Business Case for

BORDERS HEALTH & SOCIAL CARE

PARTNERSHIP

Strata PathWays™ - Discharge to Social Care

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Content:

1. Executive Summary

Strata PathWays^{TM} is a proven technology that has been deployed across Canada, Australia and the UK over the past 2 decades. It is a web-based application that uniquely facilitates patient centred coordinated care across an entire health and social care economy.

This document presents a proposal to Borders Health and Social Care Partnership (hereafter Borders IJB or the HSCP) for the use of the Strata Pathways™ to manage an automated workflow for managing the discharge of frail and elderly patients from hospital into appropriate out of hospital settings in a partnership between NHS Borders, Scottish Borders Council and their care partners across the geography.

The details as set out in this proposal are based on information shared with Strata Health Ltd during several meetings with the Joint board over the past twelve months. The project is scoped to ensure that we can jointly demonstrate the benefits of integrated the service across partners and stakeholders and is measurable against the targets and metrics that the IJB would wish to use as success criteria.

2. Background

The Borders HSC Partnership would like to examine how to automate and improve the processes currently used to discharge patients to Social Care and then onwards to downstream care home providers and domiciliary care services across the geography. In order to do this, they wish to assess the ability to integrate with a workflow and eReferral solution which will manage these referrals across health and social care stakeholders and assess the clinical, operational and financial benefits of digitising this currently ineffective process.

The referral process can consist of several discreet components or form an MDT pathway as part of a more complex case and care package. The components include:

- Integration - services to link appropriate information
- Services - a live dynamic directory of all relevant health and care services
- Process - Digitisation of paper/manual processes
- Flow - Building electronic pathways to automate decisions and actions
- Referral - Implementing a single pathways platform to manage transitions.

The referral process would require integration with the existing PAS system in NHS Borders and the Mosaic Social Care system in Borders Council. We will do this using the Strata PathWays™ platform and will create a directory of services to allow live dynamic brokerage of all out of hospital beds and care at home services throughout the public and private sector across the Borders geography.

3. Scope

The high-level scope for service to be deployed across the NHS Borders region is the end-to-end automation of a delayed discharge referral pathway for elderly patients requiring a placement in a care home or a domiciliary care package. The service will deploy the Strata PathWays™ platform to manage referrals across a number of organisations for the pilot period of six months. For the purposes of this pilot, the service will be focused on the NHS Borders region only and the organisations involved will include:

PAS Users

1. Borders General Hospital,
2. Kelso Community Hospital
3. Knoll Community Hospital, Duns
4. Hawick Community Hospital
5. Hay Lodge Hospital

Mosaic Users

6. Scottish Borders Council

Pathways Users

7. Domiciliary Care Provider – Care at Home services
8. Care homes across Borders Area

Project Remit

The test of change project will digitise the process of referring hospital patients (acute and community) to the hospital based social care team from Scottish Borders Council, and then onwards to care home beds and care at home services across the region. The referral source will come from various entry points:

- A&E Registration where the patient is flagged as already having a care plan.
- Medical Assessment Unit within Borders General Hospital
- Ward referrals (acute)
- Ward referrals (community)

Once a referral needs to happen within the NHS setting, the referrer will simply click a button, and this will then do three things:

- Send a digital referral request to the council Mosaic system
- Send a message/alert to the hospital social care team
- Timestamp, audit and track the referral between the two services.

The referral will include all necessary patient information including their demographics and where they are located in the hospital so that the Social Care team can locate them. This is all processed instantaneously without the need for manual processes such as mails, letters or phone calls. It will track all the actions and, if required, will allow the social care team to complete digital assessments that will populate directly to mosaic. This can include the social care assessment and the financial assessment (FA1). This information as well as any relevant hospital and discharge information is held together so that patients only needs to tell their story once.

On the non-NHS/LA provider side, the providers will directly access the Strata system to broker their services and beds. As well as showing availability, they should also include the features and characteristics of their resources. These characteristics may include:

Care Homes	Care at Home Services
- Conditions the care home can accommodate – dementia, post-surgery,	- Services offered – day care, care in the home, Independent living etc.
- Staff skills – care/residential and/or nursing/specialist	- Staff skills – care and/or nursing/specialist services
- Bed characteristics – hoist, oxygen, wound management	- Service characteristics – social isolation, independence, equipment etc.
- Secure facilities	- Residential services – supported living
- Availability of resources/beds	- Availability of resources
- Location	- Location served
- Fees (if required)	- Fees (if required)

By continuously collecting this information from the providers, Strata Pathways then holds a live, dynamic directory of services which we use to match available services, in real time, to patient needs as part of the process of finding an appropriate care setting. As part of this Test of Change project we will include community beds and domiciliary care services from council approved providers.

As determined by the council, once it is decided that a service is to be allocated (funded or part-funded) the patient and their families will be presented with a list of the most suitable, soonest available, homes or packages that can accommodate the patient. If required the number of options can be set at three as is the current process; however, as the system matures it will allow patients to be presented with a longer-term view, for example if they only need a care home bed for post-op convalescence, this will be shown as well as any required care at home package that should be put in place when they are fit to return home. The options are fully configurable to the process that the council social care team wishes to deliver. The diagram below shows an example of the potential scope across the entire health and care system. Please note that the pilot area is shown in green
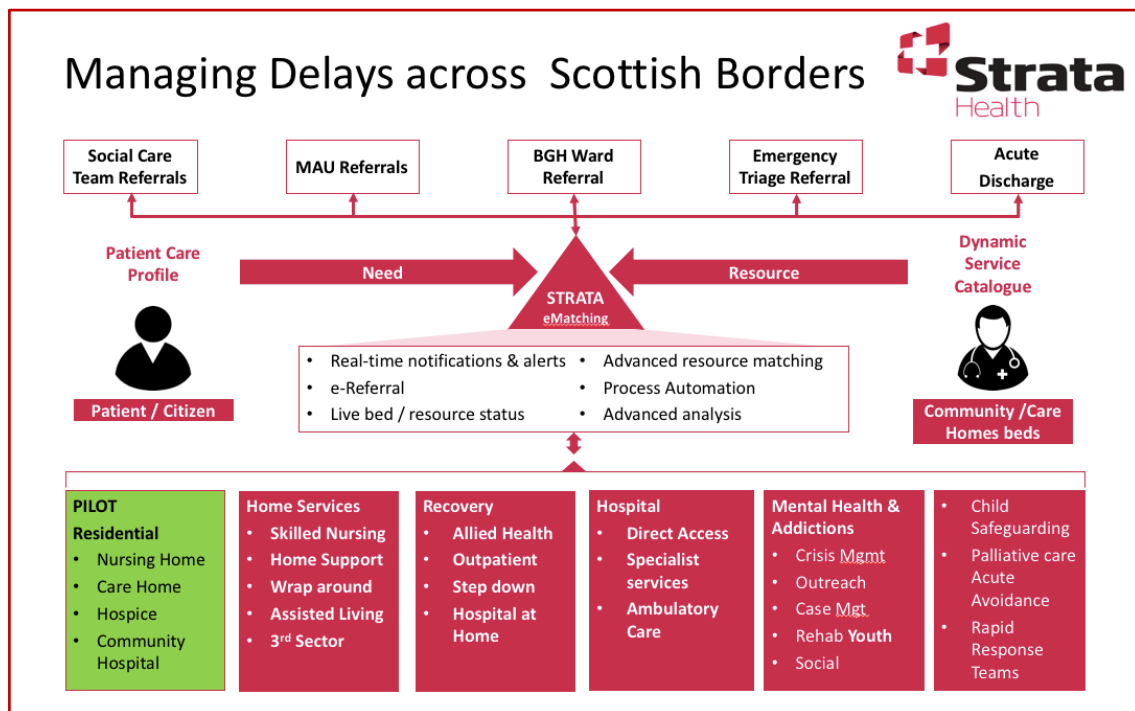
4. Business Case Preparation

The test of change project will seek to deliver many efficiencies to the current process for moving patients out of hospital and matching them to appropriate services. It will seek to streamline the current process, provide significant reduction in time wasted, reduce admin overheads (such as phone calls, letters etc), greatly improve communications across stakeholders (primary, secondary & social care) and reduce the number of delayed discharge days within NHS Borders. In addition, the solution will provide much greater visibility on gaps in services across the region using the data captured to identify opportunities for service improvement based on real evidence. This will help and support all stakeholders to make service decisions that meet demand across the region.

During the pilot project we will produce a business case to examine whether or not Borders HSCP should proceed with the project over a longer time period. The business case document will be based on:

- Outputs of the Discharge to social care test of change project
- Likely improvements to enhance discharge to social care by adding other out-of-hospital services.
- Benefits of adding other clinical/operational pathways.
- Indicative whole-system service improvements against current baseline.
- Indicative whole-system financial improvements against current baseline.
- Likely impact on patient/citizen care

Supporting Information

Over a defined six-month pilot which only focusses on hospital to care-homes and care at home service providers. It will be unrealistic to expect to show the full potential of the solution however we do expect to be able to demonstrate:

- How processes can be improved
- How data collection can be digitised leading to reduction in paper processes.
- How communications will be improved
- How activity will be audited
- How integration will drive efficiency
- How referral refusals/declination will decrease significantly
- Reductions in delayed discharges due to process changes
- Live information on capacity – winter pressures planning, Anticipatory care planning, how to address guardianship delay issues.

In addition, the solution will provide a full suite of dashboards and reports to provide referrals metrics. These will include metrics by ward, department, specialty. Referrals to care home metrics, readmissions etc.

As part of a business case for proceeding we will endeavour to analyse and baseline other services that may assist with reducing delays such as step-down services, domiciliary care, hospital at home services etc. By doing this, we will be able to support the business case by including other services that the solution can use to assist with moving patients into appropriate care settings. We will expect the stakeholders to provide appropriate baseline data to support this exercise.

Additional care pathways.

As well as considering the outputs from the Test of change study into discharging to social care services, in preparing a business case, we will also consider and identify other opportunities for other Strata pathways to provide short, medium and long-term

benefits to the delivery of health and care across the Borders Health and Social Care Partnership. This could include, but is not limited to:

• Admittance avoidance	• LTC Long Term Conditions
• Referral to GP	• Community Physiotherapy
• Social Prescribing	• Respiratory
• AHP – any-2-any referrals	• Community Heart Failure
• Community Referral	• Tissue Viability
• District Nursing	• Paediatric Liaison notifications
• Continence	• Adult Safeguarding
• Respiratory	• Child Early Help
• Dressings Clinic	• Diabetes
• Child Safeguarding	• 3rd Sector (referral to 3rd sector services and support)
• Palliative Care	• Care Coordination referral
• Step-down	• Non Elective
• ICC Hub Services	• Surgical Incl. ENT and Orthopedics
• Care Navigators	• Medical
• Case Manager	• Paediatrics
• Integrated Rapid Response	• Frailty
• MDT	
• Community Physiotherapy	
• Cancer 2ww	• Discharge Screening Tool
• Emergency Eye Care	• Children's Assessment Tool
• Unity Drug and Alcohol	• Children's Complex Needs Panel Submission
• Financial Assessments	

Strata Health Solutions will work with the Borders HSC partnership to determine the benefits and timelines for rolling out additional pathways based on the benefits delivered to patient groups whilst also determining which projects will bring the quickest operational and financial efficiencies.

In order to create baseline data, so that we can determine service improvements, we will work with the appropriate NHS Borders and Scottish Borders Council teams to determine the key metrics they wish to benchmark against.

We anticipate that the business case will be delivered to Borders HSC partnership with 2 weeks of the test of change end date.

5. Integration.

In order to deliver this solution, Strata will integrate Pathways to send and receive actions and messages from the existing PAS across the NHS Borders sites and Mosaic Social Care system used by Borders Council. These systems will be linked to the Strata PathWays™ platform which will allow the flow in referral and assessment information to be exchanged when a patient requires a care home package. The ALB/private providers will directly use the Strata Pathways solution to broker their services and to manage the receipt of referrals. The interoperability will support Single Sign On (SSO) and patient context pull through so that staff will continue to use their existing systems

Exchanging Information between Systems

Clinical Document Architecture (CDA®) Release 2 is a document mark-up standard which defines the structure and semantics for clinical documents exchanged between health and care providers and/ or patients.

A CDA document can contain a multitude of clinical content, with early adoption in areas such as the generation of Discharge Summaries; Admissions; Pathology; History; Medical Imaging and Reporting. Another area of wide application is within Health Information Exchanges (HIE), where CDA becomes the standard for all document structures. A CDA R2 document consists of the following 6 characteristics:

1) Persistence,
2) Stewardship,
3) Potential for authentication,
4) Context,
5) Wholeness
6) Human readability.

The CDA document is comprises of 2 components.

1. An unstructured mandatory textual component which allows for the inclusion of composite documents encoded in pdf, docx, or rtf, as well as image formats like jpg and png. This section is designed to ensure human readability and interpretation of the document content

2. A structured optional element for clinical system & software processing. This section is designed to allow for the inclusion of clinical codification using coding systems such SNOMED.

Benefits:

- Supports the exchange of clinical documents between health and care providers.
- Standardises the exchange of data between health and care providers.
- Supports the re-use of clinical data for public health reporting, quality monitoring, patient safety and clinical trials
- Is supplier & system agnostic

6. Deployment.

Typically, Strata PathWays™ deployments consist of the following activities:

Item ref.	Activity	Description	Costs
1	Service Scoping	A series of client scoping sessions to confirm the workflow process needed around pathways and agree the data set and assessment form design.	**Consultancy.** Charged at standard day rate £850 pd – Included for TOC
2	Integration	Scoping of interoperability requirements, data sets, transport mechanisms and 3rd party systems. All dialogues are led by the client.	**Consultancy.** Charged at the SHL standard day rate £850 pd – Included for TOC
3	Deployment & Configuration	Initial deployment, configuration & build of the workflow within Strata Pathways. It will provide an interpretation of the discussed process requirements and validation rules as discussed with client. Functionality will be limited to a pre-agreed scope.	**Consultancy.** Included in the MSP base fee
4	Workshops	Structured workshops with IJB operational/clinical leads to evaluate the initial configuration and provide clinical expertise, input and guidance through an iterative cycle of development to reach the final accepted configuration. Each workshop will be booked as a half day slot (4hrs).	**Consultancy.** Included in the MSP base fee
5	Training & user setup	SHL will adopt a train the trainer approach so that the IJB can cascade the workflow process and change/manage the approach internally.	**Consultancy.** Included in the MSP base fee
6	S & M	SHL will provide Mon to Friday business hours support. Final SLA's and operating hours will be agreed prior to the start of the iterative development process and workshops.	**Consultancy.** Included in the MSP base fee
7	Go Live	Launch of the service.	**Consultancy.** Included in the MSP fee

7. Managed Service

The Strata Health PathWays^{TM} Managed service consists of the following components:

No.	Component	Description
1	Pathways™ Non-perpetual licenses*	Test of Change Access to software 6 month, Inclusive of Hosting and data storage. TOC is for 6 Months paid in advance.
2	Pathways™ Support	Technical Support for PathWays users. Tier 2 and above delivered for pre-agreed hours of business.
3	Pathways™ Integration Hosting	Use of the Strata Connect ESB to manage and Host all bespoke interfaces. The storage of transient message data.
4	Equipment / 3rd party SW	Oracle license fees Windows Server License fees Server hardware
5	Pathways™ BI Reporting	The inclusions of standard performance reporting, SW licenses and MI reports.
6	Pathways™ Configuration Staff	Access to Strata Health Implementation consultants for: a) Scoping, analysis and running of workshops b) Delivery of initial workflow configuration for required workflow. c) Delivery of System Training. d) Set up of Users, roles and permissions e) Set up of Organisations
7	Pathways™ Configuration Maintenance	Access to Strata Health Implementation consultants for the on-going review and maintenance of the delivered workflow to ensure it continues to meet the needs of the client.

8. User Support

The deployment of the Strata PathWays™ platform will adhere to the standard support and maintenance framework. Specifically:

- o Hours of service
- o Out of Hours support
- o Rates

Whilst full support costs are included in the MSP/TOC fee, additional elements requested will incur support and maintenance fees as based on the Strata UK NHS Rate card as published on G-cloud.

9. GDPR

Strata Health Solutions products were built with privacy in mind, and as such Strata has always respected private data – allowing immediate GDPR privacy law compliance.

As part of our GDPR compliance program, here is a summary of what Strata has done to protect your data:

- All the Strata databases are fully pseudo-anonymized
- Data Residency is a key concept for our hosting services. Strata never transfers data across geographic boundaries unless there is a data sharing agreement in place with our clients that explicitly requires it to be done.
- The Strata platform has been built with consent management features that allows individual records to be locked down easily and includes background auditing and alerting once enabled.
- Consent requirements are highlighted to all users when accessing this system to ensure that consent has been given before using the system.
- We use industry recognized standards for interoperability to ensure it can communicate with any other system in the health care spectrum.

- Strata has developed processes to ensure any individual can opt-in or opt-out at any time and can request a full disclosure of the information we hold.

Strata Health UK Ltd, is committed to continuous improvement, and all our policies and processes are regularly reviewed and updated to meet the needs of our clients and the individuals whose data is stored in our systems.

10.   Training / Change Management

Super user training will be delivered to each main site to include NHS staff, Council staff, Care Homes and Care at home over a series of 6 half-day sessions to be planned in conjunction with the IJB project team. Any additional training for additional users will be chargeable using our stated daily rates. System training is a required professional service and is normally chargeable. It is imperative that that all users within all stakeholders are trained on the system in order to deliver project success.   In order to control cost Strata would hope to run these sessions in parallel with other project activities such as two sessions per day or one session on the same day as a project delivery team meeting.

Change Management

Any requirements that arise outside of the project scope will be discussed and document within the forum of the project delivery board. Strata will work with Borders to access the relevance and provide a cost for carrying out any additional work based on our stated daily rate card. No additional work will be carried out, or additional invoices raised for such work unless fully signed off by the Borders Senior Responsible Officer for this project.

11.   Resource Requirements

Client will be required to provide the following resources for the project:

- Senior management leadership and support of the project.
- Single point of contact for communications support to keep the organisation updated and informed.

- Project Management coordination of meetings (face-to-face and con-call) with required personnel to guide/test the application access.

- IM&T project management including localised support of the running of the deployment including training and go live; and necessary support in integration.

- Initial access to application teams to assist with linking Pathways to health and care systems.

- It will be the responsibility of the client to ensure that their system supplier are made available to the Strata integration team.

None of the above requirements will require a full-time engagement with the project. It is likely that in the initial stage of the implementation, we will require regular contact with the above resources. Once the system is live, contact will reduce to an NHS/Council project lead. A typical implementation will follow the processes as mapped in the diagram below.
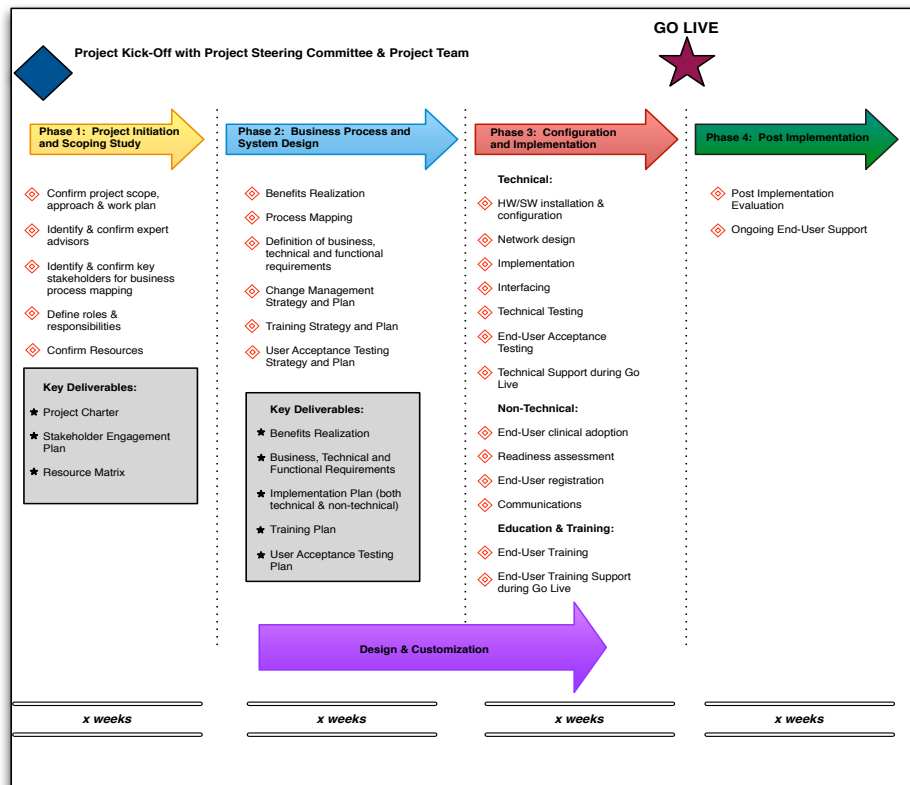
As an indicative plan of engagement during all stage of the project delivery we have included below, a RASCI plan which details requirements from the client side using the following coding:

Responsible	Those who do the work
Accountable	Answerable for correct completion of work
Consulted	SMEs
Informed	Non-contributors, kept abreast of activities/decisions
Support	Assistance in completing the work

Please note that where the letter R does not appear against the Client for each action, this indicates that Strata health will be responsible for carrying out these duties.

Indicative Project Timetable –

To be developed and agreed at Initial Planning Meeting. We expect to be able to deliver the project quicker than detailed below provided access to all project resources happen as planned

1. Scoping and Planning Meetings	Early July
2. Build Pathways Instance Build Integration APIs Build Services Directory Populate user database Role based access planning	Over July and August
3. Stage 1 go-live – Council and NHS User Acceptance Testing User Training	Early September
4. Stage 2 go live – Care Home Users User Acceptance Testing User Training	Mid-September
5. Stage 3 go live – Care at Home Users User Acceptance Testing User Training	September 30th
6. Full Go Live	Early October
7. Wrap-up Training	
8. Post Go-live Benefits Realisation Study	Two weeks from project end

Phase	Task	Description	Project Lead / Manager	Software Steward	IM/IT Manager	Change Management Lead	Communication Lead	Senior Business Analyst	Benefits Realization Expert	IM/IT Application Resource	IM/IT Networking Resource	Communication Lead	Privacy Resource	Steering Committee	Working Group	Project Executive Sponsor	Site Management	Super Users
Inception	Initiation	Initiation Meeting	A	I		I										I		
	Confirm Project Scope	Confirmation and Discussion on: • Hardware and infrastructure • eReferrals for identified care pathways • Integration Pilots • Future Expansion • Agree upon measurable goals and strategic priorities • Agree upon timelines	C	I	C	I			I	I	I	I	I	I		I	I	
	Confirm Project Approach	Confirmation and Discussion on: • Assign activities and tasks to project team • Change Management Strategy • Communication Plan • Stakeholder Engagement Plan • Chronological assessment of critical path and risk mitigation strategies	S	C		R	S					S				I		
	Integration Standard & Initiation	Agreement on integration method & initiate with sites			S			S										
	Data Sharing Agreements	Establish and sign Data Sharing Agreements with all stakeholders	R											I				
	Detailed Statement of Work	Develop detailed Statement of Work	A															
	Steering Committee	Kick off and Confirmation of Scope	A			C								R				
	Sign Off	Sign Off on Project Plan (Strata Health Solutions / Client and Stakeholders)	R													R		
Initiation	Stakeholder Engagement and Communication	Implement Stakeholder Engagement and Communication Plans	A	S		R	S					S						
		Initiate Change Management activities with impacted managers	A	C		R											S	
	Privacy Impact Assessment(s)	Complete PIA(s)	A										R					
	Business Process Design	Validate Current State Workflows	S			S		R							S			
		Develop process improvements, Future State Workflows and GAP analysis	S			S		R							S			
		Conduct Readiness Assessment for each organization, including technical and change evaluation	S			R		S							C			
	Requirements Elicitation	Define business, technical and functional requirements	S	C				R							C			
	Implementation Plan	Develop Implementation Plan	S	C		C		S										
	Training Strategy and Plan	Develop a training strategy and plan to engage all key stakeholders, super-users and end-users, covering: • Process • Technology	S	S		R		S									I	I
	Benefits Evaluation	Detail expected outcomes of implementation	S						R						C			
		Establish quantitative and qualitative measures and associated benchmarks	S						R						C			
		Gather baseline data (stakeholders, pre-GO LIVE)	S	R					S						C			
	Sign Off	Sign Off													I	S		
Implementation	Business Process Change	Implement required changes in process (workflow and responsibilities) • put changes independent of software in place in advance of GO LIVE when appropriate	S	R		S		A							S			S
	Ongoing Change Management	Continue with Change Management activities • Communication effort • Resistance Management • Ongoing coaching		R		A									S		S	
	Configuration	Configure PathWays to meet the needs of the care stream(s)	S					S							C			
	Development & Integration Development	Develop PathWays to meet the needs of the care stream(s) • Requirements met • Environments deployed	S					S							C			
		Develop Integration functionality with IT solutions • Integration requirements met • Integration deployed		S	I						S							
	Networking Configuration & Set up	Network activities to connect user locations to PathWays		S	I						R							
	Quality Assurance Testing (Application and Interface)	Changes and interfaces tested by technical team and project team • Functionality certified • Interface certified	I	C	C					S	S							
	User Acceptance Testing	Changes and interfaces tested by end-users		R				A							C		S	
	Client Sign Off	Collaboration during UAT to determine readiness for GO LIVE	C	C				R							C			
	Super User Training / Train the Trainer	Train Super Users and Trainers	C	C				R									C	C
	End User Training	Implement Training plan, including: • Training for end users • Training of administrative users • Training of technical support team	A	S		C		C								I	R	S
	Go Live	GO LIVE		R														S
	Sign Off	Sign Off													R		S	
Post-implementation	Benefits Realization	Gather post implemenation data for benefits realization and key metrics reporting	S	S					R									
		Benefits Reporting	S	S					R									
	Sustainability Plan & Project Closeout	Review of lessons learned	S	S		R									I			
		Additional requirements elicited	S	S				S							I			
		Transition to SHS Support planned	S	S		R											S	I
		Continued engagement and coaching	S	S		R		S							I		S	S
		Diagnose GAPs, resistance	S	S		R									I			
		Compliance Audit	S	S		R									I			
		Recommend full province roll out strategy and implementation plan	S	S											I			
		Ongoing maintenance/sustainability group	S	R											I	I	A	S	C
	Sign Off	Sign Off													R	S		

12.   Investment, Payment Terms and Agreement

- The Strata PathWays™ platform is being purchased as a short-term ToC:
  - The client becomes an active user for a 6-month period with access to their own PathWays™ server instance hosted within HSCN.
  - A bespoke workflow for delayed discharge referrals will be scoped out and delivered.
  - The solution can be purchased via the G-cloud framework.

13.   ToC Investment for Borders HSC Partnership

No.	Pathways™ MSP Test of Change	Rate	Qty	Total MSP
1	• ToC - as stated in OGC G-Cloud pricing for Public sector	NA	1	£75,000
	Total MSP:			**£75,000**

To Include the following elements for defined projects

	Professional Services	Rate	Qty	Total
2	• Scoping Configuration & Design • Training & User Set up (6 half day sessions) • Integration to existing systems. (10 Days) • Project management	NA		£INC
	Total PS for deployment:			**£INC**
	Total (Prices stated subject to VAT)			**£75,000**

User Access

For the purpose of and within the remit of the stated project scope, Strata Health will provide, within the cost envelop stated above, user access to all relevant staff within the stakeholder groups to include:

1. Borders Health and Social Care Partnership (the IJB)
2. NHS Borders Staff
3. Scottish Borders Council staff and third-party service providers:
   a. All care homes contracted to the Council
   b. All care at home providers contracted to the council

Additional considerations:

- Standard professional service day rate is £850 per day.
- Expenses incurred in the event that client requires added Strata consulting and support are not included in the price and will be invoiced monthly in arrears; Strata will endeavour to keep these expenses at a minimum. An indicative value for expenses is £ 250 / night consisting of return travel to the client location (approx. £130), hotel accommodation (approx. £80per night) and subsistence (approx. £40 per night).
- Where pre-paid professional service days are to be provided but are not scheduled you must schedule with Strata dates and times for use of those Days within fifteen (15) months from the Commencement Date. Strata will endeavour to contact you after a period of twelve (12) months from the Commencement Date to notify you of any outstanding pre-paid days with a view to scheduling dates. Any Prepaid Days not scheduled to be performed within this time period will expire and be deemed cancelled without refund. Strata shall have no responsibility for any lost pre-paid days if we are unable to contact you or if you are unable to accommodate the dates within the fifteen-month period.

14.   Test of Change Agreement

Signed by a duly authorised representative for Borders IJB:	Signed by a duly authorised representative for and on behalf of Strata Health:
Name Printed:	Name Printed: Mark McElholm
Title:	Capacity: Director of Sales.
Date:	Date:

15.   Commercially Sensitive Information

All Strata Health Limited pricing levels and software terms are considered a trade secret and, if available to the market, could damage Strata Health Limited's business activities. For that reason, no pricing information can be released under a Freedom of Information request or to anyone outside of this direct engagement without prior written approval from Strata Health Limited.

----END----

Terms & Conditions

i. Pre-Conditions

The detail of the work assumes certain Pre-Conditions:

- Relevant personnel will be made available at key times in order to assist with the correct collection of information during scoping
- Sufficient resources will be available on the network and devices to allow for data to be collected
- Work to be completed during normal office hours Monday – Friday (9am – 5pm)
- Any required risk assessments to be carried out by the client, before consultant arrives on site
- Any necessary site passes will be provided upon arrival
- Adequate and available network bandwidth is available across the links
- Provision of full connectivity rights across N3 / web-based access
- Timely and appropriate access to supporting technology administrators for investigations and changes.
-

ii. Description of Services

SaaS Managed Services Program.

The Managed Services Program comprises all necessary 3rd party software licenses, hardware, hardware support and application hosting as described below:

- ### a. Hardware /Software Licenses

Strata will provide all necessary hardware & 3rd party operating licenses (Oracle) to support a secure, fail safe web-based architecture as mutually agreed with 'The Client'. This environment will be updated and scalable to fulfil 'Clients" variable resource utilization (i.e. system is scalable) with formal hardware renewal cycles not exceeding thirty-six (36) months.

- ### b. Network /Security

Strata will contract all necessary network bandwidth and redundant internet access within a mutually agreed subcontracted Tier 1 hosting environment and supporting secure access to levels.

- ### c. Hardware/Software and Network Warranty

Strata warrants that all hardware / software and network functionality will be maintained and serviced as required to deliver the Service Level Requirements for the term of this Agreement.

iii. Cancelation Charges

On the receipt of an official purchase order, the following cancellation charges will apply:-

- Advance notice in writing / email of 10 or more working days no charge
- Advance notice in writing / email of 9 to 3 working days 50% of rate
- Advance notice in writing / email 3 to 0 workings days 100% of rate

Any reschedule of professional service days instigated by the client are subject to the cancellation charges identified above. Strata reserve the right to invoke these charges for any resource that cannot be re-utilised.

iv. Warranties

Strata warrants that:

- The Services shall be performed by trained staff with task appropriate qualifications in accordance with all standards, codes, laws, regulations, orders or by-laws relevant thereto.
- All of Strata's equipment or facilities used in relation to the performance of the Services will be in good condition and suitable and adequate for the use being made.
- Any equipment of the Client utilized or handled by Strata in the performance of the Services will be treated by Strata with reasonable care and utilized or handled only for its intended purposes.
- Strata will monitor and maintain all equipment supplied by Strata under the Agreement so to ensure that the foregoing standards are met on a continuous basis, such maintenance to include routine monitoring of systems, provision of expendables and an on-going program of research and technical upgrading.

Client warrants to Strata, relative to the services received, that it will:

- Make training facilities available including computer enabled training venues.
- Use the Software for the agreed purpose.

- Use hardware or Software in accordance with specification or manuals for use, including keeping equipment in the environment prescribed by Strata.
- Adhere to the technical specifications approved by Strata.

v. Application of Conditions

You acknowledge and agree that You have had the opportunity to read the Conditions before entering into this Statement of Work Agreement.

vi. Supplementary Terms

For the purposes of the Conditions, the following provisions apply:
Commencement Date

- **a, Term**

  This Statement of Works will come into force on the Commencement Date and, unless terminated earlier by either party in accordance with its terms, will remain in force project-based services until the Parties have fulfilled their obligations under this Agreement generally.

- **b. Insurance**

  The insurance policies which we will take out and maintain under Clause 15 of the Conditions are as follows:
  - Public & Product liability insurance with a limit of not less than £2,000,000 per claim or series of related claims;
  - Employer's liability insurance with a limit of not less than £10,000,000 per claim or series of related claims;
  - Professional indemnity insurance with a limit of not less than £2,000,000 per claim or series of related claims.