journey to change

NHS Tees, Esk and Wear Valleys NHS Foundation Trust

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LIO Policy

(Previously called **Oxehealth** Policy)

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1 Introduction

LIO is an assisted technology tool that enhances and supports patient safety within inpatient services. LIO enables staff to enhance and support patient safety in inpatient services by delivering non-contact measurement of physiological parameters such as pulse and breathing rate, some estimate of patient location, activity or behaviour data and some form of contextual video information (which is blurred) either in real time or through subsequent reviews. The use of these systems is intended to enhance existing clinical practice and not replace in any way the need for nursing interventions and patient engagement.

Nurse leaders within the National Mental Health and Learning Disability Nurse Directors Forum formed a working group to review current practices across England and develop national recommendations, guidance, and best practice on the safe use of LIO in mental health and learning disability inpatient services. The working group was composed of a variety of stakeholders, both internal and external to the NHS, which included patients, carers, and staff from all mental health and learning disability providers across the country. The guidance and recommendations from this work and further co-creation provides an evidence base which underpins this policy. Please refer to Appendix 3 for further details regarding the forum review.

The development of this policy was supported by a specific cocreation board which included representatives from: lived experience directors; information governance leads; equality, diversity and human rights (EDHR); carers and families; peer support team; clinical staff; and nursing and governance representatives. Discussion with peer trusts, and consultations with LIO and with the British Institute of Human Rights (BIHR) have provided context to support a broader level of understanding of key issues.

Additionally, underpinning key elements within this policy are the findings from a Trust led service evaluation, which adopted a research-based approach using thematic analysis of many focus groups involving patients, carers/families, and staff. The policy requirements are subsequently reflected within the supporting LIO operational procedure.

The Trust currently only uses one technology supplied by LIO (previously known as “Oxehealth” or “Oxevision,”) which is also classified as a Class IIa medical device and therefore is regulated by the Medicines and Healthcare products Regulatory Agency. Further reading regarding this LIO technology provided in Appendix 4.

“Our Journey To Change” (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, we have committed to three goals.

This policy is critical to the delivery of 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. It helps us deliver our three strategic goals as follows:

This policy supports the Trust's first strategic goal of co-creating a great experience for patients, carers, and families, as the sole purpose of the LIO is to promote and support patient safety. It will also provide assurance that their images captured via the LIO, and their rights as data subjects, are being managed lawfully (Data Protection Act 2018).

The policy also supports the second goal of co-creating a great experience for staff by providing colleagues with the knowledge and tools to ensure they are managing the requirements for patients and carers regarding matters of consent and LIO, and handling data in a way that keeps them safe and within the law.

The policy supports our third goal to be a great partner by understanding 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.

2 Why we need this policy

To support the Trust in the current and future use of LIO by standardising its approach to the use of LIO regarding its safe and effective use. This will be reviewed on an ongoing and evolving basis to consider the legal and ethical use of the system and maintain alignment with Human Rights legislation.

2.1 Purpose

This document reflects the recommendations from the nationally approved evidence base and will support the correct use of a LIO within inpatient services and to ensure a consistent and auditable approach to:

- Implementing safe, ethical, and effective use of the LIO
- Engaging with patients, carers, and staff on the use of these systems
- Meeting individualised needs of patients
- Ensuring ongoing governance and assurance around the use of LIO.

2.2 Objectives

- By adhering to this policy, the Trust can ensure that LIO usage throughout the Trust will be installed and used in alignment with the principles of:

  - Data Protection Act 2018,
  - Human Rights Act 1998,
  - Regulation and Investigatory Powers Act 2000
  - 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 LIO is to support patient safety in inpatient services.
- The LIO cannot and should not replace positive and therapeutic engagement with patients and the visible presence of staff within inpatient settings. Staff remain responsible for the patient and clinical judgement must always be used.
- Emergency intervention should not be delayed by first checking the LIO.
- 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.
- 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.

3 Scope

This policy covers the use of the following types of system:

- LIO.
- Digital data on screen/tablet.
- Real time viewing.
- Access to salient video data.
- Uses of salient video data.
- Collection of biodata which is individualised information. This policy does not apply to footage captured by CCTV – please refer to the CCTV Policy / Procedure.

The Regulation of Investigatory Powers Act 2000 regulates the use of covert/directed surveillance and is subject to a strict code of practice.

Use of LIO in these circumstances or for any other reason other than that authorised in accordance with this policy is not covered by this policy and in such circumstances further guidance should be sought from the Information and Governance and Records department.

This policy and all procedures and training relating will be subject to an Equality, Diversity and Human Rights impact assessment.

3.1 Who this policy applies to

This policy applies to all staff within TEWV and others working on behalf of the Trust, most specifically to staff working on or into inpatient units with LIO installed.

3.2 Roles and responsibilities

Role	Responsibility
Trust Board / Relevant executive director	• Implementation of policy, monitoring its effectiveness and ensuring the LIO policy is available to staff and the general public for reference purposes.
Chief Nurse / Deputy Chief Nurse (Approvers of access to clear video data)	• Approval of the request to collect clear (salient) video data from system servers by clinical services for review of patient safety incidents.
Head of Information Governance and Data Protection	• Ensures that the Trust's use of LIO is registered with the Information Commissioner under the terms of the 2018 Data Protection Act (DPA) • Ensures that the policy and Code of Practice are adhered to and monitors this compliance. • Responds to complaints relating to processing under the DPA (2018). • Responds to Subject Access Requests in accordance with Data Protection legislation.
Local Managers and Clinical Leaders	• Oversee the monitoring of all images in accordance with this policy and that suitable operation, backup, retention, destruction, and maintenance of all storage media is conducted in accordance with operational procedure. • Ensures that all Trust locations have adequate signage in multiple locations to inform members of the public that LIO is in operation, and details of who to contact in the event of a request or further information. • Information to patients

	• Information Asset Owners will act as the data controller and are responsible for:
	  ○ Updating asset registers so that all areas undertake their responsibilities and communicate with others where necessary.
	  ○ Establishment of repair and maintenance contracts
	  ○ Checking Information Security if access to the Trust network is required.
	  ○ Ensuring that new systems are linked to a Trust manager for overall oversight.
	  ○ Following this policy and producing local protocols for the use of LIO within their area of control.
	• Responding to Subject Access Requests in accordance with Trust policy.
	• In the event of a clinical incident to request data to be captures ("clipped") from the system servers and provide clear rationale as to its purpose. This must be requested of the Chief Nurse and Deputy Chief Nurse to acquire the clear video data for review.

Estates department	• Maintain a register of locations containing repair and maintenance contracts for LIO.

4 Policy

4.1 General principles

The Trust will operate LIO in accordance with the guidelines and recommendations set out in the *Vision-based patient monitoring systems (VBPMS) in mental health wards: National recommendations, guidance, and best practice on safe use of VBPMS* report developed by the National Mental Health and Learning Disability Nurse Directors Forum (2022).

LIO cameras and sensors will not be hidden from view, and we will always inform patients and the public of the presence of the system and its ownership through signage, privacy notice, and direct communication.

LIO cameras and sensors within the Trust will not be used for covert surveillance.

There will be no sound recording undertaken from any part of the system. Video data that is recorded is only available on a rolling 24-hour basis and will need to be requested to be retained via LIO if required.

Images from the LIO cameras are appropriately recorded in accordance with existing operational procedures (see section 6).

4.2 Patient and carer engagement, information, and communication

Patient and carers must be made aware of what the LIO can and cannot do, and how it is used as part of the care patients receive whilst in inpatient services. When LIO is used within patient bedrooms in inpatient wards, clear and transparent information needs to be shared with patients users and carers. There are very specific predetermined circumstances where video can be accessed and this information must be given to patients prior to admission in the form of patient leaflets (designed and developed by co-creation group)

Misunderstanding or misinformation on what systems can/cannot do have the potential to create risks; for example, the risk that a patient on the ward may misunderstand what the system does and either exhibit non-pre-existing risky behaviour or exhibit pre-existing or previously hidden risky behaviour. It is important to consider how to mitigate or reduce the potential disbenefit of creating such risks when developing patient and carer messaging and information.

It is therefore crucial that patient and carers are clear on the systems, what they do, their limitations and how they are used as part of their care to avoid confusion or the introduction of novel safety risks. This includes the use of video data to view patient activity.

The way patient and carers are informed about the use of LIO when they are in use on an inpatient service is of utmost importance.

The following must be standard practice upon each ward using LIO:

- Patient and carers must be informed of the use of LIO, including the use of video data:
    - Pre admission where possible and upon admission (or readmission) to a ward

  - At regular times throughout their length of stay on the ward if requested by patients and families.

- Informing should take place not only by providing information leaflets and signage on the wards, but patient (and where relevant, carers) must also be engaged and informed, as not all patient and carers will read information leaflets or signage.

The information provided needs to be made explicitly clear that video data is only retained for a rolling period of 24 hours. In addition to fully informing the patient/carer/family/patient advocate, it is specifically important should the person wish to make a subject access request.

It is a local management responsibility to reduce the risk that patients and carers are misinformed about LIO or do not receive all the information they need to understand how these systems work. This will be supported by the delivery of staff training for all staff working on or into inpatient services with LIO installed. Should the engagement with patients users and carers be not sufficiently robust, this may lead to negative impacts regarding the relationship and trust between patients and staff.

The Trust has committed to the recommendation for NHS Trusts to adopt the tools developed by the national forum working group which aim to facilitate patient and carer information, communication, and engagement for the use of LIO.

These tools include:

- Patient and carer information leaflets for use on the ward
- Patient and carer signage/poster for use in public areas of the ward

4.3 Consent and use of LIO

LIO is an assistive technology that supports clinical care for patients and contributes toward patient safety within the inpatient environment.

LIO cannot and should not replace positive engagement with patients and the visible present of staff within patient settings

Human rights and personalisation are central to consent in the use of LIO. All approaches to consent are to be personalised with a proportionate consideration to personal wishes and needs alongside the Trust's duty of care.

A letter from NHSE was received by all Trusts regarding the "blanket" use of implicit consent models in the use of LIO with no opt out process and the impacts upon Human Rights legislation.

Decisions regarding the use of LIO in patient bedrooms must be made in a person-centred way. Discussing with the patient themselves the outcomes of a risk based assessment supporting the Trust's position on ensuring the duty of care to protect life and taking into consideration where the patient has capacity to make a decision or through a "Best Interest" process compliant with the Mental Capacity Act 2005 where they lack capacity to consent to the monitoring system.

Positive feedback was received via informal review from an officer of the BIHR and the Trust's EDHR Lead, regarding our approach to the model of consent within the policy, further discussion was required relating to the initial maximum 72-hour period at the time of admission to the ward and alignment with the principles of Human Rights requirements. Should it be identified that there is potential harm to the patient by the utilisation of the LIO such as past trauma or distress the MDT meeting may be convened at an earlier time.

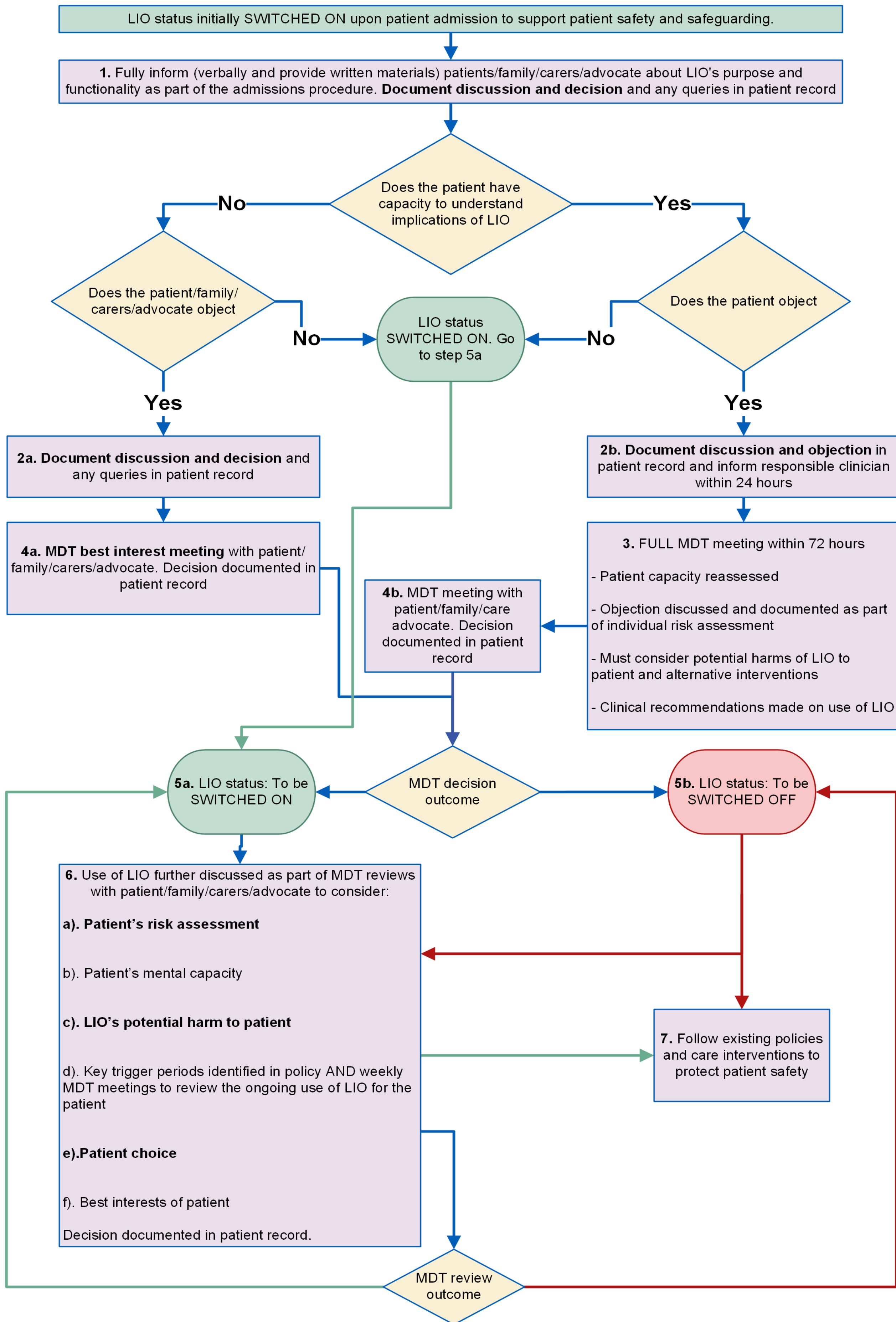
It is acknowledged that evolving discussion will remain ongoing, balancing the duty of care to preserve right life (Article 2 of the Human Rights Act) to that of concerns regarding privacy and dignity, and will be grounded in clinical guidelines, legal, and ethical imperatives.

The adopted consent model has been carefully assessed and considered against a number of options by clinical leaders and executives within the Trust. Factors influencing the decision for the current approach adopted by the Trust include:

- The Trust needs to carefully balance their clinical knowledge and expertise with the articles of the Human Rights act to ensure their duty of care to protect life is met.
- Informed consent is best taken by the person offering treatment or supportive treatment and should therefore be undertaken where the treatment will occur (i.e., the ward) and by the persons responsible for this this treatment (i.e., the ward staff). However, discussions should take place with the patient and carers and family prior to admission by teams within the community setting. This will support patient awareness prior to admission to enable patients to be aware of the protocols currently in place for wards within the Trust.

- When patients are requiring admission to inpatient services, the nature of this admission will have identified that the level of risk assessed by expert clinicians to be high and cannot be safely supported within the community environment.
- It is acknowledged that a further period of time is required post admission to review and assess the level of presenting risk and ascertain any risk not apparent at the time of the community-based assessment, e.g., in relation to the environment of the ward versus that identified within the community setting.
- A period of up to 72-hours is considered as the period required to achieve this fuller risk assessment and formulation by the MDT to provide the required help and support to the patient.
- Consideration of the patient's ability to be fully aware of their own risks and ability to fully participate and assess the risks and benefits of LIO for themselves at the point of admission including their status under the mental health act, their capacity and best interests.
- The ability to demonstrate defensible practice with the use of the LIO.
- The adopted model and process will provide assurance that out of hours and weekend admissions are safely managed and supported in multiple ways.
- There will be an MDT review and formulation of the risk and the status (i.e., "switched on" or "switched off") of LIO in the patient's room rather than that of an individual staff member.
- At this current time, the model of consent employed by the Trust as stated within the body of this policy is considered the safest option for patients, and the most practicable to manage safely and consistently whilst not employing an implicit consent.
- The Trust will continue in its endeavours to review the current position regarding consent and to explore how to safely move to a position where an explicit consent model is employed.

The model used to support decision making for the required status of LIO is shown on the following page:


LIO 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 LIO'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 LIO
No
Yes
Does the patient/family/ carers/advocate object
Does the patient object
No
No
LIO status SWITCHED ON. Go to step 5a
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 LIO to patient and alternative interventions
- Clinical recommendations made on use of LIO
4b. MDT meeting with patient/family/care advocate. Decision documented in patient record
MDT decision outcome
5a. LIO status: To be SWITCHED ON
5b. LIO status: To be SWITCHED OFF
6. Use of LIO 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). LIO's potential harm to patient
d). Key trigger periods identified in policy AND weekly MDT meetings to review the ongoing use of LIO 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 LIO will be turned on 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 LIO 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 LIO (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 patients will be informed prior to and upon admission that LIO 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. LIO 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 LIO.

- **Step 3:** Within 72 hours on the ward the MDT will reach a clinical decision regarding the use of the LIO 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 LIO.
    - 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 LIO.
    - 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 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 the LIO 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 LIO on or off should be documented in EPR.

  If the status of LIO has changed, i.e., LIO 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 the LIO status in the room the patient is occupying at that time.

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

It is the responsibility of the ward team to ensure that the status of the LIO in each room within the ward that has LIO 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.

Please note that 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.

Further detail regarding this process is detailed in the LIO procedure.

- **Step 6:** The **use of LIO 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 the LIO 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 the LIO.
- Reassessment of the best interests of the patient
- Legal status of patient as LIO 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 LIO.
- 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 LIO is a tool to support patient safety and is used in conjunction with existing policy and procedure to achieve this. Irrespective of whether LIO is ON or OFF, the ward staff **MUST** follow these existing operational procedures.

4.4 Installation

All cameras and sensors are located within patient bedrooms and seclusion rooms.

The location of the equipment must be carefully considered because the way in which images are captured will need to comply with the DPA 2018 and be fully functional for the intended purpose.

To ensure privacy, cameras will operate so that they only capture images relevant to the purpose for which the LIO has been established and approved.

Signage will be placed on the ward premises to ensure staff and visitors are aware the bedrooms and seclusion rooms are covered by LIO equipment. The signage will be the approved documentation from the national working group and can be found on the intranet.

Upon installation, all equipment must be tested by the ward team in conjunction with LIO to ensure that only the designated areas are monitored, and clear high-quality pictures are available in live and play back mode, bio data readings must be tested to ensure their accuracy.

4.5 Staff engagement, education, and training

Staff engagement, education and training will be grounded in a personalised human rights approach.

It is imperative training ensures staff are competent in using these systems as part of their daily clinical practice. All staff should also be competent in engaging with patients and carers in a personalised approach, responding to any questions and concerns that they may have.

Staff engagement and training is required to be constantly and regularly monitored including the use of temporary staff (i.e., bank and agency) on inpatient wards. Crisis resolution teams should also have an awareness of the system and it use on the wards to support potential discussions at assessment.

- All staff who use LIO must be trained and competent prior to use. This training must include:
  - The purpose for use
  - The LIO Procedure (Standard Operating Procedure) - see section 6.
  - What the system can and cannot do, including intended use and limitations
  - How to use the system
  - How to work with patients and carers about the system and its use as part of their care in a personalised approach responding to, questions, handling concerns and objections arising, and required documentation.
  - Policy statute awareness relating to human rights, mental capacity and best interests, personalisation in care and mitigating any negative impacts, data protection and privacy, including how to recognise requests from patients and carers for data and data handling, usage, and retention arrangements.

- Training will form part of the required statutory and mandatory training for ALL inpatient staff and must also include bank and agency staff. All wards will have identified ‘champions’ who will act as a “super user” and can provide ongoing training support for staff on the wards, and a minimum of 85% of staff should always be trained and competent, and training must be renewed yearly.

- LIO should not be used unless the staff on shift are trained in its use. It is therefore required that at least one person on duty per shift is trained in the use of LIO. If there is no staff on duty are trained (e.g., due to unavailability of trained regular

staff) LIO should not be used, and staff will be required to take physical observations manually and use adjust supportive engagements practices according to risk for that shift and not use or rely upon the LIO to support patient safety and care. This will be monitored via training records and e-roster data.

- New joiners to the Trust will be provided with ongoing training. It is recommended that, in addition to staff on a ward, the following individuals also undertake training specific to their needs:
    - Senior Information Risk Owner / Executive Clinical Sponsor(s) including Chief Nurse and Medical Director and Director of Therapies
    - Individuals responsible for clinical governance of the operating procedure and related policies
    - Information Governance, including the Data Protection Officer
    - Practice Development Practitioners (PDP's)

4.6 Maintenance

The ward manager or deputy is responsible for ensuring that:

- Cameras are properly maintained and serviced to ensure that clear images are recorded.
- Any maintenance or repair will need to be arranged with either LIO and/or the Estates Department.
- If a time/date facility is used on the system, regularly checking to make sure that the system is displaying the correct time and date.
- Any faults reported to LIO are also reported via the Trust incident reporting system and updated accordingly.
    - This will need to identify the nature of the issue, the associated risk, and the date and time LIO are informed.
    - If this is deemed a total failure of the system, you must advise the patient safety alerts team to ensure this is communicated to other wards.

The images produced by the equipment must be as clear as possible, so they are effective for their intended purpose(s).

The bio data readings must be accurate at all times and should be checked at monthly intervals regarding their accuracy by comparison with physical observations readings taken manually by staff.

LIO will provide “Field Safety Notices” informing of any security or system issues to the Trust's Clinical Safety Officers and the TEWV-LIO Partnership Board to cascade to all appropriate Trust personnel as required.

All faulty equipment within the LIO system that could affect picture, recording quality, or capture of biodata will be repaired or replaced as soon as practically possible.

Only companies approved by the Trust or LIO, will be used to supply, install, and maintain LIO.

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

4.7 Retention and Processing of data (including images)

4.7.1 Clear (Salient) Video Data

Clear (Salient) Video Data (CVD) 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.

Information that is captured by the LIO, and provided to clinicians, is of a nature that helps clinicians in the management of health and safety of patients within the ward environment – for example, by providing staff with vital information and insights to facilitate earlier intervention to reduce the probability of an incident of harm occurring.

Images which are not required for the purpose(s) for which the equipment is being used should not be retained for longer than is necessary.

To support the investigation of a patient safety incident, and only when it is not possible to do so via other available data sources, Clear Video Data (CVD) can be requested by clinical services to be captured. This is captured to a password protected Network Attached Storage (NAS) device from a server on the Trust's site. The CVD is encrypted in storage and is in a proprietary format which means it cannot be viewed with publicly available software.

The "clip" will remain in storage for 28 days pending authorisation for retrieval by either the Chief Nurse or the Deputy Chief Nurse.

If the clip is not authorised, it will be deleted after 28 days or sooner if authorisation is declined or otherwise requested for LIO to delete the clip. If it is authorised for retrieval, this will be approved via a process requiring a digital signature, where the authoriser will

also identify the NHS email of the recipient of the clip. The clip will be transferred to the recipient via secure email.

The named recipient is responsible for downloading the video data before the 28 day expiry and to store it securely within a restricted access Trust network location on the "Nursing & Governance" shared drive at LIO CVD - Confidential - TO BE RETAINED (DPA 2018).

Sharing of this data must comply with Caldicott principles and that access to and security of the images is controlled in accordance with the requirements of the DPA (2018). 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.

Retention periods for captured CVD data are defined in Trust protocols and must be in accordance with the NHSX Records Management Code of Practice 2021 retention scheduled based on the purpose for which the footage was captured. Once this period has expired, the images/video will be erased.

Within all services, when a patient safety incident is known or suspected it is imperative that if LIO is active in the area concerned, that the images are requested to be captured by the nurse in charge, and retained pending approval to support a full investigation should they be required.

Please refer to LIO procedure for further details and processes

Where LIO images are required for evidential purposes in legal or Trust disciplinary proceedings, they will be properly processed following consultation with the Head of Information Governance and Data Protection and the Information Governance Manager.

Viewing of images is controlled by the Associate Director of Nursing and Quality together with the Local Manager or a person nominated to act on their behalf. A log will be kept of who has accessed footage (see section 6 LIO Procedure for more information).

LIO cameras are only placed in bedrooms (and seclusion rooms). If the images are required to be viewed by a third party, e.g., the coroner or police, The Trust's Information Governance department will advise whether the elements of the images are required pixelated prior to viewing to protect the privacy and dignity of person(s) in the images.

LIO video or image data will under no circumstances be made available to the media, for commercial gain or entertainment.

4.7.2 Other Data

All other data generated by the LIO system is anonymised and considered to be non-personal data where there is no access to other information (including clear video data) which would identify the individual.

All retained non-personal data is a representation of the data provided to clinicians via the user interface when the LIO system is in use including, anonymised (blurred) images, notifications, location information, or vital sign measures such as breathing or heart rate. All non-personal data that are retained are deleted once no longer required for its intended purpose, the Trust requests its deletion, or the LIO system is no longer in use.

4.8 Access to and disclosure of images to third parties

Access to and disclosure of images is permitted only if it supports the purpose of the agreed policy. Under these conditions the video/data record (log) book and the appropriate image release form must be completed.

Access to LIO images is restricted to authorised Trust staff and third parties as relevant to the purpose of the LIO data as detailed in this policy.

Images may be made available to the Police/Crown Prosecution Service/Solicitor/ NHS Legal Protection Unit where requests are made under the DPA 2018 for the purpose of detecting crime.

Images may also be shared with professional bodies where allegation of professional misconduct is being investigated.

It is important that access to, and disclosure of, the images recorded by the LIO, equipment is restricted and carefully controlled. This will ensure that the rights of individuals are preserved, but also to sure that the chain of evidence remains intact should the images be required for evidential purposes.

Advice on any of these issues can be sought from the Information Governance department (tewv.informationgovernance@nhs.net).

The primary purpose of LIO is to assist staff in enhancing and supporting patient safety in real-time.

Whilst not their primary purpose, LIO can assist in providing data (including but not limited to video data) to support incident investigations. In doing so, these systems have the ability to support patients, carers, staff, and organisations to learn from these events – therefore providing assurance that the right actions are taken to prevent them from occurring in the future.

The use of video data that includes personal data should be limited to incident investigations where a patient has come to serious harm or death as a result of a patient safety incident. Consideration should be given to how data can support Patient Safety Incident Investigations (PSIIs) and Patient Safety Reviews (PSRs) as part of the Patient Safety Incident Response Framework (PSIRF)

However, there is a balance that needs to be struck to support patients, families, staff, and organisations to learn from these incidents whilst protecting everyone's privacy, data, and human rights.

Additionally, the use of this data may be requested including but not limited to the following:

- Family requests
- Coroners' investigations
- Criminal investigations
- Professional negligence or human resource related issues.
- Safeguarding incidents or allegations

4.9 Access to images by individuals (Subject Access Request)

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

A person whose image has been recorded and wishes to access the video data must make a request to the ward staff and must be requested within the 24-hour retention period for this data otherwise it will not be available due to the deletion policy of this data for the LIO.

In the event 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.

Staff should please 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 LIO for the data to be captured ("clipped") 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 appropriate place, e.g., if it is a patient request it must be recorded in the patient's notes. 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 clinical team responsible for the safety on the ward and the patient's care – this will be the ward manager and a senior 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. In addition to being given access to the images, individuals must be provided with a description of any recipients of the data, the purposes for which the data is used and the source of the information. In the case of LIO this will include providing information on camera locations.

Where 3rd party data is provided on the LIO data, the local manager must decide whether to disclose without disguising the features of 3rd parties if there is a legal duty to do so.

Where a decision is made not to release information identifying 3rd party data, the images must be edited so that they pixilate the faces of any identifiable 3rd parties. Specialist companies may be required to perform this work; advice can be sought from the Trust's Information Security Officer.

Within the claims process, LIO footage is not disclosed without a Court Order as any patient images cannot be pixilated.

In the event that 3rd party images are shared, the local manager will advise the 3rd party that this is going to take place.

Any requests received for the disclosure of information under the Freedom of Information Act 2000 will be directed to the Trust Secretary in the first instance. The request will be considered within the strict guidelines of the Act.

4.10 Complaints

Formal complaints received in relation to the LIO scheme will be managed through the Trust's complaints process with assistance from the local manager of the unit and advice from the Information Governance Team.

Complaints received about processing under the DPA (2018) will be dealt with by the Head of Information Governance and Data Protection. Where these cannot be resolved, the individual has the right to escalate the complaint to the office of the Information Commissioner.

4.11 Litigation

As litigation can be pursued against the Trust, any LIO footage viewed for any reason or involved in an investigation process should be preserved and retained for a period of three years from the date of the incident. This is to enable the Claims and Legal Services Manager to request a copy of the footage in order to comply with the Pre-Action Protocols of the Civil Procedure Rules of which there is a duty to preserve disclosure documents and other evidence such as LIO. If documentation is destroyed this could be seen as an abuse of the court process.

4.12 Documentation

Copies of all documentation and records relating to LIO scheme will be held by the Trust's Information Governance and Records team and will be kept, under restricted confidentiality, for a period of 6 years from disestablishment of LIO.

The Claims and Legal Services Manager also keeps documentation and records relating to claims and LIO separately from the above process.

4.13 Governance and Audit

A monthly audit will be undertaken by modern matrons to support compliance with the requirements of this policy and provide assurance that best practice is maintained in a consistent manner across the Trust. An audit tool collaboratively developed with peer trusts and LIO will be used for Trust based audits. This tool has further been reviewed by an independent patient and is to be presented to the National forum for MH and LD Nurse Directors for approval as the national template to be used.

To support all staff with using the system in a consistent manner in accordance with this policy it is recommended that ward managers:

- Support the use of available tools such as flow charts, checklists to maintain consistency.

- Review system activity and usage reports provided by LIO.
- Perform their own independent audits for own assurance.

5 Definitions

Term	Definition
LIO	This the generic term for which a monitoring-based system that uses camera technology. This was previously known as “Oxehealth or Oxevision”.
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.
Salient video data	This is raw and unblurred video footage also known as Clear Video Data (CVD)
Sensitive personal data	Images of individuals stored digitally

6 Related documents

- Access to Information Systems Policy
- LIO Procedure (commonly referred to within the Trust as the “Standard Operating Procedure”)
- Incident Recording and Response Policy
- Interpreting and Translation Policy
- Interpreting and Translation Procedure
- Patient Information Leaflet
- Privacy Notice
- Records Management Policy
- Request for Information Procedure
- Ward Information Poster

7 How this policy will be implemented

- This policy will be published on the Trust’s intranet and external website.
- Line managers will disseminate this policy to all 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 LIO at local induction.
- The Trust will commit to making access to training available to all staff to whom this policy applies.

7.1 Implementation action plan

Activity	Expected outcome	Timescale	Responsibility	Means of verification/ measurement
Publication of a dedicated LIO intranet site	Single point of access of relevant information for staff	Available now	LIO Steering Group	Number of accesses to site
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 LIO installed measured via IIC dashboard	November 2024 Reviewed 2 weekly at the LIO clinical subgroup and Monthly within localities.	Operational Managers Ward Managers Deputy Chief Nurse	Spreadsheets provided by LIO
Create TEWV based training package	learning package available as part of Personalised Care Planning	December 2025	LIO sub-group	ESR

7.2 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
Inpatient staff and bank staff	LIO training (system) e-Learning	30 minutes	Post implementation all staff / Annually
TEWV based training package	E-learning (policy)	45 minutes	Annually

8 How the implementation of this policy 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 LIO 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 LIO 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 appendices in LIO Procedure for the LIO Audit Tool)	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

9 References

- National Mental Health and Learning Disability Nurse Directors Forum report.
- CCTV Code of Practice 2000, Information Commissioner
- Data Protection Act 2018. Available at Data Protection Act 2018 (legislation.gov.uk) (Accessed 19/02/2024).
- Human Rights Act, HMSO
- NHS (2018). Information security management: NHS code of practice. Available at Information security management NHS code of practice (Accessed: 19/02/2024).
- The Privacy and Electronic Communications (EC Directive) Regulations 2003. Available at The Privacy and Electronic Communications (EC Directive) Regulations 2003 (legislation.gov.uk) (Accessed: 19/02/2024).
- Records Lifecycle Policy. Available at Records Management Policy (Accessed:19/02/1964)
- Regulation and Investigatory Powers Act 2000

In addition, please refer to Appendix 4 for a comprehensive reading list regarding LIO

10 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval	02 June 2026
Next review date	23 July 2027
This document replaces	Oxehealth Policy CLIN-0108-v1
This document was approved by	Executive Clinical Leaders Sub-Group
This document was approved	20 May 2026
This document was ratified	Executive Directors Group
This document was ratified	02 June 2026
An equality analysis was completed on this policy on	01 August 2024 (v1)
Document type	Public

Change record.

Version	Date	Amendment details	Status
1	12 Aug 2024	New document	Withdrawn
1.1	02 Jun 2026	Updated references from Oxehealth to “LIO” in line with the company name change. Policy title changed.	Ratified

Appendix 1 - Equality Analysis Screening Form

Please note: The Equality Analysis Policy and Equality Analysis 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	LIO Policy
Type	Policy
Geographical area covered	Trustwide for wards that have LIO installed
Aims and objectives	This policy reflects the recommendations from the nationally approved evidence base and will support the correct use of a LIO within inpatient services and to ensure a consistent and auditable approach to: ● Implementing safe, ethical, and effective use of the LIO ● Engaging with patients and carers on the use of these systems ● Meeting individualised needs of patients ● Ensuring ongoing governance and assurance around the use of LIO. Objectives • By adhering to this policy, the Trust can ensure that LIO 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 LIO is to support patient and staff safety in inpatient services. • LIO 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. • When emergency intervention is required this should not be delayed by first checking LIO. • 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 (note conducted when system was known as Oxehealth / Oxevision)
End date of Equality Analysis Screening	August 2024

Section 2	**Impacts**
Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project, or Business plan benefit?	All Patients, families, carers, staff, and partner agencies
Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project, or	• **Race** (including Gypsy and Traveller) **YES**

Business plan impact negatively on any of the protected characteristic groups?	• **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	• All patients are opted in upon admission as part of the standard practice on the ward. • The multi-disciplinary team can assess that LIO should be used despite the expressed wishes of a capacitous patient for this not to be used. However this would ned to be within a legal framework as discussed with MDT within an MDT Forum. • 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 patients mental health

	and wellbeing. In addition, a LD patients 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 LIO, 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 LIO 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 LIO 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	This procedure supports the safety of patients on TEWV wards that have LIO 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 users who may prefer that staff don't have to enter their room to carry out observations at night when agreed through MDT and care planned. • 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 safety. • 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 was 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 analysis have any training needs/service needs been identified?	

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 and to mitigate potential negative impacts mentioned above.
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 patients/ 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 patients/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?	Yes	Privacy Notice - updated
4.	**Content**		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are supporting documents referenced?	Yes	
6.	**Training**		

	Title of document being reviewed:	Yes / No / Not applicable	Comments
	Have training needs been considered?	Yes	
	Are training needs included in the document?	Yes	
7.	**Implementation and monitoring**		
	Does the document identify how it will be implemented and monitored?	Yes	
8.	**Equality analysis**		
	Has an equality analysis been completed for the document?	Yes	
	Have Equality and Diversity reviewed and approved the equality analysis?	Yes	01 Aug 2024 SD ((note – the Equality impact assessment was conducted when system was known as Oxehealth / Oxevision))
9.	**Approval**		
	Does the document identify which committee/group will approve it?	Yes	
10.	**Publication**		
	Has the policy been reviewed for harm?	Yes	No harm
	Does the document identify whether it is private or public?	Yes	public
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	n/a	

Appendix 3 – National Mental Health and Learning Disability Nurse Directors Forum.

Terms of Reference

The following Terms of Reference were established for the Working Group:

Aim: to review how vision-based patient monitoring systems (VBPMS) are being used across the country and to make recommendations that will support safe use for patients, staff, and organisations.

Objectives: The purpose of this Group is:

1. To gather lessons learned and good practice from use of vision-based patient monitoring (VBPM) across mental health wards.
2. To develop a report on recommendations that will support safe use for patients, staff, and organisations. This may include the development of national guidance on appropriate use and system monitoring to support with local adoption and implementation.
3. To identify and share best practice for patient engagement and education and develop a framework for consent that supports local decisions on the most appropriate consent model.
4. To look at opportunities for future engagement and research in the field to inform future developments and continuous improvement.

Governance: The Group will report directly to the Forum's Council ("Steering Group"), providing updates, reports, and escalating appropriately.

Members of the Working Group

- Ade Odunlade – Chief Operating Officer, Derbyshire Healthcare NHS Foundation Trust
- Amanda Pithouse – Chief Nurse, Barnet, Enfield and Haringey Mental Health NHS Trust / Camden and Islington NHS Foundation Trust
- Elizabeth Moody – Chief Nurse, Tees, Esk and Wear Valleys NHS Foundation Trust
- Ron Weddle – Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
- Fiona Nolan – Nurse Academics/Anglia Ruskin University
- Steve Martin – Midlands Partnership Foundation Trust
- Mary Mumvuri – Coventry and Warwickshire Partnership NHS Trust/CQC Mental Health Lead
- Maria O'Brien – Chief Nurse, Central and North West London NHS Foundation Trust
- Ken Edwards – Cheshire and Wirral Partnership NHS Foundation Trust
- D.T – Patient Representative, Central and North West London NHS Foundation Trust Patient Involvement Forum
- Janet Seale – Carer Representative, Central and North West London NHS Foundation Trust Carers Council
- Charlotte Wood – UK Managing Director, Oxehealth
- Peter Hasler – Forum Development Officer

Appendix 4 – Further Recommended Reading.

Barrera, A., Gee, C., Wood, A., Gibson, O., Bayley, D., & Geddes, J. (2020). Introducing artificial intelligence in acute psychiatric inpatient care: qualitative study of its use to conduct nursing observations. Evidence-Based Mental Health, 23(1), 34-38.

Chaichulee, S., Villarroel, M., Jorge, J., Arteta, C., McCormick, K., Zisserman, A., & Tarassenko, L. (2019). Cardio-respiratory signal extraction from video camera data for continuous non-contact vital sign monitoring using deep learning. Physiological Measurement, 40(11), 115001.

Clark, H., Edwards, A., Davies, R., Bolade, A., Leaton, R., Rathouse, R., Easterling, M., Adeduro, R., Green, M., Kapfunde, W., Olawoyin, O., Vallianatou, K., Bayley, D., Gibson, O., Wood, C., & Sethi, F. (2022). Non-contact physical health monitoring in mental health seclusion. Journal of Psychiatric Intensive Care, 18(1), 31-37.

Diao, J. A., Marwaha, J. S., & Kvedar, J. C. (2022). Video-based physiologic monitoring: promising applications for the ICU and beyond. NPJ Digital Medicine, 5(1), 1-2.

Ede, J., Vollam, S., Darbyshire, J. L., Gibson, O., Tarassenko, L., & Watkinson, P. (2021). Non-contact vital sign monitoring of patients in an intensive care unit: A human factors analysis of staff expectations. Applied Ergonomics, 90, 103149.

Freeman, W. D., Gopal, N., Tawk, R., Harvey, L., Gibson, O., Jukes, H. L., & Freeman, M. (2019). EXOS stratospheric vital sign monitoring with Oxehealth camera: a pilot feasibility study (S32. 007). Neurology, 92(Suppl. 15).

Gooding, P. M., & Clifford, D. M. (2021). Semi-automated care: video-algorithmic patient monitoring and surveillance in care settings. Journal of Bioethical Inquiry, 18, 541-546.

Healthcare Quality Improvement Partnership, HQIP. (2022). The national confidential inquiry into suicide and safety in mental health. Annual Report: UK patient and general population data, 2009-2019, and real time surveillance data. University of Manchester.

Jorge, J., Harford, M., Villarroel, M., Chaichulee, S., Davidson, S., Finnegan, E., Clark, S. H., Young, J. D., Watkinson, P. J., & Tarassenko, L. (2020). Non-contact assessment of peripheral artery haemodynamics using infrared video thermography. IEEE Transactions on Biomedical Engineering, 68(1), 276-288.

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