G-Cloud 15

Service Definition Document

Graphnet Remote Monitoring (powered by Luscii)

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1 Service Definition

Company Overview

Graphnet Health was formed over 25 years ago and is today the UK's no.1 leading supplier of:

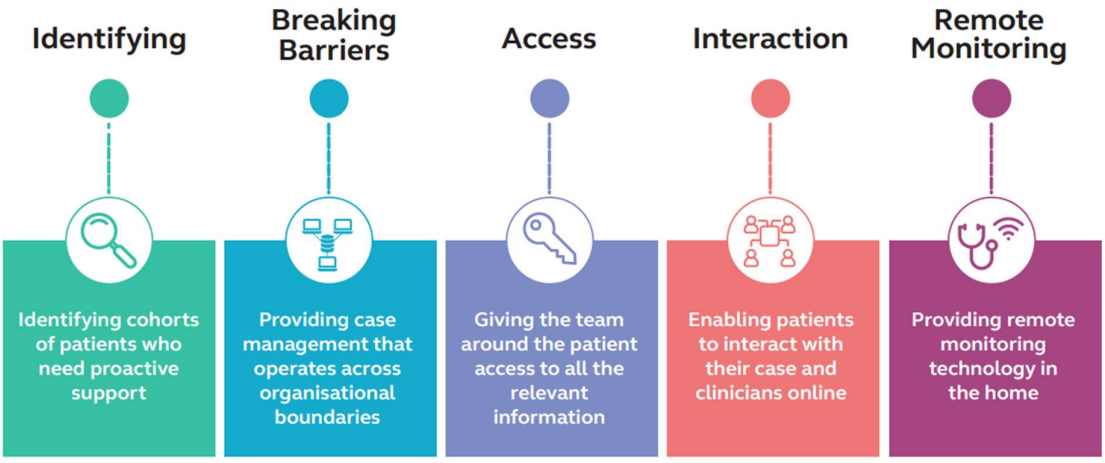
Shared care record (SCR) software and services

Population health analytics (PH)

Remote monitoring solutions (RM)

Graphnet provides shared care records and population health solutions across entire care communities, holding health and care information on over 20m patients. Our solutions are designed to support the delivery of integrated care services by providing access to a single, secure electronic patient record.

It combines a shared record with community-wide assessment, workflow, care planning, and specialist apps for long-term conditions. It also supports patient engagement, using the myGraphnet Personal Health Record, and population health management. Graphnet's integrated record software is used by 11 ICBs and covers approximately one third of the population in England.



Our health and social care solutions allow for the integration of services across whole care

communities for better, safer care. This is achieved by linking information from multiple systems, integrating workflows between care settings, supporting multi-provider reporting & analysis and engaging patients to self-care.

Our solutions use leading edge technologies - including mobile, wearables, instant messaging, the cloud and machine learning - to radically improve services and the way care professionals and patients interact together.

The 10 Year Health Plan for England outlines three significant shifts aimed at transforming the NHS:

- Hospital to Community: Reducing reliance on hospitals and focusing on community health services.
- Analogue to Digital: Transitioning to digital technologies for better healthcare delivery.
- Sickness to Prevention: Prioritizing prevention over just treating illness to improve overall health outcomes.

These shifts are designed to enhance the efficiency and effectiveness of the NHS, aiming to improve patient care and reduce waiting times.

Graphnet's solutions align with the NHS 10 Year Plan by supporting improved outcomes, earlier interventions, and more efficient use of services. Our SCR combined with Population Health and Care Coordination platforms, is designed to support Integrated Care System (ICS) development, reduce pressure on urgent and emergency care, support a move to more proactive, preventative, population health-based models of care, and empower patients. This supports the initiative to move more care into the neighbourhood.

Our solution helps systems identify at-risk cohorts and act using near real-time information from both primary and secondary care, enabling local multi-disciplinary teams to proactively manage care and reduce non-elective demand.

Care coordination tools facilitate team-based interventions through task management, assessments, shared plans, and alerts. This approach underpins key NHS priorities such as age-

friendly care, long-term condition management, and reducing health inequalities, thereby delivering on the NHS Long Term Plan's goals.

Our ethos is to work closely and collaboratively with our customers and IT partners. Our mission is to make a lasting difference to care outcomes by supporting the delivery of modern, integrated NHS and local authority care services.

Graphnet Remote Monitoring platform

Graphnet's remote monitoring solution (powered by Luscii) is an advanced, cloud-based remote patient monitoring and virtual ward platform, integrated within the broader Graphnet ecosystem. Built to support ICS-wide pathways and digital-first models of care, Graphnet remote monitoring enables proactive, high-quality care at home across more than 150 clinically developed pathways. It supports healthcare delivery from hospital to community, facilitating seamless transitions across acuity levels, and has been widely deployed across the NHS and Europe.

Our solution enables efficient monitoring and management of both long-term conditions and episodic events, using intuitive and accessible technology. Access to services is available via smartphone or tablet apps (Android/iOS) for patients, and through a web-based clinical portal for care teams. These tools support the remote collection, analysis, and triage of patient health data—including vital signs, symptom scores, and validated clinical questionnaires such as CAT, PHQ-9, and GAD-7.

Our solution supports over 1700 different clinical measurements and integrates with devices such as Bluetooth-enabled monitors. For non-Bluetooth environments or BYOD models, patients can input data manually. Data is fed into clinical dashboards where alerts are generated based on predefined thresholds. Clinical teams can then act via in-app messaging or video consultations.

Our solution is a patient-centric solution with a proven record of accomplishment of impact across the UK, supporting ICSs, Trusts and PCNs. Examples include:

- East Kent Health and Care Partnership: Achieved a 70% reduction in emergency hospital visits for frail patients and those with complex health needs. Using advanced population health data analytics, East Kent identified individuals most likely to benefit from a Graphnet Remote Monitoring trial. This supported patients in managing their health at home and avoiding unnecessary hospital visits.
- Frimley ICS: Delivered a 38.6% reduction in A&E attendances and a 40.2% reduction in hospital admissions among high-risk patients. The effective implementation of virtual wards has saved 940,000 bed days annually.
- Bexley: Targeted interventions led to a 19% decrease in A&E attendances.
- Airedale: COPD remote monitoring enabled 99% of patients to remain at home, resulting in approximately £1 million in cost savings.

Our cloud-hosted infrastructure includes:

- Patient-side: Our app for Android/iOS, capable of structured action plans and symptom monitoring.
- Clinician-side: a browser-accessible clinical portal for triaging, alert management, care pathway configuration, and patient messaging.

Additionally, our solution provides full implementation support (typically live within 6 weeks), training, ongoing service management, and operates a robust support function with 24/7 technical monitoring and <15% peak utilisation, ensuring service resilience.

Our remote monitoring solution is interoperable with Shared Care Records and supports integration with local EHR systems through APIs, enhancing system-wide coordination and care continuity.

Graphnet's Remote Monitoring working in tandem with Population Health: cohort identification and management

Graphnet's components operate together and enable remote monitoring solutions to operate at scale and be integrated into broader collaborative platforms. Cohorts of people are identified in the Population Health platform, and these cohorts can be surfaced in the SCR in a dashboard as candidates who could potentially benefit for remote monitoring and/or a care plan and care co-

ordination, and if selected those plans are created and managed in the Shared Care Record. In this way Health analytics, Remote Monitoring, the Shared Care Record, and Care Co-ordination capabilities are working in tandem, as illustrated below;-

This is an important and unique aspect of the Graphnet solution set. It is an integrated end to end solution comprising;-

1. Population Health Analytics for cohort identification for direct care.
2. A Shared Care Record that supports the enrolling of cohorts onto programmes and the managing of those programmes.
3. Remote monitoring to support programmes of focused support.
4. A Patient App to enable patients to see, interact with and update their care record.

2 An overview of Graphnet's Remote Monitoring G-Cloud Service

Our solution is a web-based, cloud-hosted clinical platform that allows authorised clinical teams to remotely enrol, configure, and manage patients through secure browser-based access from any standard PC, tablet, or smartphone. The clinician interface is accessed via Chrome, Firefox, or Microsoft Edge, with support for iOS devices when initiating video consultations.

Our solution supports full encryption and secure transfer of patient data between the platform and Patient Interaction Devices (smartphones/tablets), with access managed via unique user logins. The system prioritises safety with flexible alerts and custom thresholds, and messages can be sent directly to patients via in-app messaging or video calls.

Once logged in, clinicians are presented with a personalised dashboard, where they can view patient status, alerts, monitoring trends, and undertake patient-specific configuration. The platform supports the full lifecycle of patient management: onboarding, clinical monitoring, pathway configuration, patient messaging, and intervention recording. Clinical users can amend question sets, update alert thresholds, and input demographic and intervention data from a single point of access.

We support dynamic care transitions—moving patients between higher-intensity monitoring, stable tracking, and self-management phases. This enables ICSs to design flexible, person-centred pathways. Patients can also leave contextual comments, which clinicians can view in real time. Custom alert logic enables tailored responses, such as auto-escalations, messaging, or callback prompts.

The patient data trend interface provides a longitudinal view of collected data, which may include blood pressure, oxygen saturation, heart rate, ECG, weight, temperature, activity levels, and more. Data is graphed and colour-coded based on severity, and users can drill down to view individual daily submissions. Alerts are configured to flag out-of-threshold readings, supporting proactive care by exception.

Customisable clinical pathways enable the creation of risk-based interventions, configured per patient or cohort. Our solution supports 150+ clinically validated care pathways, allowing co-

morbidity management and patient-specific Quality of Life (QoL), PHQ-9, and symptom questionnaires. All data and activity is logged and auditable.

Our solution supports clinical escalation via email, in-app messaging or video calls. Alerts can be routed to designated teams, and access levels and permissions are managed by designated organisational administrators. Each user's access is role-based and traceable.
Including a Virtual Ward function enabling unlimited grouping of patients into logical teams – such as by GP practice, nursing team, or clinical cohort. Patients can belong to multiple groups, enhancing coordination across care teams.

Pricing is based on a per-department or license model. All clinicians within an organisation can be given access without additional user licence charges. Implementation includes full pathway configuration support, including access to Graphnet's no-code editor, enabling customers to amend or create new protocols rapidly—typically within days.

Patients may access our app using their own smartphone or tablet, or be provided with pre-configured devices. Our app supports both manual and Bluetooth-enabled monitoring. Where needed, we can extract health data directly from devices or via third-party integrations (e.g., Apple Health or Google Fit). This flexibility supports diverse cohorts and enhances cost-efficiency.

Figure 4: Pyramid showing that different protocols can be supported ranging from virtual ward to remote patient support to self-care.

Diagnostic question sets and educational prompts can be programmed by clinicians via the platform and are fully customisable. Standard disease-specific protocols are included and updated routinely. Clinicians do not need to request technical support to change question sets. Additionally, our solution supports patient reminders and educational content delivery as part of a wider health coaching approach.

2.1 Patient Interaction Device options

To meet the health needs for a population of people at different abilities and demographics, Graphnet offers a range of Patient Interface Device options, all of which interface to our Cloud server, so the clinical teams always work through one familiar interface.

2.2 Patient App

Our Patient App is a modern, secure remote monitoring application, transforming any Android or iOS smartphone or tablet into a patient-facing device for virtual care delivery. Designed to support patients with Long Term Conditions, episodic events, and Virtual Ward models, the app enables users to record daily symptoms, lifestyle factors, and quality of life measures, as well as input (manually or automatically) a wide range of vital signs including blood pressure, SpO_2, heart rate, temperature, weight and ECG.

The app supports both Bring Your Own Device (BYOD) and organisation-supplied models, ensuring digital inclusivity across diverse populations. Patients also receive automated reminders, educational content, and can complete validated clinical questionnaires such as PHQ-9, GAD-7 and CAT, enabling rich clinical insight and personalised monitoring.

Our software is developed and maintained under a certified Quality Management System (QMS) compliant with ISO 13485:2016**,** the internationally recognised standard for the design and manufacture of medical devices. Our Vitals system is CE marked as a Class IIa medical device**,** ensuring that patient data is handled securely, and all clinical protocols meet the requirements of a regulated medical-grade solution. All patient data is encrypted and transmitted securely over the cloud, with full audit trails and user access controls.

The clinical user experience remains consistent regardless of patient device type, supporting efficient training and streamlined deployment across organisations.

Figure 1: Screenshots of our patient app on mobile device showing simple action steps and preparation for kidney surgery.

Figure 2: Screenshot of a woman using our patient app showing actions steps for the day

Clinical teams have access to the clinical portal through which they can complete any necessary actions including; adding new patients, setting, or adjusting measurement frequencies and thresholds, viewing and processing measurement alerts and trends and when necessary, communicating with the patient. The clinical portal is available via a web browser or integration with the local EHR system, video calling can be done through an iOS app.

Figure 3: A picture of our clinical portal patient overview on a Dashboard

2.3 Clinical Pathways and Protocol Customisation

Our solution includes a library of over 150 condition-specific care pathways such as COPD, heart failure, hypertension, diabetes, oncology, maternity, and frailty. These pathways are regularly updated and align with NHS clinical priorities. NHS teams can also create or customise protocols via the no-code protocol builder, enabling rapid iteration of clinical content to suit local service design.

Our solution currently supports over 150 clinically validated care pathway**s** across a wide range of specialties. These pathways are continually expanded through collaboration with hospital teams. Notable examples include:

- **Respiratory** (COPD, ARI, Asthma)
- **Cardiology** (Chronic Heart Failure, Atrial Fibrillation)
- **Gastroenterology** (IBD: Crohn's, IJC)
- **Paediatrics** (e.g., respiratory conditions, frailty)
- **Gynaecology** (Gestational Hypertension, Menopause, Preeclampsia)
- **Internal Medicine** (Diabetes, Hypertension, BP@Home)
- **Neurology** (Polyneuropathy, Headache Syndrome)
- **Oncology** (Chemotherapy support, Lung Cancer)
- **Ophthalmology** (Macular Degeneration)

- **Orthopaedics** (Joint rehabilitation)
- **Primary Care** (Multi-morbidities, Remote Hypertension Monitoring)

Our platform is designed to support population-level digital health strategies across ICSs. Pathways can be adapted for patient severity, comorbidities, and local clinical preferences. Clinicians can also co-create new protocols using a no-code builder environment based on our extensive measurement library.

2.4 Non-Functional

As a longstanding supplier to the NHS and Europe-wide healthcare systems, Graphnet ensures full compliance with relevant national and international standards, NHS guidance, and statutory legal requirements to safeguard the security, safety, and privacy of patient data.

We comply with the UK Data Protection Act 2018 and UK GDPR, ensuring all data is handled in accordance with NHS Information Governance standards, including the NHS Confidentiality Code of Practice and the Caldicott Principles.

We are certified to the following standards:
ISO 27001 – Information Security Management
ISO 9001 – Quality Management
ISO 13485:2016 – Quality Management System for Medical Devices (covering our Vitals system)
Cyber Essentials Plus

In addition, the platform is CE marked as a Class IIa medical device, confirming its safety, performance, and regulatory compliance as a Software as a Medical Device (SaMD).

Graphnet operates within the NHS Clinical Safety Framework. Full documentation is maintained under the standards DCB0129 and DCB0160, with a dedicated Clinical Safety Officer ensuring that all service elements meet clinical risk management and governance requirements.

We self-assess and are compliant with the Data Security and Protection Toolkit (DSPT). In addition, the Graphnet RPM system:

- Adheres to OWASP Top 10 security risks
- Aligns with the NCSC's 14 Cloud Security Principles
- Incorporates CIS and NIST best practices
- Undergoes annual penetration testing by accredited third-party CHECK/CREST certified testers.

Our solutions support compliance with interoperability and digital standards, including:

- FHIR API development aligned with UK Core FHIR standards
- ITK compliance
- Integration with Shared Care Records and EPR systems via Graphnet
- Membership of the Tech UK Interoperability Charter

All patient data is transmitted via secure, SSL-encrypted connections and stored within the AWS Cloud in UK-based or EU-based data centres, ensuring data residency and resilience. The platform operates with <15% peak load capacity, enabling consistent performance and scalability.

We use robust deployment and release management processes aligned with ITIL principles, including Change Advisory Boards, UAT and Release Documentation. Agile methodology is adopted through the Scaled Agile Framework (SAFe) to support continuous improvement and structured development lifecycles.

Support is delivered via a multi-tiered Service Desk operating to ITIL standards. Second-line triage is provided via our support team, who manage incident escalation, trend analysis, and resolution using structured processes and a centralised fault logging system.

A dedicated Compliance Manager oversees all audit, accreditation, and assurance activities including ISO certification, DSP Toolkit, NHS Care Record Guarantee adherence, and third-party supplier governance.

3 Security

As a trusted partner of the NHS and healthcare providers across Europe, Graphnet's remote monitoring solution) is committed to upholding the highest standards of safety, security, and data protection. Graphnet will also continue to align with emerging standards and requirements developed by the HSE.

We comply with the Data Protection Act 2018 and UK GDPR, and is certified to:

- ISO 27001 – Information Security Management
- ISO 9001 – Quality Management
- ISO 13485:2016 – Medical Device Quality Management System
- Cyber Essentials Plus

The platform is CE marked as a Class IIa medical device, with our Vitals software module classed as a regulated Software as a Medical Device (SaMD), ensuring a robust clinical safety and regulatory framework.

We maintain compliance with:

- DCB0129 and DCB0160 clinical safety standards
- Data Security and Protection Toolkit (DSPT)
- PRSB standards and EPaCCS SCCI5180 for shared care and end-of-life planning

We adhere to application security best practices using the OWASP Top 10 as the baseline for secure coding and threat mitigation. Annual penetration tests are performed by CHECK/CREST-approved third parties to ensure platform integrity and vulnerability management.

All our solutions comply with NHS Information Governance standards, including the NHS Confidentiality Code of Practice and Caldicott Principles as defined in the Caldicott Manual.

We are fully compliant with NHS interoperability initiatives; includes:

- FHIR APIs aligned with UK Core standards
- ITK compliance
- Integration with NHS Shared Care Records, EPRs and Social Care platforms
- Membership of the Tech UK Interoperability Charter

Compliance activities are managed by a dedicated Compliance Manager, responsible for overseeing:

- NHS IG Toolkit and DSPT assessments
- ISO 9001, ISO 27001, and ISO 13485 certifications
- NHS Care Records Guarantee compliance
- Ongoing oversight of security, quality, and regulatory assurance

4 Backup/restore and disaster recovery Backup

Our cloud hosted platform operates fully within UK-based or EU-based data centres to ensure compliance with NHS data residency and governance requirements. The service is designed to support high availability, fault tolerance, and rapid recovery from service-impacting events.

Backups: We perform automated daily backups of all production data. Backups are encrypted both at rest and in transit, and are retained for a minimum of 30 days. These processes are governed under ISO 27001 and ISO 13485 certified Quality Management System, ensuring security and integrity of patient information.

Disaster Recovery: We clearly defined Recovery Time Objectives (RTOs) and Recovery

Point Objectives (RPOs) to ensure prompt service restoration and minimal data loss. Restoration procedures are regularly tested to confirm that data can be recovered reliably and within the defined service levels.

Infrastructure Resilience: The platform maintains cloud-native resilience, with full monitoring and alerting in place. The platform operates with less than 15% peak utilisation of system capacity, ensuring sufficient performance headroom to manage unexpected load or failover requirements.

All hosting and service operations take place in the UK or EU, and our approach aligns with NHS best practice for data protection, business continuity, and service reliability.

4.1 Backups

Our cloud-hosted platform includes robust data backup and disaster recovery mechanisms to ensure the availability and integrity of patient information in all circumstances. Backups are handled as part of the managed cloud service, with automated daily backups of all production systems.

Backups are:

- Encrypted at rest and in transit
- Immutable, ensuring protection against ransomware or tampering

- Retained for a minimum of 30 days

In the event of a service disruption, we have two core restoration strategies:

- Failover to secondary infrastructure, providing rapid service continuity when possible.
- Full database restoration from backup, which is tested regularly to ensure recoverability and compliance with defined Recovery Time Objectives (RTOs) and Recovery Point Objectives (RPOs).

The speed of recovery when restoring from backup depends on factors such as database size, system load, and infrastructure scaling—but the service is designed to minimise downtime through preconfigured capacity headroom and ongoing monitoring.

These policies operate under ISO 27001 and ISO 13485 certified quality and information security frameworks, ensuring resilience, compliance, and patient safety.

5 Disaster Recovery

We have a robust disaster recovery plan in place to ensure continuity of service for NHS and healthcare customers. The objective is to restore services within agreed parameters in the event of an incident, maintaining access to patient data and platform functionality across supported care pathways.

RPO / RTO

- **Recovery Point Objective (RPO):** We have a defined RPO to minimise data loss. Daily backups are retained for a minimum of 30 days, and recovery procedures are tested regularly.
- **Recovery Time Objective (RTO):** The platform is designed to support rapid recovery. Maintaining <15% peak utilisation to ensure operational headroom for failover and recovery operations. Restoration times are managed under service level expectations and tested regularly for assurance.

Contractually agreed RPO and RTO values will be specified within a service agreement. We maintain clearly defined internal RPO and RTO objectives, supported by daily encrypted backups (retained for a minimum of 30 days) and restoration procedures that are tested regularly. The platform is engineered for high availability and typically operates at under 15% peak utilisation, enabling rapid failover and minimal disruption during recovery.

Detection

Our solution is actively monitored 24/7, with real-time alerts for performance degradation or service interruption. Failover procedures are initiated based on predefined triggers, and recovery workflows are continuously tested to ensure minimal service impact.

Support

We provide structured service support during UK business hours (Monday to Friday, 9:00–17:00, excluding public holidays), via telephone, email, and a dedicated support portal. All incidents are logged and triaged according to priority, with response and resolution times governed by an agreed Service Level Agreement (SLA).

Critical issues may be escalated outside of standard hours, and the platform is supported by 24/7 infrastructure monitoring to ensure service continuity. We operate a formal incident and change management process and will work with clients to ensure that urgent issues are resolved in a timely and transparent manner.

Communication Plan

Our solution maintains a defined incident management and communications framework. Customers are informed promptly in the event of service disruption or restoration processes. Key stakeholders are notified at appropriate intervals, with updates provided until normal operations resume.

Business Continuity and Privacy by Design

Our Remote Monitoring service incorporates a robust business continuity approach. We maintain a full, regularly reviewed, and tested business continuity plan, centred around its core task: enabling patients to communicate health data to healthcare professionals.

The continuity plan focuses on vital processes, including:

- Failure of IT infrastructure or the product
- Unavailability of key personnel
- Failure of a critical external supplier (e.g., AWS)
- Reputational damage

The plan is enacted by a core response team including the CEO, CIO, and heads of operations, marketing, and compliance. Methods for maintaining operations include alternative delivery methods or relocation of functions. For any vital process, the maximum downtime target is defined as one hour.

Privacy by Design and Data Retention

We adhere to privacy-by-design principles and is fully GDPR compliant. Our solution is designed to process sensitive patient identifiable data (PID) with appropriate safeguards. Informed consent is obtained from each patient during onboarding.

Data is retained only as long as needed to deliver the service. When no longer applicable, it is held for a maximum of two further years. Deletion is handled during annual data clean-up runs and can be expedited on request. Deleted data is not recoverable after 30 days due to the automatic deletion of backup snapshots.

Access is role-based and protected by multi-factor authentication (MFA), ensuring data is only accessible to appropriately authorised users.

6 On-boarding and Off-boarding processes/scope etc

The management of our remote monitoring solution is under the control of the customer organisation, typically an NHS Trust, ICB, or PCN. Local teams manage the onboarding and offboarding of both patients and clinicians, with role-based access controls administered via the clinician portal.

Patient Onboarding:

Patients are typically onboarded following completion of a consent process, with protocols and eligibility criteria determined locally. Patient access is provided via our mobile app (Android/iOS), using a secure registration process. The administrator or clinical user initiates patient enrolment and assigns them to the appropriate care pathway, including condition-specific protocols, questionnaires, and vital sign monitoring tasks.

Clinician Onboarding:

Clinician access is granted via role-based accounts through a secure browser interface. Authorised users are provided with username/password credentials and can be assigned specific permissions based on their role (e.g., triage nurse, care coordinator, consultant). Administrators at the organisation level are responsible for managing user lifecycle, including access provisioning and revocation.

Implementation Plan:

We follow a structured and collaborative implementation model. Each customer receives a tailored plan through the Implementation Journey, led by a dedicated Implementation Specialist.

This specialist works closely with stakeholders to understand local requirements and configure the system to meet pathway, clinical, and organisational needs. The implementation journey typically includes:

- One or more service development workshops
- Custom configuration and onboarding design
- Training of clinical and admin teams
- Final deployment and go-live support

The plan includes all necessary training and equips the customer to use the service with confidence. This includes setting up and onboarding new patients, managing patients via the system, editing configuration where required, and offboarding when appropriate.

All implementation journeys are unique, but typically include two or three workshop sessions followed by a final deployment and training session. These are usually delivered virtually, but can be delivered in-person where needed.

A typical implementation journey takes 4 to 8 weeks from start to finish. The timeline is primarily driven by customer availability, but we can deploy faster where required. For example, a deployment for a newly developed Monkeypox pathway was completed in just over one week.

Graphnet Remote Monitoring live within 8 weeks:

Figure 4: Implementation journey

Offboarding (Patients and Clinicians):

Offboarding is typically initiated by the customer service administrator. For patients, this may occur when a care episode concludes (e.g., post-discharge from a virtual ward or long-term condition review). Offboarding includes the deactivation of user access and the archiving of patient records in accordance with NHS data retention policies.

For clinicians, access is revoked when they leave their role or the organisation, or as part of role-based changes. All actions are logged in an auditable trail, and system access is controlled to ensure compliance with NHS IG standards.

All onboarding and offboarding processes are aligned with the NHS Data Security and Protection Toolkit (DSPT) and the platform's compliance with ISO 27001 and ISO 13485 standards.

6.1 Service constraints - maintenance windows

We schedule platform maintenance windows as required to implement software updates, security patches, infrastructure upgrades, and system testing (including redundancy and failover procedures). These maintenance events are typically planned in advance, with prior notice given to all affected stakeholders, in accordance with agreed service protocols.

In rare circumstances, emergency maintenance may be necessary—for example, to address a critical security issue or service-impacting fault. In such cases, we endeavour to provide as much advance notice as possible to customer organisations and minimise service disruption.

All scheduled and unscheduled maintenance is handled in line with our service level commitments and is supported by 24/7 platform monitoring to ensure system stability and performance during and after each event.

Our clinician portal is accessible using Chrome, Firefox, or Microsoft Edge. Video consultations initiated from the clinical dashboard currently require an iOS device. The platform is not intended to support urgent or emergency care decisions. These constraints are made clear to all customers during onboarding.

7 Service Levels

Our aim is to respond to incidents quickly and effectively and to resolve incidents as quickly as possible to avoid the disruption and difficulties which such incidents may cause. Full details of response and resolution are detailed in the Graphnet Remote Monitoring Service Level Agreement.

Example SLA response and resolution times for Graphnet Remote-Monitoring:

Priority	**Description of Incident**	**Examples of Incidents**	**Response Time**	**Resolution Time**
Critical /P1	A critical problem with Graphnet Remote-Monitoring with a very big impact on use of the Services by the Customer's patients	Graphnet Remote-Monitoring application does not work as specified resulting in a high degree of clinical risk OR a technical problem that results in either a security breach or a significant risk in respect of a security breach	Within 1 Extended Working Hour	Within 8 hours*
Major /P2	A major problem with Graphnet Remote-Monitoring with a significant impact on use of the Services by the Customer's patients	Graphnet Remote-Monitoring does not work as specified but is still usable and is posing only a low degree of clinical risk to patients	Within 8 Working Hours	Within 12 Working Hours
Restricted /P3	A problem with Graphnet Remote-Monitoring causing a	A significant problem impacting patients but with no clinical risk to	Within 1 Working Day	An agreed workaround to temporarily remedy the

	significant inconvenience in use of the Services by the Customer's patients	patients. Problem affects non-critical functionality where Graphnet Remote-Monitoring is still useable and the clinical service can still be delivered.		problem will be provided within 72 hours A structural solution to permanently remedy the problem will be provided within 10 Working Days
Minor /P4	Issue causes moderate inconvenience to the Customer's users, no risk to patient safety	A minor issue impacting Authority's users but with no clinical risk to patients.	Within 5 Working Days	At discretion of the Supplier
Negligible /P5	Issue causes no inconvenience to the Customer	Visual issues, colour of button is not as expected (without causing confusion)	Within 5 Working Days	At discretion of the Supplier

*P1 Incidents may be Reported by telephone within Extended Working Hours (08h00 to 20h00 on any day in accordance with Greenwich Mean Time and British Summer Time as applicable in the United Kingdom).

Graphnet Remote Monitoring will be Available 99.9% of the time during each Reporting Period. This will be measured against a scale where 100% equates to 24 hours x 7 days Availability.

While Graphnet Remote Monitoring is designed to achieve high availability (targeting 99.9%), the platform is not intended for urgent or emergency care. The Service Levels for Remote-Monitoring are subject to reasonable efforts of the Supplier and no service credits will apply

in the event that service levels are not achieved nor will any failure to achieve service levels amount to a breach of this Agreement. Should a Customer require a financial recompense model (service credits) tied to availability SLAs, this can be discussed and included in the Call-off Contract on a case-by-case basis subject to agreement.

7.1 Support Hours

The standard support hours for our remote monitoring solution are Monday to Friday, 09:00 to 17:00 UK time, excluding UK public holidays. During this period, support is primarily provided via the support portal (Jira), as well as by telephone and email. Incidents are managed in line with the defined Service Level Agreement (SLA). P1 Incidents may be Reported by telephone within Extended Working Hours (08h00 to 20h00 on any day in accordance with Greenwich Mean Time and British Summer Time as applicable in the United Kingdom).

8 Support Services

Graphnet offers a comprehensive range of support services to assist customers through onboarding, implementation, training, and ongoing platform use. Support is designed to ensure that NHS customers are fully enabled to deploy and manage remote monitoring pathways tailored to local requirements.

Implementation Services:

We provide structured onboarding and implementation support, working collaboratively with the customers' clinical and operational teams. Implementation services include project planning, go-live support, and workflow configuration aligned to local priorities. The no-code platform allows NHS teams to customise protocols and pathways directly, with our offering guidance and co-design support where required.

Training:

Training is available online, as part of the implementation. Follow up training sessions can be delivered remotely or on-site depending on client needs. This includes onboarding for administrators and clinicians, platform configuration, and best practice for managing clinical pathways and triage. Training materials and documentation are provided as standard.

Helpdesk and Support Channels:

Our helpdesk is available during standard support hours (Monday to Friday, 9:00 to 17:00, excluding public holidays) via support portal (Jira), telephone, or email. The support team triages tickets based on severity in line with a formal Service Level Agreement (SLA). All incidents are logged into our internal system and escalated where necessary to technical teams for resolution.

Ongoing Support and Development:

During implementation or day-to-day use, any identified needs for extended configuration or feature tuning can be discussed with us. While the platform is designed to be highly configurable by the customer using no-code tools, our team can provide additional input where required. Our support model ensures continuity, compliance, and alignment with NHS service expectations throughout the system's lifecycle.

9 Training

We provide structured training as part of the onboarding and implementation process to ensure that clinical and operational users can effectively use the platform within their day-to-day workflows.

Clinician training is primarily self-managed, with users provided ongoing access to our Academy, enabling them to complete training at their own pace and revisit materials as needed. This approach supports flexibility across clinical teams and ensures continuity as services evolve.

To complement self-directed learning, we provide follow-up question-and-answer (QA) sessions, delivered either virtually or on site, to support healthcare organisations with their specific training needs. These sessions are aligned to implementation milestones, including go-live and early service operation, and focus on practical use of the platform within local clinical pathways and operational processes.

Our Academy is an online learning environment offering structured modules, video content, questionnaires, and best-practice guidance. It captures learning from our deployments, including across the NHS and internationally, and supports ongoing professional development for both clinical and administrative users.

Sessions focus on practical use of the platform, covering areas such as:

- Navigating the clinician portal
- Onboarding and monitoring patients
- Managing alerts and triage workflows
- Configuring and managing care pathways
- Role based access and system administration

This approach ensures that users are confident in operating our solution and that it is embedded into business-as-usual service delivery.

10 Ordering and invoicing process

After a consultation period with the customer, Graphnet will produce a fully costed quotation for the delivery of the service, based on volumes, access requirements, service levels, etc.

Our ordering and invoicing process is as follows:

- The Buyer raises a purchase order to cover the charges agreed under the contract or through quoted changes.
- The Buyer and supplier sign an order form which details the specific scope of the service to be delivered for the Buyer. Graphnet will draft the order form.
- Graphnet invoices the Buyer in accordance with the timescales specified for different components of the services. This will vary from Buyer to Buyer, but we will typically invoice the Buyer for the services or remote monitoring usage, from the date of go-live and until the end of the contract term.
- Each invoice is sent to the approved Buyer's address (such as the finance department) and contains appropriate information to identify the element/s of the service to which it relates, including the purchase order reference.
- Invoices shall where necessary be accompanied by sufficient supporting documentation.

11 Payment Terms

Graphnet's standard payment terms are within thirty days of receipt of a valid invoice.

11.1 Disputed Invoicing

If the Customer disputes all or any part of an invoice, both parties should discuss and if appropriate, a credit note and a corrected invoice issued accordingly.

12 Termination terms

Graphnet offers its customers termination rights in line with industry standards, such as the Buyer's right to terminate should the supplier be in material default, commit a material and irremediable breach of the contract, be insolvent or in default of Protection of Personal Data, Confidentiality or the Security Policy and so on. Our policy is in line with standard government provisions and will be detailed in the contract terms.

13 Data restoration/service migration

13.1 Data Restoration

We perform automated daily backups of all production systems, with data retention for a minimum of 30 days. All backups are encrypted both in transit and at rest, and restoration procedures are tested regularly to ensure recovery reliability and compliance with defined service levels.

In the event of a service disruption, we may restore data from backup in accordance with its Recovery Point Objective (RPO) and Recovery Time Objective (RTO) targets. The platform is hosted in UK or EU-based cloud infrastructure and is designed to operate with high availability and resilience, supported by real-time monitoring and failover capabilities.

Although the document does not explicitly describe active-active or hot-standby replication between web servers or database clusters, the platform maintains peak utilisation below 15%, which allows for rapid scaling and service restoration if a disruption occurs.
This approach ensures that service downtime is minimised and that data can be restored to a reliable, recent state in line with NHS expectations for continuity and information governance.

13.2 Service Migration

Our solution is delivered as a cloud-hosted Software as a Service (SaaS) solution, hosted entirely within UK or EU-based data centres. It is designed for scalability and resilience and is delivered through a virtualised infrastructure that supports service portability and continuity.

While the service definition does not explicitly outline migration pathways to other platforms (e.g. private or bespoke cloud environments), we support standard data formats and interoperability via FHIR APIs and other recognised NHS integration standards. These capabilities enable clients to export data in line with agreed data portability provisions and NHS information governance expectations.

Any request for service migration or data extraction would be supported through our

established change management and support processes, ensuring security, compliance, and minimal disruption.

14 Details of any trial service available

Trial services of the Graphnet Remote Monitoring solution and other products described under the G-Cloud framework are available where practical. For example, if a potential customer wishes to see a live system with real life data, it would incur considerable 3rd party cost from them and us to facilitate this so it may not be practical, but if a test version of the product was adequate with dummy data then we can facilitate that.