

A review of NHS Trust policies/standard operating procedures for the use of Oxevision

Summary

Although a number of Trusts have now decided to uninstall Oxevision, this remains in use by 20 NHS Trusts in England. Of these, 15 use Oxevision within patient bedrooms. Some of these trusts have extensively installed Oxevision across all, or nearly all, of their inpatient wards.

It has been a substantial challenge to determine how Trusts are using Oxevision and identify specifics of their policies, and our review has reflected wide variation in Trust's standard operating procedures. Of particular concern, these policies are often contradictory and unclear making it difficult, or impossible, for us to determine how the Trust uses the technology. This poses significant issues for patient safety, rights and advocacy, where a lack of clarity in policies means processes and procedures are unlikely to be followed consistently, enhancing the existing concerns that the use of Oxevision is unlawful, unsafe, and poses potential safeguarding risks.

Methods

Between September 2025 and March 2026, we submitted Freedom of Information requests to NHS Trusts regarding their use of Oxevision. In many cases, this required extensive follow up requests and/or complaints where statutory timeframes for providing the requested information were routinely exceeded.

We reviewed each policy obtained in detail and have summarised this in the table below. This summary reflects the policy documents and information provided between November 2025 and March 2026. We are not aware of any policy changes made since the document versions we were provided however we cannot exclude this possibility. In order to provide an overview, we have outlined this information in the table below and have not provided all the documents referred to. However, we are able to provide all original documents if requested.

Use of Oxevision

None of the Trusts who were not using Oxevision, or had not indicated plans to install this, in 2023 are now using this in 2026. Nine Trusts have now uninstalled Oxevision or cancelled plans to implement the technology.

However in 2025, eight of the Trusts that were using Oxevision in 2023 have installed and/or activated additional camera monitors, or indicated plans to further install this, despite our persistent campaigning, mounting national concerns, ongoing investigations, prevention of future deaths reports and contact from NHS England. Six of the trusts who have expanded their use of Oxevision in the last year continue to operate a policy where Oxevision is turned on as a blanket policy for all patients. Therefore, not only have these trusts not addressed matters of consent within their policies, but they have actively sought to further expand the use of a blanket restrictive practice despite contact from NHS England.

Trusts who installed and/or began using Oxevision on new wards in 2025 despite ongoing national concerns (7): Cambridge and Peterborough NHS Foundation Trust; Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust; Derbyshire Healthcare NHS Foundation Trust; Devon Partnership NHS Trust; Oxford Health NHS Foundation Trust; Surrey and Borders Partnership NHS Foundation Trust; Tees, Esk and Wear Valleys NHS Trust. Furthermore, in October 2025, Essex partnership University NHS trust cited plans to further install Oxevision on additional wards.

Consent policies

We do not consider Oxevision to be compatible with lawful, safe, evidence-based or trauma informed care irrespective of 'consent'. Additionally, even with Trusts that supposedly have a consent process, their audits outline that this is frequently not followed, and patients are continuously misinformed regarding what Oxevision is and how their data is shared and processed. This includes data protection breaches such as cameras being erroneously activated remotely or software updates that have resulted in cameras being turned on without patient or staff knowledge.

However, it should be noted that 90% of Trusts (n=18) appear to continue to operate a policy that **explicitly permits the use of Oxevision, in some or all instances, without consent from patients and/or without a formal Best Interest decision having been made.**

The following Trusts use a consent model where **Oxevision is turned on in patient bedrooms upon admission – consent is not sought. If a patient expresses an objection, the camera will remain on until a MDT has been held around 72 hours later.** The camera would then only be turned off on the basis of an MDT decision appropriate. This is akin to the model outlined in the [Mental Health Nurses Forum 'national guidance'](#), and similar to the model EPUT has been required to change by the PHSO: Cambridge and Peterborough NHS Foundation Trust; Central and North West London NHS Foundation Trust; Coventry and Warwickshire Partnership NHS Trust; Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust; Devon Partnership NHS Trust; Essex Partnership University NHS trust; North Staffordshire Combined Healthcare NHS Trust; Rotherham Doncaster and South Humber NHS Foundation Trust; Tees, Esk and Wear Valleys NHS Trust.

One Trust (West London NHS Trust) appears to be continuing to use the same policy dated 2021/2022 where **patient consent is not sought and there appears to be no option for the camera to be turned off** despite patient objections. The Trusts stated that they are working on a review of this policy since the publication of the NHS England Digital Principles, however we consider that they have already had ample time to do this.

Additionally, Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust; Oxford Health NHS Trust; Surrey and Borders Partnership NHS Foundation Trust; and North East London NHS Foundation Trust all explicitly state that Oxevision is always used in seclusion and that patients cannot request that it is turned off. In the cases of the other trusts who use Oxevision in seclusion rooms as well as bedrooms, their policies do not provide clarity about how Oxevision is used in seclusion and if/how this differs to wards and/or 136 suites.

Two trusts have a stated 'opt-in' consent model whereby Oxevision is turned off upon admission unless a patient provides 'consent' or a Best Interest decision is made: Midlands Partnership NHS Foundation Trust explicitly state that Oxevision must remain off until the Best Interest decision has been made, whilst the Oxford Health NHS Trust policy does not outline the procedure for this.

Two trusts have a model that purports to be an 'opt-in', informed consent model, whilst still **explicitly stating that the camera could be turned on, or kept on, against someone's wishes at the direction of staff, prior to a formal MDT and best interests discussion being held:** Lancashire and South Cumbria NHS Foundation Trust; Surrey and Borders Partnership NHS Foundation Trust.

None of these four 'opt-in' policies address how capacity would be assessed in the instance that a patient who 'consented' to Oxevision was considered to not have capacity to make this informed decision.

The final five Trusts' policies are so unclear we have been unable to ascertain what, if any, processes are in place for patients to provide/withhold consent. With the exception of Derbyshire, these are trusts who use Oxevision in 136 suites and/or seclusion and not patient bedrooms; in these cases, it appears that Oxevision is used on a blanket basis: Berkshire Healthcare NHS Foundation Trust; Derbyshire Healthcare NHS Foundation Trust; East London NHS Foundation Trust; Pennine Care NHS Foundation Trust; South West London and St George's Mental Health NHS Trust.

Using Oxevision as a means of conducting 'CCTV-patient observations' remotely:

Nine NHS Trusts policies explicitly outline that Oxevision is permitted to be used in place of in-person observations (in the cases of other trusts this remains the standard usage even if not endorsed in the official policy): Central and North West London NHS Foundation Trust; Coventry and Warwickshire Partnership NHS Trust; Devon Partnership NHS Trust; Lancashire and South Cumbria NHS Foundation Trust; North Staffordshire Combined Healthcare NHS Trust; Oxford Health NHS Foundation Trust; Rotherham Doncaster and South Humber NHS Foundation Trust; Tees, Esk and Wear Valleys NHS Trust; West London NHS Trust.

A further four policies are unclear but appear to endorse usage in this way: Derbyshire Healthcare NHS Foundation Trust; Midlands partnership NHS Foundation Trust; Surrey and Borders Partnership NHS Foundation Trust; Pennine Care NHS Foundation Trust

A number of these trust policies include a [flow chart produced by Oxehealth/LIO](#) (page 13) in relation to research conducted at Oxford Health NHS Trust: Central and North West London NHS Foundation Trust; Coventry and Warwickshire Partnership NHS trust; Devon Partnership NHS Trust; Oxford Health NHS Trust; Tees, Esk and Wear Valleys NHS Trust.

Trust name	Oxevision usage	'Consent' policy	Use of Oxevision for remote observations
Cambridge and Peterborough NHS Foundation Trust	Cambridge and Peterborough are currently undertaking a trial of Oxevision within one acute mental health ward (Mulberry 2) and seclusion room. This will be reviewed in December 2025. It is currently unclear whether the trust will be continuing their use of Oxevision.	Although the trial was reportedly in operation at the time, in November 2025, we were informed that CPFT's policy "has not yet completed, and further review is still in progress". However, the patient leaflet indicates that Oxevision would be turned on as standard and if a patient objected it would remain switched on pending the outcomes of an MDT meeting.	It is not clear how CPFT used Oxevision although the patient poster suggests this was not supposed to be used in place of in-person observations.
Central and North West London NHS Foundation Trust	Oxevision is used in 12 wards, seclusion rooms, as well as 2 136 suites and an extra care unit at HMP Woodhill. The original business case outlined plans to also install Oxevision within the Mother and Baby unit, however this was not actualised.	CNWL's 2025 Oxevision policy states "CNWL operates within an implicit consent model", if a patient were to object, a responsible clinician would decide whether or not to turn the camera off. Similarly, where Oxevision is used in a CNWL unit in HMP Woodhill, the SOP states "the Oxehealth system is a standard part of the service and therefore is continually switched on and monitoring in every single cell." However if an objection is raised, an MDT meeting would be held to consider whether to turn off the camera.	The 2025 policy states "The Oxevision technology allows for the patients location to be monitored without having to physically enter their room to undertake the observation." Uses the flow chart from the Oxford Health study.

Coventry and Warwickshire Partnership NHS Trust	Previously CWPT had installed Oxevision on older adult, acute and PICU wards, this is now used on two older adult wards at nighttime only.	In November 2025, CWPT provided an Oxevision SOP dated July 2023, it had long surpassed its 2024 review date but appeared to still be in use. This policy is particularly confusing. It seems to suggest that Oxevision will be turned on for all patients but that objections can be raised and that it would be turned off in these instances whilst the request was being processed by the Information Governance team. It is unclear why this involves the information governance team and there are no clear processes outlined for staff to follow. The policy states: “Patients have the right to formally write to the Trust to object to the processing of their data. The Trust must review their objection and respond to let patients, or their representatives know the outcome of the Trusts review. Patients or their representative can make a request to any member of staff that they object to the use of the Oxevision System. Alternatively, they can contact the Information Governance Team at [email address]. The Trust is legally required to respond to requests	Oxevision is used for conducting observations via video camera during the nighttime. The policy includes the flow chart from Oxehealth.
--	---	--	--

		within one month of receipt and therefore staff must make the Information Governance Team aware of all requests within 24 hours of receipt. NB: In the event of an objection, and whilst awaiting for the objection to be processed by the Information Governance, the cameras must not be switched on in that patient's room and a note must be made on the "at a glance" board."	
Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust	Oxevision is used in 35 wards as well as seclusion rooms and 136 suites. The Trust have also been charged for 'unused licences' even though Oxevision has not been installed/is not in use.	Until 2024, CNTW did not have the capability to turn Oxevision cameras off. There was an 'implicit consent' model and the cameras were always on. Since early 2025, the Trust have been considering changing to an 'opt-in' consent model however it appears that this policy change is yet to be implemented.	CNTW explicitly states that staff must not use Oxevision to conduct remote observations of patients. However, the meeting minutes and audit reports highlight issues of non-adherence to this policy.
Derbyshire Healthcare NHS Foundation Trust	Oxevision was originally installed on older adult, rehab and forensic wards. It was then rolled out further to other new build wards in 2024/5, taking the total to 9 wards with Oxevision.	Derbyshire have never provided a standard operating procedure or policy for Oxevision despite multiple FOI requests. The patient leaflets provide no details regarding how patients could opt out. The DPIA states that information processing is not reliant on consent. It	It is unclear how Derbyshire use Oxevision. However, the patient posters state, "It enables staff to reduce disturbance, particularly when you are asleep, all while knowing you are safe and well." suggesting that Oxevision is

		therefore appears that Derbyshire are continuing to use an 'implied consent' model.	used for conducting remote observations.
Devon Partnership NHS Trust	DPT previously used Oxevision in 2 seclusion rooms at Langdon Hospital secure services. In October 2025, DPT installed Oxevision within four wards and an additional seclusion room at Langdon Hospital. However, following a complaint raised to the Trust, the cameras have reportedly not been turned on yet.	In January 2026, DPT reported that they had suspended the use of Oxevision on wards and seclusion rooms following issues of non-compliance with GDPR. Prior to this, there appeared to be an 'opt-out' model whereby Oxevision was automatically turned on but if a patient requested it was turned off, this may be actioned by the MDT if they considered it "clinically safe to do so".	SOP states that Oxevision can be used in place of in-person observations. The SOP includes the flow chart from the Oxford Health studies.

Essex partnership University NHS trust	Continue to use Oxevision within 30 inpatient wards, 4 health based places of safety, 8 seclusion rooms and 2 intensive care rooms. During the Lampard Inquiry hearings, Zephane Trent of EPUT, reported the trust was <u>planning to install Oxevision within a further 5 wards (transcript pg.83).</u>	As of October 2025, EPUT's most up-to-date Oxevision SOP involved Oxevision being automatically turned on in bedrooms for the first 6 hours of an admission but that if a patient requested it was turned off, an MDT meeting would be held to consider turning the camera off. [See PHSO report].	EPUT report that Oxevision is not to be used to replace in-person observations, however inconsistencies in the policies have been noted and during the October 2025 Lampard Inquiry hearings, <u>an EPUT representative noted that this policy was not always adhered to.</u>
Lancashire and South Cumbria NHS Foundation Trust	Oxevision was installed in three dementia units in 2023 and 2024.	In the 2024 SOP (provided to an FOI in 2025 as the most up-to-date version) it appears that Oxevision is turned on at admission but if a patient or their family object to the use of the camera it will not be turned off until after an MDT meeting has been held. "During the course of a service user's inpatient stay, the service user or their relative can object and request that Oxevision is turned off. Upon receiving an objection (either verbally or in writing), it should be noted and	Oxevision is permitted to be used for the conduct of remote observations. The policy states "If the service user is present, check the image on the monitor for any concerns. Where staff are concerned check the service user in person and record their position in RiO."

		documented on RiO but NOT actioned immediately.”	
Midlands partnership NHS Foundation Trust	Oxevision is installed on four wards, including an acute ward, two older adult wards, a PICU, and 2 seclusion rooms.	The SOP was updated in 2024 to state “Our approach to consent is patients must “opt in “to the usage while receiving care on the ward. No wards should use in a blanket approach and must consider individual needs and Circumstances.” However the policy sets out that the technology may be used in the patients’ ‘best interests’.	The policy is confusing but appears to state that Oxevision is not to be used to conduct observations remotely but potentially may be used for this purpose at night? “The system should not be used for Supportive Observation and engagement monitoring, however, can be used to assist staff in alerting to any potential risks as per configuration and for night-time monitoring to promote sleep.”
North Staffordshire Combined Healthcare NHS Trust	Oxevision is installed on two wards: a dementia unit and a PICU.	2025 policy states “Consent for its use whilst within in-patient services will not be required individually” “However, if a patient does object and requests for the technology to be turned off, this will be discussed by the MDT and the patient’s wishes will be adhered to, if clinically safe to do so.”	SOP states “If Oxevision is to be utilised to replace observations, the decision must be made by the MDT, with the rationale clearly included in the patient’s progress notes and their care plan.”

Oxford Health NHS Foundation Trust	Oxevision is installed on 24 wards and 37 seclusion rooms/136 suites (as an aside, this is a staggering number of seclusion rooms, it's unclear why Oxford Health have so many in comparison to other trusts). This is all wards except two (one is a pre-discharge ward) and includes an eating disorder unit, CAMHS wards, acute, PICU, secure and older adult units.	Oxford health have an opt-in consent model meaning the system is turned off as standard and activated if a patient provides 'consent'. However, in seclusion, Oxevision is always turned on, with no option to opt-out. The standard operating procedure states: "The use of Oxevision will always be in place during seclusion [...] CCTV monitoring is already in use in all seclusion rooms to assist visual observations (the use of the CCTV does not require consent and is always in use)."	Oxevision is used to conduct 'remote observations' (using the flow chart from the Oxford Health study)
Rotherham Doncaster and South Humber NHS Foundation Trust	Oxevision is installed/used in ten wards including acute, PICU and older adult units. It has previously also been installed in two rehab wards.	The policy linked response to a 2025 FOI explains that Oxevision is turned on as standard but that if a patient objects an MDT will be held to discuss whether to action turning the camera off as per the patient's wishes.	The policy linked in response to a 2025 FOI states: "Where deemed clinically appropriate, Oxevision enables the patient to be monitored without having to physically enter their room to undertake the observation. This could promote sleep at night or reduce agitation."
Surrey and Borders Partnership	Currently use Oxevision on 10 wards (adult and older adult) and a 'health based place of safety'.	The June 2025 policy states that patients are asked to 'opt-in' upon admission, but that Oxevision may be	The 2025 policy states: "Staff must not use Oxevision to obtain a

p NHS Foundatio n Trust		used if a “clinical decision to switch it on has been made on behalf of the patient.” It also states that “Objections are handled by the responsible clinician as per existing clinical practice in the next scheduled MDT session, this may not occur until the following day.” Additionally, the SaBP December 2025 audit reports illustrate that in practice patients are not fully informed about Oxevision and in some instances the cameras were turned on without patient’s consent. Consent is not sought for the use of Oxevision in seclusion where it is always turned on.	“View” into a room unless is pertains to taking a vital signs spot check or in response to an active alert. All staff usage interactions with Oxevision are auditable. This function is not a replacement for normal therapeutic observations.” However, it is very unclear from the document whether or not staff are permitted to use Oxevision to view patients remotely in lieu of in-person observations.
Tees, Esk and Wear Valleys NHS Trust	Oxevision is installed in at least 38 wards. This includes learning disability wards, eating disorder units, secure, adult and older adult mental health wards, seclusion rooms and 136 suites.	The <u>2025 Oxevision policy</u> outlines that Oxevision will be automatically turned on for all patients but that if a patient objects an MDT decision will be made regarding whether or not to turn off the camera. This could be used in a patient’s ‘best interests’.	It appears from the <u>2025 procedure</u> that the Trust permits staff to use Oxevision to conduct patient observations via the video camera. The procedure includes the flow chart from the Oxford Health study.

West London NHS Trust	Oxevision is installed in all bedrooms and seclusion rooms within Broadmoor high security hospital (14 wards).	Currently, West London still has an 'implicit consent' model where there is no option for patients to 'opt out' of the use of Oxevision. They are reportedly making changes to the standard operating procedure but are yet to finalise this. The 2021/2022 SOP is still in use, though this has surpassed its review date.	From the 2021/2022 policy West London NHS Trust appear to use Oxevision as means of conducting remote observations.
-----------------------	--	---	---

Wards using Oxevision in seclusion or 136 suites

Berkshire Healthcare NHS Foundation Trust	Oxevision is installed within two seclusion rooms.	As of October 2025, the trust reported that it was revising its policy. From the documents provided, it is unclear what the trusts consent process is, however they did share an Easy Read consent form but the policy doesn't outline how consent is sought.	It is unclear what the Oxevision policy is, it appears that it is used to observe patients from outside the room (alongside a viewing video and regular CCTV).
East London NHS Foundation Trust	Oxevision is used in seclusion rooms associated with 12 wards.	2024 policy and patient posters do not provide any information about consent processes, it appears Oxevision is used as standard in seclusion.	Policy states that Oxevision is not to be used to replace continuous eyesight observations. Oxevision appears to be used in addition to regular CCTV.

North East London NHS Foundation Trust	Oxevision was previously used in patient bedrooms however the contract was ended in January 2026. Oxevision is still used in seclusion rooms.	Reportedly, NELFT ended their contract with Oxehealth for Oxevision in patient bedrooms in January 2026, however they continue to use Oxevision in seclusion. Oxevision is always turned on and used for any patient in addition to regular CCTV. The policy outlines that consent is 'not required' in seclusion and asserts that "Oxevision is considered a treatment intervention and its use to managing clinical risk would qualify it as a treatment under S63 of the Mental Health Act Framework"	Oxevision is supposedly not meant to be used in place of in-person observations.
Pennine Care NHS Foundation Trust	Oxevision is used in two seclusion (including CAMHS seclusion) and 136 suites.	The 2023 policy for seclusion and 136 suites states "As the system is being used to support the provision of direct care, and the information produced by the system is to support direct care or associated activities, whilst it is good practice to seek consent of the individual, this is not always required, and the Trust should not seek consent where it intends to use the solution anyway."	The 2023 policy states "If the patient is not present when checking the system, then staff should check the patient in person and record their location. If the patient is present, check the system for any concerns; where staff have any concerns check the patient in person and record their position". This suggests that it is permitted for Oxevision to be used to conduct remote observations.

		However it suggests that there may be instances where Oxevision may be turned off if a patient requested this.	
South West London and St George's Mental Health NHS Trust	Oxevision is used in 6 seclusion rooms (including CAMHS seclusion) and 2 136 suites [8].	SWLStG have not shared a specific Oxevision policy – this seems to only be considered briefly within the physical health policy. It is unclear whether consent is sought, the lack of information suggests Oxevision is most likely used as standard for all patients.	Oxevision appears to be used in addition to usual in person monitoring. However, as there is no clear policy, this is difficult to determine.