Surveillance is not safety

Service user, carer, and staff perspectives on Oxevision

By North East together

July 2024

##### About the report

This report shares the findings of a survey conducted by [**North East together**](https://northeasttogether.org/). The report was written and prepared by Dr Courtney Buckler, an independent survivor researcher.

##### Acknowledgements

Thank you to all of the participants who generously filled out our survey, and for the countless others who have shared their time and thoughts with us.

##### Participant voices

This report does not quote participants verbatim. Many people shared upsetting and vulnerable stories about their lives including detailed descriptions of distress and institutional abuse. We do not feel it is ethical or necessary to cite them directly.

However, in many instances we have included people’s own language or ways of describing their experiences, this means that sometimes we use terms (such as medicalised language) that we might not use ourselves.

# About North East together

North East together is a user-led regional network by and for people with lived experience of mental health difficulties living in North East England, established in 2012. We aim to improve mental health services, challenge stigma, and speak out about the issues that affect us.

North East together’s geographical remit stretches from Northumberland in the north to Redcar and Cleveland in the south, we have members across the region.

North East together is proud to be hosted by The National Survivor User Network (NSUN) which is the national network for service users and survivors living in England. NEt is the official affiliate network of NSUN for the North East of England.

# Key learnings

##### The majority of respondents wanted Oxevision to be stopped.

 91% of participants wanted Oxevision to either be paused or stopped entirely.

 100% of people who had direct experience of Oxevision wanted it to be paused or stopped entirely.

 Service users were most likely to want Oxevision to be stopped entirely, whereas carers and staff were most likely to want it paused for review.

##### There were widespread concerns about surveillance technologies in inpatient settings, feeling that they are:

 Are an invasion of privacy.

 Would worsen pre-existing distress.

 Had insufficient processes to achieve consent (relating to both the use of Oxevision and how the data gathered was shared).

 Would frustrate patient/staff relationships.

##### The majority of people (60%) did not feel that surveillance technologies would make wards safer. Instead, people wanted:

 Greater investment in patient/staff relationships; including *more* (rather than less) contact time with staff, improved staff pay/working conditions, and better training.

 To be included in decisions about their care (including what technologies are used on wards).

##### Surveillance technologies carry legal and ethical challenges.

 They have the potential to violate human rights law (as [recognised by NHS](https://drive.google.com/file/d/1Vt7wySb6wYFSFWNuqA2DkSQGYMZ_ZwZ6/view) [England in a recent letter to all mental health trusts](https://drive.google.com/file/d/1Vt7wySb6wYFSFWNuqA2DkSQGYMZ_ZwZ6/view), concerning Oxevision).

 This research also shows that Oxevision may undermine healthcare providers’ ability to meet standards laid out in the new [NHS Culture of Care Standards for](https://www.england.nhs.uk/long-read/culture-of-care-standards-for-mental-health-inpatient-services/) [mental health inpatient care](https://www.england.nhs.uk/long-read/culture-of-care-standards-for-mental-health-inpatient-services/).

While healthcare providers may be tempted to use camera-free, room-based surveillance technologies instead, this research shows that concerns are not limited to the presence of a camera alone: issues around consent, data privacy, and power in inpatient settings persist.

**We therefore urge extreme caution when considering the use of surveillance technologies (including Oxevision) in inpatient settings.**

# About the research

We conducted this research because people we support were raising concerns about Oxevision, a technology we know is being used in our local trusts (Tees, Esk, and Wear Valley (TEWV) NHS Foundation Trust and Cumbria, Northumberland, Tyne and Wear (CNTW) NHS Foundation Trust).

We wanted to learn more about how people in the North East feel about the use of surveillance in inpatient settings. We received no outsider funding to do this work.

To gather people’s thoughts, North East together ran a survey from August - September 2023. 80 people filled out the survey. We also ran 2 workshops in October 2023 with service users, carers, and staff to discuss Oxevision.

Once we gathered survey responses, we commissioned Dr Courtney Buckler (an independent survivor researcher) to analyse the findings and write them up to this report.

While this research focuses specifically on Oxevision, its findings show how service users, carers, and staff feel about surveillance in psychiatric settings more generally.

Overall, findings show the risks of surveillance technologies in inpatient settings: undermining the ambitious goals set out in [recently published standards of care for](https://www.england.nhs.uk/long-read/culture-of-care-standards-for-mental-health-inpatient-services/) [NHS inpatient settings](https://www.england.nhs.uk/long-read/culture-of-care-standards-for-mental-health-inpatient-services/).

**Far from making wards safer, these technologies have the potential to worsen distress, heighten demands on staff, raise legal and ethical concerns, and increase hostility in psychiatric settings.**

## What is Oxevision?

Oxevision is a new technology being used in psychiatric inpatient settings, including children and young people’s wards. It is developed by a for-profit company, [Oxehealth](https://www.oxehealth.com/), and is being sold to the NHS for use in psychiatric facilities.

Oxehealth’s [most recent annual accounts](https://find-and-update.company-information.service.gov.uk/company/08163325/filing-history) show that in 2022 the company had multi- year agreements to install the device in at least 26 of 52 English mental health trusts.

We do not know how many private healthcare providers are using the technology. There is also [evidence showing that it is being used in prisons](https://justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2023/11/Woodhill-web-2023.pdf).

The product is marketed as a patient monitoring system, which includes an infrared sensor and camera. It is [often framed as an aid to staff to alert them to issues such](https://nhsaccelerator.com/innovation/oxehealth/) [as falls or self-harm](https://nhsaccelerator.com/innovation/oxehealth/).

## Concerns about the use of Oxevision

Many people are concerned about the technology. This includes [service user groups](https://stopoxevision.com/) [who are lobby ing for an independent review](https://stopoxevision.com/), [issues around the reliability of](https://www.nationalelfservice.net/populations-and-settings/patient-safety/the-enforced-use-of-cameras-in-patients-bedrooms-may-not-reduce-the-incidence-of-self-harm/) [evidence](https://www.nationalelfservice.net/populations-and-settings/patient-safety/the-enforced-use-of-cameras-in-patients-bedrooms-may-not-reduce-the-incidence-of-self-harm/), [conflicts of interest and research on Oxevision](https://onlinelibrary.wiley.com/doi/10.1111/jpm.13067), and the ethics of 24-7 surveillance in inpatient settings.

Potential ethical and legal concerns are also recognised by those working in the system, [including staff who are recognising issues around consent and power](https://journals.sagepub.com/doi/10.1177/09697330241237354) [relating to surveillance technologies in inpatient settings](https://journals.sagepub.com/doi/10.1177/09697330241237354).

Similarly, in September 2023, [NHS England wrote a letter to all mental health trusts](https://drive.google.com/file/d/1Vt7wySb6wYFSFWNuqA2DkSQGYMZ_ZwZ6/view) to acknowledge ethical and legal concerns around Oxevision, and urged them to ensure its usage was “both lawful and fair”.

In doing so, NHS England implicitly recognises that Oxevision can be and is possibly being used in ways that are not lawful. It also recognises that there are barriers to using the technology in ways that are “least restrictive, compassionate, therapeutic, and personalised”.

# Survey Responses: An overview

80 people filled out the survey. 20% (n=16) of participants had direct personal experience of Oxevision, 74% (n=59) did not. 6% (n=5) were not sure if they had experienced Oxevision.

##### Of those who did have experience of Oxevision (n=16), 100% wanted it to be paused or stopped entirely.

Participants were a mixture of service users, carers, and staff. Some people had overlapping experiences.

**In total participants were:**

* 60% Service users (n=48)
* 14% Carers (n=11)
* 26% Staff (n=21)

**Most participants live in the North East of England:**

* 73% (n=58) live in the North East.
* 27% (n=22) do not live in the North East.

## What did people want to have happen to Oxevision?

## Most people wanted Oxevision to be stopped.

## In total, 91% (n=73) of respondents want Oxevision to be paused or stopped entirely.

## 59% (n=47) want it to be stopped.

## 32% (n=26) want it to be paused.

## 9% (n=7) want it to be continued.

What people wanted varied across groups. Service users were the most likely to want it to be stopped.

##### Key learnings

* Service users disliked Oxevision the most. 96% (n=46) of service users wanted Oxevision to be paused or stopped entirely. 73% (n=35) wanted Oxevision to be stopped, 23% (n=11) wanted it to be paused, and only 4% (n=2) thought it should continue.
* Carers were the most accepting of Oxevision use. This is the group who voted the most for it to be continued (27%, n=3), though still the majority had concerns. 73% (n=8) of carers wanted Oxevision to be paused or stopped entirely (46% (n=5) and 27% (n=3), respectively).
* Staff were also critical of Oxevision, 90% (n=19) of staff wanted Oxevision to be paused or stopped entirely. Staff were slightly more likely to want it to be paused (47%, n=10) than stopped entirely (43%, n=9). Only 10% of staff (n=2) thought Oxevision use should be continued.

# Feelings about surveillance technologies in psychiatric inpatient settings

A set of questions in the survey asked people how Oxevision might make them feel. 76 (of 80) people filled out this question. Most people spoke negatively about surveillance technologies.

Some key words people used when discussing how they felt about surveillance technologies on psychiatric wards were:

* Anxious
* Watched
* Violated
* Scared
* Paranoid
* Sinister
* Frightened
* Oppressive
* Lonely
* Angry

**Concerns can be grouped into 5 main categories:**

1. Surveillance as an invasion of privacy.
2. Worsening distress.
3. Concerns around consent and data sharing.
4. Surveillance damages patient/staff relationships.
5. Discomfort around private, for-profit “innovations”.

***1. Watched and invaded:* Surveillance as an invasion of privacy**

##### 58% of people were concerned about the invasion of their privacy.

The biggest concern among respondents related to privacy, and feeling as though they had no personal space. This led to feelings of intrusion, distrust, and worsening distress. Most people spoke explicitly about privacy, but others used different language; feeling “violated”, “invaded”, or “spied on”. This contrasts with Oxehealth’s advertising about the technology, which claims one of its strengths is to increase privacy by removing in-person observations.

Some participants spoke about the measures they may take to try and maintain their privacy, including wanting to spend their admission in the bathroom, day and night, to avoid Oxevision in their rooms. Others said Oxevision would make them less likely to agree to an admission. People spoke about the potential of being watched at any moment would make them feel uncomfortable undressing, using the bathroom, or relaxing.

Similar stories have been gathered by [Stop Oxevision](https://stopoxevision.com/) - with patients on wards with Oxevision spending their stays [sleeping under desks, or in the bathroom](https://stopoxevision.com/2024/01/28/i-still-dont-sleep-in-a-bed-and-havent-for-8-months/).

The design of the Oxevision unit also means that there is always a light on the unit - even if the camera is turned off. This means it is impossible for a patient to know whether or not the camera function is operational, and therefore whether they are being watched.

**Specific concerns about privacy included:**

* 24hr surveillance could amount to a breach of Article 8 (right to privacy), Article 3 (freedom from torture), and Article 14 (freedom from discrimination) of the Human Rights Act. Potential human rights breaches around the use of Oxevision have been acknowledged by NHS England in their recent letter to all mental health trusts.
* Leading patients to feel unsafe in their own bedrooms. Many people listed desperate measures they would go to if they were forced to be in a room with an Oxevision unit - from sleeping in the bathroom and avoiding admission, to suicide.
* Discomfort and fear around undertaking basic tasks while being/feeling
* watched - such as getting changed or using the toilet.

***2. Unsafe and afraid:* Worsening distress**

##### 41% of people felt surveillance would exacerbate pre-existing distress.

Many participants spoke about Oxevision as exacerbating pre-existing distress; worsening OCD, PTSD, or paranoid thoughts/delusions. Many spoke about feeling afraid and on edge knowing that they were under 24-7 surveillance.

People also spoke explicitly about their experiences of trauma and abuse, some of which has included experiences of being non-consensually filmed. For these people, surveillance in a supposed place of safety can be re-traumatising.

The newly published [NHS Culture of Care Standards for mental health inpatient](https://www.england.nhs.uk/long-read/culture-of-care-standards-for-mental-health-inpatient-services/) [settings](https://www.england.nhs.uk/long-read/culture-of-care-standards-for-mental-health-inpatient-services/) set out a list of 12 core commitments, these include:

* *“****Safety:*** *People on our wards feel safe and cared for*
* ***Avoiding harm:*** *We actively seek to avoid harm and traumatisation, and acknowledge harm when it occurs*
* ***Choice****: Nothing about me without me – we support the fundamental right for patients and (as appropriate) their support network to be engaged in all aspects of their care”*

This research suggests that Oxevision and room based surveillance may stand in opposition to these standards, with the potential to undermine both the rights and safety of those seeking care.

##### Specific concerns about surveillance and worsening distress included:

* Re-traumatising for people with experience of coercion and/or abuse. Exacerbating distress especially for patients with experience of or fears/beliefs around surveillance.
* Possibility that patients will escalate harmful behaviour in their bedrooms because they believe they are being watched, and that because of this, staff will come to help them.

***3. Deceived and exposed:* Concerns about data and consent**

People also raised concerns about consent. They seemed unclear about how they would consent to Oxevision, what information they would be given, and if they could opt-out. Concerns were also raised about data protection, including not knowing when they were being filmed or who had access to it.

##### Issues around human rights, consent, and lawful data usage were acknowledged by [NHS England in its letter to all mental health trusts](https://drive.google.com/file/d/1Vt7wySb6wYFSFWNuqA2DkSQGYMZ_ZwZ6/view).

**Consent**

There appears to be no standardised process in which consent for Oxevision is sought (if at all), in inpatient settings. Even when consent is obtained, there are important and often overlooked issues around power and access to information. For example, [one piece of research concludes that some patients may find the](https://doi.org/10.1186/s12888-023-05437-w) [technology “acceptable”,](https://doi.org/10.1186/s12888-023-05437-w) However, the same research recognises that patients had very little understanding of what the technology was about: one patient thought it was “something to do with lasers”, while another said that “no one’s really explained how it works”. It is difficult to obtain proper consent within the power dynamics of inpatient settings: in which patients have no control over the information they can access and may feel pressure to be “compliant” to ensure their care is continued.

[Issues around power, consent, and surveillance in inpatient settings are also](https://www.medrxiv.org/content/10.1101/2024.04.04.24305329v1) [acknowledged by staff](https://www.medrxiv.org/content/10.1101/2024.04.04.24305329v1).

Furthermore, there is [evidence from service users suggesting that Oxevision has](https://stopoxevision.com/2024/01/31/tales-from-the-ward-katie/) [been used without their consent,](https://stopoxevision.com/2024/01/31/tales-from-the-ward-katie/) and in some instances continued even after patients had asked for it to be turned off. [A recent news piece](https://www.chroniclelive.co.uk/news/health/county-durham-mental-health-patient-29012611) also revealed how a patient under the care of Tees, Esk and Wear Valleys (TEWV) NHS Foundation Trust had an Oxevision unit installed in their bedroom, without their consent, while on a day of leave.

This is not limited to psychiatric contexts - for example, a recent report on an unannounced prison inspection found that there was an “inadequate process to obtain patient consent” for Oxevision, and that “as a routine practice, it was intrusive and unnecessary” ([HM Chief Inspector of Prisons, 2023](https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2023/11/Woodhill-web-2023.pdf)).

**Data usage and protection**

While the technology is often explicitly rejected to be CCTV, it is unclear exactly when and how the camera function is used.

It is also unclear who has access to the data it gathers. For example, it is clear that from time to time [Oxehealth will use real-world video footage as part of their](https://docs.google.com/document/d/12SHJ2bENUoW2C5rM6TplxJPVWc95xTM_/edit?pli=1&heading=h.3rdcrjn) [monitoring and evaluation processes](https://docs.google.com/document/d/12SHJ2bENUoW2C5rM6TplxJPVWc95xTM_/edit?pli=1&heading=h.3rdcrjn). It is unclear exactly how and when this data is shared, and how/whether patients can give/withdraw consent for their images to be used in this way.

**Specific concerns about consent and data included:**

* No standardised process for seeking and achieving patient consent. Lack of clarity around how data is stored and who it is shared with.
* Possibility for abuse of footage/data by staff; including recording footage on their personal devices, selectively clipping footage, as well as using camera function for voyeurism and sexual abuse.

**4. *Angry and ignored:* Surveillance damages patient/staff relationships**

Another key theme related to the impact of Oxevision on relationships between staff and patients. Many spoke about surveillance making them feel angry, distrusted by staff, assumed to be dangerous, and less likely to engage with treatment. This related to the feeling that they were constantly being watched, increasing the power differential between patients and staff.

These shifting power dynamics meant that people would feel less comfortable asking for help, for food or water, or engaging with staff at all. Contrary to what Oxehealth claims, service users in particular felt that less contact time with staff would make them feel worse - increasing isolation and decreasing a sense of support. **What patients wanted was not less staff contact, but more of it (just on better terms).**

The value of in-person observations is also recognised in newly published and co- produced [NHS Culture of Care Standards for mental health inpatient settings](https://www.england.nhs.uk/long-read/culture-of-care-standards-for-mental-health-inpatient-services/). The NHS standards explicitly recognise it is relationships not surveillance that keeps people safe:

*“We protect and value time to build meaningful therapeutic relationships with patients as we know this, over the use of surveillance technology, keeps them safe in everything we do. One-to-one observation can be a way to spend time and be with the person, thereby building a therapeutic relationship."*

[Standard 3 of the new guidelines](https://www.england.nhs.uk/long-read/culture-of-care-standards-for-mental-health-inpatient-services/) also emphasises the value of relational care, recognising that ‘high-quality, rights-based care starts with trusting relationships’. However, surveillance technologies (such as Oxevision) can stand in the way of this ambition by devaluing and demotivating meaningful relationship building.

As a [recent paper in the academic journal Nursing Ethics notes](https://psychiatryonline.org/doi/full/10.1176/appi.ps.201900397), surveillance can (and often does) [‘compound epistemic injustice and the power imbalances that](https://journals.sagepub.com/doi/10.1177/09697330241237354) [already exist in psychiatry’](https://journals.sagepub.com/doi/10.1177/09697330241237354) - this is especially so when surveillance is non-consensual. The paper continues, recognising that any additional powers of surveillance will require staff to actively demonstrate their ‘trustworthiness, respectfulness and a commitment to social justice and inclusion’.

This means that Oxevision may actually serve to increase demands on staff by requiring them to re-build and continually demonstrate their trustworthiness.

**Specific concerns about surveillance and patient/staff relationships include:**

* Oxevision removes incentive for meaningful patient/staff interactions - this could increase isolation on wards.
* Concerns around sexual safety and the power of staff to see service users in their bedrooms.
* Decreased interactions with staff and patients. Complacent staff could rely on checks via camera rather than in person.
* Lack of concrete safeguards to protect against abuse or misuse.
* Fosters an atmosphere of distrust - exacerbating power dynamics between patient and staff.
* No guarantee that if an Oxevision makes an alert that staff will understand how to interpret the alert, or respond to it appropriately (if at all).
* Information shared with patients is misleading - many people have been misled about the unit having a camera, and also told that the unit is capable of achieving things it is not.

 ***5. Profit over people:* For-profit health “innovations”**

People raised multiple concerns about lived experience involvement and the fact that Oxehealth is a for-profit company. Notably, they highlighted that lived experience was an afterthought. People felt that there had been inadequate consultation and involvement with patients about Oxevision (both in its development and the decision to implement it) - and that consultation was only sought after the decision to install it.

Multiple people felt that Oxevision was designed for staff rather than for patients, based on assumptions that what people need is *less* rather than more care. We can see this in Oxehealth’s marketing about the technology - [including a set of case](https://assets-global.website-files.com/5f567869171c90518f161723/64edf4c72ac18b274446292d_Acute_Stories_UK_D_1.1.pdf) [studies in which staff talk about patients](https://assets-global.website-files.com/5f567869171c90518f161723/64edf4c72ac18b274446292d_Acute_Stories_UK_D_1.1.pdf) and the ways they have used Oxevision as a tool for restrictive practice. In multiple examples, staff applaud Oxevision as a way of dealing with difficult patients (some who have “exaggerated how ill they had been” and were self-harming/attempting suicide as a means to “get the attention of staff”). These case studies from Oxehealth reveal stigmatised and damaging views held by staff about patients, and how **Oxevision can be used to reinforce and justify stigma around people in crisis.**

The idea that care [“reinforces” “negative behaviours”](https://assets-global.website-files.com/5f567869171c90518f161723/64edf4c72ac18b274446292d_Acute_Stories_UK_D_1.1.pdf), is regularly used to justify punitive approaches in mental health. Another example includes the highly controversial, for-profit, police-led Serenity Integrated Mentoring (SIM) programme. [After concerted lobby ing by service users](https://stopsim.co.uk/), SIM was [halted by NHS England](https://www.england.nhs.uk/long-read/nhs-england-position-on-serenity-integrated-mentoring-and-similar-models/) as unethical and inappropriate.

There are limited accounts of patients’ talking positively about Oxevision, [published](https://assets-global.website-files.com/5f567869171c90518f161723/64b1407fb3b041b285a11b18_PER_UK_D_8.2.pdf) [by Oxehealth](https://assets-global.website-files.com/5f567869171c90518f161723/64b1407fb3b041b285a11b18_PER_UK_D_8.2.pdf). However, this research was undertaken in inpatient settings, in which participants are under the care of the people who are researching them. In this context, participants do not have control over the information they have going into research, and may feel pressure to be compliant in order to maintain good relationships with staff.

Participants also felt uncomfortable and suspicious about for-profit healthcare solutions. They felt that people were making money off “innovations”, and that this was a perversion of care. While people recognised issues relating to lack of resources within the NHS, they maintained that private, for-profit solutions were not the answer.

**Specific concerns about for-profit “innovations” include:**

* Surveillance as a short-sighted response to larger structural issues such as under-staffing and stigma in inpatient settings.
* Concerns around the ethics of private, for-profit “innovations” in mental health.

# Will Oxevision make wards safer?

**To the question “Will Oxevision make wards safer?”**

* 60% (n=48) answered “no”.
* 31% (n=25) said “maybe”.
* 9% (n=7) answered “yes”.

The next set of questions asked participants whether (and why) they felt Oxevision would make wards safer, including some of the potential risks of having it installed. As was the case with people’s wishes, answers varied across groups. Most service users (74%) thought that Oxevision would not make wards safer. Carers and staff were more likely to feel that it would or could increase safety, but still the majority of each group answered “no” or “maybe”.

### Those who thought Oxevision would make wards safer

The people who felt that Oxevision would make wards safer felt that it could be used as an aid to staff by saving them time and potentially making it easier to identify/intervene in “incidents” (such as falls, self-harm, or acts toward suicide). The same group recognised risks with surveillance on wards - notably issues relating to lack of privacy, complacency among staff, and data breaches.

Equally, this group also acknowledged that alternative measures may also increase safety, such as increasing staff numbers.

100% of people who filled out the survey - including those who thought it should continue and would make wards safer - acknowledged that there are potential risks in its use.

### Those who thought Oxevision would not make wards safer

The majority of respondents (60%) thought that Oxevision would not make wards safer. Largely, they pointed to issues outlined above: lack of privacy, concerns around consent and data sharing, worsening distress, and frustrating patient/staff relationships.

In addition, people felt that Oxevision is built with staff, rather than patients in mind. They felt that Oxevision could be used as an excuse for less qualified staff, decreasing staff numbers, or lead to complacency on wards.

Multiple people also highlighted a lack of physical health training among mental health staff - so even if Oxevision is able to record physical data (such as pulse rates), staff may not know how to interpret this information and make appropriate decisions about a patients’ safety.

**What would make wards safer instead?**

Largely, people’s recommendations for what would make wards safer related to better resourcing of the NHS. The most common suggestions related to building patient and staff relationships. What this shows, contrary to Oxehealth’s marketing, is that patients want more time with staff rather than less of it.

**On improving patient/staff relationships, people wanted:**

* More time with staff, so that patients and staff can build relationships and learn about one another.
* More permanent staff members, not bank/agency workers.
* Better utilising 1:1 observations - as an opportunity to build relationships rather than ticking boxes.
* Increased funding for wages and support for staff.
* Better staff training, particularly around trauma, power in psychiatry, and the negative impact of Personality Disorder diagnoses.
* Better processes for highlighting and challenging staff misconduct.

**Additionally, people felt that the following actions might improve safety on wards:**

* Creativity and investment in building non-medicalised therapeutic environments.
* Increased peer support in inpatient settings.
* Measures to reduce restraint and involuntary admissions.
* Better co-production in service provision; asking patients what they want and need rather than making decisions without them. This goes beyond tokenistic efforts at involvement, and instead requires meaningful shifts in power.

**Conclusion**

This research collates the experiences of service users, carers, and staff relating to the use of Oxeivison in psychiatric inpatient settings. While focussed on a specific technology, many of the findings can be applied to surveillance technologies more generally.

While carers and staff were more likely than service users to endorse the technology, positive feelings about Oxevision and surveillance were limited. Instead, the majority of people expressed concerns around consent, data sharing, as well as a general feeling of being surveilled and distrusted.

Far from increasing safety in inpatient settings, increased surveillance has the potential to worsen people’s distress and frustrate relationships between patients and staff.

We conclude by reiterating the ambition of the recently published, co-produced NHS Culture of Care Standards for mental health inpatient settings, that;

*“The purpose of inpatient care is for people to be consistently able to access a choice of therapeutic support, and to be and feel safe. Inpatient care must be trauma informed, autism informed and culturally competent”*

We must ask whether for-profit “innovations”, particularly those based on room based surveillance, allow us to meet these standards. Our research suggests that they might not. Instead, surveillance technologies have the ability to remove choice from care, undermine relationships between staff and patients, and worsen people’s distress.

While emphasis has been on the benefits of Oxevision, this research uses the voices of people affected to shows its risks. The message is clear: we must not to build a world in which people seek care and instead find themselves surveilled.

**Position statement from North East together**

We were inspired to do this research because local people were coming to us to express concerns about Oxevision. Our survey was exploratory, and we have used the views of our respondents to build our position.

The report highlights a number of problems with using room based surveillance technology within mental healthcare but also a number of potential areas to focus on when prioritising safety.

Having found no research base evidencing the effectiveness of these systems over therapeutic engagement and observation, as well as hearing the views and experiences of service users, carers and staff we take the position that:

*“We do not see a place for any room based surveillance technologies as part of mental health care. Rather, we recommend that money spent on these systems is redirected to ways of engaging and building trusting, therapeutic relationships with people in distress. We believe there is a risk of technology undermining the building of relationships; person centred care should be delivered by people.*

*It is clear to us from this research that the roll-out of Oxevision or other room*

*based surveillance technology must be halted for a full and thorough review, putting people with lived experience at the centre of that process.*

*We thank all of the people who shared their stories and thoughts with us, and are keen to work with our local NHS Trusts to discuss the future of room based surveillance in the North East.”*

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By North East together

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