

# Standard Operating Procedure for the use of the Oxehealth Oxevision (non-contact technology) In EPUT Inpatient bedrooms, seclusion rooms and HBPoS facilities

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## 1 Introduction

This Standard Operating Procedure details the processes to be followed when using the Oxehealth Oxevision system (non-contact technology). This system is a medical device with assistive technology which supports the clinical care for patients.

Oxevision is a fixed-installation device for use within single occupancy rooms within hospitals, general care, domestic and secured environments where a framework exists which mandates periodic checks by a trained professional to ensure patient safety.

The Oxevision system uses sensors in individual bedrooms, which are linked to an interface at the nurse station in the form of a computer screen and on portable tablets.

This Standard Operating Procedure details how the Oxevision system (non-contact technology) is used as assistive technology in our patient care practices to support the safety of patients whilst in their bedroom areas and seclusion rooms, where the system is installed in the Trust.

Oxevision has been introduced in EPUT across selected inpatient wards seclusion rooms and Health Based Places of Safety (HBPoS) to enhance and improve patient care and safety in order to:

- Reduce the risk of self-harm, incl. ligatures
- Identify periods when patients may spend prolonged times in bathrooms and blind spots
- Reduce the risk of multiple people in room at one time
- Reduce disturbance during night-time observations

**Please note that the Oxehealth Oxevision Standard Operating Procedure (SOP) compliments the Trust's Therapeutic Engagement and Supportive Observation Policy, and does not replace it.**

## 2 System Functionality

Oxevision is a medical device that supports the observations of a patient by providing spot check pulse and breathing rate observations is compatible with all skin types. It further offers the following Alerts and Warnings.

- **Out of room** – An alert is raised if the patient leaves the bedroom through the main door.
- **In bathroom** – An alert is raised to indicate the patient has left the bedroom and entered the bathroom / ensuite area.
- **In blind spot** – A warning is raised to indicate a patient is loitering in a known blind spot.
- **At door** – A warning is raised to indicate a patient is loitering in the immediate area of a room entrance.
- **Room entry** – An alert is raised when a second person enters an occupied room.
- **Activity detection** – An alert is raised if no activity is detected in an occupied room.

- **Edge of bed** – A warning where a patient is identified as being at the edge of bed and at risk of falling.
- **In monitored area or Monitored area empty** – where applicable due to blind spots near doors, the 'In monitored area' feature converts to a warning of 'Monitored area empty' when a patient enters a non-monitored area of the room. The door top alarms, where fitted, will still be triggered when the door is opened

### 3 Purpose

The Oxevision system within EPUT Inpatient Bedrooms, Seclusion and Health Based Places of Safety (HBPoS) will monitor:

- Activity alerts** – Real-time alerts for when a patient is on the edge of their bed and when they have left their bed during night time hours. Real-time alert when no activity/movement is detected in an occupied room.
- Alerts to early warning signs**– Real-time alerts when there a potential risk activities, for example, when someone remains in their bathroom for an extended period of time, or additional people are detected in an occupied room.
- Specific Vital signs measurements** – Spot measurements of pulse and breathing rate.
- Blind spot warning / In monitored area and out of monitored area** – Real-time warning when a patient is in a blind spot (identified at site survey stage or in room reconfiguration) after a set period of time.
- Activity reports** – Timeline summary of patient activity detected in a room, including time in bed, room (but not in bed), out of room.
- Replay last alert** – 10- second video clip provided for the last alert to provide more information for staff (for example, to review an unwitnessed fall).

The Oxevision system can only be used for patients risk assessed as being nursed under Level 1 or Level 2 observations when in their bedroom areas (where Oxevision is installed). The system is not intended for those patients that are assessed as requiring a designated nurse to remain with them at all times. However, where Oxevision is installed in seclusion and HBPoS areas, direct monitoring will be used both with the system and in person.

The device is indicated for use on adults and adolescents over 12 years old that do not require enhanced care.

**Table 1 Oxevision EPUT Alerts and Warnings**

Oxevision EPUT Alerts and Warnings

Type	Description	Active Time Frame	Activation Trigger
Alert	Out of room	1900 - 0700	Upon exit of room
Special Tile	Out of monitored area	24/7	Upon entry to an unmonitored area. Similar to Out of Room/Room Empty
Warning	In bathroom	24/7	Upon entry to bathroom
Alert	In bathroom	24/7	At 3 minutes in the bathroom
Warning	Multiple room entry	24/7	Multiple persons in room
Warning	In blind spot	24/7	When person enters a registered blind spot
Alert	No Activity	24/7	When there is no activity of patient after 30 or 50 seconds. Time is site dependent.
Warning	At door	24/7	Occupant remains at doorway for more than 30 seconds
Alert	At door	24/7	Occupant remains at doorway in excess of 3 minutes
Alert	Edge of bed	24/7	Occupant is identified as on the edge of the bed. (Older adult wards)
Alert	Out of bed	24/7	Occupant is identified as out of bed (Older adult wards)
Alert	Interfered with	24/7	When a foreign substance is applied to the housing unit surface.

\*Some alerts and warnings are only active on specific wards. Please review local features.

#### 4 Training and Responsibilities

It is the responsibility of all care staff within an environment where Oxevision is installed to be familiar with the Oxevision system to support patient care delivery.

Staff **must be trained and deemed competent (using the competency checklist [page 14](#)) on the Oxevision system before use.** All direct care staff (substantive and temporary; agency and bank staff) will be given training in how to use the system. This will be via local cascade Oxevision trainers / champions.

Staff engagement and training needs will need to be constantly revisited due to staff turnover and the use of bank and agency, this will be the responsibility of the ward manager.

The training will include:

- The purpose for use
- The SoP
- What the system can and cannot do, including intended use and limitations
- How to use the system
- How to inform patients and carers about the system and its use as part of their care, including handling any concerns and objections

It is the responsibility of the ward manager / nurse in charge to ensure that only staff that are trained in the use of the equipment are allocated to patient care responsibilities that require its use.

All staff must ensure the volume on the devices (screen and tablets) is kept to the level as originally set. Volume settings must not be adjusted to silent or volume reduced so as alerts are cannot be heard. The monitor and PC must not be unplugged for any reason.

Any incidents that occur are required to be registered on DATIX as per Trust policy. If an incident was a result of notification from the Oxevision system, the corresponding tick box must be filled in.

In compliance with Trust Duty of Care guidance, staff are required to respond to all alerts and warnings with the appropriate response. The resetting of Oxevision alerts can only be completed after an in-person patient assessment, failure to do so is a breach of safety protocols.

Additional resources and training are available on the Intranet or Internet:

- Intranet home page – Teams – Clinical Systems, IT & Telephony – Oxehealth
- Internet: OxeAcademy is the Oxehealth free online learning platform which Oxevision users can use to refresh and update their Oxevision knowledge. Staff can log in to OxeAcademy at [www.Oxehealth.academy/login](http://www.Oxehealth.academy/login). Register with a work email.

## **5 Process**

### **5.1 Patient, Carers, Friends and Family Communication**

It is important to inform and raise awareness of the use of Oxevision with patients and carers as well as patient and carer representative groups within an organisation.

Choose a suitable time to inform patients using the below

- Patient and Carer Leaflet
- Poster
- A discussion

The manner by which patients and carers are engaged and informed should have multiple touchpoints. For example

- Every patient should be informed about the use of Oxevision during the admission process and be provided with the relevant Patient and Carer Leaflet. Staff should also have a conversation with carers, friends and families where appropriate. All Oxevision related conversations must be recorded in the clinical record and the admitting nurse will ensure the admission checklist is updated on the clinical dashboard.
- Individual conversations for patients, carers, friends and family with nurses and/or doctors where the use of Oxevision is revisited.

- Regular discussions during ward community meetings. Oxevision should form part of the standing agenda to allow patients and MDT members to have open discussions.
- Regular discussions during MDT reviews.

Careful consideration must be paid to what and how information is provided to patients and carers, including the time and method of communication. This is not a “one-size-fits-all” model and must take into account the local variation in services as well as individual patients’ preferences and choices.

Where Oxevision is installed, Trust signage regarding the use of the equipment must be displayed clearly in public areas within the building, and within the patient’s bedroom to ensure that patients and their carers are aware of its use. (See [Appendix 4](#) for patient poster)

Further information will be provided to patients in the ward information pack provided on admission. The documentation will detail what, when and how patient activity and vital sign measurements will be recorded in a bedroom area. Any queries the patient or family members have are welcomed and must be answered in full and a record documented in the patient’s health record.

Staff must ensure that where the Oxevision is installed in patient bedrooms, all patients and their family / carers are informed that Oxevision monitoring is part of normal practice for that inpatient service and that consent for its use whilst within inpatient services is deemed implicit upon admission.

## 5.2 Implicit Consent

Oxevision is continually switched on and monitored in every bedroom as part of the safety care plan. Therefore all patients are opted in upon admission as part of the standard ward practice. The patient is encouraged to raise questions and concerns and there are regular opportunities for the patient to engage with staff. Objections can be raised at any time during the admission episode.

However if a patient refuses the use of the Oxevision system in their room, the responsible clinician should be informed. The system is not to be switched off until an MDT meeting within 72 hours has taken place, here they will decide whether to withdraw the use of the assistive technology if in the best interest of the patient, taking into account the balance with individual preference, safety management, mental capacity and other alternatives, just as they would for other treatment approaches. This approach needs to be open and with honest communication including the frequent reiteration of the existence and purpose of the system so staff can be sure that patients informed implicit consent remains in place. If the MDT agrees to switch the system off, the room can be individually isolated with the monitor in the ward base stating ‘turned off’.

The nurse in charge will action the MDT confirmation and ensure that standardised monitoring is in place as per Therapeutic Engagement and Supportive Observations Policy and Procedure CLPG8. The clinical team are to revisit with the patient at agreed intervals the use of this system within their room.

If the MDT decision it to disable a room this must be documented within the patient’s record and a DATIX completed. [Please see Appendix 1.](#)

**Disabling rooms for another other purpose than patient refusal is not allowed.** Arbitrarily disabling room alerts to cancel audible alerts is a breach of patient safety protocol.

### 5.3 Use of Oxevision

Designated staff will be trained as champions in the use of Oxevision on each ward and wherever practicable there is to be a champion on each shift. These champions will be responsible and the experts in the use of the system at a local ward level providing local training to staff within their clinical environment. Training in the use of Oxevision will be part of a staff member's local induction to the ward.

Detailed guidance for staff in the use of the Oxevision system can be found on the intranet and on the internet at [www.oxehealth.academy](http://www.oxehealth.academy). These resources provide step-by-step guides for the use of Oxevision for those staff that have received face-to-face training in the use of the system.

Once trained in the use of the Oxevision system staff must complete the competency form and be countersigned by the designated trainer / champion.

[Please see Appendix 2.](#)

A process flowchart for the use of the Oxevision system is available to guide practice. [Please see Appendix 3.](#)

For patient bedroom areas the monitor will be located within the staff office and staff will utilise hand held mobile devices to make use of the Oxevision assistive monitoring whilst providing patient care.

For seclusion areas and Health Based Place of Safety a fixed monitor will be located within the office located in these areas. This will be implemented on admittance of the patient to the designated area and will ensure that staff are able to maintain compliance and monitoring with the Oxevision system.

Use of non-breakaway shoulder straps on hand held device cases is prohibited. Remove and discard straps in non-patient accessible waste receptacles.

In using the Oxevision system to reduce disturbance during night-time observations or general observation:

- Staff should watch the video image and assess whether a patient is present and whether they judge there to be any reason for concern, in line with the observation checklist process.
- If the patient is not present when checking the video image then staff should check the patient in person and record their location.
- If the patient is present, check the video for any concerns; where staff have any concerns check the patient in person and record their position.

## Specific vital signs function

- Staff members undertaking observations using the Oxevision system can access Oxevision Vital Signs tool by clicking on the room to be observed and then clicking “Take Observation”.
- Observing staff should ensure that, when a patient is in the designated room, they take and document the specific vital signs (pulse rate and breathing rate) of that patient in accordance with the frequency of level 1 or 2 observations set.
- Oxevision is not able to measure Pulse and Respiration when a client is moving. Upon observation if the patient is moving (not still) then record their position and staff must physically check the patient in person to establish the required observations.
- Upon observation if the patient is not moving (still) then record the patient position, pulse and breathing rate.
- If the pulse and breathing rate cannot be established then the process can be repeated once, if the rates cannot be detected at the second observation then staff must physically check the patient in person to establish the required observations.
- Oxevision Vital Signs is a certified medical device, however, if there are any concerns when using the system, patients should be checked in person.
- On completion of an Oxevision reading, staff are to record the results on the relevant trust observation paperwork.
- If staff have any concerns about the patient’s status, due to the vital signs observed or activity observed then they must escalate as per the Trust Therapeutic Engagement and supportive Observation Policy.

Specific vital signs function in the Oxevision system should not be used to replace physical health monitoring of clinical deterioration, use of NEWS2 should be in place in order to record all necessary parameters and guide clinical decision making.

Oxevision system is not to be used for any other purposes of physical observation. For example if a nurse call bell is used by the patient, the Oxehealth system is not to be used for a video check, there must be a physical patient check to respond to the patient’s needs.

The Oxevision system must not be used when managing complicated patient presentations.

If for any reason there is a technical failure / malfunction of the Oxevision system, then staff should continue to provide patient care without the support of the assistive technology, there may be the requirement to review individual care plans during the period of technical failure to maintain their safety with alternative methods. The technical failure must be reported urgently through the routes detailed in section 8.

**Staff remain responsible for patient safety and clinical judgement must be used at all times. The patient should be checked in-person if there is any potential patient safety concerns**

## **6 Patient Privacy and Dignity**

Patient privacy and dignity are guiding principles for Oxevision system design. The user interface has been designed by clinicians with this in mind. The system includes an infrared sensitive camera designed for staff to operate the system via a privacy screen to collect vital signs. The camera feature is not designed or purposed for CCTV.

There are just two conditions where visual displays are available:

- During an alert (red, accompanied by audible and visual alerts). A pixelated view is available. Until a reset is initiated, an alert remains audible and the pixelated image remains available. Remote viewing by camera does not negate the requirement for an in-person clinical assessment. Only when the in-person assessment is completed can an alert be reset.
- During a specific vital signs observation. A clear image is viewable for the purpose of capturing vital signs. The camera will timeout after 10 seconds. Only initiate a vital sign observation when the tile is Green and the patient status is 'In Room' or 'In Bed.' Do not attempt vital sign observations when the status tile is Amber or Red.

In addition, ensuite bathrooms are masked off from a privacy and dignity perspective. If a patient is using the ensuite bathroom, the privacy screen will clearly indicate their status.

## **7 Monitoring and Compliance**

### **7.1 Patient Safety Incident reporting**

Where the Oxevision sensors are installed in an inpatient environment and where an incident occurs (i.e. fall, medical emergency) then this must be clinically responded to immediately and as per routine practice and without delay.

All such incidents will be reported using DATIX the Trust's Incident reporting system as per routine practice.

Incidents that occur in patient environments where Oxevision sensors are installed will be subject to review by the Matron for the service and where required escalated to the Head of Patient Safety Incident Team.

### **7.2 Salient Data**

Salient data or Salient Video Data (SVD), which is full, non-pixelated video footage, can be captured upon request if there is a situation that the ward would like to further investigate. The Care unit senior leadership team (or their nominated deputies) and if

out of hours, the On Call manager, can request the capture of salient video data, this must be made directly to Oxehealth within 24-hours of the situation or incident.

The requestor must provide their name, requested date and time, and reason for the salient video request.

Upon receipt of a request, Oxehealth will capture and transfer the requested salient data to a secure USB for delivery to The Lodge. An access PIN for the USB will be emailed to the Trust's designated recipient. The USB will be secured with the legal team for review and assessment. Salient data must always be under the control of the legal department.

Salient data will not be released directly to the ward and are managed via protocols governing the use of the data. *(Please contact the Legal team/DPO for further guidance)* To ensure immediate action and lessons are identified the Associate Director for the service and the Head of Patient Safety Incident Team will be authorised to access the salient data. Any other requests will need to be discussed with the Legal team / DPO.

**Salient data is automatically deleted from the Oxehealth server after 24 hours.**

## 8 System Management

### 8.1 Technical Support

The Oxevision system is comprised of various interdependent technological elements. The primary pathway for communications between a device and the Oxevision server relies on a quality WiFi signal on the ward. Some issues can be solved remotely through the Oxehealth service desk. Following are the methods for reporting issues, feature requests, and profile changes to Oxehealth:

- Email: [support@Oxehealth.com](mailto:support@Oxehealth.com)
- Customer service phone line for urgent technical issues: 0800 030 6781
- Feedback form: can be sent via the monitor.  
(This information is displayed at all times on the Oxevision monitor)

Where onsite support is required from Oxehealth, attendance will be within the timeframe defined in [Appendix 3](#).

Where Oxehealth are unable to resolve an issue remotely, meet on-site attendance criteria or an escalated priority, the Oxehealth service desk will initiate a service request with the EPUT IT Service Desk. Refer to Oxehealth - EPUT Service Agreement - v0.16 - 26 Oct 2020 ver5.

When the Oxevision system is unavailable, clinical staff are to ensure that the Therapeutic Engagement and Supportive Observations policy and procedure CLPG 8 is followed.

A list of scenarios and clinical intervention requirements (Business Continuity Planning) following an Oxevision system incident are available. [Please see Appendix 4](#)

Local business continuity plans must include protocol and procedures should the system fail due to technical or electrical issues.

## **8.2 Changes to Room Configuration**

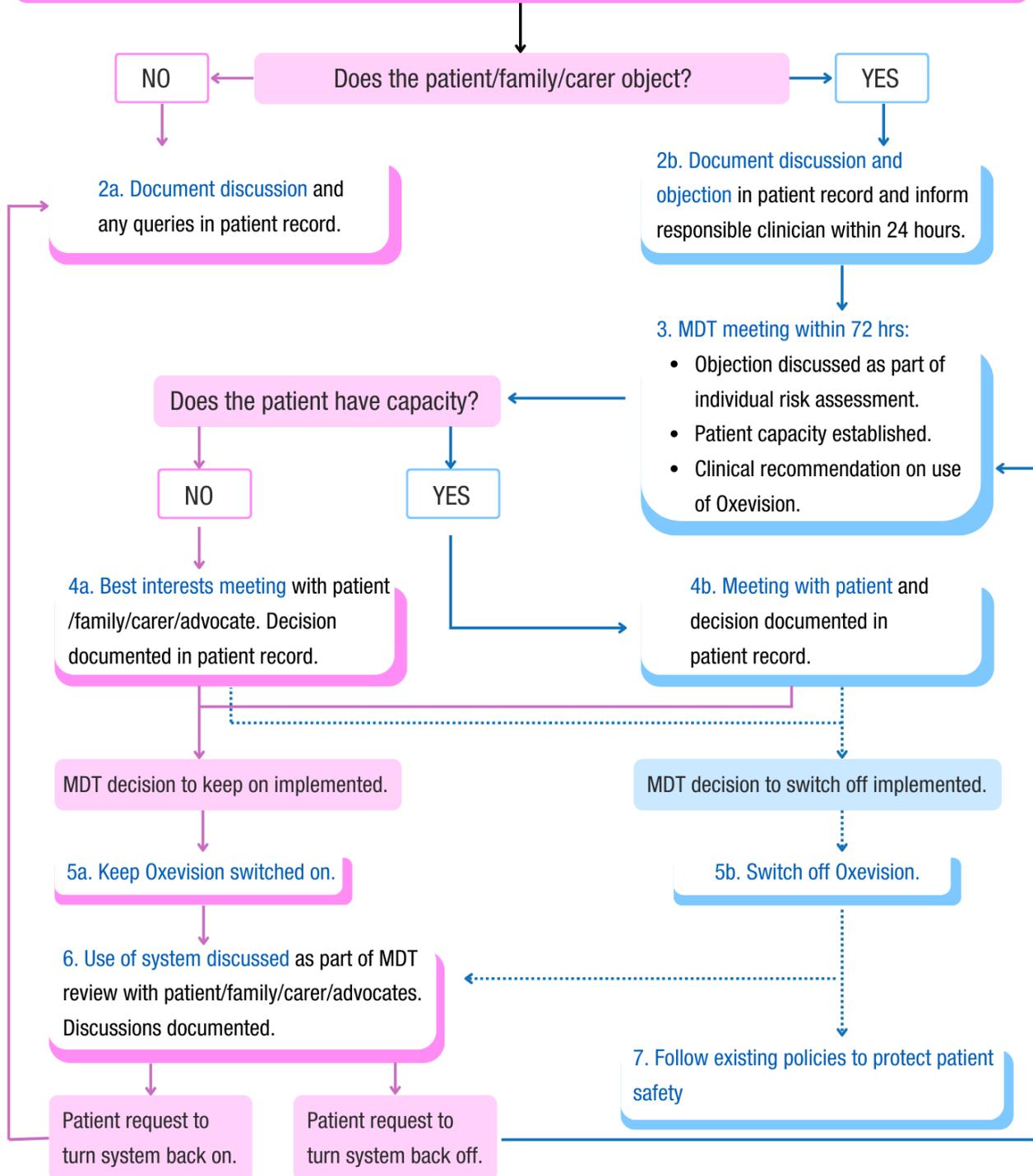
The Oxevision system algorithms are calculated for the room configuration at the time of blind running. Oxehealth must be notified should the room configuration be altered including repositioning of the bed space. Failure to notify Oxehealth to re-establish observation parameters may have an adverse impact on performance and accuracy.

## **9 Review**

This Standard Operating Procedure will be reviewed on a six-monthly basis to reflect the programme of installation of the Oxevision system (non-contact technology) across the inpatient services of the Trust.

## APPENDIX 1: OXEVISION CONSENT FLOW CHART

Fully inform (verbally and provide written materials) patient/family/carers about the Oxevision System purpose and functionality and advice that Oxevision is switched on from admission as part of admission procedure. Document the discussion.



## APPENDIX 2: OXEVISION RECORD OF COMPETENCY

<b>Name</b>		<b>Designation</b>	
<b>Department</b>		<b>Date:</b>	

**Legend D=Discussion O=Observed**

<b>Competence</b>	<b>Evidence (where relevant)</b>	<b>Date Achieved</b>	<b>Assessor Name and Initials</b>	<b>Staff Initials</b>
<b>Introduction</b>				
Demonstrates an understanding of what Oxevision is and how it works <b>(D)</b>				
Describes when and how to inform patients on the use of Oxhealth <b>(D, O)</b>				
Demonstrates the location of the Instructions for Use and Oxhealth 24/7 support telephone number on the Oxevision screen <b>(D)</b>				
Demonstrate how to seek help or provide feedback to Oxhealth <b>(D)</b>				
Conversant with the Standard Operating Procedure <b>(D)</b>				
<b>System Usage</b>				
Describe and demonstrate how to take a specific Vital Signs reading and when it should be performed <b>(D/O)</b>				
Describes circumstances in which a Vital Signs measurement may not be possible or appropriate <b>(D)</b>				
Demonstrates how to document Oxevision data in patient electronic records <b>(D/O)</b>				

<b>Competence</b>	<b>Evidence (where relevant)</b>	<b>Date Achieved</b>	<b>Assessor Name and Initials</b>	<b>Staff Initials</b>
Describes the difference between warnings and alerts and demonstrates how to respond to warnings and alerts <b>(D/O)</b>				
<b>System Usage (continued)</b>				
Demonstrate how to manually disable an alert using the “reset” button after reviewing the patient in person <b>(D/O)</b>				
Demonstrates how to switch rooms off/on on Oxevision <b>(O)</b>				
Confirm understanding of process for managing consent flowchart within the SOP has been reviewed <b>(D)</b>				
Understand the importance of documenting in the records and recorded on DATIX if Oxevision use is declined <b>(D)</b>				
Understands the Importance of Volume <b>(D)</b>				
<b>Reports and Trends</b>				
Understand how to view Vital Signs Trends on Oxevision <b>(D/O)</b>				
Demonstrates how to view reports on Oxevision <b>(D/O)</b>				
Understands how to export reports from Oxevision <b>(D/O)</b>				
Demonstrates how to view a Vital Signs Trend chart <b>(O)</b>				
Demonstrates how to view a 7-Day Activity Report <b>(O)</b>				

Knows how to export a 7-Day Activity Report (O)				
<b><u>Salient Video Data (Must be requested within 24 Hours of Incident)</u></b>				
Understands how to request Salient Video Data for investigation (D)				

Competence	Evidence (where relevant)	Date Achieved	Assessor Name and Initials	Staff Initials
<b>Seclusion/s136 only</b>				
<b>Seclusion/s136 only:</b> demonstrates how to view a Session report (O)				
<b>Seclusion/s136 only:</b> knows how to export a Session Report (O)				

<b>Reviewer Name / Signed</b>		<b>Designation</b>	
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### APPENDIX 3: SYSTEM SCENARIOS AND CLINICAL INTERVENTIONAL REQUIREMENTS (BUSINESS CONTINUITY PLANNING)

	Scenario	Support channel to be used	Procedures	Possible root cause(s)	Priority	Mitigations
1	The Oxevision system is not operational for the full ward	24/7 Support Line	Trust staff to log incident with ITT Helpdesk in accordance with internal procedures. Trust staff to log incident with Oxehealth immediately on 24/7 Support Line. Trust staff to revert to manual observations of patients or other internal business continuity fallback procedure Oxehealth to acknowledge incident immediately. Oxehealth to resolve incident within 24 hours (7 days a week) unless the incident is unrelated to the Oxevision system and based on ITT Helpdesk providing immediate access to the location, if required.	Issue with gateway server or switch equipment. Both interfaces (fixed monitor and tablet) are unavailable. Unstable software update.		Oxehealth to install infrastructure to remote management. Software updates typically pushed Mon-Thu only and option to "roll back", if necessary.
2	The Oxevision system is not operational for one or more rooms	24/7 Support Line if between 9am-5pm Feedback form or email to support@Oxehealth.com if between 5pm-9am	Trust staff to log incident with ITT Helpdesk in accordance with internal procedures. Trust staff to log incident with Oxehealth immediately. Trust staff to revert to manual observations of patients or other internal business continuity fallback procedure. Oxehealth to acknowledge the incident either: (i) immediately (if the incident is reported on the 24/7 Support Line; or (ii) before 12 noon the following day for incidents reported via feedback forms or email, where the form or email is submitted 5pm-9am (7 days).  Oxehealth to resolve "technical faults" remotely, if possible, within 1 working day (Mon - Fri) or next working day if issue raised Sat-Sun. Oxehealth to resolve "hardware faults" related to Oxevision system within 24-72 hours (7 days) depending on required fix - provided immediate access to location.	Issue with camera (e.g., slipped, disconnected, failed). Issue with server. Issue with illuminators.		Oxehealth to install infrastructure for remote management.

3	Display screen in nurses office not working	24/7 Support Line	Trust staff to log incident with Oxehealth immediately on 24/7 Support Line. Trust staff to use one or all three of the tablets. Trust staff to ensure sufficient tablets are charged for use.	Power source not connected or switched on. Monitor or mini-PC not switched on.		Trust to install secure sockets for dedicated power source.
4	Tablets not working	24/7 Support Line	Trust staff to check other tablets to see if they are working, if some or all tablets are not working then log incident with Oxehealth immediately on 24/7 Support Line. Trust staff to revert to using the screen in nurses station and revert to manual observations.	Tablet not switched on. Tablet undercharged or discharged. Tablet not properly configured.		Ward staff to ensure tablet(s) are fully charged for next shift
5	Tablets not connecting to WiFi in a specific area of the ward	24/7 Support Line	Trust staff to check other tablets to see if they are connecting if some or all tablets are not connecting then log incident with Oxehealth immediately on 24/7 Support Line. Trust staff to revert to using the screen at nurses' station and revert to manual observations.	Tablets not configured for dedicated WiFi source. WiFi access points in affected area installed above ceiling.		
6	Tablets not connecting to WiFi for entire ward	24/7 Support Line	Trust staff to check other tablets to see if they are connecting if some or all tablets are not connecting then log incident with Oxehealth immediately on 24/7 Support Line. Trust staff to log incident with ITT Helpdesk in accordance with internal procedures. Trust staff to revert to using the screen at nurse's station and revert to manual observations.			
7	Change in room configuration	24/7 Support Line	Trust staff to notify 24/7 Support Line of planned or ad hoc room configuration alterations. If changes are ad hoc, revert to manual observations for the affected room until notified by Oxehealth that the room has been recalibrated.			

8	One or more user interfaces is not operational	24/7 Support Line if between 9am-5pm Feedback form or email to support@Oxehealth.com if between 5pm-9am	Trust staff to log incident with Oxehealth. Oxehealth to acknowledge the incident either: (i) immediately (if the incident is reported on the 24/7 Support Line; or (ii) before 12 noon the following day for incidents reported via feedback forms or email, where the form or email is submitted 5pm-9am (7 days) Oxehealth to resolve "technical faults" remotely, if possible, within 1 working day (Mon – Fri) or next working day if issue raised Sat-Sun Oxehealth to resolve "hardware faults" within 24-72 hours (7 days) depending on required fix – provided immediate access to site			
9	The staff perceive a reduction in performance of the Oxevision system	Feedback form or email to support@Oxehealth.com	Trust staff to log incident with Oxehealth. Oxehealth to acknowledge within 1 working day (Mon-Fri) or next working day if raised Sat-Sun. Oxehealth to resolve within 24-72 hours (7 days), including explaining to Trust staff when Oxehealth Service is performing as expected.			
10	A Salient Video Data request	24/7 Support Line	Trust staff to log incident with Oxehealth immediately on 24/7 Support Line in line with The Trusts Salient Video Data request protocol. Oxehealth to acknowledge immediately and clip data remotely. Oxehealth to securely deliver data clip as encrypted video file within 72 hours (if request raised Mon - Thurs) or 96 hours (if request raised Fri – Sun) to nominated delegate in line with The Trusts salient data request protocol – provided The Trust provides immediate access to the location.			

11	There is damage to secure housing in a patient room	24/7 Support Line if between 9am-5pm Feedback form or email to support@Oxehealth.com if between 5pm-9am	Trust staff to risk assess patient safety risk in accordance with internal procedures, and decide course of action  Trust staff to log incident with ITT Helpdesk in accordance with internal procedures and revert to internal business continuity plans. If applicable (e.g. the housing is dirty and needs cleaning), Trust staff to follow cleaning instructions. If there is damage to the housing that cannot be rectified through cleaning, Trust staff to log incident with Oxehealth. Oxehealth to acknowledge the incident either: (i) immediately (if the incident is reported on the 24/7 Support Line; or (ii) before 12 noon the following day for incidents reported via feedback forms or email, where the form or email is submitted 5pm-9am (7 days). ITT Helpdesk in partnership with Oxehealth to resolve within 24-72 hours (7 days) provided ITT Helpdesk provides immediate access to location, including replacement of hardware if required.			
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**Excluded**

- Planned power outage      In Trust business continuity
- Unplanned power outage      In Trust business continuity
- Broadband connectivity goes down      Contract to include response time required from Trust IT - ability of Oxehealth to meet resolution deadlines detailed above depends on broadband connectivity
- Cabling issue      Trust responsibility - any suspected issues to be logged with IT Service Desk by Oxehealth ASAP

## APPENDIX 4: PATIENT POSTER

# oxevision

## A tool to help staff care for you more safely

### Oxevision technology is installed in all bedrooms

#### What Oxevision does

- Oxevision is a medical device that uses an infrared-sensitive camera to measure your pulse and breathing rate without disturbing you.
- It let's staff know when a second person enters your room.
- It sends notifications to staff and uses this information to help with your care (ask a member of staff for further information).
- Alerts staff when you have entered the bathroom and are out of range of the sensor.



#### Use of video: When can staff see you in your room?

- A clear image can be seen for up to 15 seconds only when checking your pulse and breathing rate.
- A blurred image can be seen for up to 15 seconds only when a notification has been received.

### Have concerns or want to know more?

#### Please speak to the Ward Manager or Nurse in Charge

Privacy Notice in the use of person identifiable salient video data (SVD) – further information on your data rights and how the Trust uses your data can be found at: [www.eput.nhs.uk](http://www.eput.nhs.uk).  
Alternatively, you can contact the Trust's Data Protection Officer at: [epunft.DPO@nhs.net](mailto:epunft.DPO@nhs.net).