medcom

CONNECTION AGREEMENT FOR THE DANISH HEALTH DATA NETWORK (SDN)

Between:

The connected party

Address

Postal code, city and country

CVR (or VAT) No.

EAN No. and reference

and

MedCom
Forskerparken 10
DK - 5230 Odense M
CVR No. 26 91 99 91
EAN No. 5798002472264

1. Introduction

1.1 SDN provides the connected party with access to a closed, encrypted, and virtual network, which allows the connected party to expose their own services as well as enter agreements for network access to other parties' services.

1.2 The purpose of the Connection Agreement is to describe the overall framework for the use of SDN as well as to regulate the obligations and rights of the connected party and MedCom in connection with the joint public system management and operation of SDN.

1.3 The Connection Agreement is entered into agreement with MedCom as the joint public system manager and operator of SDN within the framework of public/public cooperation.

1.4 The general 'Terms and Conditions for Connection to and Use of SDN' stated in appendix 1 apply to the connection, and the connected party accepts them by entering into the Connection Agreement.

1.5   In addition to the Connection Agreement, a Data Processor Agreement must be entered between the connected party and MedCom regarding the processing of personal data in SDN.

2.   Economy, prices, and payment

2.1   SDN is part of the financing and governance model for the joint public IT infrastructure in the healthcare sector and is financed through financial agreements with regions and municipalities as well as connection fees from private IT suppliers and other SDN-connected parties, including government agencies and authorities.

2.2   The current financing model is specified in appendix 4, and the financing model applicable at any given time for SDN will be published on www.medcom.dk.

2.3   The total expected expenses for operation, maintenance, development, and joint public system management and administration are determined by MedCom's steering group.

2.4   The connection fee is adjusted annually with the state-announced price and wage adjustment tariff. Any other adjustments can only be made after a specific decision by MedCom's steering group. Price changes are notified at least 6 months before they come into effect.

2.5   The connected party must, at its own expense and risk, establish and operate its own connection to the SDN.

2.6   Termination of SDN at the connected party occurs at an SDN SD-WAN interface, which is owned and financed by MedCom.

2.7   The connected party shall provide space, install, and operate the SDN SD-WAN box(es) in their own IT operations environment and at their own expense.

2.8   If SDN moves to a new location, including as a result of procurement, the connected party must bear the costs of moving their own connection to the new location, unless MedCom's steering group decides that MedCom should fully or partially cover the costs.

2.9   The connected party is not entitled to a full or partial reduction or repayment of payments for connection and use of SDN as a result of defects and shortcomings in services exposed on SDN by the connected parties. For defects and shortcomings in the connection to SDN, Danish law's general rules apply with the limitations set out in section 6 below.

3.   Effective date

3.1   The Connection Agreement must be filled in and signed. The Connection Agreement must then be sent electronically to MedCom on sdn@medcom.dk.

3.2   Upon receipt, MedCom signs a copy and returns the copy to the connected party as confirmation of the connection.

3.3   The connection commences at the time of MedCom's confirmation. The connection of international parties must be approved in advance by MedCom's steering group.

3.4   Once the Connection Agreement has been approved, the technical contact person of the connected party, see appendix 3, will be contacted with regard to agreements on the technical connection to the SDN.

3.5   The connection is binding for the connected party and is effective from the date of MedCom's signature on the Connection Agreement and until expiry according to clause 4.

4.   Expiry

4.1   The connected party and MedCom may terminate the Connection Agreement by giving one month's written prior notice to expire at the end of a period. However, MedCom may not terminate the Connection Agreement to expire earlier than the expiry of the next following period, thus allowing the terminated connected party at least seven months to establish an alternative solution. A period is defined as the half-year from January 1st to June 30th and from July 1st to December 31st.

4.2   If MedCom or the connected party materially breaches its obligations, the Connection Agreement and the Data Processor Agreement may be terminated in writing without notice. As a starting point, abuse of SDN, failure to comply with security recommenda-tions, failure to comply with obligations in the Data Processor Agreement and the cur-rent legislation on data protection, as well as the requirements of the documents that make up the appendices to the Data Processor Agreement, are considered substantial breaches, if MedCom or the connected party does not remedy the breach according to clause 4.3 below.

4.3   If it is possible for MedCom or the connected party to remedy the breach within a rea-sonable time, taking into account the seriousness of the breach for MedCom, the con-nected party, and the data subjects, MedCom or the connected party is not entitled to terminate the Connection Agreement. However, the right to remedy is conditional upon the remedy addressing the damage and consequences that MedCom or the connected party has suffered as a result of the breach.

4.4   The termination of the Connection Agreement and the Data Processing Agreement by the connected party does not mean that the connected party waives its right to claim compensation if the conditions for this are met according to clause 6.

4.5   Upon termination of the Connection Agreement, regardless of the reason, the con-nected party must immediately return the SDN SD-WAN box(es) provided.

5.   Alterations

5.1   MedCom can change the terms of the Connection Agreement and/or Data Processing Agreement with the approval of MedCom's steering group or the SDN user group. The updated terms must be provided to the connected party within a reasonable amount of time before they take effect. Significant changes require approval from MedCom's steering group.

6. Breach and liability for damages

6.1   MedCom is liable for damages in accordance with Danish law's general rules in the event of a breach of these Agreement and/or the Data Processing Agreement - the limitations are set out in clause 6.

6.2   MedCom's liability for the connected party's loss, including proportional reduction, in connection with the connected party's use of SDN is limited in accordance with the decision adopted by MedCom's steering group that the operation of SDN should be without costs to MedCom.

6.3   This means that MedCom's liability is limited in accordance with the Connection Agreement between MedCom and the supplier of SDN and the supplier of the SDN Agreement System, whereby MedCom cannot incur a liability for the connected party's loss that is greater than what MedCom can pass on to the supplier of SDN and the supplier of the Agreement System.

6.4   If the agreed maximum compensation with the supplier of SDN or the supplier of the Agreement System is not sufficient to cover all connected parties' claims against MedCom, the connected parties' claims against MedCom will be prorated in relation to their claims against MedCom.

6.5   The above maximum limit does not apply if the claim is due to gross negligence or intentional acts, in which case the connected parties may make full claims.

6.6   MedCom's obligation to indemnify the connected party under this clause does not apply to fines or sanctions finally imposed on the Data Controller under Art. 83 or Art. 84 of the General Data Protection Regulation.

7. Responsibility

7.1   The connected party must indemnify MedCom and the operation supplier for any claims by third parties resulting from the connected party's infringement of their rights in connection with the use of SDN. Indemnification shall include reasonable costs incurred in connection with a claim.

7.2   Both MedCom and the connected party must comply with applicable laws and other legal regulations governing personal data and network traffic at all times. The connected party is also responsible for assisting SDN in complying with applicable legal, authority, and contractual requirements related to information security, including the Danish Health Care Act, the Danish Data Protection Act and the General Data Protection Regulation.

7.3   To ensure the security of personal data during transport, including in the connected party's own network, MedCom recommends that connected parties use endpoint encryption between services and clients.

7.4   The connected party is responsible for promptly notifying MedCom of any security incidents relevant to SDN and incidents that affect MedCom's role as joint public system

manager for SDN. MedCom is also responsible for promptly notifying the connected party of any security incidents relevant to SDN.

7.5 The connected party is responsible for the security of its own network, as SDN is based on a federated security model that assumes that the connected party complies with good IT practices and its own organisational and technical security requirements and measures for equipment, networks, and access.

8. Conveyance

8.1 Agreements regarding rights to services, information, etc., which are available via SDN, are made with the rights holder.

8.2 The connected party is not entitled to transfer its rights and obligations to a third party under the Connection Agreement and terms without MedCom's written consent. However, transfer may take place without MedCom's consent if the transfer is part of structural changes or another public reorganisation.

8.3 MedCom is registered with RIPE as the rights holder to the official IP addresses used for SDN. If the steering group should decide that MedCom should cease to be responsible for the operation of SDN, the steering group must also decide on the future use of the IP addresses. The decision on the future use of the IP addresses should, to the greatest possible extent, serve the interests of the connected parties and other stakeholders in continued use of the IP addresses for SDN or a similar purpose, including (if relevant) by deciding on the transfer of rights from MedCom to individual users and other stakeholders. Transfer of rights will require RIPE's approval.

9. Disputes and arbitration

9.1 Disagreements regarding the understanding and interpretation of the Connection Agreement shall be attempted to be resolved between the parties through escalation to a higher management level.

9.2 If it is not possible to resolve the dispute amicably, the matter shall be brought and decided in the ordinary courts with the Court of Odense or the Eastern High Court as the legal venue.

9.3 The connected party is entitled to demand that MedCom assist in defending the connected party's interests in any legal or arbitration proceedings, regardless of any objections raised by MedCom in relation to the alleged breach, if MedCom's assistance is of significant importance to the protection of the connected party's interests.

10. Appendices
The following appendices are attached to these Agreement, which constitute an integral part of the Connection Agreement:
• Appendix 1: Terms and Conditions for Connection to and Use of SDN
• Appendix 2: Operation Supplier
• Appendix 3: Contact Persons
• Appendix 4: Financing Principles
• Appendix 5: FSI Operation Agreement for SDN
• Appendix 6: Service Goals for SDN

11.   Signatures

The Connection Agreement is to be signed by the connected party and MedCom, and each part receives a singed copy of the Connection Agreement.

For the connected party

Date

Title and name

Signature

For MedCom

Date

Title and name

Signature

APPENDIX 1: TERMS AND CONDITIONS FOR CONNECTION TO AND USE OF SDN

1.   SDN generally

1.1   SDN is a closed, encrypted, and virtual network used for data transport in the Danish healthcare sector, involving both public and private parties.

1.2   SDN consists of a network infrastructure and a set of support systems, including SDN's administration system, the Agreement System, where the connected parties themselves manage and administer services, clients, agreements, and users.

1.3   The configuration of data transport in SDN occurs automatically according to the segmentation resulting from the agreements made in the Agreement System.

1.4   The actual data transport in SDN is not stored or backed up.

2.   The governance and management model

2.1   SDN is part of the organisation responsible for the system management of shared public healthcare IT solutions (FSI).

2.2   The joint public system management is organised according to the Governance Model of the FSI steering group, with MedCom's steering group serving as the business steering group. There is also a user group tasked with monitoring operations and ensuring technical and security developments.

2.3   MedCom acts as the shared public system manager for SDN, covering all aspects of governance and management as defined in the Governance Model and the FSI Operations Agreement for shared public healthcare IT solutions (Appendix 5).

2.4   The Governance Model may undergo continuous changes and adjustments to ensure optimal system management. The current FSI Operations Agreement for SDN will be published on www.medcom.dk

3.   SDN Operation Supplier

3.1   MedCom enters into agreements with providers for the operation of SDN. The current list of providers can be found in Appendix 2. The up-to-date list of providers is available at www.medcom.dk.

3.2   Agreements with service providers for the operation of SDN are made in accordance with applicable procurement rules and through the governance framework established for SDN.

3.3   The connected parties are notified of any change in the operation supplier for SDN with a minimum notice period of 3 months.

3.4   If a connected party cannot accept the new operation supplier, they have the option to withdraw from the Connection Agreement. If a connected party wishes to withdraw

from the Connection Agreement, they must notify MedCom within 14 days of receiving MedCom's written notification about the change of operation supplier.

3.5   MedCom is responsible for entering into the necessary Sub-Processor Agreement with new operation suppliers.

4.   Technical Connection

4.1   Connection to SDN is established by installing an SDN SD-WAN box(es) locally at the connected party's premises.

4.2   The connected party is responsible for configuring their own network to route traffic to SDN through the SDN SD-WAN box(es).

4.3   The SD-WAN box(es) must be placed at the connected party's premises in a manner that is protected and covered by the connected party's relevant technical and organisational measures, including operational security, network security, physical security, and access control.

5.   SDN's Agreement System

5.1   Access to and provisioning of services on SDN are technically and organisationally regulated in SDN's administration system, the Agreement System.

5.2   Upon connection, MedCom registers the connected party's responsible contact person in the Agreement System.

5.3   The connected party is then responsible for authorisation, registration, and termination of own users in the Agreement System, including assignment and modification of privileges, as well as monitoring access to and user actions in the Agreement System.

5.4   The connected party is responsible for registering, terminating, managing, and documenting services, clients, and access agreements for the exposed services.

5.5   When exposing services, the connected party is responsible for ensuring that the exposed services can only be accessed through necessary network ports and is responsible for approving access and agreements related to these services.

5.6   The connected party is responsible for maintaining accurate documentation of services, clients, and agreements.

5.7   Tools are provided to assist the connected party in managing services, clients, agreements, and users.

5.8   The Agreement System is web-based and accessible on SDN. Access is secured through multifactor authentication.

6. Service Requirements and Performance Goals

6.1 The service goal for operational efficiency is a minimum of 99.9% for all days of the year. Availability, expressed as a percentage, is calculated on a monthly basis using the formula:

(Operating time - Planned service windows) - Downtime / (Operating time - Planned service windows) X 100

6.2 A comprehensive description of service goals for SDN, including availability, response times, and incident resolution times, as well as support response times, is provided in Appendix 6.

6.3 The current service goals for SDN are published on www.medcom.dk.

6.4 The connected party is responsible for the availability of its own equipment and ensuring an adequate network connection.

6.5 The connected party acknowledges that MedCom or the operation supplier may interrupt or restrict SDN traffic to and from the connected party without notice in the event of misuse of the connected party's connection to SDN. MedCom or the operation supplier must promptly provide written notice to the connected party, stating the reason for the interruption. Misuse includes unauthorised attempts to access equipment or data (hacking/cracking) or deliberate network disruptions (Denial of Service). The resumption of traffic will occur at the connected party's request once the connected party has satisfactorily addressed the cause of the interruption.

6.6 MedCom receives monthly reports on and follows up on compliance with service goals and provides ongoing reports in the agreed governance framework for SDN.

7. KPIs for SDN

7.1 MedCom reports and establishes KPIs for SDN through the agreed governance framework. These KPIs aim to monitor the development and usage of SDN and assess the overall need for capacity adjustments.

7.2 The current and agreed SDN KPIs are publicly available and can be tracked at www.medcom.dk.

7.3 The connected parties also have access to statistics for their own organisations to monitor their SDN usage and consumption, allowing them to assess their own need for capacity adjustments.

8. Service Windows

8.1 The current and agreed service windows for SDN are publicly available at www.medcom.dk.

8.2 Notification of service windows is provided through operational notifications to the connected parties. If a service window is necessary to address an urgent issue (such as patching a zero-day exploit), the connected parties will be informed as soon as possible.

8.3 The Agreement System includes the option for connected parties to indicate their pre-ferred service windows for their exposed services through SDN.

9. Support and Incident Management

9.1 The connected party is responsible for providing first-level support to users within their own organisation.

9.2 SDN provides tools to assist the connected party in monitoring daily operations and troubleshooting situations. These tools cover network, services, and traffic.

9.3 The operation supplier offers technical second-level support for SDN to the connected party. Second-level support includes the physical infrastructure, such as SDN SD-WAN boxes, as well as the Agreement System. Technical support is available 24/7 through around the clock staffed SPOC.

9.4 MedCom provides administrative support for the connected party by request via sdn@medcom.dk during MedCom's business hours.

9.5 Information about tools, support, support principles, contact details, and opening hours can be found at www.medcom.dk.

10. Request for Changes

10.1 MedCom continuously collects change requests for SDN through reports submitted by the connected parties to sdn@medcom.dk.

10.2 Change requests are processed and prioritised in accordance with the agreed govern-ance for SDN and within the budgetary constraints.

11. Contact Persons

11.1 The connected party must provide information on contact persons in Appendix 3.

11.2 The contact persons will be used during the connection to SDN, registered in the Agree-ment System, and in the daily operation of SDN. Therefore, any changes to the contact persons should be communicated to MedCom by the connected party.

11.3 Overall Contact Person: The overall contact person signs for the connected party.

11.4 Security Responsible Contact Person: The security responsible contact person will be the primary point of contact for MedCom regarding data protection issues and breaches of personal data security, including critical errors and vulnerabilities, as well as suspicions thereof. The security responsible contact person will receive a copy of the IT audit report annually.

11.5 Organisational Responsible Contact Person: The organisational responsible contact per-son is the primary contact person for the connected party's connection to and use of SDN. This includes being the contact person for the connected party's management of services, clients, agreements, and users in the Agreement System. The organisational responsible contact person will receive operational notifications for deviations from normal operation, critical errors, and vulnerabilities, as well as suspicions thereof. The

organisational responsible contact person will also receive reminders for user follow-up.

11.6   Service Desk and On-Call: The service desk will receive operational notifications for deviations from normal operation, critical errors and vulnerabilities, as well as suspicions thereof.

11.7   Financial Contact Person: The financial contact person will receive invoices for the connection fee.

12.   Supervision

12.1   MedCom will annually obtain an ISAE3000 statement from an independent auditor to ensure that MedCom and their SDN operation supplier comply with the Danish Data Protection Act and the General Data Protection Regulation, as well as relevant security requirements for SDN and associated systems. The statement will be reviewed by MedCom's steering group and subsequently sent to the connected parties.

12.2   MedCom will annually obtain general statements or alternative reports from SDN operation suppliers. Controls performed by operation supplier will be included, where relevant, in MedCom's ISAE3000 statement using the inclusive method.

APPENDIX 2: OPERATION SUPPLIER

1.   Operation supplier

1.1   MedCom has entered into an agreement with the selected operation suppliers following a public EU tender for the operation, service, and support of the SDN infrastructure and data centre, including SPOC:

1.2   Contract holder:

Nuuday – TDC Erhverv A/S
Teglholmsgade 1
2450 Copenhagen SV
Denmark
CVR: 40075291

1.3   Sub-supplier for data centre and operation of SDN:

Netic A/S
Alfred Nobels Vej 27
9220 Aalborg Ø
Denmark
CVR: 26762642

2.   Supplier of development

MedCom has entered into a framework agreement for the support and maintenance of software for the Agreement System, including associated services, with:

KvalitetsIT A/S
Fiskergade 66, 1. sal
8000 Århus C
Denmark
CVR: 38163264

APPENDIX 3: CONTACT PERSONS

Overall contact person / CEO

Title and name

Mobile phone

E-mail

Security contact person

Title and name

Mobile phone

E-mail

Organisational contact person

Title and name

Mobile phone

E-mail

Service desk and on-call officer

Mobile phone (on-call officer)

E-mail

Financial contact person

Mobile phone

E-mail

Principles for financing of SDN (Danish Health Data Network), VDX (Joint Video Infrastructure) and KIH Repository (Clinically Integrated Home Monitoring Repository)

The financing of the operation of the Danish Health Data Network (SDN), Joint Video Infrastructure (VDX), and Clinically Integrated Home Monitoring Repository (KIH) is based on the following principles:

Principle 1
The operation should be cost-neutral for MedCom. This means that the following costs should be covered by the participating parties:

- Costs for the operations supplier, including hosting, operational management, technical support for connecting networks, monitoring, and security logging.

- MedCom's administrative costs related to connection, statistics, and maintenance of agreements.

- Technical development and maintenance, including replacement and upgrading of technical equipment and technological adaptation to new services.

Principle 2
All participating organisations pay an annual connection fee to cover central operating expenses. The annual connection fee is differentiated as follows:

- Municipalities and regions pay an annual fee of DKK 23.2 million excluding VAT to SDN/VDX and KIH. The amount is evenly distributed among the parties and collected from the Ministry of Interior and Health through the budget account §16.55.01.70.

- Private IT suppliers pay an annual and partially usage-dependent connection fee to SDN, based on semi-annual calculations of the actual average utilisation of SDN (average of incoming and outgoing traffic from their SDN connection to SDN's hub):

  < 0.5 gigabytes per week: Free connection fee
  > 0.5 gigabytes per week: DKK 15.300 excluding VAT

- Other SDN-connected parties, including government agencies and authorities, pay an annual fee of DKK 15.300 excluding VAT.

- Government agencies and authorities also pay an annual fee of DKK 15.300 excluding VAT for connecting to VDX.

- Greenland and the Faroe Islands pay an annual operational contribution of DKK 0.46 per inhabitant upon connection to SDN and VDX.

Principle 3
Establishment of MPLS connection to SDN's hub via the SDN contract is directly financed by the participating party itself.

Principle 4
The SDN connection of current VANS providers and sundhed.dk is done without connection costs for the parties.

Principle 5
The operation should be financially self-sustaining, and the utilisation of the collected funds is accounted for as a separate item in MedCom's audited financial statements.

The determined connection fees are adjusted annually based on the officially announced price and wage adjustment rate.

Additional adjustments can only be made through specific decisions by MedCom's steering group, taking into account the budget procedures of the parties.

Date	Versions history
13.02.03	*Adopted by MedCom's steering group on February 13, 2003.*
14.12.04	*Revised by MedCom's steering group on December 14, 2004 (Reduction of connection fee)*
15.12.05	*Revised by MedCom's steering group on December 15, 2005 (financing of 24-hour monitoring)*
04.03.10	*Revised by MedCom's steering group on March 4, 2010 (Cost reduction as a result of new contract)*
11.10.12	*Revised by MedCom's steering group on October 11, 2012 (video conference as an SDN service)*
14.12.14	*Accepted during MedCom's chairmanship on 14 December 2014 (KIH Repository, cf. ØA2015 and PL regulation)*
03.11.16	*Revised by MedCom's steering group on November 3, 2016 (consequences of the completed tendering processes for the SDN and VDX and stricter requirements for management and information security).*
13.12.17	*Revised by MedCom's steering group on December 13, 2017 (as a consequence of the SDN/VDX and KIH Repository being included in the funding and management model for joint public sector healthcare IT infrastructures with FMK and NSP from 2018)*
23.09.20	*Revised by MedCom's steering group on September 23, 2020 (SDN/VDX and KIH are now combined, corresponding to the total framework as agreed upon in the financial agreements and reiterated in the Finance Act. Connection fees for private IT vendors and other parties are directly included, along with PL adjustments, as well as fees for VDX for government agencies and departments).*
04.01.21	*Administrative change made by MedCom based on the annual budgets approved by MedCom's steering group for SDN/VDX and KIH, as well as price and*

	wage adjustment according to PL regulation of the connection fees for SDN and VDX.
03.01.22	*Administrative change made by MedCom based on the annual budgets approved by MedCom's steering group for SDN/VDX and KIH, as well as the adjustment of connection fees for SDN and VDX. Additionally, the version history is now included at the end of the document.*
01.08.22	*Administrative change made by MedCom's steering group based on the approval of an expanded purpose description for VDX on June 1, 2022. The change consists of a description of the financing model for the connection of Greenland and the Faroe Islands to SDN and VDX.*
03.01.23	*Administrative change made by MedCom based on the annual budgets for SDN/VDX and KIH approved by MedCom's steering group, as well as the adjustment of connection fees for SDN and VDX according to PL regulation. The annual fee for municipalities and regions is expected to be adjusted with the approval of the Finance Act 2023.*
16.05.23	*Administrative change made by MedCom with adjustment of the annual fee for municipalities and regions after the approval of the Finance Act 2023.*
04.01.24	*Administrative change made by MedCom based on the annual budgets for SDN/VDX and KIH approved by MedCom's steering group, as well as the adjustment of connection fees for SDN and VDX according to PL regulation.*
03.01.25	*Administrative change made by MedCom based on the annual budgets for SDN/VDX and KIH approved by MedCom's steering group - as well as the adjustment of connection fees for SDN and VDX according to PL regulation. Under principle 2, 2 separate bullits have been made for Greenland and the Faroe Islands' operating contribution to SDN and VDX respectively to avoid any misunderstandings.*

APPENDIX 5: FSI OPERATION AGREEMENT FOR SDN

FSI operation agreement for SDN is available on www.medcom.dk.

APPENDIX 6: SERVICE GOALS FOR SDN

1.   Introduction

This appendix provides an overview of the current service objectives in SDN. The appendix is based on the current contract with the SDN provider (SDNv4 contract).

2.   Service Objectives for Availability of Network Solution in Data Centres and Central Network Components

The operation of the Network Solution Centrally and Central Network Components has a service objective of 99.9% availability, as follows:

Services	Service goals
Data centre service	*99,9 %*
Virtual server for the Agreement System and Staging Environment	*99,5 %*
Decentral network components	*99,9 %*

3.   Service Objectives for Throughput, Uptime, and CPU Load - Network Solution

The service objective is that 99.9% of all measured transactions meet the baseline for Throughput, uptime of SD-WAN/VPN tunnel, and CPU load.

The service objective for Throughput, uptime, and CPU load for each transaction type is not to exceed the baseline, as follows:

Selected transactions	Baseline for Throughput, uptime and CPU load
Throughput	*80% guaranteed throughput*
Uptime on SD-WAN/VPN-tunnel	*99,9%*
CPU load	*Maximum exceed 80% load measured averaged over 5 minutes*

4.   Service goals for operating system, virtualisation, and CPU load - Data centre services

The service goal is 99,9% for all recorded services which fulfil the baseline for uptime as follows:

Selected services on severs in operation	Baseline for uptime of services
Operation system	*99,9%*
Virtualisation (HyperV, VMware or the like)	*99,9%*
CPU load	*Maximum exceed 80% load measured averaged over 5 minutes*

5.   Service goals for response time

The service desk at the SDN supplier has a service goal of availability and response to request as follows:

Types of requests	Agreed response time
On the phone	*1 minute*
Electronic (e-mail, web, et cetera)	*Within 1 minute*

The service goal is 95% of all requests are responded to within the agreed response time.

6.   Service goals for reaction time for started solution of incidents

Service goals for reaction time is:

Incident-category	Reaction time
1: Critical	*Maximum 15 minutes*
2: Significant	*Maximum 15 minutes*
3: Less significant	*4 hours*
4: Insignificant	*3 workdays*

Reaction time for incidents in category 1-3 is relevant 24/7, this means that the SDN supplier has to report the incident within the service goal's reaction time even if it is outside agreed upon work hours.

The service goal is that the incident is reported within the reaction time in 95% of the cases.

7.   Service goal for incident solution

The service goal is that the solution is found within the time frame in 95% of the reported incidents.

Incident-category	Solution time frame
1: Critical	*2 hours*
2: Significant	*4 hours*
3: Less significant	*Next workday*
4: Insignificant	*10 workdays*

The resolution time for incidents in category 1-3 is applied 24/7, this means that the SDN supplier must work without stopping until the incident is solved unless something else is agreed upon with MedCom.

8.   Service goals for reaction time for Change request, Service request and Delivery request

Request	Reaction time
Change critical	*30 minutes*
Change standard	*1 workday*
Service critical	*2 hours*
Service standard	*8 hours*
Delivery critical	*1 hour*
Delivery standard	*8 hours*