Leicestershire Partnership NHS Trust

Executive Management Board - 05 August 2025

(Confidential paper)

Oxehealth – Learning from contract

Purpose of the Report

This paper outlines the learning from the digital monitoring service selected to use in inpatient services with the supplier Oxehealth.

The digital monitoring service (Oxevision) is a contact-free vision-based patient monitoring platform. The Oxevision system uses optical sensors to remotely measure a patient's pulse and breathing, by detecting changes in skin tone and chest movements, even when they are under bedding. The sensor also has the ability to alert if a patient is at risk of falling as they get out of bed, or if a patient displays behaviour that may be a risk to their safety. The medical grade optical sensor relays information to clinicians, with viewing screens installed in nursing offices as well as hand-held devices.

Oxevision has been launched twice since the contract commenced with an overall result of contract termination. The report will include the details of the original business case, rationale as to why benefits anticipated were not achieved and learning from the contract termination.

Analysis of the issue

Summary of business case

The Oxevision system was first introduced to LPT July 2022 following completion of a full business case approval process. The business case was approved at SEB on 01st April 2022 which resulted in a 3-year contract with OxeHealth.

The original business case outlined six core outcomes identified as the projected outcomes and was to be implemented across 7 inpatient wards the cared for different patient groups (Adult Acute, MHSOP, Huntington's Disease, Community Health and CAMHs). The Projected outcomes were as follows:

Outcome category	Desired outcome
1. Improved patient safety	Reduction in incidents, including but not limited to self-harm (ligatures), violence and aggression, assaults Faster response time to incidents and potential reduction in harm Learning from near misses and incidents
2. Improved physical health monitoring	Improved adherence to physical health monitoring, for example post-rapid tranquilisation Earlier detection of physical health deterioration
3. Improved patient care	More information to support clinical decision making, including to support engagement with the patient

	Improved observation level mix through supporting the risk management to ensure the least restrictive practice
4. Improved patient, carer experience	Improved patient and carer experience related to sense of wellbeing, safety, privacy and sleep/disturbance
5. Improved staff experience	Reassurance/peace of mind that patients are safe Greater confidence in managing patient risk Improved sense of feeling safe
6. Increased time to deliver direct care	Effective risk management to support clinical decision making in relation to patient safety leads to fewer or shorter enhanced observations where appropriate Efficient observation rounds at night Better use of staff time due to fewer incidents

After careful clinical consideration, the six core outcomes were focused on the desire to improve patient and staff safety while reducing ligatures, violence and aggression within inpatient wards. It was anticipated that if the core outcomes were achieved it would support LPT to deliver operational value in releasing time and generating cashable savings.

Investment into the 7 identified wards (capital was required in addition to support with pre works)

Capital set-up cost (excl. VAT)	**2022/23**	**2023/24**	**2024/25**	**2025/26**	**Total**
Oxehealth installation fee	**[I/S]**				**[I/S]**
Revenue: Oxehealth Annual Service Licence (excl. VAT)	**[I/S]**	**[I/S]**	**[I/S]**	**[I/S]** **(termination fee)**	**[I/S]**

Year 1 – April 2022 to March 2023

Project governance was implemented, which included a clinical subgroup and installation subgroup that fed into the implementation steering group.

Installation began on the 7 clinical priority wards identified in the original scope:

- Ashby installation complete 28/11/2022
- Aston installation completed 14/11/2022
- Coleman installation completed 02/02/2023
- Watermead partly installed 02/02/2023 – High acuity prevented install of boxes
- Mill Lodge/ The Beacon/ Clarendon – Not installed (Clarendon had a COVID outbreak)

Following initial install the project steering group commissioned go live on Aston ward (go live 01 Dec 22) and Ashby ward (go live 26 Jan 23). At the time, Aston was a male functional MHSOP ward and Ashby adult female acute ward. It was agreed by the steering group with input from the clinical subgroup that LPT would follow an opt out consent approach. This

approach meant all patients would have the system switched on but could request for it switched off, if the MDT agreed it would be appropriate to do so.

Initial feedback from Aston ward:

- If there are patients who are mobile the out of bed alerts are going off constantly and at present this cannot be changed. This is resulting in the ward having to put one member of staff on Oxevision an hour, taking up more staff time rather than reducing.
- Only works if the bed is positioned in a certain place, patients do move the beds or edge slightly, if not in the exact place vital signs will not be picked up. With MHSOP having profile beds this was happening a lot resulting in staff attempting and then having to check patient physically.

Initial feedback from Ashby ward:

- High numbers of bank and agency particularly at night impacting on the ability to utilise the system as staff are coming on shift who are not trained or aware of use, at times there have been no staff who have been able to use the system. This posed additional patient safety risks and there were discussions to pause further use of Oxevision on Ashby ward until substantive staffing levels improved and stabilised.

The project group considered removing the out of bed alerts to support with Astons concerns and worked with Ashby in trying to support Ashby with their high numbers of bank and agency. Brigid was also being implemented across wards resulting in multiple new systems and ways of monitoring obs being introduced at once which provided challenge.

To support with moving forward, one-off feedback in the form of a report was due March 2023 and a full quantitative outcomes report following 12 months of use (Approx Dec 23).

However, following a privacy and dignity incident that took place in early 2023 on another ward (not linked to Oxevision use), potential safeguarding concerns were raised with regards to the privacy and dignity measures that Oxevision provided in its current format, and the ability for staff to observe patients in their bedrooms without any measures in place. In addition to the factors already mentioned, this resulted in Oxevision being paused in March 2023 after only 3-4 months of use.

Year 2 – April 2023 to March 2024

Following the system pause, a visit to Oxehealth was arranged for 07 August 2023 with key leads (Director of Mental Health, Deputy Director of Mental Health, Head of Nursing AHPs & Quality DMH, Interim Deputy Director of Nursing and Quality, CHS Inpatient Matron, FYPC ward sister). The purpose of the visit was to review the system and understand new developments put in place to address feedback LPT had provided Oxehealth with following original scoping/ implementation, in particular with safeguarding of the system.

Developments – Oxehealth have added an alert system (demo'd to group) to identify if a staff member is accessing the system more than they 'should be', it would be easy to identify who that staff member was via the logging out system.

Outcome – The group felt more reassured with developments and took away for further consideration.

Around the time of the visit Oxehealth there was a lot of media attention around Oxehealth on the news and social media with patients expressing their concerns with the system. A letter

was provided to trusts with vision-based monitoring systems by NHS England in September 2023 stating the following:

- It is our view that Vision-based monitoring systems should never be implemented in a blanket way and that any decisions to use VBMS in patient bedrooms should be made in a person-centred way, with the patient themselves where they have capacity to make a decision or through a Best Interest process compliant with the Mental Capacity Act 2005 where they lack capacity to consent to the monitoring system.
- The use of such systems should be carefully considered on a case by case, patient by patient basis to ensure that any decision to use such systems has a legitimate aim and is both lawful and fair. Their use must also be proportionate to the aim. We are, therefore, asking all services to please review, clinically and ethically, current VBMS practice within your organisation to ensure your use of these technologies aligns with the principles of least restrictive, compassionate, therapeutic and personalised care.

Following consideration of all factors leading to the pause, it was agreed by the Directorate of Mental Health, Directorate Management Team to relaunch the Oxevision project, with a renewed ToR and focus more on sleep hygiene opportunities and ligature safety rather than physical health monitoring as much, in order to re-evaluate the benefits of the system. Ashby ward was the chosen ward to complete the pilot as the devices were fully installed and substantive staffing had significantly improved.

Year 3 – April 2024 to March 2025

The project group developed a project plan to support with a pilot on Ashby ward. Following review of patient feedback and NHSEs letter, the model for the pilot was based on explicit consent. Consent would be reviewed daily and those patients wishing to withdraw their consent will have their rights respected unless they are in seclusion without capacity.

A SOP and DPIA were developed however concerns from data privacy were raised leading to a review of the DPIA by the information commissioner's office, this took time to approve, and final approval was received 3rd October 2024.

For the pilot it was agreed that the focused projected outcome would be outcome 4, Improved patient and carer experience related to sense of wellbeing, safety, privacy and sleep/disturbance. To do this staff were asked to complete all level 1 & 2 obs utilising Oxevision for those that consented overnight. In addition, staff were trained on the alert function to use during the date which alerted them when patients were in their ensuites for more than 3 minutes, if the patient was hovering at their bedroom door and if a second person entered the room.

It was the understanding of the project team, from procurement that notice would need to be provided to Oxehealth 4 weeks before the contract termination date (01 April 2025). The pilot was therefore set to take place over an 8-week period commencing from Thursday 14th November 2024 until Friday 10th January 2025 to provide sufficient time to evaluate. Following the pilot end an evaluation took place measuring feedback from staff, case studies, patient sleep survey, consent uptake and any change in incidents.

A summary of findings was as below:

- The number of patients who consented during the pilot was less than half with 16 patients consenting and 22 patients not consenting (42% of patients).

- Out of the 14 bedrooms with the Oxevision devices installed the average number of rooms switched on at one time was 5, the lowest was 1 and the most was 8 at one time.
- Patients withdrew consent when they understood that there were cameras.
- Staff raised concerns with the devices often not taking vital signs resulting in the need to physically check the patient.
- One patient slept in interview room as refused to stay in a bedroom with Oxevision (even with it switched off). This patient did originally consent however their mental health declined and withdrew consent. This patient was pregnant and did not have a bed to sleep in until a bed was located on another ward.
- It was evidenced that patients who did consent to Oxevision that their sleep had improved due to less disturbances in the night.
- There was one scenario where a nurse informed the project team that there was a avoidance of potential self-harming behaviours following an observation made using Oxevision.
- As Ashby ward already had safehinge doors there was already a system in place to support with any door incidents, therefore the at the door alert were not essential.
- Ashby ward only has 2 ensuites therefore the alert for being in en-suite for more than the set parameters did not make a noticeable impact.

Findings against original six core outcomes

Over the 3-year contract, LPT attempted to utilise the vision-based monitoring system to achieve the six core outcomes highlighted in the original business case.

Outcome category	Outcome achieved
1. Improved patient safety	There was one case study provided by a staff member during the Ashby pilot that did evidence that they were able to identify a change in a patient's behaviour by utilising Oxevision, this allowed them to intervene before it escalated. There was no further evidence and no noticeable changes in incidents during the use of Oxevision.
2. Improved physical health monitoring	No evidence during the pilot that staff identified deterioration of physical health during the use however this was not the focus of the pilot.
3. Improved patient care	Patients reported to be less disturbed at night, however there was no further evidence that patient care improved.
4. Improved patient, carer experience	Some patients who consented did feedback that they felt their sleep had improved during the Ashby ward pilot as they experienced less disturbance.
5. Improved staff experience	Staff felt positive that it did improve some patients sleep and therefore improvements were noticed to mental health. Some staff also fed back that the felt it did help in managing patients risk as there were extra alerts to notify them if they should check the patient on top of their usual obs. However, staff were concerned the system did not always pick up both vital signs resulting in double checks.
6. Increased time to deliver direct care	Due to the explicit consent model staff were completing obs different at night depending on the consent status which resulted in more time completing paperwork. Oxevision also does not feed into the EPR and therefore staff still had to compete the observation paper work.

Contract termination

An evaluation report and financial analysis was taken to the DMH FPP / DMT in January. After consideration by the DMT it was agreed that termination of the contract was the most appropriate decision following the insignificant evidence from the pilot in comparison to the financial burden. Oxehealth was sent formal notice to end the contract 18 February 25 by the procurement team. Initial contract end date was expected 31 March 25 in line with the 4-week notice discussed between Procurement and Oxehealth in October 24.

Oxehealth responded to inform LPT procurement that contractually a 6 months' notice must be provided and therefore the contract is unable to be terminated for a further 12 months, Oxehealth provided two counter proposals:

Proposal 1

Oxehealth would reduce the cost of the six-month notice period to [I/S] providing a saving of [I/S] for the Trust, and provide Oxevision free of charge until 1st May '26, subject to the following:

- The Trust commits to switching the system back on in Ashby and implementing it in an older adult ward, Clarendon to enable:
- A comprehensive evaluation of the system's clinical & health economic impact over an extended period, in addition to assessing its value across different service types
- This would support with informed decision-making around whether to continue with the system in the longer-run
- Oxehealth will cover capital installation costs on Clarendon ward* (Ashby ward is already installed & has been live)
- The system's implementation and evaluation is led from nursing, with [I/S] as SRO for the project
- Oxehealth will also offer its digital observation tool free of charge (We understand there are potential challenges with the existing tool the trust is using).

Proposal 2

Oxehealth will reduce the cost of the six-month notice period to [I/S] providing a saving of [I/S] for the Trust, and provide Oxevision free of charge until 1st May '26, subject to the following:

- The Trust commits to implementing the system on Ashby, Watermead and an older adult ward, Clarendon to enable:
- A comprehensive evaluation of the system's clinical & health economic impact over an extended period, in addition to assessing its value across different service types and multiple wards.
- This would support with informed decision-making around whether to continue with the system in the longer-run
- Oxehealth will cover installation costs on Clarendon and Watermead wards* (Ashby ward is already installed & has been live, Watermead has been cabled)
- The system's implementation and evaluation are led from nursing, with [I/S] as SRO for the project.

Options were considered however it was agreed at EMB 01 April 25 that LPT would not be agreeable to either of the proposals put forward and asked for the contract to be terminated at a negotiated exit settlement.

A confirmed settlement of [I/S] has now been agreed and arrangements are being made with Oxehealth to pay the settlement fee and collection of remaining equipment. The value of the contract for 25/26 was [I/S] and therefore this represents a cost saving of [I/S] in 2025/26.

Conclusion

To conclude there was no strong evidence that has convinced LPT to continue with utilising the Oxevision system.

During the 3-year contract there were several challenges and delays, these included the pause due to concerns with to safeguarding / bank and agency usage. The delays in the information commission office approving the DPIA so that the pilot could launch and the challenge with uptake following a change of direction with the consent model.

Following NHSE's guidance, the model for the pilot was based on explicit consent. This provided challenge to the success of the system. With an average uptake of around 42%, staff were completing two methods of observation and therefore did not improve staff efficiency. The staff during the Ashby pilot were also concerned that the system was not always picking up both vital signs (pulse and heart rate) and therefore still disturbing patients at night to complete observations. During the pilot some patients did report that their sleep had improved

Although for some patients sleep hygiene improved, there was no clear financial benefit to Oxehealth, with no reduction in 1:1 observation, no evidence of releasing time efficiency and no reduction in incidents or patients' length of stay.

Decision required – Please indicate:

Briefing – no decision required	**x**
Discussion – no decision required	
Decision required – detail below	

Governance table

For Board and Board Committees: Paper sponsored by:	Executive Management Board DMH Directorate Management Team	
Paper authored by: Date submitted:		
State which Board Committee or other forum within the Trust's governance structure, if any, have previously considered the report/this issue and the date of the relevant meeting(s): If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e., assured/ partially assured / not assured: State whether this is a 'one off' report or, if not, when an update report will be provided for the purposes of corporate Agenda planning		
LPT strategic alignment:	**T** - **T**echnology	x
	H – **H**ealthy Communities	
	R - **R**esponsive	x
	I – **I**ncluding Everyone	
	V – **V**aluing our People	x
	E – **E**fficient & Effective	x
CRR/BAF considerations *(list risk number and title of risk):* Is the decision required consistent with LPT's risk appetite:		
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Positive confirmation that the content does not risk the safety of patients or the public		
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