

INVESTMENT & TECHNICAL PROPOSAL · RIYADH, SAUDI ARABIA



The Intelligent Virtual Hospital

Connected healthcare, beginning in Riyadh — uniting patients, clinicians and care teams in one digital experience.

A phased, investable plan with clear community value.





PROJECT FILMS · CHOOSE ONE

See the journey before we explain it

1:47

The Kingdom journey

Investor film: the idea, the opportunity, the family journey and the phases

1:28

The patient journey

Eleven steps in the app, from sign-up to rating

1:30

The home-care film

A family and a nurse with Vita, from request to peace of mind (animatic)

Project films shown as produced. Market figures and competitor names in them are not verified by this deck and differ between versions, and their phase order predates the owner decision: in this deck, Phase 1 is the virtual hospital.

Eight chapters, from the question to the decision

S Situation Care split across apps and channels	C Complication No integrated digital hospital, no record that follows the patient	Q Question How do we build safe virtual care that scales?	A Answer 460Vita: a virtual hospital in Riyadh first, then a full ecosystem
01 The opportunity Why now, and why Riyadh? Slides 4–6	02 The solution What are we building? Slides 7–11	03 User journeys How does each user experience it? Slides 12–27	04 Marketplace What is sold on the platform? Slides 28
05 Platform & trust How do we keep it safe and compliant? Slides 29–35	06 Scope & roadmap When is each part built? Slides 36–41	07 Investment & impact Why is it worth investing in? Slides 42–44	08 Delivery & decision How do we deliver, and what decision is needed? Slides 45–51

Method: the Minto pyramid (answer first, then evidence) and SCQA for the storyline; Jobs-to-be-Done and service blueprints for the journeys; stage gates for delivery; the mH-SLF framework for security.

EXECUTIVE VISION

One digital platform that connects patients, clinicians and institutions



Patients & families

Book, consult, view records and follow up from a phone, Arabic first



Clinicians & care teams

One workspace: queue, chart, video, signed notes, orders



Institutions & operators

Command centre, permissions, reporting and a multi-tenant SaaS model

Clinical safety first · Governed AI · Phased delivery

THE OPPORTUNITY

From a fragmented journey to connected care

Today

Separate apps and channels for each service

Coordination by phone and messages

Scattered records that rarely follow the patient

Follow-up depends on the patient remembering



With 460Vita

One entry point for booking, consultation and payment

Care coordinated from a command centre

A longitudinal record signed by clinicians

Closed-loop follow-up and controlled family delegation

No market figures are shown here; sizing is part of Phase 0 discovery.



WHY RIYADH FIRST

One launch city, one regulatory jurisdiction

Riyadh is the first launch city

Saudi Arabia is the first regulatory jurisdiction

Designed for Saudi Arabia from day one

Arabic first, SAR, Riyadh time zone, +966 numbers

A defined regulatory path

Licensing, data protection and hosting reviewed with Saudi specialists

- Regulatory dependency

Expands without a rebuild

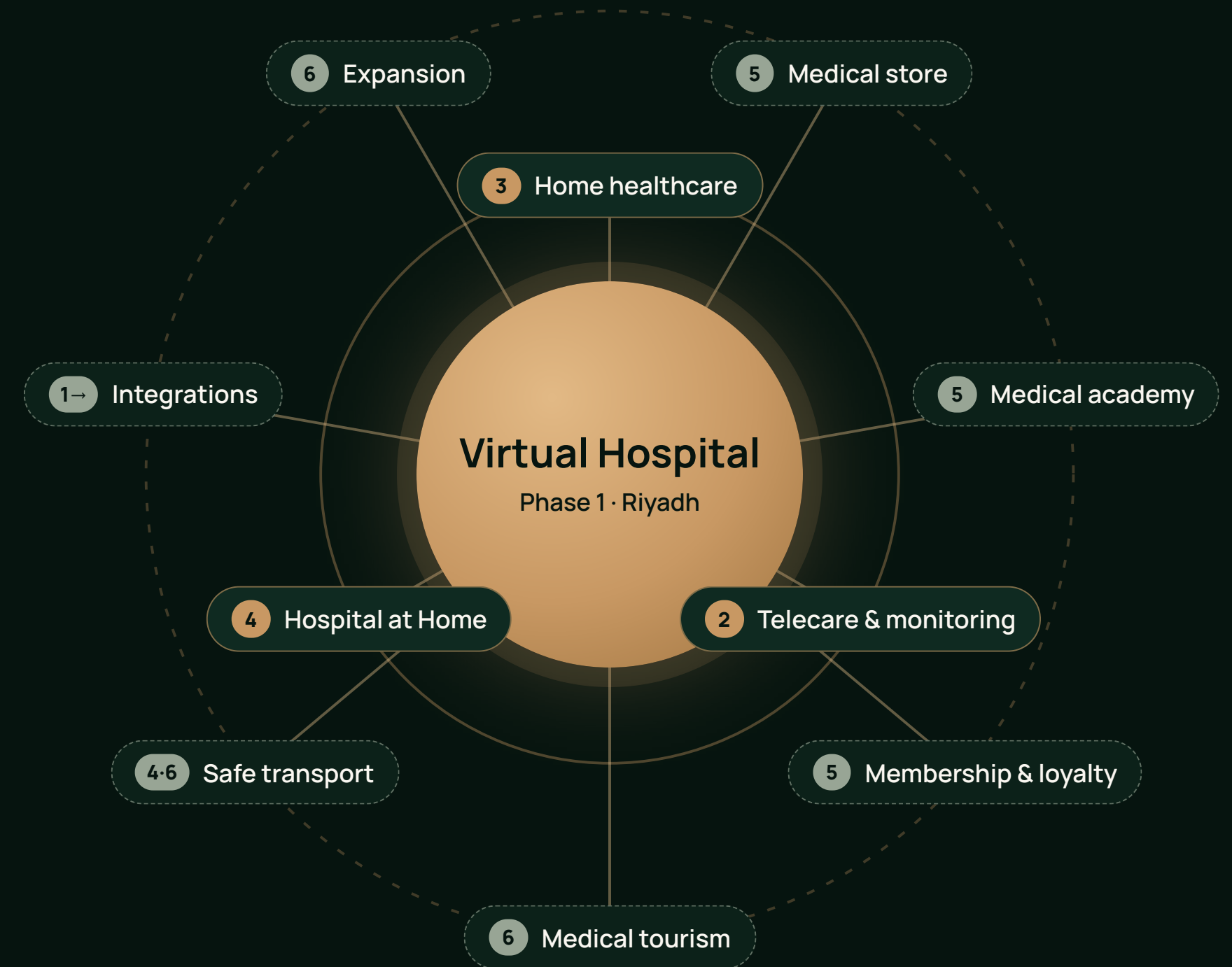
New cities and countries through configuration, not code

THE ECOSYSTEM

The virtual hospital at the core, the full ecosystem in phases

Inner ring: phases 2–4 · Outer ring: phases 5–6

● Phase 1 ⌋ Future phase



PHASE 1 · FIRST LAUNCH

• Owner decision

The Intelligent Virtual Hospital in Riyadh

The first launch is a complete clinical pathway, not a video call and not a home-care app.

Virtual clinics & video consultation

Electronic medical record

Physician workspace

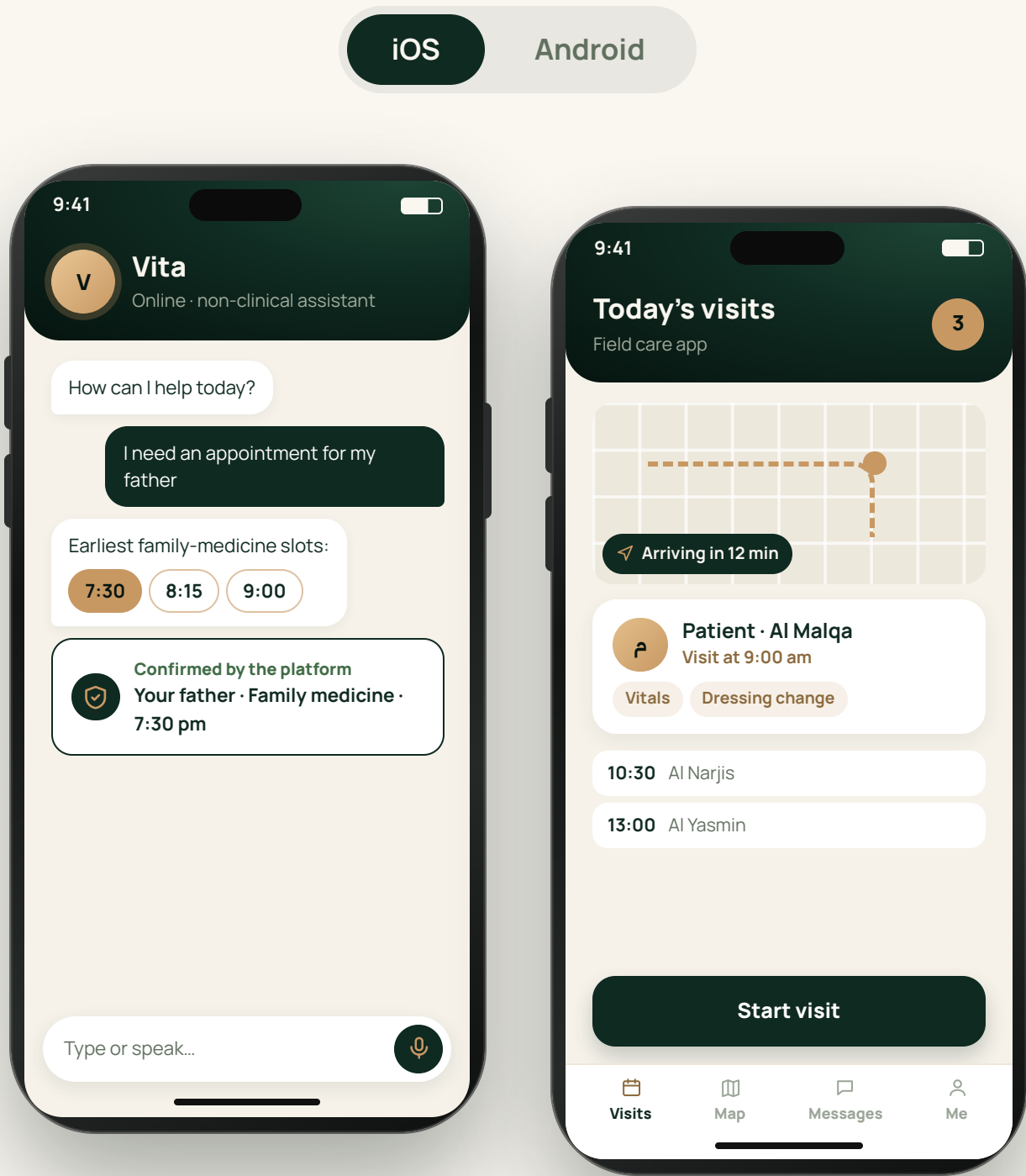
Appointments & essential payments

Virtual hospital command centre

Governed Vita assistant

Security & multi-tenant administration

Android and iOS apps from one codebase, and a web portal for every role



App Store

Google Play

Distributed through official stores

iOS Android Mobile apps

- | | | |
|----------------------|--|-----------|
| Patient & family app | Booking, consultation, payment, record, and Vita by voice and chat | ● Phase 1 |
| Field care app | Nursing visits, route, verification code and vitals | ● Phase 3 |

Web Web portals

- | | |
|---------------------|---|
| Patient portal | The app's services in the browser |
| Physician workspace | Consultation, record and sign-off |
| Command centre | Queues, alerts and escalation |
| Admin consoles | Super Admin, country and institution |
| Partner portals | Partner hospital, lab and imaging, vendor |

Flutter builds the iOS and Android apps from one codebase and Next.js the web, over one API. Distribution through official stores only; minimum OS versions are set in the supported-device matrix (REQ-NFR-009).

VITA INTELLIGENCE

Vita proposes, the platform confirms, the clinician decides

Never diagnoses, prescribes, rules out an emergency, or touches the database directly

Later: care coordination, monitoring assistant, chronic care, medication reminders



How every action flows



An assistant that speaks the patient's language and works within safety limits



Voice or chat

Patients speak or type; Vita understands and answers either way



Arabic first

A full Arabic experience with English; dialect support is measured before release



Knows the family

“A nurse for my father” is enough; patient and address come from the family profile



Request to booking in one conversation

A short dialogue replaces long forms and ends in a ready proposal



Available any time

For booking, questions and reminders; human hand-off follows approved coverage hours



Transparency for families

Shows the clinician, licence and visit status to people the patient authorises



Follow-up that continues

Signed summary, reminders for prescribed medicine, follow-up offered on time



Safe and governed

It only proposes; the platform confirms, the clinician decides; every step is logged

Every strength has a safeguard: no diagnosis, no prescribing, no ruling out emergencies, no direct data access

USER JOURNEYS · CHOOSE A USER

Six users, one platform, a mapped journey for each

- 1

Define the job (Jobs-to-be-Done)
What each user is trying to get done, and why
- 2

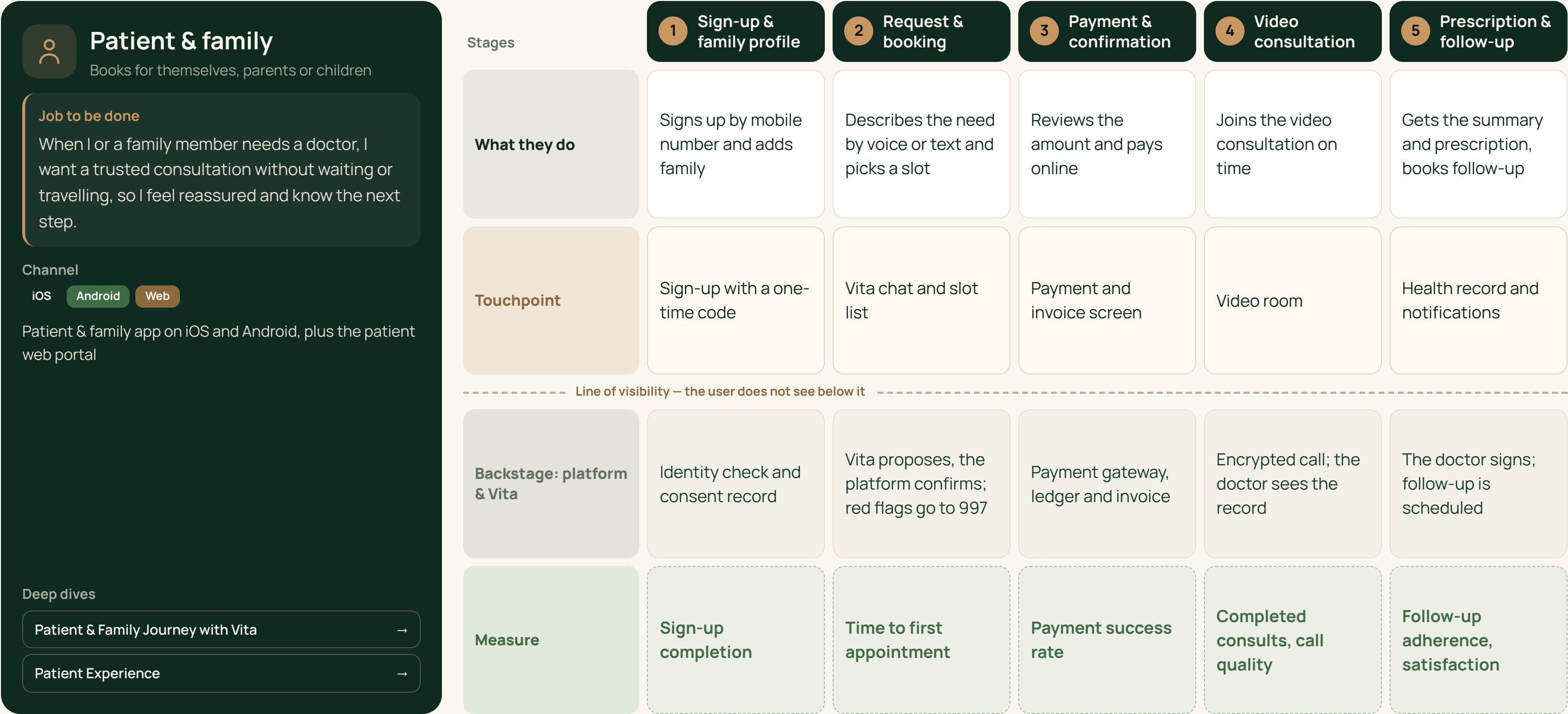
Map the service blueprint
Five stages × four layers: action, touchpoint, backstage, measure
- 3

Measure every stage
One measure per stage, tracked after launch; no targets before the pilot

Select any user to open their journey.



Patient & family journey: from need to follow-up in one app



From request to follow-up in one conversation; people decide

Illustrative example, synthetic data

I need a consultation for my father tomorrow morning

Vita

Sure. Patient: your father (from your family profile). These clinics are open tomorrow morning:

Family medicine · 9:30

Internal medicine · 10:30

Talk to a coordinator

Internal medicine 10:30

Confirmation from the platform

Internal medicine · Tomorrow 10:30

Patient: my father · Fee in SAR before payment

Confirm & pay

Vita

Booked. I'll remind you an hour before. Before joining, we'll confirm your father's location and an emergency contact.

After the visit

Vita

The visit summary is ready and signed by the physician. Shall I book the two-week follow-up the physician asked for?

- 1

Ask by voice or text
Vita Understands the request and finds the patient in the family profile
Safeguard Family delegation backed by recorded consent
- 2

Choose clinic and time
Vita Shows open clinics and times
Safeguard Never picks a specialty from symptoms; a coordinator is always available
- 3

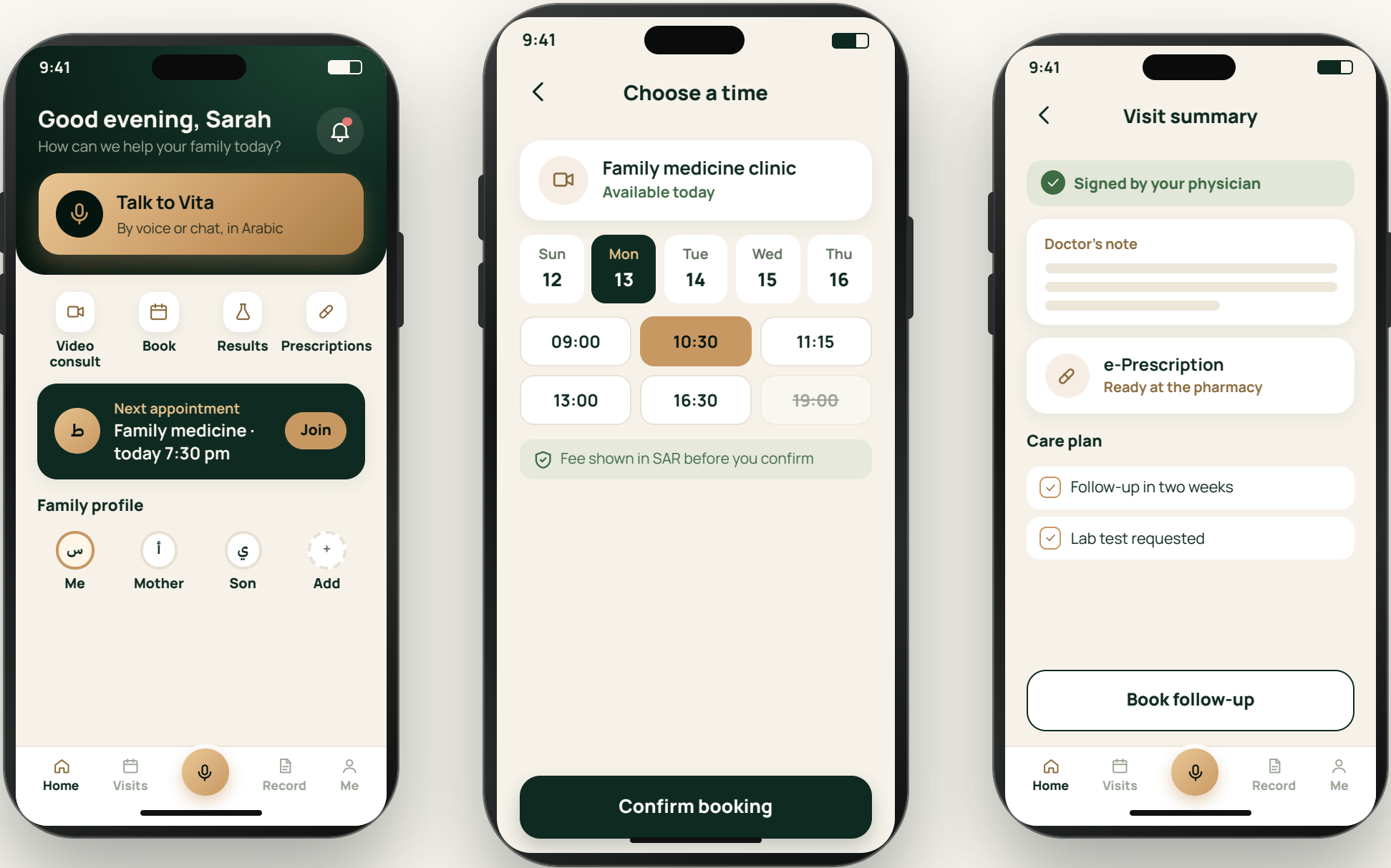
Confirm and pay
Vita Prepares the booking as a proposal only
Safeguard The platform asks for and verifies confirmation before anything happens
- 4

Reminder and waiting room
Vita Reminds and reschedules on request
Safeguard Location and emergency contact confirmed before joining
- 5

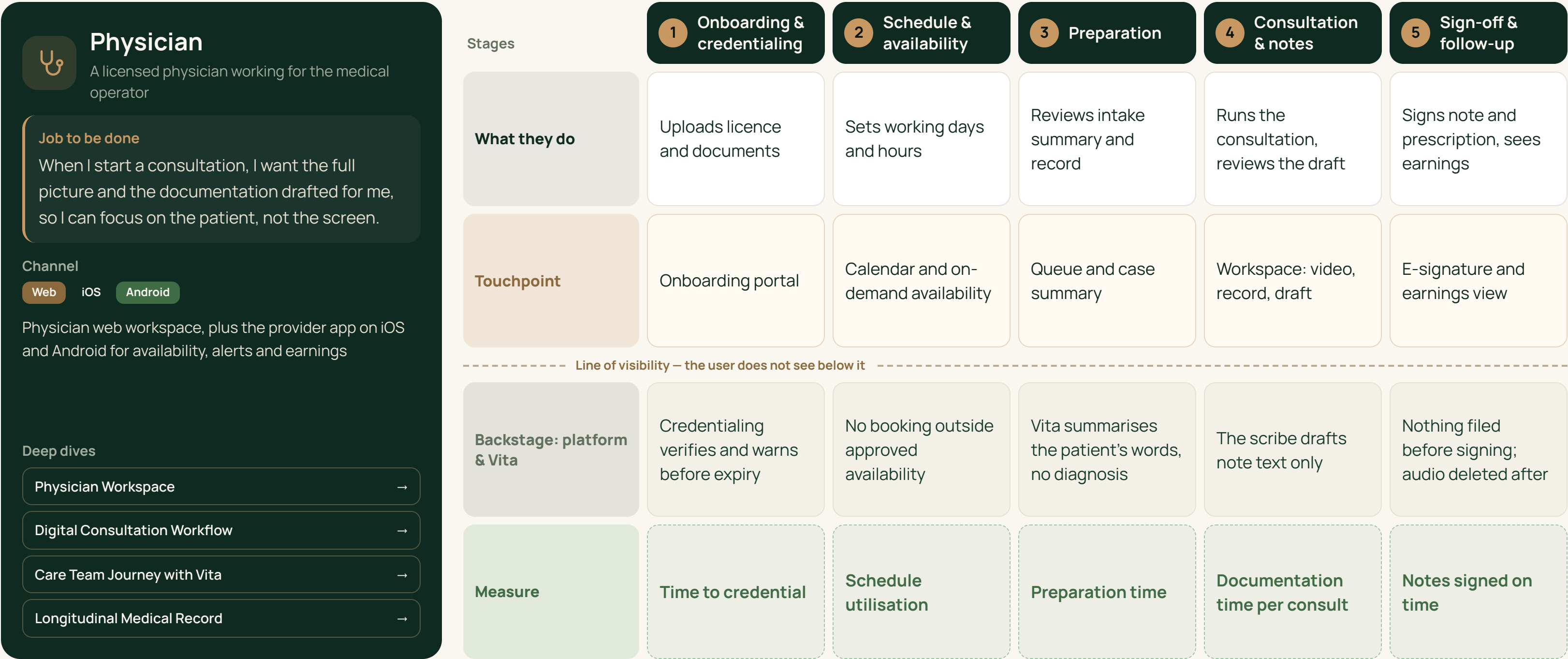
Consultation with the physician
Vita Drafts the documentation with patient consent
Safeguard The physician decides, signs and enters orders
- 6

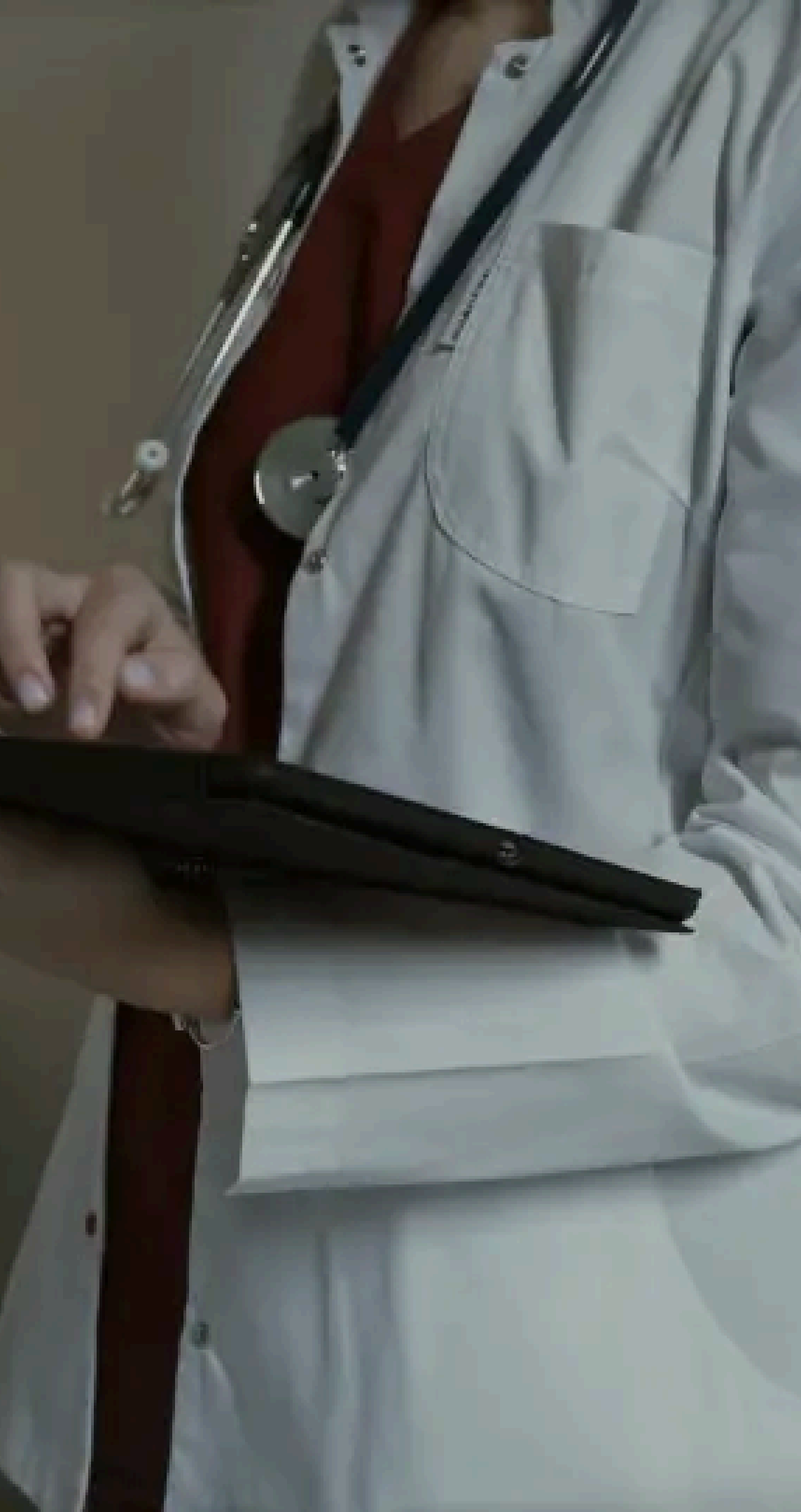
After the visit
Vita Summarises what the physician signed, reminds about prescribed medicine, offers follow-up
Safeguard Adds no medical advice of its own
- Red-flag phrases at any point: 997 emergency guidance by fixed rules, and immediate hand-off to a human coordinator

From sign-up to follow-up in one app



Physician journey: focus on the patient, the platform handles the rest





PHYSICIAN WORKSPACE

Everything a physician needs on one screen, and the decision stays theirs

● Interface concept

Today's queue

● Patient A-1042 · Follow-up10:30

● Patient A-1057 · New consult10:50

● Patient A-1061 · Results11:10

Clinical note

Medical Scribe draft – awaiting physician review and signature

Orders and referrals are entered by the physician

Review & sign

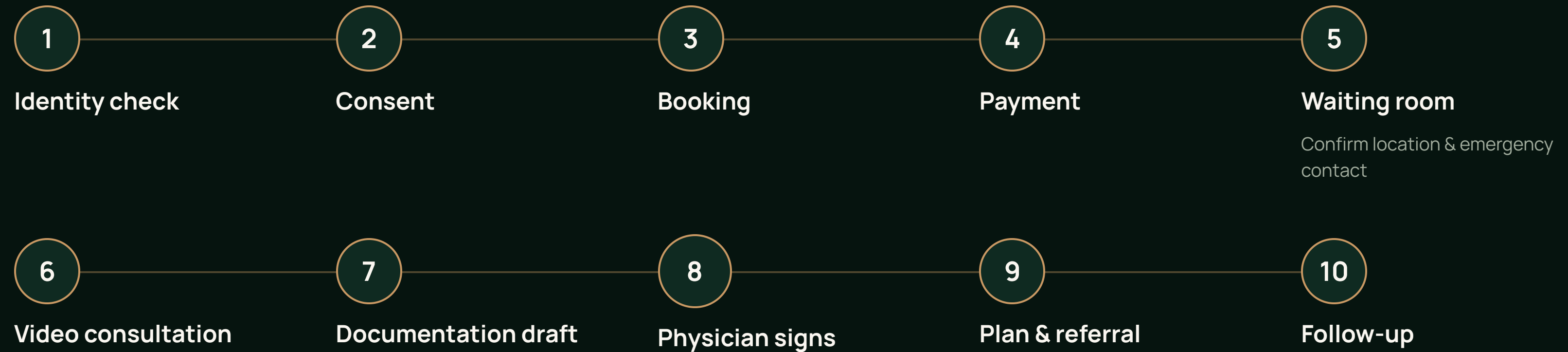
- ✓ Schedule & virtual queue

✓ Orders, referrals & care plans
- ✓ Encounters & signed notes

✓ Clinical responsibility with the licensed physician

THE DIGITAL CONSULTATION

Ten steps that end in a signed clinical decision



Escalation path Red-flag phrases trigger 997 emergency guidance by fixed rules, with hand-off to a human coordinator

Vita saves documentation time; only the physician signs

	Before the visit	During the visit	Documentation	Sign-off	After the visit
Physician	Reviews the chart and intake summary	Runs the video consultation and makes the clinical decision	Reviews and edits the draft	Signs the note and enters orders and prescriptions	Follows results and the care plan
Vita	Collects non-clinical details in advance	Speech-to-text with patient consent	Drafts the note; orders mentioned in conversation appear as flags Draft – awaiting physician signature Mentioned in conversation: lab test → entered by physician	No role: only the physician signs	Summarises the signed note for the patient and reminds about follow-up
Platform & audit	Checks permission and consent	Processes audio temporarily in-Kingdom or with an approved processor	Versions and logs the draft	Deletes audio after signing and logs every step	Sends the patient only what the physician signed

The operations assistant is read-only: unsigned notes and delays appear in the command centre

THE LONGITUDINAL RECORD

One record that follows the patient, protected by consent

Internal model aligned with FHIR R4 (national profiles to be validated)

Consent & privacy layer

Patient registry & identity

Patient separate from user account; family by delegation

Encounters & clinical notes

Mandatory signature; amendments kept as versions

Orders, referrals & prescriptions

E-prescribing as locally permitted

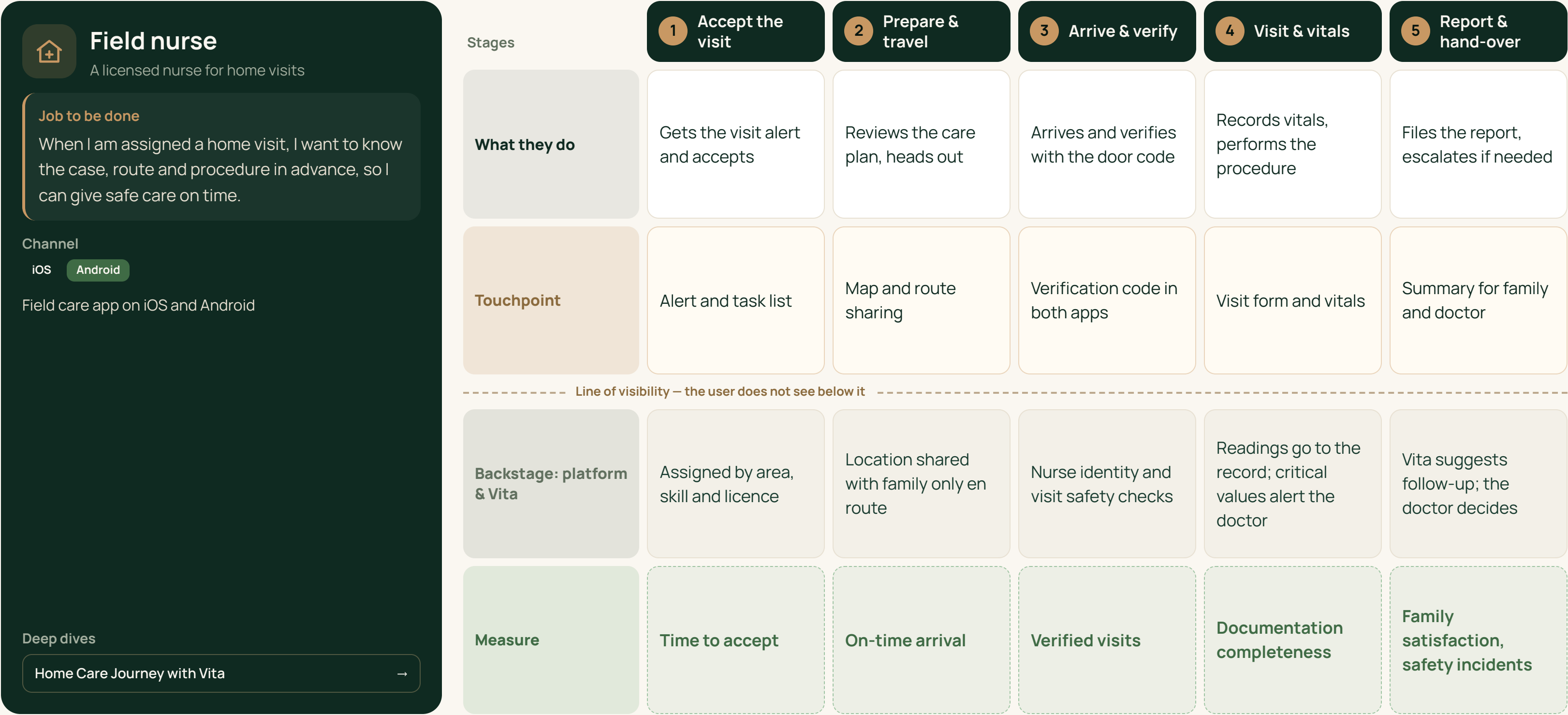
- Regulatory dependency

Care plans & results

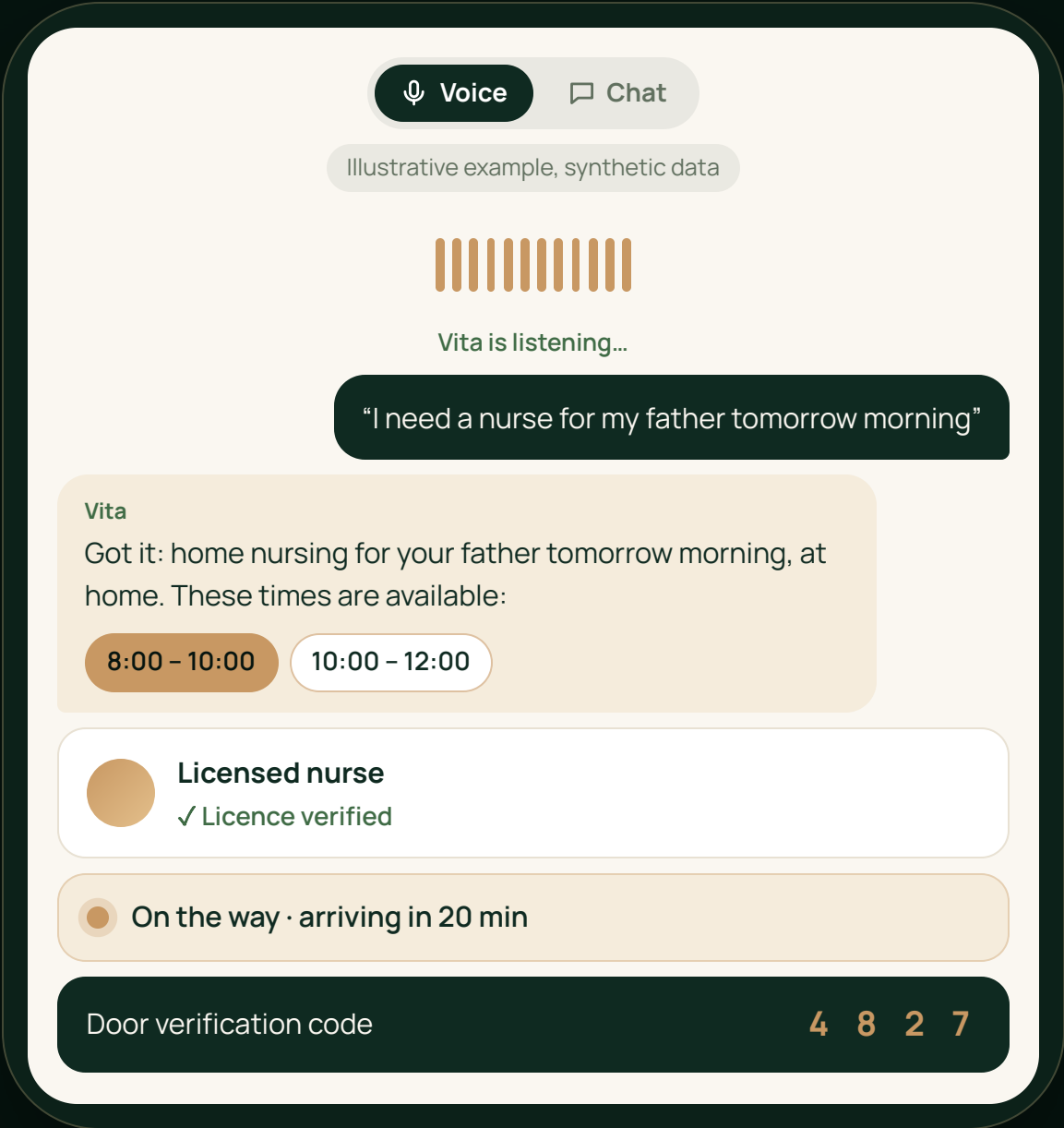
Versioned results, closed-loop follow-up

Who sees what, why and when – with an access log

Field nurse journey: a safe, tracked home visit



“I need a nurse for my father tomorrow,” by voice or text, and Vita arranges the rest



- 1 **Sign-up and family profile**
Vita Welcomes, explains the service by voice, saves parents and address
Safeguard Family delegation with recorded consent

- 2 **Request by voice or chat**
Vita Understands service, patient and address; shows times
Safeguard A care coordinator is always reachable

- 3 **Review and payment**
Vita Prepares the order summary from the conversation
Safeguard The platform confirms; coordinators review first

- 4 **Nurse assignment**
Vita Shows the nurse, licence and rating; reminds before the visit
Safeguard Assignment by case and area, decided by people

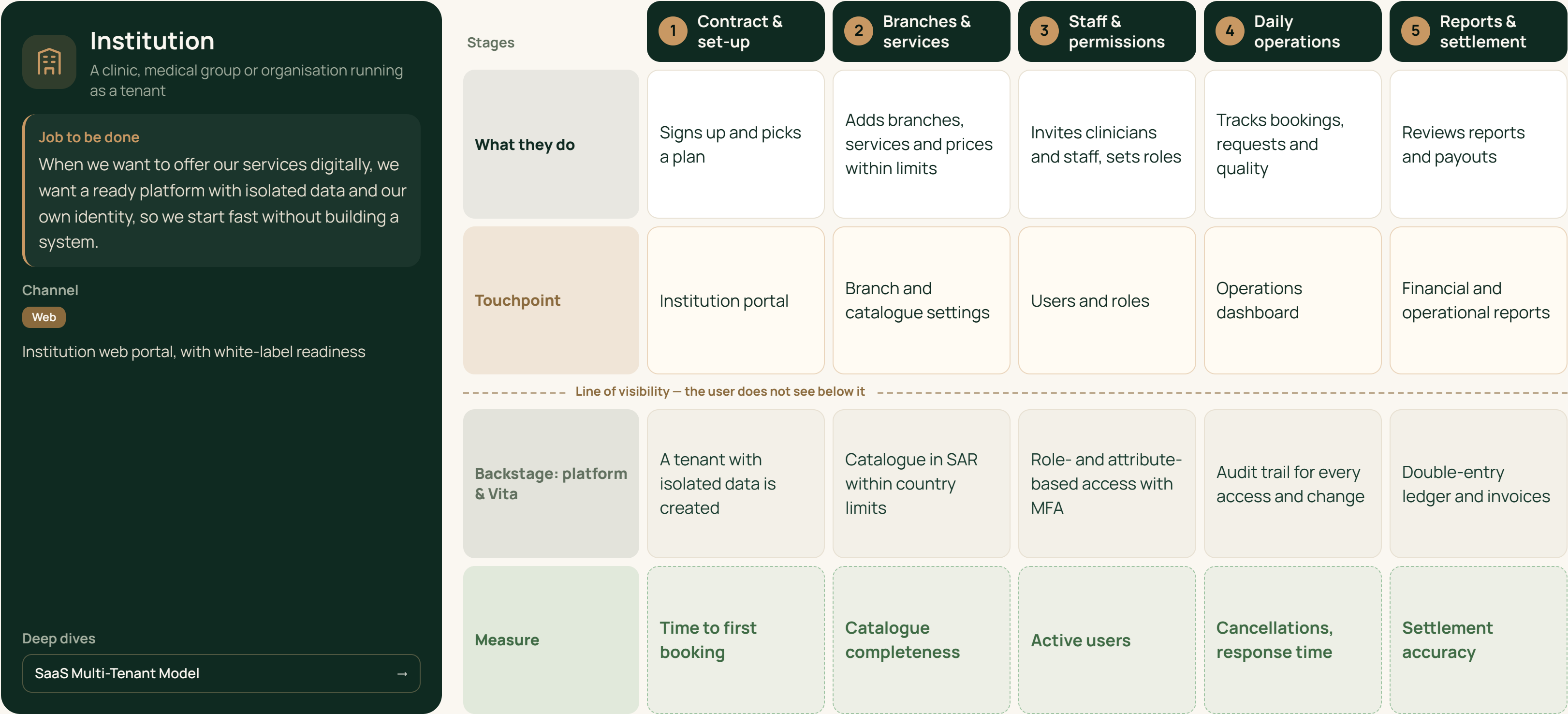
- 5 **Arrival and verification**
Vita Tracks arrival and shares status with family
Safeguard Verification code at the door

- 6 **The visit**
Vita Keeps the family updated on the visit
Safeguard The nurse gives care and records vital signs

- 7 **After the visit**
Vita Summarises, reminds about medicine, offers follow-up
Safeguard Nurse's notes signed; quality reviews low ratings

Red-flag phrases during the request or visit: fixed 997 guidance and immediate hand-off to a human coordinator

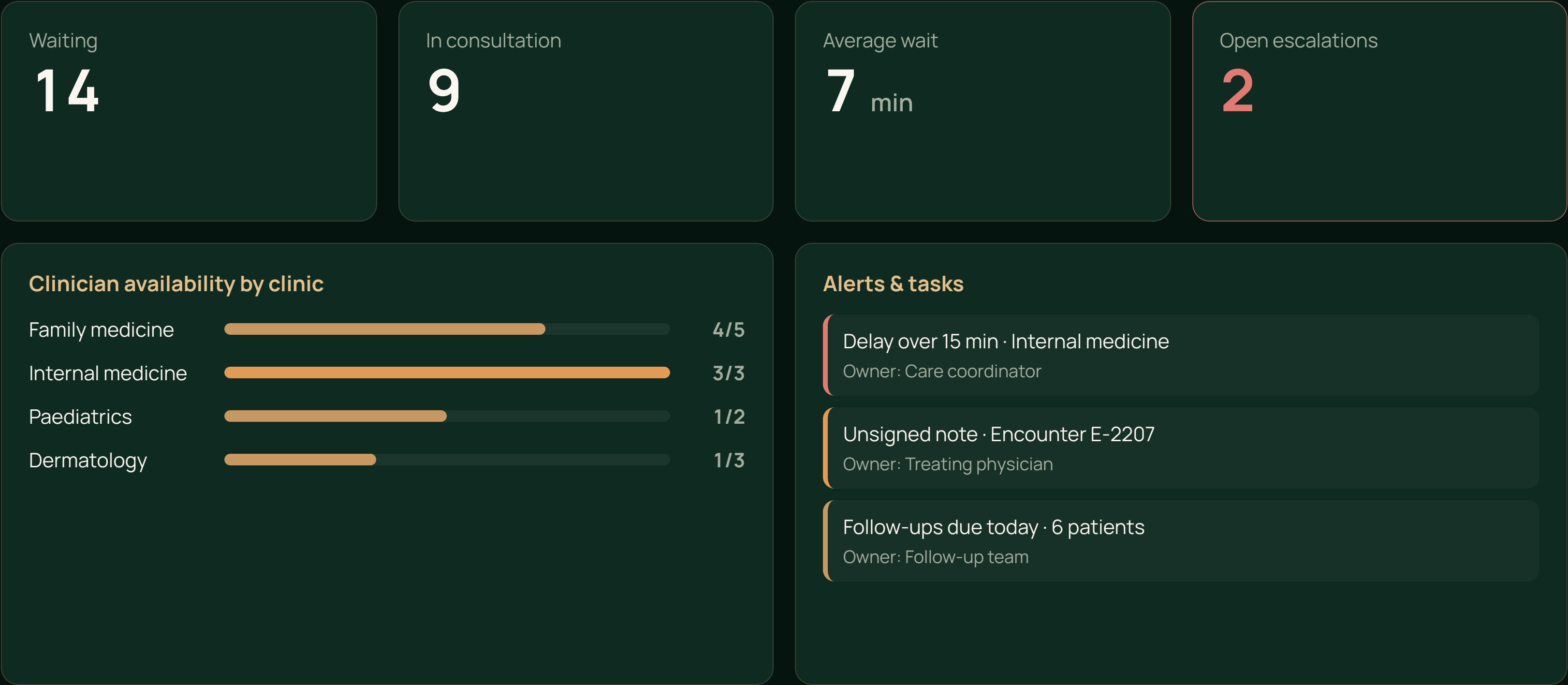
Institution journey: from contract to operation on a ready platform



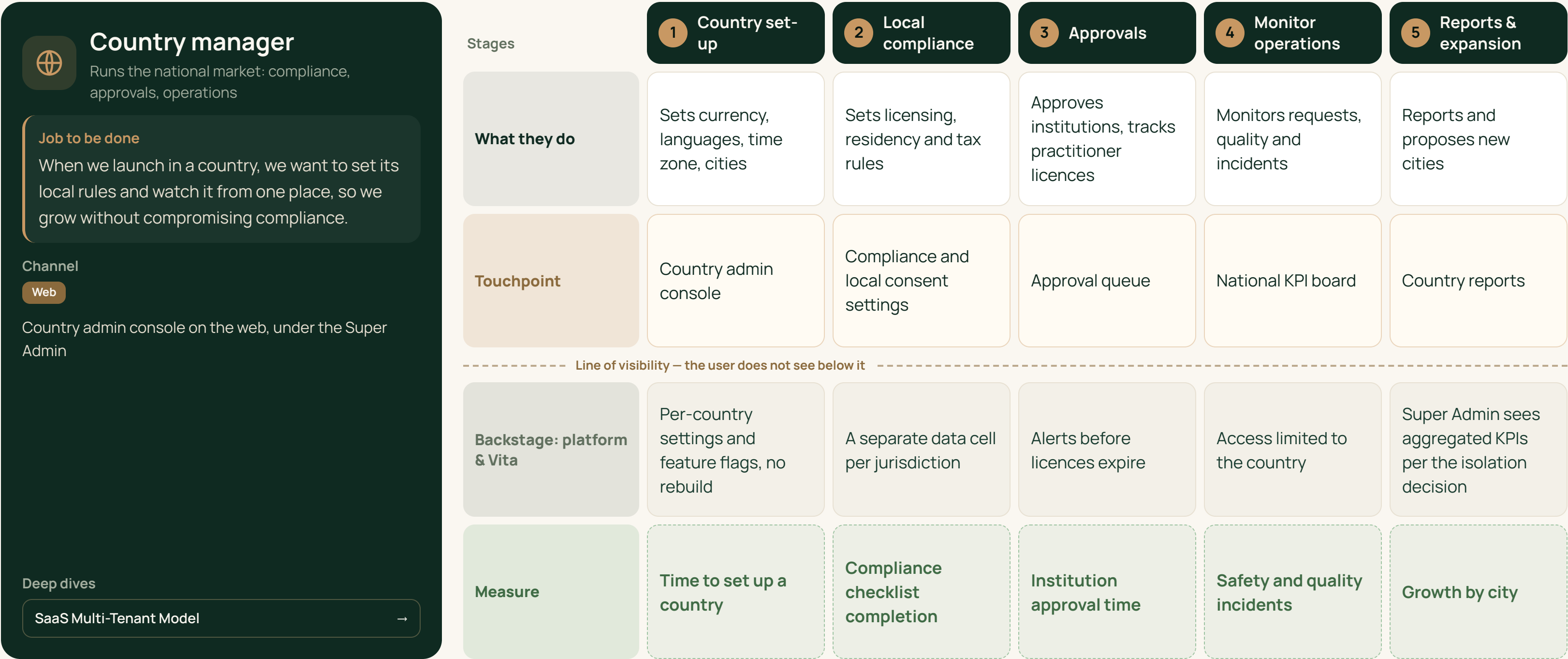
Partner hospital journey: digital referral and a safe return home



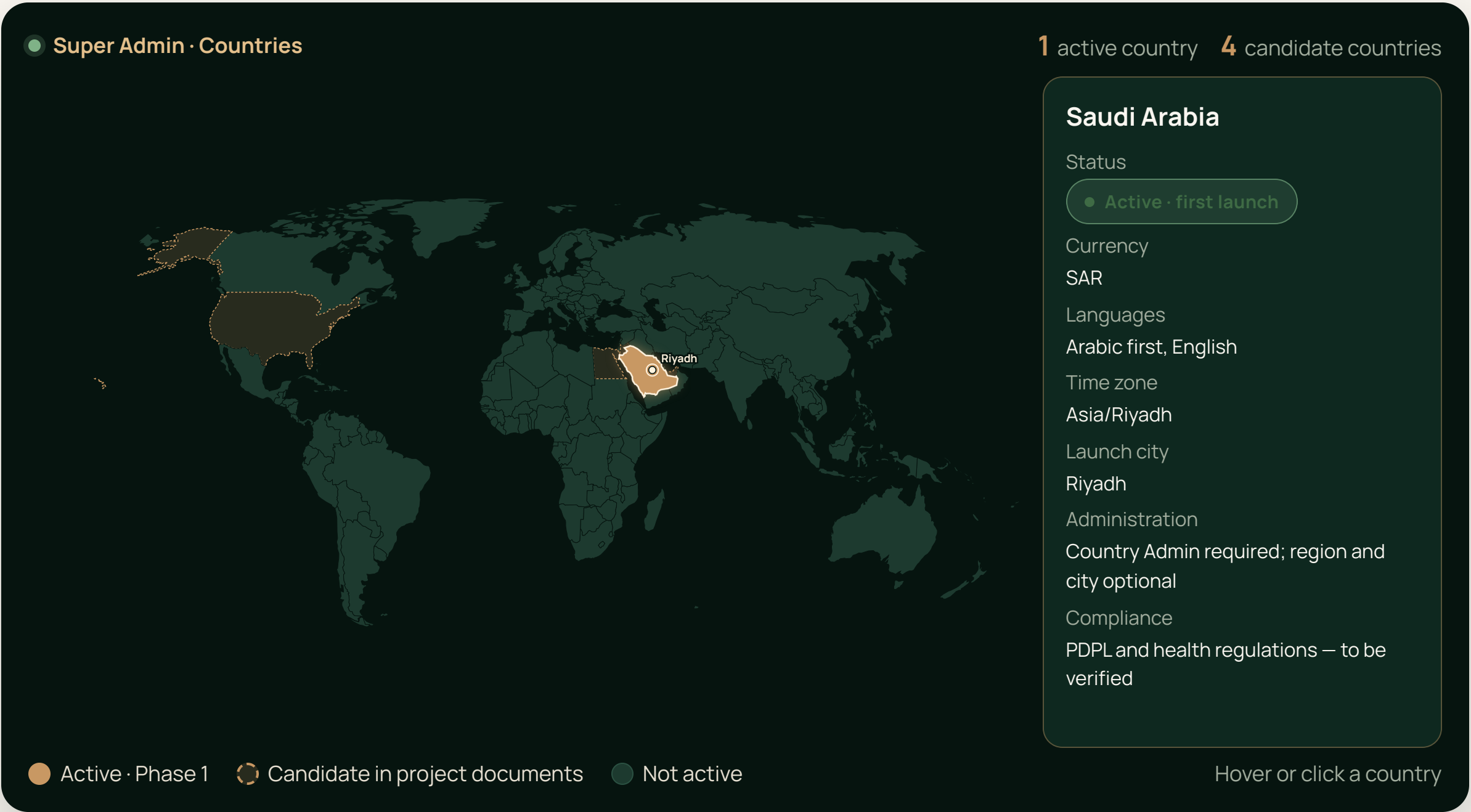
Live operational view, and every escalation has an owner



Country manager journey: a new country by configuration, not a rebuild



Central control of every country; each market switched on by decision

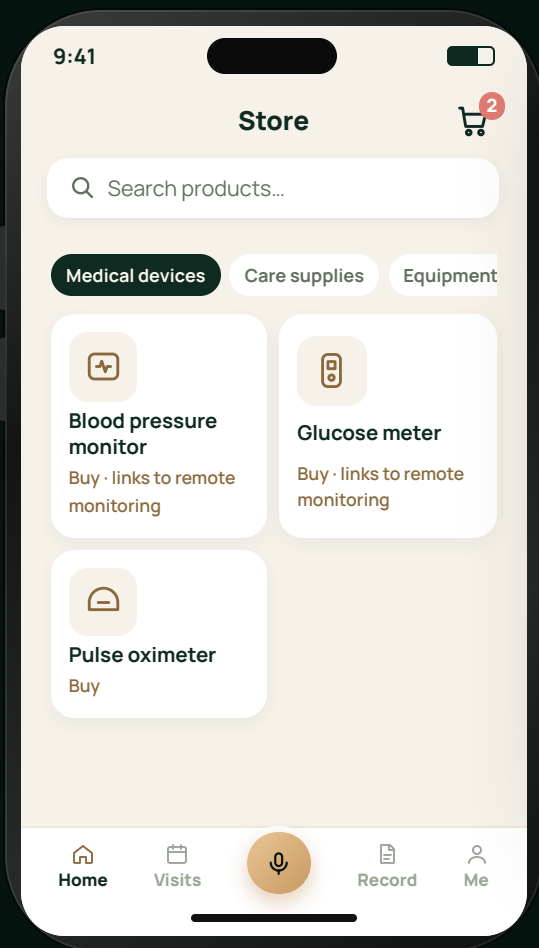


A trusted store inside the platform: devices, supplies and equipment to buy or rent

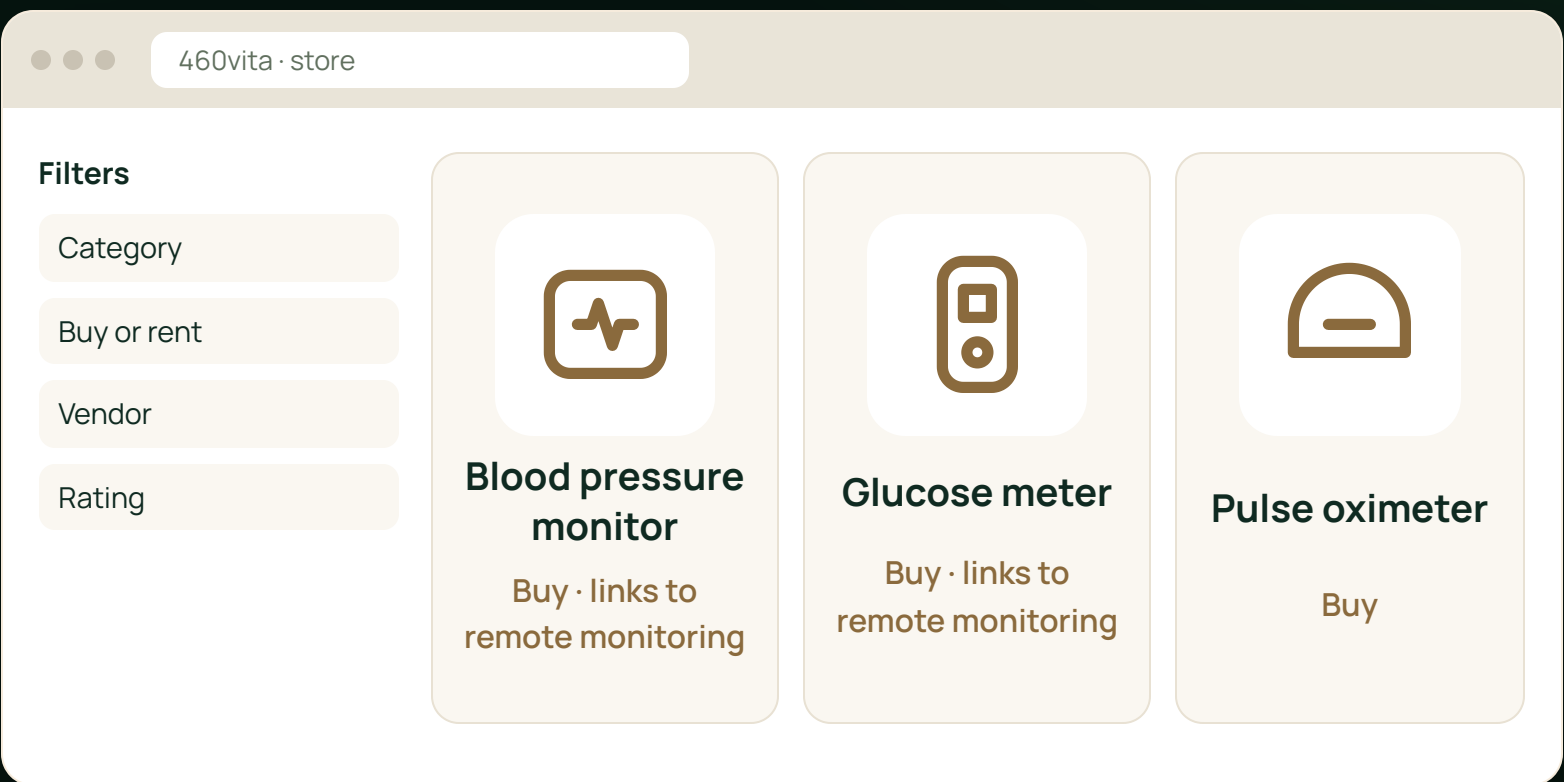
Medical devices

Care supplies

Equipment to buy or rent



In the app (iOS · Android)



On the web

Purchase flow

- 1 Browse by category
- 2 Product details and reviews
- 3 Cart, discounts and loyalty points
- 4 Online payment
- 5 Order tracking and returns

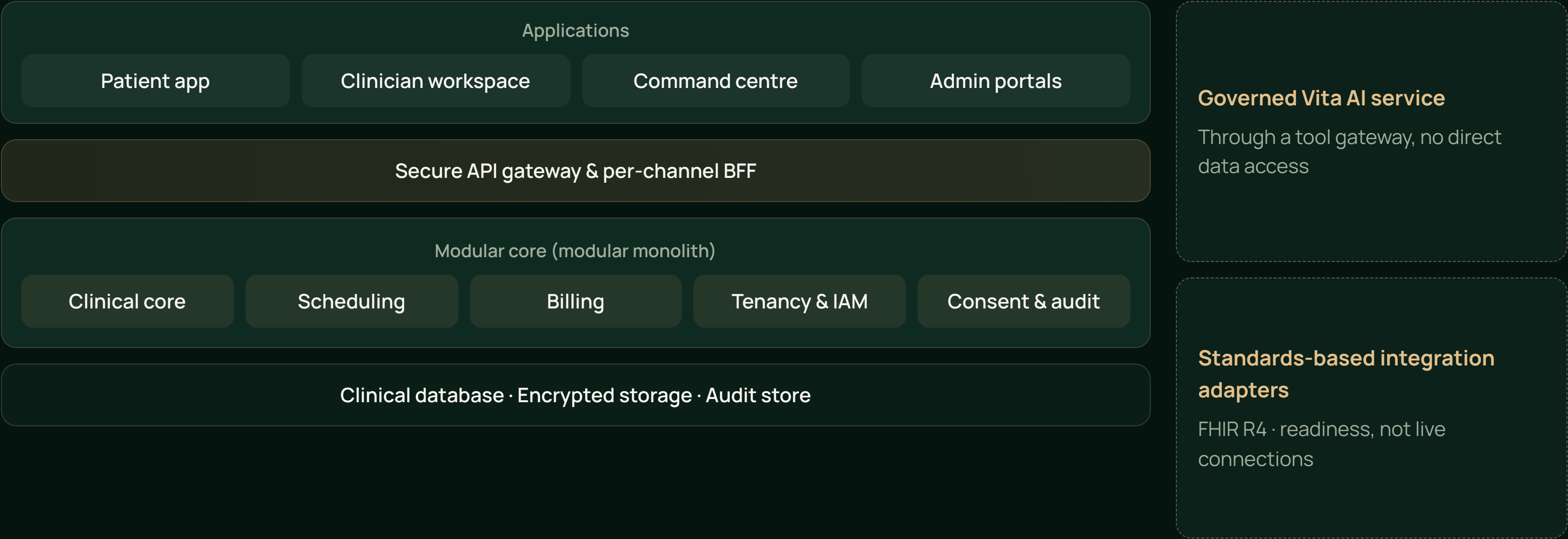
Vendor dashboard

- ✓ Vendor and product approved before listing
- ✓ Specs, manuals and stock
- ✓ Sale or rental, shipping and returns
- ✓ Medical devices under SFDA rules (to verify)

A purchased device can be linked to remote monitoring in the patient's record.

Products are illustrative; no prices or named vendors. The store model (direct sale or vendor marketplace) is an open decision (DEC-19).

One modular core, governed AI and standards-based integration



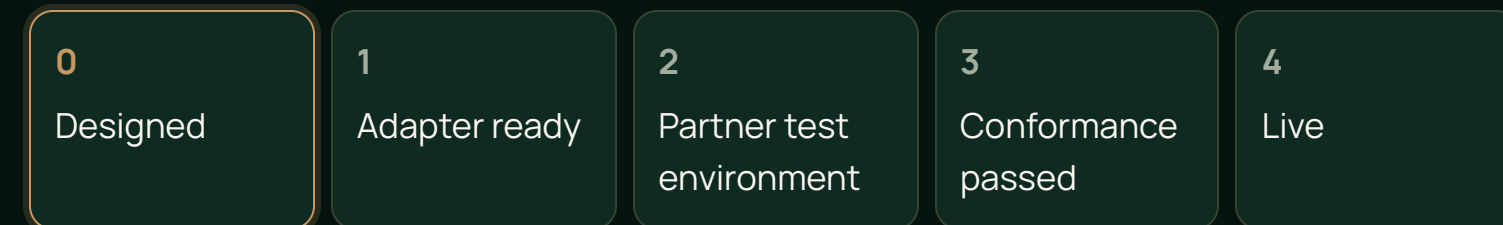
Proposed stack (subject to legacy code audit)

- Flutter
- Next.js · React · TypeScript
- Django + DRF
- PostgreSQL*
- Redis · Celery
- FHIR R4
- WebRTC*

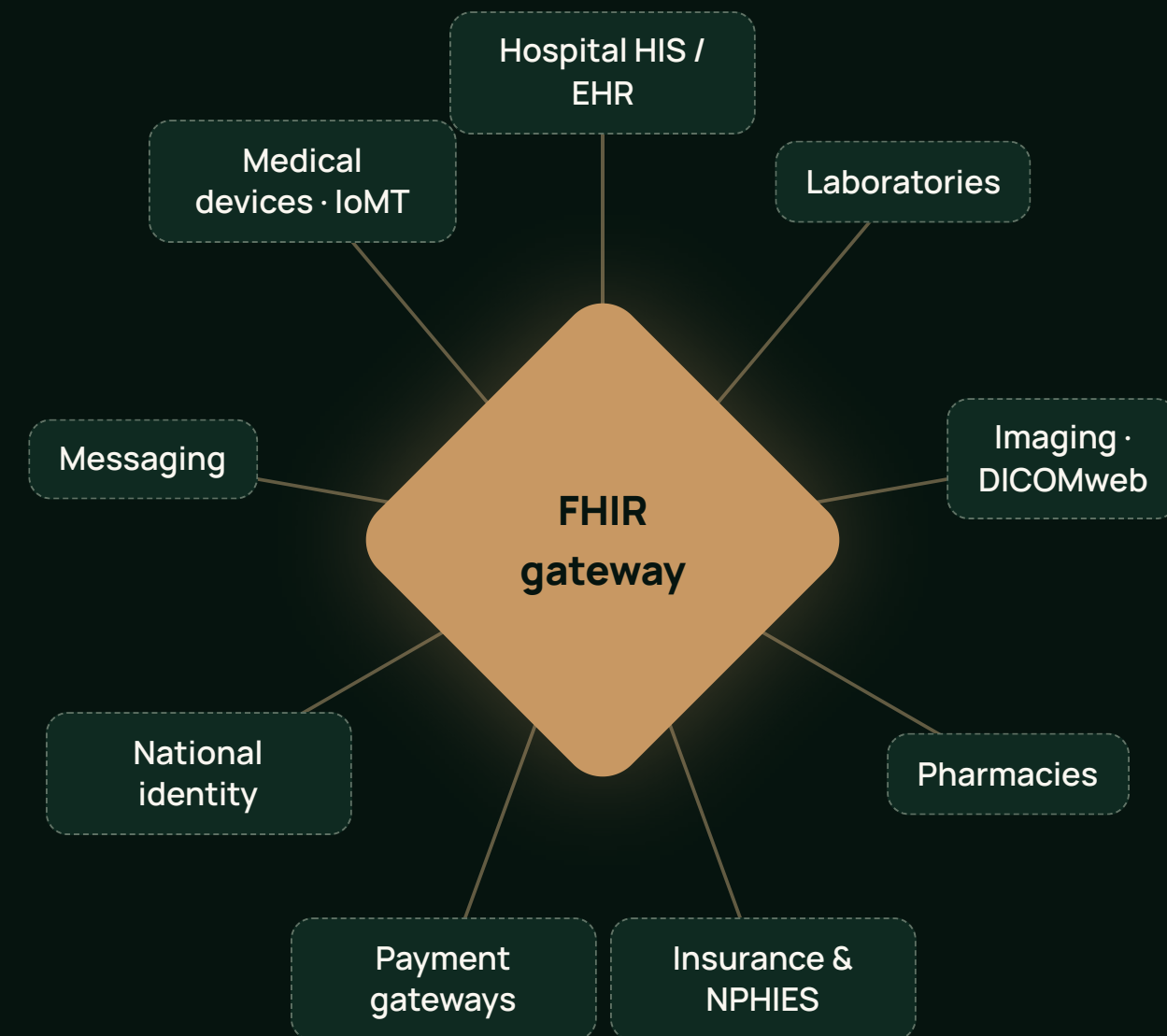
INTEROPERABILITY

Built to connect by standard; live links need agreements

Readiness levels



No live integration exists today. Every real connection needs an agreement, credentials and conformance testing.



CYBERSECURITY & PRIVACY

Privacy by design, evidence before launch

Every control has auditable evidence: phase × role × evidence

Control	Status
Identity & multi-factor authentication	● Proposed
Encryption in transit and at rest	● Proposed
Tenant isolation & patient-level access	● Proposed
Audit & security monitoring	● Proposed
Mobile app protection	● Proposed
Minimal data sent to AI	● Proposed
In-Kingdom hosting	● Regulatory dependency
PDPL and sector rules	● Regulatory dependency

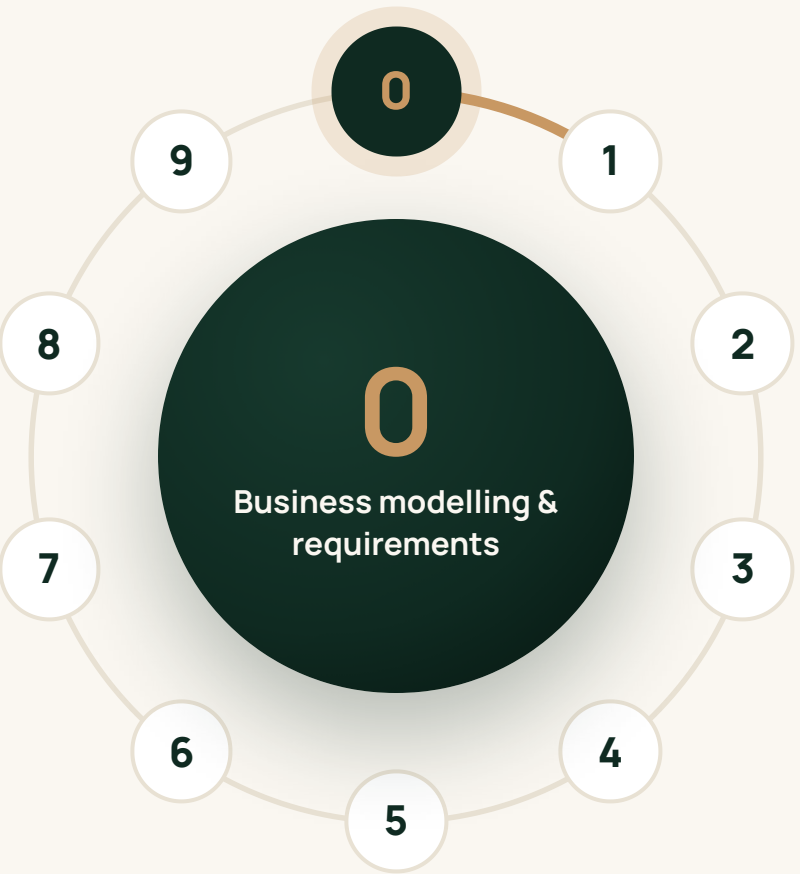
Saudi framework first, international references such as HIPAA, and a written policy for every control

01 Saudi regulatory framework	02 International best-practice references	03 Proposed platform policies	
Personal Data Protection Law PDPL · SDAIA	HIPAA United States · design reference	Data classification Sensitivity matrix	United States · design reference HIPAA • Best-practice reference What it covers The Privacy and Security Rules for health information: administrative, physical and technical safeguards, minimum necessary, audit controls and business associate agreements. How 460Vita applies it Its safeguards are applied as best practice: least-privilege access, an audit trail for every access, encryption and processor agreements. It becomes binding only if the candidate US market is activated.
National cybersecurity controls NCA · ECC / CCC	GDPR European Union · design reference	Consent & family delegation Versioned consent	
Facility licensing & practitioner registration Health authorities	ISO/IEC 27001 Information security management	Retention & secure deletion Retention schedule	
Health insurance via NPHIES Council of Health Insurance · CHI	HL7 FHIR R4 Interoperability	Least-privilege access RBAC / ABAC · MFA	
Medical devices & software SFDA	OWASP ASVS · MASVS · API Top 10 Security testing	AI use policy Assistive only	
E-invoicing & tax ZATCA	WCAG 2.2 Accessibility	Incident response Plan and drills	
		Vendor & SDK review Third-party risk	
		Key & certificate management Regular rotation	

HIPAA, GDPR and ISO 27001 are design references, not compliance claims or certifications. Applicability and detail of Saudi rules are to be verified with legal and regulatory specialists.

Security built into every phase, not bolted on at the end

Secure mobile-health lifecycle (mH-SLF) – ten phases



Phase 0 of 9

Business modelling & requirements

Owner

Business analyst · compliance officer · security lead

Verification questions

Are regulatory obligations identified? Is data sensitivity classified?

Evidence required

Compliance checklist, data classification matrix, RACI

Delivery methods

01

Stage-gated delivery

G0 to G6: no phase starts without signed acceptance evidence.

02

Agile · two-week sprints

A working demo every sprint, with priorities set by the product owner.

03

DevSecOps

Automated security checks in the pipeline and threat modelling before each module.

04

Privacy by design

Minimal data from the start and an impact assessment before each gate.

05

Interoperability first (FHIR)

An exchangeable data model instead of costly retrofits.

06

Clinical safety governance

Human in the loop: AI evaluation, red-teaming and a kill switch.

Source: the project's cybersecurity framework sheet (phase × role × question × evidence) and the master plan's delivery method.

QUALITY & RELIABILITY TARGETS

We honour the source figures and prove the technical targets by testing

From the specification

Source requirements, adopted as targets after load and recovery tests

Availability	99.9%
Response time, core operations	< 3 s
Daily requests	Over 10,000
Data restore after failure	Within 30 minutes
Backup	Daily
Account lock-out	After 3 failed attempts

Proposed targets (NFT)

CTO proposal; verified by load tests and recovery drills

Read latency p95	≤ 500 ms
Write latency p95	≤ 1,000 ms
Data loss, availability-zone failure	≤ 1 min
Recovery time, availability-zone failure	≤ 30 min
Data loss / recovery, full region loss	≤ 15 min / ≤ 4 h
Remote-monitoring alert to clinician (Phase 2)	p99 ≤ 60 s
Restore test	Monthly from G1b; full drill before G1c, then quarterly

GOVERNANCE & CLINICAL SAFETY

No clinical capability goes live before it passes the safety gates

Clinician sign-off

Every clinical output approved by a licensed physician

Licensed practice

A licensed medical operator and accountable medical director

Consent & privacy

Versioned consent and controlled family delegation

Audit trail

Every access, change and approval recorded

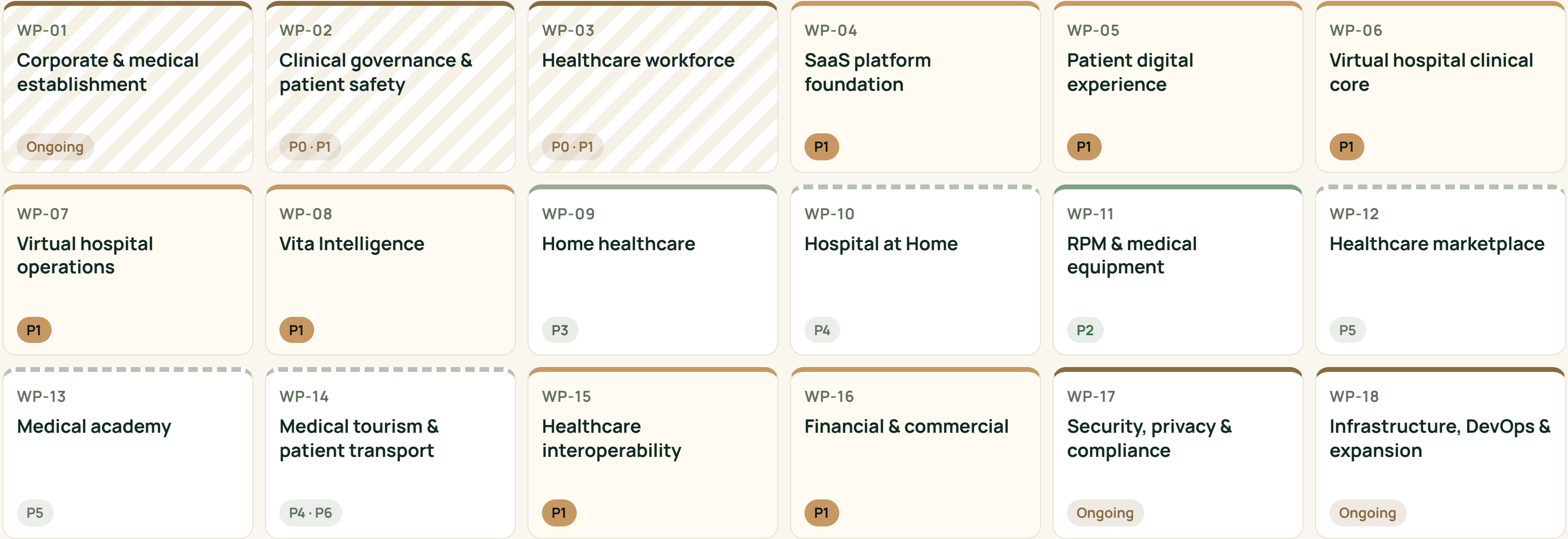
Escalation

Owned escalation levels and 997 guidance

Non-waivable gates: licensing, practitioner credentialing, penetration test, tenant isolation, privacy assessment, AI evaluation, recovery drill

MASTER PROGRAMME SCOPE

18 work packages covering technology and clinical operations together



— P0 — P1 — P2 — P3 — P4 · P5 · P6 — Led by the medical operator and advisers; the technology partner provides supporting systems

Continuous care at home, before a visit is needed



Connected-device monitoring

Blood pressure, glucose, oxygen and weight with approved devices



Scheduled check-in calls

Video or voice calls from nurses, per the care plan



Help button

For older adults: an instant alert to the command centre; emergencies to 997



Medication reminders

On-time reminders, with adherence logged in the record



Daily check-ins with Vita

A short voice check; anything needing action goes to the team, with no diagnosis

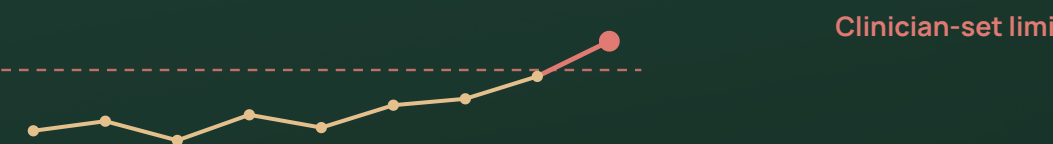


Family view

Readings and alerts shared with family, with consent

From reading to decision

► Simulate an alert



Illustrative · synthetic data

1

Device reading

Lands in the patient's record

2

Checked against clinician limits

Individual limits per patient

3

Alert to the command centre

By priority, with the record

4

Nurse call

Video or voice within a set time

5

Clinician decides

Follow-up, home visit or referral; emergencies to 997

No automated decisions: the system alerts, the clinician decides. Devices must be regulator-approved (to verify).

A separate phase by owner decision, between the virtual hospital and home care. It builds on the Phase 1 record and command centre; its duration is estimated at G1 and it closes at gate G2.

PHASE 3 · FUTURE PHASE

• Future phase

Connected care reaches the home

1 Referral from the virtual hospital

2 Availability & matching

3 Field dispatch

4 Visit with arrival code

5 Vitals & documentation

6 Settlement & follow-up

Uses the monitoring devices switched on in Phase 2 (telecare)

• Regulatory dependency

PHASE 4 · FUTURE PHASE

• Future phase

Advanced clinical programmes at home, with a guaranteed escalation path

- 1 Eligibility & admission
- 2 Care plan & accountable team
- 3 Virtual rounds & field visits
- 4 Monitoring with approved devices
- 5 Escalation & transfer to hospital
- 6 Discharge & follow-up

Requires licensing, clinical admission criteria and 24/7 staffing before activation

• Regulatory dependency



PHASES 5-6 · FUTURE PHASES

● Future phase

From a virtual hospital to a scalable health ecosystem

Phase 5 · Commercial ecosystem

- ✓ Medical store & suppliers
- ✓ Academy & continuing education
- ✓ Membership & loyalty

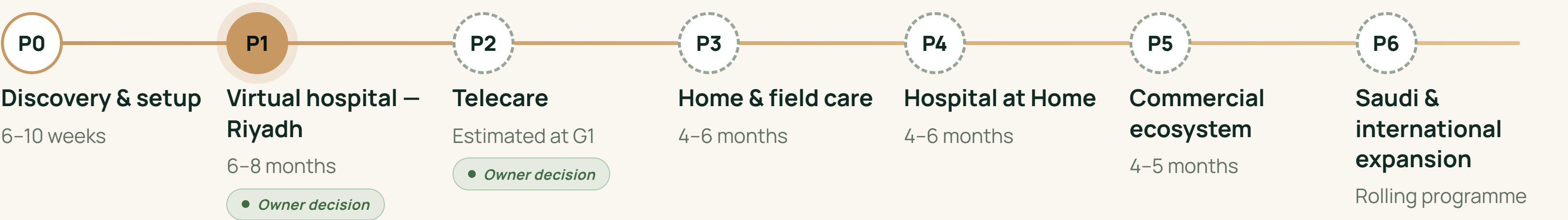
Phase 6 · Expansion

- ✓ Medical tourism
- ✓ Enterprise & insurer integrations
- ✓ New Saudi cities, new countries, white label

Safe patient transport: Hospital-at-Home transfers in Phase 4, general service in Phase 6

MASTER ROADMAP

Seven phases, with a decision gate between each phase and the next



Gates: G0 · G1a alpha · G1b controlled pilot · G1c launch · G2 · G3 · G4 · G5 · G6 per market

Durations are planning estimates, not contractual commitments, not necessarily sequential, and depend on discovery, staffing, approvals and vendor availability.

One platform, with revenue streams that widen at every phase

P1
Virtual hospital — Riyadh

P2
Telecare

P3
Home & field care

P4
Hospital at Home

P5
Commercial ecosystem

P6
Saudi & international expansion

► Play sequence

Active revenue streams 10 of 10

P1

Virtual consultations

A fee per service, with a platform commission on fee-for-service clinician pay.

Fee + commission

P1

Institution subscriptions (SaaS)

Clinics and facilities run as tenants on the same platform.

Subscription

P2

Telecare & remote monitoring

Connected devices, check-in calls and a help button for chronic patients and older adults.

Device + subscription

P3

Home healthcare

Nursing, physiotherapy and elderly-care visits booked and tracked digitally.

Visit fee

P4

Hospital at Home

Acute-care programmes at home under approved clinical criteria.

Contracted programmes

P4

Medical tourism & transport

Coordinating trips for patients from outside the city or the Kingdom.

Commissioned fee

P5

Health marketplace

Products and devices from approved suppliers.

Commission

P5

Medical academy

Courses and continuing education for practitioners and the public.

Course fees

P5

Memberships & family plans

Annual plans that bundle family services.

Subscription

P6

Licensing to new markets

A new country by configuration, not a rebuild, with white-label readiness.

Licensing

Streams are drawn from the project documents, no prices or revenue forecasts are shown. SAR pricing and commission rules are an open decision (DEC-11).

INVESTMENT CASE

Gate-controlled risk, and a platform asset that repeats in every market

- 1

Focused launch, then expansion by configuration
Riyadh first; new cities and countries run on the same platform without a rebuild.
- 2

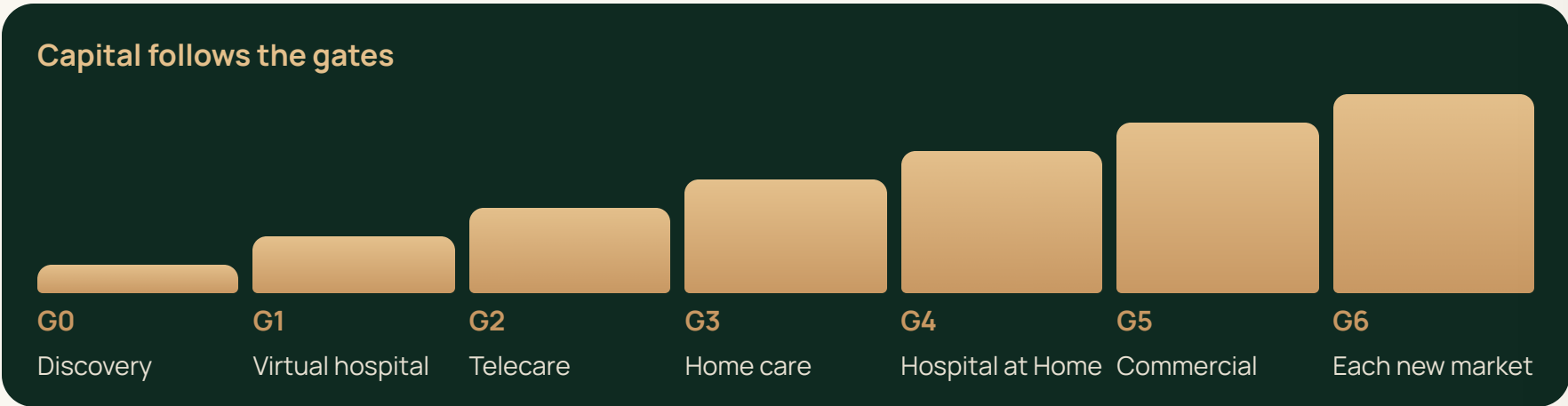
Capital released gate by gate
Each gate has acceptance evidence and a go/stop decision, so nothing is committed in full upfront.
- 3

Multiple revenue streams
Ten streams switched on progressively instead of relying on one service.
- 4

AI that lifts productivity safely
The scribe drafts and the clinician signs; the effect is measured in the pilot.
- 5

Integration-ready
FHIR and NPHIES readiness make the platform connectable to the health system.
- 6

Clear accountability
The technology partner is not the medical operator; clinical risk sits with a licensed entity.



Scenario explorer

Reset

Move the sliders to see how the numbers work

Consultations per day500

Average service feeSAR 100

Platform share15%

Operating days per month30 days

Consultations per month15,000

Service value per monthSAR 1,500,000

Platform share per monthSAR 225,000

Platform share per yearSAR 2,700,000

5.0% of design capacity (more than 10,000 consultations a day – source requirement)

Sample inputs that only show the calculation; not prices, forecasts or a financial offer. Real figures come after discovery and the pricing decision (DEC-11).

Care closer to people, with value beyond the patient

- All
- Patients
- Families
- Health workforce
- Society



Care from anywhere

Consultations from home for people in distant cities and underserved areas as the service expands.

Measured by: Share of users outside Riyadh after expansion



Older adults and chronic patients at home

Home visits and continuous monitoring reduce the need to travel.

Measured by: Completed visits and measurement adherence



Families as care partners

Family accounts with controlled delegation to look after parents and children.

Measured by: Active family delegations



Less time travelling and waiting

Booking, payment and follow-up from one entry point.

Measured by: Time to first consultation



Opportunities for health and tech talent

Flexible work for physicians and nurses, and local technical and operations roles.

Measured by: Registered practitioners and local roles



Digital health literacy

Awareness content and courses through the academy for the public and practitioners.

Measured by: Learning hours completed



Privacy and in-Kingdom data

In-Kingdom hosting under the residency decision, with clear consent.

Measured by: Approved impact assessments and privacy incidents



Arabic-first and easy for everyone

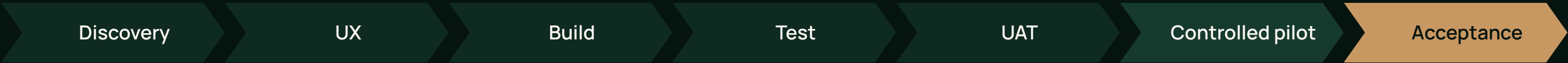
Interfaces suited to older adults and people with disabilities, with voice and chat with Vita.

Measured by: Usability-test results

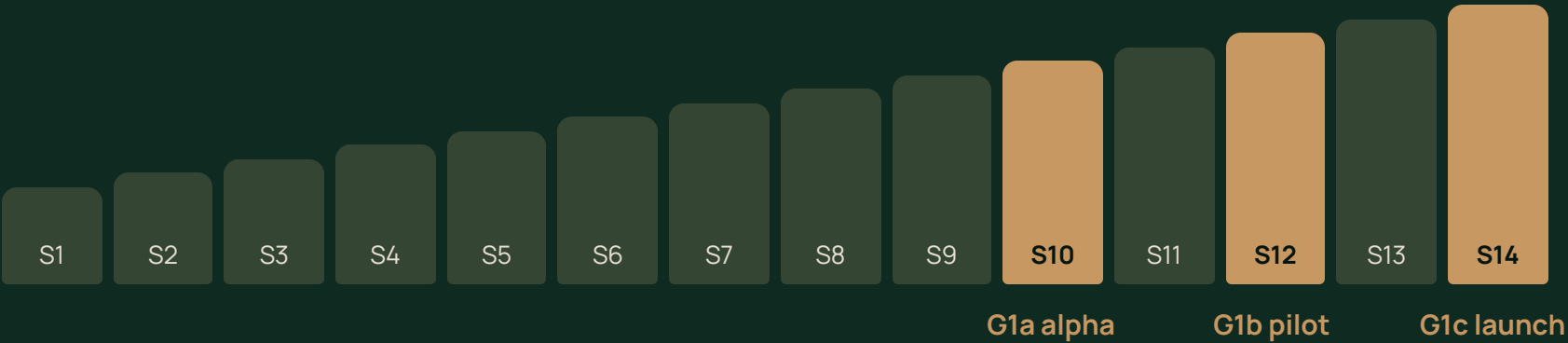
Proposed alignment with the Health Sector Transformation Program under Saudi Vision 2030 on digital care, prevention and access — to be reviewed with the relevant bodies.

Proposed impact indicators, measured after launch; no targets are set before the controlled pilot.

Two-week sprints and quality gates that can't be skipped



Phase 1: 14 sprints (proposed plan)



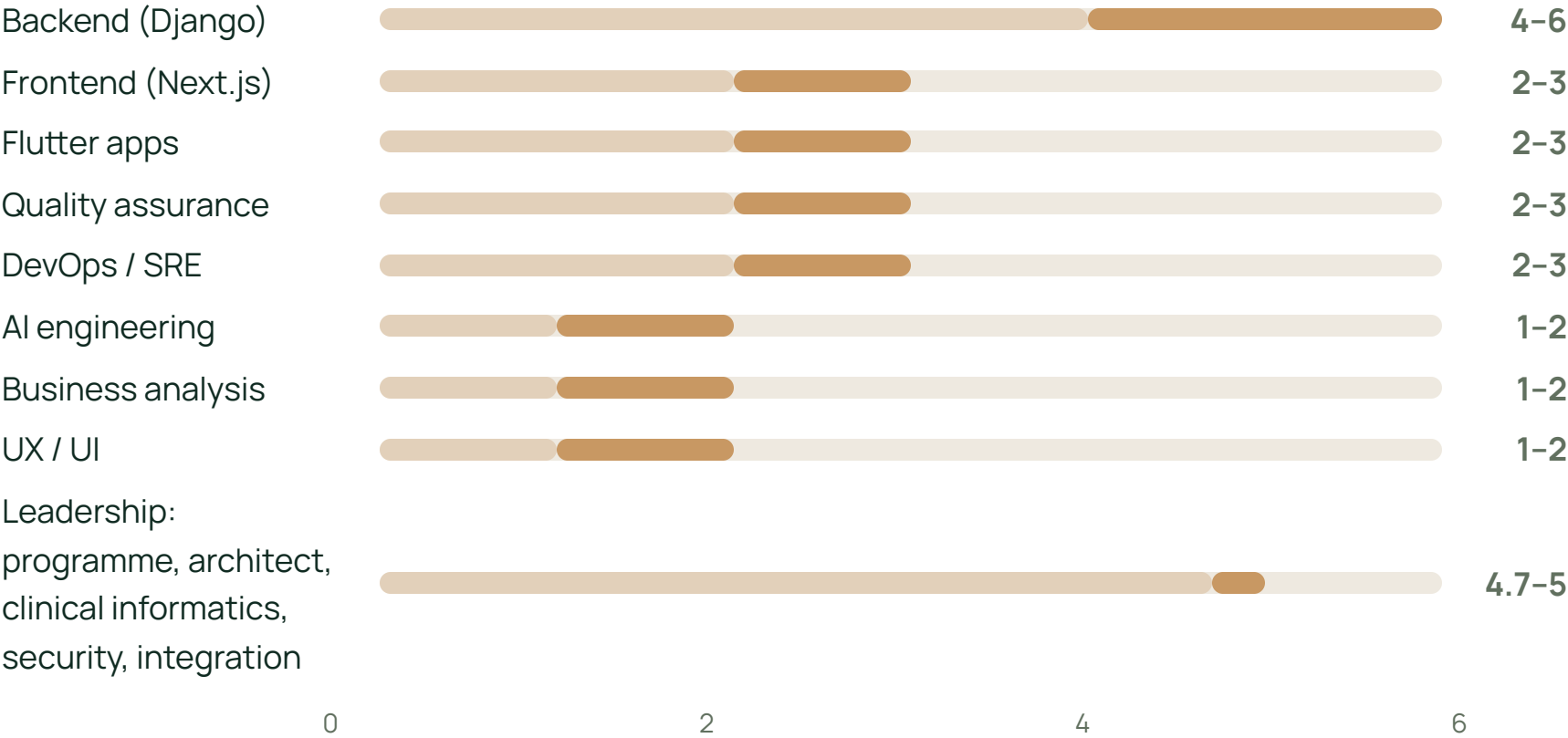
Quality gates

- ✓ Security testing & independent pen test
- ✓ Clinical UAT signed by the medical director
- ✓ Tenant isolation tests
- ✓ AI evaluation & red-teaming
- ✓ Restore & recovery drill

A technology team of 20 to 32 people, and a clinical team led by the operator

Technology team · technology partner (FTE)

Approximate total
~20–32



24/7 technical on-call of 4–6 people from the same team from G1b, with a managed security provider

Clinical & operations team · medical operator

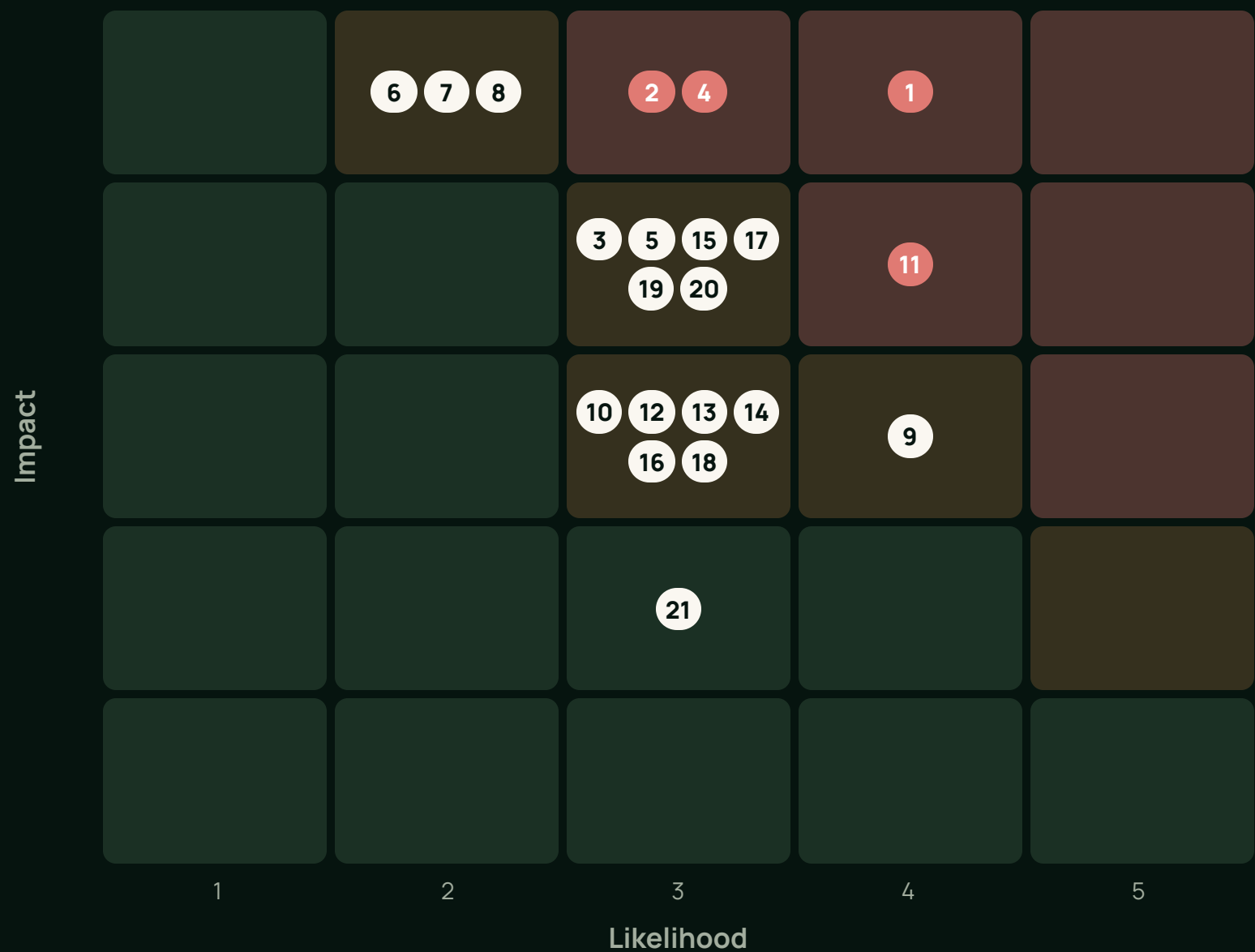
- ✓ Medical director
- ✓ Virtual clinic physicians
- ✓ Care coordinators & command centre
- ✓ Quality & patient safety
- ✓ Patient service
- ✓ Data protection officer

Sized by specialties, hours and volumes (DEC-03, DEC-04)

External advisers: health legal & regulatory, privacy & security, independent pen test, tax

RISK MAP

The biggest risks are regulatory and operational, not technical



Numbers are risk IDs (RSK) from the technical proposal; scoring is proposed for review

Top risks and mitigation

- RSK-01** Medical operator licensing delayed
Start establishment in week one; keep all three operator options open
- RSK-11** Scope creep inside Phase 1
Separate phase scope from programme scope; strict change control
- RSK-02** No hosting that meets residency for every component
Early assessment of every provider and processor before G0
- RSK-04** Medical director and specialties delayed
A G0 condition, with an interim clinical informaticist
- RSK-08** An AI agent error
No automated clinical actions; enforcement in the core; evaluation before release

RESPONSIBILITIES

The technology provider is not the medical operator

Technology partner

Design, build and run the technology

- ✓ Design and build the platform
- ✓ Test, deploy and run the technology
- ✓ Training and technical support

Licensed medical operator

Clinical service

- ✓ Physicians, staff and medical director
- ✓ Clinical policies and risk
- ✓ Patient response and escalation

External parties

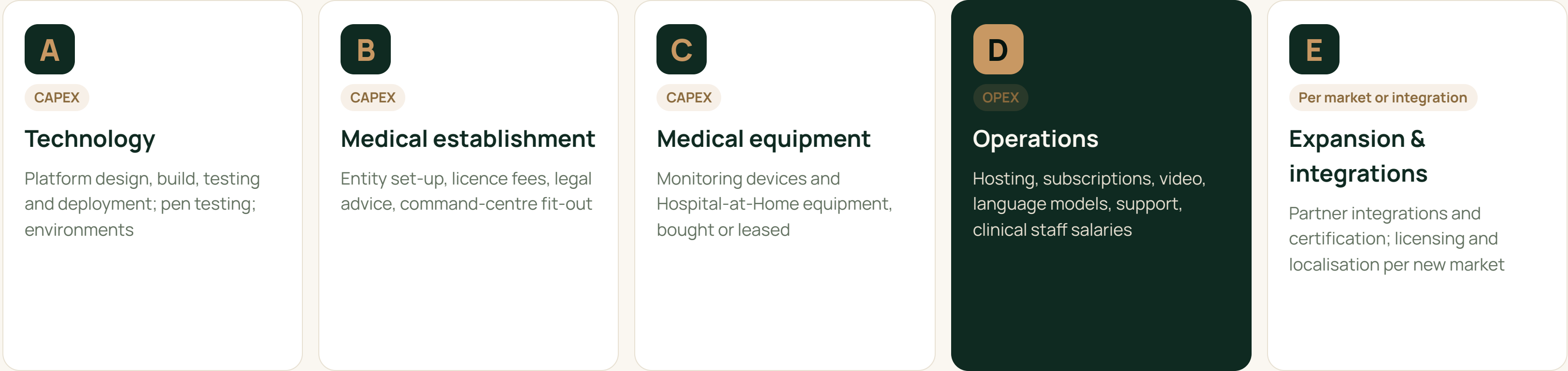
Regulation, integration, supply

- ✓ Licences and regulatory approvals
- ✓ Integration credentials and certification
- ✓ Devices, cloud and payments

Regulatory gates before each clinical capability · to be verified with Saudi specialists

BUDGET STRUCTURE

Five separate budgets, estimated after discovery



No prices in this presentation. The earlier software-only outline (EGP 6.12m) is not an approved all-inclusive price for this expanded programme.

DECISIONS REQUIRED

A few decisions unlock Phase 1



Full register DEC-01 to DEC-21 in section 28 of the technical proposal

Launch the virtual hospital. Build the connected-care ecosystem.

Next: approve the Phase 1 scope and roadmap, and open the partnership and investment conversation.

- 1 Approve the Phase 1 scope and statement of work
- 2 Confirm the medical operator model and medical director
- 3 Name the project team and governance model
- 4 Start the regulatory review and Phase 0 discovery



460Vita

The Future of Connected Healthcare

460Vita logo concept (project-supplied asset)

APPENDIX

Proposed technical stack

Layer	Proposed	Status
Mobile apps	Flutter / Dart	Proposed
Web & portals	Next.js · React · TypeScript	Proposed
Backend	Django + DRF (modular monolith)	Proposed
Database	PostgreSQL candidate; MySQL in sources — decided after audit	TBD
Jobs & cache	Redis · Celery · transactional outbox	Proposed
AI	Separate Python service, tool gateway, cited retrieval	Proposed
Video	WebRTC-based, provider chosen after residency review	TBD
Integration	FHIR R4 adapters, DICOMweb where needed	Proposed
Infrastructure	In-Kingdom cloud after vendor check, IaC, secure CI/CD	Regulatory dependency

Glossary

Virtual hospital

A virtual clinical operation under one clinical governance

Remote patient monitoring (RPM)

Readings from approved devices reviewed by a clinical team

FHIR

An international health data exchange standard

PDPL

Saudi Personal Data Protection Law

Hospital at Home

Acute care at home in place of admission

Tenant

An organisation with isolated data and permissions

NPHIES

Saudi Arabia’s national health insurance platform

Gate

A decision point that cannot be passed without set criteria

APPENDIX

Phase 1 functional scope

Work package	In Phase 1
SaaS foundation (WP-04)	Hierarchy, permissions, MFA, audit
Patient experience (WP-05)	Sign-up, family, consent, booking & payment, notifications
Clinical core (WP-06)	Encounters, signed notes, orders & referrals, care plans, video
Operations (WP-07)	Command centre, queues, tasks, escalation
Vita (WP-08)	Concierge, Intake, Scribe, operations insights
Finance (WP-16)	SAR pricing, payment, invoices, refunds, VAT

APPENDIX

Key risks

Risk	Impact	Mitigation
Medical operator licensing delayed	● High	Decide operator model in Phase 0; licensed-partner path
In-Kingdom hosting unavailable for some components	● High	Assess every data processor before G0
Unknown quality of existing code	● Medium	Code audit in Phase 0
Clinician recruitment	● High	Operator-owned hiring plan in parallel
AI errors	● High	Narrow scope, physician sign-off, evaluation before release

Phase 1 draft schedule

Window	Content
Sprints 1–4	Foundation: identity, tenancy, permissions, audit
Sprints 5–8	Booking, payment, record and video consultation
Sprints 9–10	Command centre and Vita · internal alpha G1a
Sprints 11–12	Hardening, security testing, restore drill · controlled pilot G1b
Sprints 13–14	Full recovery drill, readiness · Riyadh launch G1c

Proposed and illustrative; re-baselined at G0

APPENDIX

Acceptance checklist before launch

☐ Medical operator and its legal basis verified

☐ No open critical or high vulnerabilities

☐ Privacy impact assessment approved

☐ Restore drill passed within targets

☐ Every practitioner credentialed with documented privileges

☐ Tenant isolation tests fully passed

☐ AI evaluation within approved thresholds

☐ Clinical SOPs and escalation path tested

APPENDIX

Integration maturity today

Integration	Current level	Needed to advance
Hospital HIS / EHR	Designed	Agreement, credentials and conformance
Laboratories	Designed	Agreement, credentials and conformance
Insurance & NPHIES	Designed	Agreement, credentials and conformance
Payment gateways	Designed	Provider selection and contract
National identity	Designed	Agreement, credentials and conformance
Messaging	Designed	Provider selection and contract
Medical devices · IoMT	Designed	Regulator-approved devices

Master programme vs Phase 1 commitments

Component	Master programme	Phase 1 commitment
Virtual hospital	Yes	Yes
Home care	Yes	No
Remote monitoring	Yes	No
Hospital at Home	Yes	No
Store, academy, loyalty	Yes	No
Tourism & transport	Yes	No
Live integrations	Yes	Partial
International expansion	Yes	No
Medical establishment, clinical staffing, device procurement	Yes	Responsibility of the operator and competent authorities