change Pay Scales - BNSSG Healthier Together

The information provided in this response is accurate as of 31 December 2025 and has been approved for release by David Jarrett, Chief Delivery Officer for NHS Bristol, North Somerset and South Gloucestershire ICB.

CORE NHS TALKING THERAPIES SERVICE

BNSSG NHS Talking Therapies services provide evidence-based treatments for people with mild-moderate depression and anxiety disorders, and comorbid long-term physical health conditions (LTCs) or medically unexplained symptoms (MUS). BNSSG NHS Talking Therapies service will seek to operate in line with the NHS Talking Therapies manual in so far as is possible, which emphasises NHS Talking Therapies services being characterised by three key principles:

1. Providing NICE recommended, evidenced-based psychological therapies for the identified mental health problem, and of an intensity that matches the severity of difficulty.
2. An appropriately trained and supervised workforce to ensure high quality care is delivered.
3. Routine outcome monitoring recorded at each clinical session in order to guide treatment and inform service improvement.





Treatment is delivered using a stepped-care model in line with the principle of offering the least intrusive intervention first (LIFT) that is appropriate based on the patient's problem.

BNSSG NHS Talking Therapies service is suitable for individuals that will benefit from a uni-professional approach.

SERVICE SPECIFICATION 1

REFERRAL INTO THE SERVICE

There are multiple possible referral routines into the service:

	Digital assistant Service users can fill in an online form via a website 'chat bot'. This referral route would result in the individual having a shorter assessment of approximately 30 minutes due to the amount of information already gathered by the 'chat bot'.
	Online form A less detailed online form, requiring a longer assessment of up to 1 hour.
	Phone Service users can phone and be booked for a 1 hour assessment.
	Professional Referral Form Enabling important information to be shared between services and improves service user engagement. Service users will be booked into a 1 hour assessment.

Adaptations

Adaptations will be made to enable access where necessary, including:

- Interpreters
- Prioritisation of those in perinatal period and veterans whose problems relate to time in service.
- Consultation with service champions.

- Length and format of appointments, including phone/virtual/face-to-face appointments.

Opening times

The service operates from:

Day	Opening Hours
Monday	8am to 8pm
Tuesday	8am to 8pm
Wednesday	8am to 8pm
Thursday	8am to 8pm
Friday	8am to 5pm
Saturday	9am to 1pm

From 18th April 2023 the service will amend operating hours to the below:

Day	Opening Hours
Monday	8am to 8pm
Tuesday	8am to 8pm
Wednesday	8am to 8pm
Thursday	8am to 5pm
Friday	8am to 5pm
Saturday	Closed

Assessment

Holistic Assessment that will vary in length depending on the referral route and nature of information gathered at the point of referral. Assessments will primarily be delivered by phone, unless adaptations are required, and include an exploration of:

- Risk
- Identification of the primary problem and whether a common mental health problem is present.
- Social factors impacting the persons mood.
- Routine outcome measures

Inclusion Criteria

- Age 16 and above.
- GP in BNSSG.
- Reporting a common mental health problem as the primary problem currently impacting the individual – depression and anxiety disorders.
- Patient able to safely engage with treatment in Talking Therapies
- Patient ready to engage in short-term psychological therapy
- Able to focus on treatment for a specific common mental health problem

Exclusionary Criteria

- Individual has clear plans or intent to act on suicidal ideas / requires specialist mental health services due to risk to self
- Present in crisis
- Patient has secondary care needs or is open to secondary mental health services
- Problems not treated in NHS Talking Therapies (detailed in the NHS Talking Therapies manual)
- Situational/practical problems rather than a mental health disorder
- Already accessing appropriate service with another provider

Problems that the service will treat:

- Agoraphobia
- Body dysmorphic disorder
- Depression
- Generalised anxiety disorder
- Health anxiety (illness anxiety)
- Obsessive-compulsive disorder (OCD)
- Panic disorder
- Post-Traumatic Stress Disorder (PTSD)
- Social anxiety disorder
- Specific phobias (such as heights or small animals).

The remit regarding the above disorders are determined by [NHS Talking Therapies manual](#) and NICE Guidelines.

Complex-PTSD

NHS Talking Therapies services provide treatment for PTSD. The needs of those with Complex PTSD are likely better met within Community Mental Health/ Specialist Services. This position does not relate to the number of traumatic experiences that someone has experienced, rather it relates to the specific diagnostic differences between PTSD and Complex PTSD.

Reference

Treatment of Post Traumatic Stress Disorder & Complex Post Traumatic Stress Disorder: Guidance for delivery of psychological therapies, NHS England

Long Term Conditions

In line with the 5 year plan, NHS Talking Therapies - LTC (long term condition) are provided for individuals who have LTCs in the context of depression and anxiety disorders, including:

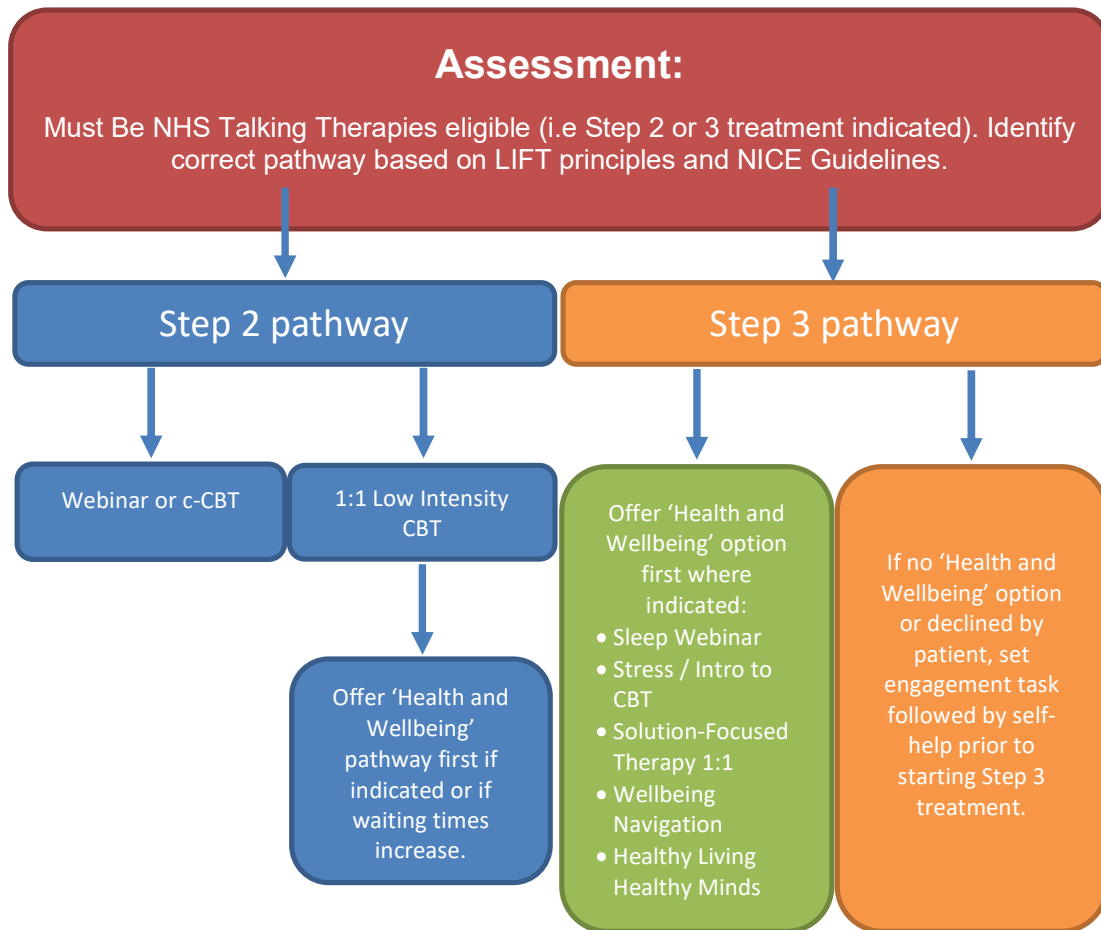
- Chronic fatigue syndrome
- Irritable bowel syndrome (IBS)
- Medically Unexplained Symptoms (MUS) not otherwise specified.

Pathway placement:

Practitioners will use a decision making guide to offer the correct treatment pathway within the service in line with their primary problem and NICE guidelines.

People are moved through the stepped care model where necessary in order to ensure they are accessing the correct intensity and type of treatment. A Review appointment system is in place to facilitate this patient journey where necessary. A review appointment is a 30 minute appointment with a PWP to review the presenting problem and appropriate pathway.

It is anticipated that of those patients entering treatment, 60% will access Step 2 in the first instance, and 40% will access Step 3.



Indicative staffing

The provider is responsible for ensuring sufficient staffing is in place to allow the service to be safe and deliver assertive trauma-informed engagement, strengths-based assessment and support planning and coordinate a multi-agency wrap-around approach.

The provider is responsible for ensuring staff are suitably trained, qualified, and supported to deliver the interventions proposed in the delivery model.

The provider recognises the added value that can be delivered from recruiting, training and supporting volunteers and paid staff with a lived experience of mental health within their workforce.

The provider and the ICB work with NHS England regional colleagues each year to discuss staffing levels using the NHS England NHS Talking Therapies Workforce calculator tool.

Whole System Approach

BNSSG Talking Therapies is committed to system working and therefore will endeavour to engage with system workstreams and other providers where capacity allows.

Outcomes and KPIs

Detailed in Schedule 6

NHS Talking Therapies BNSSG – Our Patient Involvement Approach 2025

Patient involvement is of paramount importance in the service for several reasons. It enhances the quality of care and contributes to the overall well-being and recovery of those the service supports. By actively listening to the voice of patients and the wider community the service can address issues as and when they come up, as well as continually make improvements to the service and care provision.

The Patient Involvement goals of the service are:

- To ensure the patient voice is at the heart of all decisions made in the service.
- Patients and their family can voice their concerns and opinions on support provided and feel listened to when they do this.
- The service is transparent with patients around why and how decisions are made in the service.
- When the service is unable to act on the patient voice, the service is open and honest about the reasons behind this.
- Those from any background feel comfortable talking about their experiences.
- The service celebrates when a patient expresses gratitude at their support, and the service collaborates when there is more we could have done.

To support with these goals, the service has created a participation community with over 500 patients who have previously used the service. Through this community the service engages in active conversation with patients about the quality of their care and continuously look for ways to improve. This has included running focus groups, surveys, 1:1 interviews, consultations and events.

SERVICE SPECIFICATION 2

HEALTH & WELLBEING PATHWAY

Description

The Healthy Living Healthy Minds (HLHM) programme is designed to improve mental wellbeing by improving aspects of lifestyle. The aim is to help patients make positive changes to their lifestyle through 1-1 telephone support with a Health and Wellbeing Coach for up to 12 weeks.

Initial Appointment:

A 45-minute initial appointment with a HLHM' Coach. This will include an in-depth discussion about various aspects of lifestyle and an exercise safety screening questionnaire.

Programme Overview:

Patients are offered up to 6 x 30-minute tailored telephone sessions. During these sessions a HLHM Coach will review patient goals, discuss their difficulties and set new goals at their pace.

The service offer includes:

- A variety of online exercise classes suitable for any level, including boxercise, strength at home, stretch & relaxation etc.
- Webinars on a variety of topics, such as how to improve motivation, exercise for mental health, food and mood etc.

SERVICE SPECIFICATION 3

STEP 2 – LOW INTENSITY

Description

Step 2 consists of low-intensity, guided self-help interventions for people with mild to moderate depression and anxiety disorders delivered by Psychological Wellbeing Practitioners. Guided Self Help is a structured set of sessions following CBT principles that are tailored to specific difficulties designed to aid understanding and self-management of these difficulties.

The specific disorders treated at Step 2 are:

- Depression
- Generalised Anxiety Disorder
- Panic Disorder
- Obsessive Compulsive Disorder
- Specific Phobias

We anticipate that 60% of patients scoring above caseness will enter Step 2 treatment. Within our model we have various clinical journeys based on patients needs and treatment choices:

- 1:1 Treatment: average 5 sessions @ 30min each, provided by telephone unless adaptations are required.
- Psychoeducational Webinars: average 6 sessions @ 1.5 hours each, delivered online as in an educational class format.
- Structured Physical Activity Programme for depression: 6 sessions @ 1 – 1.5 hours. Consists of psychoeducational webinars and supported exercise sessions.
- Computerised Cognitive Behavioural Therapy (cCBT): use of an interactive online platform to access course materials, with regular check-ins with a PWP (either via email or telephone depending on level of need and engagement).

Long Term Conditions Pathway

Currently the 'Living well with LTC' webinar is delivered by PWPs using webinar format

SERVICE SPECIFICATION 4

STEP 3 – HIGH INTENSITY

Description

Treatment for moderate to severe depression and anxiety. Within our model the treatment pathways within Step 3 are:

The specific disorders treated at Step 3 are:

- Agoraphobia
- Body dysmorphic disorder
- Depression
- Generalised anxiety disorder
- Health anxiety (illness anxiety)
- Obsessive-compulsive disorder (OCD)

- Panic disorder
- Post-Traumatic Stress Disorder (PTSD)
- Social anxiety disorder
- Specific phobias (such as heights or small animals).
- Long Term Conditions and Medically Unexplained Symptoms (LTC/MUS) within the context of a common mental health problem.

We anticipate that 40% of patients scoring above caseness will enter Step 3 treatment from assessment. Please note that this figure does not include patients that step up from Step 2 treatment. Within our model we have various clinical journeys based on patients needs and treatment choices. The service will provide Step 3 NHS Talking Therapies interventions as recommended by NICE and the NHS Talking Therapies Manual (2018). These include:

- 1:1 Treatment: average 10 sessions @ 50-60min each.
- CBT (individual)
- IPT (Interpersonal Therapy for Depression) (individual).
- Behavioural Activation (individual).
- Couples Therapy for Depression (individual).
- CfD (Counselling for Depression) (individual). A step-up option only for those with less severe presentation, in line with NICE Guidelines.
- EMDR for PTSD (individual).
- Specialist groups delivered within our Long-Term Conditions/Medically Unexplained Symptoms pathways
- 1:1 (individual) CBT.

SERVICE SPECIFICATION 5

PLEASE NOTE – After a period of service suspension in July 2023, Bluebell Care Limited filed for insolvency in September 2023.

BLUEBELL SUB-CONTRACT

Description

At Bluebell, we support parents' mental health and wellbeing during pregnancy, birth and beyond.

Key aims:

- To support families with understanding anxiety and pre/postnatal depression and how to manage it
- To support families to better mental health for the benefit of infant mental health
- To provide a safe, inclusive, diverse and welcoming space at Bluebell Care to eliminate feelings of isolation and provide a way to connect with others.

Care Pathway

Bluebell Care is part of the voluntary sector and provides support for all families that fit within the criteria with a focus on those in underserved communities and those of the global majority. Our criteria is mild to moderate risk and we work closely with other organisations such as Home Start and

VitaminD as well as alongside health professionals such as Health Visitors and Midwives to provide wrap around support.

Service Delivery

- We provide support via phone, in person, in the home, at Bluebell Place or online using Zoom/Teams
- We take note of the individual requirements for each parent and discuss their expectations to be sure we provide a safe and welcoming place to meet and talk
- Bluebell provides support Monday-Friday within working hours. These vary from peer support worker but generally between 9am and 5pm. Bluebell Place is open Monday-Friday with groups running at various times but again generally between 9am-4pm

Referral route

Referral can be made by any of the below options by self referral or health professional referral

- Online referral form via website
- Paper referral sent to Bluebell Place
- Sent via secure email platform

Population served

- Families experiencing pre/postnatal depression and or anxiety within the perinatal period who fall into mild to moderate risk
- We cover BNSSG, BSW and Totnes
- We provide support to parents of any age although we signpost to appropriate services for Young Parents
- We have employed an Inclusion and Diversity worker to ensure we are reach the wider communities. Particularly those of the global majority, disadvantaged communities and LGBTQIA+ parents

Out of scope

- Under 18s Bluebell will support to find the right service
- Anyone who presents as high risk
- Anyone outside of BNSSG geographical area

Indicative staffing

Bluebell is NICE compliant.

Our peer support workers are trained within our service and receive Adult and Child safeguarding training from a credited outside organisation. Volunteers are trained within Bluebell and all staff attend various training throughout the year including Gender and diversity and Anti-Racist training.

Our leadership team consists of a variety of professionals including Occupational Therapist, Lawyer and Mental Health worker. Bluebell's Executive Structure consists of a team of 9 Trustees with two Directors below this and then a larger leadership team.

The provider is responsible for ensuring sufficient staffing is in place to allow the service to be safe and deliver assertive trauma-informed engagement, strengths-based assessment and support planning and coordinate a multi-agency wrap-around approach.

The provider is responsible for ensuring staff are suitably trained, qualified, and supported to deliver the interventions proposed in the delivery model.

The provider recognises the added value that can be delivered from recruiting, training and supporting volunteers and paid staff with a lived experience of mental health within their workforce.

SERVICE SPECIFICATION 6

CITY FARMS SUBCONTRACT

Description

The City Farms Programme is part of the non-NHS Talking Therapies service pathway delivering wellbeing courses as part of a non-clinical community mental health service for Vita Minds as part of the BNSSG NHS Talking Therapies Programme. The service is comprised of short courses (6-12 weeks) in activities that promote wellbeing, including Cooking, Gardening, Animal Care, Woodwork and Walking. The service is delivered by 3 local charities: lead partner – Windmill Hill City Farm, St Werburghs City Farm and Lawrence Weston Community City Farm.

The Wellbeing Courses are delivered by facilitators who are experienced in both the subject matter and mental health, and take place in small, supportive groups. A wide range of issues contribute to a person's wellbeing, so the activities at the farms take a 'whole person' approach to promoting recovery. The opportunity to learn new skills, participate in therapeutic activities, access to healthy environments, peer support, and a sense of belonging are all strengths of the service.

Key aims:

- Provide social contact and enable people to rebuild networks and give opportunities to make new connections.
- Increase confidence and build resilience.
- Introduce participants to a range of new ideas and techniques to help them improve their levels of self-esteem and self-confidence.
- Improved physical and mental health through regular and meaningful activity.
- Teach participants specific skills around gardening, cooking and creative handywork which will empower them in their daily lives.
- Instil a sense of achievement and pride in helping to make a well-loved community venue continue to thrive.

Service delivery

- Wellbeing Courses are delivered at one of 3 sites (Windmill Hill City Farm, St Werburghs City Farm, Lawrence Weston Community Farm.
- Courses are 6-12 weeks long and are delivered throughout the year in facilities built specifically for course delivery e.g. Outdoor kitchen, teaching workshop, propagation greenhouses etc.
- Each Farm has capacity to offer courses to a specific number of people annually: Windmill Hill (87 people, not contacts), St Werburghs (42) and Lawrence Weston (48)
- The following courses are on offer: Cooking for Wellbeing, Gardening for Wellbeing, Woodwork for Wellbeing, Animal Care for Wellbeing, Conservation for Wellbeing, Walking for Wellbeing, Crafting for Wellbeing and Woodland for Wellbeing.

Referral route

- Patients are referred to the City Farms Programme during the NHS Talking Therapies assessment process.

- City Farm staff refer eligible participants into the programme if there are spaces available.

Population served

The service suits adults of all ages but is particularly effective where loneliness, isolation, substance misuse and unemployment are severely impacting wellbeing. The service works with people with a wide spectrum of mental health diagnoses. The City Farms Programme can take referrals from across the BNSSG but is most appropriate for the following localities:

- ◆ Bristol South Windmill Hill City Farm
- ◆ Bristol Inner City & East St Werburghs City Farm
- ◆ Bristol North & West Lawrence Weston Community Farm

Service user and carer involvement

Our involvement with patients is short-term unless they become longer term volunteers. However, all patients attending our courses complete a self-evaluation form with any feedback carefully considered to improve our service delivery.

Service user and carer involvement

Our involvement with patients is short-term unless they become longer term volunteers. However, all patients attending our courses complete a self-evaluation form with any feedback carefully considered to improve our service delivery.

Outcomes and KPIs

- Number of people entering WHCF and partners each full year
- Number of people entering each support programme/course as above
- Number of people discharged from WHCF by course/programme
- % of patients who were discharged from WHCF that achieved a notable reduction in their Non NHS Talking Therapies Outcome Indicator (WSAS)
- Non NHS Talking Therapies DNA Rates (10%)
- Non NHS Talking Therapies Cancellation Rates (15%)
- Reporting of any safeguarding incidents to Vita Health Group in 24hours

Evaluation

All course participants take a baseline WSAS questionnaire and one upon completion. We also ask questions that measure progress in relation to our aims at the end of the courses. All course participants are signposted to our longer-term volunteering opportunities.

SERVICE SPECIFICATION 7 – EMPLOYMENT SUPPORT SERVICE

The Employment Support service within BNSSG was launched in June 2023.

The team, at present is comprised of 3 Senior Employment Advisors (SEA's) and 16 Employment Advisors (EAs). The Employment Support service is aimed to support those who are currently accessing therapy or waiting for therapy in completing goals/tasks that are related to employment. At the time of writing, BNSSG has had 1498 referrals since launching in June of last year – we have completed 990 assessments in that time, a 66% referral to assessment rate. Our appointment attendance rate (for assessments and additional follow ups) since launch is currently at 72% (until end of April 2024).

The support that is offered is usually broken down into three strands/pathways; patients who require support **returning to work** (from long and or short-term sickness, parental leave etc.), patients who

are accessing support for **remaining in work** (those who may want support with reasonable adjustments to make their working life better suit them, how to approach issues in the workplace or disclose MH issues etc.), and finally patients who are looking to **find new work** (anything from support with CV writing to conducting Mock Interviews or how to engage with recruitment agencies). A patient can access multiple pathways at one time (for example a patient can be wanting support to remain in work, but also have a backup plan to find new work if required).

Vita Health Group: Core NHS TT Outcomes - BNSSG

KPI Reference	Measurement	Common Name	Type	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
TT1	Number of patients demonstrating 'recovery' on discharge	NHS TT Recovery	Actual (Numerator)													0
			Actual %													#DIV/0!
			Denominator													0
			Target %													
			Variance %													#DIV/0!

Numerator: Number of people discharged in the reporting month to have attended 2 or more sessions who have been classified as reaching recovery
Denominator: Number of patients discharged, attended 2 or more sessions who were at caseness at their first session (recovery denominator)

KPI Reference	Measurement	Common Name	Type	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
	Number of patients demonstrating 'reliable improvement' on discharge	NHS TT Reliable Improvement	Actual (Numerator)													0
			Actual %													#DIV/0!
			Denominator													0
			Target %													
			Variance %													#DIV/0!

Numerator: Number of people discharged in the reporting month to have attended 2 or more sessions who have been classified as demonstrating reliable improvement
Denominator: Number of patients discharged, attended 2 or more sessions

KPI Reference	Measurement	Common Name	Type	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
	Number of patients demonstrating 'reliable recovery' on discharge	NHS TT Reliable Improvement	Actual (Numerator)													0
			Actual %													#DIV/0!
			Denominator													0
			Target %													
			Variance %													#DIV/0!

Numerator: Number of people discharged in the reporting month to have attended 2 or more sessions who have been classified as demonstrating reliable improvement
Denominator: Number of patients discharged, attended 2 or more sessions who were at caseness at their first session (recovery denominator)

KPI Reference	Measurement	Common Name	Type	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
TT 4	Number of patients entering treatment (2nd sessions count)	NHS TT Access	Actual													0
			Target													
			Variance													0

KPI Reference	Measurement	Common Name	Type	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
TT 5	Number of patients referred to NHS Talking Therapies	NHS TT Referrals	Actual													0
			Target													
			Variance													0

KPI Reference	Measurement	Common Name	Type	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
TT 6	Number of patients entering Talking Therapies (1st sessions count)		Actual													0
			% of referrals													#DIV/0!

KPI Reference	Measurement	Common Name	Type	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
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TT 7	Number of individuals who re-referred into the service within six months of previous discharge from NHS Talking Therapies		Actual													0
			% of referrals													#DIV/0!

KPI Reference	Measurement	Common Name	Type	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Average
TT 8	% receiving assessment within 2 weeks of first contact		Actual													#DIV/0!
			Target													
			Vairance												#DIV/0!	
			Admin booking wait time in working days													

KPI Reference	Measurement	Common Name	Type	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
TT 9	% of patients receiving intervention within 18 weeks of referral based on discharge	NHS TT Wait Times (18 Week)	Actual													#DIV/0!
			Target													
			Vairance													#DIV/0!
	Number of patients receiving intervention within 18 weeks of referral based on discharge (Numerator)															0
	Number of patients discharged completed treatment (Denominator)			0												0

KPI Reference	Measurement	Common Name	Type	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
TT 10	% of patients receiving intervention within 6 weeks of referral based on discharge	NHS TT Wait Times (6 Week)	Actual													#DIV/0!
			Target													
			Vairance													#DIV/0!
	Number of patients receiving intervention within 6 weeks of referral based on discharge (Numerator)															0
	Number of patients discharged completed treatment (Denominator)			0												0

KPI Reference	Measurement	Common Name	Type	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
TT 11	% of patients entering treatment (2nd session) within 90 days of first session based on discharge		Actual													#DIV/0!
			Target													
			Vairance													
	Number of patients receiving treatment within 90 days of first session based on discharge (Numerator)															0
	Number of patients discharged completed treatment (Denominator)			0												0

KPI Reference	Measurement	Common Name	Type	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
TT 12	Number of patients discharged as 'completed treatment/agreed ending'		Actual													0
			% of treatment discharges	#DIV/0!												#DIV/0!
			Denominator													0

Numerator: Number of people discharged in the reporting month where referral closure reason is 'completed treatment/agreed ending'

Denominator: Number of patients discharged in the reporting month who attended 2 or more sessions

KPI Reference	Measurement	Common Name	Type	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
TT 13	Recovery of patients discharged as 'completed treatment/agreed ending'		Recovery %													#DIV/0!
			Numerator													0
			Denominator													0

Numerator: Number of people discharged in the reporting month where referral closure reason is 'completed treatment/agreed ending' who are in recovery

Denominator: Number of people discharged in the reporting month where referral closure reason is 'completed treatment/agreed ending' who were at caseness at session 1

KPI Reference	Measurement	Common Name	Type	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
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