

# Growth Assessment Protocol (GAP)

## Site Service Level Agreement

Version 1.4



## Distribution

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## Contents

<b>1   Introduction</b> .....	<b>2</b>
<b>2   Background</b> .....	<b>2</b>
<b>3   Principles</b> .....	<b>3</b>
<b>4   Service Specification</b> .....	<b>3</b>
<b>4.1 Local Programme Team</b> .....	<b>4</b>
<b>4.2 Training and support</b> .....	<b>5</b>
<b>4.3 Protocols</b> .....	<b>6</b>
<b>4.4 Audit</b> .....	<b>7</b>
<b>4.5 GROW software and Helpdesk Support</b> .....	<b>8</b>
<b>5   Information Governance and Data Sharing &amp; Processing</b> .....	<b>9</b>
<b>5.1 Legislation</b> .....	<b>9</b>
<b>5.2 Accreditation and Commitment</b> .....	<b>9</b>
<b>5.3 Training and Monitoring</b> .....	<b>9</b>
<b>5.4 Notifying and Reporting Incidents</b> .....	<b>10</b>
<b>5.5 Data Sharing</b> .....	<b>10</b>
<b>6   Performance Management</b> .....	<b>10</b>
<b>6.1 Relationship Manager</b> .....	<b>10</b>
<b>6.2 Products and Services Performance</b> .....	<b>11</b>
<b>7   Monitoring and Reporting</b> .....	<b>11</b>
<b>7.1 Training and User Records</b> .....	<b>11</b>
<b>7.2 Software and System Monitoring</b> .....	<b>11</b>
<b>7.3 Reporting</b> .....	<b>11</b>
<b>8   Fees</b> .....	<b>12</b>

<b>9   Approval Signatures</b> .....	12
<b>Annex A - Responsibilities</b> .....	14
<b>Annex B –Helpdesk</b> .....	15

## 1 | Introduction

The Growth Assessment Protocol (GAP) service specification details the agreement entered into by the Trust or Health Board in collaboration with Perinatal Institute (PI). This document together with the PI general terms of service shall form the agreement between both Parties as detailed below, specifying the roles and responsibilities of each that is to be adhered to throughout its contractual period.

### Parties

The Parties to this service level agreement (Agreement) are:

- Perinatal Institute, of Chamber of Commerce House, 75 Harborne Road, Birmingham, UK, B15 3BU (PI) and;
- 2. [Trust / Health Board name and address] (Trust)

## 2 | Background

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Fetal growth restriction (FGR) is associated with stillbirth, neonatal death and perinatal morbidity. Confidential Enquiries have demonstrated that most stillbirths with fetal growth restriction are associated with suboptimal care and are potentially avoidable. Epidemiological analyses have highlighted the link between fetal growth restriction and stillbirth risk, and the reduction in risk if the growth problem is recognised antenatally. Customised assessment of birthweight and fetal growth has been recommended by RCOG Green Top guidelines (2002, 2013)

The Perinatal Institute (PI), a not-for-profit organisation based in Birmingham, provides services including tools for the assessment of fetal growth and birth weight. The Gestation Related Optimal Weight (GROW) software defines each pregnancy’s growth potential through:

The Gestation Related Optimal Weight (GROW) 2.0 software defines each pregnancy's growth potential through:

- **GROW 2.0** - a web-based application that produces a customised growth chart for fetal growth during pregnancy, enables automated plotting of growth and calculation of customised birthweight centiles for each baby at birth; or
- **GROW-Services API** - a web service that links to the local maternity information system to produce the customised growth chart at the beginning of pregnancy. It auto-plots fundal height and ultrasound estimated fetal weight and calculates the customised birthweight centile for each baby at birth.

Historically, the customised growth chart software was provided by PI with limited support in its implementation. However, audits have shown that antenatal detection of fetal growth restriction was directly related to the degree of training and implementation of standardised protocols for measurement of fundal height, referral and investigation of FGR. Therefore, since 2013, continued provision of the software requires maternity service providers to be accredited in the Growth Assessment Protocol (GAP). The GAP programme has resulted in significant reductions in stillbirths in each of the UK NHS regions where it was implemented and has been associated with recent year on year drops in national stillbirth rates in England to their lowest ever levels.

### 3 | Principles

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The Parties agree to adopt the following (non-legally binding) principles in relation to this agreement:

- (a) Collaborate and co-operate to ensure the successful implementation of GAP products and services;
- (b) Communicate openly about any issues or opportunities relating to this agreement;
- (c) Learn, develop and seek to achieve the full potential of the project. Share information, experience and skills to learn from each other and to identify solutions and mitigate risk to the project;
- (d) Comply with all applicable laws and standards throughout the duration of this agreement along with [PI standard terms of service](#) and [privacy policy](#);
- (e) Act in a timely manner, recognising the time-critical nature of aspects in this agreement

### 4 | Service Specification

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This section outlines the service specification and agreement with respective roles and responsibilities. It is based on the following elements:

1. Facilitation of the programme by a local team with expertise in all required areas (including project management, clinical, information governance, information technology).
2. Training and support of all staff involved in maternity care
3. Adoption of evidence-based protocols and guidelines
4. Ongoing consultation and evaluation of the roll out of GROW 2.0 including a review of current practices and procedures to ensure a safe and efficient implementation
5. Rolling audit, reporting and benchmarking of performance
6. To supply the GROW software including major and minor releases with supporting documentation and help desk support

#### **4.1 Local Programme Team**

**Rationale:** The GAP programme includes the surveillance of fetal growth and wellbeing from early pregnancy to birth with the involvement of numerous speciality care providers. Successful implementation of this stillbirth reduction strategy requires coordination and comprehensive engagement and collaboration between several different specialities and departments.

**Aim:** To establish, support and maintain a comprehensive GAP team consisting of nominated clinical specialists in (obstetrics / maternal fetal medicine (MFM), midwifery, ultrasonography, neonatology), supported by project management, information governance and information technology personnel in order to facilitate the project in their respective departments successfully. These links are intended to serve as conduits for regular communication and feedback on progress, ensuring comprehensive implementation and trust ownership of the GAP programme.

#### **Roles and Responsibilities:**

##### **Perinatal Institute:**

- Provide initial GAP project pack to inform all key trust stakeholders of the scope of the programme. These include this SLA, business requirements overview, technical and functional specification, User Acceptance Testing (UAT) strategy, Information Governance (IG) strategy and clinical safety case
- Conduct an initial GAP induction / training workshop for the members of the GAP team and agree roles and responsibilities for the duration of the programme
- Provide the Healthcare Local administrators (HCLA – daily clinical/admin facilitators for the programme) and programme team with supporting documentation and user guides to assist in local implementation and evaluation
- To supply major and minor releases with supporting documentation

- Provide regular support for the local programme team (one-to-one or regular teleconference calls) including updating supporting documentation on a regular basis

**Trust:**

- Nominate the local HCLAs and GAP programme team and ensure they have protected time to assist in their responsibilities
- Ensure the local HCLAs and programme team meet regularly to monitor performance and implement the programme in their respective departments for all phases of the implementation

## 4.2 Training and support

**Rationale:** Ensuring that all HCLAs and clinicians involved in the roll out of GAP are well informed on how to use the software and the UAT feedback required. This will promote a safe and comprehensive implementation and a more successful project for all participants and the trust.

**Aim:** All HCLAs and clinicians who are engaged in the GAP programme should receive instruction on:

- How the software works and how it will fit within their current practices
- How to provide UAT and comprehensive feedback to PI
- Helpdesk support and processes to maximise engagement and feedback

### Roles and Responsibilities:

**Perinatal Institute:**

- Provide initial GAP training to GAP leads, HCLAs and clinicians involved in the programme
- Provide an initial 'train the trainer' workshop /provide the designated GAP trainers with training slides and notes and supporting documentation including test papers, competency template etc
- Provide access to the GAP E-learning package
- Provide reports back to the trust on utilisation and SGA/FGR surveillance
- Provide the designated HCLAs and project team with the relevant supporting software documentation including functional specification, user guide and training videos and clinical test cases and UATs
- Provide ongoing support and analyse areas of additional training needs to identify where more time and resource is required for training and implementation

**Trust:**

- Ensure maternity care clinicians who are involved with the GAP programme receive training by the PI or designated programme team, including software training

- ensure all maternity care clinicians who use GAP receive training by the designated GAP trainers (initial face-to-face training for clinicians who have never received training, and face-to-face or E-learning for yearly updates) and document training and competency logs.
- enable maternity care clinicians to complete the face-to-face or E-learning package and assessment on an annual basis
- provide feedback to PI about the software and how the roll out is progressing
- support mothers in accessing the mother's application of GROW App

### 4.3 Protocols

**Rationale:** There is wide variation in local protocols and guidelines for risk assessment, fetal growth surveillance and referral pathways. The GAP care pathway with accompanying notes present an opportunity to implement standardised, evidence-based protocols tailored to the needs of individual Trusts.

**Aim:** To assist with the implementation of local guidelines corresponding / based on GAP Care Pathway and/or Saving Babies Lives Care Bundle v2 and/or RCOG No 31 SGA Green Top Guideline, to establish

- risk assessment and determination of low and increased-risk at booking / early pregnancy
- indications for serial scans and guidelines for frequency and timing
- indications for referral for further investigations and obstetric / MFM review where required

### Roles and Responsibilities

#### Perinatal Institute:

- will provide, where appropriate, guidance and algorithms for local adaptation, representing the latest evidence for surveillance, referral, investigation and management of pregnancies suspected of fetal growth problems
- will provide up to date, quality assured software which is consistent with supporting national guidelines for the assessment of fetal growth

#### Trust:

- will agree to implement trust wide protocols which are consistent with national guidelines
- will monitor adherence to these protocols through regular audit (see section 4.4)

***NB - guidelines are not intended to replace clinical considerations in the management of individual pregnancies.***

#### **4.4 Audit**

**Rationale:** Experience has shown that ‘antenatal detection’ of the SGA baby is an auditable indicator and collection of this information itself promotes learning opportunities and improvement.

**Aim:** Working along local and national guidelines, to facilitate a rolling audit programme to provide for the trust:

- the SGA / FGR rate (proportion of babies born with a birthweight below 10<sup>th</sup> and 3<sup>rd</sup> customised centile)
- antenatal referral for suspected SGA / FGR, and antenatal detection / diagnosis of SGA
- additional indicators relating to management as required by the health service
- tool which can be used for case-note audit of SGA / FGR cases not detected antenatally (GAP SCORE)

#### **Roles and Responsibilities**

##### **Perinatal Institute:**

- will provide an online audit tool (GROW-Baseline) to enable the collection of a cohort of cases to determine SGA / FGR rates and antenatal referral and detection rates prior to implementing the GAP programme
- will provide GROW 2.0 / GROW-API to calculate the customised birthweight centile to determine SGA / FGR rates, and to record antenatal referral and detection rates and associated indicators
- will provide automated quarterly reports to the trust to feedback and benchmark performance
- will provide an online tool and reporting for case note audit of SGA / FGR cases not detected antenatally (GAP SCORE)

##### **Trust:**

- will record birth outcome, birthweight, sex and gestation to derive the customised birthweight centile for each baby at birth
- will record baseline and ongoing referral / detection rates of SGA / FGR where GROW is in use and set trust specific targets for antenatal referral / detection



- will aim to undertake regular case note audit and review, as agreed by the trust / GAP team. It is suggested to review a minimum 30 missed SGA cases per 6 months to identify potential learning points and possible hurdles or system failures

#### 4.5 GROW software and Helpdesk Support

**Note:** GROW 2.0 is the 2021 update to GROW-App 1.0-1.5 software. Additional features include:

- comprehensive risk assessment of mother
- auto plotting of fundal height and scan measurements including twin functionality
- notification of abnormal growth patterns
- mother's app with access to electronic version of chart.

**Rationale:** The standard for growth assessment is provided by the quality assured GROW chart software which needs to be readily available for clinicians to provide day to day care. The software is available as either a

1. a stand-alone web application (GROW 2.0) or
2. linked to the local Maternity Information System (GROW-API).

Advantages of using GROW via a maternity information system include:

- reduced need for double entry of data, saving clinicians' time
- allowing the customised birth weight centiles to be an integral part of the electronic patient record for future reference, audit and informing the management plan.

Where a trust uses GROW via the GROW-API linked to its MIS, the service is called GAPplus which incurs an additional charge detailed in section 8.

**Aim:** To provide an up-to-date, reliable and quality assured customised software and service

#### Roles and Responsibilities

##### Perinatal Institute:

- will provide latest updates of the GROW 2.0 software
- will work with Maternity Information System providers to integrate the GROW 2.0 software and make it continuously available to users while online
- will provide GROW 2.0 as a stand-alone web-based application if no Maternity information System is available
- will test and quality assure the application/s
- will provide a service desk in collaboration with the local Maternity Information System and local IT helpdesk as per the helpdesk support specification and process map – Annex [B]

**Trust agrees to use reasonable efforts to:**

- require its Maternity Information System to work with all PI - GROW policies, integration and upgrades
- require its Maternity Information System to provide first line support and to inform local IT helpdesk of any service desk calls
- ensure end users are informed of the service desk incident reporting process and to assist where issues arise
- ensure that all maternity care clinicians using GROW 2.0 have received training in its use

## **5 | Information Governance and Data Sharing & Processing**

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### **5.1 Legislation**

Information Governance compliance shall be the responsibility of both Parties with both being subject to the requirements of the GDPR concerning data protection. Both Parties will notify and work together to ensure requirements, roles and responsibilities are clearly defined and documented. It is of the understanding that the authorising person(s) signing this agreement on behalf of the trust confirms that the trust is and shall remain compliant with all information governance and legislative requirements.

### **5.2 Accreditation and Commitment**

PI is accredited in ISO27001 and is committed to ensuring our Information Security Management System (ISMS) is embedded in all aspects of our business. This framework is regularly reviewed as well as being internally and externally audited to ensure we continue to uphold our high level of compliance.

### **5.3 Training and Monitoring**

All PI staff are mandated to complete the Data Security and Protection Toolkit as well as the General Data Protection Regulation (GDPR) training modules which became effective from 2018. All training requirements are monitored and reviewed internally by the Information Governance team.

## 5.4 Notifying and Reporting Incidents

Where there is a concern from either party that a data breach has occurred, it is the responsibility of the respective party's Information Security Officer to ensure it is recorded and assessed, each party informed and the supervisory authority informed where appropriate according to GDPR and NHS processes. The PI has an incident reporting policy that all staff are aware of and adhere to, which is available upon request.

## 5.5 Data Sharing

In order to fulfil the purpose of GAP, GROW 2.0 data items will be shared between the Trust and PI. The PI agree to use patient data to assist with the provision of direct care to mothers and babies, and to provide the audit element of GROW in a manner consistent with the [DPIA](#) and [data sharing agreement](#) where we are acting as Data Processor; and according to PI's [terms of service](#), data processing arrangements and legislative requirements, where acting as Data Controller. PI will also store de-identified (pseudonymised) data for continued improvements in data quality, national anonymised reports, training needs and overall improvements to the system.

If participating Trusts are in agreement, data sharing agreements can be put in place to facilitate cross boundary working and shared care of mothers.

All GROW software are held on approved servers with VPN access to nominated, appropriately qualified and vetted PI staff (system administrators, testers and developers) to maintain the system and carry out upgrades. The technical specification and data privacy impact assessment (DPIA) details all security measures and controls.

# 6 | Performance Management

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## 6.1 Relationship Manager

The Parties shall appoint a dedicated relationship manager to act as a contact point for the management of this agreement and the services used throughout the duration of this agreement. Should it be necessary to change the relationship manager it is the Party for whom the relationship manager is changing responsibility to notify the other Party with immediate effect.

Records shall be kept detailing any corrective action plans along with any consequences exercised.

## **6.2 Products and Services Performance**

Where performance of the GAP product(s)/service(s) and or any other obligations under this Agreement fall below the service requirements set out in Annex [A] or could be reasonably expected from a Party to this Agreement; a corrective action plan shall be written and agreed by both the Parties, setting out the improvement in performance that should be achieved by both/either Party prior to a performance review meeting.

Where there is persistent failure to meet the expected performance; or a corrective action plan is not complied with, then the lead shall be notified. If the issue(s) remain unresolved this shall then be escalated to the appropriate manager as determined by the individual Parties. Final escalation point shall be with the Director of each Party. At such point it may be agreed for the Parties to exercise the right to terminate this agreement to allow the trust to procure an alternative solution.

Records shall be kept detailing any corrective action plans along with any consequences exercised.

## **7 | Monitoring and Reporting**

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### **7.1 Training and User Records**

The HCLAs shall facilitate and record all internal training conducted, ensuring records are kept and maintained. They shall also notify PI of new HCLAs and leavers for the GROW 2.0 software or disable users themselves. Where a HCLA leaves the trust, it will remain the responsibility of the trust to inform the PI to disable the account of that person or to ensure it is disabled by another HCLA.

### **7.2 Software and System Monitoring**

The trust shall be provided with a schedule of all planned downtime and maintenance for all products and services used within the programme. Annex [B] outline the help desk service specification and schedule during the agreement's lifecycle.

### **7.3 Reporting**

The trust shall have access to automated reporting for the GROW 2.0; GROW-Service API GROW baseline and GAP-SCORE reporting is available upon request via [grow@perinatal.org.uk](mailto:grow@perinatal.org.uk). Good practice will also be documented and shared in order to facilitate learning.

## 8 | Fees

Charges for the GAP or GAPplus (trusts using the GROW-API) for GROW users will be calculated on a minimum cost basis and stratified according to number of deliveries per annum. Costs will be reviewed on a yearly basis.

**Payment of set-up and pro-rata first-year costs are due on commencement of training.** Please note that the set-up cost includes training at Perinatal Institute in Birmingham; if onsite training is required this is available by special arrangement for an additional charge of £1000 + expenses.

Size of Trust births per annum	Set up cost* Incl training	Annual Cost of GAP from 2023/24	Annual Cost of GAPplus (GROW-API) from 2023/24
<3000	£ 1000	£ 2250	£ 3000
3000-5000	£ 1000	£ 3000	£ 4000
5000-7000	£ 1000	£ 4500	£ 6000
7000-10,000	£ 1000	£ 6000	£ 8000
10,000-12,000	£ 1000	£ 7500	£ 10,000
>12,000	Please contact the PI for cost		

\* Set-up costs including unlimited spaces for training with Perinatal Institute.

If on-site training is required; expenses (travel, accommodation) are charged additionally.

## 9 | Approval Signatures

To accept this Service Level Agreement, please sign and return to [grow@perinatal.org.uk](mailto:grow@perinatal.org.uk).

On behalf of:	Perinatal Institute	On behalf of:	
Date:		Date:	
Name:	Professor Jason Gardosi	Name:	
Position:	Executive Director	Position:	
Email:	<a href="mailto:grow@perinatal.org.uk">grow@perinatal.org.uk</a>	Email:	

Phone Number:	+44 121 607 0101	Phone Number:	
Signature:		Signature:	

## SERVICE LEVEL AGREEMENT

### Perinatal Institute – Growth Assessment Protocol (GAP) programme

I agree the GAP service level agreement, with the project starting on the [date] until [date] and have read and agree with PI's terms of service 12 monthly rolling agreement. Please complete - NB All information is required; should any of these details change, please update PI.

<b>Name</b>			
<b>Position</b>			
<b>Hospital/Trust Name</b>			
<b>Trust Address</b>			
<b>Size of Hospital/Trust (No. of births)</b>			
<b>Manager/HOM Details</b>	Name:	Email:	Tel No.
<b>CD Details</b>	Name:	Email:	Tel No.

#### Link person(s) details for the trust:

GAP Lead(s)	Name	Position	Email
HCLA / Clinical Lead			
HCLA / Clinical Lead			
HCLA / Clinical Lead			
Project Manager			
IG Lead			
Clinical Safety lead			
IT Lead			

Maternity Information System: \_\_\_\_\_

Other Systems for integration: \_\_\_\_\_

## Annex A - Responsibilities

GAP Element	Trust responsibilities	PI responsibilities
Local GAP team	<p>To nominate and support clinicians to act as GAP leads for their speciality (including midwifery, obstetrics / MFM, ultrasound and neonatology) and to coordinate the project. If any changes, please inform PI with new contacts</p> <p>The local GAP team will facilitate implementation of the GAP programme and serve as conduits for regular communication and feedback on progress with PI</p>	<p>To ensure all GAP leads are trained in the GAP programme and have all supporting documentation</p> <p>To regularly communicate with the GAP team with any new evidence, changes, good practice examples, support etc</p>
Training	<p>Ensure GAP lead/s has participated in initial training workshop with the PI.</p> <p>All clinical staff engaged in maternity care are trained and accredited in GAP (minimum of face-to-face with test for year 1 and E-learning and competency assessment year 2 onwards)</p> <p>Maintain a training and competency log and maintain E-learning compliance locally</p> <p>Ongoing training of GAP elements is included in the trust's Training Needs Analysis (TNA)</p>	<p>Optional Trust GAP workshop for new users, to ensure as many clinicians are trained in GAP prior to going live with the programme (additional cost). Key clinicians attend free GAP workshops (held bi-monthly) and be responsible for cascade training in the trust</p> <p>Provide a GAP E-learning package and supporting documentation to enable training locally</p> <p>Provide additional training on specific GROW software where required (GROW-baseline, GAP-SCORE).</p>
Protocol	<p>Agree a trust wide policy which is consistent with national guidelines</p> <p>Monitor and ensure that these are adhered to through regular audit</p>	<p>Provide software and guidance representing the latest evidence for surveillance, referral, investigation and management of pregnancies suspected to have fetal growth problems</p>
Audit	<p>Prior to implementation, to complete a valid baseline audit (minimum 400 cases) to determine rates of SGA, referral and detection (New users only)</p>	<p>Provide the GROW-baseline software and training</p> <p>Provide the relevant GROW software to calculate the customised birthweight centile and record</p>

	<p>Record required information to generate a customised birthweight centile for each baby delivered at that trust</p> <p>Review automated quarterly reports of submission rates, referral and detection rates of SGA / FGR and set trust specific targets</p> <p>Undertake a six-monthly case note audit and review of at least 30 cases of SGA babies not detected antenatally to be SGA / FGR and produce relevant action plans (using GAP-SCORE)</p>	<p>antenatal detection of abnormal growth as an integral part</p> <p>Provide automated quarterly reports to feedback and benchmark performance</p> <p>Provide an audit tool (including reporting functionality) and training for case note audit of SGA / FGR cases not detected antenatally (GAP-SCORE)</p>
GROW Software	<p>To assist in ensuring the GROW-App is available on all trust computers</p> <p>To support collaboration between the local maternity information system provider and PI to facilitate integration and upgrades of the GROW-API</p> <p>To assist in the help desk work in line with the helpdesk support specification and process map</p>	<p>To provide and maintain quality assured GROW software in line with project and national requirements</p> <p>To collaborate with the local maternity information system provider to facilitate integration and upgrades of the GROW-API</p> <p>To provide a help desk in collaboration with the local maternity information system and local IT helpdesk as per the helpdesk support specification and process map</p>

## Annex B –Helpdesk

### Logging procedures and help level monitoring

The help desk treats all issues as important and will make its best effort to resolve all reported problems in an appropriate timeframe. Please see the helpdesk process map for further details how the help desk deals with issues with the GROW systems.

### Definitions

<b>PI/us/we</b>	Perinatal Institute: UK-based provider of GROW 2.0 software
<b>User</b>	Clinical user of GROW 2.0 software
<b>1<sup>st</sup> Line support</b>	first point of contact - minor issues can sometimes be resolved.
<b>2<sup>nd</sup> Line Support</b>	escalation that requires minor investigation to resolve
<b>3<sup>rd</sup> Line Support</b>	further escalation to System Specialist related to the query, that will involve in-depth investigation that could result in system modification if necessary



## **Introduction**

This document outlines the support that the trust and individual users can expect when assistance is required from PI. The agreement covers the duration of the GROW 2.0 programme agreement with PI. We aim for 99.5% availability of the software during the agreement period. The system may experience some disruption during routine maintenance. Users will be informed of any such planned work in advance and disruption will be kept to a minimum during these time periods. If there is a problem with the software outside of routine maintenance, the GROW help desk is available to log and resolve issues. Planned maintenance is excluded from the calculation of service availability (99.5% availability is not subject to planned maintenance).

## **Help desk – contact and process**

The GAP help desk provides a helpdesk for logging and managing all incidents and requests from the user. The help desk is open between 08.30 and 16.30 Monday to Fridays. Please click the [link](#) if you have a helpdesk query.

Outside of working hours, if a user is unable to obtain a birthweight centile, the automated email response from the help desk will supply access to a stand-alone birth weight centile calculator as an interim measure.

## **Help desk – contact and process**

- The GROW 2.0 help desk provides a service for logging and managing all incidents and requests from the user, local IT department and other system providers integrated with the GROW App system.

## **What do we support?**

Members of the help desk team at PI will provide the following services:

- Log, track, maintain support and troubleshoot the GROW 2.0 software in accordance with agreed support contract
- Provide general consultation and advice for end users and give feedback on any assessments made from change requests.
- The performance of the help desk is monitored regularly and reports can be provided upon request.

## **Responsibilities of those making a request**

If the user has a problem with the GROW 2.0 system, in the first instance they need to contact their local IT department to confirm if there are any local issues. The local IT department or user will then contact the PI help desk if the issue does not relate to local IT. When logging a help desk query, the user needs to give as much information as possible to assist to resolve the issue as quickly as possible:

- Trust / hospital site / location details
- Full name, role and contact details
- Prioritisation of the problem (priority 1-4 according to the severity of the problem – see table).

Description of the problem, including GROW 2.0 module used, browser type and version, details of the problem including any error messages, screen shot, what the user was trying to do at the time, business areas and users affected

Logging procedures and help level monitoring

The help desk treats all issues as important and will make its best effort to resolve all reported problems in an appropriate timeframe. Please see the help desk process map for further details how the help desk deals with issues with GROW 2.0.

### **1st Level Support**

- The responsibility of 1st Level Support is to register and classify received Incidents and to undertake an immediate effort in order to restore a failed IT service as quickly as possible.
- If no ad-hoc solution can be achieved, 1st Level Support will transfer the Incident to expert technical support groups (2nd Level Support).
- 1st Level Support also processes Service Requests and keeps users informed about their Incidents' status at agreed intervals.

### **2nd Level Support**

- 2nd Level Support takes over Incidents which cannot be solved immediately with the means of 1st Level Support.
- If necessary, it will request further support from Internal teams Clinical, Development as well as external support from Local IT departments and MIS Suppliers.
- The aim is to restore a failed IT Service as quickly as possible.
- If no solution can be found, the 2nd Level Support passes on the Incident to Problem Management.

### **3rd Level Support**

- 3rd Level Support would involve Senior Infrastructure and Development team Local IT and MIS as well as any third-party suppliers.
- Its services are requested by 2nd Level Support if required for solving an Incident.
- The aim is to restore a failed IT Service as quickly as possible.

Each issue that has not been resolved by local IT will need to be reported to the PI help desk. The issue is then logged as a ticket in the tracking database and a unique ID number allocated. The initial response will take the form of an automated email to the user informing them that their issue has reached PI. This will then be followed up with a call or email confirming the existence of the issue and to gather additional information if required. The help desk team will use this response as an opportunity to triage and establish an estimated

timeframe to resolution. Local IT and the trust’s maternity information system or other relevant system provider will be kept involved in all communications where relevant. NB The PI will ask that local IT and other system providers integrated with GROW 2.0 to provide the same level of support as GROW 2.0 but the PI cannot guarantee their response and resolution times. PI will prioritise the issue into one of four levels according to the severity of the issue:

Priority	Definition	Response Time	Resolution Time
<b>Priority 1*</b>	Inability to use functionality that is core to the user’s business. This would include system outages	A plan to fix the issue shall be provided within 2 working hours	A solution should be provided within 4 working hours
<b>Priority 2</b>	System performance is so poor that it prevents normal service. e.g., slow operation	Within 3 working hours	Within 8 working hours
<b>Priority 3</b>	System is functioning and can be used but is suffering from fault(s) that affect user experience	Within 4 working hours	Within 5 working days
<b>Priority 4</b>	Non-support issue (e.g., change request)	Within 1 working day	This will form part of the next scheduled upgrade.

\*If a priority 1 issue has been reported, local IT and GROW 2.0 will be informed by text instantly to ensure all key stakeholders are aware at the earliest opportunity to ensure all parties act together promptly.

If the user is not available on email or call-back, an email or voicemail message will be left. If the user does not respond within five working days (minimum three attempts by PI), the ticket will be closed. An issue will be considered resolved when a solution or a workaround that is acceptable to the user has been implemented. In the event where an issue cannot be resolved or is not meeting the resolution time target, the incident will be brought to the attention of the 2nd line support and escalated to 3<sup>rd</sup> line support if appropriate.