

**The Digital Technology Assessment Criteria**

**for Health and Social Care (DTAC)**

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The assessment criteria are made up of five core components. Sections A and B will provide the assessors the context required to understand your product and support your evidence. The core assessment criteria are defined in section C1-C4. Section D details the key Usability and Accessibility principles required. Further frequently asked questions are available at the end of the document.

The core criteria in Section C will determine the overall success of the assessment of your product or service. The accompanying score provided from Section D will show the level of adherence to the NHS Service Standard.

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# A. Company information - non-assessed section

Information about your organisation and contact details.

| **Code** | **Question** | **Answers** |
| --- | --- | --- |
| A1 | Provide the name of your company | HANLEY HEALTH LIMITED (t/a Hanley Consulting) |
| A2 | Provide the name of your product | Surgery Assist (Previously EDATT) |
| A3 | Provide the type of product | Software as a Service (SaaS) |
| A4 | Provide the name and job title of the individual who will be the key contact at your organisation | Sharon Hanley |
| A5 | Provide the key contact's email address | Sharon@hanleyconsulting.co.uk |
| A6 | Provide the key contact's phone number | 07742 880 576 |
| A7 | Provide the registered address of your company | The Home Office Pennyroyal Court, Station Rd, Tring HP23 5QY |
| A8 | In which country is your organisation registered? | UK |
| A9 | If you have a Companies House registration in the UK, please provide your number | 06792565 |
| A10 | If applicable, when was your last assessment from the Care Quality Commission (CQC)? | Not applicable |
| A11 | If applicable, provide your latest CQC report. | Not applicable |

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# B. Value proposition - non-assessed section

Please set out the context of the clinical, economic, or behavioral benefits of your product to support the review of your technology. These criteria will not be scored but will provide the context of the product undergoing assessment.

Where possible, please provide details relating to the specific technology and not generally to your organisation.

| **Code** | **Question** | **Supporting information** | **Answer** |
| --- | --- | --- | --- |
| B1 | Who is this product intended to be used for? |  | Patients & public (users of health and care services in the UK) |
| B2 | Provide a clear description of what the product is designed to do and of how it is expected to be used | This question is a context question and therefore a high-level summary is required. | The processes we are looking to automate are.  .   1. Prompting, supporting and navigating patients to carry out transactional healthcare requests e.g., Medication requests, test results, referral status queries etc. from the practice inbound telephone call flow and website to the NHS App, practice online consultation services provider or community service provider. 2. Navigate patients to direct booking options into available GP, PCN, Pharmacy & integrated Care Services appointments via online consultation tools and the NHS App if appropriate. 3. Support the offer of an ‘assessment of need’ at first contact without the need to speak to or be triaged by clinical / admin staff. Linking this to 2 above 4. Signposting patients to PCN and other local primary care and integrated care services to support utilisation of non-GP services. 5. Reception teams verbally encouraging and supporting digital access and uptake. 6. Receptionist time taken to direct patients towards information websites and downloadable forms. 7. Automate completion and sending of forms to practice and non-practice services supporting self -referral and new GP registration services.   Hanley Consulting has developed a framework to support patients to request transactional services and improve access to services using digital whilst improving digital literacy across the registered population.  The Surgery Assist solution utilises cloud telephony by offering immediate and automated support to patients via the IVR to those who have a desire to self-serve but don’t know how. This automated support is developed and surfaced as an online chatbot complete with practice branding which can be accessed by patients directly from the patient call queue therefore enabling patients to access services via digital tools from the telephone (Surgery Assist).  Since its inception and to meet standardised and equitable modes of access, this digital support is now available via telephone, website and in practice posters (QR codes). |
| B3 | Describe clearly the intended or proven benefits for users and confirm if / how the benefits have been validated. | This question is a context question and therefore a high-level summary is required.  If your product has had an evaluation or undergone clinical trials include this information. | Surgery Assist ensures, where appropriate, that patients are offered an appropriate digital alternative automatically within the telephone system call flow as an added option (auto attendant). Saving patients unnecessary wait time on the phone and reducing telephone demand into general practice.  Benefits have been validated by reviews of practice phone reports, uptake of the NHS App, patient, and practice staff feedback.  Our pilot practice (22K list size) has increased Online Consultation tool registrations by 16% in 6 months and NHS App registrations by 13%. |
| B4 | Please attach one or more user journeys which were used in the development of this product.  Where possible please also provide your data flows | This question is a context question, and it is expected that existing documentation will be provided.  GOV.UK provides guidance on [how to make a user journey map](https://designnotes.blog.gov.uk/2016/04/21/how-to-make-a-user-journey-map/) and what should be included.  Data flows enable the assessor to understand how data moves through a product. This may be included within a Data Protection Impact Assessment. If this is the case, please provide as a separate attachment for ease of review. |  |

# C. Technical questions - Assessed sections.

## C1 - Clinical safety

Establishing that your product is clinically safe to use.

You must provide responses and documentation relating to the specific technology product that is subject to assessment.

The DCB0129 standard applies to organisations that are responsible for the development and maintenance of health IT systems. A health IT system is defined as “product used to provide electronic information for health and social care purposes”. DTAC is designed as the assessment criteria for digital health technologies and C1 Clinical Safety Criteria is intended to be applied to all assessments. If a developer considers that the C1 Clinical Safety is not applicable to the product being assessed, rationale must be submitted exceptionally detailing why DCB0129 does not apply.

The DCB0160 standard applies to the organisation in which the health IT is deployed or used. It is a requirement of the standard (2.5.1) that in the procurement of health IT systems the organisation must ensure that the manufacturer and health IT system complies with DCB0129. The organisation must do so in accordance with the requirements and obligations set out in the DCB0160 standard. This includes personnel having the knowledge, experience, and competences appropriate to undertaking the clinical risk management tasks assigned to them and organisations should ensure that this is the case when assessing this section of the DTAC.

If the Clinical Safety Officer or any other individual has concerns relating to safety of a medical device including software and apps, this should be reported to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting system: [Report a problem with a medicine or medical device - GOV.UK (www.gov.uk)](https://www.gov.uk/report-problem-medicine-medical-device).

| **Code** | **Question** | **Supporting information** | **Answer** |
| --- | --- | --- | --- |
| C1.1 | Have you undertaken Clinical Risk Management activities for this product which comply with DCB0129? | The [DCB0129](https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/dcb0129-clinical-risk-management-its-application-in-the-manufacture-of-health-it-systems) standard applies to organisations that are responsible for the development and maintenance of health IT systems. A health IT system is defined as ‘“product used to provide electronic information for health and social care purposes”. | Yes  See attached documents |
| C1.1.1 | Please detail your clinical risk management system | DCB0129 sets out the activities that must and should be undertaken for health IT systems.  An example [clinical risk management system template](https://digital.nhs.uk/services/clinical-safety/documentation#clinical-risk-management) can be downloaded from the NHS Digital website. | Provided as a separate document  Surgery Assist V4 Clinical Risk Management System.pdf |
| C1.1.2 | Please supply your Clinical Safety Case Report and Hazard Log | Specifically, your DTAC submission should include:   * A summary of the product and its intended use * A summary of clinical risk management activities * A summary of hazards identified which you have been unable to mitigate too as low as it is reasonably practicable. * The clear identification of hazards which will require user or commissioner action to reach acceptable mitigation (for example, training and business process change)   It should not include the hazard log in the body of the document - this should be supplied separately.  Example [Clinical Safety Case Report and Hazard Log templates](https://digital.nhs.uk/services/clinical-safety/documentation#clinical-risk-management) can be downloaded from the NHS Digital website. | Provided as a separate document  Hazard Log-Surgery Assist v428 Feb 25.xlsx  Surgery Assist V4 Clinical Safety Case Report.pdf |
| C1.2 | Please provide the name of your Clinical Safety Officer (CSO), their profession and registration details | The CSO must:   * Be a suitably qualified and experienced clinician. * Hold a current registration with an appropriate professional body relevant to their training and experience. * Be knowledgeable in risk management and its application to clinical domains. * Be suitably trained and qualified in risk management or have an understanding in principles of risk and safety as applied to Health IT * Have completed appropriate training.   The work of the CSO can be undertaken by an outsourced third party. | Dr Keith Grimes Curistica Ltd - June 24 |
| C1.3 | If your product falls within the UK Medical Devices Regulations 2002, is it registered with the Medicines and Healthcare products Regulatory Agency (MHRA)? | If this question is not applicable, because your product does not fall within the UK Medical Devices Regulations 2002, continue to question C1.4.  If No, but the product falls within the UK Medical Devices Regulations 2002, continue to question C.1.3.2.  The MHRA provides guidance on medical devices to place them on the market in Great Britain and Northern Ireland, [regulatory requirements](https://www.gov.uk/guidance/regulating-medical-devices-in-the-uk) for all medical devices to be placed on the UK market, [conformity assessment](https://www.gov.uk/guidance/medical-devices-conformity-assessment-and-the-ukca-mark) and the UK Conformity Assessed (UKCA) mark, [classification of stand-alone medical device software](https://www.gov.uk/government/publications/medical-devices-software-applications-apps) (including apps) and [how to tell if your product falls within the UK Medical Devices Regulations 2002](https://www.gov.uk/guidance/borderline-products-how-to-tell-if-your-product-is-a-medical-device). | Not Applicable |
| C1.3.1 | If yes, please provide your MHRA registration number |  | Not Applicable |
| C1.3.2 | If the UK Medical Device Regulations 2002 are applicable, please provide your Declaration of Conformity and, if applicable, certificate of conformity issued by a Notified Body / UK Approved Body | Medical device manufacturers must ensure that their device complies with the relevant Essential Requirements of the legislation and draw up a Declaration of Conformity to declare this.  Class I devices with a measuring function and devices in Class IIa, IIb and III must undergo conformity assessment from an EU Notified Body or UK Approved Body which has been designated for medical devices, and be issued a certificate of conformity (commonly referred to as a “CE certificate” or “UKCA certificate”). | Not applicable |
| C1.4 | Do you use or connect to any third-party products? | If no, continue to section C2.  [DCB0129](https://digital.nhs.uk/services/clinical-safety/documentation#clinical-risk-management) contains the requirements in relation to third party products. | Yes (not with API integration) simple sign posting to web URL’s |
| C1.4.1 | If yes, please attach relevant Clinical Risk Management documentation and conformity certificate |  | Other third-party products that Surgery Assist can navigate people to are all on the DFOCVC Framework or are within the NHS App, which are all NHS Approved products. |

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## C2 - Data protection

Establishing that your product collects, stores and uses data (including personally identifiable data) compliantly.

This section applies to the majority of digital health technology products however there may be some products that do not process any NHS held patient data or any identifiable data. If this is the case, the Data Protection Officer, or other suitably authorised individual should authorise this data protection section being omitted from the assessment.

| **Code** | **Question** | **Supporting information** | **Answer** |
| --- | --- | --- | --- |
| C2.1 | If you are required to register with the Information Commissioner, please attach evidence of a current registration.  If you are not required to register, please attach a completed self-assessment showing the outcome from the Information Commissioner and your responses which support this determination. | There are some instances where organisations are not required to register with the Information Commissioner. This includes where no personal information is being processed.  The Information Commissioner has a [registration self-assessment tool](https://ico.org.uk/for-organisations/data-protection-fee/self-assessment/) to support this decision making. | Provided    **ZB514043**  <https://ico.org.uk/ESDWebPages/Search>  Expires 21/02/2026 |
| C2.2 | Do you have a nominated Data Protection Officer (DPO)? | Not all organisations are required to have a [Data Protection Officer](https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/accountability-and-governance/data-protection-officers/#ib1) (DPO). This is determined by the type of organisation and core activities. The most common reason for organisations providing digital health technologies to have a DPO is due to the core activities involving processing health data (being a special category).  The Information Commissioner has a [self-assessment tool](https://digital.nhs.uk/services/clinical-safety/documentation#clinical-risk-management) to determine whether you must appoint a DPO. | Yes |
| C2.2.1 | If you are required to have a nominated Data Protection Officer, please provide their name.  If you are not required to have a DPO please attach a completed self-assessment showing the outcome from the Information Commissioner and your responses which support this determination. |  | Named DPO: Dr Youssof Oskrochi |
| C2.3 | Does your product have access to any personally identifiable data or NHS held patient data? | The UK General Data Protection Regulation (GDPR) applies to the processing of [personal data](https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/key-definitions/what-is-personal-data/).  If no, continue to question C2.4 | No |
| C2.3.1 | Please confirm you are compliant (having standards met or exceeded status) with the annual Data Security and Protection Toolkit Assessment.  If you have not completed the current year's assessment and the deadline has not yet passed, please confirm that you intend to complete this ahead of the deadline and that there are no material changes from your previous years submission that would affect your compliance. | The [Data Security and Protection Toolkit](https://digital.nhs.uk/data-and-information/looking-after-information/data-security-and-information-governance/data-security-and-protection-toolkit) allows organisations to measure performance against the National Data Guardian’s 10 data security standards. | Confirmed – 22/23 standards met 06/06/2024    https://www.dsptoolkit.nhs.uk/OrganisationSearch/J8B1T |
| C2.3.2 | Please attach the Data Protection Impact Assessment (DPIA) relating to the product. | [DPIA’s](https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/accountability-and-governance/data-protection-impact-assessments/) are a key part of the accountability obligations under the UK GDPR, and when done properly help organisations assess and demonstrate how they comply with data protection obligations.  The Information Commissioner has provided guidance on [how to complete a DPIA](https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/data-protection-impact-assessments-dpias/how-do-we-do-a-dpia/#how9). | Please complete the following DPIA template:    Surgery Assist DPIA provided as a separate document  250314 Surgery Assist Full DPIA v1.0 |
| C2.4 | Please confirm your risk assessments and mitigations / access controls / system level security policies have been signed-off by your Data Protection Officer (if one is in place) or an accountable officer where exempt in question C2.2. |  | Confirmed via Clinical safety report and hazard log and system security policies signed off by qualified DPO. Our DPO is also our CSO |
| C2.5 | Please confirm where you store and process data (including any third-party products your product uses) | Individual organisations within the Health and Social Care system are accountable for the risk-based decisions that they must take. | Data is stored on a secure Microsoft Azure Environment located in the UK. When downloaded, stored on secured Hanley Google Drive |
| C2.5.1 | If you process store or process data outside of the UK, please name the country and set out how the arrangements are compliant with current legislation | From 1 January 2021, the UK GDPR applies in the UK in place of the “EU GDPR’. The UK GDPR will carry across much of the existing EU GDPR legislation. The Department for Digital, Culture, Media & Sport has published two [Keeling Schedules](https://www.gov.uk/government/publications/data-protection-law-eu-exit) which show the changes to the Data Protection Act 2019 and EU GDPR.  The Information Commissioner has published guidance on [international data transfers](https://ico.org.uk/for-organisations/dp-at-the-end-of-the-transition-period/data-protection-now-the-transition-period-has-ended/the-gdpr/international-data-transfers/) after the UK exit from the EU Implementation Period. | N/A |

## C3 - Technical security

Establishing that your product meets industry best practice security standards, and that the product is stable.

Dependent on the digital health technology being procured, it is recommended that appropriate contractual arrangements are put in place for problem identification and resolution, incident management and response planning and disaster recovery.

Please provide details relating to the specific technology and not generally to your organisation.

| **Code** | **Question** | **Supporting information** | **Answer** |
| --- | --- | --- | --- |
| C3.1 | Please attach your Cyber Essentials Certificate | [Cyber Essentials](https://www.ncsc.gov.uk/cyberessentials/overview) helps organisations guard against the most common cyber threats.  The National Cyber Security Centre (NCSC) have published [cyber security guidance for small to medium enterprises](https://www.ncsc.gov.uk/section/information-for/small-medium-sized-organisations) (SME’s). | Provided |
| C3.2 | Please provide the summary report of an external penetration test of the product that included Open Web Application Security Project (OWASP) Top 10 vulnerabilities from within the previous 12-month period. | The NCSC provides guidance on [penetration testing](https://www.ncsc.gov.uk/guidance/penetration-testing). The OWASP Foundation provides guidance on the [OWASP top 10 vulnerabilities](https://owasp.org/www-project-top-ten/). | Penetration testing of new Microsoft Azure platform started week beginning 03 March 2025 |
| C3.3 | Please confirm whether all custom code had a security review. | The NCSC provides guidance on [producing clean and maintainable code](https://www.ncsc.gov.uk/collection/developers-collection/principles/produce-clean-maintainable-code). | N/A |
| C3.4 | Please confirm whether all privileged accounts have appropriate Multi-Factor Authentication (MFA)? | The NCSC provides guidance on [Multi-Factor Authentication](https://www.ncsc.gov.uk/guidance/multi-factor-authentication-online-services). | In progress, expected 31st March |
| C3.5 | Please confirm whether logging and reporting requirements have been clearly defined. | The NCSC provides guidance on [logging and protective monitoring](https://www.ncsc.gov.uk/collection/mobile-device-guidance/logging-and-protective-monitoring).  To confirm yes to this question, logging (e.g., audit trails of all access) must be in place. It is acknowledged that not all developers will have advanced audit capabilities. | Yes, the Surgery Assist application Microsoft Azure platform has a full audit capability. |
| C3.6 | Please confirm whether the product has been load tested | Load testing should be performed. | Yes load testing has been completed |

## C4 - Interoperability criteria

Establishing how well your product exchanges data with other systems.

To provide a seamless care journey, it is important that relevant technologies in the health and social care system are interoperable, in terms of hardware, software and the data contained within. For example, it is important that data from a patient’s ambulatory blood glucose monitor can be downloaded onto an appropriate clinical system without being restricted to one type. Those technologies that need to interface within clinical record systems must also be interoperable. Application Programme Interfaces (APIs) should follow the Government Digital Services Open API Best Practices, be documented and freely available and third parties should have reasonable access in order to integrate technologies.

Good interoperability reduces expenditure, complexity, and delivery times on local system integration projects by standardising technology and interface specifications and simplifying integration. It allows it to be replicated and scaled up and opens the market for innovation by defining the standards to develop upfront.

This section should be tailored to the specific use case of the product and the needs of the buyer however it should reflect the standards used within the NHS and social care and direction of travel.

Please provide details relating to the specific technology and not generally to your organisation.

| **Code** | **Question** | **Supporting information** | **Answer** |
| --- | --- | --- | --- |
| C4.1 | Does your product expose any Application Programme Interfaces (API) or integration channels for other consumers? | The NHS website developer portal provides guidance on [APIs and the NHS](https://developer.api.nhs.uk/).  Government Digital Services provide guidance on [Open API best practice](https://www.gov.uk/government/collections/api-design-guidance). | No |
| C4.1.1 | If yes, please provide detail and evidence:   * The API’s (e.g., what they connect to) set out the healthcare standards of data interoperability e.g., Health Level Seven International (HL7) / Fast Healthcare Interoperability Resources (FHIR) * Confirm that they follow Government Digital Services Open API Best Practice * Confirm they are documented and freely available. * Third parties have reasonable access to connect   If no, please set out why your product does not have APIs. | Not applicable |
| C4.2 | Do you use NHS number to identify patient record data? | NHS Digital provides guidance on [NHS Login for partners and developers](https://digital.nhs.uk/services/nhs-login/nhs-login-for-partners-and-developers). | No because product does not identify patient record data |
| C4.2.1 | If yes, please confirm whether it uses NHS Login to establish a user’s verified NHS number.  If no, please set out the rationale, how your product established NHS number and the associated security measures in place. | N/A |
| C4.3 | Does your product have the capability for read/write operations with electronic health records (EHRs) using industry standards for secure interoperability (e.g., OAuth 2.0, TLS 1.2) |  | No because the product does not read/ write into EHRs |
| C4.3.1 | If yes, please detail the standard | n/a |
| C4.3.2 | If no, please state the reasons and mitigations, methodology and security measures. | n/a |
| C4.4 | Is your product a wearable or device, or does it integrate with them? | If no, continue to section D. | No |
| C4.4.1 | If yes, provide evidence of how it complies with ISO/IEEE 11073 Personal Health Data (PHD) Standards. | [Access the ISO Standard.](https://www.iso.org/standard/46493.html) This is a paid-for document. | N/A |

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# D. Key principles for success

The core elements defined in this section will form part of the overall review of the product or service and is a key part to ensuring that the product or service is suitable for use. The assessment will set a compliance rating and where a product or developer is not compliant highlight areas that the organisation could improve on with regards to following the core principles.

This section will be scored in relation to the [NHS service standard](https://service-manual.nhs.uk/service-standard). This will not contribute to the overall Assessment Criteria as set out in Section C.

## D1 - Usability and accessibility - scored section.

Establishing that your product has followed best practice.

Please note that not all sections of the NHS Service Standard are included where they are assessed elsewhere within DTAC, for example clinical safety.

| **Code** | **Question** | **Supporting information** | **Weighted score** | **Answer** |
| --- | --- | --- | --- | --- |
| D1.1 | **Understand users and their needs in context of health and social care.**  Do you engage users in the development of the product? | [NHS Service Standard Point 1](https://service-manual.nhs.uk/service-standard/1-understand-users-and-their-needs-context-health-and-care) | 10% | Yes |
| D1.1.1 | If yes or working towards it, how frequently do you consider user needs in your product development and what methods do you use to engage users and understand their needs? | We constantly engage with the users, the product itself has built in feedback options and it was originally designed in conjunction with key stakeholders, including PPGs.  Our initial survey regarding patient preferences regarding digital access was across a 65k practice population. Please see our case study below.  <https://hanleyconsulting.co.uk/edatt-pilot-revolutionising-access-at-maple-pcn/> |
| D1.2 | **Work towards solving a whole problem for users.**  Are all key user journeys mapped to ensure that the whole user problem is solved, or it is clear to users how it fits into their pathway or journey? | [NHS Service Standard Point 2 and Point 3](https://service-manual.nhs.uk/service-standard/2-and-3-work-towards-solving-a-whole-problem-and-provide-a-joined-up-experience) are often dealt with by teams together. | 10% | Yes |
| D1.2.1 | If yes or working towards it, please attach the user journeys and/or how the product fits into a user pathway or journey | Provided |
| D1.3 | **Make the service simple to use**  Do you undertake user acceptance testing to validate usability of the system? | [NHS Service Standard Point 4](https://service-manual.nhs.uk/service-standard/4-make-the-service-simple-to-use) | 10% | Yes |
| D1.3.1 | If yes or working towards it, please attach information that demonstrates that user acceptance testing is in place to validate usability. | Hanley Consulting have carried out UAT testing with PPG members and have held 2 x focus group looking at the UI and the flows. Feedback from these sessions have informed the Sprints going forward.  As part of the discovery piece, we meet with practice management, admin, and clinical staff to ensure the chatbot is delivering solutions to individual pain points. These are tested in our Test environment prior to go live on the practice telephony |
| D1.4 | **Make sure everyone can use the service**  Are you international Web Content Accessibility Guidelines (WCAG) 2.1 level AA compliant? | [NHS Service Standard Point 5](https://service-manual.nhs.uk/service-standard/5-make-sure-everyone-can-use-the-service)  The Service Manual provides information on [WCAG 2.1](https://www.gov.uk/service-manual/helping-people-to-use-your-service/understanding-wcag) level AA.  The Government Digital Service provides guidance on [accessibility and accessibility statements](https://www.gov.uk/guidance/make-your-website-or-app-accessible-and-publish-an-accessibility-statement), including a sample template. | 20% | Yes |
| D1.4.1 | Provide a link to your published accessibility statement. | 10% | Surgery Assist has an accessibility widget embedded within the application |
| D1.5 | **Create a team that includes multi-disciplinary skills and perspectives.**  Does your team contain multidisciplinary skills? | [NHS Service Standard Point 6](https://service-manual.nhs.uk/service-standard/6-create-a-team-that-includes-multidisciplinary-skills-and-perspectives) | 2.5% | Yes |
| D1.6 | **Use agile ways of working**  Do you use agile ways of working to deliver your product? | [NHS Service Standard Point 7](https://service-manual.nhs.uk/service-standard/7-use-agile-ways-of-working) | 2.5% | Yes |
| D1.7 | **Iterate and improve frequently.**  Do you continuously develop your product? | [NHS Service Standard Point 8](https://service-manual.nhs.uk/service-standard/8-iterate-and-improve-frequently) | 5% | Yes |
| D1.8 | **Define what success looks like and be open about how your service is performing.**  Do you have a benefits case that includes your objectives and the benefits you will be measuring and have metrics that you are tracking? | [NHS Service Standard Point 10](https://service-manual.nhs.uk/service-standard/10-define-what-success-looks-like-and-be-open-about-how-your-service-is-performing) | 10% | Yes - we have an activity dashboard that captures all the activity on the bot and the NHS Okta information and the practices telephony information. We have already produced our pilot case study.  <https://hanleyconsulting.co.uk/edatt-pilot-revolutionising-access-at-maple-pcn/> |
| D1.9 | **Choose the right tools and technology**  Does this product meet with NHS Cloud First Strategy? | [NHS Service Standard Point 11](https://service-manual.nhs.uk/service-standard/11-choose-the-right-tools-and-technology)  [NHS Internet First Policy](https://digital.nhs.uk/services/internet-first). | 5% | Yes |
| D1.9.1 | Does this product meet the NHS Internet First Policy? | Yes |
| D1.10 | **Use and contribute to open standards, common components, and patterns**  Are common components and patterns in use? | [NHS Service Standard Point 13](https://service-manual.nhs.uk/service-standard/13-use-and-contribute-to-open-standards-common-components-and-patterns) | 5% | Yes |
| D1.10.1 | If yes, which common components and patterns have been used? | We capture the patients’ needs / requests using common components to ensure we are able to create standardised reporting. |
| D1.11 | **Operate a reliable service**  Do you provide a Service Level Agreement to all customers purchasing the product? | [NHS Service Standard Point 14](https://service-manual.nhs.uk/service-standard/14-operate-a-reliable-service) | 10% | No |
| D1.12 | Do you report to customers on your performance with respect to support, system performance (response times) and availability (uptime) at a frequency required by your customers? | No |
| D1.12.1 | Please attach a copy of the information provided to customers | The Chatbot relies on practice website availability, downtime would be related to the practice’s website downtime.  For customers hosting the bot on Hanley Consulting website will rely on the Hanley Consulting website uptime, which can be reported from our website provider on request |
| D1.12.2 | Please provide your average service availability for the past 12 months, as a percentage to two decimal places | 100% for the last 9mths |

# Supporting documentation

Please ensure that when providing evidence, documents are clearly labeled with the name of your company, the question number, and the date of submission.

Possible documents to be provided are:

* B4 - User journeys and data flows - EDATT User Journey - embedded
* C1.1.1 - Clinical Risk Management System – Additional Document
* C1.1.2 - Clinical Safety Case Report - Additional Document
* C1.1.2 - Hazard Log – Additional Document
* C1.4.1 - Clinical Risk Management documentation and Conformity certificate for third party suppliers – Not required
* C2.1 - Information Commissioner's registration or completed Self-assessment Outcome Tool - Link and registration code listed
* C3.1 - Cyber Essentials Certification - search URL and certificate embedded
* D1.2.1 - User Journeys and/or how the product fits into a user pathway or journey - embedded
* D1.3.1 - Supporting information showing user acceptance testing to validate usability - embedded.
* D1.13.2 - Customer Performance Report – Not available as it relies on individual practice website up-time.