For the attention of Grant Macdonald CEO, Oxford Health NHS Trust,

[cc Department of Health]

We, Stop Oxevision, are writing to make a formal complaint in relation to the decision-making processes of the Oxford Health Executive Committee with regards to the installation of Oxevision by Oxford Health NHS Trust between 2021-2025. We write as a network of patients and former patients who are concerned about the use of surveillance technologies in psychiatric inpatient wards. This complaint follows extensive research and receipt of information obtained through Freedom of Information Requests.

This complaint outlines five specific complaints regarding Oxford Health executive committee's decision to:

1) Expand phase one of the installation of Oxevision from just 6 rooms to 7 full wards in one stage. A more measured and staged expansion would have allowed for more careful consideration of matters surrounding implementation, safety, value and operations.
2) Continue to install Oxevision despite issues encountered in stage one of implementation (2021-2022).
3) Expand installation of Oxevision to a further 9 Wards in February 2023.
4) Expand installation of Oxevision to the remaining 9 wards in May 2024.
5) Extend all Oxevision contracts for a further 5 years in May 2024.

As our complaint is related to the decision making of the executive committee itself, and as the CEO of Oxford Health at the time is now the CEO of the ICB, we have copied this to the Department of Health and will also publish this complaint in order to ensure additional transparency and accountability.

In this letter, we will outline our concerns that the decision making regarding points 1-5 did not follow appropriate due processes and may have constituted irresponsible handling of public finances – in addition to having potential Human Rights implications and posing risks to patient safety.

As this letter of complaint outlines, this decision making appears so irrational and illogical that it raises questions of whether this was motivated, at least in part, by vested interests. For the sake of clarity, when we refer to (vested/conflicting) 'interests' we consider those that may be directly and indirectly financial, reputational, status-driven, or credibility driven as well as those that may be motivated by friendships and loyalties. Indeed, we are aware that Oxford Health has a close relationship with the company Oxehealth/LIO and its founder through organisations such as the Oxford Health BRC; Oxford Health CRF; and Oxford AHSNs/AHSCs/HINs (of which executive board members and former members are part of). This is in addition to the Trust's connections with the University of Oxford which is a key shareholder in the business.

Timeline

From 2016 onwards Oxford Health collaborated with Oxehealth alongside Oxford NIHR infrastructure (Oxford health BRC and then-CLAHRC) and Oxford and Thames AHSNs (now HIN) to develop 'Digital

Care Assistant'. In 2019 this was installed in six rooms within Vaughan Thomas Ward (a male acute ward) in a project led by Professor John Geddes, then Director of Research and Development and psychiatrist Dr Alvaro Barrera. We are concerned that this study did not appear to have the requisite ethical approvals. Instead, the study was described as a service evaluation/improvement, despite involving using a novel technology 'for the first time in inpatient wards'. Despite glaring methodological and ethical issues, which we will be complaining to the NIHR about, the Trust went on to receive numerous awards in relation to study, with associated press releases boasting of the role Oxford Health staff played in the development of Oxevision. At the same time, the Academic Health Science Networks/Centres (now Health Innovation Network and Oxford Academic Partners) – of which multiple Oxford Health board members were part of – was also endorsing and promoting Oxevision for "national adoption".

This longstanding collaboration with Oxehealth – and associated interests in Oxevision/Oxehealth, reputational or otherwise – appears significant in the context of subsequent decision making around expanding installation of Oxevision and extending contracts, despite a lack of evidence to indicate this was appropriate.

In 2021, Oxford Health decided to roll out Oxevision to the remaining rooms in Vaughan Thomas ward as well as a further six wards in the Trust – a notably large expansion from just 6 rooms. The business case focuses heavily on proposed cost savings through reducing 1:1 observations and reducing staff numbers on one ward.

As illustrated in the Project Closure Report, the project appeared disastrous from the very beginning. This included (in no particular order):

- Poor engagement with ward management, staff and patients, instead taking a 'top-down' approach of installing the technology, seemingly with limited input from the staff and patients it would ultimately affect.
- A business case apparently written by a private company – a potential breach of the regulations outlined in the Government Green Book and other procurement legislation.
- Fraught relationships with the supplier (Oxehealth/LIO).
- Before Oxevision was even in use on the wards, there was a serious data breach in which the system was activated without the knowledge or consent of patients and ward staff. This is a significant data breach which should have been declared to the ICO under GDPR regulations. It is unclear whether this action was taken.
- Despite what appears to be attempts from Oxehealth to manipulate feedback and present a more favourable picture, there was extremely poor feedback from patients who described the technology as creepy, unsafe and spying.
- There were early concerns about the governance and security of the technology and its supplier which resulted in a suspension of the use of the technology. However, this does not appear to have been accompanied by any further changes to the data processing once the use of Oxevision resumed.
- Minimal usage of the technology as patients (understandably) didn't want to be recorded on cameras in their bedrooms. This is important in the context of what appeared to be 'debates' during the implementation stage of Oxevision around the consent processes for Oxevision,

with a last-minute change in November 2022 as the technology was being installed resulting in an 'opt-in' consent system.
- In relation to the above, multiple audits demonstrated issues with the implementation of Oxevision including this being turned on without patient's consent or knowledge, a lack of signage and a lack of clarity and consistency in staff usage.
- The occurrence of a "serious incident" apparently related to the use of Oxevision for a patient who was supposed to be on 1:1 in the very early stages of implementation.
- Countless delays and added expenses.
- A lack of any demonstrable value or benefit to the technology.

The above points all refer to the first stage of Oxevision implementation between 2021 and 2022. We suggest that this evidences our concerns in relation to complaint one: that the large expansion of Oxevision was hasty and prevented a more measured assessment of its safety, legality, value (or lack thereof). We suggest that had the Trust installed the technology on just one or two further wards, this would have allowed greater collaboration with the local wards and patient cohorts. This could have reduced wasted public money if the Trust could have identified that there was a lack of value to the technology before having installed it on so many wards at great financial expense and potential infringements on patients' Human Rights.

In relation to our second complaint – that installation persisted despite the magnitude of issues encountered – we am astounded that the executive committee did not take a decision to terminate, or at least pause, Oxevision installation at the point at which concerns were raised in the Trust; relationships with the supplier were breaking down; a major data breach had occurred; and national concerns about the technology were mounting. We suggest this may be considered as a pattern of 'sunk cost fallacy' whereby the Trust appears to double down on the investment in Oxevision, rather than admit financial wastage and exit the contract early. Regardless of financial matters, we suggest that the decision to proceed with the 'live running' of Oxevision from 2022 was irresponsible.

Our third complaint relates to the decision to then further expand Oxevision to an additional 9 wards in February 2023, in addition to what appears to be a commitment to a further expansion to all wards in the trust by 2025. Our concerns are as follows:

- The decision was made despite the numerous issues faced during the first stage of implementation.
- The decision was made *prior* to receiving and reviewing the feedback and outcomes from the first stage of implementation.
- Early feedback was showing poor acceptance from patients, safety issues including a "serious incident" and an audit identifying numerous operational issues across the wards.
- The decision was seemingly made without input or the knowledge of the project team, involvement of patients or collaboration with the staff and managers of the wards Oxevision had been/would be installed on.

In relation to the latter point, we are familiar with needing to highlight that patients should have meaningful power within decision making processes. However, it is incredible that we need to also highlight that decision making must also involve senior management, beyond the executive committee, ward management, ward staff and patients and their families. Indeed, one of the key issues with the ill-fated implementation of Oxevision in the Trust – beyond the fact that putting

cameras in people's bedrooms is inherently problematic – seems to have been the lack of direct collaboration with each ward, where it appears that ward management, staff and patients did not want the technology, and many have minimally used it since installation.

In this context, we would also like to draw your attention to a recent CQC report of Oxford Health's forensic wards. As you'll be aware, the report notes:

> "The approach to managing blanket restrictions could be strengthened and we found it was being managed at senior management level rather than at a local level. This meant that staff on the wards were not always in charge of the decisions around blanket restrictions."

It is unclear whether this point is made in direct reference to Oxevision – which constitutes restrictive practice. However, the 'top-down' decision making around installation of Oxevision – and its blanket use in seclusion rooms – appears emblematic of the issue CQC have also raised.

Our fourth and fifth complaints relate to the third and final expansion of Oxevision to the remaining wards within the Trust (minus one where it is still not installed, and a pre-discharge ward) in addition to extending contracts to all wards in May 2024 for a further five years until 2029. As before, this decision appears irrational and irresponsible given the ongoing challenges during the first and second stages of implementation.

- The Trust was still awaiting production of documents reflecting the 'benefits', especially financial, of the installation of Oxevision during the *first stage* of implementation (this was produced in July 2024 and provided no evidence of any demonstrable benefit).
- The short timeframes between the first stage of installation, and overlaps with the second stage of installation, prevented opportunities to consider the outcomes of the first and second stages before investing even further.
- This overlooked concerns raised by patients, media and the nation campaign Stop Oxevision.
- There appears to have been absence of evidence to suggest Oxevision was providing any value for money, and as such there was no evidence to suggest extending contracts was appropriate. This appeared to be motivated by the opportunity to make some 'cost savings' in negotiating an extension of the contracts, yet this clearly overlooks the cost saving that would have been made by not installing Oxevision on so many wards so quickly.

Against the context we've outlined above, we highlight that there is an urgent need for transparency regarding how decisions were made to install Oxevision on 25 wards and a staggering 37 seclusion rooms.

Furthermore, we reiterate the questions of whether connections with the between current and former executive committee (or other senior, decision-making staff) with AHSNs/HINs, NIHR infrastructure, Oxford university, and Oxhealth (including to its founder) may have impeded the Trust's ability to make appropriate, measured, objective and rational decisions at multiple points.

Irrespective of what may have motivated the installation of Oxevision, we wish to highlight that this constitutes the installation of a highly restrictive and controversial technology into nearly all patient bedrooms and seclusion rooms in the Trust at vast expense to public finances (including the Oxehealth contract, cost of installation as well as the time invested into project management). This

will have also caused disruption to wards, potential distress to patients, and has presented significant information governance issues.

Finally, we wish to highlight that this irresponsible decision making poses a substantial risk to patient, staff and public trust in Oxford Health and the operations of its executive committee. Whilst the Trust boasts of its links with NIHR infrastructure, health innovation networks and Oxford University, where it appears that these connections may have contributed to poor decision making, the Trust risks bringing all organisations into disrepute.

In view of the above we ask Oxford Health to conduct the following:

- As this complaint relates to the executive board, it must be handled independently to ensure appropriate processes are followed.
- Oxford Health must seek legal advice regarding the implications of Oxevision for patient's human rights as well as the information governance associated with Oxevision. This must consider whether Oxevision is meeting its purported value and whether the infringements it places on patients' right to privacy are proportionate and achieving a clearly stated aim, and whether Oxevision – and its associated data sharing – is the least restrictive method of achieving this.
- An independent review should be conducted into Oxford Health's use of Oxevision; patient and staff views; challenges in adoption; and the total cost of the project. This should include contracts, installation and staff time and added costs of electricity spent related to server rooms and monitor upkeep. This review and subsequent decision ma king of whether Oxevision should be decommissioned should be conducted independently given the numerous interests of the Trust's executive committee.
- Oxevision should be turned off in all wards and seclusion rooms during the duration of the review and until requisite legal advice is sought.
- This review should consider a full de-installation of Oxevision across all wards and the termination of the contract. As the presence of the technology in bedrooms can cause distress even when this is turned off (e.g. *"its creepy when I look up and see its red eyes looking at me. It feels like a monster is looking at me in the night"* (pg.27, Early Insights Report) and risks being turned on without patients' knowledge (as was identified in your own audits).
- Oxevision should *not* be installed into Cotswold House as the last opportunity to reduce unnecessary disruption and expense associated with later uninstalling the technology.
- Appropriate disciplinary processes should be followed where indicated to ensure proper accountability.
- Finally, Oxford Health should implement appropriate measures to improve transparency around decision making in future to help restore patient, staff, carer and public trust in the organisation.

In regards to the above, we would like to receive a clear complaint plan outlining the actions the Trust will be taking and a proposed timeframe.

We are grateful for your cooperation.

Yours sincerely,

Stop Oxevision