

Meeting	Quality & Clinical Governance Sub-Group
Date of Meeting	24 April 2025
Agenda item	Oxevision
Report title	Oxevision Review
Executive lead(s)	
Report author(s)	
Action this paper is for:	<input checked="" type="checkbox"/> Decision/approval <input checked="" type="checkbox"/> Information <input checked="" type="checkbox"/> Assurance
Reason for submission to the committee	E.g. Regulatory requirement or Board/committee request etc Review in response to NHSE principles for using digital technologies in mental health inpatient treatment and care
Public or confidential	Public

Executive summary

Please make this clear and concise, setting out the main salient points and why the report is coming to the meeting.

Summary of review and actions following review of the way that Oxevision is being used to support patient care and treatment across inpatient settings – in line with NHSE guidance and culture of care programme.

Decision regarding switching off the 24 hour clear image storage.

Report history / meetings this item has been considered at and outcome

N/A

Recommendation(s)

--

Strategic objective this report supports	Select
Quality - Deliver the best possible care and health outcomes	<input checked="" type="checkbox"/>
People (Workforce) - Be a great place to work	<input type="checkbox"/>
Sustainability - Make the best use of our resources and protect the environment	<input type="checkbox"/>
Research & Education - Be a leader in healthcare research and education	<input type="checkbox"/>

Link to CQC domain – where applicable
<input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective <input type="checkbox"/> Caring <input type="checkbox"/> Responsive <input type="checkbox"/> Well-led

Links to / Implications		
Links to Board Assurance Framework (BAF) risk(s) / Trust Risk Register (TRR)	<input type="checkbox"/> BAF	<input type="checkbox"/> TRR
Equality, diversity and inclusion	Yes/No	
Legal and regulatory	Yes/No	

Meeting:	Quality and Clinical Governance Sub-Committee
Meeting date:	24 th April 2025
Report title:	Oxevision Review
Author and title:	Associate Director of Nursing OxBSW MH Directorate

Introduction

This report provides a summary of findings from the review of Oxevision across Oxford Health using the NHS England Principles for using digital technologies in mental health inpatient treatment and care.

The system will be installed in 25 wards, 21 wards across 3 mental health directorates are currently live, 3 remaining forensic wards are due to go live in April 2025, the time frame for Cotswold House Marlborough has yet to be confirmed.

In recent months there has been increasing debate about the system with some groups such as the campaign group 'Stop Oxevision' calling for the system to be banned. The BBC have published articles stating that the Royal College of Psychiatrists and the mental health charity Rethink are asking for the system to be paused due to concerns that the use of the system exacerbates feelings of paranoia and makes patients feel more unwell.

One of the concerns nationally about the system is that it infringes on patients' privacy, particular concerns are raised when patients consent is not obtained prior to the system being used.

[Call for Oxevision cameras to be banned in mental health patients' bedrooms - BBC News](#)

Methodology of Review Process

An audit of the use of Oxevision across Oxford Health wards during the period October 2024 to January 2025 was conducted to support the review, these were carried out by Senior Matrons from each of the mental health directorates, Associate Director of Nursing OxBSW and project manager. The audit process includes:

- Review of clinical documentation
- Ward visits to observe the system in use and review posters/patient information available on site
- Meeting with patients

- Staff interviews
- Review of incident data
- Patient and carer questionnaires/feedback

Human Rights Approach

Any use of digital technology will support a human rights approach to care

The Trust uses an explicit consent model which allows patients to make an informed decision as to whether they wish to consent to the system being used to support their care. In cases where patients do not have capacity to make a decision, and the multidisciplinary team believe the use of the system will support safe care and mitigate potential risk a Best Interests decision is made and this is clearly documented in clinical records. This decision is regularly reviewed by the clinical team and where appropriate in collaboration with family.

This process is reviewed in quarterly audits, clinical notes are reviewed to ensure decisions are documented, patients are spoken to about their understanding and use of the system, staff are spoken to about their understanding and patient/carer information reviewed.

All wards have posters and patient information available that details how the system is used and where data and images are stored.

Consent and Capacity

Any decision to use digital technologies and to collect and store patient data from the use of such technologies must be based on consent from the patient (or a person lawfully acting on their behalf) or be taken following a best interests decision-making process

Currently Oxford Health has twenty wards with the system in use across the three mental health directorates.

Oxford Health have used an explicit consent process since November 2022. Where patients are unable to give consent, families may be able to consent in collaboration with the multidisciplinary team. This decision related to the use of the system in patient bedrooms.

A specific Oxevision consent form was introduced in January 2024 with wards uploading this into electronic patients records after patient completion. This was replaced by a system based consent module which was added on Rio in September 2024 to support staff in recording, reviewing and updating this. An audit report from March 2025 shows the compliance rates range from 45%-100%, mode 100%, median 94% and mean 89%. Focussed work plans are in place for wards teams with poor compliance, the clinical workstream forum maintains oversight.

The patient and carer information leaflets provide clear information about how the system is used, what images are taken, how information is stored and what can be viewed so that patients/carers are able to give fully informed consent.

A different consent model for the use of the system applies in the seclusion rooms to support the safe management of patients physical observations. The use of the system does not require consent, patients are made aware of the way in which the system is used in these cases. Appendix 1.

There is some work that is required to support medical staff to understand the use of the system so that information sharing with patients and decisions regarding capacity and consent can be facilitated consistently across the inpatient wards.

Equity of Access

Patients' opportunities to access available digital technologies to enhance their care and treatment must be equitable

The oxevision system is currently installed in 20 wards with plans to install across the remaining wards to be completed April 2025, blind running will follow and most wards should have the system installed and in use by end of May 2025.

There are some challenges with Cotswold House Marlborough as the estate is owned by Avon, Wiltshire and Partnership Trust, these delays have been picked up by estates colleagues.

Oxehealth has an Equality and Health Inequalities Impact Assessment (EHIA), developed in collaboration with experts through the NHS England Innovation Accelerator programme. It is updated regularly with input from our engineers, clinicians and experts-by-experience

Oxford Health has a Quality Impact Assessment (QIA) and Equality Impact Assessment (EIA) in relation to the use if this system which was reviewed and updated March 2025.

Co-production

Co-production must occur at procurement, testing, implementation and evaluation of all digital technologies.

Oxevision advised that since beginning in 2012, 'Oxehealth has co-produced its platform in collaboration with patients, carers and clinicians. Oxehealth has an active and growing expert-by-experience advisory group. In 2023 and 2024 alone, Oxehealth undertook 24 co-production and codesign engagements, covering areas such as patient and carer communications, product and service development and advising on SOP best practice guidance.

The way in which experts by experience and carers have been involved in the implementation and review of the system has been limited.

The Trust project leads attends service user groups across the 3 mental health directorates to discuss this system and share information. The service user groups have also reviewed patient information, posters and guidance in relation to the system.

Once the installation is complete, estimated end date April, the terms of reference (TOR) for the project board and clinical workstream will be reviewed to ensure that service users by experience and carers are central to any mechanisms to maintain oversight and review of the system.

Therapeutic and Personalised Care

Digital technologies for care, treatment and safety must enable inpatient settings to provide therapeutic and personalised care as set out in the culture of care standards

The way in which Oxevision is utilised across the inpatient services are aligned with the Culture of Care Standards; people feel safe and cared for, rights based care, avoiding harm, choice and transparency.

The National Mental Health and Learning Disability Nurse Directors Forum says technology “cannot and should not replace positive and therapeutic engagement with patients and the visible presence of staff within inpatient settings.” The system is currently used during night time hours to support sleep hygiene, the system has not been used to replace staff, wards continue to utilise staff to engage in therapeutic engagement and observation.

Safety Planning

Safety planning for patients must always be personalised and co-produced; digital technologies must only be used to help manage safety risks if deemed to be proportionate to the need

The system is currently in use from evening to morning to support sleep hygiene across all of the wards. Safety plans incorporate the use of the system where applicable.

Child and Adolescent Mental Health wards, Older Adult wards and Female acute wards are working to develop standard operating procedures and staff and patient information to safely enable teams to use of the system to support individualised safety planning. This would allow wards to extend the hours of use and be used to support with the management of falls, physical health and self-injurious behaviour.

Evidence Base

Providers must adopt a process for assessing the evidence base of any digital technology prior to procurement and implementation, and must be able to demonstrate how the evidence base was taken into account in any decision made to procure and implement the technology.

Oxevision state that there is a significant amount of peer review literature and NHS provider led research to demonstrate the benefits of using Oxevision.

Treatment Outcomes

Providers must have a process of regularly measuring the impact and benefit of the use of any digital technology on patients' care and treatment outcomes

The clinical workstream reviews Oxevision incident data to support learning and review of the way in which the system is used. The data reviewed, frequency of this and actions in response should be reviewed.

The response rate to patient and carer survey is poor, the low response rate is due to ward staff failing to ask patients/carers to complete. It is not possible to add the Oxevision survey to the I Want Great Crae platform due to space limitations.

Results from the survey that closed January 2025 are as follows;

Patient – 8 responses since Jul 2024. All positive or highly positive.

Carer – 5 responses since March 2024. 3 felt relative better cared for with Oxevision 2 were not sure.

In addition Professor Fiona Nolan, Anglia Ruskin University is leading a national piece of research funded by the National Institute for Health and Care Research:

A multi-site evaluation of technology in mental health inpatient wards, specifically the use of vision based patient monitoring systems and body worn cameras.

Oxford Health have participated in and have contributed to this research and await the sharing of findings to further inform approaches to utilise technology in mental health settings.

24 Hour clear image storage

The system currently records clear images over a 24-hour period and stores the recording for 24-hours. These recordings require authorisation from the Trust programme and clinical lead to access, an explicit rationale is required and will be used to support the investigation of serious incidents. Video is only recorded in rooms where patients have consented to have the system on, patient information informs patients that clear images are being recorded.

The clinical workstream have requested that this functionality is disabled, the rationale for this is that clinical teams working on wards feel that this is an infringement on the privacy and dignity of our patients and that consent to having the system in use would be improved.

The Trust have accessed these recordings to support 2 investigations into serious incidents over the past 12 months.

A decision is required from the Quality Subcommittee and the Clinical Effectiveness Decision Group in relation to switching the 24-hour recording functionality off.

Actions

Review the way in which incident data and patient and carer feedback is used to support practice at the clinical workstream and how these reports into the project board

Review Terms of Reference (TOR) for Project Board and Clinical workstream once installation phase has been completed, ensuring that experts by experience and carers are integral to on-going oversight and review of the use of the system.

Clinical workstream to maintain oversight of any amendments to the way in which the system is used on each ward i.e. developing standard operating procedures and staff training.

Develop a robust process to monitor and evaluate the impact of oxevision on patients care and treatment outcomes.

Work with medical colleagues to ensure all staff have a basic knowledge of the system.

Appendix 1.

Position statement for the use of Oxevision within seclusion suites

The use of Oxevision during a seclusion episode **does not** require consent from the patient. Oxevision is a valuable addition to ensuring the patient is safe during the period of a seclusion episode. The use of Oxevision will always be in place during seclusion for the following reasons:

- Constant observation is required during a seclusion episode (see seclusion policy CP01 & MHA code of Practice, 2015). Therefore, there is no additional intrusion on privacy and dignity for the patient.
- Due to the patient being behind a locked door observations to ensure the patients safety are more challenging. Oxevision provides additional support to ensure the patient is safe and alerts at an early opportunity if heart rate or respirations cannot be detected.
- Restraint and/or rapid tranquilisation may have occurred immediately prior or during a seclusion episode. Monitoring physical health at these times is important for patient safety. This often poses challenges due to violence and aggression risk present that has warranted seclusion resulting in physical observations not being achieved. Oxevision monitors heartrate and respiration rate ensuring the patient is safe and well, or alerts staff if there has been a deterioration.
- CCTV monitoring is already in use in all seclusion rooms to assist visual observations (the use of the CCTV does not require consent and is always in use).

In addition to the above reasons why Oxevision will be in use during seclusion, consent will not be required because:

- At the commencement of seclusion, it is likely to not be possible to gain informed consent. The patient is likely to be very aroused and posing a high risk to others. Informed consent requires a full explanation of the Oxevision system and sharing of the information and an ability for the staff member to assess the patient is able to understand this. In addition, this is likely to need to occur through a locked door. Attempting to gain informed consent in these conditions is not going to possible in most cases.

Draft subject to agreement by Patient/Service user groups.

Oxevision camera-sensors and the care in your room

What is Oxevision?

It is a monitoring device installed in your room to help keep you safe without interrupting you.

Why Oxevision?

All patients admitted to a mental health inpatient unit must be observed a minimum of every hour to ensure their safety, 24 hours a day, seven days a week. Staff will do observations in person and by using the system Camera-sensors when you are in your room.

This means, staff can either go to your bedroom and make sure, that you are safe, or staff can check your health, wellbeing and safety using the system camera-sensors without going into your bedroom. The system camera-sensors also provides readings of your pulse and breathing rate without staff having to disturb you.

Your Choice?

The system camera -sensors is an important part of the care that you will receive on the ward. You will be asked if you want the system camera-sensors switched on or to remain off and to only be monitored in person.

You can also change your mind for the use of the system camera -sensors at anytime: this would not affect your care.

What is it used for?



The system camera-sensors enables staff to see if you are in your bedroom and your location in your bedroom, to check you are safe and to measure your breathing rate and pulse without the need to enter your room and disturb you at night when you are asleep.



It notifies staff when you may need help or assistance, specifically, if you have been in the bathroom a long time, if someone else has entered your room while you are there, or when you are stood or sitting close to the main door and have been there a long time, or if you have left your room at night so that they can come to check on you.



How will it help me?

Staff will be able to check that you are safe in your bedroom as well as measuring your breathing rate and pulse without having to disturb you at night.

How does it work?

The system uses an infrared camera and two infra-red illuminators to record activity in the room. When switched on the system camera-sensors runs continuously but Staff are only able to use the camera when they need to view into the room to check you are safe or to measure your breathing rate and pulse. You may notice a red "glow" from the sensor housing unit. This is from the Infra-red illuminator and **is not a sign that Staff are using the camera to view into the room.**

Hours of Use

The hours that the system camera-sensors maybe used by staff are displayed on Posters in the Ward. At all other times, the system camera-sensors is turned off and not used by staff.

Am I being recorded?



Clear video data is stored on site for 24 hours before being deleted and later recorded over. These images are only viewed by authorised persons to investigate serious safety concerns when there is no alternative. This could be an investigation into a physical safety matter or a medical safety matter concerning the Oxevision software. You will be notified should this happen.

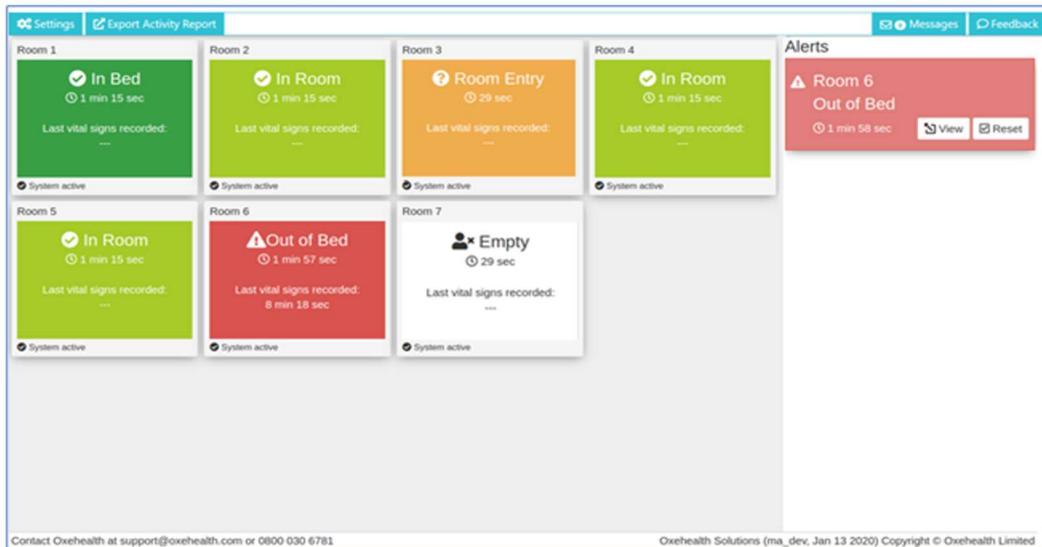
All other retained system camera-sensors data is anonymous (blurred) and not patient identifiable. Patient privacy and dignity are taken very seriously and there are strict data privacy processes in place. For more information about how the Trust uses personal information and the purposes personal information may be used for please go to the Trust website:

<https://www.oxfordhealth.nhs.uk/privacy/>

Can staff see me in my room?

The system is not a constant video feed like CCTV. Staff can only see a 15-second video when they need to measure your breathing rate and pulse or respond to an alert to check you are safe. Staff must come to check on you in person if they cannot obtain the information in this time. Only video images are captured. There is no sound recorded. At all other times staff only see the view below on the monitor until they need to measure your breathing rate and pulse or respond to an alert to check you are safe.

Oxevision Monitor view



Taking observations or responding to alerts

When taking an observation, a clear image is shown so pulse and breathing rate can be taken. When responding to an alert the image is blurred to preserve privacy and dignity. In both cases the video feed is terminated after 15 seconds. A management direction restricts staff from viewing each occurrence more than two times in succession

Example of a 15 seconds (clear) view for spot check pulse and breathing rate observations



Example of a 15 seconds (blurred) view for responding to an alert triggered about your room



If you would like to learn more or have further questions, please ask a member of staff who will be happy to explain