



East London
NHS Foundation Trust
Information Governance
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11th March 2026

Our reference: FOI DA6495

We are responding to your request for information received 23rd February 2026. This has been treated as a request under the Freedom of Information Act 2000.

We are now enclosing a response which is attached to the end of this letter. Please do not hesitate to contact us on the contact details above if you have any further queries.

Yours sincerely,

FOI Team

If you are dissatisfied with the Trust's response to your FOIA request then you should contact us and we will arrange for an internal review of this decision.

If you remain dissatisfied with the decision following our response to your complaint, you may write to the Information Commissioner for a decision under Section 50 of the Freedom of Information Act 2000. The Information Commissioner can be contacted at:

Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF

Tel: 0303 123 1113
Web: www.ico.org.uk

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We promise to work together creatively to: learn 'what matters' to everyone, achieve a better quality of life and continuously improve our services.
We care . We respect . We are inclusive

Chief Executive Officer: Lorraine Sunduza
Chair: Eileen Taylor

Request:

Question 1: Does the trust use 'Oxevision', either currently or in the past?

Answer: Yes. The Trust only utilises Oxevision across locations where service users are provided care in seclusion. As a last resort to care, this is an environment where service users are confined to a room alone to prevent harm to themselves and others. Oxevision is only used here to monitor life signs, such as pulse and breathing rates.

As our service users who are in seclusion are unlikely to have the capacity to consent for the care they receive, we do not proactively engage with them about monitoring procedures. We do however have posters displayed across our inpatient wards explaining the use of Oxevision across the Trust.

Question 2: Are patients asked to consent to its use and are they able to "opt out"?

Answer: It is only used in seclusion to support life signs monitoring and there are posters displayed on the ward advising it is used in seclusion. Patients who are secluded are unlikely to be consenting to care or treatment hence the restrictive intervention. It would not be appropriate to seek consent at the point of initiating seclusion hence the advance notice through posters.

Question 3: Have you stopped using it or altered how you use it at any point since its introduction?

Answer: No

Question 4: If you have made any changes, can you explain why?

Answer: Not applicable



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