oxehealth

NHS
Essex Partnership University
NHS Foundation Trust

Standard Operating Procedure for the use of the Oxehealth Oxevision and Oxevision Observations

Revision Chronology		
Version Number	**Effective Date**	**Reason for Change**
V1	26/03/2020	
V2	22/05/2020	Added seclusion
V3	05/11/2020	Added CAMHS services
V4	01/03/2021	Added Older Adults and 136 Suites
V5	20/04/2021	Added Privacy and Dignity
V6	07/06/2021	Added updates
V7	08/09/2021	Added competencies
V7.1	05/10/2022	Reviewed and fit for current use
V8	28/10/2022	Full document content and Consent process reviewed
V9	31/10/2023	Full document content and Consent process reviewed
V9.1	14/11/2023	Update repeat alert functionality (page 5), change 'should' to 'must' in patient communication process, and removed reference to 'Reduce disturbance' as a benefit of Oxevision use.
V10	31/05/2024	Consolidation of Oxevision v9.1 and Oxevision Observations v1.1 with six month review
V11	28/02/2025	Six month review – rewording - no activity detection, minor changes.
V12	30/04/2025 (published on 07/05/2025)	Full document content and Consent process reviewed and updated, informed by NHS England (2025) – Principles for using digital technologies in Mental Health Inpatient Treatment and Care guidance and Patient Engagement Focus Groups

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SECTION 1 OXEVISION

1.1 Purpose and scope

This Standard Operating Procedure identifies and explains the processes to be followed when using the Oxehealth's Oxevision system (Vision based patient monitoring). It is for the use of all staff who use the system or need to know how it works. The system uses vital signs software registered in the UK and Europe with Medicines and Healthcare products Regulatory Agency (MHRA) as a class IIa medical device.

Oxevision is a fixed-installation device for use within single occupancy inpatient rooms and secured environments where a framework exists requiring periodic checks by a trained professional to enhance patient safety.

The Oxevision system uses an infrared sensitive camera and illuminators in individual bedrooms, which are linked to a fixed Oxevision monitor at the nurse's station and portable tablets.

The term illuminator refers to the infrared light source used by the system to monitor patients. The Illuminator emits infrared light, which is invisible to the human eye but allows the infrared sensitive camera to capture detailed physiological data from a patient, even in low light or dark environments.

The Oxevision system (vision-based patient monitoring) is used as a Clinical Decision Support System in our patient care practices and should never replace direct staff engagement. This means it is used as an additional aid to support clinicians delivering care for our patients in their bedroom areas, seclusion rooms, and Health Based Places of Safety (HBPoS) where the system is installed in EPUT.

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:

- Provide a less intrusive way of delivering certain aspects of a patient's care
- Reduce the impact of potential risk of self-harm, incl. ligatures
- Identify periods when patients may spend prolonged times in bathrooms and blind spots which may indicate a deterioration in physical health
- Provide patient-centric reporting to support patient care planning
- Help mitigate against the risks associated with falls

Maintaining the privacy of patients and protecting the confidentiality of their data is of the utmost importance. EPUT and its staff have legal responsibilities to preserve and enhance patients' privacy and confidentiality. EPUT will ensure that staff observe all of the Trust's safety and security policies and guidelines, and do not relocate any equipment that has been installed for the Oxehealth software, or change any security or access arrangements to the equipment without first informing Oxehealth.

For the Oxevision tablets used by staff on the wards, staff must pay particular attention to ensuring these devices are used only by authorised and trained staff, using the devices as intended in accordance with EPUT approved training. Staff must log in to Oxevision Observations using their staff logon details and in compliance with the CP59 Data Protection and Confidentiality Policy.

Please note that the Oxehealth Oxevision Standard Operating Procedure (SOP) compliments the Trust's CLP8 Therapeutic Engagement and Supportive Observation Policy, and does not replace it.

1.2 How the System Works

Oxevision incorporates class IIa vital signs medical device software that supports the observations of a patient by providing spot check pulse and breathing rate observations and is compatible with all skin types.

The Oxevision alerts and warnings will vary according to the specific requirement of the ward or service. For example:

- **Out of room** – An alert is raised if the patient leaves the bedroom through the main door.
- **In bathroom** – A warning is raised to indicate the patient has left the bedroom and entered the bathroom / ensuite area, which will escalate to an alert after 3 minutes of no activity with a re-alert occurring every 3 subsequent minutes until the patient is verified as out of the bathroom. At 3 minutes the warning will convert to an alert with audible and red tile activation. Staff must conduct an in-person patient check before the alert is reset by the staff member.
- **In blind spot** – A warning is sent to a tablet/monitor to indicate a patient is loitering in a blind spot.
- **At door** – A warning is sent after 30 seconds when a patient is loitering in the main doorway area.
- **Room entry** – A visual warning is sent when a second person enters an occupied room.
- **Edge of bed** – An alert is sent where a patient is identified as being at the edge of their bed.
- **Leaving bed** – An alert is sent when Oxevision detects that an individual is making movements that indicate that they are preparing to get out of bed.
- **Replay last alert** – The most recent four alerts will be displayed. To see all alerts over the last 12 hours, click the drop-down arrow on the Activity Report. The 'Replay last alert' function is only available on older-patient wards.
- **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. "Monitored area" is that area in a room that is outside of the camera range. Examples may include directly under the Oxevision housing.

- **No activity detection** – '*No Activity*' alerts can **only** be switched on for seclusion, long term segregation (LTS), and HBPoS i.e. where staff are responsible for a vulnerable person who is being cared for or observed in a locked room. *'No Activity'* alerts are designed to notify staff when the system has not detected sufficient movement, in an occupied room within the previous 50 seconds.

1.3 Monitoring

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

i) **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.

ii) **No Activity alerts -** No Activity alerts can **only** be switched on for "secure rooms", i.e. where staff are responsible for a vulnerable person who is being cared for or observed in a locked room. Examples of secure rooms include seclusion, HBPoS rooms in mental health settings.

iii) **Alerts to early warning signs**– Real-time alerts when there are potential risk activities, for example; when someone remains in their bathroom for more than 3 minutes with a re-alert occurring every 3 subsequent minutes. Another example is when additional people are detected in an occupied room.

iv) **Vital signs measurements** – Spot measurements of pulse and breathing rate.

v) **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). "Monitored area" is that area in a room that is outside of the camera range. Examples may include directly under the Oxevision housing.

vi) **Activity and Vital Sign trend reports** – Timeline summary of patient activity detected in a room, including time in bed, in room (but not in bed) and out of room.

The Oxevision system is active at all times, unless this has been switched off following the correct procedure as per SOP. **Oxevision does not alert to early warning signs affecting pulse and breathing rates other than in seclusion, LTS or HPBoS rooms.** Vital sign readings require an action by staff.

The Oxehealth Vital Signs device is indicated for use on patient's 12-years of age or older with all skin types, who do not require critical care.

1.4 Training and Responsibilities

Training and EPUT guidance are delivered in the following formats:

- During the wards implementation phase an Oxehealth trainer provides onsite training and Microsoft Teams remote training.
- **All staff** who work in inpatient wards must be trained using the Oxevision system.
- The mandatory training consists of the completion of the Oxevision and Oxevision Observations courses on Oxehealth Academy, and the Oxevision OLM. When staff have completed their mandatory training the completion status will be displayed in their Mandatory Training Tracker List on EPUT's Intranet.
- All mandatory training components require a100% pass mark and need to be completed annually.
- Training in the use of the Oxevision system is included in the staff local induction to an inpatient ward. All staff that are new to Oxevision will be briefed by an Oxevision champion or a trained, competent staff member on the equipment, application, and relevant EPUT standard operating procedures.
- All staff need to demonstrate competency and record that demonstration on a competency checklist.
    - If the staff member is a bank or agency member, then the completed competency checklist is to be sent by the ward administration support to the temporary staffing team.
    - If the staff member is non-bank or agency then the completed competency checklist is to be retained by their manager.
    - If a staff member has not worked on a ward for an extended period, the Nurse in Charge (NIC) must assess their competency to use the system. If gaps are identified, the competency checklist must be completed, and the staff member may be required to repeat their mandatory training.
    - It is the responsibility of the Nurse in Charge (NIC) to be assured that all staff on shift are competent in the use of the Oxevision System.
- Information for Use (IFU) for Oxevision Vital Signs, Activity Tracker, and Seclusion are available on the EPUT Intranet Oxehealth page, Oxehealth Academy, and accessible on the Oxevision dashboard.

No other training materials should be used.

EPUT Oxevision and Oxevision Observations training must include:

- The Oxevision Observation function supports the implementation of EPUT Policy CLP8 Therapeutic Engagement and Supportive Observation Policy
- Oxevision is not CCTV. Use of Oxevision as CCTV is likely to be a breach of patient's rights to privacy and dignity.
- The Standard Operating Procedures for Oxevision and Oxevision Observations.
- How to share information about the Oxevision system and the use with our patients, relatives and carers, including supporting any concerns and objections to the use of the Oxevision system and consent.
- How to use Oxevision and Oxevision Observations to conduct observation rounds, periodic observations, managing observations levels.
- Ward level application of system, alerts and notifications, and functionalities.
- Process for reporting data or hardware issues to the Oxehealth Support Desk.
- The process of requesting clear video data within a 24-hour window of a serious or patient safety incident.
- Ensuring that the observation tablets for the oncoming shift are charged sufficiently to at least 70%.
- Charging the devices and safe use and storage of external power adapters and cords.

1.5 Process

1.5.1 Patient, Carers, Friends and Family Communication

It is imperative that staff inform patients of system presence, gain patient consent for use, and confirm awareness of the use of Oxevision and Oxevision Observations with our patients.

EPUT is committed to working in partnership with patients, their relatives, carers, nominated persons, and representative groups within the organisation to ensure clear communication and understanding of the Oxevision system.

Personal safety planning and management must focus on the patient's needs and how to support their immediate and long-term psychological and physical safety.

The Culture of Care Standards for mental health inpatient services (2024) promote a person centred approach to safety; getting to know the patient, building rapport and the therapeutic relationship are key to helping people be and feel safe.

If digital technologies are assessed to be a proportionate and an appropriate method to help manage personal safety risks for patients, then they must be used alongside relational care approaches and an approach which will fosters therapeutic relationships.

Staff will share information about Oxevision and Oxevision Observations at the time of admission using the points below:

- Oxevision leaflet
- EPUT Welcome Pack

- A comprehensive discussion about the system use of Oxevision and Oxevision Observations, the patients' rights to withdraw consent at any time during their admission, how the patients data is stored and how the patient can gain more information.
- Patient's should be informed that EPUT have a Standard Operating Procedure (SOP) which is available on request.

Patients, relatives, carers, or nominated persons should be fully engaged and informed about how the system works. Here is a non-exhaustive list of how this might be achieved:

- Every patient must be informed about the use of Oxevision and Oxevision Observations during the admission process and be provided with the relevant Oxevision leaflet and EPUT Welcome Pack. Staff must also have a conversation with relatives, carers, or a nominated person where appropriate.
- The admitting nurse should ensure the admission checklist evidences that an Oxevision and Oxevision Observations conversation has been completed with the patient within 6 hours of admission and the informed consent has been gained or withdrawn.
- All conversations about Oxevision and Oxevision Observations must be recorded in the patient's clinical record.
- Patient's consent and views relating to Oxevision and Oxevision Observations must be recorded in the patient's individualised care plan, reviews of this consent to be detailed and agreed with the patient and their support network, as consent and mental capacity (see further below) can change during the course of admission.
- All staff should have conversations with patients, relatives, carers, or a nominated person about the use of Oxevision and Oxevision Observations as required.
- Oxevision and Oxevision Observations should form part of the standing agenda during ward community meetings to allow patients and members of the multidisciplinary team (MDT) to have open discussions.
- Patient discussions during ward review meetings regarding the use of Oxevision and Oxevision Observations should routinely take place and be recorded in the patient records.

Careful consideration must be paid to how information is provided to patients, relatives, carers, nominated persons, including the time and method of communication. Conversations regarding the use of Oxevision in patient care is not a "one-size-fits-all" model and must take into account the local variation in services as well as the individual needs of patient, relatives, carers, nominated persons preferences and their choices. Any reasonable adjustments that may be required to support their understanding of the system and giving consent to the same must be carefully considered on a case-by-case basis

Where Oxevision is installed, EPUT sign regarding the use of the equipment must be displayed clearly in public areas within the building. (See Appendix 4 for patient poster)

Suggested resources: OxeAcademy and Talking to Patients about Oxevision

1.5.2 *Oxevision Informed Consent Process*

As part of the admission process all patients must be provided with clear, accessible information about the use of Oxevision and Oxevision Observations.This must include its purpose, how it works, and what data is collected. Information about the function and purpose of the digital technology should be shared in a format that is personalised and tailored to the person's understanding and communication needs, including consideration of any reasonable adjustments needed. Details of how the patient's data will be collected, stored, and used must be explained in an accessible way to ensure consent is fully informed.

Patients are encouraged to ask questions, express any concerns, and given the opportunity to fully understand how and why the system is used. The patient will be informed that the Oxevision system is currently in an 'on' state and they will be required to give informed consent for this to remain on or the Oxevision system will be switched off within 6 hours. If the Oxevision system is not switched off within 6 hours then a clinical rational must be recorded in the patient's records and this must be achieved as soon as clinically practicable.

Where there is no reason to believe that a patient does not have the mental capacity to consent to the use of Oxevision in connection with their care and treatment, consent should always be sought from the patient and the use of the technology regularly reviewed with them, and if appropriate, with their families and carers, nominated person.

Consent for the use of the Oxevision system must be obtained and clearly documented in the clinical case notes, including the patient's response. The patient is assumed to have the mental capacity to give consent unless there is evidence that to believe that they cannot.

If there are concerns or doubts about a patient's mental capacity to consent, then the Nurse in Charge (NIC) along with the responsible clinician/duty doctor will assess the patient's capacity (with reference to number 2 and 3 of the MCA 2005). If there is reason to believe the person lacks mental capacity to make the decision they should proceed to make a best interests decision that includes clinical and all other relevant factors regarding whether the use of the Oxevision system is in the patient's best interests. Where there is reason to believe a patient lacks mental capacity a Multi-Disciplinary Team (MDT) meeting should then be arranged to specifically review this decision as soon as is reasonably possible.

If the patient consent is not given on admission, or is withdrawn during the admission process or following the MDT clinical decision, the Oxevision system can be individually isolated by the Nurse in Charge (NIC) using the monitor to select 'Camera off' for that patient's bedroom. A decision to turn the camera off should **only** occur if the Nurse in Charge (NIC)/doctor deems the action clinically safe prior to a Multi-Disciplinary Team (MDT) decision meeting. If the Nurse in Charge (NIC)/doctor deems this to not be clinically safe then the Oxevision system will remain on and the rationale to be explained to the patient and clearly documented in the patient record.

During the MDT decision meeting, the team will reach a joint decision concerning the use of the system. Any decision must be in the best interests of the patient, taking into account all relevant factors which are likely to include balancing their wishes and

feelings against safety management issues, clinical best interests and relevant factors. The assessment needs to be open and with honest communication including the patients/relatives/carers/nominated person/advocate views, the way it works and purpose of the system so everyone involved can be confident of an informed decision. If the decision is for the Oxevision system to be turned off for the patient's room, then this needs to be actioned by the Nurse in Charge (NIC) by individually isolating the function using the monitor to select 'Camera off' for that patient's bedroom. This decision is to be clearly communicated to the patient, relatives, carers, nominated person, advocate and staff and clearly documented in the patient records.

All clinical decision's regarding informed consent/objections of the use of the Oxevision system must be documented within the patient's record, the individualised patients care plan must be updated, and a Datix completed. Please see Appendix 1. The patient's informed decision of the use of Oxevision will be reviewed, assessed, and documented at least once weekly in ward review/MDT review. Should the patient, relatives, carers, or a nominated person and MDT agree to turn the Oxevision system back on, the Nurse in Charge (NIC) will action the MDT confirmation.

When a patient asks for Oxevision to be switched on following a prior decision for the Oxevision system to be switched off , the Nurse in Charge (NIC) will authorise and action the Oxevision system in the patient's room to be returned to an active state. The Oxevision reactivation must be communicated to the clinical team looking after the patient at that time, documented in the patient's record, and cited in the handover documentation. The MDT to be notified as soon as clinically practicable.

Out of hours
If patient does not consent/or capacity is queried on admission, an MDT should take place as soon as clinically practicable involving the NIC and the on-call doctor (as a minimum) to reassess the risk, the existing management plan in place and decide on further actions. In some circumstances especially when the risks are considered significant, the decision to switch off the Oxevision system may be delayed until the revised risk management plan is in place. The reasons for such a decision will be explained to the patient, their carer and recorded clearly in the patient records. The consultant in charge of the patient to be informed of the situation as soon as possible.

1.5.3 Use of Oxevision for Conducting Vital Sign Measurements

Specific vital signs function in the Oxevision system should not be used to replace physical health monitoring of clinical deterioration, use of National Early Warning Score (NEWS2) should be in place in order to record all necessary parameters and guide clinical decision making. Staff must record vital signs in relation to NEWS2 a minimum of every 12 hours. Refer to CG87 Clinical Guidelines on the Use of National Early Warning Scoring System (NEWS2) for applications of NEWS2.

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 Oxevision system. 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 1.6.1. Technical Support.

Staff remain responsible for patient safety and clinical judgement must be used at all times.

1.5.4 Patient Privacy and Dignity

Maintaining the patient's privacy and dignity are guiding principles for the Oxevision system design. The screen layout is designed by clinicians with this in mind. The Oxevision Observations is used in support of the Therapeutic Engagement and Supportive Observation policy regarding the patient's levels of engagement and reporting. The patients are aware of the use of Oxevision tablets, staff should always ensure patient privacy during the use of the system at all times. The Oxevision tablets should only be used for recording the Therapeutic Engagement and Supportive observations, vital signs, and responding to alerts and warnings and reviewing reports.

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 neither designed, purposed, nor should be used as CCTV or an alternative to direct physical confirmation of a patient's safe condition. If a staff member has a clinical reason to conduct an additional Therapeutic engagement and Supportive Observation/vital sign check then this needs to be recorded on the Oxevision Observation function and the rationale why there is a reason for concern needs to be documented.

Staff are not permitted to use the Oxevision Observation function to access patients without a clear clinical rationale. *This is monitored through the Tendable auditing system.*

There are just two conditions where visual displays are available:

- During an alert (red tile, accompanied by audible and visual alerts). A live 15 second anonymised/blurred view is available but would need to be triggered by touching the tablet or monitor to access this. Until a reset is initiated, an alert remains audible and the anonymised/blurred view remains accessible. 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 live clear image is viewable for the purpose of capturing vital signs but would need to be triggered by touching the tablet or monitor to access this. The camera will timeout after 15 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.

Ensuite bathrooms have a digital mask to ensure patient privacy and dignity is maintained for the patient. A digital mask if a pixelated view of the bathrooms to ensure the patient's privacy and dignity is protected at all times.

For further details on the EPUTs privacy notice - Privacy Policy | Essex Partnership University NHS Trust

1.5.5 Patient Safety Incident reporting

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

All such incidents will be reported using Datix, this is EPUT's Incident reporting system. When reporting system specific incidents through Datix, please ensure to include the date, time, room number, device used, and details of the issue. Oxehealth cannot correct user-error, but may use Datix generated insights for potential system enhancements.

When reporting on Datix you will be asked 'Did the Oxevision system play a role in alerting staff to the incident?' only select Yes when Oxevision was involved in the alerting. That may include, but not be limited to, alerts (audible or visual), camera views, or vital signs. Enter the role Oxevision played in the comments. EPUT Datix's support Trust learning and should be completed comprehensively.

1.5.6 Clear Video Data

Clear Video Data (CVD) is non-pixelated video footage that can be clipped and saved upon request if there is a situation that needs to be further investigated. The ward manager, Nurse in Charge (NIC) (or their nominated deputies), site manager, and if out of hours, the On Call manager, can request the clipping of the clear video data. The request must be made directly to Oxehealth within 24-hours of the situation or incident by calling the Oxehealth support line on **0800 030 6781**.

The requestor must provide their name, ward name, date and time of the CVD required, room number, and reason for the CVD request.

Upon receipt of a request, Oxehealth will clip and save CVD. Oxehealth will then seek authorisation from the named CVD approvers. Once authorisation has been granted, Oxehealth attend site to transfer the clipped CVD to a secure USB for delivery to The Lodge. An access PIN for the USB will be emailed to EPUT designated recipient. The USB will be secured with EPUT's legal team for review and assessment. CVD must always be under the control of EPUT's legal department.

Clear video 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 or Data Protection Officers (DPO) for further guidance*).

Clear video data is automatically deleted from the local Oxevision server (on EPUT sites) after 24 hours and no access to the data will be possible after this time frame.

1.6 System Management

1.6.1 Technical Support

The Oxevision system is comprised of various interdependent technological elements. Some issues can be solved remotely through the Oxehealth support desk. Following are the methods for reporting issues, feature requests, and profile changes to Oxehealth:

- Email: [I/S]
- Customer service phone line for urgent technical issues: [I/S]
- Feedback can be sent via the monitor situated within ward offices. (This information is displayed at all times on the Oxevision monitor)

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.

When the Oxevision system is unavailable, business continuity processes are applied and clinical staff are to ensure that the CLP8 Therapeutic Engagement and Supportive Observation Policy is applied and patients Therapeutic Engagement and Supportive Observations are recorded on paper and scanned into the electronic patient record.

1.6.2 Changes to Room Configuration

Oxehealth **must** be notified should the room configuration be altered including repositioning of the bed space. A failure to notify Oxehealth of configuration changes will have an adverse impact on Oxevision performance and accuracy.

NOTE: Movement of furniture a distance as small as 50cm can impact the system's accurate evaluation of a room configuration.

1.6.3 Downtime Notification Process

Any disruption to the recording of observations via Oxevision will follow the process below:

- Approval will be required from Chief Clinical Information Officer (CCIO), Chief Nursing Information Officer (CNIO) and Chief Information Officer (CIO) at least one week prior to the downtime.
- The BCP plan is to revert to paper for observation reporting.
- Communications (Comms) will be distributed to staff advising of the downtime as soon as possible to allow staff time to implement the BCP in a timely manner.

1.7 Review

This Standard Operating Procedure will be reviewed on a six-monthly basis to reflect the programme of installation of the Oxevision system across the inpatient services of EPUT. All review or changes must be signed off by the EPUT Oxehealth Project Board.

SECTION 2 OXEVISION OBSERVATIONS

2.1 Oxevision Observations Introduction

Oxevision Observations is a digital observation module within the Oxevision system. The Oxevision Observations module is a digital version of the paper observations record which is found in the CLP8 Therapeutic Engagement and Supportive Observation Policy.

Oxevision Observations is implemented only on Oxevision equipped inpatient wards, seclusion rooms and HBPoS to enhance and improve patient care and safety in order to:

- Provide a clear record of observations in a digital format for integration to the electronic patient record
- Assist in the identification of trends
- Report on quality of Therapeutic Engagement and Supportive Observation activity

The Nurse in Charge (NIC) will check the completion of observations periodically during their shift and provide the assurance in the Clinical Guideline CG20 (Clinical Handover).

2.2 Administrative

2.2.1 Oxevision Observations Reports

Oxevision reports are designed to provide an overview of accurate Therapeutic Engagement and Supportive Observation recording.
Oxevision Observation reports are exported daily to designated email addresses via secure Egress email and are not a direct live feed from the Oxevision Observation to the Electronic patient record. Mandatory recipients are the ward manager, matron, and the OxeObs Backup shared inbox. Scanning teams are responsible for the upload of reports to the respective electronic patient record systems.

- Mobius-based wards observation reports are uploaded by automation or the Mobius scanning team.
- Paris-based wards observation reports are uploaded by the Paris scanning team.

For details on manually exporting a patient's observation history, refer to OxeAcademy user guide 'How to view and export a patient's Observation History.'

2.2.2 Oxevision Observations Patient Configurations

Activity	Authorised Staff

Set up patient profile	Ward manager, Nurse in Charge (NIC) , matron, or designated qualified staff
Amend patient configuration profile	Ward manager, Nurse in Charge (NIC) , matron, or designated qualified staff
Allocate patients to rooms	Ward manager, Nurse in Charge (NIC) , matron, or designated qualified staff
Transfer patients	Ward manager, Nurse in Charge (NIC) , matron, designated qualified staff, Oxevision Champion or competent health care assistant
Discharge patients	Ward manager, Nurse in Charge (NIC) , matron, designated qualified staff, Oxevision Champion or competent health care assistant
Conduct observation rounds	Ward manager, Nurse in Charge (NIC) , matron, designated qualified staff, Oxevision Champion, health care assistant, or competently trained staff
Export observation reports	Ward manager, Nurse in Charge (NIC) , matron, or designated qualified staff
Daily review of observation history for shift	Ward manager, Nurse in Charge (NIC) , or designated reviewer

2.3 Observation Management

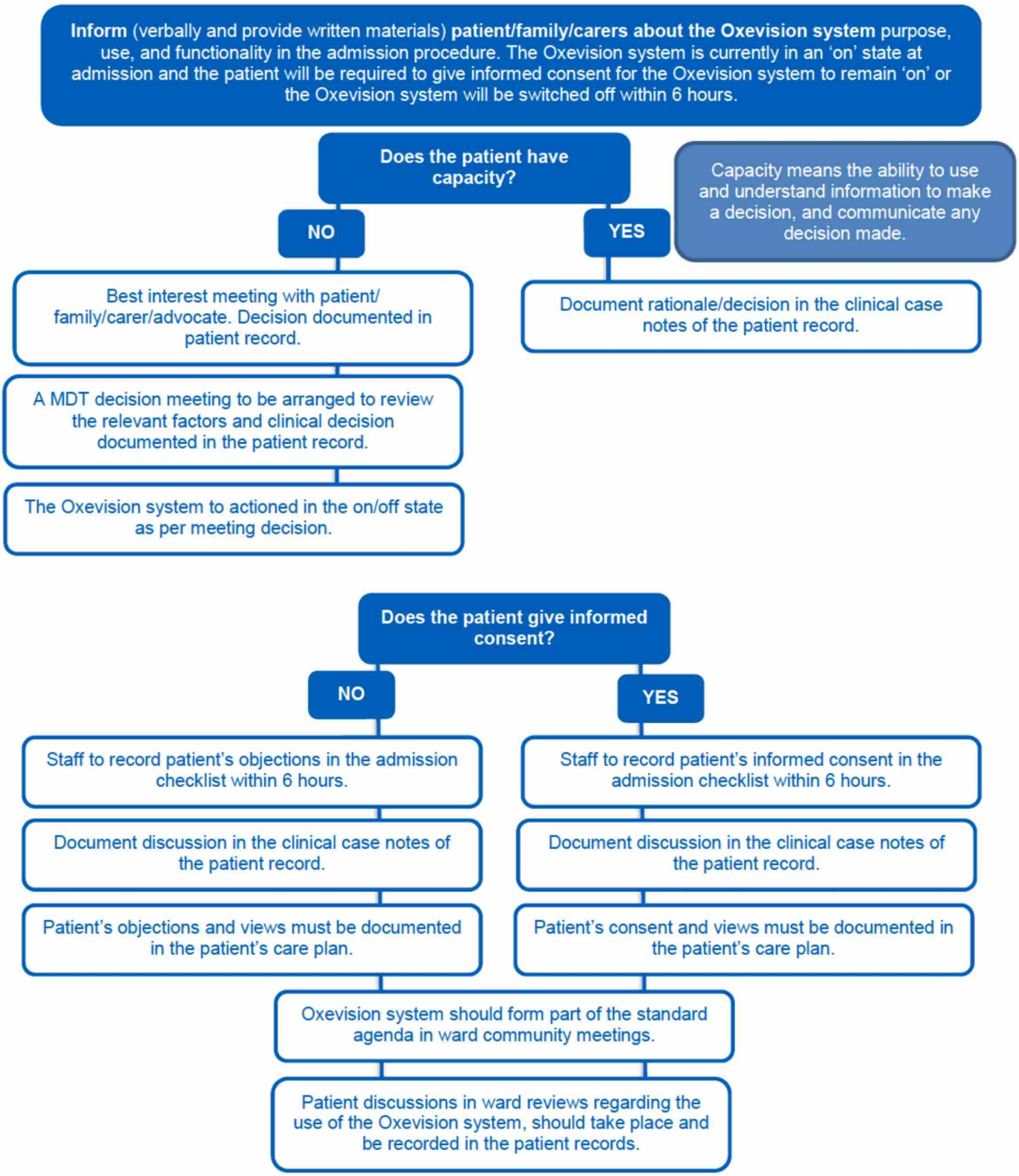
When a ward encounters a situation where Oxevision or Oxevision Observations is or will be compromised, staff must revert to using paper-based observations supported by the Therapeutic Engagement and Supportive Observations Policy CLPG8. Immediately report the issue through Datix, communicate this effectively to the staff/MDT and report the issue to the Oxehealth Support Desk. A compromised condition is any factor that will diminish or cease the ward's access to WiFi or the Internet. E.G WiFi connectivity is down.

Oxevision has a feature that enables staff to continue recording observations when a low or no WiFi condition exists. If staff submit observations with low or no WiFi connectivity, observations will be held in the "Pending Observations" outbox until sufficient WiFi connectivity is established to allow the submitted observation(s) to be fully completed.

When observations are held in the "Pending Observations" outbox, the "Pending Observations" icon in the top right will display the number of observations that are pending. Selecting this icon will open the "Pending Observations" outbox which will display all observations that have not yet been submitted and the time that they were recorded.

Users can navigate away from the Oxevision Observations module and submission of any pending observations will be completed whenever WiFi connectivity is re-established. When WiFi connectivity is re-established, the "Successful, Observations submitted" notification will be displayed on the device that the observation was submitted.

Appendix 1: Oxevision Informed Consent Flowchart



Out of hours
If patient does not consent/or capacity is queried on admission, an MDT should take place as soon as clinically practicable involving the NIC and the on-call doctor (as a minimum) to reassess the risk, the existing management plan in place and decide on further actions. In some circumstances especially when the risks are considered significant, the decision to switch off the Oxevision system may be delayed until the revised risk management plan is in place. The reasons for such a decision will be explained to the patient, their carer and recorded clearly in the patient records. The consultant in charge of the patient to be informed of the situation as soon as possible.

All decisions are to be clearly communicated to the patient, relatives, carers, nominated person, advocate (as appropriate). The use of the technology should be regularly reviewed with the patient, and if appropriate, with their families and carers, nominated person.

If a patient requests for Oxevision to be switched on/off following a prior decision, the following applies: the Nurse in Charge (NIC) will authorise and action the Oxevision system in the patient's room in accordance with the request. A MDT decision meeting to support patient care to be arranged as soon as clinically practicable. The patient's request and current Oxevision state must be communicated, documented in the patient's record, and cited in the handover documentation.

Appendix 2: Oxevision & Oxevision Observations Record of Competency

Name		**Designation**	
Department		**Date:**	

Legend D=Discussion O=Observed

Competence	Evidence (where relevant)	Date Achieved	*Assessor Name/ Signature	Staff Name/ Signature
Have you completed the Oxevision and Oxevision Observation training on OxeAcademy? **(D)** *(2 x test – 100% pass)*				
Demonstrate an understanding of the purpose of Oxevision and Oxevision Observations, the equipment used and how it works **(D)**				
Demonstrate how to complete an Oxevision Engagement and Observation round **(D/O)**				
Describe when and how to inform patients, carers/family on the use of Oxevision **(D,O)**				
Confirm the process for gaining informed consent from patients.**(D)** *(Please see for guidance Oxevision Consent Flow Chart)*				
Clearly detail to the assessor how to access the SOP (Standard Operating Procedure) **(D,O)**				
Describe the escalation process when Oxevision / Oxevision Observations is non-operational. **(D/O)** *(Instructions for Use, 24/7 support desk, feedback)*				
Demonstrate how to take a Vital Signs reading **(D/O)**				
Demonstrate to the assessor the process for recording and escalation of Vital Signs readings **(D,O)**				
Discuss the process for responding to an alert **(D/O)** *(always check the patient before manually resetting the Oxevision system by the "reset" button)*				
Demonstrate your understanding of the importance of documenting Oxevision findings, Datix reporting and the sharing of Oxevision information. **(D)**				

* Assessor must have completed the OxeAcademy trainings and have demonstrated competency.

Reviewer Name / Signed		**Designation**	

16689

Appendix 3: Oxevision 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. Alternatively, you can contact the Trust's Data Protection Officer at: **[I/S]**