## FOI 0131/2023 Response

1. Does your Trust currently use Oxehealth/Oxevision or any other video surveillance or technology enabled vital signs monitoring within patient residences (including seclusion suites, patient bedrooms etc.)

#### No

2. Where within patient residencies is this technology located (eg. Seclusion rooms, patient bedrooms, patient bathrooms)

#### Not Applicable

**3.** Copies of patient leaflets or information sheets related to Oxehealth/Oxevision or any other video surveillance or technology enabled vital signs monitoring.

### Not Applicable

4. Your organisation's Equality Impact Assessments in relation to Oxehealth/Oxevision or any other video surveillance or technology enabled vital signs monitoring.

### Not Applicable

5. Your organisation's risk assessment in relation Oxehealth/Oxevision or any other video surveillance or technology enabled vital signs monitoring.

#### Not Applicable

6. Your organisation's operational and organisational policies and procedures relating to Oxehealth/Oxevision or any other video surveillance or technology enabled vital signs monitoring, including details of patient consent.

#### Not Applicable

7. Details of which services have the ability to use Oxehealth/Oxevision or any other video surveillance or technology enabled vital signs monitoring. (ie.Secure Services, Psychiatric Intensive Care Services, CAMHS etc.)

#### Not Applicable

8. Details about the decision-making process relating to adopting Oxehealth/Oxevision or any other video surveillance or technology enabled vital signs monitoring.

#### Not Applicable

9. Records of any training provided in using this technology.

#### Not Applicable

# 10. Details of where footage / information is stored

# Not Applicable

**11.** Any Data Protection Impact Assessments for Oxehealth/Oxevision or any other video surveillance or technology enabled vital signs monitoring.

Not Applicable