Standard Operating Procedure for the use of the Oxehealth Oxevision (Vision Based Patient Monitoring technology) In EPUT Inpatient bedrooms, seclusion rooms and HBPoS facilities

Revision Chronology		
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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
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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.

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1 Introduction

This Standard Operating Procedure details the processes to be followed when using the Oxehealth's Oxevision system (Vision based patient monitoring). The system incorporates a medical device to enable vital signs to be taken.

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

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

This Standard Operating Procedure details how the Oxevision system (vision based patient monitoring) is used as assistive technology in our patient care practices to support clinicians as an assistive tool whilst patients are 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

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 incorporates a medical device that supports the observations of a patient by providing spot check pulse and breathing rate observations and 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** – A warning is raised to indicate the patient has left the bedroom and entered the bathroom / ensuite area, for some wards this escalates to an alert after 3 minutes of no activity.
- **In blind spot** – A warning is raised to indicate a patient is loitering in a known blind spot.
- **At door** – A warning is raised after 30 seconds a patient is loitering in the main doorway area
- **Room entry** – A visual warning is raised when a second person enters an occupied room.

- **No Activity detection** – An alert is raised if no activity is detected for up to 50 seconds in an occupied room
- **Edge of bed** – An alert is raised where a patient is identified as being at the edge of bed.
- **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:

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. Real-time alert when no activity/movement is detected in an occupied room and only available for seclusion and HBPoS.

ii) **Alerts to early warning signs**– Real-time alerts when there a potential risk activities, for example, when someone remains in their bathroom for more than 3 minutes or additional people are detected in an occupied room. Oxevision does not alert to early warning signs affecting pulse and breathing rates. Vital sign readings require an action by staff.

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

iv) **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)

v) **Activity and Vital Signe 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.

vi) **Replay last alert** – 10 minute video clip provided for the last alert to provide more information for staff (for example, to review an unwitnessed fall).

For a comprehensive list of ward alerts and warning settings, refer to the EPUT – Ward Configurations on the Intranet.

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.

Alert and room tile updates with software release 1.71 September 2023

When an 'In bathroom' alert is reset, the time displayed on a room tile continues and therefore reflects the total time of the alert/warning. For example, when an 'In bathroom' alert is reset at 3 minutes 10 seconds whilst a person is still in the bathroom, the room tile changes to an 'In bathroom' warning. The timer on the 'In bathroom' warning will start at 3 minutes 10 seconds instead of reverting to zero so that it states the entire time the person has been in the bathroom.

Please note: The functionality detailed below is **not** related to the 1.71 release. It is a configuration setting requested by EPUT.

When staff reset an 'In bathroom' alert, the alert will repeat 3 minutes after the alert has been reset until the patient leaves the bathroom. This will apply to 'In bathroom' alerts only.

For example, an 'In bathroom' warning is activated by the patient's entry to 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.

If the patient remains in the bathroom, for instance when showering or toileting, the alert status will activate at 3 minutes. It will continue to repeat 3 minutes after each reset until the patient exits the bathroom area.

4 Training and Responsibilities

Staff **must be trained and deemed competent (using the competency checklist page 15) on the Oxevision system and all its modules, including Oxevision Observations 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.

Training is delivered, in order of priority, in the following formats:

- Microsoft Teams remote training or onsite training through an Oxehealth trainer during implementation
- Completion of the Oxevision and Oxevision Observation modules on the Oxehealth curated online learning site Oxehealth Academy (OxeAcademy) Proof of completion for Oxevision and Oxevision Observations training courses are required of all substantive staff.
- Oxevision champion for temporary and agency staff. An Oxevision ward champion must reference current version OxeAcademy curated user guides and functionality reminder sheets as source material (Oxehealth Academy). Locally produced training materials are not authorised.

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.

EPUT guidance for Oxevision and Oxevision Observations is available on the EPUT Intranet Oxehealth page. EPUT authorised documentation for Oxevision and Oxevision Observation management are updated to the Oxehealth page. The Oxehealth Intranet page is the approved source for Trust approved Oxevision/Oxevision Observation documentation. Locally produced support documentation is not authorised.

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.

All staff approved to use Oxevision/Oxevision Observations must be familiar with the Oxevision and Oxevision Observation standard operating procedures and business continuity plan.

Trust reinforced training must include:

- The purpose for use in relation to EPUT engagement and observation policies.
- The restriction of use (Oxevision is not CCTV. To use the system in this manner is a breach of patient privacy and can contribute to clinical risk.)
- The Standard Operating Procedures for Oxevision and Oxevision Observations
- What the system and functionalities can and cannot do.
- How to use Oxevision and Oxevision Observations to conduct observation rounds, periodic observations, managing observations levels.
- Process for reporting data or hardware issues to the Oxehealth Support Desk.
- The urgency of requesting clear video data within a 24 hour window of a serious incident.
- How to inform patients and carers about the system and its use as part of their care, including handling any concerns and objections.

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 must be informed about the use of Oxevision during the admission process and be provided with the relevant Patient and Carer Leaflet. Staff must also have a conversation with carers, friends and families where appropriate.

- The admitting nurse will ensure the admission checklist evidences that an Oxevision conversation between staff and patient has occurred.
- All Oxevision related conversations must be recorded in the clinical record and care plan.
- 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 members of the multidisciplinary team (MDT) to have open discussions.
- Patient discussions during ward review meeting regarding the use of Oxevision.

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 must be informed. The system is not to be switched off until an MDT meeting within 72 hours has taken place, here the team will decide whether to withdraw the use of the assistive technology if it is 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 'Camera 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 is to disable a room this must be documented within the patient's record, the care plan must be reviewed and updated and a Datix completed. Please see Appendix 1.

Switching rooms off for another other purpose than patient refusal is not allowed.

5.3 Use of Oxevision

Detailed guidance for staff in the use of the Oxevision system can be found on the intranet (Standard Operating Procedures) and on the internet at www.oxehealth.academy. All information and step by step guides on how the system works can be found on OxeAcademy.

A process flowchart for the use of the Oxevision system is available to guide practice. Please see Appendix 3.

The fixed monitor will be located within the nurses' station will utilise hand held tablet devises to use the Oxevision system whilst moving around on the ward.

For seclusion areas and Health Based Place of Safety a fixed monitor and a dedicated tablet will be located within the office associated to these areas. Oxevision and Oxevision Observations 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 tablet device cases is prohibited.

In using the Oxevision system during night-time vital sign observations:

- Staff may check the clear video image to 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 clear video image then staff may check the patient in person and record their location in the patient's electronic record.
- If the patient is present, check the clear video for any concerns; where staff have any concerns check the patient in person and record their position in the patient's electronic record.

Specific vital signs function

- Staff conducting patient vital signs checks using the Oxevision system can access Oxevision Vital Signs workflow by clicking on the room to be observed and then clicking “Take Vital Signs”.

- Observing staff should ensure that, when a patient is in their 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 breathing when a patient is moving. Upon seeing in person or on the 15 sec clear view if the patient is moving (not still) then record their position and staff must physically check the patient in person to establish the required vital signs observations.

- Upon seeing in person or on the 15 sec clear view 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 vital sign 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 vital sign reading, staff are to record the results on the relevant Trust observation record.

- 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 Modified Early Warning Score (NEWS2) should be in place in order to record all necessary parameters and guide clinical decision making.

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

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 8.

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

6 Patient Privacy and Dignity

Patient privacy and dignity are guiding principles for Oxevision system design. The system includes an infrared sensitive camera designed for staff to operate the system via the fixed monitor and handheld tablet devices to collect vital signs. The camera feature is not designed or purposed for CCTV.

There are two conditions where staff are able to view into the patient's room:

- During an alert (room tile displays as red, accompanied by an audible alert) a live 15 second anonymised/blurred view is available. 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.

- When staff open the take vital signs workflow they are presented with a 15 second live clear video feed into the room Staff must only open the a vital signs workflow when the room tile is Green and the room tile is 'In Room' or 'In Bed.' Do not open the vital signs workflow when the room tile is Amber or Red

If a patient is using the ensuite bathroom, the room tile will clearly indicate the room status.

7 Monitoring and Compliance

7.1 Patient Safety Incident reporting

Where the Oxevision system or camera and illuminators are installed in an inpatient environment and when 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 system or camera and illuminators 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 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 or nurse in charge (or their nominated deputies) 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 the Trust's designated recipient. The USB will be secured with the legal team for review and assessment. CVD must always be under the control of the 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/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 clear video data. Any other requests will need to be discussed with the Legal team / DPO.

Clear video data is automatically deleted from the local Oxevision server (on EPUT sites) after 24 hours.

8 System Management

8.1 Technical Support

The Oxevision system is comprised of various interdependent technological elements. The Oxevision system is networked via CAT6 fibre. Tablet devises require WiFi to connect to the system. 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: 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

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

NOTE: Movement of furniture as small as 50cm can impact the systems accurate evaluation of a room configuration.

8.3 Downtime Notification Process

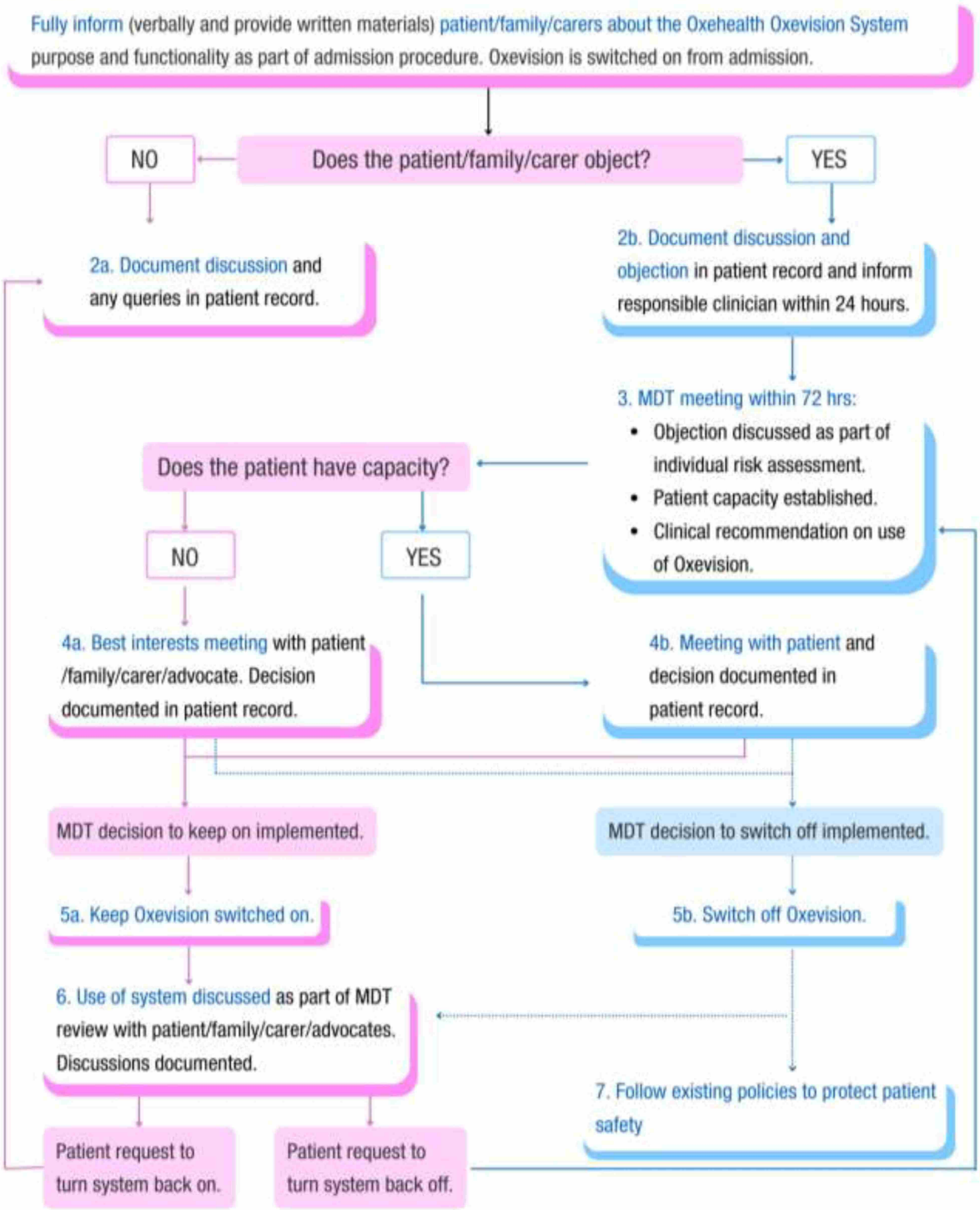
Any downtime which involves a disruption to the recording of observations via Oxevision will follow the process below:

- Approval will be required from CCIO, CNIO and 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.

9 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 the Trust.

APPENDIX 1: OXEVISION CONSENT FLOW CHART



APPENDIX 2: OXEVISION RECORD OF COMPETENCY

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

Legend D=Discussion O=Observed

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

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

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

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

Reviewer Name / Signed		**Designation**	

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.			

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

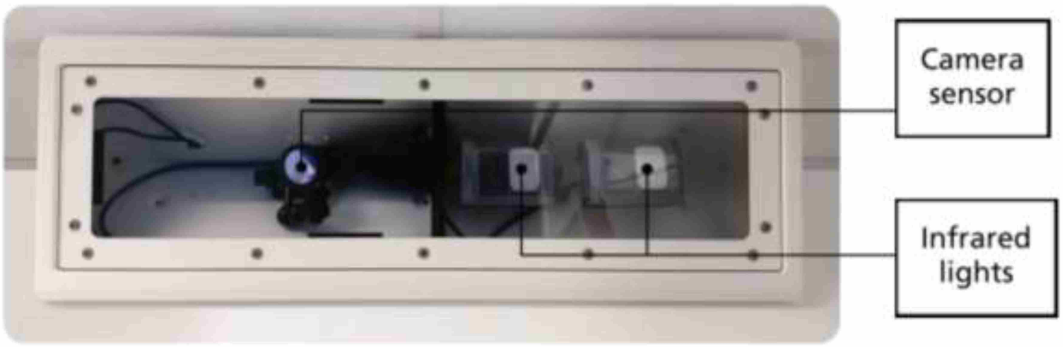
oxevision

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. Alternatively, you can contact the Trust's Data Protection Officer at: epunft.DPO@nhs.net.