Oxevision Programme Board
9th July 2025
13:15-14:00
MS Team
Chair: **

Minutes

Item
1. Welcome and apologies Attendees: ** ** Apologies: ** ** Chair
2. Action Log Action log reviewed and updated: ● **Oxevision 24-hour use:** **Current Use:** ** highlighted the current nighttime use only and the need to extend it to 24 hours once running as business as usual. **Phased Approach:** ** suggested a phased approach to extend Oxevision use, starting with older adult wards. ** supported this idea, emphasising the benefits for managing falls and frailty. **Patient Information:** ** stressed the importance of clear communication with patients and carers about the reasons for using Oxevision, ensuring informed consent and understanding of its benefits. **Engagement Drop:** ** reported that patient engagement dropped when Oxevision was used during the day, as staff relied on the system instead of face-to-face interactions. This led to a decrease in patient engagement, particularly in the CAMHS ward. **Staff Training:** ** offered to help with staff training and patient engagement, suggesting that understanding the benefits of daytime use could improve acceptance and usage. It was agreed that ** and ** would both attend meetings to discuss this with wards. ● **Incident Data:** **Incident Data:** ** highlighted the importance of incident data to demonstrate the benefits of Oxevision, showing how the system supports managing self-harm and physical health monitoring. **Seclusion and Rapid Tranquilisation:** ** proposed gathering data to show when Oxevision could have been used in seclusion rooms after rapid tranquilisation incidents, aiming to reduce staff harm and improve patient safety. ** suggested linking this with the benefits when extending hours to 24-hour use. **Baseline Data:** The group agreed to establish a baseline of current rapid tranquilisation incidents in seclusion areas to compare with future data after implementing Oxevision in seclusion areas across all wards. This would help demonstrate the system's impact on reducing incidents and improving safety. ** will request for data around physical health monitoring after rapid tranquilisation to be pull by **. ** and ** to meet to review and then to include ** ** to compare against what other trusts are reporting on.

3. Feedback from Clinical Workstream.
   a) Oxevision Intranet Page
      The group have been asked to give feedback on what should be included on the intranet page. EM has linked in with IM&T and has access to a Oxevision page which will be linked through CAST when ready to go live.
      EM will look into creating a patient facing webpage too.
   b) Patient Experience Team carrying out face-to-face surveys on wards confirmed with group
      Now this has been agreed, Donna will discuss with her team and let EM know how this will be rolled out.
   c) Awaiting audit outcomes which will be shared next month
      ** ** will check with **anne whether these have now been put onto AMaT.
      ** to discuss at the next Oxevision Clinical Workstream doing a cross audit annually or every 6 months. It has been agreed audits will be done monthly to begin with and then review reducing this.
      ** is now completing the consent reports and will circulate these bi-weekly, these will be added to the workstreams agenda and the intranet page when live.
   d) The Oxevision Champions meetings have commenced, and feedback will be given next month.
      ** to support with the admin going forward, ** ** will offer support on the report section of the meeting.

Date of next meeting: Wednesday 13ᵗʰ August 2025 13:15 to 14:15