



INTERNAL AUDIT REPORT

CUMBRIA, NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST

COMPLIANCE AUDIT
VISION BASED MONITORING SYSTEM - OXEVISION
(CNTW 2024-25/20)

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Limited assurance: compliance with the control framework was not found to be taking place. Immediate and fundamental remedial action is required.

DATE:

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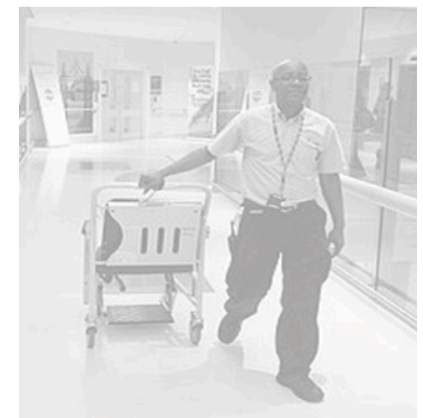
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1. Introduction

In accordance with the Operational Internal Audit Plan for 2024/25, an audit of compliance with the Engagement and Observation Practice Guidance Note 'The Use of the Oxehealth (Oxevision) System (EOP-PGN-03-issue 3-October 2024)' was approved by the Trust's Audit Committee under Appendix B of the plan (Additional Assurance – Quality and Clinical Governance).

Oxevision is a vision-based monitoring system (VBMS). It is used in clinical settings and involves the processing of patient personal data. Oxevision uses an optical sensor (an infrared sensitive camera) housed in a secure unit installed on the ceiling in the patient's room. The outputs from this sensor are analysed digitally using specially developed algorithms to provide clinicians with alerts, readings and reports. The infrared sensitive camera only streams video images to staff when a clinician is making a deliberate service user observation and for a maximum of 15 seconds. The system is a support aid and does not replace personal interaction and care, or expert clinical judgement.

This Practice Guidance Note (PGN) details the processes to be followed/adhered to when using the system to conduct patient observations within ward patient bedrooms, seclusion facilities and 136 suites.

The system has been installed within single bedrooms and seclusion facilities in wards and 136 suites across the Trust and the PGN is only applicable in areas that have the system installed. The introduction of the system is to improve patient care and safety and works alongside nursing practice in order to:

- Reduce the risk of self-harm, including ligatures and bathroom dwelling.
- Reduce the risk of multiple people in room at one time.
- Reducing disturbance during night-time observations.

The non-contact technology provides:

1. Activity alerts – real-time alerts based on continuous safety monitoring.
2. Vital Signs measurements – spot-check measurements of pulse and breathing rate. This function is a measure not monitor.
3. Activity Reports – timeline summary of patient activity detected in a room, including time in bed, time in room (but not in bed), time out of room.

The executive director with overall responsibility for this area is the Chief Operating Officer. Day to day management is delegated to the Group Nurse Director. Oversight is provided by the Care Group Safety Group who report upwards to the Care Group Quality and Performance Committee.

Rationale for inclusion in the plan: No previous coverage. Correct use of the observation tool reduces the risk of self-harm, reduces disturbance during night-time and gives the patient greater privacy and dignity.

2. Scope of the audit

The audit tested compliance with 'The Use of the Oxehealth (Oxevision) System (EOP-PGN-03)', which is a part of the CNTW(C)19 Engagement and Observation Policy. Only staff that have undertaken the appropriate training and have been signed off as competent to do so should be using this PGN.

An audit tool was developed and agreed with the Group Nurse Director and Associate Nurse Director based on the PGN and the Oxevision Audit Template which has been co-developed with a working group, in line with the National Mental Health and Learning Disability Nurse Directors Forum Guidance (NDF), recommendation:

"Every organisation should have a governance process for reporting, reviewing, and auditing adherence of the SOP (Standard Operating Procedure) in practice, which should include staff use of video based functionality".

There has been no auditing undertaken using the Oxevision Audit Template within the trust.

The purpose of the audit tool was to:

1. Review the consenting process to ensure patients are informed about the use of Oxevision and choices/decisions are documented, acknowledging that the consent model and how this is recorded is changing¹.
2. Check the Oxevision equipment, materials and governance on the ward.
3. Review staff's understanding of the PGN and Oxevision product training requirements and gain their feedback.
4. Obtain Patient feedback on the use of Oxevision as part of their care.

¹Consent Model

The Trust received a letter from NHS England (7 September 2023) and in the letter, NHS England refers to concerns raised about the blanket use of vision-based monitoring systems in inpatient mental health settings. NHS England's view is that these systems should not be used in a blanket way, and that they should be used in a person-centered way.

The Trust did not rely on consent for processing the personal data in question (UKGDPR /DPA 2018), but instead relied upon the following legal bases:

- Article 6(1)(e) - processing is necessary for the performance of a task carried out in the public interest; and

- Article 9(2)(h) - processing is necessary for the purposes of the provision of health or social care or treatment.

The Trust have carefully considered the content of the NHS England letter in the context of its position and the legal basis for the use of Oxevision.

It has been recognised that, on occasions, patients and/or carers may object to the system. The system has a switch-off function, which can only be used if the Responsible Clinician and the MDT (Multi-Disciplinary Team) agree to switch off. The system will remain on even if the patient and/or carer objects until switch off has been agreed via the outlined process in Appendix 5 of the PGN. If a patient and/or carer objects to the system being used, the ward is required to convene a meeting with the Responsible Clinician and MDT to discuss switch OFF at the earliest opportunity. The meeting should take place no later than 72 hours after the request has been received. How the decision is reached for the system to be switched OFF and the rationale for the decision must be clearly recorded in the patient's electronic healthcare record (RiO).

3. Limitations to the scope of the audit

The following limitations were agreed in advance of the audit:

- Testing will be undertaken on a sample basis using the agreed audit tool.
- Due to the nature of the audit and the use of the audit tool i.e., not a typical transactional audit, data analytics will not be used.

The probability of significant errors, fraud, non-compliance and other exposures has been considered in developing the objectives for this work. However, the responsibility for a sound system of internal controls rests with management and work performed by internal audit should not be relied upon to identify all strengths and weaknesses that may exist. Neither should internal audit work be relied upon to identify all circumstances of fraud or irregularity, should there be any, although the audit procedures are designed so that any material irregularity has a reasonable probability of discovery.

4. Corporate significance & risk profile

The audit provides an independent source of assurance for the following strategic ambition and risk identified in the organisation's Board Assurance Framework:

Strategic Aim 1: Quality care, every day

BAF Risk Description: Due to increased demand the Trust is unable to meet regulatory standards relating to access, responsiveness, and performance resulting in a risk to quality and safety of patient care.

5. Key findings

The following section sets out the key findings from this audit. Details of audit findings, by exception, are available at Appendix A.

Patient information: Patient leaflets were not consistently provided on admission. Five of seven wards had no leaflet stock. Admission/transfer checklists and welcome guides did not consistently reference Oxevision. This limits transparency and may breach the consent model, as patients and carers are not fully informed of their rights, including the option to request deactivation.

Patient engagement: Oxevision was not routinely discussed in patient meetings, reducing awareness and transparency around monitoring practices.

System deactivation: Instances were noted where Oxevision was switched off due to undocumented decisions. One ward repurposed active patient areas without updating monitoring protocols. On one ward there were frequent room changes and poor traceability which hinders incident analysis and audit trails. Required incident forms were not consistently completed. Additionally, the PGN lacks a governance process for non-standard switch-offs increasing the risk of inconsistent practices. All of these potentially compromise patient safety and observation effectiveness.

Monitoring oversight: The “Stopped Rooms” report is not cross-checked against governance requirements, risking undetected non-compliance. Associate Director approval is needed before releasing video data from Oxevision.

System configuration: One ward’s seclusion area was mislabeled as “s136” on the Oxevision interface, an unresolved issue despite being reported. Another ward had eight inactive rooms still monitored, raising privacy and data management concerns. A modular unit lacked Oxevision coverage, creating inconsistent monitoring.

Underutilisation: One ward was not actively using Oxevision despite system availability, citing high staffing levels. This limits the benefits of continuous monitoring, especially during staffing shortages.

Mobile device usability: Handheld devices were considered impractical and were rarely used. Staff relied on desktop screens, which may not be audible across wards. The PGN does not address scenarios where handheld devices are not used, potentially delaying responses to alerts, especially when desktop screens are unattended or inaudible.

Signage compliance: Only two of seven wards displayed appropriate signage, risking non-compliance with UK GDPR and other privacy regulations.

System Champions: Four wards lacked an Oxevision champion, reducing on-site expertise and support for effective system use.

Training gaps: Training compliance was insufficient increasing the risk of improper system use and potential safety or regulatory breaches.

6. Recommendation summary

	High	Medium	Low
	2	10	4

7. Acknowledgment

Audit would like to thank management and staff for their help and cooperation during this audit.

Appendix A – Audit findings, by exception

This report has been produced by exception. Therefore, only those areas of weakness in control or failure to apply controls identified from internal audit testing have been included, and not the outcome of all testing undertaken. A summary of audit observations is included at Appendix C. The prioritisation of recommendations is explained in Appendix D.

Compliance requirement	Test result and implication	Rec Ref	Priority
Patients and carers are provided with ward information upon admission, including a standard information leaflet and an easy-read version.	Inconsistent Distribution: Patient leaflets were not consistently provided to patients or carers upon admission. Patient capacity was cited as a limiting factor on three wards (Rose Lodge – would give leaflet to carers, Edenwood, Rowanwood). Stock Availability: Five out of seven wards had no stock of the leaflets during the audit (Rose Lodge, Edenwood, Alnmouth, Warkworth, Lotus). Despite this, three of these ward managers reported that leaflets were provided at admission (Alnmouth, Warkworth, Lotus). Additional Observations: Admission/Transfer Checklist - Oxevision is not referenced. Welcome Guides: • Content varies by pathway. • Oxevision is not mentioned in Edenwood and Rowanwood guides.	1, 2	Medium

Compliance requirement	Test result and implication	Rec Ref	Priority
	Lotus guide includes Oxevision; consider sharing this as good practice across all pathways. As Oxevision is activated in rooms at admission, it is essential that patients and carers are informed, including their right to request deactivation. This will support transparency, uphold patient rights, and ensure compliance with the consent model in place for Oxevision.		
Oxevision will be discussed with patients during individual meetings and ward community forums. All patient or family queries must be fully addressed and documented in the patient's electronic health record (RiO).	During the visits, ward managers were asked whether Oxevision is a standing agenda item in ward community forums or patient meetings. Six of the seven wards visited held such meetings (excluding Rose Lodge due to patient capacity), either as separate or joint sessions with agendas and minutes. There was no evidence of Oxevision being included as a standing agenda item. The absence of Oxevision as a discussion item in patient meetings may result in reduced patient awareness, engagement, and transparency regarding the use of monitoring technology on the wards.	3	Medium
When Oxevision is Switched Off: - Document the patient's objection and discussion in RiO. - Notify the Responsible Clinician within 24 hours. - Convene an MDT (Multi-Disciplinary Team) meeting within 72 hours to: - Review the objection as part of the risk assessment.	It was not possible to carry out the required test for the identified cases where rooms had been switched off, due to anomalies in the process compared to the documented procedure. Details for each room listed in the April 2025 Oxevision Monthly Stopped Rooms Report are provided below: Alnmouth Room Affected: Bedroom 1 Switch-Off Date: 24 March 2025 Status at Audit (2 June): Still switched off	4	Medium

Compliance requirement	Test result and implication	Rec Ref	Priority
□ Assess the patient's capacity. □ Agree on clinical recommendations regarding the use of Oxevision.	Reason: Decision made by ward staff (not patient request) due to high levels of physical observation, which caused continuous alerts from staff presence in the room. Edenwood Room Affected: Lounge 2 (formerly a bedroom) Switch-Off Date: 8 November 2023 Status at Audit (10 June): Still switched off Additional Observations (10 June): Lounge 1 (also formerly a bedroom) displayed a blind running/maintenance screen. Bedrooms 2 and 4 showed "out of monitored area" (updated to Bedrooms 2 and 3 as of 19 June 2025). Ward Manager believes this indicates no occupancy. Reason: Oxevision is intended for use in bedrooms only. Lotus Rooms Affected: Bedrooms 5, 6, 9, 10, 11 Status: Switched off and back on during April 2025; all were active at the time of the audit (9 June). Issue: Retrospective compliance with PGN requirements could not be verified as patient identities were not traceable. Reasons: Frequent room changes due to operational or clinical needs Oxevision is installed in 12 rooms, but only 10 are commissioned for use Inability to verify compliance with the PGN (Practice Guidance Note) due to missing patient data or undocumented decisions undermines assurance over adherence to policy.		

Compliance requirement	Test result and implication	Rec Ref	Priority
	Switching off Oxevision in active patient areas (e.g. bedrooms repurposed as lounges) may compromise patient safety and reduce the effectiveness of observation protocols. Frequent room changes and lack of traceability hinder retrospective analysis and weaken the audit trail, impacting the ability to investigate incidents or trends. In addition, the current PGN does not include a governance process for switch-offs under these circumstances. The absence of a defined governance process for switching off Oxevision in non-standard scenarios (e.g. staff-initiated, operational repurposing of rooms) creates a risk of inconsistent practice and reduced accountability.		
When the Oxevision system is switched off, the ward must complete a web-based incident form for the individual patient. Use the following classifications: ● Cause Group: Blanket Restriction / Restrictive Practice ● Primary Cause: BR04 Oxevision Switch Off Facility Activated	For the identified cases stated above, the required incident forms were not completed as follows: ● Alnmouth – bedroom one (not a patient request) ● Edenwood – switch off of two lounges (formerly bedrooms) ● Lotus – switch off of bedrooms (5, 6, 9, 10 and 11) during April 2025. As stated above, there is no governance process in the PGN where switch off occurs in these circumstances, including whether an incident report should be completed. Without a formal process or requirement to complete incident forms, room switch-offs may occur without appropriate justification or accountability. The Oxevision “Stopped Rooms” report (received from Oxevision two weeks post month end) logs all switch-offs but is not cross-checked	4, 5	Medium

Compliance requirement	Test result and implication	Rec Ref	Priority
	against governance compliance. Potential non-compliance with internal policies or regulatory requirements may go undetected, increasing the risk of staff switching off monitoring without proper cause.		
The ward must inform the Associate Director of the Responsible Clinician's and MDT's decision to switch off the system.	Switch-off cases identified in the April 2025 Oxevision Stopped Rooms Report (Alnmouth, Edenwood and Lotus) did not follow the process outlined in the PGN. Specifically, the required incident reports were not completed, and the Associate Director was not automatically notified as per protocol. The above undermines governance and oversight of patient safety decisions and may delay appropriate escalation or review of switch-off decisions.	4, 5	Medium
The camera status on the Oxevision desktop monitor must accurately reflect the room status (On/Off).	This was satisfactory for all wards visited. However the following observations were made: Rowanwood The seclusion area is incorrectly labeled as "s136" on the Oxevision screen. Although AuditOne was informed that Oxevision had been contacted, the issue remains unresolved. Mislabeling could lead to confusion among staff, miscommunication during incidents, and potential non-compliance with legal or clinical documentation standards. Rose Lodge Oxevision continues to operate in 8 bedrooms that are no longer in use. Rose Lodge has 12 bedrooms but is only commissioned for 4	6	Medium

Compliance requirement	Test result and implication	Rec Ref	Priority
	spaces. This may result in unnecessary data collection, increased system load, and potential privacy concerns. It also suggests inefficient use of resources. Edenwood The modular building within Edenwood's grounds does not have Oxevision installed, unlike the rest of the ward. This creates inconsistent monitoring across the ward, potentially compromising patient safety and staff oversight in the modular unit.		
The monitor should remain powered on, functional, and with volume enabled.	The Oxevision monitor was operational in all wards visited. At Edenwood the ward manager indicated there have never been audible alerts. AuditOne understands that a sound would happen in the event of a red warning. AuditOne only observed an amber alert during the site visit on 10th June 2025 at 11.35am, with no sound as expected. Edenwood is not actively using the system, despite it being functional. Staff cited high staffing levels and close patient engagement as reasons. Whilst the system is supplementary (rather than a replacement for personal care) the April 2025 usage report confirms no alerts and minimal vital sign activity, with only 191 attempts and 39 vitals displayed. Underutilisation of the Oxevision system could potentially limit the benefits of continuous patient monitoring. This may reduce the system's effectiveness in early detection of patient deterioration, especially during unforeseen staffing shortages or high-demand periods.	7	High

Compliance requirement	Test result and implication	Rec Ref	Priority
Staff should use handheld mobile devices for observation monitoring.	The current handheld mobile devices used with Oxevision are considered too large and impractical for regular use on wards. Despite awareness of this issue and a failed pilot by Oxevision of a smaller device, alternative solutions are still under review. Site visits confirmed limited use of the devices, with reliance on desktop screens that may not be audible from all ward areas (Beckfield, Lotus and Rowanwood). The PGN does not address scenarios where handheld devices are not used. Limited use of handheld devices may delay staff response to alerts, especially when desktop screens are unattended or inaudible. The Trust's investment in mobile devices is underutilised, potentially undermining the effectiveness of Oxevision as a clinical support tool.	8	High
Where Oxevision is in use, signage must be clearly displayed in public areas to inform patients and carers.	Only two of the seven wards visited displayed appropriate signage: • Edenwood – displayed poster on the door to the patient area • Lotus – displayed poster in one of the two family rooms Failure to display clear signage where Oxevision is in use may result in non-compliance with privacy and data protection regulations (e.g., UK GDPR) which could lead to reputational damage, regulatory scrutiny, or legal challenges from patients or carers who were not adequately informed about monitoring technologies in use.	9	Medium
Where Oxevision is in use, designated staff will be trained as Oxevision champions on each ward.	Four of the seven wards visited did not have an oxevision champion (Warkworth, Alnmouth, Edenwood and Rose Lodge). Designating and training Oxevision champions ensures that there are knowledgeable staff members available to support the effective use of	10	Medium

Compliance requirement	Test result and implication	Rec Ref	Priority
	the system.		
Where Oxevision is in use, all direct care staff will receive training from experienced ward staff, as outlined in PGN paragraph 7.2 and Appendix 4 (Engagement and Training Plan). It is staffs responsibility to be familiar with relevant PGNs and appendices.	Prior to starting the audit, it was acknowledged that training compliance needed to be improved. Staff initially trained had not used their CNTW email addresses making it difficult to clearly identify who had completed the training. Compliance with the PGN requirement was therefore assessed from discussions with Ward Managers (or equivalent nurse in charge) to determine whether all appropriate staff were trained in the use of Oxevision. Some Ward Managers (Beckfield, Lotus and Rose Lodge) were not aware of the training compliance on the ward. For the remaining wards, Ward Managers were aware of training compliance and one ward (Edenwood) confirmed that approximately one third of their staff had not completed the training. During the course of the site visits the staff Bulletin dated 9th June 2025 contained an article 'Oxehealth/Oxevision training refresh for live wards'. This asked that all inpatient nursing staff refresh their oxevision training by the end of July 2025. Training is to be repeated for all staff using their CNTW email addresses. It also stated that a regular completion report will be provided by the training provider (OxeAcademy e-learning) which can be mapped against ESR using a person's email address. Incomplete training may lead to improper use of the Oxevision system, potentially compromising patient monitoring and timely interventions.	11	Medium

Compliance requirement	Test result and implication	Rec Ref	Priority
Where staff have had the training, the competency form should be signed and countersigned by the trainer/champion.	Ward discussions indicated the competency form is a historical requirement. Staff were unclear on its location or purpose due to its age. With the recent training refresh, the form is no longer considered applicable.	12	Low
It is staffs responsibility to respond appropriately to an Oxevision alert.	Staff were consistently aware of how to respond to Oxevision alerts and warnings. However, the PGN lacks clarity regarding the specific time thresholds that trigger amber warnings (non-sounded) and red (sounded) alerts. A red sounded alert happens when: - Someone is at the bedroom door for more than 30 seconds (less than 30 seconds would show as an amber warning) - Someone is in the bathroom for more than 5 mins (less than 5 minutes would show as an amber warning) The PGN refers to “extended periods”. Ambiguity in the PGN may lead to inconsistent interpretation or delayed responses to alerts, potentially impacting patient safety and staff accountability.	13	Low
It is staff responsibility to understand when and how to request salient (clear video) footage, including the 24-hour request window	Staff awareness of the process for requesting salient CCTV footage within the 24-hour window was inconsistent. While five of seven wards demonstrated awareness, only three ward managers had actually made requests. Two wards (Edenwood and Rowanwood) showed limited awareness, relying on the PGN rather than practical experience. Inconsistent understanding and application of the footage request process may lead to missed opportunities to secure critical evidence,	14	Low

Compliance requirement	Test result and implication			Rec Ref	Priority			
	potentially impacting incident investigations and patient/staff safety.							
It is staffs responsibility to know the process for handling patient/carers requests to switch off Oxevision.	Staff awareness of the process for handling patient/carers requests to switch off Oxevision was inconsistent. At four of the seven wards visited, staff demonstrated a lack of understanding during discussions (Warkworth, Beckfield, Edenwood and Rowanwood). Insufficient staff awareness may lead to non-compliance with patient/carers preferences, potentially impacting patient trust, privacy, and the organisation’s reputation.			15	Low			
Document in RiO any discussions with patients regarding video data requests related to safety incidents	Discussions with patients regarding video data requests related to safety incidents were not consistently documented in RiO. Footage had only been requested on two of the wards visited (Lotus and Beckfield) and RiO did not record the discussion with the patient. On Beckfield, the Ward Manager unaware of the requirement (incident ref 727808 19.03.25). Lack of documentation may lead to non-compliance with data governance protocols and reduced transparency in patient communications.			16	Medium			
Seek Associate Director approval before releasing video data.	For a sample of three requests where video data was released by Oxevision, we looked for evidence to support approval from the Associate Director: <table><tr><td>Incident Number</td><td>Location</td><td>Data Requested By</td></tr></table>			Incident Number	Location	Data Requested By	17	Medium
Incident Number	Location	Data Requested By						

Compliance requirement	Test result and implication			Rec Ref	Priority
	733533	Room 1, Lotus	Caroline Hartley		
	721068	Bedroom 5, Rose Lodge	Samantha Hancock		
	727808	Room 14, Beckfield	Haylie Boldon		
	Unable to locate evidence of approval meaning there is no formal control point, ensuring that sensitive data is not released without appropriate senior-level oversight. There is no approval form, a discussion takes place with the care group, safety and IG (Information Governance) if the footage is required balanced and proportionate. If this is deemed appropriate the footage is sent to Trust Safety not the ward teams.				

Appendix B – Action plan

Rec Ref	Recommendation	Priority	Accepted	Management response	Target implementation	Manager responsible
1	1.1 Ensure consistent provision and availability of Oxevision patient information leaflets across all wards at the point of admission.	Medium	Yes	Oxehealth leaflets, including both standard and easy-read versions, can be ordered following the Trust's standard ordering process. All wards using the system will be expected to confirm that these materials are clearly displayed and readily available on the ward for service users, carers, and visitors.	Nov 25	AND (SCG / Inpt)
	1.2 Incorporate the distribution of the leaflet into the standard admission checklist to ensure it is not overlooked.		No	The purpose of the admission checklist is not to evidence the distribution of leaflets. However, it has been requested that Oxehealth be added to the admission checklist to ensure that patients are made aware of the system as part of the admission process.	Nov 25	AND (SCG / Inpt)
	1.3 Develop a protocol for providing information to carers or next of kin when patients lack capacity, ensuring informed consent principles are upheld.		No	No separate protocol needed to be developed, as information about Oxehealth can be shared with families and carers in the same way we communicate about care and treatment more broadly.		
2	Standardise and update admission/transfer	Medium	Yes	Information about the Oxevision system is currently included in some of the Trust	Nov 25	AND (SCG / Inpt)

Rec Ref	Recommendation	Priority	Accepted	Management response	Target implementation	Manager responsible
	documentation and welcome guides to include Oxevision.			inpatient ward's welcome guide to ensure patients are informed about its purpose and use during their stay. Action required to ensure this is standard across all wards		
3	Ward Managers should ensure that Oxevision is included as a standing agenda item in community forums or patient meetings to support informed patient participation and promote consistent communication across all wards.	Medium	Yes	It outlined in the PGN, all wards must ensure that patient and/or carer community meetings include Oxehealth as a standing agenda item, with discussions clearly evidenced. Ward managers must ensure that Oxehealth is included as a standing item on the agenda for all patient and/or carer community meetings. The addition of Ward champions/Leads (action 10) will support a more robust and consistent approach in practice, helping to address and monitor ward-level functionality and compliance. Action is assurance that the above is in place	Nov 25	AND (SCG / Inpt)
4	4.1 Update the PGN to include clear procedures and authorisation requirements for switching off Oxevision, including documentation standards and rationale recording and whether	Medium	No	The Oxevision switch-off process, including a supporting flow chart, is included within this Practice Guidance Note (PGN).		

Rec Ref	Recommendation	Priority	Accepted	Management response	Target implementation	Manager responsible
	an incident report should be completed. 4.2 Implement a system to log room changes and patient movements in real time, ensuring retrospective audits can identify affected individuals and verify compliance. 4.3 Reaffirm and communicate that Oxevision is intended for use in bedrooms only, and ensure any room repurposing is formally recorded and reviewed. 4.4 Introduce periodic reviews of the Oxevision stopped rooms report, with follow-up actions for unexplained or prolonged switch-offs.		No Yes No	Consent is currently recorded in RIO progress notes + MDT reviews. Consent information will follow the patient and be transferred to any new location. Staff will make any relevant changes to system as required In accordance with the Data Protection Impact Assessment (DPIA), Oxevision is only approved for use in bedroom areas. Re purposed rooms will be switched off. Action is to provide assurance all re purposed rooms are switched off (if changed from bedroom) At present, Oxehealth provides a monthly report that is sent directly to all service leads discuss with ward managers. It is also fed through local and Trust's governance systems for oversight and assurance.	Nov 25	AND (SCG / Inpt)
5	Introduce a process to review the Oxevision report for governance	Medium	No	At present, Oxehealth provides a monthly activity report that is sent directly to all service leads discuss with ward managers. It is also		

Rec Ref	Recommendation	Priority	Accepted	Management response	Target implementation	Manager responsible
	adherence and incident reporting to identify non-compliance.			fed through local and Trust's governance systems for oversight and assurance.		
6	6.1 Follow up with Oxevision to ensure the correction for Rowanwood is implemented 6.2 Disable Oxevision in unused bedrooms at Rose Lodge and update the system configuration to reflect current occupancy. 6.3 Assess the need for Oxevision in the Edenwood modular unit based on its usage.	Medium	No No Yes	Now complete and operational Despite a reduction in the patient population on Rose Lodge, there remains the possibility of room changes, patients accessing rooms or new admissions. Therefore, until the ward is temporarily closed, all rooms will remain active and monitored via Oxevision. An assessment of the Oxehealth system within the Edenwood modular build is currently taking place to review functionality, suitability, and alignment with Trust standards.	Nov 25	Lorna (AND) Hudson
7	7.1 Determine the reason why system is not being used on Edenwood to capture vital signs and alerts, especially during night shifts or periods of reduced visibility.	High	No	Now rectified and Go Live planned Monday 6/10/25	6/10/25	Lorna (AND) Hudson

Rec Ref	Recommendation	Priority	Accepted	Management response	Target implementation	Manager responsible
	7.2 Reinforce awareness and training on the intended use and benefits of Oxevision as a supplementary monitoring tool.		Yes	PGN training delivered to Edenwood 6/10/25. Current training for staff at 75%. Action to attain 85% product training	Nov 25	Lorna Hudson (AND)
8	Expedite trials of more practical handheld options to improve usability and uptake. Include guidance on when handheld devices may not be used and how to mitigate associated risks.	High	No	No option with company to provide an alternative hand held device. No technical solutions but in product development with company		
9	Ensure that all areas where Oxevision is operational have prominent, standardised signage clearly visible to patients, carers, and visitors. Include this check in routine compliance audits.	Medium	Yes	All wards using Oxevision must be able to evidence the presence of relevant posters and leaflets. These materials should be clearly displayed, with surplus copies available to ensure ongoing accessibility for service users, carers, and visitors.	Nov 25	AND's (SCG / Inpt)
10	Ensure that all areas where Oxevision is operational have a Oxevision champion.	Medium	Yes	An Oxehealth 'Ward Champions Group' is established to oversee the implementation, training, and ongoing governance of the Oxehealth system across the Trust. This group provides a forum for sharing best practice, addressing challenges, and supporting continuous improvement.	Complete	Marie Smith

Rec Ref	Recommendation	Priority	Accepted	Management response	Target implementation	Manager responsible
11	11.1 Ensure all direct care staff complete Oxevision training before using the system.	Medium	Yes	The re-launch of Oxehealth product training is currently underway for both existing wards and newly commissioned wards.	Nov 25	Steering Group chair
	11.2 Establish a centralised tracker to monitor training completion rates and flag non-compliance.		Yes	Trustwide at 70% (at 29/9/25). Moving to ESR competency framework. Local management requirement to monitor compliance and achieve 85% overall		
	11.3 Schedule regular refresher courses and ensure Oxevision training is embedded in the local induction process for new starters.			Complete		
12	11.3 Schedule regular refresher courses and ensure Oxevision training is embedded in the local induction process for new starters.	Low	Yes	The Oxehealth Clinical Sub-Group will work in collaboration with the CNTW Academy to develop training that will be integrated into the Electronic Staff Record (ESR) system. This training will include a competency-based assessment at the end of the e-learning module to ensure staff understanding and compliance.	Apr 26	Clinical Sub Group chair
	PGN to be updated to reflect the recent training refresh, negating the need for the completion of the competency form.			The Practice Guidance Note (PGN) will be re-written to align with the Trust's move to a full explicit consent model. The updated version will reflect the requirement for all relevant staff to complete mandatory training and successfully pass the associated		
12	PGN to be updated to reflect the recent training refresh, negating the need for the completion of the competency form.	Low	Yes	The Practice Guidance Note (PGN) will be re-written to align with the Trust's move to a full explicit consent model. The updated version will reflect the requirement for all relevant staff to complete mandatory training and successfully pass the associated	Dec 25	Marie Smith

Rec Ref	Recommendation	Priority	Accepted	Management response	Target implementation	Manager responsible
				knowledge test to ensure understanding and compliance with standards.		
13	Revise the PGN to clarify amber / red alert functionality on behavioural safety alerts <i>Include both time thresholds and colour coding to ensure clarity and consistency in staff response.</i>	Low	Yes	The Practice Guidance Note (PGN) will be re-written to align with the Trust's move to a full explicit consent model. The updated version will explicitly detail the associated warnings and alerts to ensure staff are aware of the risks, responsibilities, and implications of non-compliance.	Dec 25	Marie Smith
14	Consider implementing a brief competency check or scenario-based refresher to ensure all ward managers can confidently and promptly request footage when needed.	Low	Yes	The Oxehealth Clinical Sub-Group will work in collaboration with the CNTW Academy to develop training that will be integrated into the Electronic Staff Record (ESR) system. This training will include a competency-based assessment at the end of the e-learning module to ensure staff understanding and compliance.	Apr 26	Clinical Sub Group
15	Consider introducing a quick-reference guide or checklist to support staff in responding appropriately to such requests.	Low	Yes	The Oxehealth Clinical Sub-Group will work in collaboration with the CNTW Academy to develop training that will be integrated into the Electronic Staff Record (ESR) system. This training will include a competency-based assessment at the end of the e-learning module to ensure staff understanding and compliance. All staff will be required to complete this training every three years, in	Apr 26	Clinical Sub Group

Rec Ref	Recommendation	Priority	Accepted	Management response	Target implementation	Manager responsible
				line with existing mandatory training-engagement and observation.		
16	Reinforce the requirement to document all patient discussions about video data in RiO and provide targeted training to ward managers.	Medium	Yes	A dedicated form on RiO will be developed to align and standardise the documentation of all Oxehealth-related discussions and decisions, ensuring consistency and ease of access across the Trust.	Mar 26	Jenny Myles
17	Document the steps, responsible parties, and expected timelines for obtaining approval before requesting release of video data from Oxevision. Ensure evidence of approval is available.	Medium	Yes	To revisit in revised PGN	Dec 25	Marie Smith

Appendix C – Summary of ward findings

Ref	Question	Learning Disabilities		Acute				Specialist
		Rose Lodge	Edenwood	Alnmouth	Warkworth	Beckfield	Rowanwood	Lotus
CONSENT (Note: No switch off facility is available in the 136 and seclusion suites)								
1	Are patients and carers are provided with ward information upon admission, including a standard information leaflet and an easy-read version?	Given to carer due to patient capacity; no stocks	No due to patient capacity; no stocks	Confirmed do but no stocks	Confirmed do but no stocks		No due to patient capacity; stock held	Confirmed do but no stock
2	Is Oxevision a standing agenda item in ward community forums / patient meetings?	Meetings not held	Answered yes but no evidence of inclusion on agenda	Answered yes but no evidence of inclusion on agenda	Answered yes but no evidence of inclusion on agenda	Answered yes but no evidence of inclusion on agenda	Answered yes but no evidence of inclusion on agenda	Answered yes but no evidence of inclusion on agenda
3	Identify patients where Oxevision is switched OFF and check:	N/A no cases	N/A Related to a lounge which was previously a bedroom; still switched off	Staff decision not a patient request	N/A no cases	N/A no cases	N/A but related incident form about not set in rooms 11-14, technical issue reported to Oxevision	Unable to identify patient in rooms retrospectively due to frequent patient movies due to operational or clinical needs
i)	The discussion / objection is documented in electronic record RiO.							
ii)	Responsible clinician is informed within 24hrs							
iii)	Was an MDT meeting held within 72hrs to: i)discuss objection as part of risk assessment ii)establish patient capacity and iii) clinical recommendations on use of oxevision.							
4	Check that the decision to keep switched ON or OFF is clearly documented in electronic record (RiO).	N/A no cases	N/A no cases	Not a patient request	N/A no cases	N/A no cases	N/A	As per Q3
5	Where the system is switched OFF check that the ward completed a web-based	N/A no cases	N/A no cases		N/A no cases	N/A no cases	N/A no cases	As per Q3

Ref	Question	Learning Disabilities		Acute				Specialist
		Rose Lodge	Edenwood	Alnmouth	Warkworth	Beckfield	Rowanwood	Lotus
	incident form for the individual patient, (using Cause Group: Blanket Restriction / Restrictive Practice and Primary Cause: BR04 Oxevision Switch Off Facility Activated).			Not a patient request				
6	Check that the ward informed the Associate Director about the Responsible Clinician's and MDT decision for switch off.	N/A no cases	Unable to test, no incident form	Unable to test, no incident form	N/A no cases	N/A no cases	N/A no cases	Unable to test, no incident form
7	Check that the Associate Director reported rooms that are switched off through the locality safety meeting for information.	N/A no cases	Unable to test, no incident form	Unable to test, no incident form	N/A no cases	N/A no cases	N/A no cases	Unable to test, no incident form
8	Does the camera status on Oxevision reflect what is recorded in the patient notes (ON/OFF)?	Continues to operate in 8 bedrooms that are no longer in use	Not in modular building				Seclusion area is incorrectly labelled	
WARD REVIEW								
9	Is the Oxevision monitor switched ON and in working order? Does the monitor volume meet the Trust's PGN requirements?		Not actively using the system					
10	Check from discussions that staff only activate the infrared-sensitive camera when an alert is received, or it is clinically indicated that the physical health observations require		As per Q9					

Ref	Question	Learning Disabilities		Acute				Specialist
		Rose Lodge	Edenwood	Alnmouth	Warkworth	Beckfield	Rowanwood	Lotus
	monitoring.							
11	Are the three Oxevision handheld devices present and used on the ward?	Only used for nightshift occasionally				Sometimes use if leave office empty during the day and nightshift	Only used in different office if meeting in office where desktop is located	Used only for nightshift
12	If possible, try to observe staff using Oxevision.	N/A No alerts or warnings during visit or access for vital signs	N/A No alerts or warnings during visit or access for vital signs	N/A No alerts or warnings during visit or access for vital signs	N/A No alerts or warnings during visit or access for vital signs			
13	Are there any problems with WIFI affecting the use of Oxevision hand held devices? If yes, has this been reported/escalated to the IT department?		Wi-fi not good on ward, but handhelds are not used	No problems but handhelds not used	No problems but handhelds not used		Wi-fi not good on ward, but handhelds are not used	
14	Are the Oxevision posters present and displayed appropriately on the ward?		On door to patient area					In one of the two family rooms
15	Are the Oxevision leaflets present and available for staff and patients / carers?							
STAFF TRAINING								
16	For a sample of wards:	No Oxevision Champion	No Oxevision Champion	No Oxevision Champion	No Oxevision Champion	Oxevision Champion	Oxevision Champion	Oxevision Champion
i)	Confirm there is a designated Oxevision champion							
ii)	From discussions with the Ward Manager check that all users of Oxevision on the ward have received the training.	Unaware of who trained; some training registers but cannot locate	Only about third of staff trained	Aware of staff trained	Aware of staff trained	Unaware of who trained	Aware of staff trained	Unaware of who trained

Ref	Question	Learning Disabilities		Acute				Specialist
		Rose Lodge	Edenwood	Alnmouth	Warkworth	Beckfield	Rowanwood	Lotus
16iii)	From discussions with a sample of staff check they have accessed the appropriate training (when / how / are they registered with Oxe Academy?)					Clinical Nurse Specialist not trained		
17	For a sample of staff who have had the training, ask if they have signed the competency form (also countersigned by the trainer / champion). Request a copy to confirm.	Competency form is a historical requirement. With the recent training refresh, the form is no longer considered applicable.						
18	For a sample of staff who have received the training ask if they have read / are aware of the PGN's and appendices.		Not raised as a finding as training being refreshed which references PGN		Not raised as a finding as training being refreshed which references PGN			
19 i) ii)	Ask a sample of staff: Can you tell me in what circumstances you would take vital signs reading using Oxevision? If you are unable to obtain vital signs reading, what would you do next?							
20	Ask a sample of staff: When is it appropriate to take vital signs?	Covered by Q19						
21	For a sample of staff: Tell me what you would do in response to an Oxevision alert?							
22	For a sample of staff: Tell me in what circumstances would you be required to request salient (Clear	Have requested previously but not for Rose Lodge	Never requested would find out if needed			Have requested previously	Never requested would find out if needed	Have requested previously

Ref	Question	Learning Disabilities		Acute				Specialist
		Rose Lodge	Edenwood	Alnmouth	Warkworth	Beckfield	Rowanwood	Lotus
	Video Data – CVD) footage? Explain to me how you request salient footage.							
23	Ask a sample of staff: If a patient / carer asks for Oxevision to be switched off, what is the process to follow?							
24ii) ii) iii)	Ask the Ward Manager whether the ward has the ‘pause’ function enabled. If so ask a sample of staff: Are they aware of why the pause function is used? Do they know what the governance process is to have it set up on the ward? Do they know how to apply the pause function for a patient.	No cases						
25	Ask a sample of staff: Do you have any feedback about Oxevision.	Not tested due to time and ward operational constraints						
OXEVISION DATA TO SUPPORT SAFETY INCIDENTS – COMPLIANCE TESTING. See also question asked in Staff Training section ref 22.								
26	If (identifiable) recording/footage from the camera is requested to support safety incidents, check RiO records the discussion staff had with the patient to inform them of this request.	No cases	No cases	No cases	No cases		No cases	
27	Obtain details of requests made (by Nurses in Charge) to Oxevision customer services (via 24/7 call line). Was there any / many cases where footage had been	Unable to identify requests as they are made by phone. Safety Team unable to identify cases where footage deleted. No other information available to identify requests / deleted footage						

Ref	Question	Learning Disabilities		Acute				Specialist
		Rose Lodge	Edenwood	Alnmouth	Warkworth	Beckfield	Rowanwood	Lotus
	deleted because request to capture was not received in time.							
28	For a sample of requests where video data was released by Oxevision, obtain documentation to support approval from the Associate Director.		No cases	No cases	No cases		No cases	
PAUSE FUNCTION – COMPLIANCE TESTS								
29	Ideally do this test for the wards visited (if appropriate). Identify patients who have the pause function enabled and check: i) Associate Director approval is available to support the use of the pause function. ii) The ward has completed a web-based incident form using cause group: blanket restrictions / restrictive practice and primary cause: BR03 Oxevision pause facility activated.	No cases	No cases	No cases	No cases	No cases	No cases	No cases
30	Check that the Ward Manager reviews the Oxevision monthly data report and ensures that the pause function usage correlates with MDT decision and associated documentation. Ask to see an example of this check.	No pause cases	No pause cases	No pause cases	No pause cases	No pause cases	No pause cases	No pause cases

Appendix D – Findings’ prioritisation and assurance definitions

Findings Prioritisation

High	A fundamental weakness in the system that puts the achievement of the systems objectives at risk and / or major and consistent non-compliance with the control framework requiring management action as a matter of urgency.
Medium	A significant weakness within the system that leaves some of the systems objectives at risk and / or some non-compliance with the control framework.
Low	Minor improvement to the system could be made to improve internal control in general and engender good practice but are not vital to the overall system of internal control.

Assurance Definitions

Substantial	Substantial assurance: compliance with the control framework was found to be taking place.
Good	Good assurance: a high level of compliance with the control framework was found to be taking place. Remedial action is required.
Reasonable	Reasonable assurance: compliance with the control framework was not found to be taking place in a consistent manner. Some moderate remedial action is required.
Limited	Limited assurance: compliance with the control framework was not found to be taking place. Immediate and fundamental remedial action is required.

