

## Audio Visual Solutions and Integrated Operating Theatres Service Level Agreement (SLA)

### Framework details

Title: Audio Visual Solutions and Integrated Operating Theatres  
 Framework Ref: SBS/18/CR/WCN/9343  
 Framework Start Date: 1<sup>st</sup> March 2019  
 Framework End Date: 28<sup>th</sup> August 2023  
 NHS SBS Contacts: Sakir Mahmud  
 T: 0161 212 2420  
 E: [sakir.mahmud@nhs.net](mailto:sakir.mahmud@nhs.net)

Katie Wynne  
 T: 0161 212 2420  
 E: [katie.wynne2@nhs.net](mailto:katie.wynne2@nhs.net)

### Service level agreement details

This Service Level Agreement (SLA) is between the following parties and in accordance with the Terms and Conditions of the Framework Agreement.

Period of the Service Level Agreement (SLA)	Effective Date	21/07/2023	Expiry Date	30/09/2024
---	----------------	------------	-------------	------------

Unless otherwise agreed by both parties, this SLA will remain in force until the expiry date agreed above. If no extension/renewal is agreed and the customer continues to access the supplier's services, the terms of this agreement shall apply on a rolling basis until the overarching Framework expiry date.

### Supplier SLA Signature panel

The "Supplier"	
Name of Supplier	ProAv
Name of Supplier Authorised Signatory	Ian Wallington
Job Title of Supplier Authorised Signatory	Regional Director
Address of Supplier	Crabtree Office Village, Eversley Way, Egham, Surrey, TW20 8RY
Signature of Authorised Signatory	
Date of Signature	21/07/2023

### Customer SLA Signature panel

The "Customer"	
Name of Customer	Surrey and Borders Partnership NHS Foundation Trust
Name of Customer Authorised Signatory	Gavin Newby
Job Title	Director of Finance
Contact Details email	<a href="mailto:Gavin.newby@sabp.nhs.uk">Gavin.newby@sabp.nhs.uk</a>
Contact Details phone	
Address of Customer	Leatherhead House, Station Road, Leatherhead, KT22 7AD
Signature of Customer Authorised Signatory	
Date of Signature	26/07/2023

This service level agreement shall remain in force regardless of any change of organisational structure to the above named authority and shall be applicable to any successor organisations as agreed by both parties.

**PLEASE RETURN THE FINAL SIGNED COPY OF THIS DOCUMENT TO:**  
[NSBS.contractenquiries@nhs.net](mailto:NSBS.contractenquiries@nhs.net)

## Table of Contents

1. Agreement Overview
2. Goals & Objectives
3. Stakeholders
4. Periodic Review
5. Service Requirements
  - A Services Provided**
  - B Business Hours**
  - C DBS Check**
  - D Price/Rates**
  - E Sub-Contracting**
  - F Management Information**
  - G Invoicing**
  - H Complaints/Escalation Procedure**
  - I Audit Process**
  - J Termination**
6. Other Requirements
  - a. Variation to Standard Specification
  - b. Other Specific Requirements

### 1. Agreement Overview

This Agreement represents a Service Level Agreement ("SLA" or "Agreement") between ProAV and Surrey and Borders Partnership NHS Foundation Trust for the provision of Audio Visual Solutions and Integrated Operating Theatres. This Agreement remains valid until superseded by a revised agreement mutually endorsed by both parties. This Agreement outlines the parameters for all Audio Visual Solutions and Integrated Operating Theatres covered as they are mutually understood by the primary stakeholders.

The Framework terms and conditions (including the specification of service) will apply in all instances, unless specifically agreed otherwise by both parties within this document.

### 2. Goals & Objectives

The **purpose** of this Agreement is to ensure that the proper elements and commitments are in place to provide consistent Audio Visual Solutions and Integrated Operating Theatres to the Customer by the Supplier. The **goal** of this Agreement is to obtain mutual agreement for Audio Visual Solutions and Integrated Operating Theatres provision between the Supplier and Customer.

The **objectives** of this Agreement are to:

- Provide clear reference to service ownership, accountability, roles and/or responsibilities.
- Present a clear, concise and measurable description of service provision to the customer.

### 3. Stakeholders

The primary stakeholders from the Supplier and the Customer will be responsible for the day-to-date management of the Agreement and the delivery of the service. If different from the Authorised Signatory details listed on page 1 of this Agreement, please provide the names of the **primary stakeholders** associated with this SLA.

**Audio Visual Solutions and Integrated Operating Theatres Contact:** Tim Rowe

**Audio Visual Solutions and Integrated Operating Theatres Contact:** Ian Wallington

### 4. Periodic Review

This Agreement is valid from the 21/7/23 outlined herein and is valid until the 30/9/24 as agreed.

## 5. Service Requirements

The primary stakeholders from the Supplier and the Customer will be responsible for the day-to-date management of the Agreement and the delivery of the service. If different from the Authorised Signatory details listed on page 1 of this Agreement, please provide the names of the **primary stakeholders** associated with this Order Form.

**Supplier Contact:** Ian Wallington

**Customer Contact:** Tim Rowe

### A. Services Provided

Please detail the Lot(s) and Services that will be provided by the Supplier to the Customer

AV Meeting room and room booking systems for ACU, Chertsey  
This includes project management support and installation.

### B. Goods Provided

Please detail the goods to be provided or include an attachment with full details

19 x Samsung TV screens with Mounts, Fittings & Audio Equipment  
Condeco Room booking Panels



proAV  
Q265452\_VQ1\_Rev A .

### C. Price/Rates

Standard supplier pricing and rates are included within the pricing schedule. Please detail any discounts, volume arrangements or variations from the standard rates.

Qty	Area	Hardware	Engineering	Total Area	Total
1	Middle Grade Doctors Room (AD-03)	£ 3,695.22	£ 987.50	£ 4,682.72	£ 4,682.72
1	Medical Trainee Room (AD-05)	£ 4,917.07	£ 987.50	£ 5,904.57	£ 5,904.57
1	On-call Bedroom (AD-06)	£ 520.31	£ 790.00	£ 1,310.31	£ 1,310.31
1	Staff Rest & Kitchenette (AD-11)	£ 689.06	£ 790.00	£ 1,479.06	£ 1,479.06
1	Pharmacy Office (EN-10)	£ 3,601.47	£ 987.50	£ 4,588.97	£ 4,588.97
1	MDT Office (S1-02)	£ 4,038.97	£ 987.50	£ 5,026.47	£ 5,026.47
1	MDT Office (S2-02)	£ 4,038.97	£ 987.50	£ 5,026.47	£ 5,026.47
1	4p Meeting Room (AD-16)	£ 3,695.22	£ 987.50	£ 4,682.72	£ 4,682.72
1	Staff Rest/ Kitchenette (S2-03)	£ 520.31	£ 790.00	£ 1,310.31	£ 1,310.31
1	MDT Review (W2-32)	£ 13,400.59	£ 2,865.00	£ 16,265.59	£ 16,265.59
1	MDT Review (W3-32)	£ 13,400.59	£ 2,865.00	£ 16,265.59	£ 16,265.59
1	MDT Review (W4-32)	£ 13,400.59	£ 2,865.00	£ 16,265.59	£ 16,265.59
1	4-6 Person Lounge (W3-33)	£ 1,686.36	£ 790.00	£ 2,476.36	£ 2,476.36
1	4-6 Person Lounge (W4-33)	£ 1,686.36	£ 790.00	£ 2,476.36	£ 2,476.36
1	Dining Area (W1-36)	£ 2,977.61	£ 790.00	£ 3,767.61	£ 3,767.61
1	Dining Area (W3-36)	£ 2,977.61	£ 790.00	£ 3,767.61	£ 3,767.61
1	Dining Area - Signage Player Addition (W2-36, W4-36)	£ 2,582.50	£ -	£ 2,582.50	£ 2,582.50
1	Preliminaries		£ 14,232.50	£ 14,232.50	£ 14,232.50
				<b>QUOTATION TOTAL</b>	<b>£ 112,111.29</b>

£112,111.29 + VAT

### D. Management Information (MI)

Suppliers should provide Management Information as standard on a monthly basis. Customers should detail any additional management information required and the frequency of provision here.

N/A

### E. Invoicing

Please detail any specific invoicing requirements here

Please ensure all invoices have a valid SABP Purchase Order number and has the following address:  
SURREY AND BORDERS PARTNERSHIP NHS TRUST (RXX)  
RXX Payables 6595  
SABP  
PO Box 312  
LEEDS  
LS11 1HP

### F. Cancellations

Any variations to the standard cancellation terms detailed within the service specification should be captured here. Standard requirements from the specification are included for reference but may be amended to reflect local requirements.

N/A

**G. Complaints/Escalation Procedure**

Please detail any requirements regarding this

N/A

**H. Termination**

Standard requirements are provided below as an example but may be amended to reflect local requirements.

N/A

**6. Other Requirements**

**A. Variation to Standard Specification**

Please list any agreed variations to the specification of requirements

N/A

**B. Other Specific Requirements**

Please list any agreed other agreed requirements

N/A