

SUMMARY REPORT	BOARD OF DIRECTORS PART 2				7 May 2025		
Report Title:		Update on Oxevision					
Executive/ Non-Executive Lead / Committee Lead:		Zephan Trent, Executive Director of Strategy, Transformation and Digital					
Report Author(s):		Zephan Trent, Executive Director of Strategy, Transformation and Digital					
Report discussed previously at:		Quality Committee (earlier version on 10 April 2025)					
Level of Assurance:		Level 1	✓	Level 2		Level 3	

Risk Assessment of Report		
Summary of risks highlighted in this report		
Which of the Strategic risk(s) does this report relates to:	SR3 Finance and Resources Infrastructure	
	SR4 Demand/ Capacity	
	SR5 Statutory Public Inquiry	✓
	SR6 Cyber Attack	
	SR7 Capital	
	SR8 Use of Resources	
	SR9 Digital and Data	
	SR10 Workforce Sustainability	
	SR11 Staff Retention	
	SR12 Organisational Development	✓
	SR13 Quality Governance	✓
Does this report mitigate the Strategic risk(s)?		
Are you recommending a new risk for the EPUT Strategic or Corporate Risk Register? <i>Note: Strategic risks are underpinned by a Strategy and are longer-term</i>		
If Yes, describe the risk to EPUT's organisational objectives and highlight if this is an escalation from another EPUT risk register.		
Describe what measures will you use to monitor mitigation of the risk		

Purpose of the Report		
To update the Trust Board on changes to the consent process and patient involvement for Oxevision following review of the latest guidance from NHS England and feedback from a patients, carers, and staff focus group held by the patient experience team. To agree the position of the Board regarding the use of Oxevision at EPUT.	Approval	✓
	Discussion	
	Information	✓

Recommendations/Action Required
The Board of Directors is asked to: Note the eight principles set out in the NHS England guidance on use of digital technologies in mental health inpatient treatment and care (February 2025).

- Note the review of the trust Standard Operating Procedure to ensure it is in line with the latest guidance from NHS England, particularly in relation to patient involvement and consent which has been approved by the Oxehealth Steering Board.
- Note the legal review and advice provided regarding the Standard Operating Procedure.
- Note the findings and recommendations of the thematic review of the patients, carers, and staff focus group by the patient experience team which have been approved by the Oxehealth Steering Board.
- Endorse the changes to the consent processes and the information provided to patients to inform their consent during and after admission, including changes to ensure that if consent is withdrawn the system is deactivated as soon as possible with the appropriate clinical oversight
- Endorse the proposal to engage with Oxevision regarding options for the introduction of physical or other barriers that visually indicate to patients when the Oxevision system is deactivated to reduce risk of trauma for patients
- Request that further review and learning is undertaken on the use of Oxevision and reported to the Board in future following review by Quality Committee.
- Note that the Oxevision Project Board will provide a report (through the Safety of Care Group) to the Quality Committee on progress of the above.

Summary of Key Points

Purpose

To update the Trust Board on changes to the consent process and patient involvement for Oxevision following review of the latest guidance from NHS England and feedback from a patients, carers, and staff focus group held by the patient experience team. To agree the position of the Board regarding the use of Oxevision at EPUT.

Summary

The Oxevision system was first implemented at EPUT in 2020 following demonstrations to clinicians at EPUT lab in 2019. An 'Early Insights and Implementation Lessons Learned' report including patient and staff feedback was presented to the Executive Operational Committee in August 2020. In September 2020 a paper was submitted to the Trust Board of Directors recommending the further roll-out, purchase and installation of Oxehealth to support quality and safety across a number of the Trust's inpatient mental health wards. The trust has continued the roll out of Oxevision across inpatient and specialist inpatient wards in a number of phases since then. This includes the Time to Care business case was presented to Board in June 2023, which detailed the further rollout of Oxevision onto EPUT wards.

The implementation of the Oxevision system has been overseen by the trust's executive chaired Oxehealth Project Board. The use of Oxevision is set out in the trust's *Standard Operating Procedure for the use of Oxehealth Oxevision and Oxevision Observations*. This document has been reviewed and updated a number of times to incorporate learning and improvements to the use of the system. The latest document is version 12, which was approved by the Steering Board pending final legal review on 30 April and is expected to come into effect on 7 May 2025.

The latest Standard Operating Procedure (SOP) was updated following:

- review of new NHS England guidance on use of digital technology in mental health inpatient treatment and care (February 2025)
- feedback from a patient, carer and staff focus group facilitated by the trust's patient experience team, which took place in March 2025 following commission in January 2025 and terms of reference being approved in February 2025
- external legal review and comment on proposed drafting of the SOP.

The principal changes to the SOP relate to consent. In line with the NHS England guidance, the latest SOP takes a human rights approach with a focus on individual informed consent at the point of admission and throughout treatment and/or assessment on mental health wards with consent to be recorded

explicitly in the patient record. This is a significant change from the previous approach of informed implicit or implied consent where patients were provided with information about the system and consent was implied unless an objection was made. The specified time limits for responding to the withdrawal of consent by a patient have been changed from a maximum of 72 hours to a maximum of 6 hours and the updated SOP is clear that the system should be switched off as quickly as practicable and safe.

The adoption of the latest SOP is supported by the following:

- Clinical Safety Case
- Quality and Equality Impact Assessments
- Data Protection Impact Assessment
- Trust Privacy Notice
- Implementation Plan for SOP Version 12

Legal review and advice (attached) in relation to the updated SOP has been obtained. In particular, it notes that:

[LPP]

The Project Board has approved the recommendations from the thematic review of the patient, carer and staff focus group. These include more accessible information for patients, families and supporters, improved external communication/information, regular sharing of information with patients throughout their care and treatment, establishment of an Oxevision involvement group, and creation of a network of Oxevision champions, using peer workers where possible to support people with understanding the system.

In addition, the Project Board has agreed to engage with Oxevision regarding options for the introduction of physical or other barriers that visually indicate to patients when the Oxevision system is deactivated to reduce risk of trauma for patients.

Since Oxevision was first implemented at the trust there have been a number of changes to how the system is used. These changes have been informed by learning from serious incidents / patient safety incident investigations, findings from coroner's court including prevention of future death reports, and feedback from staff and patients. In a number of respects, past use of the system has fallen below what we would expect now. In particular:

- Consent to use of the Oxevision system should not have been implied at admission, and should have been explicit informed consent.
- There should have been better communication and information sharing to ensure that information was provided to patients, families and carers in a clear, concise and person-centred way which allowed them to be involved in decision making about the use of Oxevision in their care.
- Greater consideration should have been given to the impact of Oxevision on those who have suffered and/or continue to suffer trauma.
- There should have been processes in place to allow for continued patient, family and carer engagement and feedback on the system.
- There should have been better training for staff on the use of Oxevision and how it works to enable them to have more informed conversations with patients, families and carers.
- There should have been greater oversight at the outset of the practical use of Oxevision on the wards, in particular to address alarm fatigue and to ensure that each alarm was always actioned by a face to face visit with the patient and that alarm volume settings were not adjusted by staff.

These issues have been addressed by the Oxehealth Project Board in the latest SOP, the SOP implementation plan, patient involvement recommendations and through previous changes to the SOP, staff training and information available to patients.

The witness evidence will acknowledge these deficits and that there have been a number of improvements over time which are reflected through updates to the SOP and changes to practice including training of staff and information available to patients. It will acknowledge that the trust has sought to make improvements and learn from incidents throughout this period.

Relationship to Trust Strategic Objectives

SO1: We will deliver safe, high quality integrated care services	✓
SO2: We will enable each other to be the best that we can	✓
SO3: We will work together with our partners to make our services better	✓
SO4: We will help our communities to thrive	✓

Which of the Trust Values are Being Delivered

1: We care	✓
2: We learn	✓
3: We empower	✓

Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:

Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan & Objectives			✓
Data quality issues			
Involvement of Service Users/Healthwatch			✓
Communication and consultation with stakeholders required			
Service impact/health improvement gains			✓
Financial implications:			
			Capital £
			Revenue £
			Non Recurrent £
Governance implications			
Impact on patient safety/quality			QIA
Impact on equality and diversity			QIA/EIA
Equality Impact Assessment (EIA) Completed	YES	If YES, EIA Score	

Acronyms/Terms Used in the Report

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Supporting Reports and/or Appendices

Board Report
Appendix 1 – Legal advice

Executive/ Non-Executive Lead / Committee Lead:

[I/S]

Zephan Trent
Executive Director, Strategy, Transformation, and Digital

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Recommendations

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Background

The Oxevision system was first implemented at EPUT in 2020 following demonstrations to clinicians at EPUT lab in 2019. The system was already being piloted at Oxford Health NHS Foundation Trust and its demonstration was supported by discussions with UCL Partners. In 2020, feedback was received from staff and patients on Peter Bruff Ward and Ardleigh Ward at the Lakes. Views were sought from patients by conducting questionnaires, one to one interviews and focus groups. Feedback was presented to the Executive Operational Committee in August 2020 in an 'Early Insights and Implementation Lessons Learned' report. In September 2020 a paper was submitted to the Trust Board of Directors recommending the further roll-out, purchase and installation of Oxehealth to support quality and safety across a number of the Trust's inpatient mental health wards. The trust has continued the roll out of Oxevision across inpatient and specialist inpatient wards in a number of phases since then.

NHS England Principles

NHS England published *Principles for using digital technologies in mental health inpatient treatment and care* in February 2025.¹

The principles for digital technologies help clinicians consider whether use of a digital technology is the most appropriate, effective and least restrictive method of caring for or treating a patient in

¹ [NHS England » Principles for using digital technologies in mental health inpatient treatment and care](#)

inpatient mental health settings. They are founded upon the a human-rights approach and have been created in view of the coproduced [Culture of care standards for mental health inpatient services](#), which describe 12 core commitments to improve the culture of care on inpatient wards.

The 8 principles guide decision-making on procurement, implementation and use of digital technologies in mental health inpatient settings. They also offer practical recommendations on areas including data protection, policy, staff training and recording in patient care and treatment plans.

Principles

Principle 1: Any use of digital technology will support a human rights approach to care

Principle 2: 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 interest's decision-making process

Principle 3: Patients' opportunities to access available digital technologies to enhance their care and treatment must be equitable

Principle 4: Co-production must occur at procurement, testing, implementation and evaluation of all digital technologies

Principle 5: 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

Principle 6: 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

Principle 7: 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

Principle 8: 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

NHS England Guidance on Consent

A summary of the guidance has been detailed below with a specific reference to consent. We welcome this explicit guidance re consent and the way we share information to ensure it is understood and frequently revisited during an inpatient admission.

This is in summary form from [NHS England » Principles for using digital technologies in mental health inpatient treatment and care](#)

1. Informed Consent is Central

Patients must be fully informed about how and why digital technologies are used.

Consent should be voluntary, ongoing, and clearly documented, not just a one-time checkbox.

Information must be delivered in an accessible, understandable way, accounting for mental state, capacity, and communication needs.

2. Respect for Autonomy

Patients should have the right to decline or withdraw from digital interventions without impacting their care.

Consent includes decisions about data collection, monitoring, and sharing (e.g., through apps, wearables, or electronic records).

3. Capacity and Mental Health Contexts

Capacity to consent may fluctuate in inpatient settings; repeated and context-sensitive consent discussions are essential.

When capacity is impaired, decisions must follow legal frameworks and always consider the least restrictive alternative.

4. Transparency in Data Use

Patients must understand what data is being collected (e.g., mood tracking, activity monitoring), who can access it, and how it will be used.

Be clear about risks, benefits, and limitations of technology — especially in high-risk environments.

5. Ethical Use of Technology

Technologies should never be used for covert surveillance or control without clear legal and ethical justification.

Informed consent must be free from coercion, especially in involuntary or restrictive settings.

6. Co-Production Builds Trust

Involving service users in the design and rollout of digital tools helps ensure consent processes are meaningful and patient-led.

Findings

With oversight from the trust project board, the trust SOP has been reviewed ensuring continued alignment with national guidance. This is also informed by our engagement arm of our governance programme to ensure the lived experience of our patients and their loved ones continues to be central to our work programme and we understand the impact of our practice on those who use our services.

The next steps for the work programme which were presented to the Project Board and to the Quality Committee were:

- Review of our patient, carer and staff engagement focus groups that took place in March 2025. Agree the approach of quarterly focus groups that include online focus groups, community meeting/ safety huddle ward focus groups, family and carer led discussions led by our family and carer ambassadors and the offer of individual feedback options if all other forums are not suitable. This would happen quarterly and the suggested governance would be to inform the project board and quality committee. This process would continually inform practice as we move forward.
- Review role of advocacy in supporting patient voice in relation to consent
- Review of how we document informed consent and describe process regarding capacity

- Review role of family and carer ambassadors in relation to family and carer information regarding their loved ones and use of Oxevision
- Review of the use of the system to inform SOP update
- The trust SOP review is finalised with suggested final draft by April 2025, ensuring alignment to recently published national guidance.
- Project plan developed with any actions agreed from engagement feedback and SOP review.

In line with the Trust's Board Approved Strategic Plan and Quality of Care Strategy, the approach will be trauma informed.

The trust will look at options to assure patients that the system is switched off when consent is withdrawn, including working with Oxehealth on options to introduce physical or other barriers that visually demonstrate the system is deactivated

Patients, carers, and staff Focus Group

In January 2025 it was requested by executive leaders that a focus group be held with patients, carers, and staff as a listening opportunity to hear about people's experience of using Oxevision within the adult inpatient setting. With the support of the Oxehealth project board, the Trust's Director of Patient Experience and Participation produced the terms of reference for the focus group which was agreed on the 20th February by the project board, which clearly set out the focus group protocol.

The focus group was held online, using Microsoft Teams, and 8 participants with a further 2 people contributing via email. The group were a mix of patients, friends, and staff. The format of the focus group was semi-structured discussions which centred around 3 core questions. The group were initially introduced to Oxevision via a short presentation and video, after which the questions and discussion began. The full duration of the focus group was 2 hours, which resulted in nearly 60 pages of transcript. This transcript was then reviewed, cleansed and anonymised before thematic analysis was completed, which led to the following findings:

- Participants, specifically patients, friends, and family were unclear of the overall purpose and benefit for Oxevision. They were unaware of the physical health monitoring element of Oxevision and the added benefit this brings in the context of patient safety.
- A patient participant shared an experience of Oxevision saving their life in an attempted suicide, and recognised the need for Oxevision to keep people safe when they are feeling suicidal
- Staff participants also share their experiences of the benefits of using Oxevision with specific stories being shared around allowing staff to pick up issues, including physical health issues early, and responding more quickly, which sometimes resulted in life saving actions. Further to this, a specific story was raised about the reduction of falls incidents at night specifically within older adult services.
- Staff shared experiences of how Oxevision has improved learning, specifically in the context of physical health incidents. An example was shared of when staff were able to review the team's response to a cardiac arrest and learn from the event being hugely beneficial, and empowered staff to be able to reassure the patient's family that the incident was managed in the best possible way.

- When discussing consent, the patient participants were unaware of their rights, and did not know that Oxevision could be disabled. However, they did recognise the benefits for Oxevision and its ability to support staff to keep people safe, and suggested that in some of our services where it is missing that it should be added specifically for the physical health monitoring aspects.
- The family and friend participant acknowledge the privacy issue and clearly felt conflicted by this concept, although, suggested that when people are first admitted that Oxevision should be switched on, with a view to disabling in when the patient is well enough to not need it, if they choose.
- The group discussed the disbenefit of Oxevision influencing staff behaviour, particularly around how they undertake observations and therapeutically engage. The whole group agreed that Oxevision is a supportive technology to enhance patient safety and should be used in conjunction with the human element, not to replace it.
- Staff participants recognised that we could do more to explain what Oxevision is, how it is used, discuss it more openly with patients and families. The group discussed using video to communicate the purpose of Oxevision, and being clear on all of its benefits, specifically physical health monitoring.
- The group agreed that the process for explaining the Oxevision wasn't as effective as they would like it to be, and felt that discussing this on admission wasn't always the right time, and the posters in the wards were rarely accessed. The group felt that having posters in the rooms, peer workers explain it, and discussing it in community meetings would improve the level of understanding across services.
- As a final point, the group acknowledged the value of the focus group and agreed that more focus groups, and other ways of listening to patients and families would be important moving forward, to improve how the Trust uses Oxevision.

Following from the findings the below recommendations have been identified for the Oxehealth Project Board to consider moving forward:

1. Creating a more accessible (coproduced) information pack for patients, families, and friends, to better understand the purpose of Oxevision. This should include a clear explanation around consent, physical health observations, the benefits, what can be seen on the cameras, how Oxehealth is used to support therapeutic engagement. (Video content preferred)
2. Strengthen externally facing comms, myth busting and sharing the positive impact around physical health monitoring and reducing falls etc. Sharing stories from people in services that have had a positive experience with Oxehealth, having people advocating for the use of Oxevision based on their positive experiences, like one of the participants who said it saved their life.
3. Reviewing the process for information sharing with patients about Oxevision, not just on admission but this should be discussed regularly with people, in ward review, community meetings etc.
4. Establish and Oxevision involvement group which meets regularly to inform and direct the Oxehealth project board based on the lived experiences of patients and families. This should

- include a structured schedule of engaging with patients and families who have experienced Oxevision directly, through focus groups, 1-2-1 interviews, and feedback forms.
5. Create a network of Oxevision champions in services, using peer workers where possible, to support people with understand, answering questions, and capturing feedback to sharing with the involvement group.

Conclusions

The initial findings from review of the NHS England guidance and the patient, carer and staff focus group, the trust should update its Standard Operating Procedure and take further actions overseen by the Project Board. Improvements should be made to:

- The consent process, making this more explicit and informed
- The process for deactivating oxevision when consent is withdrawn so that it is more responsive and the system is deactivated as quickly as practically possible
- The information available to patients on and after admission
- The ongoing engagement with patients on the use of Oxevision throughout their care and treatment in an inpatient mental health setting
- The options to assure patients that the system is switched off when consent is withdrawn, including working with Oxehealth on options to introduce physical or other barriers that visually demonstrate the system is deactivated to reduce risk of trauma to patients
- The Oxevision Project Board should report (through the Safety of Care Group) to the Quality Committee.