Essex Partnership University
NHS Foundation Trust

Standard Operating Procedure for the use the LIO platform: a vision-based remote patient monitoring technology

(Formally Oxevision)

V13.4 Final

Author: Angela Wade Director of Nursing, DIPC

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 platform use.
V10	31/05/2024	Consolidation of platform v9.1 and Digital 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 Update changes to the rebranding of Oxehealth (et al) to a LIO orientation. Change from vision-based patient monitoring to remote monitoring technology. Update Appendix 3 with revised patient poster. Addition of SOPHIA-ready bullets as preface to version 13 Changes to the platform status of rooms at admission.
V13	DRAFT – complete review to support relaunch of Trust documentation	Review of SOP document to ensure that the correct parent documents guide it content. Align to national digital technology principles and local Trust policies and National guidance.
V13.1	16/06/2026	OP review /GAP analysis on informed consent Document reviewed by LIO Project Board with updates
V13.2	22/06/2026	SOP review - Review by Project Board and Gap analysis of outcome and measures
V13.3	22/06/2026	SOP Agreed with amendments
V13.4	30/06/2026	Corrected obsolete references to managing CVD related to USB citing change to cloud-based

		management

1. Introduction

The NHSE principles for using digital technologies in mental health NHS England » Principles for using digital technologies in mental health inpatient treatment and care is the central guiding document for this Standard Operating Procedure (SOP) when using the LIO system: vision-based , remote patient monitoring technology. The following Trust documents must also be read in conjunction to support the system's use in practice:

- MHA policy
- MCA and DOLS policy
- Clinical Assessment and safety management policy
- Clinical records policy
- Consent policy
- Data Protection and Confidentiality Policy
- Privacy policy
- Inpatient safer staffing policy
- Use of National Early Warning Scoring System (NEWS2) Clinical Guidelines

Version 13 of this document reflects the Trust's current expectations of how to use the LIO system following internal review, internal auditor reporting, and alignment with GMC guidance and relevant national guidance.

The GMC's professional standards for 'making and using visual and audio recordings of patients' say's, medical professionals must 'make recordings only where you have appropriate consent or other valid authority for doing so.'

The standards further explain medical professionals 'must get the patient's consent to make a recording that forms part of the investigation or treatment of a condition or contributes to the patient's care.' They 'should explain to the patient why a recording would assist their care, what form the recording will take, and that it will be stored securely.' They should also 'record the key elements of the discussion in the patient's medical record.'

This SOP sets out the requirements in accordance with the NHSE (2025) 8 digital technology principles:

Principle 1: Human rights approach

Principle 2: Consent and capacity

Principle 3: Equity of access

Principle 4: Co-production

Principle 5: Therapeutic and personalised care

Principle 6: Safety planning

Principle 7: Evidence base

Principle 8: Treatment outcomes

2. Purpose

The purpose of this SOP is to:

Ensure safe, lawful, and consistent use of LIO, to protect patient rights, dignity, and autonomy. To support mental health ward teams to use the system appropriately by providing guidance and principles of use and a governance framework.

3. Scope

This SOP applies to:

- All mental health wards, seclusion rooms, and Health Based Places of Safety (HBPoS) where the LIO system has been installed
- All ward staff who will use the system and or consider the suitability of using the system to assist patient care delivery.

4. System functionality

There are 2 functions that the LIO system provides to assist staff in delivering a patient's personalised care plan, these are:

I. Four main ambient alerts relating to patient movement in their bedrooms:

1. Leaving the room/standing in doorway
2. In bathroom for more than 3 minutes (rooms with en-suites)
3. Multiple occupants in room
4. Edge of/leaving the bed alert (in older adult care.)

II. Non-contact remote monitoring of pulse and respiratory rates:

This function excludes use for NEWS2 recording and non-contact observation protocol. Noting this requires 15 seconds of clear view camera footage of the patient, the patient will not be alerted through the system that this function is in use.

(Full functionality and technical information can be found in the appendices)

5. Principles

- When taking a **human rights approach**, the LIO system must be used in accordance with the Human Rights Act (1998). Human Rights Act 1998 and all staff using the LIO system have a legal duty to understand the Act and its application, and to respect and protect patients' human rights. This includes the right to:
  - life
  - liberty and security
  - respect for private and family life (covering privacy, dignity, and autonomy)
  - be free from inhuman or degrading treatment (covering intended and unintended harm, including humiliation of a person)

- Any decision to use the LIO system and to collect and store patient data from its use must be based on gaining **informed written consent** from the patient (or a person lawfully acting on their behalf) or be taken following a best interest's decision-making process in accordance with the mental capacity act.

Information about the potential assistive care delivery opportunities the system could provide, system functionality, limitations and implications to the patient must be shared in a format that is personalised and tailored to the person's communication needs. Details of how the patient's data will be collected, stored, and used must also be explained in an accessible way to ensure consent is fully informed.

If the patient is deemed unable to consent as part of a mental capacity assessment, and the LIO system functionality is considered the most appropriate, effective, and proportionate method to assist care delivery or maintain a patient's safety. Informed written consent should be sought from one of the following:

- someone with parental responsibility
- the holder of a valid and applicable Lasting Power of Attorney in respect of that patient
- a court appointed health and welfare deputy

If there is no individual lawfully able to provide consent on the patient's behalf, a best interests decision-making process, compliant with the Mental Capacity Act should be followed to take a decision with the patient's family, carers, or advocate as appropriate. The decision-making process and outcome should be clearly recorded in the patient electronic records.

- To ensure **Equity of access** that patients are supported to benefit from the use of LIO, when there is MDT agreement it may assist staff to deliver personalised care needs. Staff must safeguard against any discrimination of patients in relation to their protected characteristics when considering its use.

- **Working in collaboration with ward staff and patients** must occur when implementing and evaluating the use of the LIO system, staff must ensure that quality control methods (e.g. person centred Tendable audit, Matron Walkabout, and community meetings), captures and uses the feedback from patients, families, and supporters for quality assurance. Agreed patient feedback evaluation methods must guide future reviews and use of the system.

- To provide **Therapeutic and personalised care** staff must protect and prioritise therapeutic relationships and meaningful engagement with patients to aid their recovery and improve outcomes. 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.

  When making decisions on following individual assessment and development of a personalised care plan, the MDT must consider how the LIO system functionality could assist staff in delivery their care needs and enhance the ability to build therapeutic relationships.
  The use of the LIO system must not reduce the time staff spend with patients or negatively impact the therapeutic relationship.

  The LIO system should never be used as a 'solution' to low staffing numbers in terms of reducing the need for staff to spend time with patients and should only be considered if there is clear alignment to the patient's personalised care plan.

- 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. If LIO is considered to be a proportionate and appropriate method to assist staff to manage personal safety risks for patients, it must be used alongside relational care approaches; that prioritises interpersonal relationships grounded in values such as respect, trust, humility, compassion, and shared humanity. Taking an approach which fosters therapeutic relationships, involves personalised and holistic care, and promoting effective collaboration between staff, patients, and their social networks.

  Metrics will be made available to the multidisciplinary teams, during weekly reviews and during reviews of care plans for the patient and support clinical decision making regarding continued use. Data reporting will be provided to support information through care unit and trust quality governance reporting structures to support oversight and assurance of the system.

6. Operational guidance for use

(Note Where LIO platform is installed in an area, the Trust sign regarding the use of the equipment must be displayed clearly in public areas within the building. See Appendix 4 for patient poster)

On Admission:

- LIO must be in a default OFF status, and confirmed as OFF at point of a patient's admission

Assessment and personalisation:

- LIO is considered if its functionality could assist staffing in delivering the patient's personalised care plan
- The system will not be considered for use if the personalised care plan doesn't indicate an opportunity for its assistance in care delivery.

Activation Requires:

- MDT agreement following assessment and care planning (An MDT, as a minimum will include 2 clinical professionals who are assessing and planning care, typically the ward nursing and medical team members, but can extend to the wider clinical professionals to consider how the system functions may assist care delivery.)
- Patient discussion to gain informed written consent, this discussion must include explanation of system functionality, limitations and implications to the patient, supported with patient information leaflets. Explanation of how the patient's data is stored and how the patient can gain more information about the system. E.g. Patients should be informed that EPUT has a Standard Operating Procedure (SOP) which is available on request.
- Discussion with the patient to confirm their right to withdraw consent at any time during their admission.
- Staff to ensure that the patient has understood all of the information, which it has been explained in an accessible way. By encouraging patients to ask questions, express any concerns to give the opportunity to fully understand how and why the system is being considered as assistive to staff to deliver their care. This is to ensure patient choice and decision making and to confirm consent is informed so that this can then be written in the Patient's electronic patient record.
- That the patient is assumed to have the mental capacity to give consent unless there is evidence that to believe that they cannot. When there is not capacity to make an informed choice, a best interests' decision must be sought in accordance with the Mental Capacity

Act (MCA 2005) with reference to section number 2 and 3 of the act. This will be undertaken by ward staff competent to assess mental capacity and best interest decisions will be made specifically in relation to the rationale that LIO's functionality is considered as assistive to staffing in delivering the patient's personalised care needs.

- Where agreed by the patient and applicable, staff must also communicate to relatives, carers, and supporters to ensure their clear understanding of the LIO platform.

Assistive Response:
When the system alerts, this must trigger:

- Staff to make direct patient contact and assess the current patient's needs, understand how the alert has helped staff to meet the patients care need and continue to provide direct care to the patient, documentation this as part of care evaluation to support future care plan and MDT reviews.

Clinical Review:

- Minimum weekly MDT review which must assess:
  - Continued relevance to care needs.
  - Ongoing informed written consent/best interest decision
- Personalised care plan reviews:
  - Required when there are changes in care needs following evaluation and reassessment, specific reference included in the care plan providing rationale for use.

Deactivation:
LIO must be switched off where:

- Consent is withdrawn
- No ongoing reason to use the system following Care plan changes/MDT review

7. Roles and Responsibilities

Nurse in Charge (NIC):

- Must confirm that all staff on shift are competent to use the system in adherence to the LIO Record of Competency checklist and the system is being used in accordance with this SOP and the individual care plan.
- Must ensure that those patients with LIO activated have documented consent, or a best interest decision has been recorded.

Ward Managers:

- Ensure System is OFF on admission, informed written consent is consistently obtained and recorded, and staff are trained and competent.
- LIO is discussed in relation to assisting care plan delivery in MDT reviews and ward meetings.
- Audit Use of LIO via routine quality controls/audit processes.

Ward Consultant / On-Call Consultant:

- Must be consulted and involved in the decision to activate LIO, ensuring there is a clear, documented clinical rationale specific to the patient.
- Ensure capacity assessments and, where required, best interest decisions relating to LIO use are undertaken appropriately.
- Consultant, or an appropriate deputy (SAS doctor or higher Specialty Trainee), must be involved in the weekly MDT review of continued LIO use.

- Where a patient withdraws consent, the Consultant/medical team in conjunction with the wider MDT must consider what mitigations are needed to manage stopping LIO, and whether the decision to withdraw consent is itself capacious.
- Out of hours, or in the Ward Consultant's absence, these responsibilities are undertaken by the On-Call Consultant or covering Consultant, respectively.
- Ward consultant - Audit Use of LIO via routine quality controls/audit processes.
- Clinical Director oversight for geographical area. (Where in post)

Matrons / Service Managers / Clinical Service Leads:

- Ensure monitoring, oversight, and assurance across services.
- Monitor informed written consent documentation, appropriate use of system through quality assurance framework governance.
- Oversight of usage and incident reporting.

Practice Nurse Educators (where in post): in- care ward based clinical education, guidance, and support.

8. Training and Competency

Staff requirements

- All ward staff know how to ensure the system is turned OFF at the point of the patient's admission.
- All ward staff have clear understanding of the systems functionality and when and how to use it.
- All ward staff can explain that use of the system is voluntary and consent can be withdrawn at any future point in their care and patients are provided with written information leaflets and or other materials to support their decision making.
- All ward staff are clear about what and where documentation is recorded in relation to the system in the patient EPR.
- All ward staff know how to ensure the system is turned OFF if a patient withdraws consent and that reassessment and care plans are updated as a result.
- All ward staff show clear understanding that its use in assisting care delivery, is proportionate and the least restrictive option.
- All ward staff show clear understanding that LIO monitoring assists care but does not replace therapeutic engagement and in person care and enhanced care needs.
- All ward staff show clear understanding that alerts from the system prompt an in person patient contact and never rely on the remote screen.
- All staff understand how to maintain patient privacy and dignity, and that they are not permitted to use the LIO platform Observation function to access patients without a clear clinical rationale.
- All ward staff show clear understanding that in the event of the clear view panel being used, this must be documented and discussed with the patient following duty of candour principles and then Datixed explaining rationale.
- All professionally registered ward staff have understanding of how to gain informed written consent relating to the LIO system.
- All professionally registered staff can describe how the system may assist staff to care for the patient, with full description of how the system works and any consequences to the patients e.g. system limitation, such as inability to turn off functions that are not

relevant to the patient and how the recorded video-enabled data is accessed, stored and destroyed.

- All professional registered staff show clear understanding that both weekly (as a minimum) MDT and care plan reviews, will ensure there is still an identified reason to use this system within the patients care plan and informed written consent is still given.
- All professionally registered staff can complete a capacity assessment and a best interests decision with the MDT related to the system's possible assistive functionality following personalised care planning.
- All ward staff understand how to report Patient Safety Incidents using Datix reporting system. When reporting, ensure details relating to LIO including 1. System functionality issues, 2. Privacy concern. 3. Use of system outside of care plan/trust SOP. 4. off/on status if patient harm incident occurs (if on detail the date, time, room number, device in use)

All training requirements for staff to confirm clear understanding will be completed by undertaking LIO OLM training, completion of the LIO competencies and will be supported by the Professional Nurse educators (if assigned to area) and by ward managers and consultant ensuring training records and competency sign off is evidenced and recorded in HealthRoster Skills or if not on HealthRoster agree training record system.

Training and competency delivery:

- During the wards implementation phase an LIO trainer provides onsite training and Microsoft Teams remote training.
- All staff who work in inpatient wards must be trained using the LIO platform.
- The mandatory training consists of the completion of the LIO platform.
- 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 LIO platform is included in the staff local induction to an inpatient ward.
- All staff that are new to LIO platform will be briefed by an LIO platform 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 temporary staff member, then the completed competency checklist is to be sent by the ward administration support to the temporary staffing team.
- If the staff member substantive, then the completed competency checklist is to be retained by their manager and updated in Healthroster skill or agreed training log.
- 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 LIO platform.

- Information for Use (IFU) for LIO platform, Activity Tracker, and Seclusion are available on the EPUT Intranet LIO page, LIO Academy, and accessible on the LIO platform dashboard.

9. Governance, Assurance and Reporting

- Monitoring and reporting oversight through weekly MDT review, and care unit monthly meeting structures including operational, quality and safety, medical meetings.
- Monthly reporting with Care Unit AF meetings to present and monitor including:
  - Tendable audit report
  - Usage report
  - Patient safety learning
- Following AF present to LIO board where system usage will be monitored and evaluated.

Assurance measures

Domain	Measure	Target
Training	% staff trained and achieving 100% competency sign off	≥95% (staff not trained will not be able to use the system)
Process	% admissions with LIO on default off position	100%
Quality	% LIO system considered in admission assessment % with appropriate informed written consent/capacity documentation including discussion with patient/ family/supporters, if possible, care benefit found % MDT agreement as part of personalised care planning documented where LIO used	100% 100% 100%
Governance	Monthly reporting through the LIO usage, Datix incidents PALS and Complaints and HR conduct reports	% Improvement trajectory from baseline as set from April 2026
Outcome	Staff and patient confidence (survey)	% Improved trajectory from baseline as set from April 2026

10. Business Continuity and Periodic Review

If for any reason there is a technical failure / malfunction of the LIO platform, then staff should continue to provide patient care without the support of the LIO platform. There may be the requirement to review individual care plans during the period of technical failure to agree personalised alternative approaches to care. The technical failure must be reported urgently through the routes detailed in Appendix 3. Technical Support. Staff remain responsible for patient safety and clinical judgement must be used at all times.

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

Appendix 1 - How the Platform Works

The system uses 'Vital Signs' software registered in the UK and Europe with Medicines and Healthcare products Regulatory Agency (MHRA) as a class II a medical device.

LIO platform is a fixed-installation device for use within single occupancy inpatient rooms and secured environments.

The LIO platform uses an infrared sensitive camera and illuminators in individual bedrooms, seclusion and Health based Places of Safety (HBPoS) environments, which are linked to a fixed LIO platform 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 physiological data from a patient, namely pulse and respiratory rates. The LIO 'Vital Signs' device is indicated for use on patient's 12-years of age or older, who do not require critical care. This is achievable in daylight, lit, low light or dark environments and is compatible with all skin types.

However, the specific function of recorded pulse and respiratory rates in the LIO platform should not be used to replace physical health observations to monitor for 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 measure all 6 necessary physiological parameters in relation to NEWS2 recording a minimum of every 12 hours. Refer to CG87 Clinical Guidelines on the Use of National Early Warning Scoring System (NEWS2) for recording of NEWS2 monitoring.

The infrared sensitive camera designed for staff to operate the system via a privacy screen to monitor pulse and respiratory rates where there is a personalised care planned rationale. 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.

LIO platform does not alert to early warning signs affecting pulse and respiratory rates other than in seclusion, LTS or HBPoS rooms.

Once the LIO platform is switched to the ON status, it will be active at all times, unless this it is switched off /paused in accordance with procedure.

The LIO platform can provide the following alerts and warnings availability will vary according to the specific requirement of the ward or service:

- 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.
- In blind spot – A warning is sent to a tablet/monitor to indicate a patient is an identified blind spot on the room.
- At door – A warning is sent after 30 seconds when a patient is standing in the main doorway of the room.
- 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 LIO platform detects that an individual is making movements that indicate that they are preparing to get out of bed and when they have left their bed during night-time hours.
- 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 LIO platform 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.

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 attempt to remote monitor pulse and respiratory rates. 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. The system can only initiate remote recording of pulse and respiratory rates when the tile is green and the patient status is 'In Room' or 'In Bed.' Do not attempt remote monitoring of pulse and respiratory rates 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 the patient is in the bathroom.

Appendix 2 **LIO Platform 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 LIO platform training on OLM? **(D)** *(2 x test – 100% pass)*				
Demonstrate an understanding of the purpose of the LIO platform, the equipment used and how it works **(D)**				
Describe when and how to inform patients, carers/family on the use of LIO platform **(D,O)**				
Confirm the process for gaining informed written consent from patients.**(D)**				
Clearly detail to the assessor how to access the SOP (Standard Operating Procedure). **(D,O)**				
You must have read and understood the LIO SOP V13.3				
Describe the escalation process when LIO platform is non-operational. **(D/O)** *(Instructions for Use, 24/7 support desk, feedback)*				
Demonstrate to the assessor the process and rationale for recording pulse and respiration remote monitoring and escalation process if undertaken **(D,O)**				
Discuss the process for responding to an alert **(D/O)** *(always check the patient before manually resetting the LIO platform by the "reset" button)*				
Demonstrate your understanding of the importance of documenting LIO platform findings, Datix reporting and the sharing of LIO platform information. **(D)**				

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

Reviewer Name Signed		**Designation**	

Appendix 3 Technical Support

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

- 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 LIO platform monitor)

Where LIO are unable to resolve an issue remotely, meet on-site attendance criteria or an escalated priority, the LIO service desk will initiate a service request with the EPUT IT Service Desk.

Changes to Room Configuration

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

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

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. Blurred Video Data may be provided by LIO if the request relates to an incident when CVD was not requested within 24-hours. 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 LIO within 24-hours of the situation or incident by calling the LIO 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, LIO will clip and save the CVD to an encrypted cloud server. LIO will then seek authorisation from the authorised CVD approvers. Once authorisation is granted, LIO will notify the authorised recipient by email that the download is available.

On receipt of the downloaded CVD, the CVD repository manager will upload the CVD to a restricted access Sharepoint folder, update the LIO CVD Log, delete the CVD from the local drive and empty the recycle bin, and notify the requestor to submit a CVD Data Access Request form. The form must be completed and emailed to the Data Protection Officer (DPO) for approval. On written approval, the CVD, or blurred video data as applicable, will be released to the authorized viewers with restrictions for view only applied. Access will be terminated and logged by the agreed date.

External requests from sources like the Police and HMS Coroner Court must follow the Subject Access Request process through Access to Records. On approval, of the external request, CVD will be transferred to the receiving organization via an encrypted link or transferred via email through EGRESS.

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 LIO platform server (on EPUT sites) after 24 hours and no access to the data will be possible after this time frame.

Downtime Notification Process

Any disruption to the recording via LIO platform 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.

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

.

Appendix 4 LIO Platform Patient Poster

Our contactless monitoring system

How do staff use the system to support your care?

The system gives staff information about your heart rate, breathing rate, and your location and movement. This information helps them to keep you safe and plan your care.

If you have any questions or concerns, please speak to a member of staff.



Can staff use the system to see into your room?

The system doesn't show a continuous live video.

Ward staff can only see a clear view of your room when measuring your heart and breathing rate for **up to 15 seconds:**



They can also see a blurred view of your room for **up to 15 seconds** when they receive a notification:



If you need assistance, always speak to a member of staff. The contactless monitoring system may not notify staff in every situation where you need support.

Want to know more?

Scan the QR code to watch a short, easy-to-follow video about the contactless monitoring system.

NDWG_Poster_25_1.0

Appendix 5. Infographic to support LIO usage.

