

Regional	Contact	Trusts
North West	[I/S]	Lancashire and South Cumbria NHS Foundation Trust

North West		Pennine Care NHS Foundation Trust
East	[I/S]	Cambridge
East		Essex
North East	[I/S]	Cumbria
North East		Rotherham, Doncaster

North East		Tees, Esk and Wear Valley
South West	[I/S]	Devon
South East	[I/S]	Oxford Health NHS Foundation Trust

South East		Berkshire Healthcare NHS Foundation Trust
South East		Surrey and Borders Partnership NHS Foundation Trust
London	[I/S]	Central and North West London NHS Foundation Trust
London		East London NHS Foundation Trust
London		North East London NHS Foundation Trust
London		West London NHS Trust

London		South West London and St George's Mental Health NHS Trust
Midlands	[I/S]	Coventry and Warwickshire Partnership NHS Trust
Midlands		Derbyshire Healthcare NHS Foundation Trust
Midlands		Midlands Partnership NHS Foundation Trust
Midlands		North Staffordshire Combined Healthcare NHS Trust

Updates from Regions

04/08/2026 - The Use of LIO/Oxevision (a vision-based patient monitoring system) on Older Adults Dementia Inpatient Units requires explicit consent to be obtained before the platform is activated, operating on an opt-in rather than an opt-out basis. This aligns with Principle 2 of the NHSE Principles for Using Digital Technologies in Mental Health Inpatient Treatment and Care, which states that, due to the need for personalised decision-making, including seeking patient consent, digital technology must never be used as a 'blanket approach' to care for all patients on a particular ward or within a particular department.

Following a review of the feedback received from Stop Oxevision regarding the Objection section of the LSCFT Use of LIO/Oxevision (vision-based patient monitoring system) on Older Adults Dementia Inpatient Unit Procedure, it is acknowledged that the current wording may create ambiguity and could be interpreted inconsistently in practice. In response, an urgent review of this section has been made to ensure this section of the procedure is clear and aligned with the principles of explicit consent, and reflective of the concerns raised within the feedback. The updated version of the policy will be presented in the Trust's next Clinical Standards Group meeting (10th August) to ratify the amended version

LSCFT can also confirm that they have formally served six-month notice with LIO/Oxevision and that the contract and use of the LIO/Oxevision Platform in their Dementia wards will conclude in January 2027.

04/08/2026 Within Pennine Care LIO/Oxevision are currently in their seclusion rooms (CAMHS, PICU and low secure wards); and health-based places of safety. Current governance for LIO/ Oxevision is managed through a combination of local operational procedures, clinical risk management processes, information governance oversight, and escalation through relevant quality and safety governance routes where issues are identified. However, following the request from NHS England North West to review this has demonstrated weaknesses in their comprehensive governance of LIO / Oxevision in relation to asset management, contractual standards, and operational records. The Trust have also concluded that the current arrangements do not meet best practice standards in relation to consent. 15/09/26 - Pennine Care NHS Foundation Trust has undertaken an initial governance review of LIO (formerly Oxevision). The review identified a number of assurance gaps relating to governance oversight, information governance, training and competency arrangements, operational guidance, consent processes and the ability to accurately confirm the current deployment footprint and ownership arrangements across the Trust. The review did not identify a specific patient safety incident attributable to the technology itself; however, it concluded that the Trust did not have sufficient assurance to continue operating the system whilst these matters were clarified.

As a precautionary measure, the Trust temporarily switched off LIO/Oxevision across all operational areas from 31 July 2026. Interim arrangements were immediately implemented requiring manual physical health monitoring, continued direct clinical observation, use of existing escalation processes and reinforcement that LIO/Oxevision must not replace clinical judgement or direct patient assessment.

During August 2026, the Trust completed a detailed position statement and clinical practice review involving operational services using the system. Feedback from clinical teams indicated that the technology was generally being used as an adjunct to care rather than a replacement for direct observation; however, variation in use, training, assurance

(Stop Oxevision website states Trust has stopped using Oxevision)

The key changes to the SOP are:

- oIntroduction of a "default OFF" position on admission
- oRequirement for multi-disciplinary team (MDT) agreement before use
- oRequirement for informed written consent prior to activation (or a Mental Capacity Act best interests decision where applicable)
- oClear requirement that patients are informed of their right to withdraw consent at any time
- oStrengthened requirements to record consent discussions and rationale within the clinical record
- oClear instruction that LIO must be switched off if consent is withdrawn or no longer clinically required

20th July LIO (previously Oxevision) will be switched off by default on admission. Patients will now have to give explicit consent and 'opt in

the position described from the 2025 FOI response is outdated and does not reflect current practice. RDaSH's current framework is explicitly designed to ensure lawful, proportionate, consent-based and person-centred use of VBMS, with clear safeguards against blanket application.

06/08/2026 Our current approach operates on an opt-out basis which means based on preference and consent a service user can opt – out of the use of LiO in their room and we would turn the monitoring off. However, there is an exception to this in our current policy on our adult acute admission wards older adult's admission wards. The current policy allows the nurse in charge of the shift to leave the monitoring in place for up to 72 hours without the consent of a patient if there is concern about risk. Within the first 72 hours of admission a comprehensive risk assessment will be completed, and a fuller understanding of the persons needs will be determined allowing a decision with the patient and where appropriate their family or carer about opting in or out of the use of LiO. If we were concerned about a person's imminent risk to themselves or others, we would deploy enhanced observations and would not rely on LiO to observe a person.

01/10/2026 Update from Alison McIntyre via regional lead - I met with the Executive Team in August and proposed that we move to an explicit opt-in consent model for LIO. The proposal was approved, and we are currently reviewing the associated policies, procedures and supporting documentation before commencing a formal consultation process. Subject to consultation and governance approvals, I anticipate that the revised policy will be fully ratified by the end of November. For assurance, robust interim arrangements remain in place. We continue to see a high proportion of individuals choosing to opt out of the system where they wish to do so, demonstrating that the current consent process is being actively utilised. We will also continue to reinforce through patient information, clinical discussions and routine practice that individuals retain the right to opt out at any time while the revised opt-in model is being progressed. This ensures that patient choice remains central and that consent is respected throughout the transition period until the new policy is implemented.

06/08/2026 "In response to the additional query, and to provide further reassurance, our position will be guided by both the published guidance and the CQC brief. Should we activate the system, its use will be based on either patient consent or an MDT best-interests decision supported by the Mental Capacity Act.

I have also attached appendices from our local operating procedures. Appendix 1 is the patient consent form, and Appendix 9 is our LIO audit template. The audit template includes a number of questions that demonstrate both our intention and our approach to monitoring compliance with the principles of consent and best-interests decision-making.

I trust this provides additional assurance regarding our planned approach should the system be activated "

06/08/2026 Oxford Health NHS Foundation Trust – It is reported that they have an opt-in consent model on the wards however in 37 seclusion rooms/136 suites Oxevision is always turned on and there is no option to opt-out.

04/08/2026: Call with Britta Klinck – CNO who confirmed all wards across Oxford Health have Oxevision. This is an opt in model for wards and for patients who lack capacity the MDT will make a best interest decision regarding whether to switch on Oxevision. Britta advised 65-70% of patients request Oxevision be switched on. For patients in section 136 suites it is an opt in model however for patients in seclusion it is always turned on. Britta advised substantial evidence was submitted to the Lampard inquiry. I advised Britta this information was likely to be shared with colleagues from CQC.

06/08/2026 Berkshire Healthcare NHS Foundation Trust – At the time of the FOI request, Berkshire were reportedly unable to outline their policy on consent for using Oxevision
05/08/2026: Call with Debbie Fulton CNO who confirmed Oxevision is only in use within their 3 seclusion rooms and it is not an opt in or out model and is always turned on. There is a SOP for its use across the 3 rooms

06/08/2026 Surrey and Borders Partnership NHS Foundation Trust - It is reported they have an opt-in policy but Oxevision will be used regardless if a clinical decision to use it has been made. Objections will be dealt with at the next MDT meeting. Furthermore, consent is not sought in seclusion where it is always switched on. 01/09/26 - [I/S] met with [I/S] CNO - [I/S] confirmed that they will not be renewing their contract with LIO across the Trust as their internal evidence review has not indicated any benefits in terms of patient safety. Clare was also worried as during a meeting with LIO they had inferred that they were being supported by NHS England due to their alignment with the Culture of Care Standards

LiO (formerly Oxevision) is used in PICU, older adult wards, seclusion rooms, HBPOS, a low-secure forensic unit and a hospital prison setting. CNWL currently uses implicit consent and is transitioning to explicit consent. Patients are opted in on admission; individual consent is not required or recorded. Patients and carers are informed through admission information, signage, leaflets and ongoing discussion. If a patient lacks capacity, a best interests meeting is held with carer input. CNWL states that LiO is turned off if a patient does not consent, except in seclusion. Current SOPs allow opt-out where clinically safe; the responsible clinician considers patient preference, safety/risk and alternatives, and records the discussion in the progress notes

We only have VBMS in our seclusion rooms, and are only used to check vital signs. People in seclusion are often highly disturbed making it very challenging to get accurate vital signs readings through mechanical methods. This cohort are also a higher risk from physical health deterioration whilst in seclusion, a highly agitated state can exacerbate deterioration associated with comorbidities within health history's, and rapid trac can further impact physical health and requires close physical monitoring. There is no informed consent process or opt out process and is deemed to be best interest decision based on the above.

NELFT reviewed and terminated use of VBMS across our inpatient service on 31.12.2025. VBMS is only used in seclusion rooms and Section 136 suites. Patients are informed about use of VBMS in seclusion rooms and Section 136 suite but consent is not obtained because these clinical areas are either used in an emergency to manage patient presenting risk of violence and aggression to others or assessment of patients under Section 136. Not applicable as NELFT no longer operate VBMS within inpatient areas but only in seclusion rooms and Section 136 suites as explained above

We have LIO (prev known as Oxehealth) in all wards and seclusion rooms at Broadmoor Hospital (x 14 wards), part of WLT. Patients must be informed during the admission assessment about the use of the system and given a patient leaflet but no explicit information about informed consent before it is used on patient. The policy states that where a patient does not wish to have contactless monitoring, and its use may be harmful to their mental health and those risks outweigh the benefits, their Responsible Clinician can appeal to the Clinical and Service Directors for its use to be suspended.

No response

It is only operational at night on those wards and informed consent is gained on admission for its use or a best interests decision made if the patient is unable to consent. This is reviewed each week in MDT review and information is available and offered to patients about its use.

If patients choose not to have this monitoring to support their care, then this is recorded in their notes and an alert placed on the PSAG board and handover book in the office to ensure staff are aware that the patient has declined the use of Oxevision.

Our policy (attached under Section 2) clearly states that informed consent is sought or a best interest decision is made for VBMS. The process for different settings, including bedrooms, seclusion rooms and section 136 suites is below (Section 3.3 in the policy). - Response from Medical Director however on looking at the other information sent it appears that Oxevision can't be switched off in seclusion therefore is being used in a blanket way

At North Staffordshire Combined Healthcare NHS Trust (NSCHT) we are currently piloting the Oxehealth Vision Based Patient Monitoring System (VBPMS) on two inpatient wards: a Psychiatric Intensive Care Unit (PICU) and a Complex Dementia ward.

Patients, families and carers are informed about the use and purpose of VBPMS as part of the admission process, and information is provided to support understanding of the system.

Where a patient has the capacity to make decisions regarding the use of VBPMS, their views and preferences are sought and respected. If a patient objects to the use of the system, this is considered through a multidisciplinary team (MDT) review and documented in the clinical record.

Where a patient lacks capacity to make an informed decision regarding the use of VBPMS, the Trust follows the consent and best-interests decision-making process (see attached) outlined within the National Nurse Directors Forum guidance on Vision Based Patient Monitoring Systems. Capacity assessments and any subsequent MDT or best-interests' decisions are formally documented in the patient's clinical record.

**Current cause for concern
as of 01/10/2026**

No

No
No
No
No
No

Yes (Note - there are a plans to change processes by December)
No
Yes

Yes

No

Yes

Yes

Yes

Yes

Yes

No

Yes

No

Yes

Reason
Opt-in consent model. LIO contract will end Jan 2027

Oxevision has been temporarily switched off. Task & Finish group reviewing

- Governance and organisational oversight.
- Deployment, asset assurance and system ownership.
- Clinical effectiveness.
- Patient safety and risk management.
- Information governance and regulatory compliance.
- Training and competency assurance.

Outcome of T&F will dictate if Oxevision turned back on or not

Not in use

Consent processes now in line with digital principles

Explicit consent required

Trust state use of VBMS is consent based

On admission Oxevision can be on in bedrooms for up to 72 hours even if patients does not give consent. Following this, it is implemented on an opt-out basis. They plan to change to opt-in model by December subject to consultation and governance approvals

System is currently off. Consent form if Oxevision to be turned back on comprehensive and asks about consent for bedroom and seclusion

Oxevision is always on in seclusion, no option to op-out

Oxevision is always on in seclusion, no option to opt-out

Oxevision being decommissioned Dec 2027

CNWL's response contradicts itself however it appears to operate on an opt-out basis except in seclusion when it is always on

Used in seclusion with no consent process or option to opt-out

Used in seclusion with no consent process or option to opt-out. Trust state consent is 'not applicable in seclusion rooms and Section 136 suite'

Used in bedrooms and seclusion at Broadmoor. No consent process

Failed to respond to regional team

Informed consent required at admission for use

Used in a blanket way in seclusion

Original information from Stop Oxevision states Oxevision only used if patients consent

The Trust state that if someone has capacity but objects to Oxevision the MDT will consider their objection and record it. It does not say the system will be switched off.

Comments

Claire will be receiving regular updates during T&F process and will send these on

[I/S] will keep in touch with TEWV to check discussed changes have taken place.

