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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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		
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1 Introduction

This Standard Operating Procedure details the processes to be followed / adhered when using the OxeHealth Oxevision Digital Care Assistant (DCA) system (non-contact technology) to conduct patient observations within ward patient bedrooms. This system is a medical device with assistive technology which supports the clinical care for patients.

Oxevision is installed in select EPUT inpatient mental health patient bedrooms providing:

i) **Activity alerts** – Real-time alerts for when a patient is on the edge of their bed and when they have gotten out of bed.

ii) **Alerts to early warning signs**– Real-time alerts when high risk activities, for example someone dwelling in their bathroom, are detected in an occupied room.

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

iv) **Activity reports** – Timeline summary of patient activity detected in a room, including time in bed, room (but not in bed), out of room.

v) **Replay last alert** – 10- second video clip provided for the last alert to provide more information for staff (for example, to witness an unwitnessed fall).

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 DCA system (non-contact technology) is used as part of our care practices to observe patients whilst in their bedroom areas and seclusion rooms where present in the Trust.

Oxevision DCA is being introduced in EPUT across inpatient wards and seclusion rooms for improving patient care and safety whilst working alongside nursing practice in order to:

- Reduce the risk of self-harm, incl. ligatures, bathroom dwelling and blind spot dwelling
- Reduce the risk of multiple people in room at one time
- Reducing disturbance during night-time observations

Please note that the OxeHealth Oxevision Standard Operating Procedure (SOP) compliments the Trust's Observations and Engagement Policy, and does not replace it.

The Oxevision system within **In Patient Bedrooms** will monitor:

- **Vital Signs** – Spot-check measurements of pulse and breathing rate. This is a Class IIa certified medical device

- **Alerts to early warning signs**– Real-time alerts when high risk activities, for example someone dwelling in their bathroom, are detected in an occupied room
- **In 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). This can be escalated to an alert after a set period if loitering in the blind spot* is considered to present a risk to patient safety.

- **Activity reports** – Daily and weekly summary of patient activity detected in a room, including time in bedroom (but not in bed), out of room.

Within designated **Seclusion and Health Based Places of Safety (HBPoS)** Oxevision will monitor:

- **Vital Signs** – Spot-check measurements of pulse and breathing rate.

- **Activity Detection alert** – Real-time alert when no activity/movement is detected in an occupied room

- **In Bathroom warning** – Real-time warning when a patient is in the bathroom. Please note: activity detection alerts are not raised if a patient is in this designated location.

- **In Blind spot warning** – Real-time warning when a patient is in a blind spot (identified at site survey stage). This can be escalated to an alert after a set period if loitering in the blind spot is considered to present a risk to patient safety.

2 Purpose

The purpose of this Standard Operating Procedure (SOP) is to detail the procedural arrangements for the use of the Oxevision DCA system (non-contact technology) within Inpatient Mental Health wards as part of the Trusts routine observations of patients when in their bedroom areas.

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 DCA system (non-contact technology) 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 with all skin types that do not require enhanced care.

3 Functionality

Oxevision is a medical device that supports the observations of a patient by providing spot check pulse and breathing rate observations. 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.

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 lingers at doorway for more than 30 seconds
Alert	At door	24/7	Occupant lingers 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.

3.1 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.

4 Duties/Responsibilities

It is the responsibility of all care staff within an environment where Oxevision is installed to be familiar with the Oxevision system in their routine observation of inpatients on the ward.

Staff **must be trained and deemed competent (using the competency checklist page 14) on the Oxevision DCA system before use**. All direct care staff (permanent, temporary, agency and bank staff) will be given training in how to use the system. This will be via local cascade Oxevision DCA trainers / champions. Staff engagement and training needs will need to be constantly revisited due to staff turnover and the use of bank and agency.

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 observations 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.

Additional resources and training are available on the Intranet:

- Teams – Clinical Systems – OxeHealth

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. Resetting alerts without conducting visual confirmation of patient safety is a breach of safety protocols.

Guidance for use can be found on the Intranet as Appendix 1 Oxevision Guides v1.

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
< 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 DCA is installed, Trust signage regarding the use of the equipment must be displayed clearly in public areas within the building, and within the patients bedrooms 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 DCA system (non-contact technology) 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 DCA is continually switched on and monitored in every bedroom as part of the safety/risk management 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 DCA 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 technology if in the best interest of the patient, taking into account the balance with individual preference, safety/risk management, mental capacity and other alternatives, just as they would for other treatment approaches. This approach needs to be open and 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 Engagement and Supportive Observations Policy and Procedure CLPG8. 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 consent flowchart Appendix 1 (page 13)**

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 the Oxevision DCA system (non-contact technology) for observations with inpatient bedroom areas, seclusion rooms and Health Based Place of Safety.

Designated staff will be trained as champions in the use of Oxevision DCA 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 DCA will be part of a staff member's induction to the ward.

Detailed guidance for staff in the use of the Oxevision DCA system can be found on the intranet. This provides a step by step guide for the use of Oxevision DCA for those staff that have received Face to face training in the use of the system.

Once trained in the use of the Oxevision DCA system staff must go through the competency form **(Appendix 2)** countersigned by the designated trainer / champion.

A process flowchart for the use of the Oxevision DCA system for observations with in bedroom areas and seclusion rooms can be found in **Appendix 3** of this SOP.

If for any reason there is a technical failure / malfunction of the Oxevision DCA system, then staff must revert to the manual taking / recording of observations as detailed in the Trusts Observations and Engagement Policy this may require an increase in the level of a person's observations.

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

For patient bedroom areas the monitor will be located within the staff office and staff will utilise hand held mobile devises to undertake the observation monitoring.

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 DCA system.

- Observing staff should ensure that, when a patient is in the designated room, they take and document the vital signs (pulse rate and/or breathing rate) of that patient every 15 minutes.

- Staff members undertaking observations using the Oxevision DCA system can access Oxevision Vital Signs tool by clicking on the room to be observed and then clicking “Take 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.

- Oxevision DCA 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 positon and breathing rate.

- If a breathing rate cannot be established then the process can be repeated once, if no breathing rate can be detected at the second observation then staff must physically check the patient (in person) to establish the required observations.

- 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 Observations and Engagement Policy.

- 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 DCA reading, staff are to record the results on the relevant trust observation paperwork.

Oxevision system is not to be used for any other purposes of physical observation. For example if a nurse call bell is used inappropriately that the OxeHealth system is not to be used for a video check when managing complicated patient presentations.

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

Staff remain responsible for the patient and clinical judgement must be used at all times. The patient should be checked in-person if there is belief that this is required.

5.4 Patient Privacy and Dignity

Patient privacy and dignity are a guiding principle for OxeHealth system design. The user interface has been designed by clinicians with this in mind. Whilst the system has a video camera - it is purposed as an optical sensor - meaning staff operate the system via privacy screen. The video camera feature is not designed or purposed for CCTV.

There are just two conditions where video is available:

- During an alert (red, accompanied by audible and visual alerts). A pixelated view is available until the user presses “reset” to clear the alert. Until a reset is initiated, an alert remains audible and the pixelated image remains visible. Remote viewing by video camera does not negate the requirement for a physical check where clinical attention is required.

- During a 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 & dignity perspective. If a patient is using the ensuite bathroom, the privacy screen will clearly indicate their status.

When a decision is made to view video from a patient’s room, consideration must be given to the gender of the person being observed and wherever possible a staff member of the same gender should conduct that observation.

6 Implementation

Oxevision DCA will be implemented on all inpatient wards where there are single bedrooms and within the designated seclusion rooms and Health based places of safety, this will be disseminated by the Service Matron and Ward Managers.

Identified staff across all grades will be provided with detailed training allowing them to further disseminate the training to staff working on the wards. It is a requirement that these staff maintain their skills and knowledge in the use of the System and actions should the system fail. Further technical support will be provided by OxeHealth and the EPUT systems development team – see section 7.

7 Monitoring Compliance

7.1 Incident reporting

Where the Oxevision DCA sensors (non-contact technology) 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 DCA sensors (non-contact technology) are in installed will be subject to review by the Matron for the service and where required escalated to the Head of Patient Safety and Risk.

7.2 Salient Data

Salient data or Salient Video Data (SVD), which is raw and unblurred video footage, can be captured upon request if there is a situation that the ward would like to further investigate. First On Call manager to 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 Problem Management and 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
- 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 with in XXX hours. (This is still to be determined).

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 the Service Level Agreement xxxxx vx for details.

When the Oxevision DCA system is unavailable, clinical staff are to ensure that the 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 can be found on **Appendix 3**

9 Training and Support

Staff using the Oxevision DCA system (non-contact technology) must be trained before use.

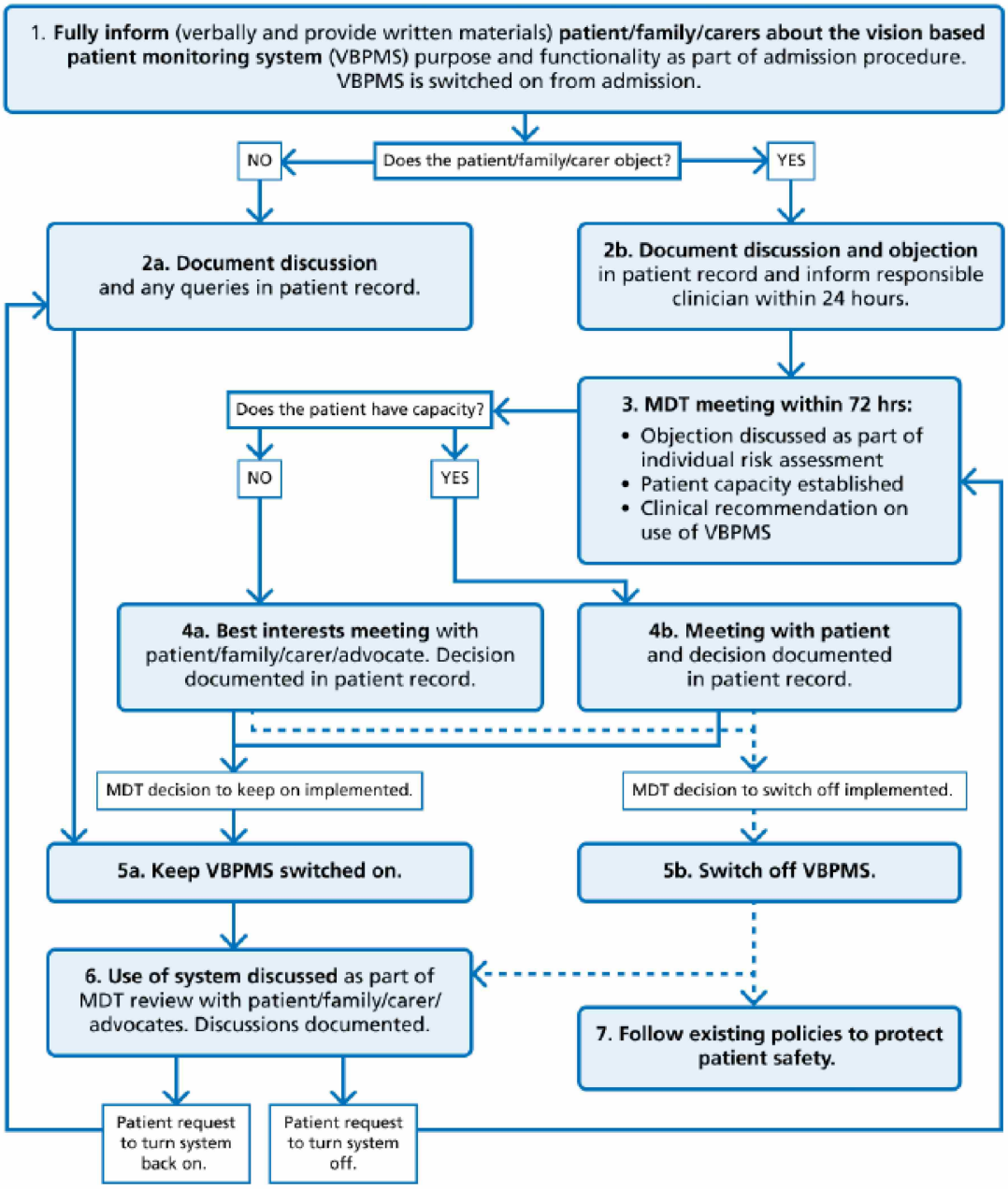
All direct care staff will be given training in how to use the system by ward staff who have training and experience in using the technology.

Additional guidance is provided in **Appendix 2** – Oxevision Competency Checklist.

10 Review

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

APPENDIX 1: CONSENT FLOW CHART – AWAITING EDITABLE VERSION



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 Standing Operating Procedure **(D)**				
System Usage				
Describe and demonstrate how to take a 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 **(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 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				
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)	Issue with camera (e.g., slipped, disconnected, failed). Issue with server. Issue with illuminators.		Oxeheath to install infrastructure for remote management.

			depending on required fix - provided immediate access to location.			
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 in 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 in nurses station and revert to manual observations.			

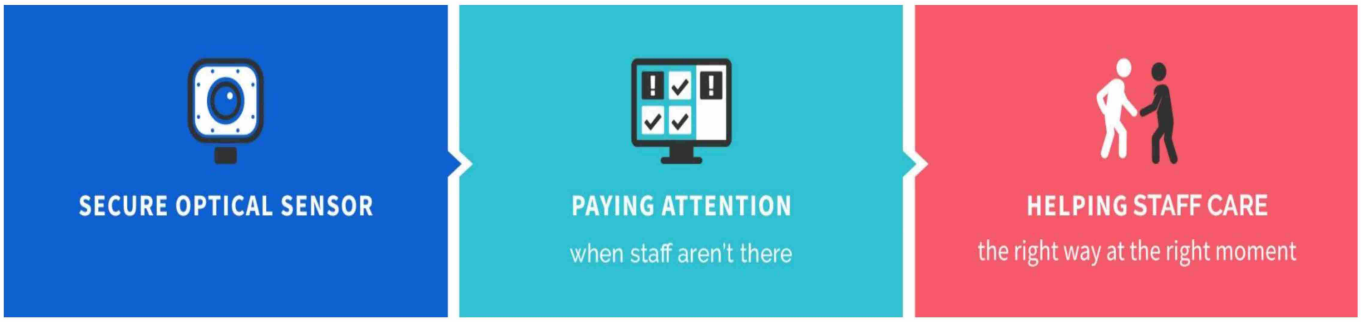
7	Change in room configuration	24/7 Support Line	Trust staff to notify 24/7 Support Line of planned or ad hoc room configuration alterations. If changes are ad hoc, revert to manual observations for the affected room until notified by OxeHealth that the room has been recalibrated.			
8	One or more user 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

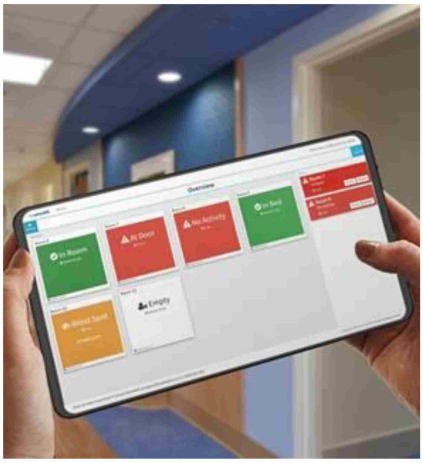
APPENDIX 4: PATIENT POSTER- AWAITING NEW POSTER AND LEAFLETS



Oxehealth's Oxevision system on the Ward

Oxevision technology is installed in all bedrooms.

Optical sensors allow staff to remotely monitor your safety and wellbeing while in your bedroom.



The Oxevision system:

- takes spot-check pulse and breathing rate observations without disturbing you
- let's staff know when a second person enters your room
- alerts staff when you are have entered the bathroom and are out of range of the sensor

This technology aims to improve the treatment and care you receive.

Have concerns or want to know more?

Please speak to the Ward Manager

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