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Oxehealth Procedure

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1 Introduction

Background

Oxehealth, assisted technology (also referred to by its brand name “Oxevision”) has been introduced across inpatient wards and seclusion rooms to improve patient care and safety, and works as an assistive tool alongside holistic, trauma informed and person-centred care.

This procedure supplements the Oxehealth Policy and details the processes to be followed / adhered to when using the Oxehealth technology to conduct patient observations within ward patient bedrooms.

Oxehealth technology has been installed in to many inpatient ward areas to support patient safety. The system provides:

- **Activity alerts** – Real-time alerts based on continuous safety monitoring.
- **Vital Signs measurements** – Spot measurements that can be taken of pulse and breathing rate.
- **Activity reports** – Timeline summary of patient activity detected in a room, including time in bed, room (but not in bed), out of room.

The system DOES NOT

- Send an automatic alert/notification for fluctuations in vital signs.
- Send an alert/notification when a patient is not moving for a period of time, except in a 136 suite where this is configured due to the specific environment.

These alerts, reports, and ability to remotely capture vital signs will:

- Support proactive identification of issues that may result in self-harm by raising an alert.
- Alert staff to occurrences of multiple people in a room at one time.
- Reduce disturbance during night-time if agreed by MDT, and detailed in personalised care plan (adhering to Trust observation and engagement procedure)

Oxehealth uses sensors and cameras in individual bedrooms, which is linked to an interface at the nurse station in the form of a computer screen and portable tablets.

This procedure complements the Trust’s “Supportive Observations and Engagement Procedure” and does not replace any element of it.

The use of assistive technology is critical to the delivery of “Our Journey To Change” (OJTC) and our ambition to co-create safe and personalised care that improves the lives of people with mental health needs, a learning disability or autism. Effective and consistent practice of the use

of Oxehealth primarily supports a holistic range of interventions, patient safety, patient experience and staff experience within inpatient services. It also means that we follow the same process and ensure that all aspects of communication and informed consent are maintained. It will ensure that the Trust remains within the legislative requirements of the Human Rights Act, Mental Capacity Act, Mental Health Act and Data Protection Act and enable the Trust to embed a supportive culture of reflection, learning and self-development. This will contribute to clinical risk management as well as improving systems of accountability and responsibility.

How Oxehealth is used in patient bedrooms should be made in a person-centred way, with the patient themselves where appropriate, and in accordance with the legal framework. If the patient feels that the use of Oxehealth is detrimental to their mental health they can request to opt out through the MDT process which will be discussed with them and/or with their carer/family member or advocate. Further detail regarding consent is provided in the Oxehealth Policy.

OJTC sets out why we do what we do, the kind of organisation we want to become and the way we will get there by living our values, all the time. To achieve this, the Trust has committed to three goals. This procedure supports the three goals of OJTC.

Strategic goal 1: To co-create a great experience for patients, carers, and families.

This procedure will always support the delivery of outstanding and compassionate care by ensuring that there are clear definitions and requirements to enable high quality practice for clinical staff within inpatient services.

Strategic goal 2: To co-create a great experience for our colleagues.

The procedure will ensure that colleagues understand their roles and responsibilities, and any follow up actions. When staff understand their roles and their duties, and are confident and supported in their practice, they can be confident in their involvement and that the actions that they take are appropriate and consistent with best practice and professional requirements.

Strategic goal 3: To be a great partner.

The procedure will support our understanding of the needs and the strengths of our communities; service users and carers, and the multidisciplinary services available within it that will ensure that we will be better able to meet the needs of all within it.

This procedure, associated policy, and training relating to it will adhere to the Trust's Human Rights, Equality Diversity, and Inclusion Policy.

2 Purpose

This procedure will detail the requirements for a reliable and consistent approach regarding the use of the technology currently provided by Oxehealth and how this will be implemented on an inpatient ward or seclusion room.

Following this procedure will support the use of standardised and safe practice of Oxehealth across the Trust and improve the experience of patients, carers, and families.

3 Who this procedure applies to

This procedure applies to ALL staff who are required to work in an inpatient setting, either on a permanent or temporary basis.

It should include all staff grades from the MDT, substantive staff on a permanent or fixed term basis, temporary staff including bank and agency workers, and staff providing temporary cover from community-based teams.

4 Legal framework

The use of Oxehealth must be carefully considered on a case by case, patient by patient basis to ensure that any decision to use such systems is lawful and justified as necessary and proportionate. Any decision to continue using Oxehealth without patient consent must be kept under constant review, incorporating consideration of their legal status and their capacity. This will be reviewed at regular intervals and the use of Oxehealth stopped as soon as it is no longer necessary and proportionate.

Generally, all patients admitted to relevant wards will have Oxehealth turned on for the first 72 hours following admission, since this is likely to be necessary and proportionate whilst they are being assessed and a care and treatment plan formulated. However, where the patient objects to this, there should be an MDT review as soon as practicable to review whether this is necessary and proportionate for this patient, incorporating their wishes, capacity and legal status.

5 Related documents

- Oxehealth Policy
- Consent to Examination or Treatment Policy
- Criminal Incident Reporting Procedure
- Harm Minimisation (Clinical Risk Assessment and Management) Policy

- Incident Recording and Response Policy
- Information Asset Register Procedure
- Information Governance Policy
- Interpreting and Translation Policy
- Interpreting and Translation Procedure
- Mental Capacity Act 2005
- Privacy and Dignity Policy
- Rapid Tranquilisation Policy
- Requests for Information Procedure
- Safe Use of Seclusion Procedure
- Sharing Information and Confidentiality Policy
- Supportive Observations and Engagement Procedure

6 Patient, carer, and family communication

Where Oxehealth is in situ, Trust signage displaying the use of this equipment must be displayed clearly in public areas within the ward environment to ensure that all patients, carers, and their families are aware of its use. Please follow the link and select "*Where is the Patient Information*" section for the currently approved poster.

Further discussion and information must be provided to the patients wherever possible prior to admission ,i.e. via the crisis team and at the point of admission.

Discussion detail with the patient, carer, and family should include (but not limited to):

- Supportive observations and engagements.
    - How this is supported on the wards.
- What is Oxehealth, its purpose and why it is in place on the ward.
- What is Oxehealth.
    - Where it is in place and what area is monitored.
    - Equipment, i.e., infrared cameras.
        - What vital signs are recorded and how it takes vital sign measurements.
    - Activity base warnings and alerts
        - How they are initiated.
        - Explanation of the ward/staff response to alerts.
- How staff interact with it, i.e., monitor and handheld tablets.
    - Who can view the details and what details are recorded.
- How their data is managed and secured.
    - Access to data and the purpose of data and reports.

- Protecting privacy.
  - Why video is necessary.
  - Video data.
    - 24-hour window.
    - Who can see the video footage.
    - Pixelated versus clear (salient) video.
- The legal authority for its use.

Additional information includes providing the patient, carer, or family member(s) with the appropriate information leaflet. Please follow the link for access to the current patient information leaflets.

Consideration must be given to how the information is discussed and delivered to the patient; this will be dependent upon the patient's mental capacity and level of distress at the point of admission which may influence their understanding

If there any concerns regarding the patients understanding this must be revisited with the patient at the most appropriate and earliest time to discuss Oxehealth with the patient.

Any decision and related rationale must be clearly documented in the electronic patient record (EPR).

Carers and family should be informed when either supporting the patient at the time of admission or upon their first visit to the ward. Queries and concerns from patients, carers, and family must be answered in full and must also recorded in the patient's EPR.

ALL discussions regarding Oxehealth must recorded in the patient's EPR

7 Individual patient need and decision making regarding Oxehealth camera status

Patients should always be fully informed about the technology, given details of its use and purpose and details of how to request to "opt out" of its use should they wish. The use of Oxehealth must be carefully considered on a personalised basis to ensure that any decision to use such systems has a legitimate aim and is both lawful, proportionate and safe for the patient.

The operational model requires that:

- All patients will be informed prior to and upon admission that Oxehealth is in use on the ward.

- Generally, for the first 72 hours of admission to support patient safety on the ward, all patients will have Oxehealth switched on unless other discussions have taken place with MDT, patient and/carers, incorporating their legal status and capacity. They will be informed of how to request to opt out should they wish to do so.

  - Within the initial 72 hours on the ward the MDT can make a clinical decision recommending that Oxehealth be switched off or remain on for the individual patient., based upon a balanced view of:
    - Risk
    - Recognition of any potential harms to patient from the use of Oxehealth
    - Consideration of alternative approaches and interventions
    - Patient choice
    - MHA status
    - Capacity and consent
    - Best interests of the patient

  - Based upon these same criteria listed above, after the initial 72 hour review specific further reviews will be required based on:
    - At each patient's regular MDT meeting.
    - When there is a change in risk that will impact upon the required Oxehealth status to support patient safety.
    - A change in the patient's mental capacity
    - A change in the potential harms to the patient by Oxehealth
    - The patient chooses to opt out of using Oxehealth

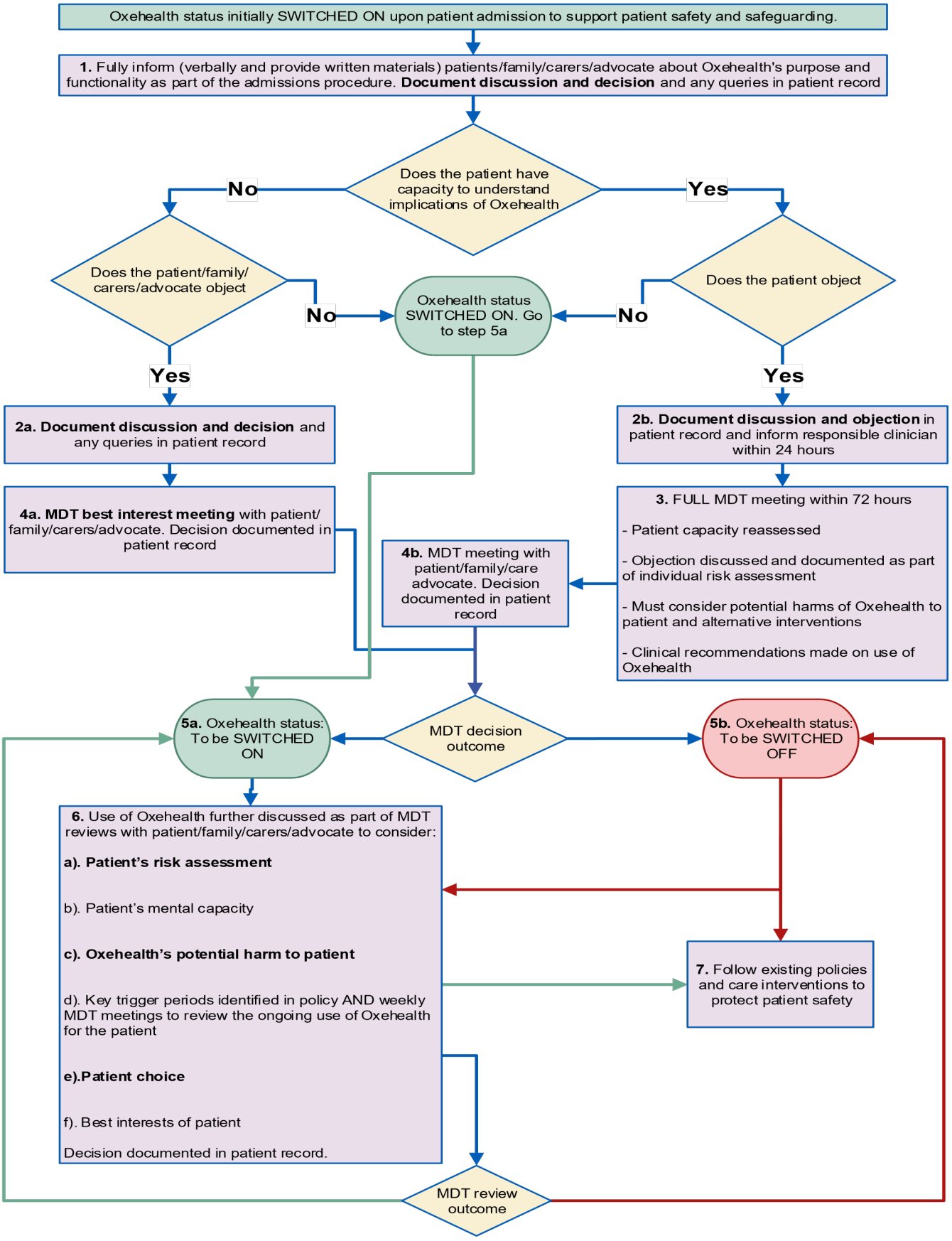
- Patients must be informed and told of the use of Oxehealth including the use of video data, both on admission and throughout their stay in hospital.
- Patients can always raise questions and concerns, and there will be regular opportunities for patients to be engaged by staff in conversation about their questions and concerns.
- Patients can request to opt out at any time.
- Any request to opt out by a patients should be discussed with the MDT within the first 72 hours. However, patients can opt out at any time during their admission and this would be discussed at the next available and appropriate MDT.

  - Where it is assessed that the patients lacks capacity to consent all decisions should take place within the guidance of the MHA and best interest process (MCA 2005). This would facilitate personalised consideration of individual preference, safety/risk, and other alternatives. This **MUST** be documented within the patient's notes within the EPR, alongside an updated safety summary.

  - Patient advocacy should also be taken into consideration for any decisions, which must be clearly documented within the EPR.

- It is the responsibility of the ward team to ensure that the status for each room within the ward that's use Oxehealth (i.e., whether it is "switched on" or "switched off") is reviewed on a daily basis within the daily report out or other daily review process.

The flowchart below references the steps shown in the Oxehealth policy. The narrative for each step is also replicated and may also have additional instruction to support staff following this procedure, outlining the decision making steps to determine the status of the Oxehealth.


Oxehealth status initially SWITCHED ON upon patient admission to support patient safety and safeguarding.
1. Fully inform (verbally and provide written materials) patients/family/carers/advocate about Oxehealth's purpose and functionality as part of the admissions procedure. Document discussion and decision and any queries in patient record
Does the patient have capacity to understand implications of Oxehealth
No
Yes
Does the patient/family/ carers/advocate object
No
Oxehealth status SWITCHED ON. Go to step 5a
No
Does the patient object
Yes
Yes
2a. Document discussion and decision and any queries in patient record
2b. Document discussion and objection in patient record and inform responsible clinician within 24 hours
4a. MDT best interest meeting with patient/ family/carers/advocate. Decision documented in patient record
3. FULL MDT meeting within 72 hours
- Patient capacity reassessed
- Objection discussed and documented as part of individual risk assessment
- Must consider potential harms of Oxehealth to patient and alternative interventions
- Clinical recommendations made on use of Oxehealth
4b. MDT meeting with patient/family/care advocate. Decision documented in patient record
5a. Oxehealth status: To be SWITCHED ON
MDT decision outcome
5b. Oxehealth status: To be SWITCHED OFF
6. Use of Oxehealth further discussed as part of MDT reviews with patient/family/carers/advocate to consider:
a). Patient's risk assessment
b). Patient's mental capacity
c). Oxehealth's potential harm to patient
d). Key trigger periods identified in policy AND weekly MDT meetings to review the ongoing use of Oxehealth for the patient
e).Patient choice
f). Best interests of patient
Decision documented in patient record.
7. Follow existing policies and care interventions to protect patient safety
MDT review outcome

For the purposes of safeguarding and maintaining patient safety and upon completion of a comprehensive risk assessment, generally Oxehealth will be turned on for the first 72 hours from admission; patients must be informed of this and their wishes and feelings taken into account.

Patients and carers must be informed about of the use of Oxehealth including the use of video data, both on admission and throughout their stay in hospital.

Patients can raise questions and concerns, and there will be regular opportunities for patients to engage by staff.

Any objection by a patient will be reviewed by the MDT, following discussion with the patient and carer(s), where practicable and appropriate.

Any request to opt out by a patient user should be discussed with the multi-disciplinary team, the services user, and carers (where practicable). There will **not** be an opt out option for section 136 suites.

Where it is assessed that the informal patient lacks capacity to consent, the decision to use Oxehealth (as with any other care/treatment decision should take place under the MHA and the best interest process (MCA 2005) by the MDT). This facilitates personalised consideration of individual preference, safety/risk, and other alternatives.

This **MUST** be documented within the patient's notes within the EPR, alongside an updated safety summary.

Patient advocacy must also be taken into consideration for any decisions and must be clearly documented within the EPR.

Flowchart guidance

- **Step 1:** All patient users will be informed prior to or upon admission that Oxehealth is in use on the ward. Fully inform and make use of patient information material. Please refer to the Interpreting and Translation Procedure if further support is required in this area. The Oxehealth will be switched on upon admission and will be left switched on until a decision is made in step 4a or step 4b.

- **Step 2:** Document all discussions in the EPR and update their plan of care. Inform the responsible clinician as soon as possible. Organise and schedule the required multidisciplinary team (MDT) meeting or MDT best interest meeting, accordingly. This will be

based upon the initial assessment of the mental capacity of the patient by the responsible clinician (RC) within the initial 72 hour period in relation to their understanding of the use and implications for them of Oxehealth.

- **Step 3:** Within 72 hours on the ward the MDT will reach a clinical decision regarding the use of Oxehealth for the patient based upon a balanced view of the following factors:
    - Reassessment of the mental capacity status of the patient in relation to their understanding of the use and implications for them of Oxehealth.
    - The current risk of patient harm to self and others.
    - Any particular risk of re-traumatisation based on patient history, or other potential harms to the patient from the use of Oxehealth.
    - The availability and use of alternative care interventions and other least restrictive approaches.
    - MDT meeting should also consider whether the patient is admitted informally or formally (subject to the Mental Health Act).

  The risk(s) and rationale for the proposed decision to be discussed with the patient, carer/family and patient advocate as appropriate should be fully documented in the EPR and supporting documentation such as, their safety summary and plan of care.

- **Step 4a:** The best interests meeting will involve patients/family/carers/advocates and clinicians to discuss the clinical recommendation and rationale and to ensure all views have been considered. All decisions should take place within the guidance of the best interest process (MCA 2005).

  Where possible, consent should be obtained from the patient or representatives. A final decision confirmed about whether Oxehealth is kept on or switched off will be made. This must be fully documented in the EPR. Advocacy must always be considered for patients in these discussions to support patients in their communications with and ensure they get the information they need about their health care and to ensure their views are discussed and heard.

- **Step 4b:** Discuss the proposed outcome and decision of the MDT meeting with the patient, providing the rationale for the decision at this current time. This outcome will be collaboratively discussed and agreed upon in this meeting (which should include the patient's carers, family, or advocate as appropriate) and must be fully documented in the EPR. Advocacy must always be considered for patients in these discussions to support patients in their communications with and ensure they get the information they need about their health care and to ensure their views are discussed and heard.

- **Step 5a and Step 5b:** The decision to keep Oxehealth on or off should be documented in the EPR.

  If the status of Oxehealth has changed, i.e., Oxehealth has changed from either OFF to ON or from ON to OFF, the date and time of this being physically actioned must be recorded in the EPR. All clinical ward staff should be made aware of the change to

Oxehealth status in the room the patient is occupying at that time.

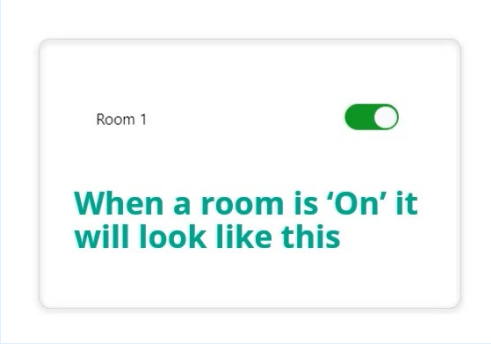
If the status of Oxehealth has changed, i.e., Oxehealth has changed from either OFF to ON or from ON to OFF, the date and time of this being physically actioned must be recorded in the EPR. All clinical ward staff should be made aware of the change to Oxehealth in the room the patient is occupying at that time.

It is the responsibility of the ward team to ensure that the status of Oxehealth in each room within the ward that has Oxehealth installed (i.e., whether it is "switched on" or "switched off") is reviewed as a minimum for each room in accordance with each individual patient accordingly:

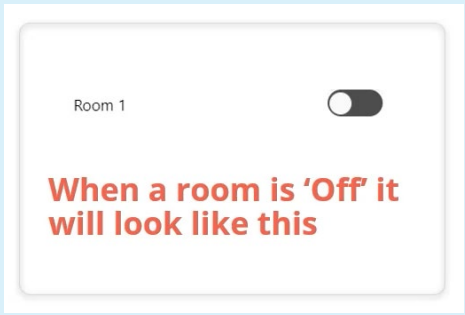
- On a shift-by-shift basis at handover for all patients.
- On a daily basis within the daily report out or other daily review process for all patients.
- For any new patient admitted to the ward.
- For any new patient transferred to the ward.
- Upon the return of a patient from overnight leave.
- For any room changes for patients ("bed swaps") that have occurred within the ward at the time of the change.

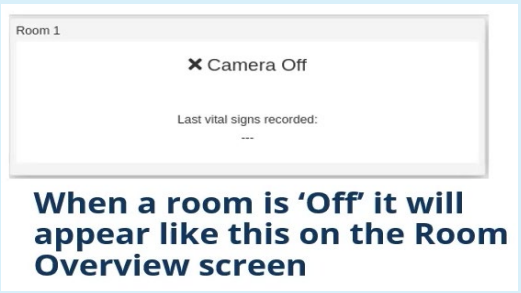
The ability to switch Oxehealth "on or off" for each individual room is available for staff to perform at ward level. This MUST ONLY be done by a registered nurse.

If the decision is made in line with model described above to turn Oxehealth off, staff can switch off individual rooms via the "Settings" button on the drop-down menu. **When a room is 'on' the toggle will be green.**



To turn a room off, select the toggle, and it will turn grey.





Once turned off, the room state on the tile will change to say, "camera off" and you will no longer be able to view into the room, take vital signs, receive alerts and warnings, nor request clear video data.

- **Step 6:** The **use of Oxehealth should be discussed** with the patient/family/carers as part of their MDT care review.

  If a consenting patient subsequently withdraws consent, this should be discussed at the MDT meeting.

  The MDT review will reach a clinical decision regarding the use of Oxehealth for the patient based upon a balanced view of the following factors:
  - The current risk of patient harm to self and others.
  - Patient choice
  - Reassessment of the mental capacity status of the patient in relation to their understanding of the use and implications for them of Oxehealth.
  - Reassessment of the best interests of the patient
  - Legal status of patient as Oxehealth may be an appropriate part of the patient's care and treatment.
  - Any particular risk of re-traumatisation based on patient history, or other potential harms to the patient from the use of Oxehealth.
  - The availability and use of alternative care interventions and other least restrictive approaches.
  - MDT meeting should also consider whether the patient is admitted informally or formally (subject to the Mental Health Act).

  The risk(s) and rationale for the decision should be fully documented in the EPR and supporting documentation such as, their safety summary and plan of care.

- **Step 7:** The Oxehealth is a tool to support patient safety and is used in conjunction with existing policy and procedure to achieve this. Irrespective of whether Oxehealth is ON or OFF, the ward staff **MUST** follow these existing operational procedures.

It is the responsibility of the ward team to ensure the status of whether Oxehealth is "switched on" or "switched off" is correct for each patient occupying each room.
This **MUST** be reviewed on a daily basis within the daily report out or other daily review process and be able to be evidenced that this review has taken place for audit purposes.

The status of each room must confirmed as correct for each instance of

- Room swap.
- Admission.
- Discharge.
- Overnight Leave.
- Returning from leave.
- Change to patient health need and/or risk.

Oxehealth status for each patient and their room **MUST BE** correctly aligned in accordance with the documented requirements for the patient and correctly updated on each of the following areas:

- PARIS / CITO Bed Board
- Care Rounds Record Sheet
- Purposeful Inpatient Admission (PIPA) Visual Control Board (VCB)

Each ward will need to ensure that:

- A column is provided on the ward's PIPA VCB for Oxehealth status.
- They are using updated Care Round Record Sheets with Oxehealth status shown

See appendix 11 for process flows supporting these situations.

8 Care planning and supportive observations

The use of Oxehealth for an individual patient must be incorporated into the care planning process and co-created with the involvement of the patients. As with all interventions and aspects of care planning this needs to be a personalized, recovery focused approach with relational safety considerations being central to this.

Oxehealth is not a replacement for any patient care activity requirement nor any level of a patient supportive observation and engagement activity requirement, it is an additional supportive aid to alert and further enhance the responsivity of staff in supporting the required care and safety of a patient and to take physiological observations.

All observations and Engagements **MUST** be carried out in accordance with the Supportive Observations and Engagement Procedure and the Safe Use of Seclusion Procedure.

Oxehealth **MUST NOT** be used as a substitute to complete "care rounds" or supportive observation requirements. One exception to this would be for nighttime supportive engagements **ONLY** to enhance sleep and recovery. This decision must be supported by a full MDT risk based clinical decision with the patients (which is clearly documented with supporting rationale), stating how the intervention can be supported differently by using Oxehealth. This intervention must be explicitly documented in the patients care plan together with realistic goals and review periods. However, this intervention **MUST** still comply with Supportive Observations and Engagement Procedure.

The use of Oxehealth should be based on a balanced assessment of individual patient need that should consider (but is not limited to):

- Personal choice of the patient.
- Risks to safety to the patient and/or others.
- Potential harms and re-traumatisation to the patient that may be triggered by the use of Oxehealth.
- Alternative and least restrictive strategies and interventions that may be available instead of Oxehealth.
- Mental capacity to understand the use and implications of Oxehealth.
- The Best Interests of the patient.
- Legal status, i.e., whether the patient is admitted informally or formally (subject to the Mental Health Act/Best Interests Mental Capacity Act).
- Protected characteristics i.e., age, religion and belief, gender reassignment, sex, sexual orientation, pregnancy and maternity, disability and race.
- The differing needs of the individual and the impact to the individual regarding their actual or perceived issues regarding their privacy and dignity in relation to Oxehealth.

This must be included as part of the MDT discussion and decision making process to support the health, wellbeing and experience of the patient regarding the use of Oxehealth and also towards what further ongoing support for those affected by the presence of Oxehealth in their rooms.

The patient's care plan **MUST** clearly identify the agreed position and rationale regarding the status of Oxehealth within the room they are occupying.

It **MUST** also identify how Oxehealth will be used to support the care of the patient and clearly outline the interventions that utilise Oxehealth, and how these will be realised by the staff.

The intervention statements relating to Oxehealth **MUST** therefore be clearly identified within the care plan and will require separate and explicit statement(s)

9 Using Oxehealth

For **patient bedroom areas** the monitor will be located within the staff office and staff will also use handheld mobile devices to undertake the observation monitoring.

For **seclusion areas** a mobile device will be located within the seclusion area / office. This will be used on the commencement of a seclusion episode for the patient to ensure that staff are able to maintain compliance and monitoring with Oxehealth .

For any use of Oxehealth for patients in seclusion, staff **must** also refer to the Safe Use of Seclusion Procedure to ensure all procedural requirements are met.

9.1 Warnings & Alerts

- **Warning** - is a visual warning state and is seen as an ORANGE "room tile" on the monitor or tablet. It shows you if a person may need help or assistance, or if the room has been "Paused" on the system. Staff should be in readiness to respond to a pending alert and a clinical decision based upon risk and knowledge of the patient will identify whether this requires an immediate response.
- **Alert** - is a visual alert state seen as a RED "room tile" on the monitor or tablet. It also provides an audible alert sound informing you that a person may need help or assistance. This requires an immediate response by staff to the patient's room to provide support.

Staff **must respond immediately** to an alert that has been raised to ensure the safety and wellbeing of the patient.

Warnings and alerts are raised for defined trigger events as below:

1. Out of room	**2. Out of bed**
3. At door	**4. No activity detected**
5. In bathroom	**6. Room Entry**
7. Leaving bed	

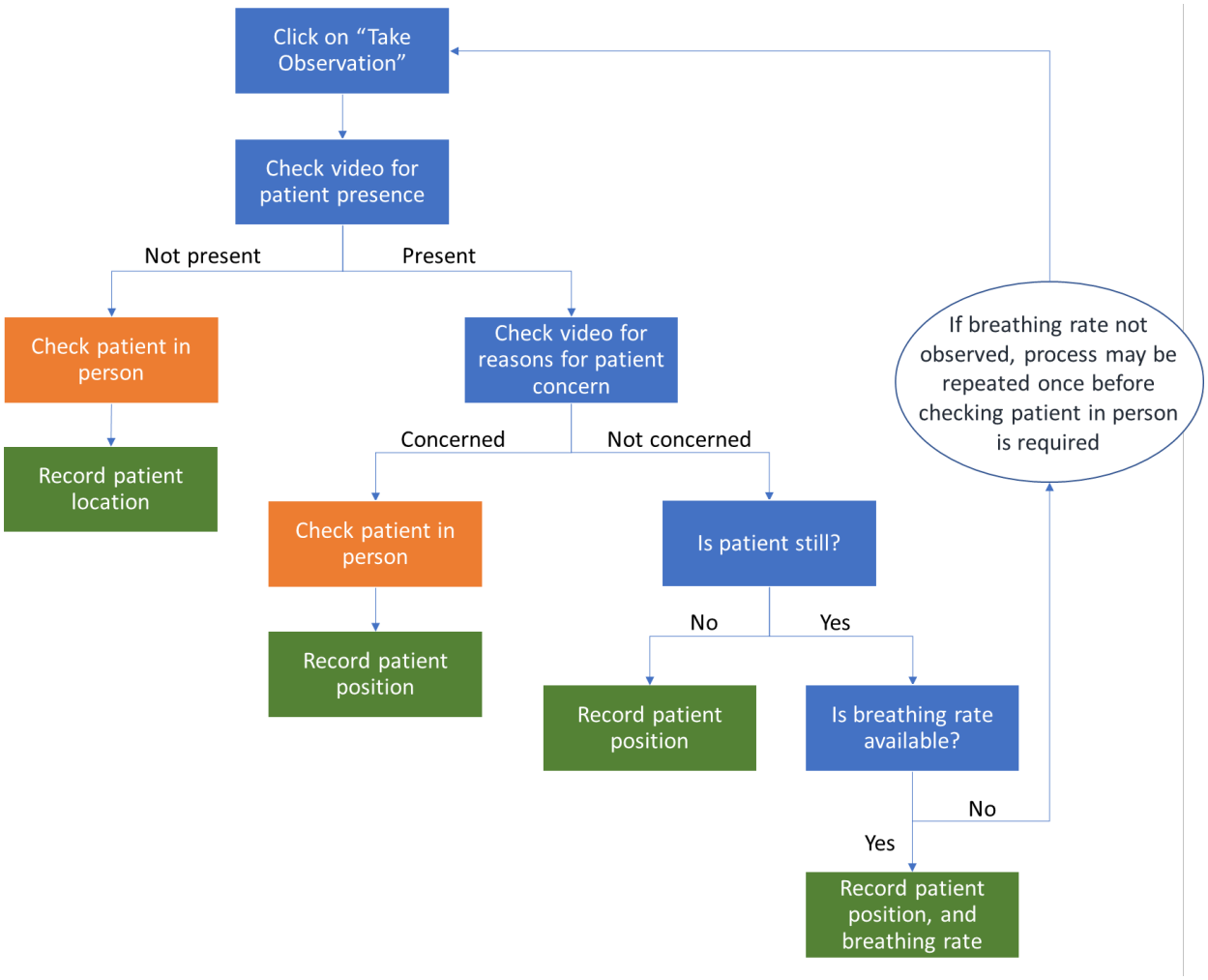
Each trigger event may be configured to have an alert or warning either set (switched) on or off.

- If both warnings and alerts are set “on” for a trigger event, then the warning will escalate to an alert following a defined period of time.
- If only an alert is set “on” for a specific trigger event this will automatically provide an alert without any intermediate warning status.

The combination of warnings and alerts vary from ward to ward as they are tailored to the specific needs of the patients on each ward. Please refer to “My Ward Alert Configuration” on the Oxehealth intranet page for a detailed list on the warnings and alerts active on your ward, and the thresholds for “Warnings” and “Alerts” as these will differ according to the service area (e.g., PICU, Adult Admissions and Older People Services).

For a fuller understanding of how warnings and alerts operate in the system please ensure that you have registered with the OxeAcademy and undertaken the training modules. Also, please refer to step by step guides in section 13.1 for further information regarding alerts and Oxehealth.

9.2 Using Oxehealth for physiological observations



If when using Oxehealth to obtain a **breathing rate AND it cannot be established** via the system, then the process should be repeated immediately **provided there are no immediate concerns** visible from the clear video data displayed on the monitoring device. 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 or if the patient needs help.

If staff have any level of concern about the patient's status, due to the vital signs or activity observed then a **staff member(s) MUST physically check the patient in person immediately.**

Staff remain responsible for the patient and **MUST ALWAYS** use clinical judgement and physically check on the patient in person if it is believed to be required.

Similarly, if Oxehealth cannot be used for any reason, physically check on the patient in person.

9.2.1 Supporting narrative to capture physiological observations

Please also refer to section 13.1 for access to the required appendices to link to the step-by-step visual guides to use Oxehealth .

- Staff members undertaking observations using Oxehealth can access the Oxehealth 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 and engagement policy and procedures.
- Staff should check the image and if the patient is engaged in personal activity or in a compromising position they should immediately cease access to the optical image.
- If the patient is not present or not visible 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.
- As Oxehealth is not able to measure pulse and respiration when a patient is moving - upon observation, if the patient is moving (not still) then record their position.
- Upon observation, if the patient is not moving (still) then record the patient position and breathing rate.
- Although the Oxehealth is a certified medical device, however, if there are any concerns when using the system, patients must be checked in person.
- On completion of a physiological observation using Oxehealth or otherwise, staff are to record the results in the appropriate place, EPR, and relevant trust observation paperwork.

9.2.2 Rapid Tranquilisation (RT)

Patients who have received Rapid Tranquilisation (RT) must be managed in line with the Rapid Tranquilisation Policy

10 Managing and escalating technical issues

If for any reason, there is a technical failure / malfunction of Oxehealth this must be immediately fed back to Oxehealth via the customer service phone line.

- Customer service phone line for urgent technical issues: 0800 030 6781
    - This is available for 24/7 365 days for this level of support.

In exceptional circumstances where outside support is required from Oxehealth, attendance will be in within 24 hours, however most issues can be fixed remotely.

In the event of any system outage, all staff on the ward must be informed immediately who will then inform the patients. Staff will then continue to perform all safety and care requirements without the use of Oxehealth, and update care documents and risk assessments as required dependent upon length of period of system outage.

This will also mean that all staff must be advised when the Oxehealth system and functionality becomes available again.

General enquiries and feedback should be via:

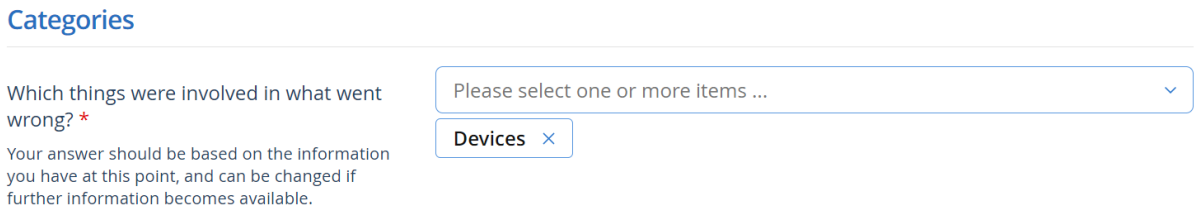
- Email: support@oxehealth.com
- Feedback form: can be sent via the monitor (see appendix 9).

Any faults reported to Oxehealth are also reported via the Trust incident reporting system and updated accordingly. As a minimum, this will need to identify the nature of the issue, the associated risk, and the date and time Oxehealth are informed.

This will be recorded as a Patient Safety Incident

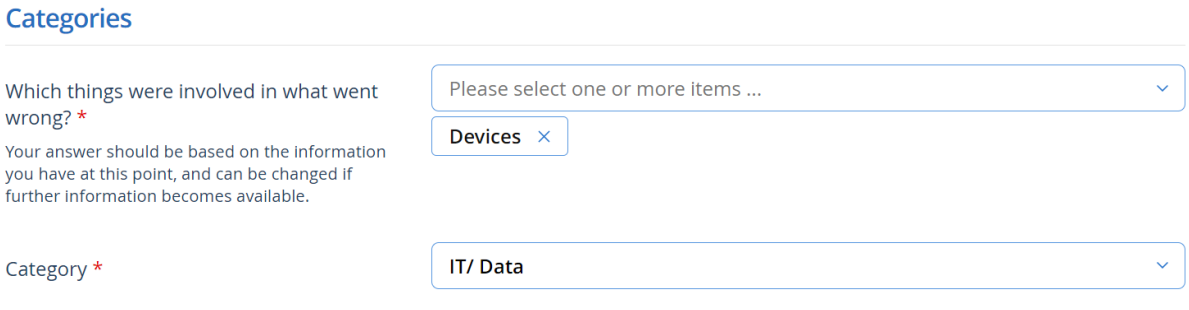
Fill out the form accordingly as required and as per usual, however please note the additional requirements:

- **Select “Devices” under the “Category” section**

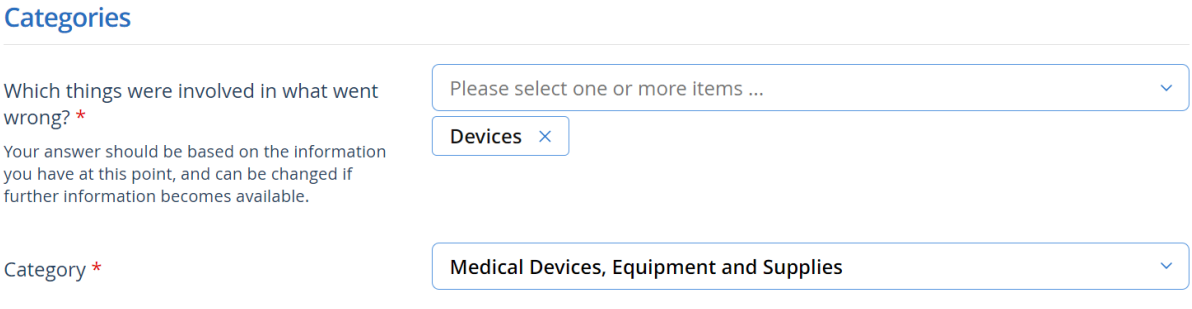


It is most likely that you will need to select either “IT / Data” or “Medical Devices, Equipment and Supplies” for the Category selection depending upon the issue.

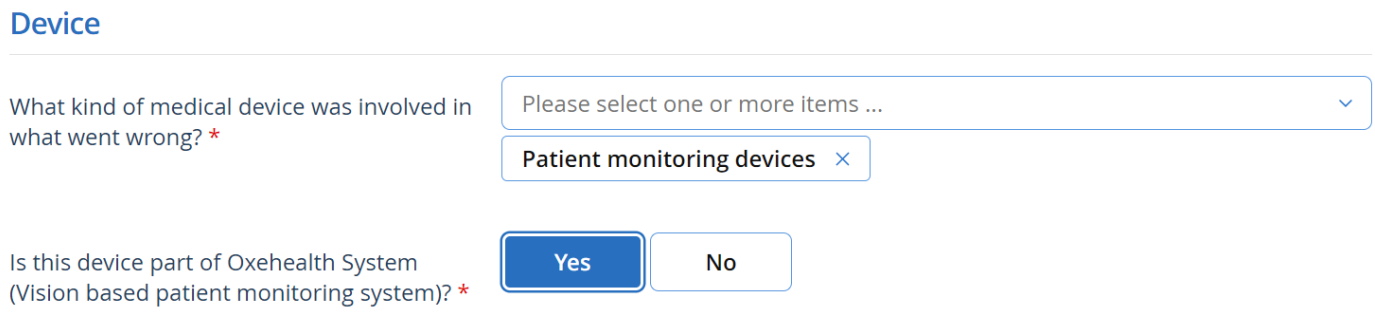
a)



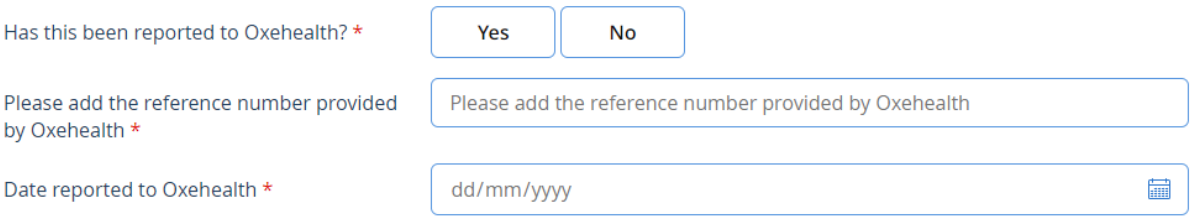
b)



Under **“Device”** please select the following



You will then be prompted for the following details.



If you have not already reported this to Oxehealth you should do so now before continuing with the incident report.

If this is deemed to be a total failure of Oxehealth you must advise the patient safety alerts team to ensure this is communicated to other wards.

11 Incident reporting

Where Oxehealth is installed within an in-patient environment and where an incident occurs i.e., fall, medical emergency then this must be clinically responded to immediately. It is essential to record incidents where Oxehealth has been successful in identifying an incident occurring.

All incidents **MUST** continue to be reported using the Trusts incident reporting system as per normal via the Incident Recording and Response Policy

In exceptional circumstances the salient clear data (raw and unblurred video footage) can be requested for review and to support investigations. Valid reasons for this will include:

- Patient Safety Incidents which result in serious harm or death
- Safeguarding incidents or allegations

12 Accessing and managing data

For any queries that are not explicitly covered here, for the interim please escalate to your senior manager, associate director of nursing and the Information Governance team for support.

12.1 Staff requesting clear (salient) video data

Outside of normal working hours the Nurse in Charge will make the request for data to be 'clipped' following a discussion with the duty nurse coordinator and the senior manager on call (Tactical on-call) providing the rationale that this is an appropriate course of action.

Step by Step Request Process

1. Event takes place on the ward and is captured by Oxehealth and is required to support the investigation of a patient safety incident.

2. A discussion will occur between the relevant Associate Director of Nursing and Quality, the Modern Matron/ Ward Manager to decide whether the salient video data is required to be captured ("clipped") from Oxehealth to the ward.

   Outside of normal working hours the Nurse in Charge will make the request for data to be 'clipped' following a discussion with the senior nurse on duty and the manager on call providing the rationale that this is an appropriate course of action.

   This discussion will consider the
   a. rationale for request,
   b. severity of the incident,
   c. patient consent,
   d. confidentiality.

3. The relevant clinician i.e., ward manager or nurse in charge, requests Oxehealth to capture the relevant footage to be clipped, identifying the room, date and timeframe required.

   Clear Video Data is automatically deleted on a rolling 24-hour basis.

   If the CVD is not requested for capture within the 24-hour window of the required timeframe it will not be retrievable.

   The request for the CVD to be "clipped" and saved before it is recorded over **MUST** be made through the Oxehealth customer service call line:

   Tel: **0800 030 6781** that operates 24/7, 365 days a year.

4.

This must be recorded in the EPR together with the room number that the patient is currently occupying, or the room requested to be clipped. This will support an audit trail and ensure that the correct patient is identified and associated with the clipped clear video data (CVD).

It **MUST** also be clearly stated in the EPR whether this is a Subject Access Request (SAR) or not.

5. Oxehealth will identify and clip footage as requested, storing it securely pending authorisation to release the data to the Trust (TEWV).

6. Oxehealth email DocuSign to the named TEWV authoriser. The TEWV authoriser will be the person in the role of:
    a. Chief Nurse
    b. Deputy Chief Nurse

7. The TEWV authoriser will complete the DocuSign to allow the release of clip and will provide an email address for named TEWV recipient of the clip.

Please note, the clip can only be sent to **a named recipient** within the Trust as the process of accessing the secure email requires a password, which the Trust's generic team email addresses do not have.

The TEWV recipient should be a person from the roles listed below.

a. Chief Nurse
b. Deputy Chief Nurse
c. Care Group Directors of Nursing & Quality
d. Associate Director(s) of Nursing and Quality

8. Oxehealth uses the Egress system to securely email the clip to that named TEWV recipient.

The TEWV recipient has 28 days to download the clip to the relevant shared drive.

If the TEWV recipient does not access the email and download the clip a reminder email will be sent by Oxehealth at 14 and 21 days.

The clipped CVD **should be downloaded immediately** by the TEWV recipient to guard against loss.

It **MUST** be downloaded within 28 days from receipt of link from Oxehealth else it will be deleted and no longer be accessible for use.

9. The TEWV recipient will click on the link within the email they receive to access it within their internet browser and will log in using their NHS Mail address and password.

10. The TEWV recipient will download the clip to the "Nursing & Governance" shared drive at Oxehealth CVD - Confidential - TO BE RETAINED (DPA 2018). This shared drive is access restricted to the list of TEWV recipients (see above step 7).

Please ensure the clipped CVD is clearly named to indicate both the room number and the EPR ID (EPRID) of the patient depicted and the date and 24-hour time of the event/incident using the format:

"**YYYYMMDD_HHMM_ROOMxx_EPRIDyyyyyy.mp4**",

e.g., **20230103_1355_ROOM08_EPRID123456.mp4**
to denote *3rd January 2023 at 13:55pm for room number 08 and the EPR ID of patient involved was '123456'.*

If this was data retrieved was for a ***SUBJECT ACCESS REQUEST,*** please name the file as above and store within the sub folder.
Oxehealth CVD - Confidential - TO BE RETAINED (DPA 2018)\Subject Access Requests
and please refer to section 12.3 of this document.

The TEWV recipient is responsible for the safe handling, security and management according to the Data Protection Act (2018) of any CVD that is required to be shared to a wider forum. This includes completing and maintain the required asset register for CVD as per the Information Asset Register Procedure.

12.2 Managing video data once retrieved

Key details to be considered:

- For any clear video data released, all patient, carers, family, patient advocates, third party individuals captured on the CVD (including staff members) will need to be informed that the CVD has been captured with their images on. This must be recorded on the EPR.
- While images are retained, it is essential that their integrity be maintained, whether it is to ensure their evidential value or to protect the rights of people whose images may have been recorded. It is therefore important that access to and security of the images is controlled in accordance with the requirements of the DPA (2018).
- Any captured data must be stored securely. Downloaded copies of images MUST be securely stored within the restricted access folder Oxehealth CVD - Confidential - TO BE RETAINED (DPA 2018) for the required retention period in accordance with the NHSX Records Management Code of Practice (2021) based on the purpose for which the footage was captured. Once this period has expired, the images/video will be erased – this is the responsibility of the data recipient.
- A log **MUST** be kept of who has accessed the video data and securely stored with the video data.
- Please refer to the Trust Oxehealth Policy for information relating to access and disclosure of images to third parties to support:
    - Coroners' investigations
    - Criminal investigations
    - Professional negligence or human resource related issues.

12.3 Access to images by individuals (Subject Access Requests)

Article 15 of the Data Protection Act 2018 gives any individual the right to request access to personal data.

In the advent of a person making a subject access request it is therefore imperative that any request being made to access data is actioned at the earliest opportunity to prevent data loss due to the 24-hour retention period for this data; otherwise, it will not be available due to the deletion policy of this CVD for Oxehealth

Staff should be aware that requests can be made verbally and must be actioned the same as a written request. Staff should also not ask why the request is being made. Purposefully delaying in the processing of the request to take it outside of the retention period could be considered an offence.

As the CVD is based upon room number, it must be clearly indicated in the patient's notes the room number which the patient is currently occupying to provide an audit trail linking the patient to the acquired CVD.

The staff member receiving the request must escalate to the nurse in charge who will make a request to Oxehealth for the data to be "clipped" (retained if available) pending the subject access request (SAR) outcome. The Data Protection Officer must be informed who will validate the SAR.

The request must be recorded in the EPR. Please refer to the Request for Information procedure.

Prior to providing the individual access to the requested data, **the CVD must be screened for serious harm** by the TEWV recipient or their delegated clinical leader.

Following this vetting of the data, if appropriate, the clinical team will support the individual in the viewing of the data. If the individual requires their own copy of the data, the staff will contact the Information Governance department (tewv.informationgovernance@nhs.net) with the details to progress the request further. Please refer to the Trust's Oxehealth Policy for further details.

13 Training and support

All clinical inpatient ward staff (including bank staff and agency staff) are required to be trained in how to use the system.

Oxehealth is a tool to support patient safety and staff **MUST** be trained before being able to use it.

Each shift therefore requires at least one person to be trained in the use of Oxehealth.

A **minimum of 85% of staff** on a ward must have received training.

Ward management must ensure that all their clinical staff are appropriately trained and continue to have this capability.

Each Agenda for Change Band 6 clinical lead on the ward will be the designated Oxehealth Champion to ensure consistent and best practice across the ward in

supporting both staff and patients. The champion will function as a “super user” and can provide ongoing training support for staff on the wards.

Oxehealth have provided access to a training package via “OxeAcademy” which will allow staff to access our training any time of day to meet this deadline. Staff will be able to complete the training, which then generates a certificate to confirm their attendance and understanding. Please follow the link http://www.oxehealth.academy/ to access this training. All staff should complete this within two weeks of induction onto the ward.

Training will form part of the required statutory and mandatory training for ALL inpatient staff and will also include bank and agency staff. This is currently in discussion and will form part of the Trust wide statutory and mandatory training review.

Pending the application for Oxehealth training to be added to the statutory and mandatory training for inpatient staff (including bank and agency staff), all staff are required to complete the OxeAcademy training modules and **PASS** the competency-based test.

Additional support and training will be provided by the systems development team. See Appendix 10 for engagement and training process for new implementations.

The Trust can also provide training for Trust staff on the Data Protection Act (2018) for staff responsible for handling and managing Oxehealth related data as required.

13.1 Step by Step Guides

- How to take a vital sign observation (appendix 3)
- View Observation History (appendix 4)
- Resetting a “Leaving Bed” Alert (appendix 5)
- Resetting an “Out of Bed” Alert (appendix 6)
- View an Activity Report (appendix 7)
- How to “Replay Last Alert” (appendix 8)
- How to Provide Feedback to Oxehealth (appendix 9)

An electronic copy of the “Instructions For Use” and device labelling are available on the monitor screen which details how to use and care for the system. The step-by-step guides within this document are a reminder and **does not replace** the “Instructions For Use”.

If you are unsure of anything, please re-read the “Instructions For Use” or ask your Oxehealth Ward Lead/Champion.

To access the instructions for use, click on “Instructions For Use” on the screen.

14 Governance

14.1 Audit

An audit tool was developed collaboratively with peer mental health Trusts and Oxehealth and further reviewed by patient user group. This tool is to be presented to the National MH and LD Nurse Directors Forum to serve as a national template tool to support ward-based audits.

This tool has been produced as a MS Form and is attached as Appendix 12

14.2 Activity Reports

Daily and weekly summary reports are available of patient activity detected in a room, including time in bedroom, and out of room. These are available from the system for individualised ward reports, with a fuller summary also sent by Oxehealth each month. Please refer to the OxeAcademy training modules for further information at this time.

The ward manager and modern matron will use these reports to support patient care and effective user of the system by ward staff.

15 Definitions

Term	Definition

Oxehealth	• This is the generic term for the proprietary Oxehealth system provided by Oxehealth.
Multidisciplinary Team (MDT)	• The multidisciplinary team (MDT) is the group of health and care staff of different professions on the ward working together to make decisions regarding the treatment of individual patients and patients. This will comprise of the responsible clinician and additional ward based medical staff, the nursing team including the named nurse, and allied health and therapy professionals.
Clear (Salient) Video Data	• Is classified as special category personal data and is stored on a local dedicated server at the customer site for up to 24hrs after which it is automatically recorded over.

16 How this procedure will be implemented

- This procedure will be published on the Trust's intranet and website.
- Line managers will disseminate this procedure to all relevant Trust employees through a line management briefing.
- A range of training and support structures will be mapped and developed in response to the baseline and continuous audit of the minimum standard.
- All staff recruited into posts that deliver direct patient care will be made aware of the Oxehealth Policy and this supporting procedure at local induction.
- The Trust will commit to making access to training available to all staff to whom this procedure applies.

16.1 Implementation action plan

Activity	Expected outcome	Timescale	Responsibility	Means of verification/ measurement
Publication of a dedicated	Single point of access of relevant	Available now	Oxehealth Steering Group	Number of accesses to site

Oxehealth intranet site	information for staff			
Training to be part of the “Statutory and Mandatory” matrix for all ward clinical staff (including Bank Staff).	85% compliance for all ward teams with Oxehealth installed measured via IIC dashboard	End of Q1 2024/25 Reviewed 2 weekly at the Oxehealth clinical subgroup and Monthly within localities.	Operational Managers Ward Managers Deputy Chief Nurse	IIC reporting
Create TEWV based training package	e-learning package available on TEWV intranet	End of Q1 2024/25	Oxehealth sub-group	Available on intranet

16.2 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
All inpatient staff and bank staff	OxeAcademy training e-Learning	30 minutes	Post implementation all staff / Annually
TEWV based training package	E-learning	45 minutes	Annually

17 How the implementation of this procedure will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented, and monitored; (this will usually be via the relevant Governance Group).
1	Eighty-five percent of all ward staff Oxehealth trained	F = Quarterly / Annually M = IIC R = clinical staff	• People, Culture and Diversity Exec group. • Care Group Boards and sub-groups Quality Assurance and Improvement Groups
2	Eighty-five percent of all bank staff Oxehealth trained	F = Quarterly / Annually M = IIC R = clinical staff	• People, Culture and Diversity Exec group. • Care Group Boards and sub-groups Quality Assurance and Improvement Groups
3	Audit on minimum one staff member per shift per ward trained	F = Quarterly / Annually M = IIC R = clinical staff	• People, Culture and Diversity Exec group. • Care Group Boards and sub-groups Quality Assurance and Improvement Groups
4	Audit Tool (please see appendix 12)	F = Monthly / Annually M = IIC / InPhase R = Modern Matron	• People, Culture and Diversity Exec group. • Care Group Boards and sub-groups • Safe Staffing Group Quality Assurance and Improvement Groups

18 References and further reading

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19 Document control (external)

To be recorded on the policy register by Policy Coordinator

Required information type	Information
Date of approval	12 August 2024
Next review date	23 July 2027
This document replaces	New document
This document was approved by	Executive Directors Group
This document was approved	23 July 2024 (subject to specified changes made and approved)
This document was ratified	Executive Directors Group - 23 July 2024 (subject to specified changes being made and approved)
This document was ratified	Specified changes made and approved by Executive Medical Director, Chief Nurse, and Director of Therapies – confirmed 12 August 2024
An equality analysis was completed on this policy on	01 August 2024
Document type	Public
FOI Clause (Private documents only)	N/A

Change record

Version	Date	Amendment details	Status
1	12 Aug 2024	New document	Published

Appendix 1 - Equality Impact Assessment Screening Form

Please note: The Equality Impact Assessment Policy and Equality Impact Assessment Guidance can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Nursing and Governance Directorate
Title	Oxehealth Procedure
Type	Procedure
Geographical area covered	Trustwide for wards that have Oxehealth installed
Aims and objectives	This procedure reflects the recommendations from the nationally approved evidence base and will support the correct use of a Oxehealth within inpatient services and to ensure a consistent and auditable approach to: ● Implementing safe, ethical, and effective use of the Oxehealth ● Engaging with patients and carers on the use of these systems ● Meeting individualized needs of patients ● Ensuring ongoing governance and assurance around the use of Oxehealth. <u>Objectives</u> • By adhering to this procedure, the Trust can ensure that Oxehealth usage throughout the Trust will be installed and used in alignment with the principles of: o Data Protection Act 2018, o Human Rights Act 1998, o Regulation and Investigatory Powers Act 2000 o and other UK and EEA relevant legislation.

	• Additionally, it will follow recommendations made by National Mental Health and Learning Disability Nurse Directors Forum Working Group • The sole purpose of Oxehealth is to support patient and staff safety in inpatient services. • The Oxehealth cannot and should not replace positive and therapeutic engagement with patients and the visible presence of staff within inpatient settings. Staff must remain responsible for the patient and clinical judgement must always be used. • Emergency intervention where self-harm is suspected should not be delayed by first checking Oxehealth • Ensure a consistent approach to the issue of consent and consideration towards the associated implications. • To define the pathways for safe and ethical management of data and ensure that video data is retained in accordance with the Data Protection Act and system specification, i.e., that data is not retained for longer than 24 hours unless in the event of a patient safety incident where it may be requested to be captured from the system for further review, where it is required to be approved by either the Chief Nurse or Deputy Chief Nurse in their roles as Caldicott Guardians. • To provide clear and concise information to staff and patients to facilitate discussions at the point of admission. • To provide a clear audit trail of the monitoring of the use of the system.
Start date of Equality Analysis Screening	November 2023
End date of Equality Analysis Screening	August 2024

Section 2	Impacts
Who does the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project, or Business plan benefit?	All Patients, families, carers, staff, and partner agencies
Will the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project, or Business plan impact negatively on any of the protected characteristic groups? Are there any Human Rights implications?	• **Race** (including Gypsy and Traveller) **YES** • **Disability** (includes physical, learning, mental health, sensory and medical disabilities) **YES** • **Sex** (Men and women) **YES** • **Gender reassignment** (Transgender and gender identity) **YES** • **Sexual Orientation** (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) **NO** • **Age** (includes, young people, older people – people of all ages) **NO** • **Religion or Belief** (includes faith groups, atheism, and philosophical beliefs) **YES** • **Pregnancy and Maternity** (includes pregnancy, women / people who are breastfeeding, women / people accessing perinatal services, women / people on maternity leave) **NO** • **Marriage and Civil Partnership** (includes opposite and same sex couples who are married or civil partners) **NO** • **Armed Forces** (includes serving armed forces personnel, reservists, veterans, and their families) **NO** • **Human Rights Implications YES** (Human Rights - easy read)
Describe any negative impacts / Human Rights Implications	• All patients are opted in upon admission as part of the standard practice on the ward. • The multi-disciplinary team can assess that the Oxehealth should be used despite the expressed wishes of a capacitous patient for this not to be used. • There are identified potential negative impacts identified for five of the nine protected characteristics of the Equality Act 2010. Individual risk assessment and/or best interest discussions will take place to ensure

	that a fully informed view of understanding the position of risk versus potential harm of the system to the patient. Every effort will be made to mitigate against any potential negative impact occurring, the system will be used in relation to individual need / individual risk assessments and adapted accordingly in relation to individuals needs and protected characteristics. The decision to use the system will be reviewed at each multidisciplinary team meeting with the patient/carer/family/advocate as appropriate. • Any reasonable adjustments that need to be made to ensure that negative impact does not occur for patients with protected characteristics will be recorded in the patient's care plan, removing the potential of any unlawful discrimination. • During the first 72 hours of admission, the decision to use the system will be reviewed, clinical staff will assess individual need in relation to the use of the system on individual patients to ensure that it is only used when the risk to life is real and immediate and that the use of the system for each patients is proportionate, legitimate and lawful due to the restrictions we are placing on Article 8 of the Human Rights Act 1998 'Right to Respect for Private and Family Life' through the use of the system. This assessment will underpin the best interest or multidisciplinary review at 72 hours post admission. Examples of the potential negative impact identified are as follows, although the list is not exhaustive: Mitigations in place for such occurrences can be the ability to opt out if the system is deemed to be detrimental to mental state or wellbeing . Personalised Care approach allows for all patients to request gender specific care or other interventions that support their dignity and privacy and wherever possible this will be facilitated • **Gender Reassignment** – Concern that the system may 'out' someone who has transitioned due to the potential of being able to observe a patient who may not be fully dressed i.e., a Trans woman who may not have medically transitioned or a Trans man who may use breast bindings.

	• **Disability** – The effects of being observed through technology, possibly whilst naked, may have an additional negative impact on a patient's mental health and wellbeing. In addition, an LD patient may not be able to fully understand how the system will impact on their privacy and dignity and also may not be able to consent. • **Race** – There is potentially a more significant impact for patients and their families from certain races or communities, for example where women are only ever seen unclothed by their husband. As we are not able to ensure the gender of the member of staff who will be taking the observations via Oxehealth, there is a concern that this may happen. • **Religion and Belief** – There is a potential for negative impact for followers of certain faiths or belief systems, for example a Muslim woman who may wear a Hijab, Burqa etc. to retain her modesty around males external to her family and to conform to Islamic standards of modesty who may then choose to remove it in the privacy of their own bedroom. Should a male member of staff take the observations via Oxehealth at this time, as we are not able always assure that the gender of the staff taking the observations would always be female, this could cause a negative impact. • **Sex** – There is a potential for a more significant negative impact if a male member of staff takes the observations via Oxehealth of a female patient and vice versa if the patient is not for example fully clothed, sleeping naked, masturbating etc. They will also be unaware that they have been viewed by the opposite sex whilst unclothed and this has privacy and dignity implications.
Describe any positive impacts / Human Rights Implications	This procedure supports the safety of patients on TEWV wards that have oxehealth systems installed. These systems help to protect patients regardless of their protected characteristics.

	There are a number of identified positive impacts foreseen on the protected characteristics of the Equality Act 2010 via the use of the system as identified below, although the list is not exhaustive: • Increased privacy and dignity for patients due to the system being able to identify when patients have entered another patients' room. • Increased privacy and dignity for patients who may prefer that staff don't have to enter their room to carry out observations. • Positive impact on patient safety i.e., falls, patients with dementia, self-harm and suicide due to the systems alerts. • The system will help to support saving lives of patients that are high risk. • Any of the remaining mixed sex wards will have improved safety for patients in relation to the reduction of risk around sexual assault. • Patients are involved in the discussions about the use of the equipment, and they are fully informed on entry to the ward. • Patients can request that the system is not used and discussions about this can take place. A process around patient consent is now in place which takes into consideration patient's wishes.

Section 3	**Research and involvement**
What sources of information have you considered? (e.g., legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	See references section
Have you engaged or consulted with service users, carers, staff, and other stakeholders including people from the protected groups?	Yes
If you answered Yes above, describe the engagement and involvement that has taken place	The cocreated development of the policy and procedure consultation is underpinned by a research-based approach to a thematic analysis of outputs from a range of separate focus groups for patients, families and carers, and TEWV staff. Also influencing this policy are the recommendations provided by the National Mental Health and Learning Disability Nurse Directors Forum

	(which is a cocreated group that also includes patients/carer/family/advocate representation). Persons involved in and/or consulted upon for the cocreation of our policy and procedure include: • Patients (including patient groups) • Families and carers • Directors of Lived Experience • Lived Experience Representatives • Peer Support Lead and Workers • British Institute of Human Rights • Trust Lead for Equality, Diversity and Human Rights Trust Clinical Leaders were involved in the development of this policy. Policy is subject to six week all staff consultation.
If you answered No above, describe future plans that you may have to engage and involve people from different groups	

Section 4	**Training needs**
As part of this equality impact assessment have any training needs/service needs been identified?	Yes
Describe any training needs for Trust staff	Alongside the training of how the system works staff training will also include elements that address aspects of the policy such as consent engagement care planning requests for data, data protection and, taken into consideration, human rights and potential harms.
Describe any training needs for patients	It is a requirement that staff in part all required information and knowledge regarding the system and its use to the patient / carer / family / advocate either prior to or upon admission to the ward. There is also a requirement for

	staff to continue to revisit this aspect of care with the patient carer / family /advocate upon request, or as required at regular points in the time across the period of admission to ensure a full understanding is maintained.
Describe any training needs for contractors or other outside agencies	n/a

Check the information you have provided and ensure additional evidence can be provided if asked.

Appendix 2 – Approval checklist

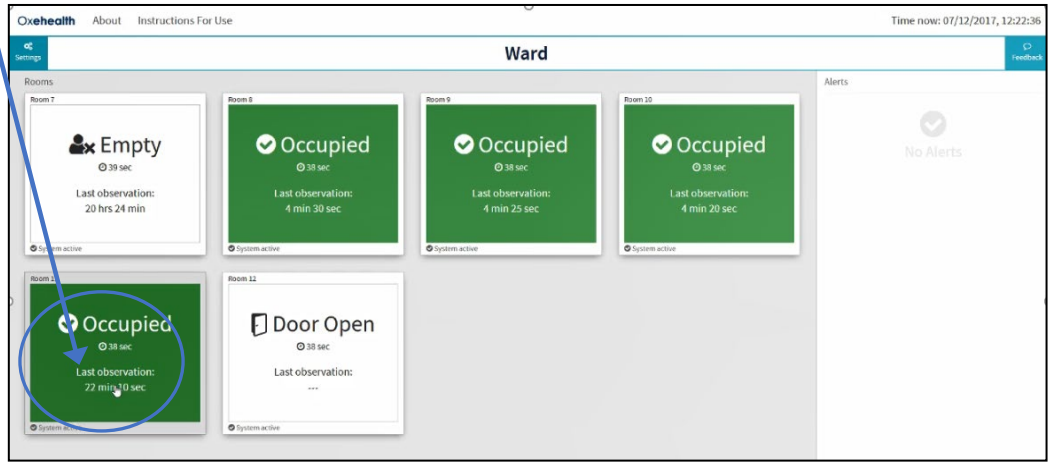
To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

Title of document being reviewed:	Yes / No / Not applicable	Comments
1. Title		
Is the title clear and unambiguous?	Yes	
Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2. Rationale		
Are reasons for development of the document stated?	Yes	
3. Development Process		
Are people involved in the development identified?	Yes	
Has relevant expertise has been sought/used?	Yes	
Is there evidence of consultation with stakeholders and users?	Yes	
Have any related documents or documents that are impacted by this change been identified and updated?	Pending	Seclusion procedure to include reference to Oxehealth
4. Content		
Is the objective of the document clear?	Y	
Is the target population clear and unambiguous?	Y	
Are the intended outcomes described?	Y	
Are the statements clear and unambiguous?	Y	
5. Evidence Base		
Is the type of evidence to support the document identified explicitly?	Y	

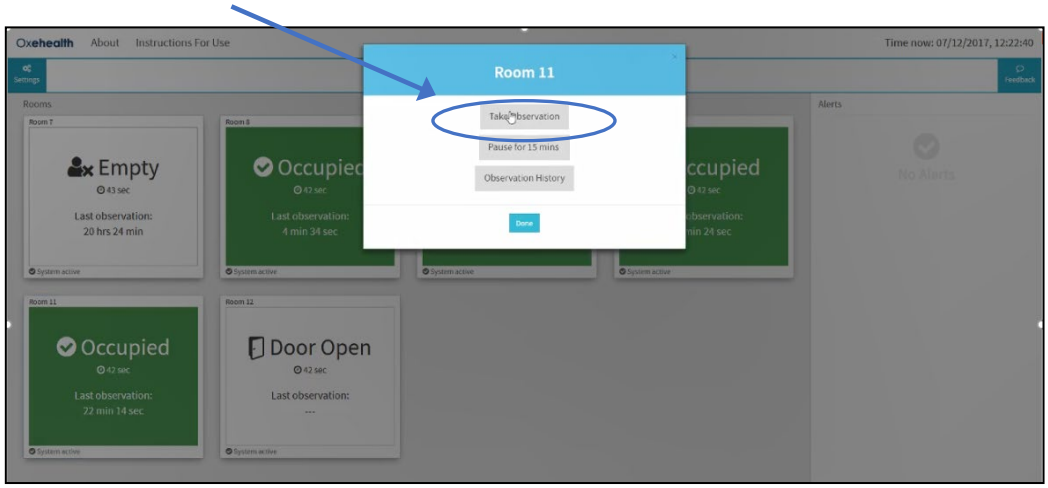
Are key references cited?	Y	
Are supporting documents referenced?	Y	
6. Training		
Have training needs been considered?	Y	
Are training needs included in the document?	Y	
7. Implementation and monitoring		
Does the document identify how it will be implemented and monitored?	Y	
8. Equality analysis		
Has an equality analysis been completed for the document?	Y	
Have Equality and Diversity reviewed and approved the equality analysis?	Y	
9. Approval		
Does the document identify which committee/group will approve it?	Y	
10. Publication		
Has the policy been reviewed for harm?	Y	No harm
Does the document identify whether it is private or public?	y	Public
If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	n/a	
11. Accessibility (See intranet accessibility page for more information)		
Have you run the Microsoft Word Accessibility Checker? (Under the review tab, 'check accessibility.' You must remove all errors)	Y	
Do all pictures and tables have meaningful alternative text?	Y	
Do all hyperlinks have a meaningful description? (do not use something generic like 'click here')	Y	

Appendix 3 – How to take a vital sign observation.

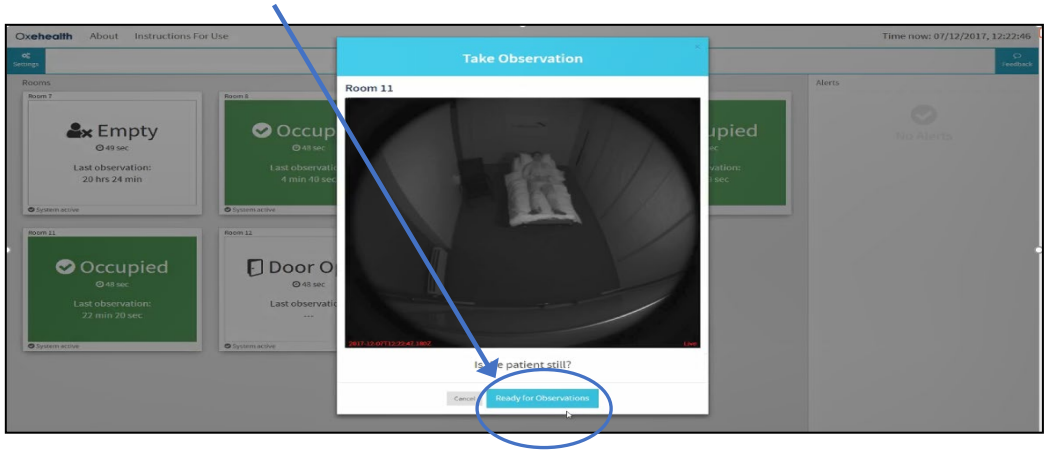
Step 1: Click on a room.



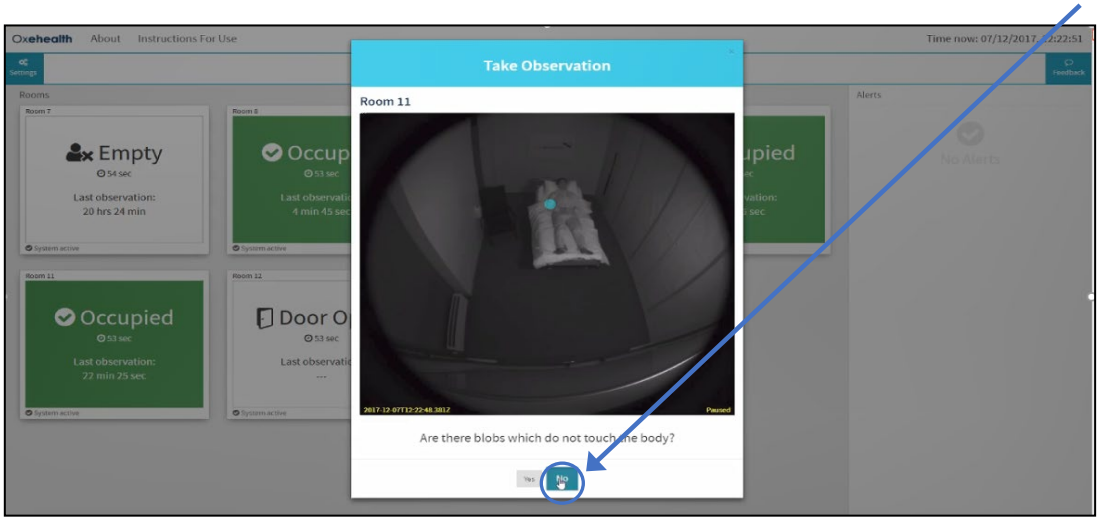
Step 2: Click on Take Observation.



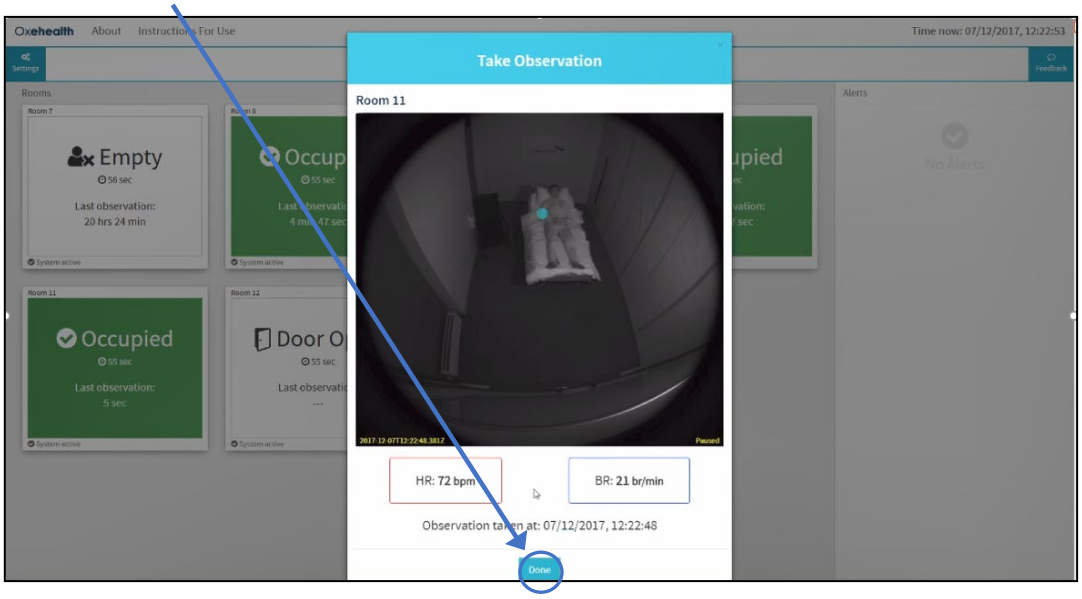
Step 3: Check if the patient is still and click Ready for Observation. If not, click Cancel.



Step 4: Check if there are blobs that are not touching the body. If all blobs appear on the body, click the blue “No” button. If any of the blobs are not touching the body, click the grey “Yes” button.

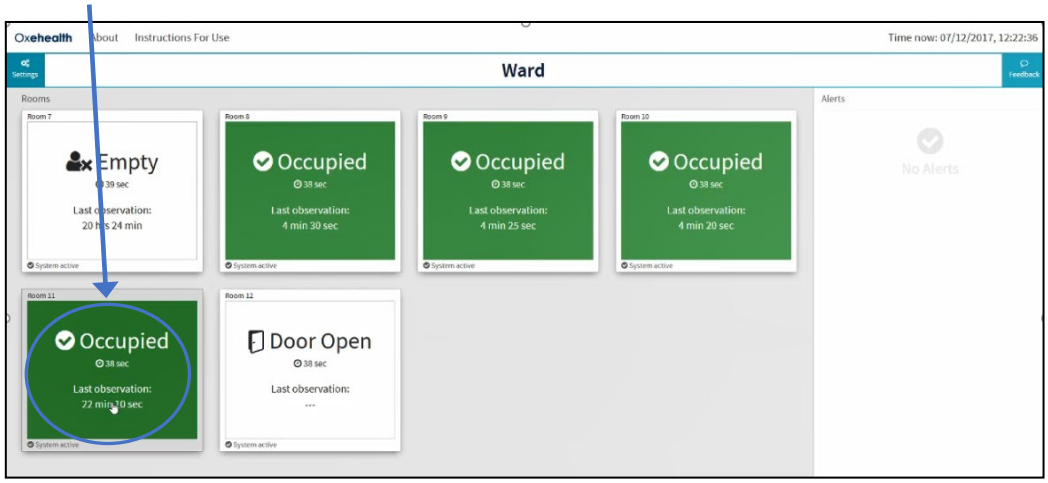


Step 5: Record observation(s) and click Done.

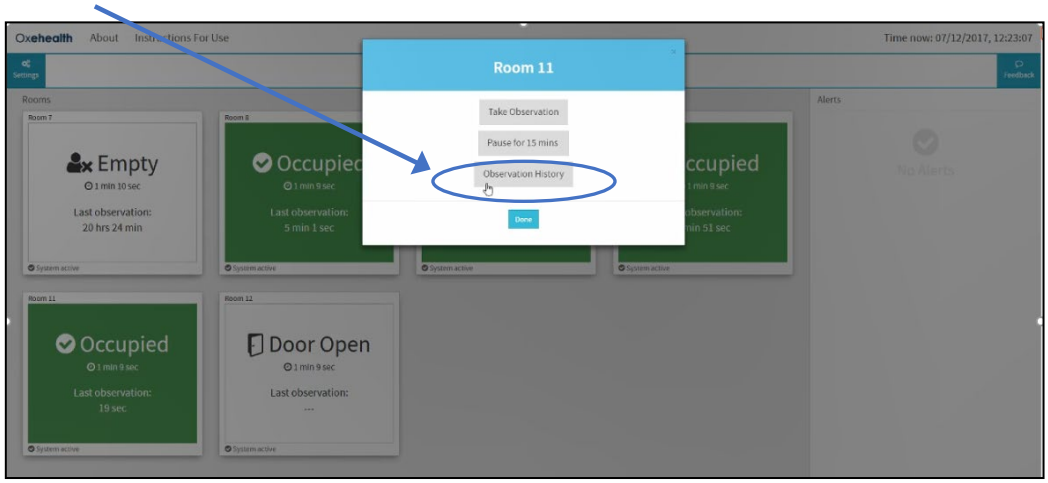


Appendix 4 – View Observation History

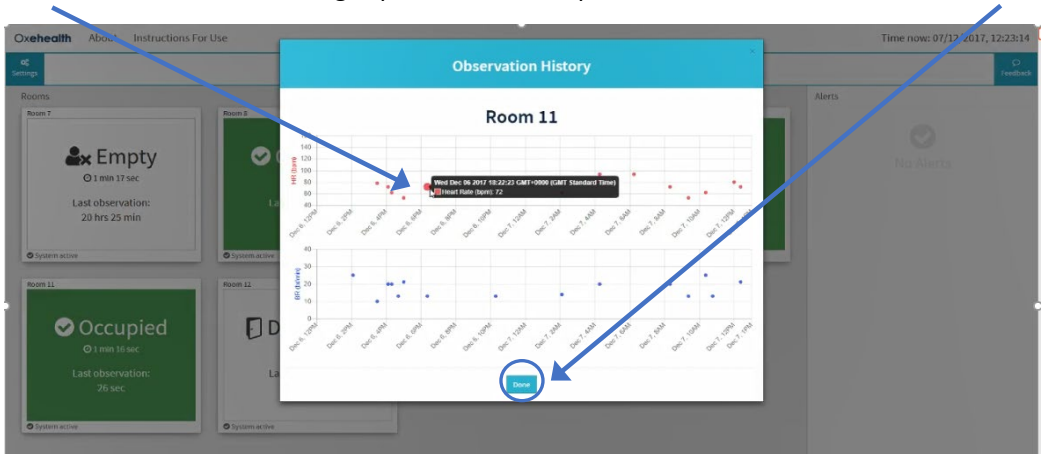
Step 1: Click on a room.



Step 2: Click on Observation History.

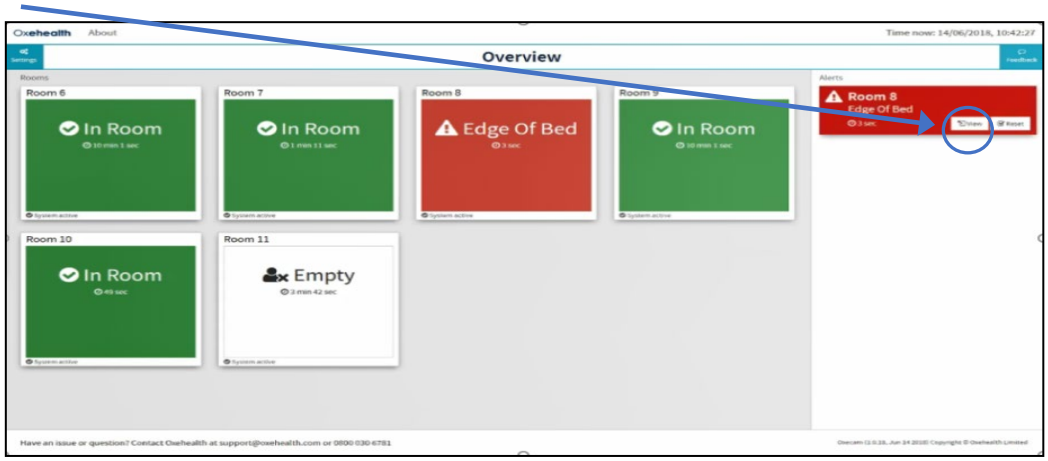


Step 3: Hover over individual readings (coloured dots) for detailed info. Click Done once finished.

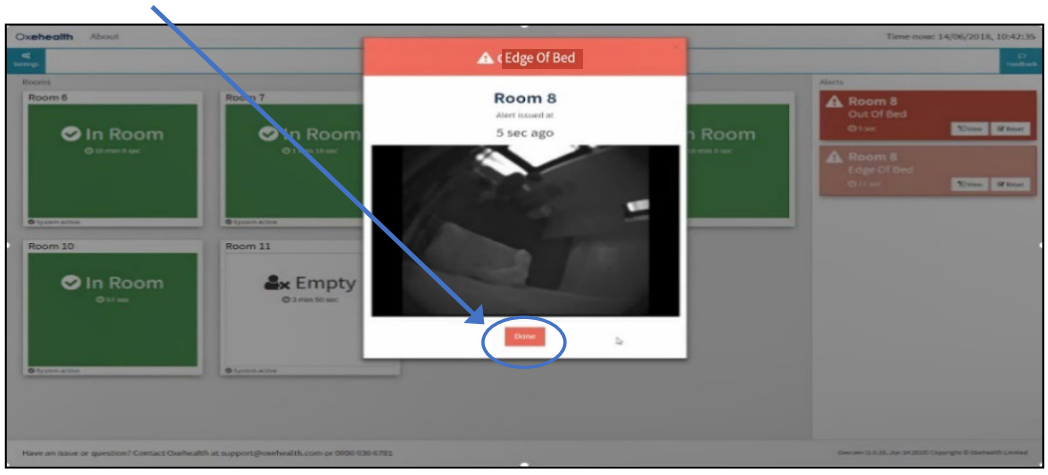


Appendix 5 – Resetting an "Edge of Bed" Alert (aka "leaving bed")

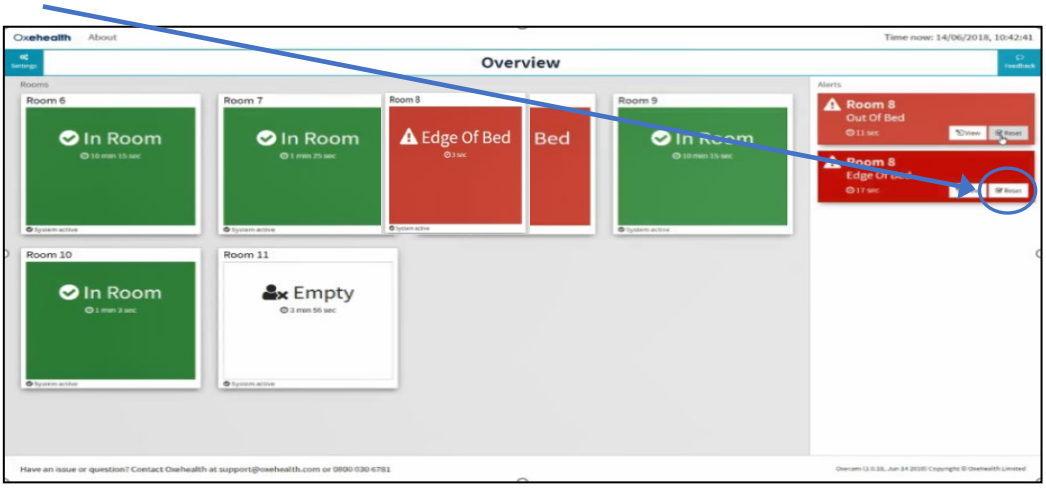
Step 1: Click on View.



Step 2: Once you have finished reviewing the live feed, click Done.

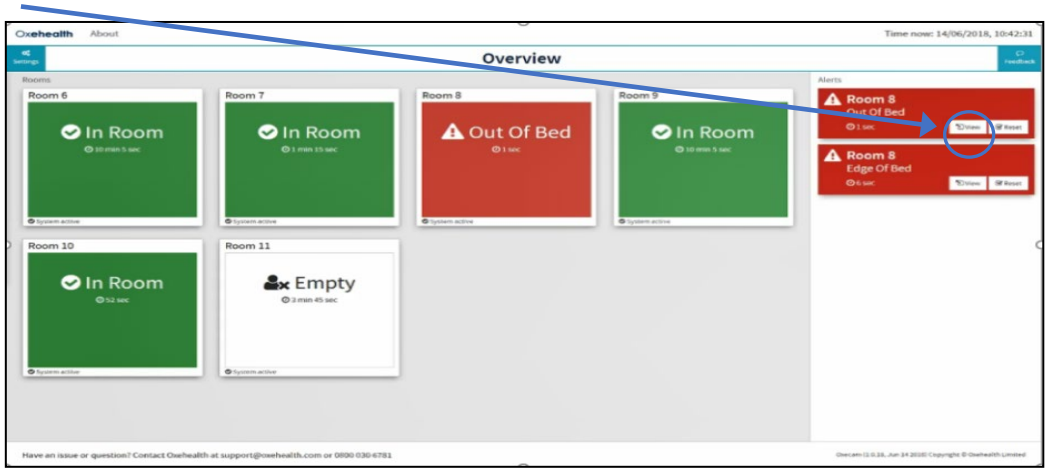


Step 3: Click on Reset.

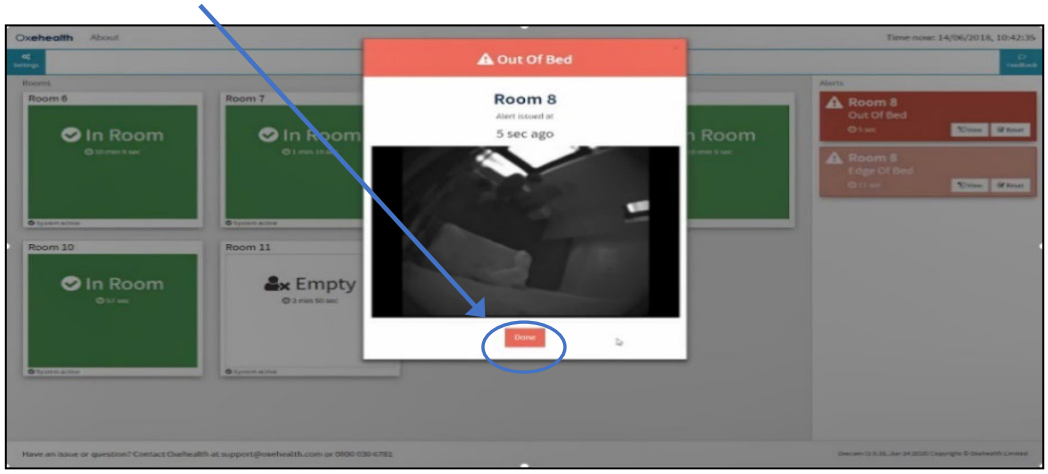


Appendix 6 – Resetting an "Out of Bed" Alert

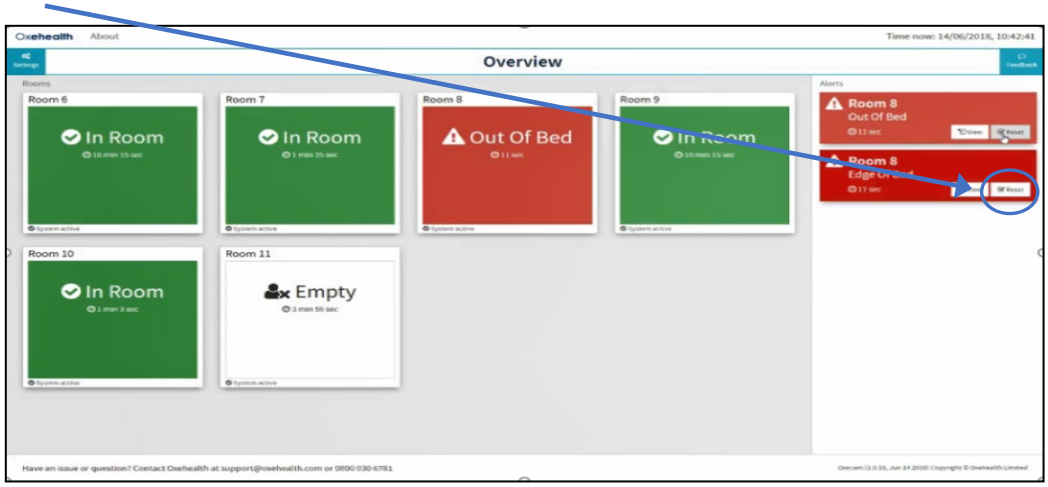
Step 1: Click on View.



Step 2: Once you have finished reviewing the live feed, click Done.

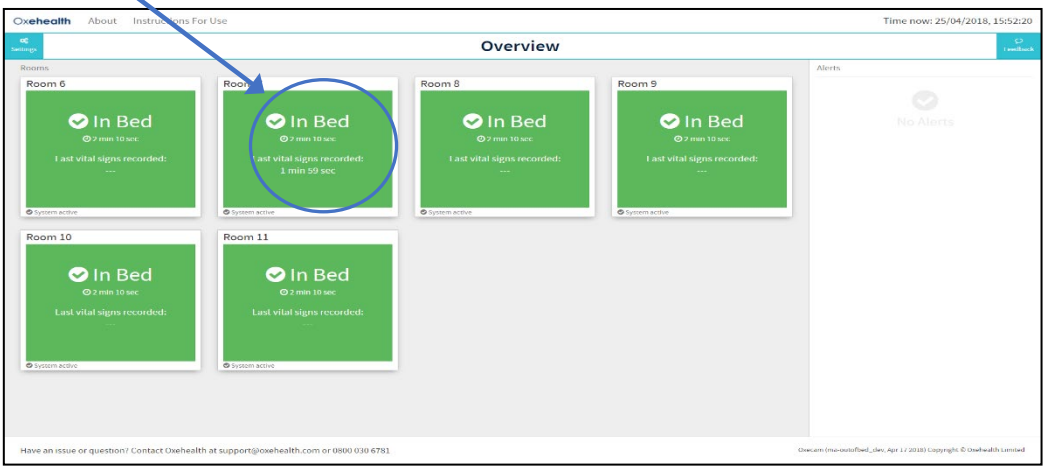


Step 3: Click on Reset

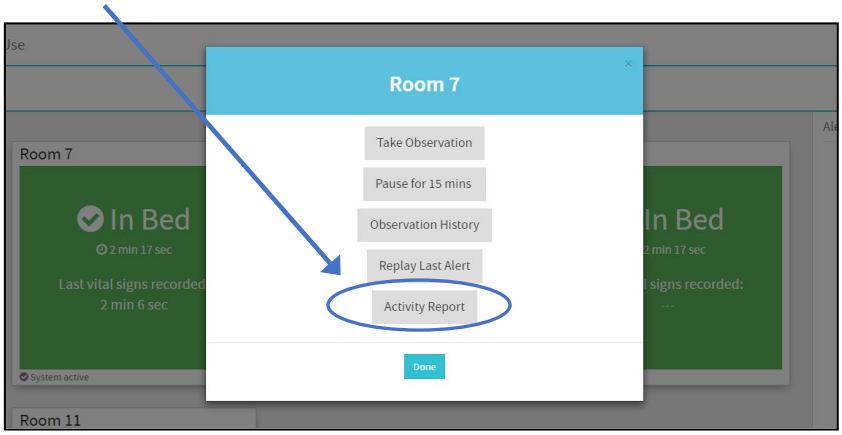


Appendix 7 – View an Activity Report

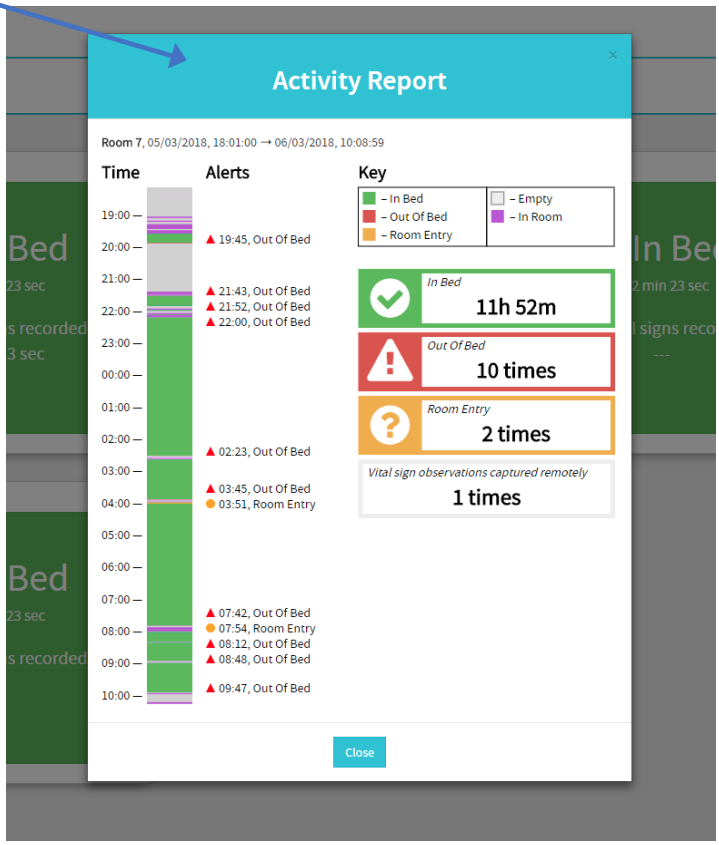
Step 1: Click on a room.



Step 2: Select “Activity Report”.

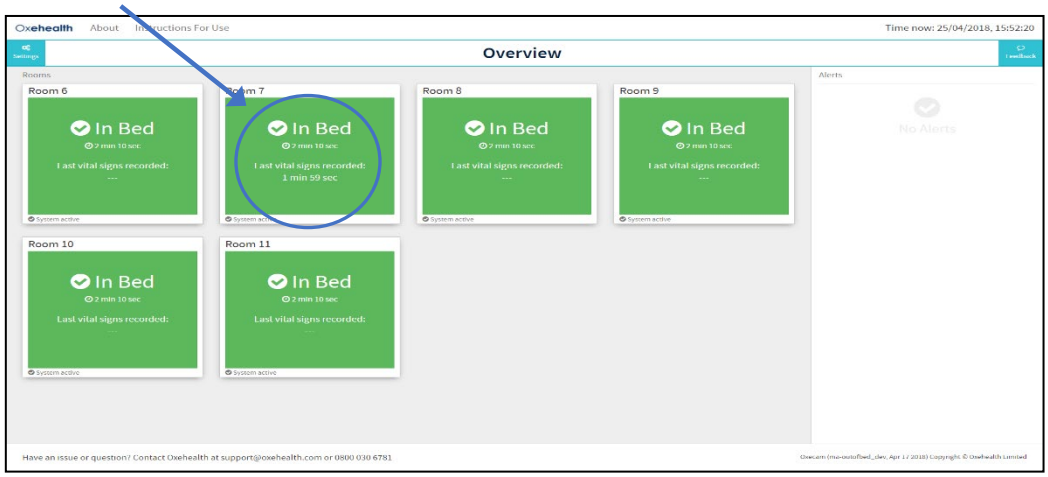


Step 3: You can view the 7-day or 1-day activity report for that room. The more detailed 1-day report is accessed by clicking on a particular day. Whenever you view the report, it will show up-to-date information during the night shift, up until 7:30am.

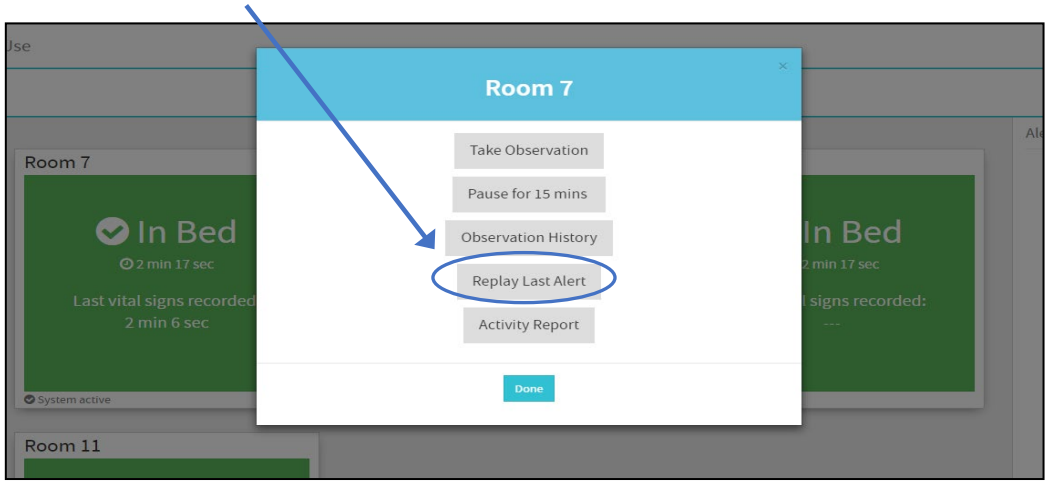


Appendix 8 – How to "Replay Last Alert"

Step 1: Click on a room.



Step 2: Click on "Replay Last Alert".

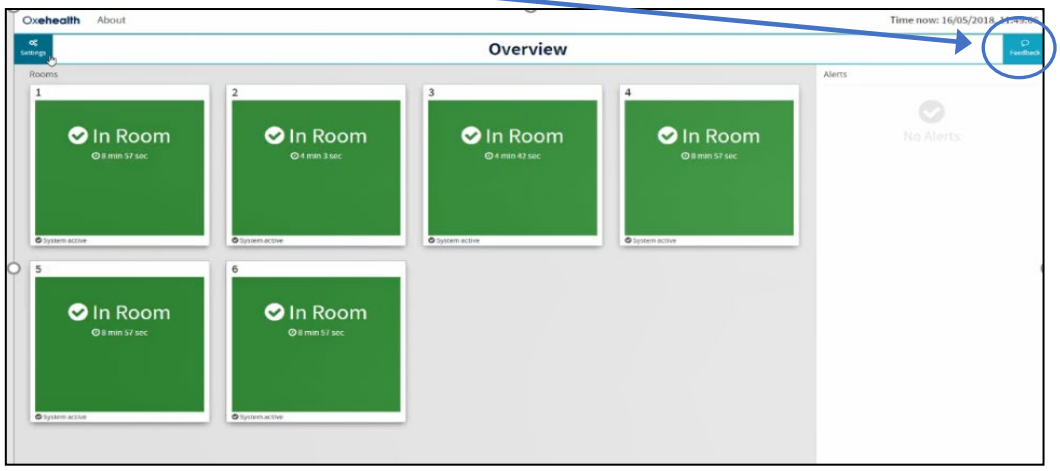


Step 3: Press play to watch the alert or drag the time marker to jump to a specific point.

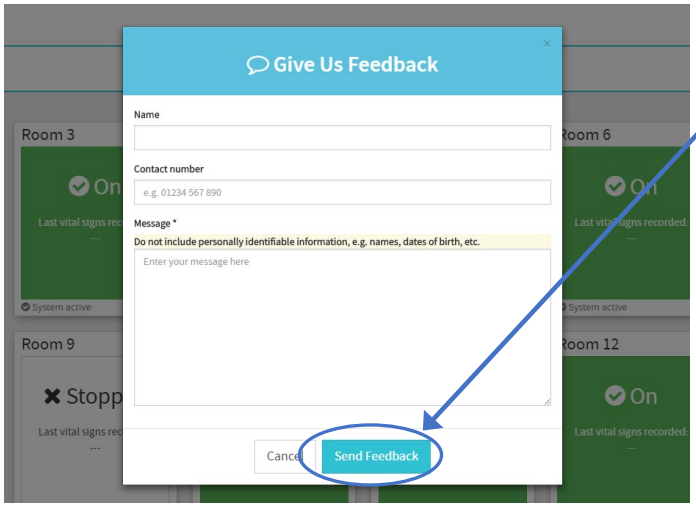
Appendix 9 – How to Provide Feedback to Oxehealth

Using the Monitor

Step 1: Click on Feedback.



Step 2: Type your feedback. Do not forget to include your name and contact number. Then press "Send Feedback" - ***Please make sure NOT to include any patient identifiable information.***

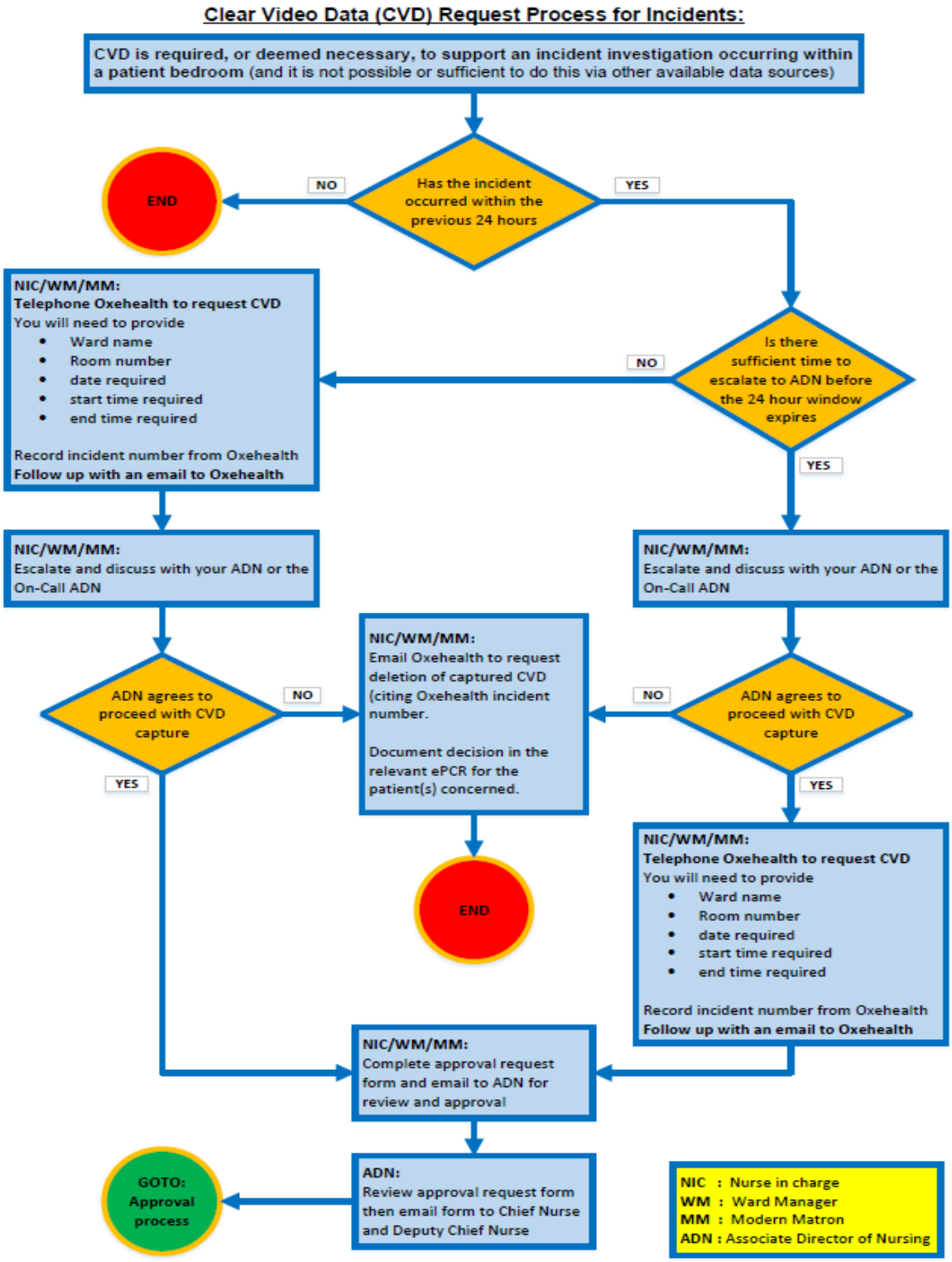


Other options

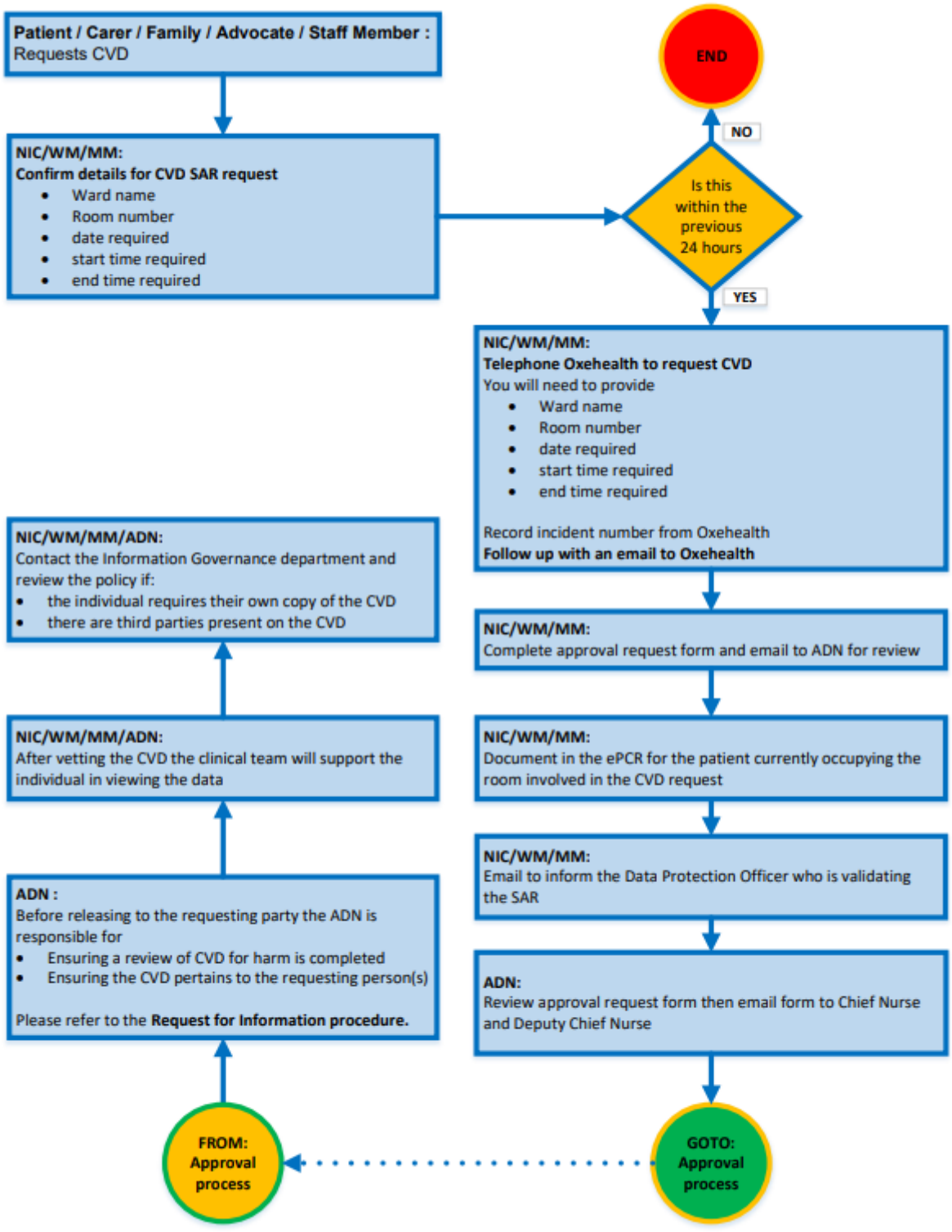
1. **Email support@oxehealth.com**
2. **Call the Oxehealth customer service line for urgent feedback on 0800 030 6781.**

Note: This information is also displayed at all times on the bottom of the monitor.

Appendix 10 – Clear Video Data Request process

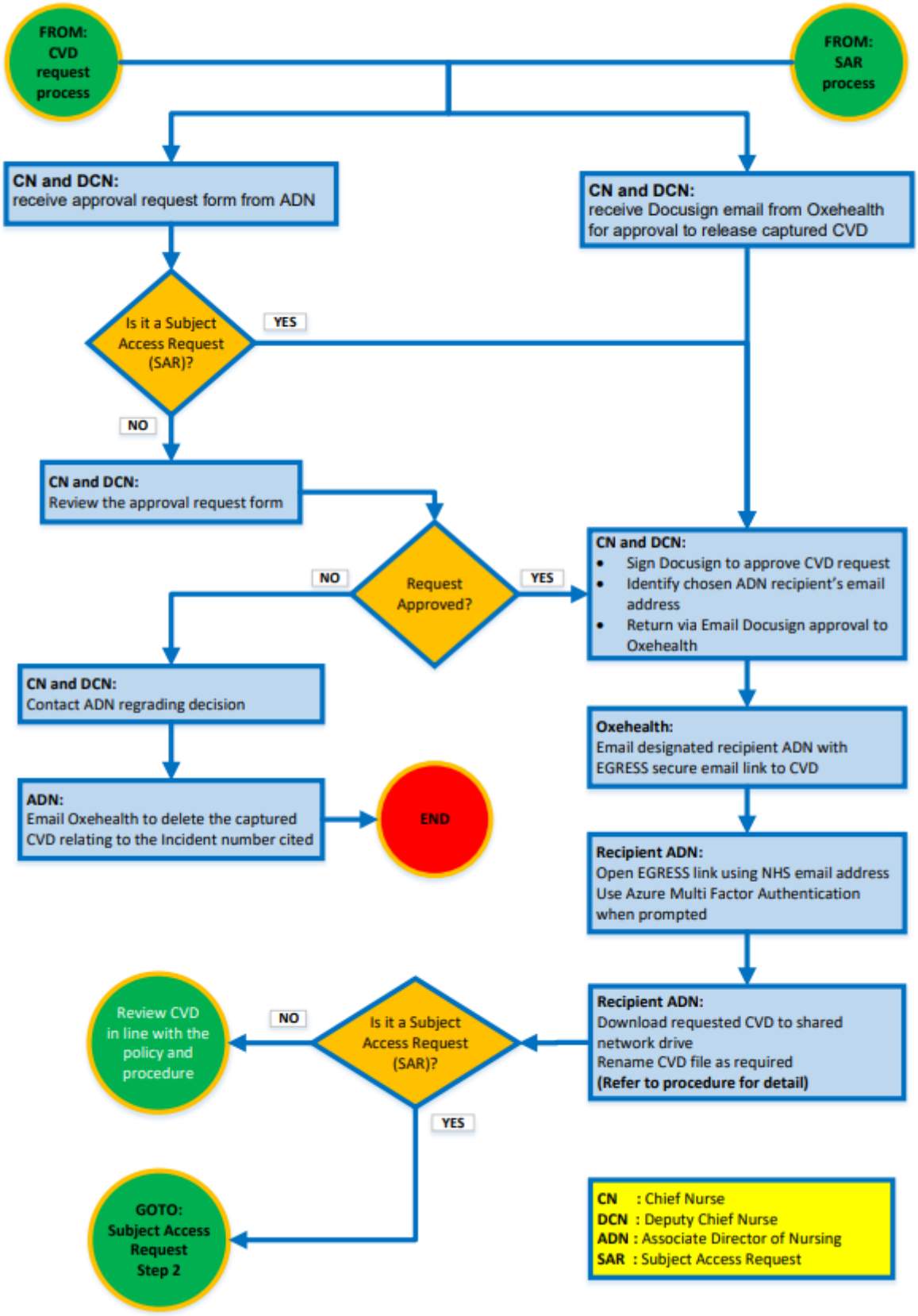


Clear Video Data (CVD) Subject Access Request (SAR) Process :

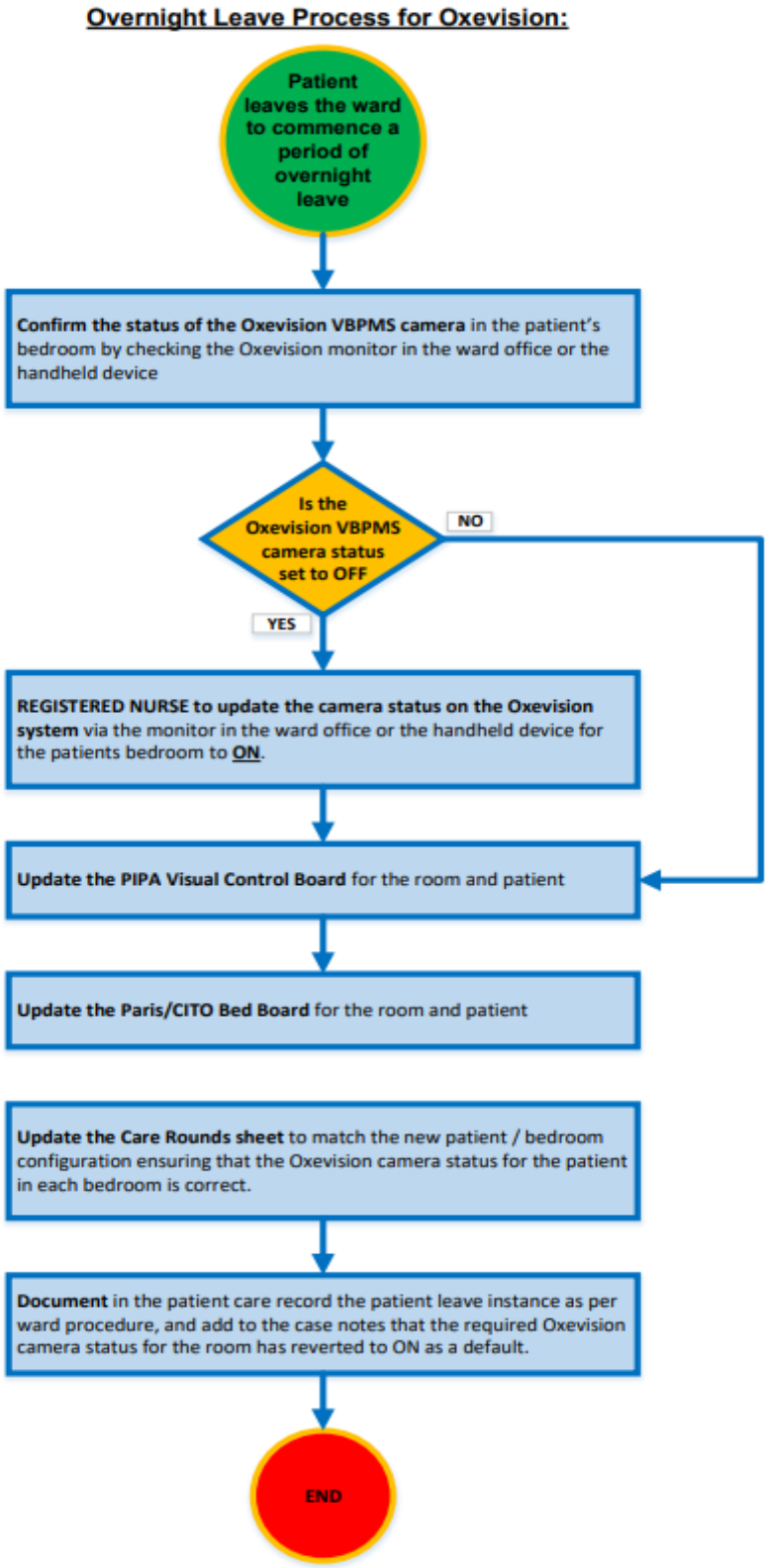


NIC	: Nurse in charge	**ADN**	: Associate Director of Nursing
WM	: Ward Manager	**SAR**	: Subject Access Request
MM	: Modern Matron	**ePCR**	: electronic Patient Care Record

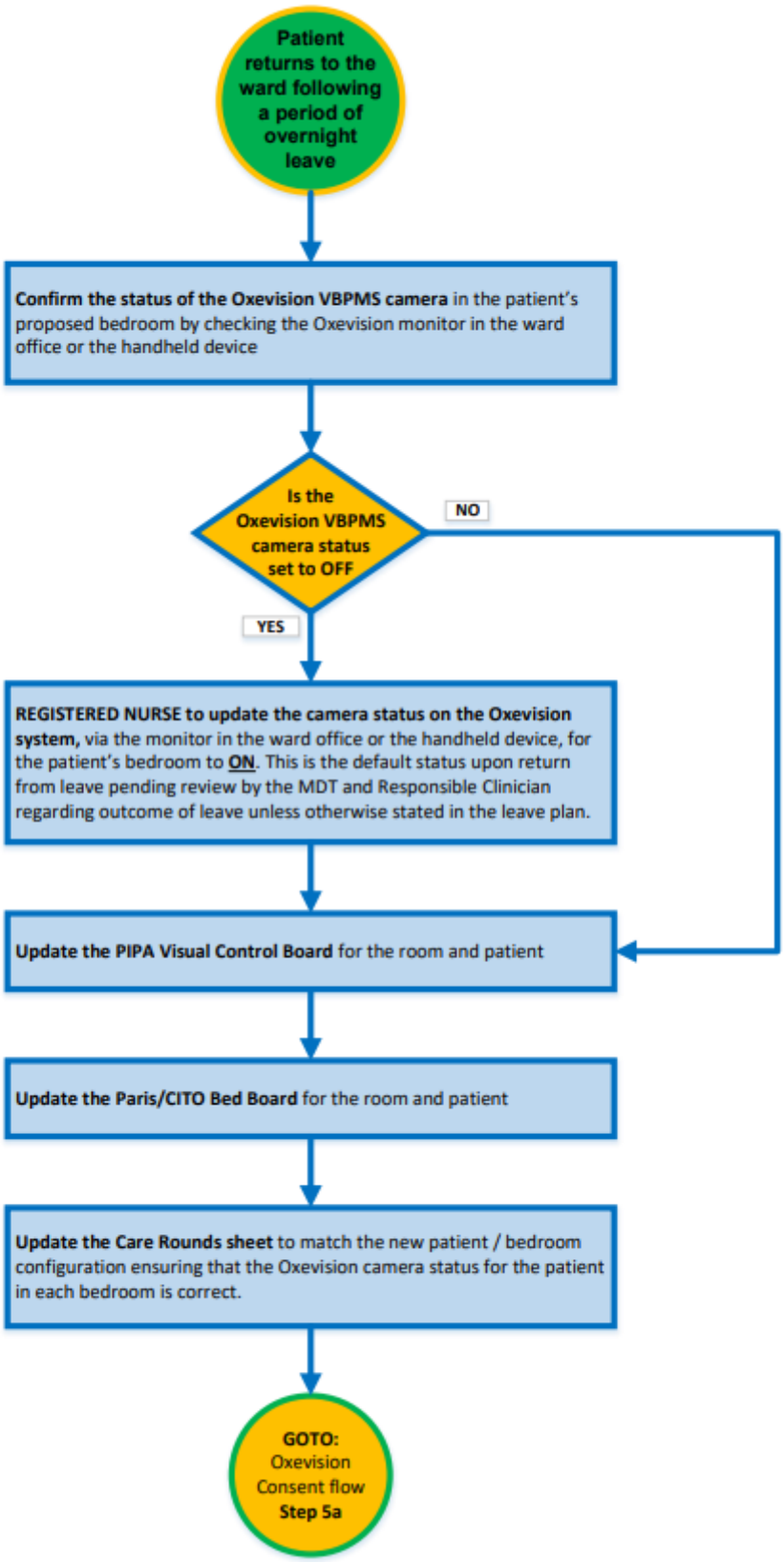
Clear Video Data (CVD) Approval Process:



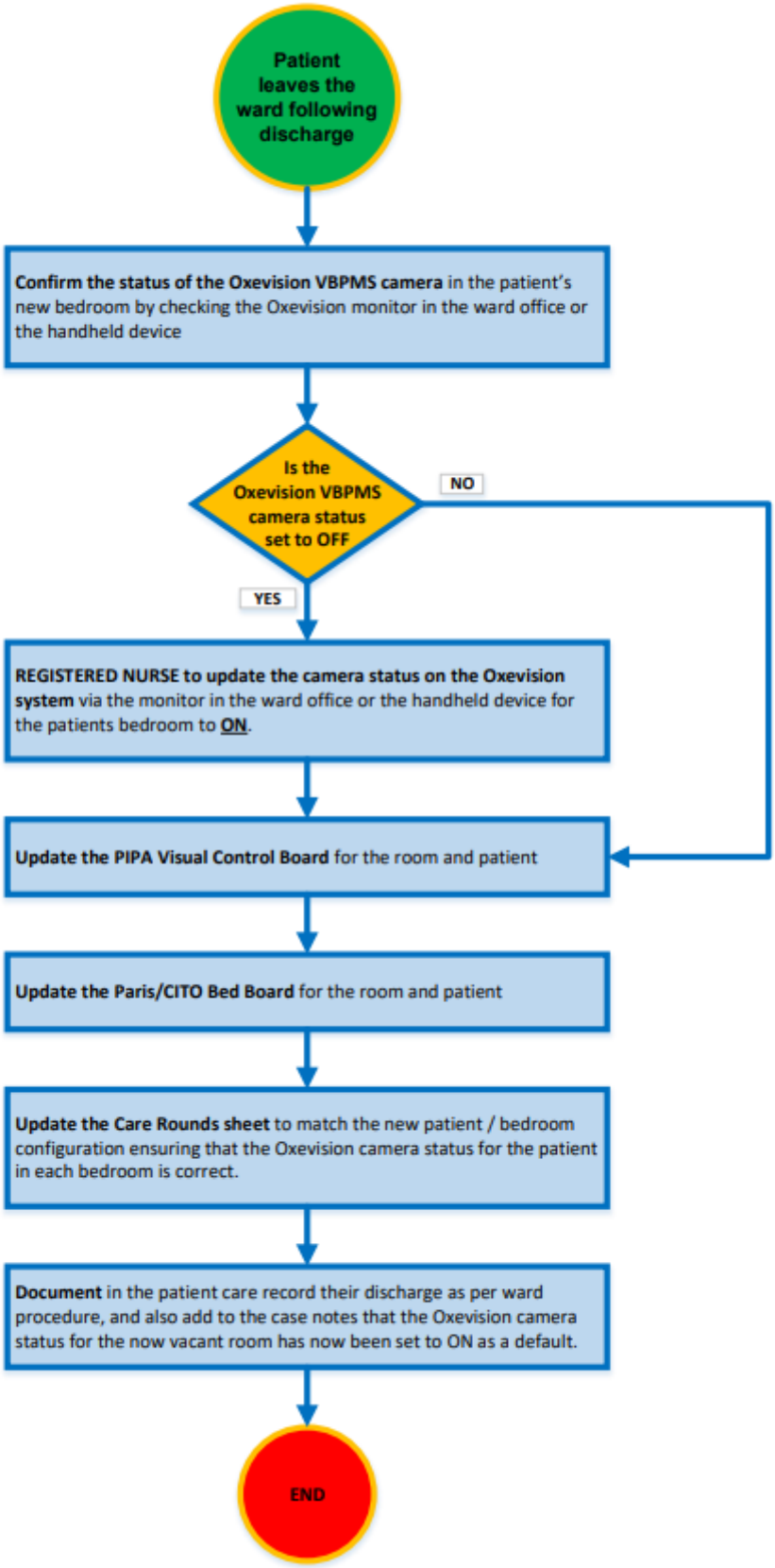
Appendix 11 – Maintaining Oxehealth Room Status Process



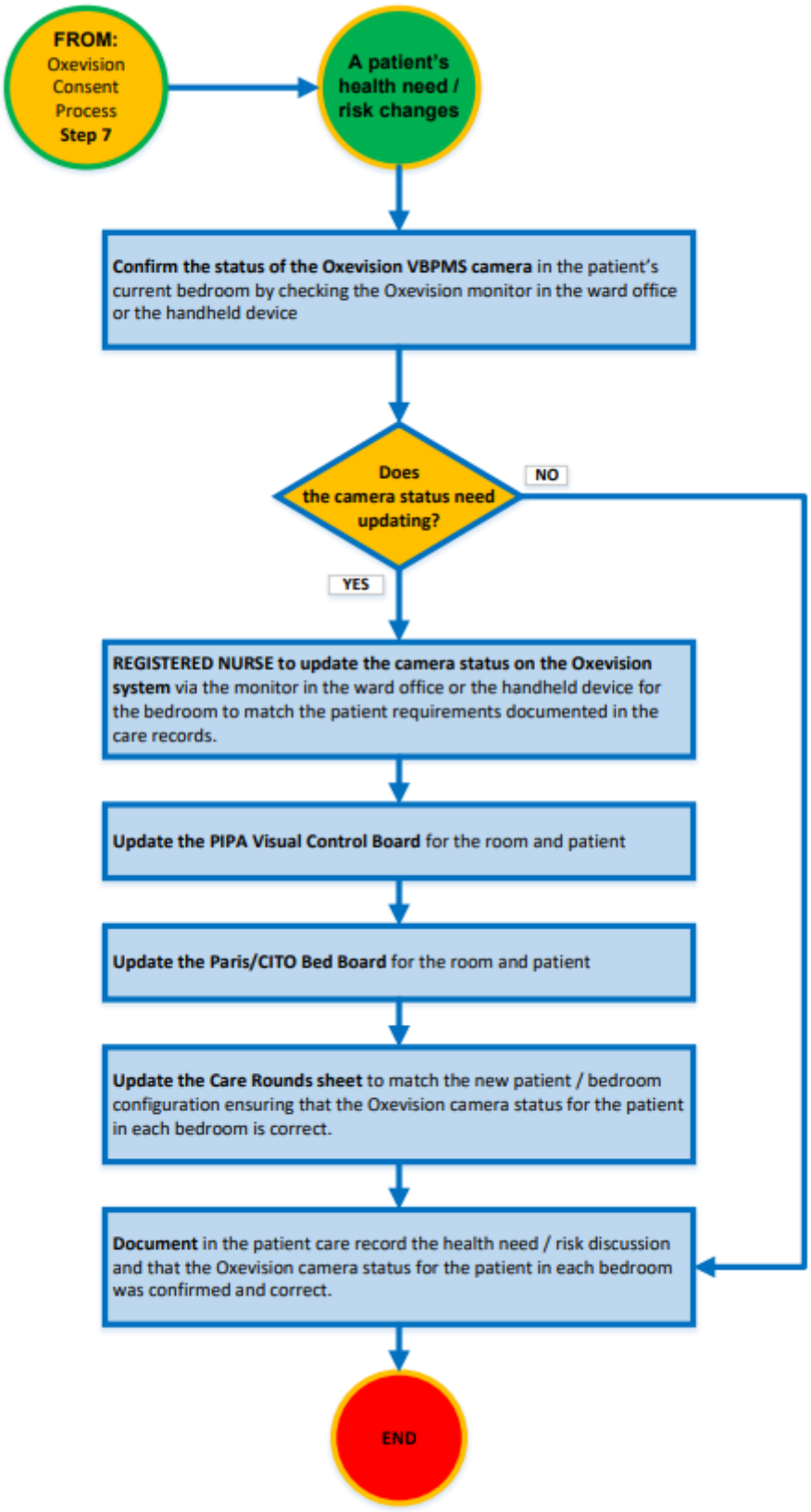
Patient Return From Leave Process for Oxevision:



Patient Discharge Process for Oxevision:



Patient Health Need / Risk Change Process for Oxevision:



Appendix 12 – Oxehealth Audit tool

Introduction to the Oxehealth Audit Template

The Oxehealth Audit Template has been co-developed with a working group, in line with the National Mental Health and Learning Disability Nurse Directors Forum Guidance (NDF), recommendation:

> *"Every organisation should have a governance process for reporting, reviewing, and auditing adherence of the SOP in practice, which should include staff use of video based functionality"*

The working group included senior clinical stakeholders, experienced in the use and governance of Oxehealth from five NHS Mental Health Trusts across England, an expert by experience advisory panel, alongside Oxehealth.

The Oxehealth audit template is designed to support the recommendation outlined in the NDF guidance for auditing the use of Oxehealth and support governance processes.

The purpose of this audit is to:

1. Review the consenting process to ensure patients are informed about the use of Oxehealth and choices/decisions are documented.
    - This section can be completed by reviewing a min. 3 patient records.
2. Check the Oxehealth equipment, materials, and governance on the ward.
    - This section can be completed by checking the Oxehealth equipment and observations within the ward area.
3. Review staff's understanding of the Standard Operating Procedure (SOP) and Oxehealth product training requirements and gain their feedback.
    - This section can be completed by conducting short interviews with a min. of 2 members of staff.
4. Obtain Patient feedback on the use of Oxehelath as part of their care.
    - This section can be completed by conducting short interviews with a min. of 3 patients. (this may also include the patient's carer/family/advocate).

It is recommended:

- To be carried out monthly

- it is not required to complete the audit at a single occasion, and may be completed across the calendar month in a similar fashion as the Matron Quality Audit process
- By a senior clinical stakeholder, alongside the patient representative for the ward.
- Actions to be communicated in line with existing governance processes.

Oxehealth Audit Template

1. Care Group	2. Service	3. Ward:	Date:	Auditor Name:

Consent - Review the consenting process to ensure patients are informed about the use of Oxehealth and choices/decisions are documented.

This section can be completed by reviewing a min. 3 patient records.

Questions	Patient ID 1	Patient ID 2	Patient ID 3
4. Please indicate by selecting each chosen patient that there is evidence that patients/carers/family/advocates have been informed of the use of Oxehealth, their choice documented within their Observation and Engagement plan?			
5. Are there any additional comments to the above question relating to evidence that patients/carers have been informed of the use of Oxehealth, their choice documented within their Observation and Engagement plan?			
6. Please indicate by selecting each chosen patient that if the patient objects to the use of Oxehealth, there is evidence within the Observation and Engagement plan of an MDT or Best Interest discussion taking place and decision made on the use of Oxehealth?			
7. Are there any additional comments to the above question relating to if a patient objects to the use of Oxehealth, there is evidence within the Observation and			

Engagement plan of an MDT or Best Interest discussion taking place and decision made on the use of Oxehealth?			
8. Please indicate by selecting each chosen patient in regard to the use of Oxehealth, has the MDT or Best Interest decision been made within the timeframe outlined in the Trust's policy and standard operating procedure (SOP)?			
9. Are there any additional comments to the above question regarding the use of Oxehealth, and that the MDT or Best Interest decision been made within the timeframe outlined in the Trusts standard operating procedure (SOP)?			
10. Please indicate by selecting each chosen patient if there is evidence that the use of Oxehealth is discussed with patients/carers during their regular MDT review, ideally on a weekly basis, or where there is significant change in health need?			
11. Are there any additional comments to the above question regarding the use of Oxehealth being discussed with patients/carers during their regular MDT review on a weekly basis, or where there is significant change in health need?			
12. Please indicate by selecting each chosen patient that the camera status on Oxehealth is reflected in what is recorded in the patient notes (ON/OFF)?			
13. Are there any additional comments to the above question regarding the camera status on Oxehealth being reflected in what is recorded in the patient notes (ON/OFF)?			

Ward Review - Check the Oxehealth equipment, materials, and governance on the ward.

This section can be completed by checking the Oxehealth equipment and observations within the ward area.

	Yes	No	
14. Is the Oxehealth monitor switched on and in working order and does the monitor volume meet your SOP requirements?	Go to Q 19 below	Go to Q 15 below	
		15. Please identify whether the issue is:	• physically broken or damaged but it is still able to be used • Physically broken or damaged and is not usable • Monitor display is not correct or as expected • Data provided by the system does not appear correct or as expected
		16. Has this issue been reported to:	• Oxehealth • InPhase • Both of the above • None of the above
		17. Please select date reported to Oxehealth (if they did)	(add date)
		18. Please select how it was reported to Oxehealth (if they did)	• Feedback form • E-mail • Telephone

19 Please add any Notes and Actions (including deadline) for the previous question "Is the Oxehealth monitor switched on and in working order and does the monitor volume meet your SOP requirements?" (include InPhase reference number if applicable)				
20 How many Oxehealth handheld devices should the ward have?	1	2	3	3+
21 are ALL the Oxehealth handheld devices present and in working order and are all the handheld devices charged and available for use?	Yes		No	
	Go to Q 26		22 Please identify whether the issue is	Physically broken or damaged but it is still able to be used Physically broken or damaged and is not usable Screen display is not correct or as expected Data provided by the system does not appear correct or as expected

			PIN related Handheld device(s) lost or missing
		23. Has this issue been reported to:	• Oxehealth • TEWV InPhase • Both of the above • None of the above
		24 Please select date reported to Oxehealth (if they did)	Date
		25. Please select how it was reported to Oxehealth (if they did)	• Feedback form (via monitor tablet) • E-mail • Telephone
26 Please add any Notes and Actions (including deadline) for the previous question "Are the Oxehealth tablets present and in working order and are all the handheld devices charged and available for use?" (include InPhase reference number if applicable)			

27 Are there any problems with WIFI affecting the use of Oxehealth handheld devices?	Yes		No
	28. Has this been reported?	To the It dept Via InPhase	Got to Q29
29 Please add any Notes and Actions (including deadline) for the previous question "Are there any problems with WIFI affecting the use of Oxehealth handheld devices?" (include InPhase reference number if applicable)			
30 Are the Oxehealth posters present and displayed appropriately on the ward?	Yes		No
31 Please add any Notes and Actions (including deadline) for the previous question "Are the Oxehealth posters present and displayed appropriately on the ward?"			
32 Are the Oxehealth leaflets present and available for staff and patients/carers?	Yes		No

33 Please add any Notes and Actions (including deadline) for the previous question "Are the Oxehealth leaflets present and available for staff and patients/carers?"			
34 Is Oxehealth a standing agenda item in community meetings? "Show me the minutes."	Yes		No
	35 Do the recent community meetings show evidence of Oxehealth being discussed as a standing agenda item in community meetings?	• Yes • No	Go to Q36
36. Please add any Notes and Actions (including deadline) for the previous question "Is Oxehealth a standing agenda item in community meetings?"			

Staff Training and Feedback - Review staff's understanding of the Standard Operating Procedure (SOP) and Oxehealth product training requirements and gain their feedback.

This section can be completed by conducting short interviews with min. 2 members of staff.

	Staff Member 1 (Yes/No/ NA)	Staff Member 2 (Yes/No/ NA)	Notes and Actions (including deadline)
37 Have you completed the Oxehealth training?			
38 Was training completed via OxeAcademy?			
39. When did you complete the Oxehealth product training? • <3 months • <6 months • <12 months • N/A			
40. Have you read and understood the Trusts Oxehealth standard operating procedure (SOP)?			
41. Can you explain Oxehealth to me, as you would to a patient/carer upon admission?" • What it is ? • What does it do? • Why is it used? Is the staff member able to answer the question fully?			
42. Ask the staff member :-			

"Can you show me how to take a vital signs reading using Oxehealth?" "If you are unable to obtain vital signs reading, what would you do next?" Is the staff member able to answer the question fully?			
43. Ask the staff member :- "When is it appropriate to take vital signs?" Is the staff member able to answer the question fully?			
44. Ask the staff member :- "Tell me what you would do in response to an Oxehealth alert?" Is the staff member able to answer the question fully?			
45 Ask the staff member :- "Tell me in what circumstances would you be required to request Clear Video Data (CVD) footage?" "Explain to me how you request CVD footage?" Is the staff member able to answer the question fully?			
46. Ask the staff member :- "If a patient declined to have Oxehealth switched on, what is the process?"			

Is the staff member able to answer the question fully?			
47.Please record any feedback about Oxehealth? (Please enter NONE if no feedback given)			
48. Please add all notes and actions (including deadline) from interview with Staff members 1 & 2 (Please enter NONE if no feedback given). Do not forget to note where you have seen/evidenced good practice too!!			

Patient Feedback - Obtain Patient feedback on the use of Oxehealth as part of their care.

This section can be completed by conducting short interviews with min. 3 patients.

Questions	Patient/Carer/Family/Advocate 1 ID	Patient/Carer/Family/Advocate 1 ID	Patient/Carer/Family/Advocate 1 ID
49. Please indicate who is providing feedback • Patient • Carer • Family member • Patient Advocate			
50. Tell me what you know about Oxehealth? • What it is • What does it do • How it's used • Why do we use it			

50. .Do you have any questions about Oxehealth?			
51. Do you have any feedback?			

Additional comments:

Signed on behalf of:

Oxehealth Audit - Action Log Template

Action	Assignee	Deadline	Status	Completion Date
Example: [staff member] on X ward, to complete Oxehealth training on OxeAcademy.	Ward Manager	xx/xx/xxxx	Completed	xx/xx/xxxx