

# Report to the Meeting of the

**RR/App\_CoG 09/2022**

(Agenda item: 19)

# Oxford Health NHS Foundation Trust

# Council of Governors

**15th June 2022**

**Oxevision Implementation project**

**Report For Information**

**Introduction**

Oxevision is a digital system that enables staff to visually confirm a patient is safe through a short, fifteen second visual check that also measures pulse rate and breathing.

The Oxevision platform consists of a secure optical sensor (camera and infrared illuminator) installed in a patient’s room. Clinicians can use it to take contact-free vital signs and to receive location and activity based alerts to support patient care.

Oxevision gives staff the ability to know that the patient is safe and well without the need to disturb the patient by entering their room and waking them up to carry out their vitals. The activity based alerts are used when patients may be at risk of falls etc during the night.

It is also used in seclusion to check vital signs where this may otherwise be distressing for the patient and have potential to put them and staff at risk, this is particularly important following any administration of rapid tranquilisation.

Currently these checks are carried out hourly by staff throughout the night, but requires staff to enter patients rooms disturbing their sleep to establish their wellbeing.

The system does not allow constant observations or a repeat of the 15 second window so any concerns will be followed up by staff in person, and constant observations will continue to be carried out in person by staff.

**Aim:**

The aim is to improve patient experience and enhance recovery by as far as possible ensuring that patients can have undisturbed sleep while in hospital. It is a digital means of enhancing nursing observations during the night by replacing manual observation with a less intrusive digital check.

**Implementation:**

Oxford Health are currently in the process of installing Oxevision on 7 wards, the process has been agreed and overseen by our clinical implementation group which has standardised the communication, process and related procedures.

The process involves engagement and education of both patients and staff. The 7 wards are in various stages of implementation and are determining their own timelines for this.

We anticipate that all wards will be at the going live stage at the end of August this year.

 We have taken the approach that any implementation of this system must be person focused and allow for individual needs and past experiences. We have implemented an opt out process whereby patient who do not wish to have their hourly observations carried out in this way can opt out of the process with the agreement of their clinical team. It is important to note that patient cannot opt out of observations so these checks will then be carried out by staff manually throughout the night.

We cannot physically remove the sensors and cameras from these rooms but they can be switched off and we are putting up a physical screen which will give those patients assurance that they cannot be observed.

**Patient Involvement**

We understand that some patients will have concerns about these checks being carried out by digital means and in particular recent media coverage suggests there may be some concern about the use of vision-based monitoring from women who have experienced trauma in the form of coercive control which may have involved physical surveillance.

Patients have been involved at every stage of the process. As part of the clinical work group they have been involved the design of patient information leaflets, as well as the operating guidance for staff.

On every ward patient involvement, information and education has been an integral part of the implementation phase, and patients have been able to raise individual concerns about the system and have the ability to opt out right from the start.

Promoting and protecting privacy and dignity is a fundamental design principle for the system and has informed every system design decision. Once the system in physically installed, we have been able to demonstrate its use to patient during the blind running phase, which has proven very helpful for many individuals.

**Feedback**

The final stage of the project is the benefits actualization stage. During this phase we will seek feedback from patient and staff on the experience of taking part, and be able to make any adjustments as needed.

In preparation for this project we met with a number of Trusts who have already implemented Oxevision (about half of MH Trusts Nationally have) their feedback from patients has been overwhelmingly positive. As part of a clinical trial we have also for the past 2 years been implementing this system in 2 rooms on Vaughan Thomas ward, and again we have had positive feedback, with several patients requesting to remain in those rooms for the duration of their admission.

The provider, Oxehealth, has undertaken several clinical research studies and evaluations which have all included patients’ feedback and, where possible, their carers’ feedback. Working with five mental health trusts in NHS England, they have listened to, and learned from, the perspectives of more than 75 patients from across 13 wards who were being cared for in mental health hospitals around England. This took place through NHS-led patient surveys, focus groups and in-depth interviews. Patients were drawn from across service pathways including female working age acute, male working age acute, mixed working age acute, psychiatric intensive care and older adult services. Patients agreed that Oxevision helps:

* 8/10 provide a better sense of safety
* 8/10 feel less disturbance at night
* 7/10 improve sleep
* 7/10 improve wellbeing
* 6.5/10 provide a greater sense of privacy

*(Fractions refer to the proportion of patients who agreed or strongly agreed with the statement. Of those who disagreed with the statement, there is no indication that they felt the system had an adverse (rather than neutral) impact.)*

Some of the direct patient quotes in this study included:

*“I've been in the mental health system for a total of 7 years, since I was 18. Before, the staff would come in all the time during the night, turn on the lights, and would wake you up. It was very stressful, especially when on medication. Now, they don't disturb sleep as much and I think Oxevision is great for that.”*

*“Having Oxevision makes me have a better sense of wellbeing because I feel more secure.”*

*“I like Oxevision because the staff don't disturb my sleep at night anymore. They used to come in every 10-15 minutes even at 6am in the morning to check that I am breathing. I think the system has been a good thing and it doesn't bother me.”*

**Media coverage:**

We are aware that some media coverages have highlighted concerns raised by patients and their families. We have looked at these closely and concluded that it has largely been a process of implementation which has not fully involved patients and families which has led to a poor experience, so we have been particularly careful that we do not repeat those mistakes.

In addition the national Nurse directors Forum have met to form a collective good practice guide for the use of digital observations.

**Conclusion:**

Oxevision is a great opportunity to enhance the care we deliver in our wards, it enhances our observation process by using digital checks during the night to avoid having to disturb patient’s sleep pattern.

The implementation must be approached carefully with full engagement from patients, an understanding of the concerns and the ability to plan the use around individual needs.

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