

Our Ref: NG/RM/25327  
Date: 13<sup>th</sup> October 2025

Nicola Griffiths  
Deputy Director of Governance  
North Staffordshire Combined Healthcare NHS Trust  
Lawton House  
Bellringer Road  
Trentham  
ST4 8HH

Reception: 0300 123 1535

Dear

### Freedom of Information Act Request

I am writing in response to your e-mail of the 15<sup>th</sup> September 2025. Your request has been processed using the Trust's procedures for the disclosure of information under the Freedom of Information Act (2000).

#### ***Requested information:***

1. Please confirm the number of wards, and provide ward names, where Oxevision is currently used.
  - **Ward 6 (Dementia ward)**
  - **PICU**
2. Please provide your policy or standard operating procedure for the use of Oxevision, up to date at the time of this request. **Please see Appendices 1-3 attached.**
3. Please provide your Data Protection Impact assessment for the use of Oxevision. **Please see Appendix 4 attached.**
4. Please provide an Equality Impact Assessment in relation to the use of Oxevision. **Data not held**
5. Please state the contract end date(s) for all current contract(s) with Oxehealth/LIO health. **01/09/2027**
6. Please provide patient posters, leaflets and/or information packs. **Please see Appendices 5 and 6 attached.**

It is possible that this technology is also referred to as LIO health, please provide information related to Oxehealth, Oxevision and/or LIO health

If you are dissatisfied with the handling of your request, you have the right to ask for an internal review of the management of your request. Internal review requests should be submitted within two months of the date of receipt of the response to your original letter and should be addressed to: Dr Buki Adeyemo, Chief Executive, North Staffordshire Combined Healthcare

Trust, Trust Headquarters, Lawton House, Bellringer Road, Trentham, ST4 8HH. If you are not content with the outcome of the internal review, you have the right to apply directly to the Information Commissioner for a decision. The Information Commissioner can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF.

Yours sincerely



**Nicola Griffiths**  
**Deputy Director of Governance**

# North Staffordshire Combined Healthcare NHS Trust

## Standard Operating Procedure for the use of Oxehealth

### (Vision based patient monitoring) in PICU

Revision Chronology		
Version Number	Effective Date	Reason for Change

<b>Version:</b>	
<b>Author:</b>	
<b>Designation:</b>	
<b>Responsible Director:</b>	
<b>Target Audience:</b>	
<b>Approved By:</b>	
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# CONTENTS

<b>1</b>	<b>Introduction and Functionality.....</b>	<b>Error! Bookmark not defined.</b>
<b>2</b>	<b>Use of the Oxevision system .....</b>	<b>4</b>
<b>3</b>	<b>Patient and Carer Communication .....</b>	<b>6</b>
<b>4</b>	<b>Training and Support.....</b>	<b>6</b>
<b>5</b>	<b>Review.....</b>	<b>7</b>
<b>6</b>	<b>Monitoring Compliance .....</b>	<b>7</b>

## APPENDICIES

<b>Appendix 1</b>	<b>Step-by-step guidance for using the Oxevision system.....</b>	<b>10</b>
	How to take a vital sign observation.....	11
	Changing room settings (switching on and off).....	12
	How to view the observation history of a room.....	13
	Resetting an edge of bed alert.....	14
	Resetting on out of bed alert.....	15
	How to view an activity report.....	16
	How to replay last alert.....	17
	How to provide feedback.....	18
<b>Appendix 2</b>	<b>Guidance for conducting observations using the Oxevison system.....</b>	<b>19</b>
<b>Appendix 3</b>	<b>Engagement and Training Plan.....</b>	<b>20</b>
<b>Appendix 4</b>	<b>Patient Poster / leaflet.....</b>	<b>21</b>



## 1 Introduction and Functionality

### What is Oxehealth?

North Staffordshire Combined Healthcare NHS Trust and Oxehealth are working together to delivery pioneering technology to support staff in delivering improved patient care.

### Functionality

Within designated **bedrooms** Oxevision will monitor:

- **Vital Signs** – Spot-check measurements of pulse and breathing rate.
- **Activity alerts** – Real-time alerts when high risk activities, for example someone dwelling in their bathroom, are detected in an occupied room
- **Reports on risk factors** – Vital sign and activity data to inform care planning.

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

### Where is Oxevision installed?

Oxehealth technology is installed in PICU at Harplands Hospital.

A desktop screen is located in the ward office to enable staff to use the system. Tablet devices are also provided for each ward.

### Oxehealth and North Staffordshire Combined Healthcare NHS Trust Policies

**It should be noted that the Standard Operating Procedure (SOP) compliments the Trusts Policies, and does not replace them.**

Staff need to follow Trust Policy and operational procedures as usual:

- [Observation and Engagement policy](#)
- [Seclusion Policy](#)

## 2. Use of Oxevision within PICU Wards

Staff must be trained and deemed competent on the Oxehealth System before use. All direct care staff (permanent, temporary, agency and bank staff) will be given training in how to use the system. This will be via local cascade Oxevision trainers / champions.

It is the responsibility of the nurse in charge to ensure that only staff that are trained in the use of the equipment are allocated to patient observations that require its use. Staff that have not been trained can access it here: [OxeAcademy](https://www.oxehealth.academy/)

Detailed guidance for staff in the use of Oxevision can be found in <https://www.oxehealth.academy/>. This provides a step by step guide for the use of Oxevision for those staff that have received face to face training in the use of the system.

A process flowchart for the use of the Oxevision for observations within the patient bedrooms can be found in the SOP.

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

### Undertaking Physical Health Observations/ Vital Signs

Oxevision is continually switched on and monitored in the patient's bedrooms.

- The Oxehealth Technology only takes the basic health observations of pulse and respiration, as per deteriorating policy the patient would ideally need their blood pressure and oxygen saturation taken as well. If the patient is compliant you can do this manually as per normal process.
- The Oxehealth technology is best utilised when the patient is uncooperative and is seen as the least restrictive practice to undertake a basic physical health observation.
- Oxevision is not able to measure Pulse and Respiration when a client is moving. Upon observation if the patient is moving (not still) then record their position and reattempt after 2 minutes and look for opportunities when they remain still.
- Upon observation If the patient is not moving (still) then record the patient position and breathing rate
- If a breathing rate cannot be established then the process can be repeated once, if no breathing rate can be detected at the second observation then staff must physically check the patient (in person) to establish the required observations
- If staff have any concerns about the patient's status, due to the vital signs observed or activity observed then they must escalate as per the Trust

## Observations and Engagement Policy/ Recognition and Management of the Deteriorating Patient Policy.

- Oxehealth Vital Signs is a certified medical device, however, if there are any concerns when using the system, patients should be checked in person
- The observations are to be recorded at least daily on Lorenzo as per Recognition and Management of the Deteriorating Patient Policy.

### General Principles

- Oxehealth does not replace the observation and engagement policy
- If the patient is not present when checking the video image then staff should check the patient in person and record their location
- If the patient is present, check the video for any concerns; where staff have any concerns check the patient in person and record their position
- Oxevision is not to be used for any other purposes, for example if a nurse call bell is used inappropriately that Oxevision is not to be used for a video check when managing complicated patient presentations.
- Staff remain responsible for the patient and clinical judgement must be used at all times. The patient should be checked in-person if there is belief that this is required.
- A designated staff member will be responsible each shift for responding to the alerts

### Therapeutic Observations

- The Oxehealth technology allows for the patients location to be monitored without having to physically enter their room to undertake the observation, this technology would be used in the following examples:
  1. To promote sleep during the night for patients who are on hourly observations
  2. If entering the patients bedroom causes them to become more agitated and distressed
  3. Informing whether another patient has entered the room through a room entry alert
- If Oxevision is to be utilised to replace observations, the decision must be made by the MDT, with the rationale clearly included in the patient's progress notes and their care plan.
- Staff will record the observation on the therapeutic observation form as per policy, using the paper version and uploading Lorenzo.

- Oxevision does not replace therapeutic engagement

#### Safety Monitoring

- The Oxehealth Technology can be used to assist with monitoring a patients activity and movement by:
  1. Alerting staff when the patient leaves their room at night
  2. Alerting staff when the patient is dwelling in their ensuite bathroom.
  3. Notifying staff when one than one individual is in an occupied room
- When an alert is sounded, staff can initially view the alert through a anonymised blurred image but must also physically check the patient

#### Investigations

- The Oxehealth data can be used to support investigations (Safeguarding) via Clear video footage up to 24 hours following an incident on request to Oxehealth.
- Anyone via and or on behalf the Ward Manager for ward that the footage pertains to can request this data from Oxehealth by either telephoning the support number or completing the feedback form on the system. Authorisation for this must be escalated to either the Trust Safeguarding Team or Directors.

### **3. Patient and Carer Communication**

Digital video cameras will be used to record and process the data to help North Staffordshire Combined Healthcare NHS Trust improve its current patient safety and activity monitoring regimes.

The data gathered will be: Anonymised video data, Algorithm Processed Data, Alert Data, Encrypted raw video data and for 24 hours Clear Video Data. The cameras cannot be used as CCTV. When vital signs are taken, the member of staff will see a clear live view of the patient for 15 seconds only, alerts will be pixelated images.

Where Oxevision is in situ, Trust signage displaying the use of this equipment must be displayed clearly in public areas within the building to ensure that all patients and their carers are aware of its use. (See patient poster)

Further information will be provided to the patients within the ward information pack provided on admission, this will detail what, when and how patient activity and vital sign measurements will be recorded on the wards.

Staff must ensure that where Oxevision (VBPMs) is installed on the ward, all patients and their family / carers are informed that this is part of the ward's normal practice and policy (physical health and observation) to promote safety. Consent for its use whilst within in-patient services will not be required individually and recorded on Lorenzo.

However, if a patient does object and requests for the technology to be turned off, this will be discussed by the MDT and the patient's wishes will be adhered to, if clinically safe

to do so. During this clinical discussion the Principles of the Mental Capacity Act Policy will be followed. Any discussions will be recorded in the progress notes on Lorenzo.

If the clinical decision is to turn off Oxevision, the team must follow the existing North Staffordshire Combined Healthcare NHS Trust Policies which protect the patient's safety, such as the Therapeutic Observation Policy and Physical Health Policy.

At no time will the patient's privacy and dignity be effected as staff are unable to see live salient data.

#### **4. Training and Support**

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

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

Additional technical issues will be provided by Oxehealth via:

- Email: [support@oxehealth.com](mailto:support@oxehealth.com)
- Customer service phone line for urgent technical issues: 0800 030 6781
- Feedback form: can be sent via the monitor.  
(This information is displayed at all times on the Oxehealth monitor)

Most technical issues will be resolved remotely. Where onsite support is required from Oxehealth, attendance will be within 24-72 hours provided immediate access is suitable.

Should Oxevision be unavailable then clinical staff are to ensure that the Observation and Engagement/ Recognition and Management of the Deteriorating Patient Policy is followed.

#### **5. Review**

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

#### **6. Monitoring Compliance**

Incident reporting – where Oxevision sensors (non-contact technology) are installed in an in-patient environment and where an incident occurs i.e. fall, medical emergency then this must be clinically responded to immediately and as per routine practice and without delay.

All such incidents will be reported using ULYSSES the Trusts Incident reporting system as per routine practice under the medical devices drop down.

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

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

- Patient Safety Incidents which result in moderate/ high harm
- Safeguarding incidents or allegations

If the ward has CCTV cameras in corridors, this will be utilised first before any decision is made to request the salient data.

The process for requesting the data is as follows:

The nurse in charge will request for Salient Video Data to be “clipped” and saved before it is recorded over through the Oxehealth customer service call line that operates 24/7, 365 days a year. This request must be received within 24 hours before the Salient Video Data is automatically deleted.

At the point of request, Oxehealth will acknowledge it immediately and clip the data remotely, pending review.

A discussion will occur between the relevant Director/Associate Director and Safeguarding Team, the Matron/ Ward Manager to decide whether the Salient Video Data will be released from Oxehealth to the ward, this discussion will consider; reason for request, severity of the incident, patient consent and confidentiality.

Following confirmation to Oxehealth that the Salient Video Data is required, Oxehealth will send personnel to the Server Location to collect the encrypted data, and Oxehealth will then securely deliver the data clip as encrypted video file within 72 hours of collecting it from the Server Location (if request raised Mon - Thurs) or 96 hours of collecting it from the Server Location (if request raised Fri – Sun) to North Staffordshire Combined Healthcare NHS Trust in line with their Salient Data Request process – provided North Staffordshire Combined Healthcare NHS Trust provides immediate access to the Location to collect and deliver the Salient Video Data. This will be received by the Ward Manager/ Matron.

Any video footage which is received by North Staffordshire Combined Healthcare NHS Trust will need to be retained in line with the requirements of the North Staffordshire Combined Healthcare NHS Trust Care Records Policy, and only for the duration of any lawful requirement.

For any salient data released, it will be the responsibility of the Ward Manager/Matron to inform any patients or staff members who are present in the footage.

All guides and how to pages can be found on <https://www.oxehealth.academy/>

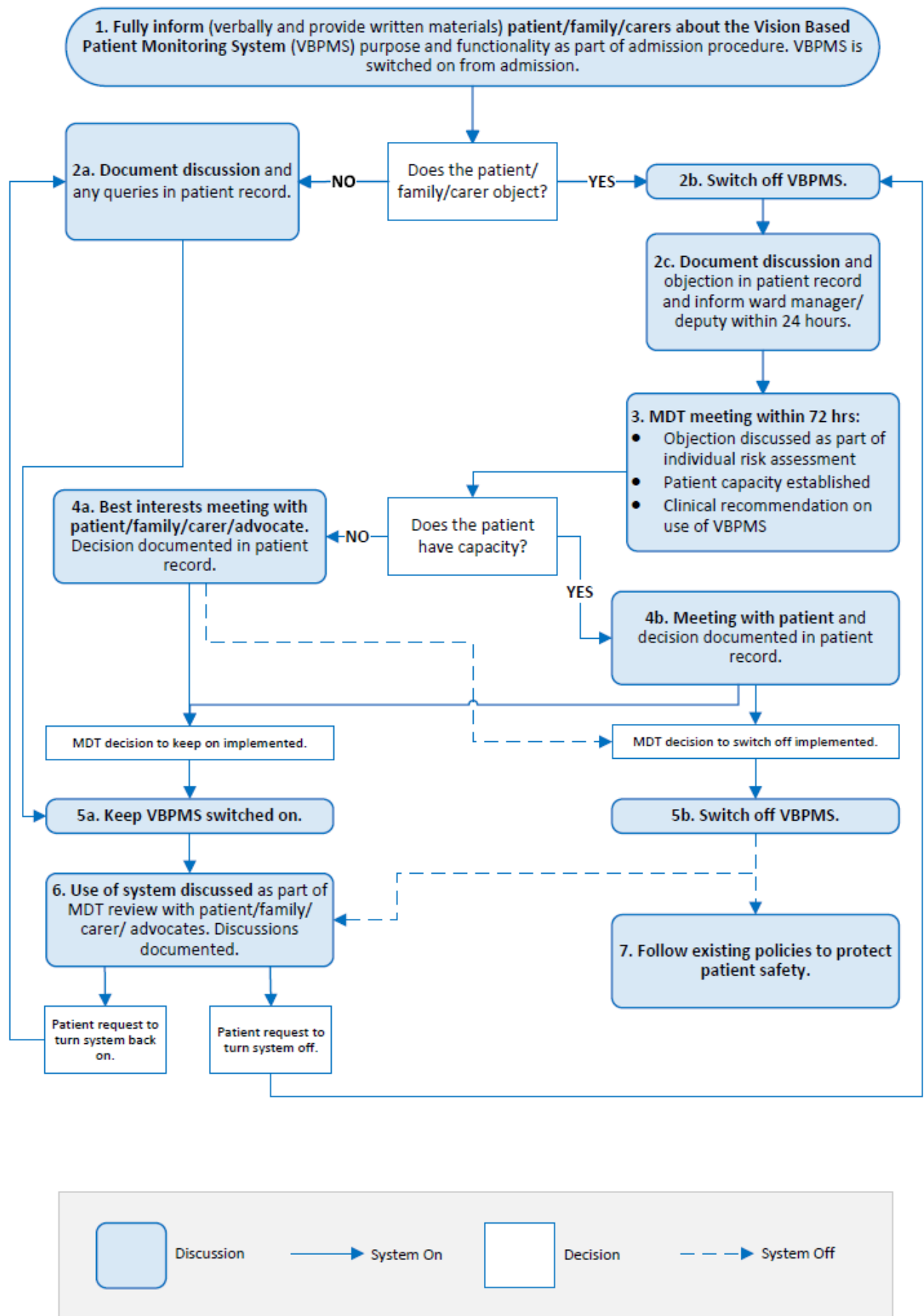


Figure 1 – VBPMS Decision Flowchart

Figure 1 accompanying notes:

1. Fully inform: make use of materials contained within the Resource Pack. These materials should be made available in all accessible formats i.e., different languages, video, easy read, Braille etc.
2. Document discussion in patient record
3. Multidisciplinary team (MDT) meeting should reach a clinical decision regarding the use of the VBPMS considering the risk of patient harm and, if relevant, the particular risk of retraumatisation based on patient history. 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 documented in the patient record.
4. The best interests meeting will involve patients/family/carers/advocates to discuss the clinical recommendation and rationale and to ensure all views have been taken into account. Where possible, consent should be obtained from the patient or representatives. A final decision confirmed about whether the system is kept on or switched off will be made.
5. Decision to keep VBPMS on or off should be documented in patient record.
6. The use of the VBPMS should be discussed weekly with the patient/family/carers as part of their MDT care review. If a consenting patient subsequently withdraws consent, the provider should discuss this at the MDT meeting and follow the process from step 3.
7. If the system is switched off, the providers should follow their own existing operational procedures.



# North Staffordshire Combined Healthcare NHS Trust

## Standard Operating Procedure for the use of Oxehealth

**(Vision based patient monitoring)**

### **In Older Adult Wards**

Revision Chronology		
Version Number	Effective Date	Reason for Change

<b>Version:</b>	
<b>Author:</b>	
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# CONTENTS

1	Introduction and Functionality.....	Error! Bookmark not defined.
2	Use of the Oxevision system .....	4
3	Patient and Carer Communication .....	6
4	Training and Support.....	6
5	Review.....	7
6	Monitoring Compliance .....	7

## APPENDICIES

<b>Appendix 1</b>	Step-by-step guidance for using the Oxevision system.....	10
	How to take a vital sign observation.....	11
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	Resetting on out of bed alert.....	15
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	How to replay last alert.....	17
	How to provide feedback.....	18
<b>Appendix 2</b>	Guidance for conducting observations using the Oxevison system.....	19
<b>Appendix 3</b>	Engagement and Training Plan.....	20
<b>Appendix 4</b>	Patient Poster / leaflet.....	21

## 1 Introduction and Functionality

### What is Oxehealth?

North Staffordshire Combined Healthcare NHS Trust and Oxehealth are working together to delivery pioneering technology to support staff in delivering improved patient care.

### Functionality

Within designated **bedrooms** Oxevision will monitor:

- **Vital Signs** – Spot-check measurements of pulse and breathing rate.
- **Activity alerts** – Real-time alerts when high risk activities, for example someone dwelling in their bathroom, are detected in an occupied room
- **Reports on risk factors** – Vital sign and activity data to inform care planning.

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

### Where is Oxevision installed?

Oxehealth technology is installed in Older Adults Wards at Harplands Hospital.

A desktop screen is located in the ward office to enable staff to use the system. Tablet devices are also provided for each ward.

### Oxehealth and North Staffordshire Combined Healthcare NHS Trust Policies

**It should be noted that the Standard Operating Procedure (SOP) compliments the Trusts Policies, and does not replace them.**

Staff need to follow Trust Policy and operational procedures as usual:

- [Observation and Engagement](#)
- [Seclusion Policy](#)

## **2. Use of the Oxevision system with in Older Adult Wards**

Staff must be trained and deemed competent on the Oxehealth System before use. All direct care staff (permanent, temporary, agency and bank staff) will be given training in how to use the system. This will be via local cascade Oxevision trainers / champions.

It is the responsibility of the nurse in charge to ensure that only staff that are trained in the use of the equipment are allocated to patient observations that require its use. Staff that have not been trained can access it here: [OxeAcademy](https://www.oxehealth.academy/)

Detailed guidance for staff in the use of Oxevision can be found in <https://www.oxehealth.academy/>. This provides a step by step guide for the use of Oxevision for those staff that have received face to face training in the use of the system.

A process flowchart for the use of the Oxevision for observations within the patient bedrooms can be found in the SOP.

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

### Undertaking Physical Health Observations/ Vital Signs

Oxevision is continually switched on and monitored in the patients bedrooms.

- The Oxehealth Technology only takes the basic health observations of pulse and respiration, as per deteriorating policy the patient would ideally need their blood pressure and oxygen saturation taken as well. If the patient is compliant you can do this manually as per normal process.
- The Oxehealth technology is best utilised when the patient is uncooperative and is seen as the least restrictive practice to undertake a basic physical health observation.
- Oxevision is not able to measure Pulse and Respiration when a client is moving. Upon observation if the patient is moving (not still) then record their position and reattempt after 2 minutes and look for opportunities when they remain still.
- Upon observation If the patient is not moving (still) then record the patient position and breathing rate
- If a breathing rate cannot be established then the process can be repeated once, if no breathing rate can be detected at the second observation then staff must physically check the patient (in person) to establish the required observations
- If staff have any concerns about the patient's status, due to the vital signs observed or activity observed then they must escalate as per the Trust

## Observations and Engagement Policy/ Recognition and Management of the Deteriorating Patient Policy.

- Oxehealth Vital Signs is a certified medical device, however, if there are any concerns when using the system, patients should be checked in person
- The observations are to be recorded at least daily on Lorenzo as per Recognition and Management of the Deteriorating Patient Policy.

### General Principles

- Oxehealth does not replace the observation and engagement policy
- If the patient is not present when checking the video image then staff should check the patient in person and record their location
- If the patient is present, check the video for any concerns; where staff have any concerns check the patient in person and record their position
- Oxevision is not to be used for any other purposes, for example if a nurse call bell is used inappropriately that Oxevision is not to be used for a video check when managing complicated patient presentations.
- Staff remain responsible for the patient and clinical judgement must be used at all times. The patient should be checked in-person if there is belief that this is required.
- A designated staff member will be responsible each shift for responding to the alerts

### Therapeutic Observations

- The Oxehealth technology allows for the patients location to be monitored without having to physically enter their room to undertake the observation, this technology would be used in the following examples:
  1. To promote sleep during the night for patients who are on hourly observations
  2. If entering the patients bedroom causes them to become more agitated and distressed
  3. Informing whether another patient has entered the room through a room entry alert
- If Oxevision is to be utilised to replace observations, the decision must be made by the MDT, with the rationale clearly included in the patient's progress notes and their care plan.
- Staff will record the observation on the therapeutic observation form as per policy, using the paper version and uploading Lorenzo.

- Oxevision does not replace therapeutic engagement

### Falls

- The Oxehealth Technology can be used to assist with Falls Prevention and response by:
  1. Alerting staff when the patient is sitting on their bed through an Edge of Bed Alert
  2. Alerting staff when the patient is out of their bed through an Out of Bed Alert.
  3. Notifying staff when the patient enters the bathroom
- When an alert is sounded, staff can initially view the alert through a pixelated (patient non-identifiable) image but must also physically check the patient
- Staff will have the option to temporarily “pause” these alerts for up to 30 minutes at a time to prevent over-alerting while they are delivering personal care to individual patients.

### Investigations

- The Oxehealth data can be used to support investigations (Safeguarding) via Clear video footage up to 24 hours following an incident on request to Oxehealth.
- Anyone via and or on behalf the Ward Manager for ward that the footage pertains to can request this data from Oxehealth by either telephoning the support number or completing the feedback form on the system. Authorisation for this must be escalated to either the Trust Safeguarding Team or Directors.

## **3. Patient and Carer Communication**

Digital video cameras will be used to record and process the data to help North Staffordshire Combined Healthcare NHS Trust improve its current patient safety and activity monitoring regimes.

The data gathered will be: Anonymised video data, Algorithm Processed Data, Alert Data, Encrypted raw video data and for 24 hours Clear Video Data. The cameras cannot be used as CCTV. When vital signs are taken, the member of staff will see a clear live view of the patient for 15 seconds only, alerts will be pixelated images.

Where Oxevision is in situ, Trust signage displaying the use of this equipment must be displayed clearly in public areas within the building to ensure that all patients and their carers are aware of its use. (See patient poster)

Further information will be provided to the patients within the ward information pack provided on admission, this will detail what, when and how patient activity and vital sign measurements will be recorded on the wards.

Staff must ensure that where Oxevision (VBPMS) is installed on the ward, all patients and their family / carers are informed that this is part of the ward's normal practice and policy (physical health and observation) to promote safety. Consent for its use whilst within in-patient services will not be required individually and recorded on Lorenzo.

However, if a patient does object and requests for the technology to be turned off, this will be discussed by the MDT and the patient's wishes will be adhered to, if clinically safe to do so. During this clinical discussion the Principles of the Mental Capacity Act Policy will be followed. Any discussions will be recorded in the progress notes on Lorenzo.

If the clinical decision is to turn off Oxevision, the team must follow the existing North Staffordshire Combined Healthcare NHS Trust Policies which protect the patient's safety, such as the Therapeutic Observation Policy and Physical Health Policy.

At no time will the patient's privacy and dignity be effected as staff are unable to see live salient data.

#### **4. Training and Support**

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

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

Additional technical issues will be provided by Oxehealth via:

- Email: [support@oxehealth.com](mailto:support@oxehealth.com)
- Customer service phone line for urgent technical issues: 0800 030 6781
- Feedback form: can be sent via the monitor.  
(This information is displayed at all times on the Oxehealth monitor)

Most technical issues will be resolved remotely. Where onsite support is required from Oxehealth, attendance will be within 24-72 hours provided immediate access is suitable.

Should Oxevision be unavailable then clinical staff are to ensure that the Observation and Engagement/ Recognition and Management of the Deteriorating Patient Policy is followed.

#### **5. Review**

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

#### **6. Monitoring Compliance**

Incident reporting – where Oxevision sensors (non-contact technology) are installed in an in-patient environment and where an incident occurs i.e. fall, medical emergency then this must be clinically responded to immediately and as per routine practice and without delay.

All such incidents will be reported using ULYSSES the Trusts Incident reporting system as per routine practice under the medical devices drop down.

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

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

- Patient Safety Incidents which result in moderate/ high harm
- Safeguarding incidents or allegations

If the ward has CCTV cameras in corridors, this will be utilised first before any decision is made to request the salient data.

The process for requesting the data is as follows:

The nurse in charge will request for Salient Video Data to be “clipped” and saved before it is recorded over through the Oxehealth customer service call line that operates 24/7, 365 days a year. This request must be received within 24 hours before the Salient Video Data is automatically deleted.

At the point of request, Oxehealth will acknowledge it immediately and clip the data remotely, pending review.

A discussion will occur between the relevant Director/Associate Director and Safeguarding Team, the Matron/ Ward Manager to decide whether the Salient Video Data will be released from Oxehealth to the ward, this discussion will consider; reason for request, severity of the incident, patient consent and confidentiality.

Following confirmation to Oxehealth that the Salient Video Data is required, Oxehealth will send personnel to the Server Location to collect the encrypted data, and Oxehealth will then securely deliver the data clip as encrypted video file within 72 hours of collecting it from the Server Location (if request raised Mon - Thurs) or 96 hours of collecting it from the Server Location (if request raised Fri – Sun) to North Staffordshire Combined Healthcare NHS Trust in line with their Salient Data Request process – provided North Staffordshire Combined Healthcare NHS Trust provides immediate access to the Location to collect and deliver the Salient Video Data. This will be received by the Ward Manager/ Matron.

Any video footage which is received by North Staffordshire Combined Healthcare NHS Trust will need to be retained in line with the requirements of the North Staffordshire Combined Healthcare NHS Trust Care Records Policy, and only for the duration of any lawful requirement.



For any salient data released, it will be the responsibility of the Ward Manager/Matron to inform any patients or staff members who are present in the footage.

All guides and how to pages can be found on <https://www.oxehealth.academy/>

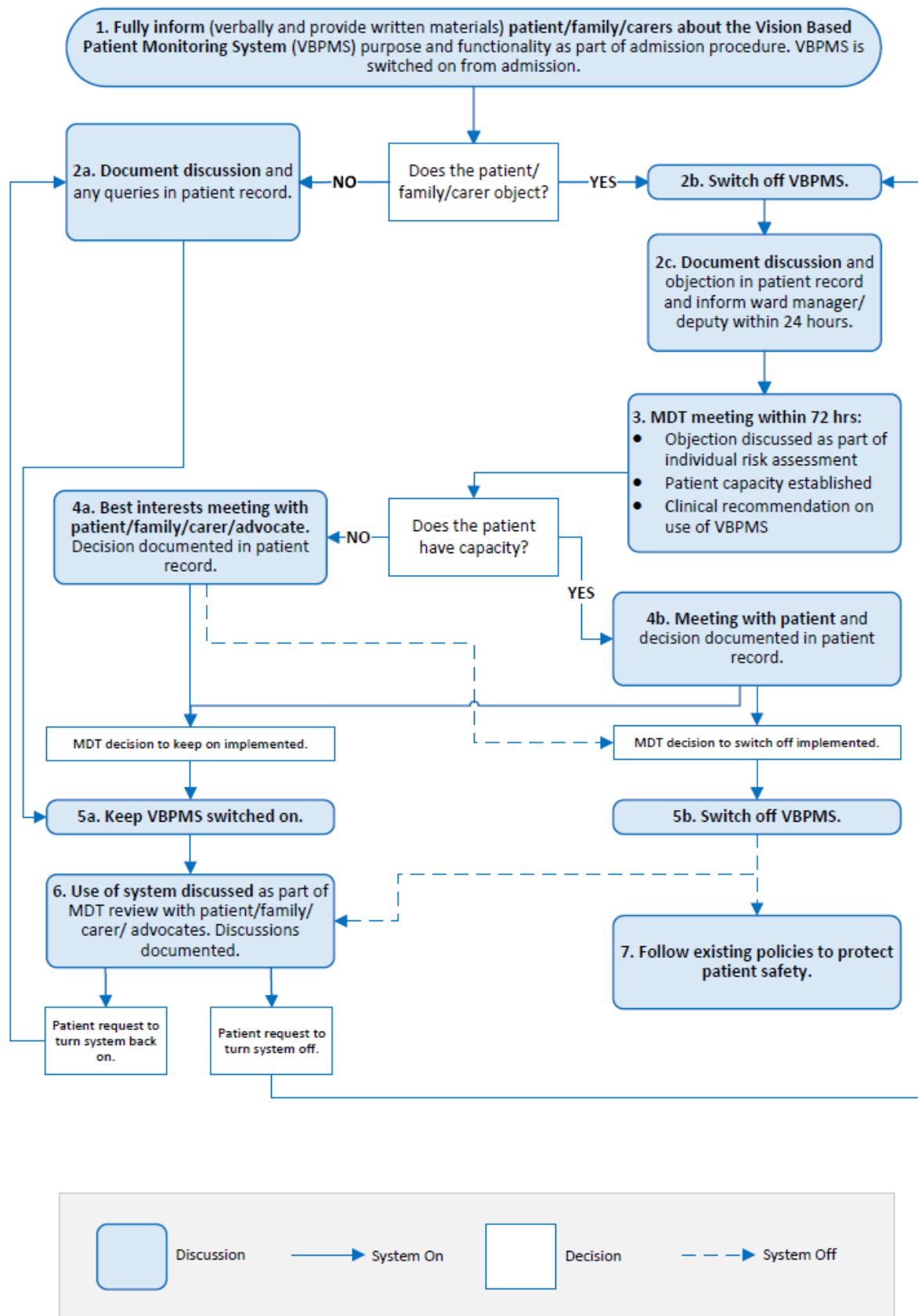


Figure 1 – VBPMS Decision Flowchart

Figure 1 accompanying notes:

1. Fully inform: make use of materials contained within the Resource Pack. These materials should be made available in all accessible formats i.e., different languages, video, easy read, Braille etc.
2. Document discussion in patient record
3. Multidisciplinary team (MDT) meeting should reach a clinical decision regarding the use of the VBPMS considering the risk of patient harm and, if relevant, the particular risk of retraumatisation based on patient history. 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 documented in the patient record.
4. The best interests meeting will involve patients/family/carers/advocates to discuss the clinical recommendation and rationale and to ensure all views have been taken into account. Where possible, consent should be obtained from the patient or representatives. A final decision confirmed about whether the system is kept on or switched off will be made.
5. Decision to keep VBPMS on or off should be documented in patient record.
6. The use of the VBPMS should be discussed weekly with the patient/family/carers as part of their MDT care review. If a consenting patient subsequently withdraws consent, the provider should discuss this at the MDT meeting and follow the process from step 3.
7. If the system is switched off, the providers should follow their own existing operational procedures.

# North Staffordshire Combined Healthcare NHS Trust

## Standard Operating Procedure for the use of Oxehealth

**(Vision based patient monitoring)**

### **In Seclusion Rooms and HBPOS**

Revision Chronology		
Version Number	Effective Date	Reason for Change

<b>Version:</b>	
<b>Author:</b>	
<b>Designation:</b>	
<b>Responsible Director:</b>	
<b>Target Audience:</b>	
<b>Approved By:</b>	
<b>Approval Date:</b>	
<b>Review Date:</b>	

# CONTENTS

<b>1</b>	<b>Introduction and Functionality.....</b>	<b>3</b>
<b>2</b>	<b>Use of the Oxevision system .....</b>	<b>4</b>
<b>3</b>	<b>Patient and Carer Communication .....</b>	<b>6</b>
<b>4</b>	<b>Training and Support.....</b>	<b>6</b>
<b>5</b>	<b>Review.....</b>	<b>7</b>
<b>6</b>	<b>Monitoring Compliance .....</b>	<b>7</b>

## APPENDICIES

<b>Appendix 1</b>	<b>Step-by-step guidance for using the Oxehealth system.....</b>	<b>9</b>
	How to take a vital sign observation.....	9
	Changing room settings (switching on and off).....	11
	How to view the observation history of a room.....	12
	Resetting an edge of bed alert.....	13
	Resetting on out of bed alert.....	14
	How to view an activity report.....	15
	How to replay last alert.....	16
	How to provide feedback.....	17
<b>Appendix 2</b>	<b>Guidance for conducting observations using the Oxehealth system.....</b>	<b>18</b>
<b>Appendix 3</b>	<b>Seclusion Form.....</b>	<b>19</b>
<b>Appendix 4</b>	<b>Engagement and Training Plan.....</b>	<b>20</b>
<b>Appendix 5</b>	<b>Patient Poster / leaflet.....</b>	<b>21</b>

## 1 Introduction and Functionality

### What is Oxehealth?

North Staffordshire Combined Healthcare NHS Trust and Oxehealth are working together to delivery pioneering technology to support staff in delivering improved patient care.

### Functionality

Within designated **Seclusion rooms** Oxevision will monitor:

- **Vital Signs** – Spot-check measurements of pulse and breathing rate.
- **Activity alerts** – Real-time alerts when high risk activities, for example someone dwelling in their bathroom, are detected in an occupied room
- **In Bathroom warning** – real-time warning to when a patient is in the bathroom. Please note: activity detection alerts are not raised if a patient is in this designated location.
- **Reports on risk factors** – Vital sign and activity data to inform care planning.

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

### Where is Oxevision installed?

Oxehealth technology is installed in (Seclusion and HBPOS) at Harplands Hospital.

A desktop screen is located in the ward office to enable staff to use the system. Tablet devices are also provided for each ward.

### Oxehealth and North Staffordshire Combined Healthcare NHS Trust Policies

**It should be noted that the Standard Operating Procedure (SOP) compliments the Trusts Policies, and does not replace them.**

Staff need to follow Trust Policy and operational procedures as usual:

- [Observation and Engagement](#)
- [Seclusion Policy](#)

## **2. Use of Oxevision within HBPOS/ seclusion rooms**

Staff must be trained and deemed competent on the Oxehealth System before use. All direct care staff (permanent, temporary, agency and bank staff) will be given training in how to use the system. This will be via local cascade Oxevision trainers / champions.

It is the responsibility of the nurse in charge to ensure that only staff that are trained in the use of the equipment are allocated to patient observations that require its use. Staff that have not been trained can access it here: [OxeAcademy](https://www.oxehealth.academy/)

Detailed guidance for staff in the use of Oxevision can be found in <https://www.oxehealth.academy/>. This provides a step by step guide for the use of Oxevision for those staff that have received face to face training in the use of the system.

A process flowchart for the use of the Oxevision for observations within the patient bedrooms can be found in the SOP.

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

For seclusion areas a mobile device will be located within the seclusion area/ office. This will be implemented on admittance of the patient to the seclusion room and will ensure that staff are able to maintain compliance and monitoring with the Oxehealth system.

### Undertaking Physical Health Observations/ Vital Signs

Oxevision is continually switched on and monitored in the seclusion room/ HPBOS.

- The Oxehealth Technology only takes the basic health observations of pulse and respiration, as per seclusion policy; the patient would ideally need their blood pressure and oxygen saturation taken as well. If the patient is compliant you can do this manually as per normal process.
- The Oxehealth technology is best utilised when the patient is uncooperative and is seen as the least restrictive practice to undertake a basic physical health observation.
- Oxevision is not able to measure Pulse and Respiration when a client is moving. Upon observation if the patient is moving (not still) then record their position and reattempt after 2 minutes and look for opportunities when they remain still.

- Upon observation If the patient is not moving (still) then record the patient position and breathing rate
- If a breathing rate cannot be established then the process can be repeated once, if no breathing rate can be detected at the second observation then staff must physically check the patient (in person) to establish the required observations
- If staff have any concerns about the patient's status, due to the vital signs observed or activity observed then they must escalate as per the Trust Observations and Engagement Policy/ Recognition and Management of the Deteriorating Patient Policy.
- Oxehealth Vital Signs is a certified medical device, however, if there are any concerns when using the system, patients should be checked in person
- Observing staff should ensure that, when a patient is in the seclusion room, they take and document the vital signs (pulse rate and/or breathing rate) of that patient every 15 minutes as per seclusion policy. These will be recorded on the Seclusion Form and these will be recorded as a soft copy on the Lorenzo Electronic Patient Record system as per existing process.
- The observations are be recorded at least daily on the Lorenzo as per Recognition and Management of the Deteriorating Patient Policy
- The undertaking of physical health observations should be undertaken at least every 15 minutes, the technology can be used more often if needed, if the patient is deteriorating.

### General Principles

- Oxehealth does not replace the observation and engagement policy
- If the patient is not present when checking the video image then staff should check the patient in person and record their location
- If the patient is present, check the video for any concerns; where staff have any concerns check the patient in person and record their position
- Oxevision is not to be used for any other purposes, for example if a nurse call bell is used inappropriately that Oxevision is not to be used for a video check when managing complicated patient presentations.
- Staff remain responsible for the patient and clinical judgement must be used at all times. The patient should be checked in-person if there is belief that this is required.
- A designated staff member will be responsible each shift for responding to the alerts



### Safety Monitoring

- The Oxehealth Technology can be used to assist with monitoring a patients activity and movement by:
  1. Alerting staff when the patient leaves their room at night
  2. Alerting staff when the patient is dwelling in their ensuite bathroom.
  3. Notifying staff when one than one individual is in an occupied room
- When an alert is sounded, staff can initially view the alert through an anonymised blurred image but must also physically check the patient

### Investigations

- The Oxehealth data can be used to support investigations (Safeguarding) via Clear video footage up to 24 hours following an incident on request to Oxehealth.
- Anyone via and or on behalf the Ward Manager for ward that the footage pertains to can request this data from Oxehealth by either telephoning the support number or completing the feedback form on the system. Authorisation for this must be escalated to either the Trust Safeguarding Team or Directors.

## **3. Patient and Carer communication**

Digital video cameras will be used to record and process the data to help North Staffordshire Combined Healthcare NHS Trust improve its current patient safety and activity monitoring regimes.

The data gathered will be: Anonymised video data, Algorithm Processed Data, Alert Data, Encrypted raw video data and for 24 hours Clear Video Data. The cameras cannot be used as CCTV. When vital signs are taken, the member of staff will see a clear live view of the patient for 15 seconds only, alerts will be pixelated images.

Where Oxevision is in situ, Trust signage displaying the use of this equipment must be displayed clearly in public areas within the building to ensure that all patients and their carers are aware of its use. (See patient poster)

Further information will be provided to the patients within the ward information pack provided on admission, this will detail what, when and how patient activity and vital sign measurements will be recorded on the wards.

Staff must ensure that where Oxevision (VBPMS) is installed on the ward, all patients and their family / carers are informed that this is part of the ward's normal practice and policy (physical health and observation) to promote safety. Consent for its use whilst within in-patient services will not be required individually and recorded on Lorenzo.

However, if a patient does object and requests for the technology to be turned off, this will be discussed by the MDT and the patient's wishes will be adhered to, if clinically safe to do so. During this clinical discussion the Principles of the Mental Capacity Act Policy will be followed. Any discussions will be recorded in the progress notes on Lorenzo.

If the clinical decision is to turn off Oxevision, the team must follow the existing North Staffordshire Combined Healthcare NHS Trust Policies which protect the patient's safety, such as the Therapeutic Observation Policy and Physical Health Policy.

At no time will the patient's privacy and dignity be effected as staff are unable to see live salient data.

#### **4. Training and Support**

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

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

Additional technical issues will be provided by Oxehealth via:

- Email: [support@oxehealth.com](mailto:support@oxehealth.com)
- Customer service phone line for urgent technical issues: 0800 030 6781
- Feedback form: can be sent via the monitor.

(This information is displayed at all times on the Oxehealth monitor)

Most technical issues will be resolved remotely. Where onsite support is required from Oxehealth, attendance will be within 24-72 hours provided immediate access is suitable.

Should Oxevision be unavailable then clinical staff are to ensure that the Observation and Engagement/ Recognition and Management of the Deteriorating Patient Policy is followed.

#### **5. Review**

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

#### **6. Monitoring Compliance**

Incident reporting – where Oxevision sensors (non-contact technology) are installed in an in-patient environment and where an incident occurs i.e. fall, medical emergency then this must be clinically responded to immediately and as per routine practice and without delay.

All such incidents will be reported using ULYSSES the Trusts Incident reporting system as per routine practice under the medical devices drop down.

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

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

- Patient Safety Incidents which result in moderate/ high harm
- Safeguarding incidents or allegations

If the ward has CCTV cameras in corridors, this will be utilised first before any decision is made to request the salient data.

The process for requesting the data is as follows:

The nurse in charge will request for Salient Video Data to be “clipped” and saved before it is recorded over through the Oxehealth customer service call line that operates 24/7, 365 days a year. This request must be received within 24 hours before the Salient Video Data is automatically deleted.

At the point of request, Oxehealth will acknowledge it immediately and clip the data remotely, pending review.

A discussion will occur between the relevant Director/Associate Director and Safeguarding Team, the Matron/ Ward Manager to decide whether the Salient Video Data will be released from Oxehealth to the ward, this discussion will consider; reason for request, severity of the incident, patient consent and confidentiality.

Following confirmation to Oxehealth that the Salient Video Data is required, Oxehealth will send personnel to the Server Location to collect the encrypted data, and Oxehealth will then securely deliver the data clip as encrypted video file within 72 hours of collecting it from the Server Location (if request raised Mon - Thurs) or 96 hours of collecting it from the Server Location (if request raised Fri – Sun) to North Staffordshire Combined Healthcare NHS Trust in line with their Salient Data Request process – provided North Staffordshire Combined Healthcare NHS Trust provides immediate access to the Location to collect and deliver the Salient Video Data. This will be received by the Ward Manager/ Matron.

Any video footage which is received by North Staffordshire Combined Healthcare NHS Trust will need to be retained in line with the requirements of the North Staffordshire Combined Healthcare NHS Trust Care Records Policy, and only for the duration of any lawful requirement.

For any salient data released, it will be the responsibility of the Ward Manager/Matron to inform any patients or staff members who are present in the footage.

All guides and how to pages can be found on <https://www.oxehealth.academy/>

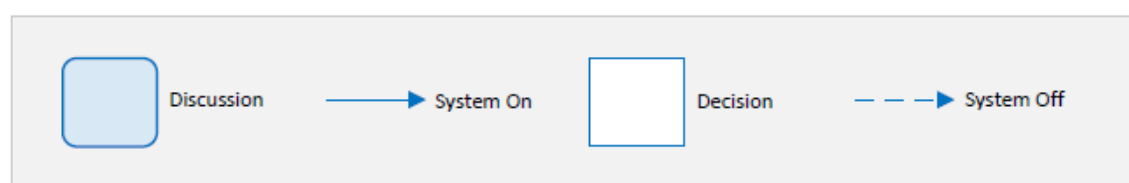
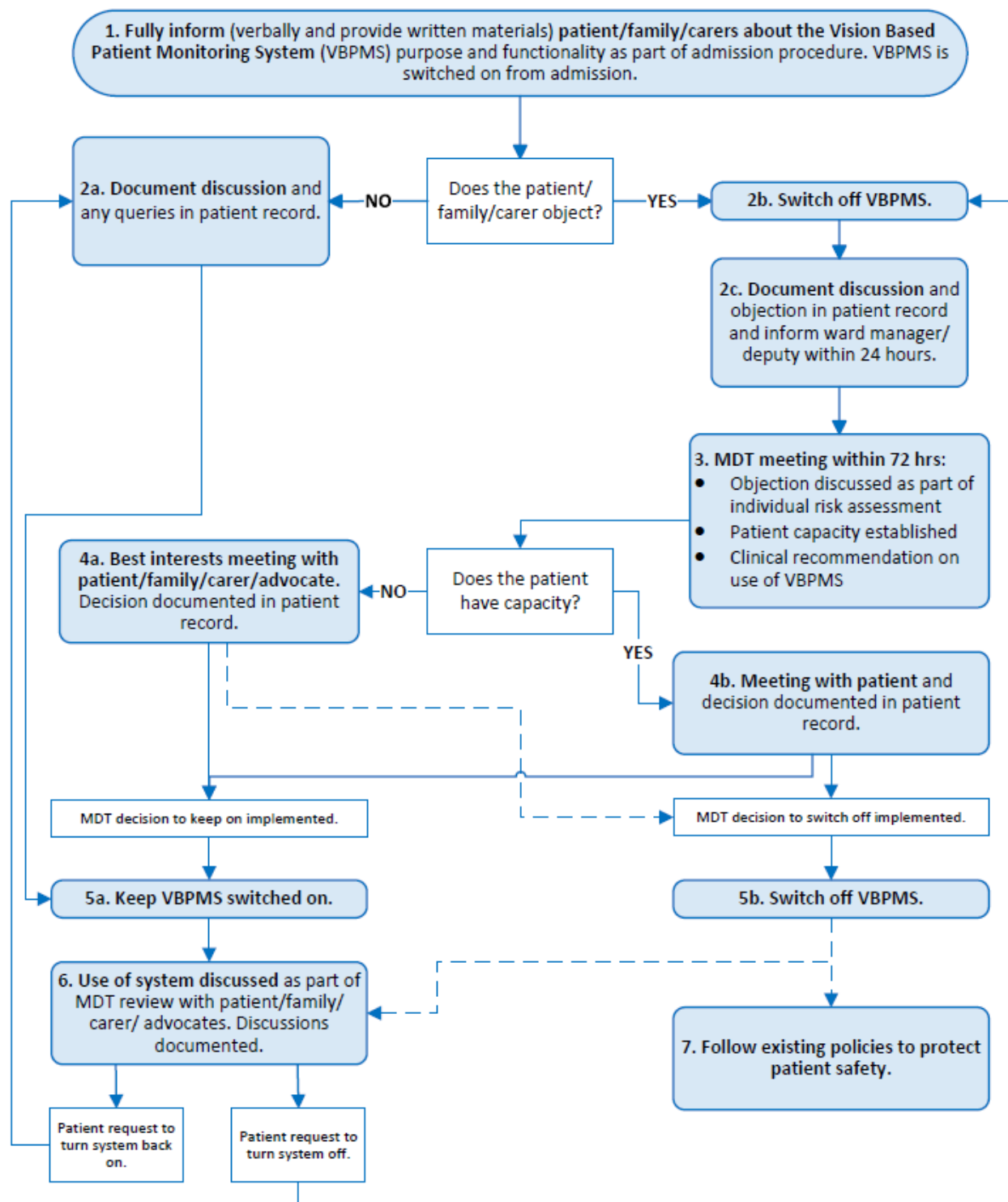


Figure 1 – VBPMS Decision Flowchart

Figure 1 accompanying notes:

1. Fully inform: make use of materials contained within the Resource Pack. These materials should be made available in all accessible formats i.e., different languages, video, easy read, Braille etc.
2. Document discussion in patient record
3. Multidisciplinary team (MDT) meeting should reach a clinical decision regarding the use of the VBPMS considering the risk of patient harm and, if relevant, the particular risk of retraumatisation based on patient history. 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 documented in the patient record.
4. The best interests meeting will involve patients/family/carers/advocates to discuss the clinical recommendation and rationale and to ensure all views have been taken into account. Where possible, consent should be obtained from the patient or representatives. A final decision confirmed about whether the system is kept on or switched off will be made.
5. Decision to keep VBPMS on or off should be documented in patient record.
6. The use of the VBPMS should be discussed weekly with the patient/family/carers as part of their MDT care review. If a consenting patient subsequently withdraws consent, the provider should discuss this at the MDT meeting and follow the process from step 3.
7. If the system is switched off, the providers should follow their own existing operational procedures.

**Confidential**



**Oxehealth**

**Data Protection Impact Assessment**

**NORTH STAFFORDSHIRE**

**COMBINED HEALTHCARE NHS**

**TRUST**

**May 2024**

**Note to NSCHT: As part of its commitment to good data protection governance, Oxehealth provides this DPIA template to assist NSCHT with their obligations under Article 35 of the GDPR. The processing of data by NSCHT staff is not in the scope of this DPIA, the purpose of which is to outline processing activities of Oxehealth as a data processor on behalf of NSCHT when providing the Oxevision service. It remains NSCHT's sole responsibility to conduct a DPIA that meets the requirements of applicable law. Nothing in this DPIA template constitutes legal advice.**

## Contents

1. Introduction.....	3
2. Identification of the need for a DPIA .....	3
3. Information Flows .....	5
A. Types of Data.....	5
B. The Data Journey .....	7
C. Usage of Data at Oxehealth .....	8
D. Storage and Retention .....	9
E. Data Ownership .....	10
F. Data Security .....	11
G. Oxehealth Standards, Certifications and Registrations.....	11
H. NHS Application and Data Standards .....	12
4. Privacy and Related Risks.....	12
5. Proposed Privacy Solutions.....	13
6. DPIA Outcomes.....	16
Appendix 1 .....	17
Appendix 2 .....	18



## 1. Introduction

Oxehealth is a spin-out from Oxford University which develops proprietary software that supports clinical staff in caring for the safety and health of their patients.

NORTH STAFFORDSHIRE COMBINED HEALTHCARE NHS TRUST (NSCHT) provides mental health, social care, learning disability and substance misuse services in the West Midlands.

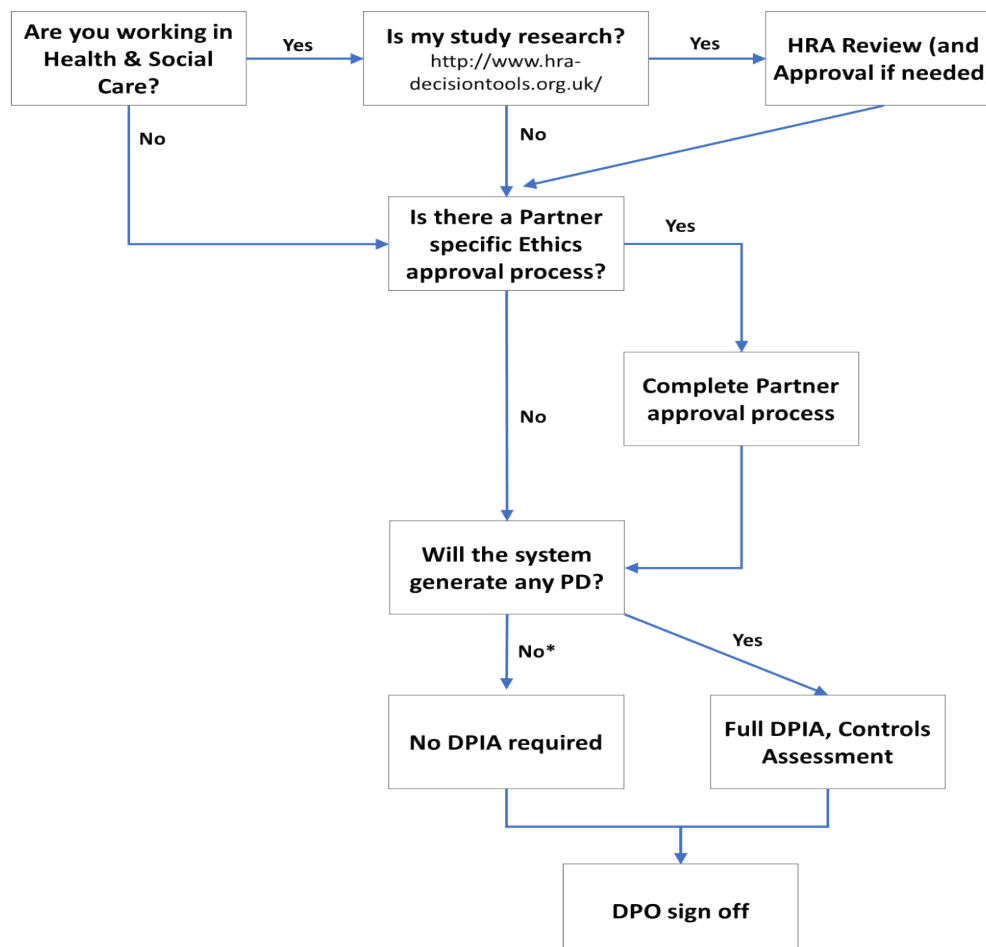
In this project, NSCHT wishes to continue to improve and supplement patient care and safety monitoring regimes.

The service agreement with NSCHT includes the following Oxehealth software modules:

- Oxehealth Vital Signs (a Class IIa medical device in Europe)
- Activity Detection for Seclusion
- High Risk Activity Alerts/Warnings – Edge of Bed, Out of Bed, Out of Room, Multiple People, Dwelling in en-suite bathroom timer
- Activity Report
- Vital Signs Trend Report (a Class IIa medical device in Europe)

## 2. Identification of the need for a DPIA

Before commencing any project with a Partner, Oxehealth performs a review of its Compliance Protocol, a simple and specific workflow that steps through the potential questions and decision points relating to the compliance and approval steps needed prior to commencing work with a Partner:



\*Note – a DPIA is always completed by Oxehealth in either scenario

In the case of NSCHT, the Protocol responses are:

Question	Response	Action Needed
Are you working on Health & Social Care?	Yes	-
Is my study research?	No	-
Are any subjects patients?	Yes	Data Protection Officer sign off needed
Is there a local, specific approval process	Yes	Submit to SIRO and Caldicott Guardian
Will the system generate any Personal Data?	Yes	Full DPIA and Controls Assessment needed
Are there any NSCHT specific Data Holding requirements?	No	-

### Identifying 'high risk' processing under the General Data Protection Regulations (GDPR)

A DPIA must be carried out whenever processing of personal data is likely to result in a high risk to the rights and freedoms of individuals. The UK Information Commissioner's Office (ICO) has identified a list of activities it considers to be 'high risk', which sit alongside the risk triggers in the GDPR and those identified by the European Data Protection Board (EDPB). Of these high-risk criteria, Oxehealth's software may involve:

- **The use of innovative technology (ICO risk trigger):** Oxehealth's software is a novel technology previously deployed by NSCHT.
- **Systematic monitoring (EDPB risk trigger):** Raw video data recorded by digital video cameras in designated patient bedrooms will be processed by the software to deliver the alerts which appear on display units to help NSCHT continue to improve its patient safety and activity monitoring regimes. While clinicians will not be able to use the video feed as CCTV, they will be required to view up to 15 seconds of raw video when taking vital signs measurements to ensure they are taken accurately.
- **Sensitive data or data of a highly personal nature (EDPB risk trigger):** The system captures health data (including vital signs) regarding patients under the care of NSCHT.
- **Data concerning vulnerable data subjects (EDPB risk trigger):** The data subjects are patients under the care of NSCHT and as such potentially vulnerable.

The output of Oxehealth's Compliance Protocol and the identification of four potential high-risk criteria clearly indicates the need for a DPIA to be undertaken.

### 3. Information Flows

#### A. Types of Data

Data is collected from every installation of the Oxehealth software in a room. The equipment used to do this is known as a “room installation” with the data stored in a securely encrypted format. This encrypted data is stored on a server which is not in the room but is located nearby on the same site - this is referred to as a “local secure server”. Some of the data collected is stored on secure remote servers provided by Oxehealth’s cloud storage provider [REDACTED]

[REDACTED] - these are referred to as “cloud servers”. The cloud servers physical location is [REDACTED]

In this project, the data falls into one of the following possible categories:

#### Non-Personal Data

##### a) Anonymised (blurred) Video Data (AVD) -

Oxehealth will anonymise the camera feed so that the individual is not identifiable from the video. Some modules within the Oxehealth Software permit clinicians to view Anonymised (blurred) Video Data in response to an alert. Oxehealth will also compress and encrypt this feed and transfer it securely to its secure cloud servers. Anonymised (blurred) Video Data is required to ensure the Oxehealth Service delivers the Contract Purpose to the contracted standard. The Anonymised (blurred) Video Data cannot be viewed by unauthorised persons because it is encrypted and – even if it were decrypted - the anonymisation prevents individuals being identified (example, see right).



b) Algorithm Processed Data (APD) - These are mathematical results (e.g. wave forms derived from camera pixels) from various processing stages of the algorithms (software calculations measuring movement, for example) including the final log file. Algorithm Processed Data are used in conjunction with the Anonymised (blurred) Video Data to ensure the Oxehealth Service delivers the Contract Purpose to the contracted standard. These data are also encrypted and sent to Oxehealth’s secure cloud servers. These data cannot be used to identify an individual.

c) User Interface Output Data (UIOD) - When the algorithm has completed its processing of the camera feed, saving the information to the log file, it extracts room status reports (known as User Interface Output Data, an example of which would be an alert to an individual getting out of bed, or a vital sign recording was taken) which are supplied to an output server (known as the User Module) so that they can be displayed to NSCHT’s staff as visual and audible statuses. These User Interface Output Data are recorded by the User Module and drive the audible alerts and screen displays. These data cannot be used to identify an individual.

d) Empty Room Video Data (ERVD) – Single frame images of empty rooms that do not contain any personal data (no people or personally identifiable information are visible in the images), are clipped from the raw video feed generated by the Oxehealth Vital Signs product during the install process, and from time to time, to ensure there are no local phenomena which could have a detrimental impact on the services (for example, to verify that there are no unidentified local light effects or that there have been no changes in the room set up or contents that contravene the Software Modules’ instructions for use’s contraindications, warnings or cautions). Oxehealth can ensure the room is empty and that this data is not personal data using Anonymised (blurred) Video Data and Algorithm Processed Data.



Anonymised (blurred) Video Data, Algorithm Processed Data, and User Interface Output Data do not constitute personal data in circumstances where Oxehealth does not have access to Clear Video Data in respect of the same footage. Empty Room Video Data does not constitute personal data in any circumstances.

### **Personal Data**

- a) **Clear Video Data** (CVD) – The Oxehealth Vital Signs product module requires the display of raw video feed to a user when they seek to take a pulse rate or breathing rate measurement as part of its functionality. The local secure server also stores encrypted raw video data on a [24 hour] “rolling buffer” for serious incident review or issue resolution (see section C “usage of data at Oxehealth”, meaning that encrypted video from each room is held securely for [24 hours] after which it is automatically deleted by the software. Video Data which contains images of staff, patients or other personnel is personal data. This is referred to as “Clear Video Data (CVD)”.



Video Data which does not contain images of staff, patients or other personnel is not personal data.

In contrast to Anonymised (blurred) Video Data, Clear Video Data is encrypted but not anonymised because the identifiable data is required fully to investigate the algorithm’s performance (example image, see right). Clear Video Data will be selectively collected in short episodes for specific purposes, so the total volume of video will be relatively low. See “D. Storage and Retention” for further details.

Under certain circumstances Clear Video Data may be “clipped” (marked for retention on the local secure server so that it is not recorded over) by Oxehealth remotely and in some cases securely transferred to Oxehealth’s facilities. See “B. The Data Journey” and “C. Usage of Data at Oxehealth” below for usage of Clear Video Data.

Clear Video Data is held separately to the Anonymised (blurred) Video Data, Algorithm Processed Data and User Interface Output Data.

- b) [REDACTED]

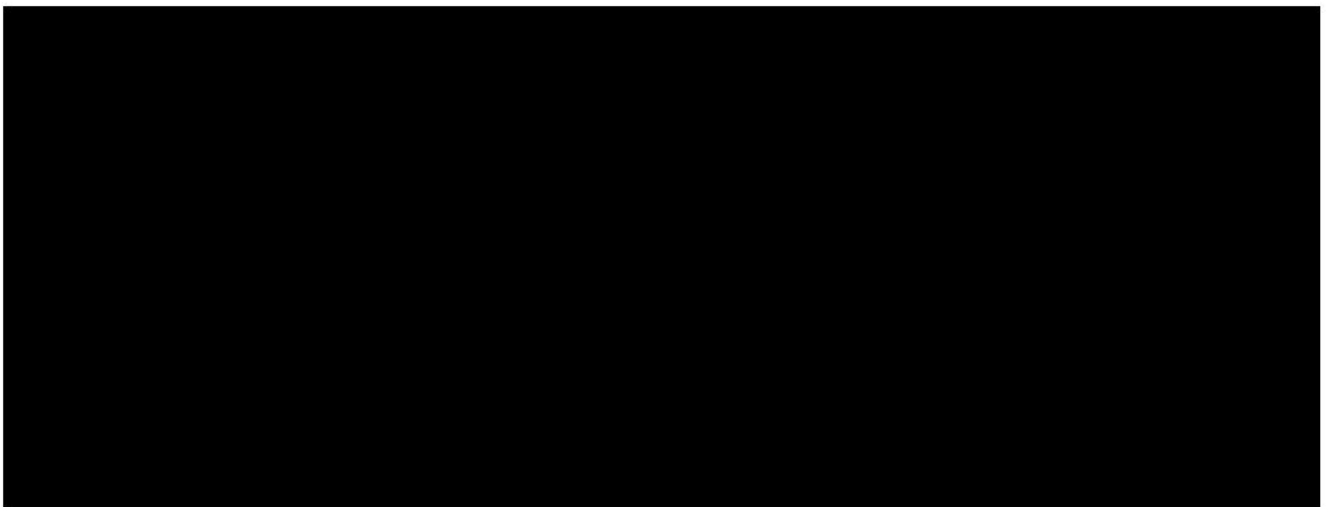


## B. The Data Journey

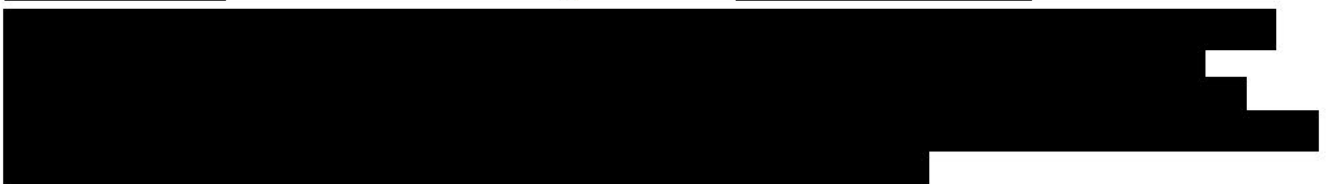
Figure 1. Non-Personal Data Flows from the Oxehealth Software on Partner premises to Oxehealth:



Figure 2. Personal Data Flows from the Oxehealth software on Partner Premises to Oxehealth:



Data will be collected from every room installation and is transferred, in an encrypted format via [REDACTED] to the local secure server, located in a [REDACTED]



The processing of this data by NSCHT staff is not in the scope of this DPIA, the purpose of which is to outline processing activities of Oxehealth as a data processor on behalf of NSCHT when providing the Oxevision service.

From the local secure server, data travels to Oxehealth via two mediums - over the internet and by the physical movement of storage devices by Oxehealth staff.

a) Data that travels to Oxehealth via the Internet (over encrypted connection)



[REDACTED]

[REDACTED]

b) Data that arrives at Oxehealth via the physical movement of storage devices

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

c) Data that is transferred to NSCHT via the physical movement of storage devices

[REDACTED]

## C. Usage of Data at Oxehealth

### Non-Personal Data

- a) Anonymised (blurred) Video Data, Algorithm Processed Data, User Interface Output Data, do not constitute personal data in circumstances where Oxehealth does not have access to Clear Video Data in respect of the same footage.

Oxehealth only uses these data for the purpose of providing the Oxehealth Service to NSCHT and for the purpose of monitoring and improving the Oxehealth system.

[REDACTED]

- b) Empty Room Video Data does not constitute personal data under any circumstances and is used by Oxehealth for the purpose of monitoring and improving the Oxehealth system. This data is used by the algorithm and may be kept for the lifetime of the system.



## Personal Data

### a) Clear Video Data

As set out above, Clear Video Data may be “clipped” under certain circumstances and in some cases securely transferred to Oxehealth’s facilities. The purpose for which Clear Video Data may be clipped are as follows:

1. **Performance Issues:** If NSCHT identifies a performance issue with Oxevision, or is alerted to a potential performance issue by Oxehealth staff, and the issue cannot be otherwise resolved, NSCHT may instruct Oxehealth to clip and review short periods of Clear Video Data in order to investigate and resolve the issue. This may include images of patients if required. Where possible, this video will be anonymised to ensure no data subjects can be identified from the data.

In some cases, a performance issue may lead to a “Medical Device Investigation” if it relates to part of the

Oxevision product which is a regulated Medical Device (e.g. Vital Signs measurements).

2. **Serious Incident Review:** Oxehealth may clip Clear Video Data at the request of NSCHT Personnel flagging the need to store the Clear Video Data to support an internal or external investigation (for example in which a patient or member of staff was harmed).

Where possible, analysis on Clear Video Data for the purposes outlined above will be performed automatically, using computers with processes that do not require a human to view the Data.

All staff with access to the data will be fully trained as to its use, the sensitive nature of this data, and everyone will be required to follow the staff code of conduct. All Oxehealth staff are DBS screened. No Clear Video Data will be used for research, marketing, or publicity purposes.

### b) Staff Identification Data

[REDACTED]

[REDACTED]

[REDACTED]

## **D. Storage and Retention**

### Non-Personal Data

- a) The Anonymised (blurred) Video Data, User Interface Output Data and Algorithm Processed Data are stored in Oxehealth’s secure cloud servers, provided by [REDACTED]

[REDACTED]

- b) The Empty Room Video Data is stored in secure servers at Oxehealth’s premises [REDACTED]. Where it is stored on Oxehealth’s server it may be kept for the lifetime of the system, otherwise it will be deleted at the end of the contract, or when no longer needed to support system performance.

## **Personal Data**

### **a) Clear Video Data**

The Clear Video Data is stored on the local secure server for [24hrs] after which it is deleted and later recorded over making it irrecoverable. Where this data is clipped and saved to the network attached storage for addressing performance issues, it will only be kept for as long as is needed to investigate and resolve the issue. To support this, all data files are date and time stamped so that retention can be tracked. Where this data is clipped and saved to the network attached storage for serious incident review it will be deleted as soon as the data has been transferred to NSCHT and we have signed confirmation it has been received.

With respect to Clear Video Data collected for addressing performance issues, once the issue for which the data was collected has been addressed, Oxehealth may anonymise the data if it is deemed necessary to retain it to avoid potential performance issues affecting the Oxehealth system in the future. Anonymisation is achieved by [REDACTED]

This anonymised data will be retained for the purpose of validation and testing of current features and future updates or releases of the Oxehealth System for NSCHT, to enable the delivery of the Oxehealth Service to NSCHT to the contracted SLA, to ensure that the Oxehealth system is continuously optimised for all NSCHT rooms where the system is live, and to avoid potential performance issues affecting the Oxehealth system.

Anonymised (blurred) Video Data is no longer personally identifiable data but it is still owned by NSCHT. Oxehealth will retain this data until the end of the contract with NSCHT, until it is no longer needed, or until NSCHT instructs Oxehealth to delete it, whichever is earlier.

Data collected for serious incident review is not retained by Oxehealth but provided directly to NSCHT to support their investigation.

Twice per year, Oxehealth provides NSCHT with a Video Data Report which details the volume, retention period and retention purpose for any Clear Video Data collected for NSCHT for the purposes outlined in "C. Usage of Data at Oxehealth". The report will also include whether any Clear Video Data has been anonymised as described above. Oxehealth will process all personal data generated in the project in accordance with this DPIA and documented instructions from NSCHT, the Data Controller.

In order to support communication on the ward regarding the Oxehealth software, templates for ward signage and information leaflets can be provided by Oxehealth on request.

### **b) Staff Identification Data**

[REDACTED]

## **E. Data Ownership:**

Data ownership is laid out in the Oxehealth Services Agreement.

NSCHT owns all right, title and interest in the Clear Video Data, Staff Identification Data, Anonymised (blurred) Video Data and User Interface Output Data.



Oxehealth owns all right, title and interest in the Algorithm Processed Data and Empty Room Video Data. For the avoidance of doubt, Algorithm Processed Data and Empty Room Video Data constitutes Oxehealth Confidential Material.

## F. Data Security

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Oxehealth has implemented an Information Security Management System (ISMS) for assessing and managing security technology and policies to ensure measured protection of all assets (including NSCHT information assets).

[REDACTED]

[REDACTED]

[REDACTED]

## G. Oxehealth Standards, Certifications and Registrations

Oxehealth holds ISO/IEC 13485, ISO/IEC 27001 Cyber Essentials Plus certification and is externally audited against these certifications annually.

Oxehealth's lead supervisory authority for General Data Protection Regulations is the Information Commissioner's Office (ICO) in the UK and the Swedish Authority for Privacy Protection in Sweden (IMY).

Oxehealth has appointed a Data Protection Officer and is registered as a Data Controller with the ICO – registration number ZA065748.

## H. NHS Application and Data Standards

Oxehealth complies with the DCB0129 clinical risk management standard and has completed the DAPB0086 Data Security & Protection Toolkit (DSPT) with “standards exceeded”.

### 4. Privacy and Related Risks

An assessment of the proposed project identified the following potential risks in relation to the privacy of an individual:

Risk ID	Privacy Issue	Compliance Risk	Risk to the individual
1	Data disclosed inadvertently to a third party or data is lost.	GDPR Prin 6	The video data could become public. A breach of the patient's privacy and confidentiality, if information about their treatment is made known to third parties. This could cause distress to the patients.
2	Unnecessary intrusion into a patient's privacy	GDPR Prin 6	Ongoing monitoring is more invasive to privacy rights than 'spot-checks' via staff, and potentially involves more third parties seeing the patient alone in their room. This could cause distress to the patients.
3	Identification of a patient by an Oxehealth staff member (i.e. if the patient is known personally to the staff member).	GDPR Prin 6	People external to NSCHT become aware of a patient's use of a room. The Oxehealth staff member could tell other people known to the data subject. This could cause distress to the patients.
4	Data retained longer than necessary	GDPR Prin 2 and 5	Data pertaining to a patient is retained longer than required, increasing the security risk and risk of a breach of confidentiality.
5	Patient unaware their data is being collected	GDPR Prin 1, 3 and 6	The patient is unaware of their rights under the General Data Protection Regulations (GDPR), and therefore unable to exercise them
6	Personal data is accidentally shared with Oxehealth	GDPR Prin 3	Personal data pertaining to a patient is processed by Oxehealth in systems not designed for personal data storage and processing, increasing the security risk and risk of a breach of confidentiality.
7	Data moved to another country with different data protection rules	GDPR Art 45	Reduced protection on rights and freedoms of data subjects.

In addition to the risks to the individual, any non-compliance could lead to regulatory action, reputational damage, or loss of public trust in NSCHT.

## 5. Proposed Privacy Solutions

Following the identification of the potential risks in Section 4, a range of proposed solutions will be used to mitigate and control these risks. These are as follows:

### Risk 1 – Data disclosed inadvertently to a third party or data is lost

[REDACTED]

To avoid a potential data leak due to theft or malicious electronic attack (and therefore mitigate the risk of accidental damage to or loss of data), Oxehealth have a number of preventative measures in place, including:

- A detailed code of conduct for Oxehealth staff surrounding the use and security of patient data – this clearly states that data should not be used for publicity, information about patients should not be discussed outside of the office and no data should be copied off company servers

- [REDACTED]

### Risk 2 – Unnecessary intrusion into a patient's privacy

As identified in Section 2 of this assessment, the nature of this project means that video recording of patients is undertaken. The Oxehealth Software does not function as a video surveillance system – it is not possible for clinicians to view a continuous feed of clear video data as they would with CCTV. The video is processed by algorithms which then deliver alerts to display units, the goal of which is to improve the patient safety and care regimes of NSCHT. Clinicians are required to view short bursts (maximum of 15 seconds) of video when they use the 'Take Vitals' module to ensure they take breathing and pulse rate measurements accurately.

Clear Video Data is occasionally needed to ensure the service is delivered to the contracted standard. The use of Clear Video Data is kept to a minimum, used only in accordance with the two purposes given in "C. Usage of Data at Oxehealth", all of which involve very short, isolated periods that occur: (1) on an occasional, non-routine basis to address performance issues under instruction from NSCHT or (2) to provide data to support NSCHT, with a serious incident review.

All other patient data collected and generated by the Oxehealth system is anonymised and, where Oxehealth staff do not have access to other data which would help them to identify the individual, is not personal data.

### Risk 3 – Identification of a patient by an Oxehealth member of staff

There is a low risk of Oxehealth staff being able to identify patients from Clear Video Data, given the limited number of Oxehealth people able to review this Clear Video Data, the use of automated processing by



computer, and the infrequency of this processing task. The risk of identification cannot be ruled out but is very low – in addition, Oxehealth staff are bound by its detailed code of conduct concerning the use and security of patient data.

In the event of a member of the Oxehealth team being able to identify a patient involved in the project, Oxehealth will consult NSCHT; the default action is to delete all data relating to that patient, but NSCHT may instruct Oxehealth to pursue another course of action (for example, preserving the data for the purpose of an internal or external investigation).

#### Risk 4 – Data is retained longer than necessary

In the project, NSCHT is the data controller and Oxehealth is the data processor. As such, Oxehealth will process all personal data generated in the project in accordance with documented instructions from NSCHT (unless applicable law prevents Oxehealth from doing so).

[REDACTED]

[REDACTED]

[REDACTED]

(See section “C. Usage of Data at Oxehealth” and section “D. Retention of Data” for more detailed information on data usage and retention.)

#### Risk 5 – Patient is unaware their data is being collected

Patients in the proposed rooms of NSCHT are in the care of expert and highly trained NSCHT staff who will take decisions in the best interest of those patients. NSCHT will maintain a regime that informs patients in an appropriate fashion.

#### Risk 6 – Personal data is accidentally shared with Oxehealth

Patients in the proposed rooms of NSCHT are in the care of expert and highly trained NSCHT staff who will take decisions in the best interest of those patients and share only appropriate data with Oxehealth when providing feedback through the Oxehealth software forms and through email communication with Oxehealth customer support.

Oxehealth provides on-screen warnings to staff to avoid personal data on all Oxehealth software functions where data may be accidentally shared, and further train staff on the use of the software as part of the service.

Oxehealth has further implemented a redaction process within its customer support process, to ensure that any personal data accidentally shared is removed from all Oxehealth records, and not further processed by Oxehealth.

#### Risk 7 – Data is moved to another country with different data protection rules

[REDACTED]

[REDACTED]

[REDACTED]

## 6. DPIA Outcomes

The Partnership between Oxehealth and NSCHT has the potential to drive improvement in patient safety and care regimes.

Whilst a successful outcome of this nature is desired for the project, the primary focus for Oxehealth and NSCHT is to ensure respect for the patient and their privacy at all times and that any data generated during the project is processed, transferred, stored or reviewed in a safe and timely manner that complies with all relevant Data Protection legislation and any Partner specific local approval processes.

A thorough assessment of the potential risks which might impact a patient's privacy has been undertaken from an Oxehealth Service perspective as well as a detailed review of all data flows and usage in the project. For each risk, a range of proposed solutions has been identified in Section 5 of this DPIA, and it is recommended that each of these be implemented to ensure a successful outcome for the project in terms of patient privacy and data compliance.

**Recommended  
by:**

[REDACTED]

Information Security and Data Privacy Manager and DPO, Oxehealth Limited

Date: 18/07/2023

**DPIA Approval:**

[REDACTED]

CFO

Date: 18<sup>th</sup> July 2023

## Appendix 1

Optional Data Protection Officer sign off form.

The Oxehealth Services Agreement requires that NSCHT obtain approval from NSCHT's Data Protection Officer for this engagement and the delivery of the Oxehealth Service.

This can be achieved through one of the following methods: (a) using the form set out below (b) the form set out in Schedule 5 of the Oxehealth Services Agreement at the point of contracting for the Oxehealth Service, or (c) otherwise in such other form as may be required by NSCHT's internal approval procedures.

If you wish to use the form set out below to evidence the compliance of this Oxehealth – Partner DPIA with GDPR and other data protection and privacy requirements, please complete the following form:

### NSCHT Legal Basis for Processing


Personal Data	UKGDPR Article 6 (1) (e)	Public Task
Special Category Data	UKGDPR Article 9 (2) (h)	Provide or manage health or social care services

### Data Protection Officer Approval

I am the Data Protection Officer for **NORTH STAFFORDSHIRE COMBINED HEALTHCARE NHS TRUST** (the "Partner").

I have reviewed this Data Protection Impact Assessment and I am satisfied that it complies with **NORTH STAFFORDSHIRE COMBINED HEALTHCARE NHS TRUST'S** implementation of GDPR and other data protection and privacy requirements.

**Signed:**

 (via electronic approval only) following Data Protection Officer review and recommendation to approve.

Caldicott Guardian for and on behalf of **NORTH STAFFORDSHIRE COMBINED HEALTHCARE NHS TRUST**

Date: 24<sup>th</sup> June 2024

## Appendix 2

### General Data Protection Regulations Principles and Oxehealth's Compliance [*Boxed responses*]

#### Personal data shall be:

- 1. processed lawfully, fairly and in a transparent manner in relation to the data subject ('lawfulness, fairness and transparency');**

There must be legitimate grounds for collecting Personal Data and it must not have a negative effect on a data subject or be used in a way they wouldn't expect.

We are aware that recording people can impact their privacy. It is important that any potential infringement on an individual's privacy be in pursuit of a legitimate aim and be proportionate. We consider health care and protection of law and order to be legitimate aims for this purpose for this data type, which is considered to be high risk according to the EDPB. It will not always be necessary to obtain an individual's consent to a course of action that affects their privacy, for example, if the system is used in the normal course of treatment. In line with the Mental Capacity Act 2005 it may be that an advocate or the subject's clinical team are able to provide appropriate consents in situations where consent is deemed necessary. We recommend NSCHT places signage notifying data subjects of the use of the technology.

- 2. collected for specified, explicit and legitimate purposes and not further processed in a manner that is incompatible with those purposes ('purpose limitation');**

Data should be collected for specified and explicit purposes and not be used in a way someone wouldn't expect.

The purpose for which the Oxehealth system is being used by NSCHT is clearly and transparently laid out in the contract between Oxehealth and NSCHT; this Data Protection Impact Assessment sets out the controls and processes implemented by Oxehealth to ensure data processing is only undertaken in a way compatible with this purpose.

Clear Video Data is needed to fully debug the system or enable additional investigations to improve project functionality. The use of Clear Video Data is kept to a minimum, used only when NSCHT wants to bring something to the attention of Oxehealth in order to improve functionality or Oxehealth's engineers identify sections requiring analysis and NSCHT instructs Oxehealth to investigate.

All other data collected and processed as part of this project is anonymised and non-personally identifiable.

- 3. adequate, relevant and limited to what is necessary in relation to the purposes for which they are processed ('data minimisation');**

It must be clear why the data is being collected and what will be done with it. Unnecessary data or information without any purpose should not be collected

Personal data collection is as per 2 above.

The collection of this is kept to a minimum and only used in order to fully debug the system or enable additional investigations as instructed by NSCHT to improve project functionality.



4. **accurate and, where necessary, kept up to date; every reasonable step must be taken to ensure that personal data that are inaccurate, having regard to the purposes for which they are processed, are erased or rectified without delay ('accuracy');**

Personal data collection is as per 2 above.

Clear Video Data is reviewed only in order to fully debug the system or enable additional investigations [as instructed by NSCHT to improve project functionality.

With the exception of anonymising facial and other personally identifiable features where clipped Clear Video Data is retained for ongoing investigation and testing, no changes to the raw video data are made by Oxehealth software or Oxehealth staff, with integrity controls on the raw images and their transport, and access controls and modification controls on the Oxehealth storage systems, maintaining the accuracy required.

5. **kept in a form which permits identification of data subjects for no longer than is necessary for the purposes for which the personal data are processed; ('storage limitation');**

Personal data collection is as per 2 above.

The collection of Clear Video Data is kept to a minimum and only used in order to fully debug the system or enable additional investigation as instructed by NSCHT to improve project functionality where this cannot be achieved with non-personal Anonymised (blurred) Video Data and Algorithm Debug Data. Clear Video Data is deleted once these tasks have been fully completed.

6. **processed in a manner that ensures appropriate security of the personal data, including protection against unauthorised or unlawful processing and against accidental loss, destruction or damage, using appropriate technical or organisational measures ('integrity and confidentiality');**

Non-compliance with Principle 6 is a key risk for Oxehealth with full details of the approach taken to compliance laid out in Sections 3 and 5 of the DPIA.

7. **transferred to other countries only where adequacy decisions are in place or where appropriate risk assessment and safeguards have been put in place.**

[REDACTED]

Oxehealth may process a small amount of Staff Identification Data (name and email address) through international software providers with servers outside of the EU, UK and US. Where this happens Oxehealth will ensure contractual agreements with these providers include appropriate safeguarding measures such as corporate binding rules or standard contractual clauses and will notify NSCHT of these providers.

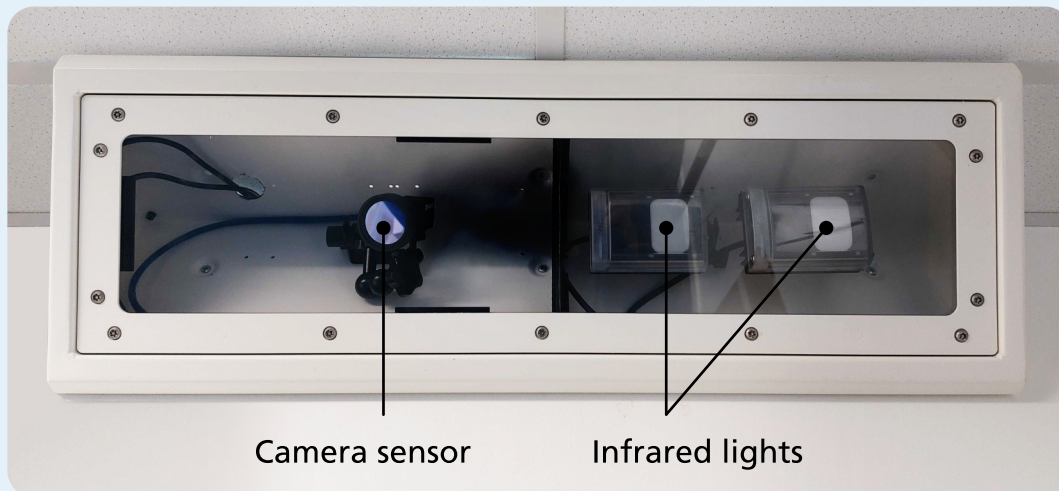


# oxevision

A tool to help staff care for you more safely

## What Oxevision does

- It is a medical device that uses an infrared-sensitive camera to measure your pulse and breathing rate
- It lets staff know where you are in your room
- It provides notifications to staff as explained on the next page
- It shows staff how active you've been — it tells staff how long you've been resting and how long you've been active
- It does not replace the staff care you receive during your stay
- You may notice a red "glow" from the unit in your bedroom. This is the infrared light which is on all the time and is not a sign that the camera is working



## Where Oxevision is located

- In every bedroom on the ward



## What staff can see



### Staff receive information and notifications:

- On tablets they carry with them on the wards
- On a dedicated office computer

There are 4 types of notifications:

1. **Out of Room:** when you have left your room
2. **In Bathroom:** when you enter the ensuite bathroom and when you have been in there for a prolonged time
3. **At Door:** when you are standing or sitting close to the main door and when you have been there for a long time
4. **Room Entry:** when another person enters your room whilst you are already in your room

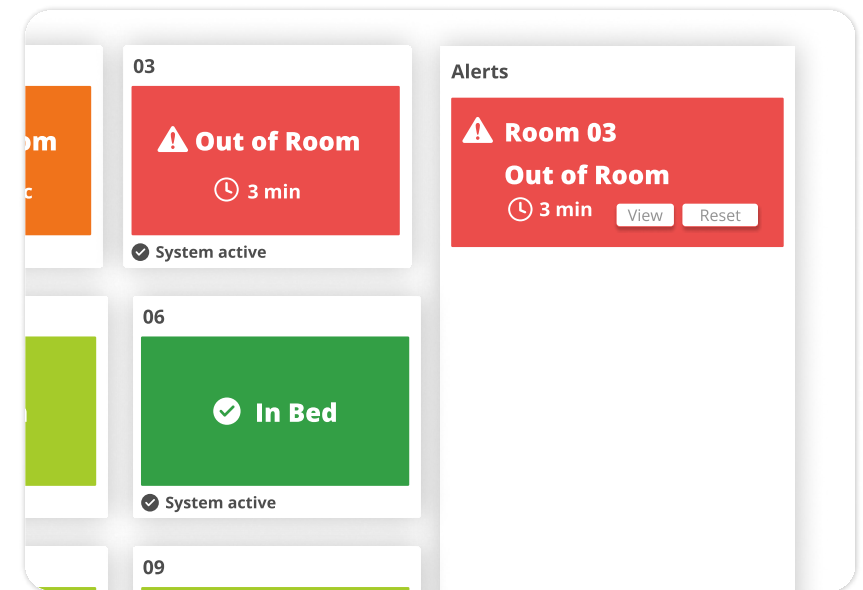
### Staff can also:



Measure your pulse and breathing rate



Receive information on your active and resting periods; which you can discuss with your named clinician

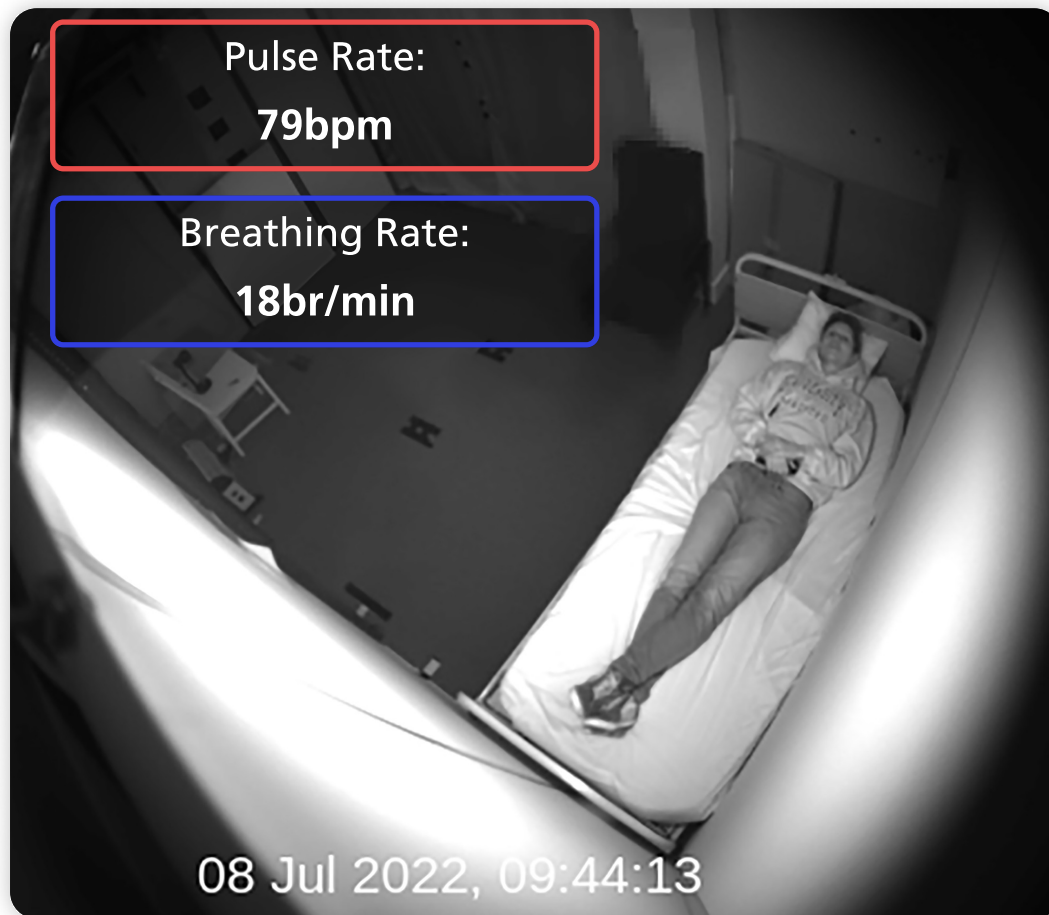


**Staff cannot monitor all your activity**

**If you need assistance always speak to a member of staff**

## When staff can see you in your room

A **clear** image can be seen for up to 15 seconds only **when checking your pulse and breathing rate**



A **blurred** image can be seen for up to 15 seconds only **when a notification has been received**



Staff have no access to clear recorded images

## How your privacy is protected

- Your personal data is protected by NHS regulation and national law
- Clear video images are recorded but automatically deleted after 24 hours
- All other retained data is anonymous (non-personal) and is only used to ensure Oxevision is working as it should
- Requests can be made for recorded images to be obtained by staff when there is a safety incident
- If recorded images are used for a safety review, you have the right to be informed
- For further information see the data and privacy information sheet

## How Oxevision supports your care

- It helps staff to keep you safer
- Staff can remotely check your pulse and breathing rate
- Staff disturb you less at night, helping you get a better night's sleep

## Need to know more

Do you want to know more or have concerns?

Please ask [named nurse/ward manager] if you have any questions

Staff will be happy to show you how it works and provide further information



## A tool to help staff care for you more safely

### What Oxevision does

Oxevision is a medical device that uses an infrared-sensitive camera to measure your pulse and breathing rate

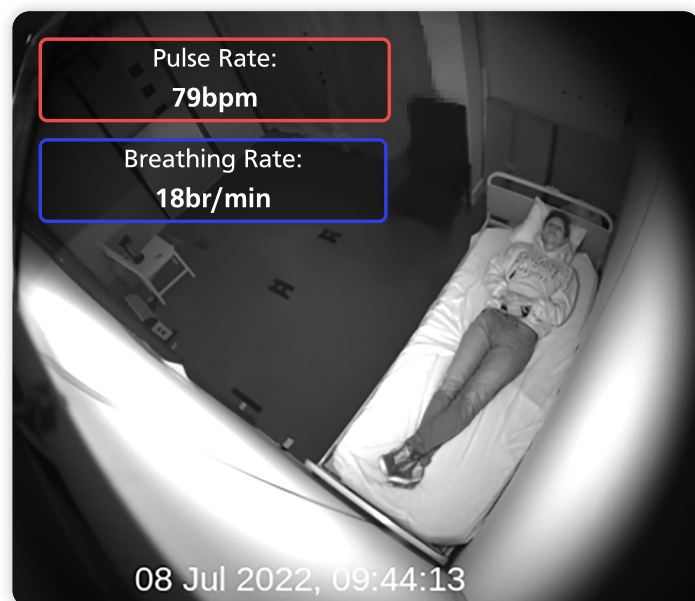
It provides notifications to staff and uses information to help with your care (ask a member of staff for further information)



### Use of video: When can staff see you in your room?

A **clear** image can be seen for up to 15 seconds only **when checking your pulse and breathing rate**

A **blurred** image can be seen for up to 15 seconds only **when a notification has been received**



**Staff cannot monitor all your activity  
If you need assistance always speak to a member of staff**

**Need to know more?**

Please ask the [named nurse/ward manager] if you have any questions