Witness Name: Zephan Trent

Statement No.: 1

Dated: 21 March 2025

Rule 9 reference: EPUT Rule 9 (3c)

LAMPARD INQUIRY

FIRST WITNESS STATEMENT OF ZEPHAN TRENT

I, Zephan Trent, will say as follows: -

Introduction

1. I am the Executive Director of Strategy, Transformation and Digital within Essex Partnership University NHS Foundation Trust ('EPUT') and I have held this position since April 2022. Since 15 July 2022, I have also held the position of Senior Information Risk Owner (SIRO).

2. I hold BA(hons) and MSc degrees and I am a CFA® Charterholder. I am not clinically qualified.

3. I have been in employment with EPUT since April 2022.

4. I report directly to the Chief Executive Officer ('CEO'), Paul Scott.

5. I would like to offer my sincere personal condolences to anyone who has lost loved ones while receiving care from mental health services in Essex. This statement aims to address questions from the Lampard Inquiry about safety at EPUT. No part of this statement is intended to diminish the impact that the tragic loss of life will have had on families, loved ones and the EPUT staff that cared for them.

Approach to the Inquiry Rule 9 (3b) Request

6. This statement is made in response to the request by the Inquiry to EPUT on 14 March 2025, under Rule 9 of the Inquiry Rules 2006, with reference '**EPUT Rule 9 (3c)**.' EPUT was asked in that letter to respond to a series of questions around Oxevision (or similar digital observation technology), CCTV and Body Worn Cameras. The request is broad in scope and goes beyond matters which are within my own personal knowledge. The statement also supplies information regarding the former Trusts (North Essex Partnership University NHS Foundation Trust or "'NEP", and South Essex University Partnership NHS Foundation Trust or "SEPT"). This information is sourced directly from the electronic information or documents held by EPUT, as described further below and I have relied on the accuracy of that information, together with the searches described below. As such, this statement is the product of drafting after communications between a number of senior individuals. I do not, therefore, have personal knowledge of all the matters of fact addressed within this statement. However, given the process here

described, I can confirm that all the facts set out in this statement are true to the best of my knowledge and belief.

7. The use of Oxevision, Body Worn Cameras ('BWC') and CCTV, and how the personal data recorded is processed is also covered within our Trust privacy policy which is a publicly available document on the Trust website (Privacy Policy | Essex Partnership University NHS Trust (eput.nhs.uk)). The use of these technologies is an important part of our safety and learning infrastructure at EPUT.

Oxevision

8. Oxevision (provided by Oxehealth Limited) is a vision-based patient monitoring system to monitor vital signs of patients within select single occupancy rooms and secure environments. EPUT does not use other similar digital observation technology.

9. Oxevision has been designed specifically for mental health care and the Vital Signs software is registered as a class IIa medical device in the UK and Europe with the Medicines and Healthcare products Regulatory Agency (MHRA) and other relevant health sector regulators. The vital signs software operates with an infrared sensitive camera linked to an interface in a nurse station and on portable tablets. It does not require the patient to wear or be connected to any device and it is not a CCTV system. Oxevision is used as an assistive tool for staff working on EPUT wards with a view to improving and enhancing patient safety. It is intended for non-invasive spot measurements of pulse rate and estimated breathing rate so that staff do not need to disturb a patient's sleep to undertake these measurements. It is not a substitute for staff visually confirming that a patient is safe.

10. Oxevision has been introduced in EPUT across selected inpatient wards, seclusion rooms and Health Based Places of Safety (HBPoS) to enhance and improve patient care and safety in order to:
    - Reduce the risk of self-harm, including ligatures
    - Identify periods when patients may spend prolonged times in bathrooms and blind spots
    - Reduce the risk of multiple people in a room at one time
    - Provide patient-centric reporting to support patient care planning
    - Enhance a preventative awareness for patient risk associated to falls

11. Oxevision includes a suite of modules designed to support inpatient mental health. With Vital signs staff can measure a patient's pulse and breathing rate contact free. Activity Tracker software detects activity and inactivity and produces reports to continually improve care. The system raises an alert if the patient leaves the bedroom through the main door, enters the bathroom, does not come out of the bathroom after 3 minutes, is in a blind spot or if a second person enters the patient's bedroom. Alerts and reports can be varied according to individual patient or ward need.

Implementation of Oxevision and Oxevision Observations

12. Following merger, EPUT has focused on continued improvements in patient safety. As part of this process, the Trust's clinical innovation group, known as EPUT Lab, identified Oxehealth's Digital Care Assistant as a suitable option for EPUT to consider as part of the Trust's emerging patient safety strategy.

13. In April 2019, discussions with University College London Partners (UCLP) led clinicians at EPUT Lab to look at the product that was being piloted in Oxford Health NHS Foundation Trust. Early work had identified a range of safety benefits including reduction in the number ligatures, anchored and non-anchored.

14. Oxehealth was asked to attend EPUT LAB for a demonstration of the digital assistant and a discussion about the product. This product was well received by the clinicians. As a result, further discussions took place with the mental health senior management to ensure they were supportive of piloting this product on the wards. Discussions also took place with the organisations that were using this product to get their feedback. Feedback from other organisation was good and they agreed to share their findings with the Trust. Oxehealth's Digital Assistant was supported by the Trust's IM&T Strategy Group and subsequently EPUT's Executive Operational Sub Committee. The Executive Operational Sub Committee agreed funding for pilots on four wards **[ZT-002-Oxevision Implementation Dates]**

    - Ardleigh (Acute Admission Ward – February 2020)
    - Peter Bruff (Assessment Unit, North Locality – April 2020)
    - Chelmer (Acute Admission Ward – February 2020)
    - Hadleigh Ward (PICU Ward – February 2020)

15. The prioritisation of site installation was clinician led, determined by information included in a report from the CQC regarding observation practices on some wards and incidents reported on Datix **[ZT-094-CQC Report 2019]**.

16. In 2020, feedback was received from staff and patients on Peter Bruff Ward and Ardleigh Ward at the Lakes. Views were sought from patients by conducting questionnaires, one to one interviews and focus groups. Feedback was presented to the Executive Operational Committee on 25 August 2020 and this is recorded in the meeting report and the attached Early Insights and Implementation Lessons Learned report, **[ZT-027– Executive Operational Sub Committee Report – August 2020]**.

17. Patient perceptions were evaluated by:

- 15 9-question questionnaires, 9 from Ardleigh and 6 from Peter Bruff.
- 2 focus groups with patients on Ardleigh ward with 7 patients total.
- 5 one to one interviews with patients on Peter Bruff ward.

18. Staff perceptions were evaluated by:

- 33 17-question questionnaires, 14 from Ardleigh and 19 from Peter Bruff.
- 1 focus group with Ardleigh ward with 5 staff members.
- 3 one to one interviews with Peter Bruff ward:

    - Senior Healthcare Assistant
    - Staff Nurse
    - Associate Practitioner

19. 75% of patients felt that the system kept them safer. 70% of patients felt that the system had improved their wellbeing on the ward and 62% felt that the system helped them to get better sleep at night. Having the system in place allowed staff to manage the risk of self-harming behaviour differently, such as stepping down close observations, and as a result patients learnt to engage with their recovery and develop coping skills earlier in their treatment. 70% of patients reported that they felt that staff cared for them better when the system was there as an additional tool.

20. On 30 September 2020 a paper was submitted to the Trust Board of Directors recommending the further roll-out, purchase and installation of Oxehealth to support quality and safety across a number of the Trust's inpatient mental health wards **[ZT-084-Board Paper 30.09.2020]**.

21. The Trust Board of Directors received the evaluation of the Oxehealth's Digital Care Assistant implementation and were provided with details from an early insight report focusing on 3 months of use on Ardleigh ward and Peter Bruff ward **[ZT-027-Executive Operational Sub Committee Report – August 2020]**. The insight report identified the following key findings:

- Safety on the wards improved.
- There was a positive impact on therapeutic engagement with patients and patient experience.
- Operational Value, in terms of improved observation practice.

22. The Board approved the rollout of Oxehealth to a further 13 additional wards, (all acute admissions wards, PICU Wards and CAMHs), equating to a total of 17 wards.

23. In February 2021 the Executive Operational Sub Committee were asked to commit to the implementation of Oxevision on a further 5 older adult wards **[ZT-085-Executive Operational Sub Committee Report 02.02.2021].**

24. In December 2022 the Executive Operational Sub Committee reviewed a business case for the implementation of Oxevision on 17 wards **[ZT-086–Executive Operational Sub Committee Report 06.12.2022].** The rollout was supported in principle but queries were raised in relation to implementation and funding. On 17 January 2023 Executive Operational Sub Committee approved a proposal for the wards at Brockfield House to be fast tracked for implementation, prior to the full business case being presented for approval.

25. The Time to Care business case was presented to Board in June 2023 which detailed the further rollout of Oxevision onto EPUT wards **[ZT-087-Time to Care Business Case]**.

26. Plans depicting the placement of each device on the EPUT wards are included within the Oxehealth draft and final installation plans and containment plans. These plans are exhibited to this statement at **ZT-003 to ZT-024** and the various iterations of the plans document the changes in respect of the location of the Oxevision devices across the various inpatient wards.

27. EPUT has also deployed Oxevision Observations, an additional module to Oxevision. Oxevision Observations helps mental health providers, and their staff improve safety with observation compliance; prompting staff to carry out on time observations using a handheld tablet device and giving access to accurate and up to date patient observations for all staff. It supports therapeutic and personalised care as it allows for the recording of comments and individual risk factors. Observation records including their measurements can then be uploaded to the patient's electronic patient record (EPR). An automated Oxevision to EPR integration functionality will be completed during quarter 1 of 2025/26. This project has been delayed as a system update was required by the EPR supplier prior to the integration work commencing. Currently this process is carried out manually and uploaded to the EPR. Oxevision Observations is a digital observation module within the Oxevision system. The Oxevision Observations module is a digital version of the paper observations record, which is found in the EPUT CLP8 Therapeutic Engagement and Supportive Observation policy **[ZT-001]**. Oxevision Observations is implemented only on Oxevision equipped inpatient wards, seclusion rooms and Health Based Places of Safety to enhance and improve patient care and safety in order to:

- Provide a clear record of observations in a digital format for integration to the electronic patient record.
- Assist in the identification of trends.
- Report on quality of engagement and observation activity.

28. The development and use of Oxevision Observations was part of the Trust's response to recommendations from the CQC for improving observation recording and addressing gaps in patient observations **[ZT-094 and ZT-095–CQC Reports 2019 and 2021]**. Initially five wards participated in the proof of concept, Ardleigh (adult), Peter Bruff Unit (assessment), Larkwood, Longview, and Poplar (CAMHS). The product was approved for implementation by the Executive Operational Sub Committee and rolled out to all Oxevision equipped wards between September and October 2023.

29. Since its implementation in 2019 EPUT has encouraged staff to submit suggestions to Oxehealth for functional improvements and system enhancements. A register of those staff-generated suggestions is maintained by Oxehealth and reviewed by their product development team. Where a suggestion is accepted for consideration, user groups, experts by experience, and communities of practice are engaged in the development and trial of new features, the following are examples taken forward:

- In May 2021 EPUT's Oxehealth Project Board explored the potential to lock down the audible alert volume to 75% on the fixed monitors. This was explored to remove the potential for staff to be able to physically change the volume setting. The outcome was that there wasn't a practical method to eliminate the possibility on the fixed monitors, however, all tablets are pre-set at 75% volume and are not adjustable by staff.

- There are numerous settings and preferences established in the use of the system that are coordinated with clinical service managers to ward level users. Those settings are not necessarily changes to the technology, but rather application of use. For example, EPUT has worked with Oxehealth to improve the use of privacy masks and pixilation to enhance privacy and dignity.

30. The process for authorising changes to the system requires a clinical and technical review and will be discussed with EPUT's Oxevision leads. Change suggestions will be reviewed and advanced to an authoritative clinical service or technical reviewer for application impact. EPUT Oxehealth Project Board members are included in communications for comment and approval. Additional scrutiny may be applied by EPUT's Data Protection Officer depending on the nature of the request. Final decisions are made by clinical service managers with Project Board confirmation.

Patient feedback

31. Patients and family members can raise any concerns related to Oxevision, CCTV or Body Worn Cameras to the ward manager or Nurse in Charge at any time. Ward Safety Huddles provide a platform for patients to discuss Safety and Quality issues. Patients and family members can also discuss the use of Oxevision and Oxevision Observations, CCTV or Body Worn Cameras during ward review meetings.

32. EPUT receives feedback and complaints via its Patient Advisory Liaison Service (PALS), or more formally via its Complaints Team. **ZT-088** details PALS concerns and complaints located in relation to Oxevision, CCTV and Body Worn Cameras between January 2020 and February 2025 based on a key-word search.

33. EPUT has also been using iwantgreatcare to collect and process feedback from patients, families and carers since January 2022. Prior to that the Trust used a Friends and Family Test. There is a free text box, which allows users to comment on any area relating to the service. **ZT-075** details the feedback located in relation to Oxevision, CCTV and Body Worn Cameras between July 2023 and July 2024 based on a key-word search. Moving forward iwantgreatcare will include questions regarding the patient experience of using Oxevision/OxeObs.

34. Paragraphs 16 to 19 above describe how patient feedback was considered during the implementation of Oxevision and Oxevision Observations.

35. In 2022, EPUT commissioned, with Anglia Ruskin University (ARU), an independent study of a multi-site evaluation of the use of vision-based monitoring systems and body worn cameras in mental health inpatient wards as set out in paragraph 76 below which includes feedback from patients.

36. EPUT's patient experience team are planning to facilitate focus groups with patients, carers, and staff, to better understand the experience of Oxevision and how it can be improved, starting in March 2025 as set out below in paragraph 79.

37. EPUT does not regularly collect patient feedback specifically on Oxevision outside of the mechanisms set out above.

Consent

38. Where Oxevision is installed, the system is continually switched on and monitored. Therefore all patients are opted in upon admission as part of the standard ward practice.

39. At the point of admission, each patient is provided with a welcome pack. The Welcome Pack used across adult inpatient units is titled "Information for Patients Relatives Carers Welcome Pack" ('the Welcome Pack') **[ZT-025].** Page 13 of this Welcome Pack details what Oxevision does and explains that the medical device is installed in all bedrooms.

Further, the Welcome Pack signposts the patient to a Ward Manager or a Nurse in Charge if they have any concerns about the Oxevision device. EPUT has been updating its welcome packs for secure services, CAMHs, Byron Court, and Rainbow Unit during 2024/25 to ensure Oxevision is included where applicable. The packs are due to be printed in March 2025.

40. Posters are located on each ward explaining that Oxevision is in place **[ZT-026]**. Generally, these are located on the ward information boards at the entrance or in the day room. The poster explains to the patient what the Oxevision system does, specifically;

- "Takes spot-check pulse and breathing rate observations without disturbing you,
- Let's staff know when a second person enters your room,
- Alert staff when you have entered the bathroom and are out of range of the sensor"

41. Patients are encouraged to raise questions and concerns and there are regular opportunities for the patient to engage with staff. Objections can be raised at any time during the admission episode.

42. The current standard operating procedure for Oxevision is titled *"Standard Operating Procedure for the use of Oxehealth Oxevision and Oxevision Observations"* ('SOP') **[ZT-089]** and is dated 28 February 2025. The target audience for the SOP are inpatient staff on EPUT wards. A further review is currently being undertaken to ensure the Trust has considered the matters raised in the NHS England document *Principles for using digital technologies in mental health inpatient treatment and care* published in February 2025 **[ZT-097]**. EPUT will update the Inquiry on the outcome of this review.

43. The SOP sets out how Oxevision works, what it is used for, what it is not used for (e.g. it does not alert to early warning signs affecting pulse and breathing rates), and how staff are trained in its use. The SOP also sets out that every patient must be informed about the use of Oxevision and that staff will have a discussion with patients, carers and families at the point of admission. Discussions about Oxevision will continue and will form part of the clinical record and care plan.

44. Point 1.5.2 of the current SOP **[ZT-089]** sets out information concerning implicit consent. Should a patient and / or their family or carer be concerned about the use of Oxevision,

including requests for it to be switched off, they can raise this with the ward staff or EPUT's Data Protection Officer and a Multi-Disciplinary Team meeting will be held within 72 hours to decide whether it is appropriate and in the best interests of the patient to withdraw the use of Oxevision.

45. Appendix 1 to the SOP is an Oxevision Consent Flow Chart which clearly shows that Oxevision is switched on from admission, but details how the patient, family member or carer can object to its use.

46. As set out above Oxevision is switched on at the point of admission where the technology is available. Oxevision is continually switched on and monitored in every bedroom unless a patient requests otherwise. Appendix 1 of **ZT-096 – SOP Oxevision v11** sets out in a flowchart diagram the process for gaining consent from the patient/family/carer and for documenting the discussion.

47. If a patient refuses the use of the Oxevision system in their room, the responsible clinician must be informed. The patient is encouraged to raise questions and concerns and there are regular opportunities for the patient to engage with staff. Objections can be raised at any time during the admission episode. The system is not to be switched off until a Multi-Disciplinary Team (MDT) meeting within 72 hours has taken place. At the MDT meeting, the team will decide whether to withdraw the use of the assistive technology, if it is in the best interest of the patient, taking into account the balance with individual preference, safety management, mental capacity and any other areas of concern. The assessment needs to be open and with honest communication including the frequent reiteration of the existence and purpose of the system so staff can be sure that the patient's informed implicit consent remains in place. If the MDT agrees to switch the system off, the room can be individually isolated using the Oxevision monitor to select 'Camera off' for that patient's bedroom. EPUT can confirm that there have been multiple occasions when the request to switch off the camera has been agreed to by clinicians. Examples include:

- A patient being concerned over privacy. The patient had capacity and was advised that they would be placed on level 2 observations when the camera was switched off.
- A patient described feeling paranoid about having Oxevision switched on in their bed space. The patient had capacity and was advised that they would be placed on level 2 observations when the camera was switched off.

- A patient understood it was to support wellbeing however they felt it would increase their anxiety. The patient had capacity and agreed that if the patient changes their mind they will advise the ward staff. Appropriate observation levels to be utilised.

48. In October 2024 to support oversight of the Oxevision Standard Operating Procedure the Trust has placed an Oxevision Audit on our Tendable auditing system **[ZT-090– Oxevision Audit Template]**. This was implemented following the Oxevision Clinical Lead attended a working group which included senior clinical stakeholders, experienced in the use and governance of Oxevision from five NHS Mental Health trusts across England, an expert by experience advisory panel, alongside Oxehealth. The Oxevision Audit Template has been co-developed in line with the National Mental Health and Learning Disability Nurse Directors Forum Guidance.

49. Additionally the Trust supported the use of Oxevision by introducing a specific question to gain this assurance in the Person Centred Audit, Ward Managers Audit and Matrons Record Keeping Audit.

- Person Centred Audit (Named Nurse role & responsibility audit) question – *Has this patient refused the use of Oxevision?*

- Ward Managers Audit – *Are there any issues that are required from the 'Person-Centred' audit that require escalating?*

- Matrons – Record Keeping Audit – *Are there any identified areas that need to be addressed in the most recent Person-Centred Audit?*

50. These audits provide assurance by reviewing the documented implicit consent process, checking the Oxevision equipment, governance and use of sharing information, reviewing the understanding of our staff, their training requirements and the patient/ carers feedback on the use of Oxevision.

51. If switched off, staff continue to have access to the Oxevision system functionality of physically inputting/recording the patient's detailed therapeutic engagement and observation as per EPUT CLP8 Therapeutic Engagement and Supportive Observation Policy **[ZT-001]**. This data entry can be completed via the Oxevision tablets or monitor in the ward offices. The document titled "How to complete an Observation Round" is a

step-by-step guide, which explains to staff how they should complete an observation round using Oxevision Observations **[ZT-029].**

52. In summary, it is standard practice for EPUT to use Oxevision unless a request is made by a patient not to use it and as set out above, this request will go to MDT for review.

53. The same approach to decisions concerning the use of Oxevision is taken in respect of voluntary and involuntary patients.

Oxevision Training

54. Each iteration of the SOP **[ZT-028, ZT-030 to ZT-040]** details the approach to training. Initially training was undertaken at ward by an experienced staff member. When wards went live, there were dedicated floorwalkers available to provide advice and guidance on the system to staff. The current iteration **[ZT-089]** outlines in point 1.4 that training and EPUT guidance are delivered in the following formats:

- All staff must be trained and receive confirmation of training on Oxevision and Oxevision Observations via Oxehealth Academy prior to attending the ward for their shift (OxeAcademy is an online training portal where staff are able to complete Oxevision training courses and gain access to a variety of training materials to support ongoing use of Oxevision. All training data on the portal is used for the purpose of monitoring staff compliance to the SOP). Confirmation of training is received by the 100% pass completion of the respective Oxevision course and Oxevision Observations course quizzes.
- Microsoft Teams remote training or onsite training through an Oxehealth trainer during implementation.
- Staff, including temporary, are required to annually complete the OLM (Oracle Learning Management) Mandatory Training with completion status displayed in the Mandatory Training Tracker on the EPUT Intranet.
- Training in the use of Oxevision will be part of a staff member's local induction to the ward. All new Oxevision users will be briefed by an Oxevision champion or trained and competent staff member on the equipment, application, and relevant Trust standard operating procedures.
- All staff need to demonstrate competency and record that demonstration on a competency checklist.

- The checklist must be completed annually in relation to mandatory training requirement.
- If the staff member is bank or agency, completed competency checklist to be sent by administration support to the temporary staffing team.
- If substantive staff member, completed competency checklist to be kept in staff file by their manager.

Monitoring the Use of Oxevision on Wards

55. As set out above, the SOP **[ZT-089]** describes how EPUT uses Oxevision as an assistive tool for staff. There is no minimum level of staffing specified in the SOP where Oxevision usage would be withdrawn. EPUT ward staffing levels are determined by the Trust's safer staffing model not the use of Oxevision, there is not a separate staffing model for the use of the technology on inpatient wards. Oxevision is operated by ward staff as part of their normal duties, therefore the use of the technology does not affect the level of ward staffing in practice.

56. All nursing staff and health care assistants/support workers working on the wards providing patient care must be trained on the use of Oxevision and Oxevision Observations. Oxevision does not replace therapeutic engagement and observations; its purpose is to compliment the EPUT CLP8 Therapeutic Engagement and Supportive Observation Policy **[ZT-001]**. Section 4.5 of the policy describes the different observation levels that are used on EPUT wards.

57. Section 5.7 of the policy outlines the role of the MDT who have the responsibility to understand their role in initiating, carrying out and reviewing supportive observations. They must balance the potentially distressing effect on the individual of increased levels of observation, particularly if these are proposed for many hours or days, against the identified risk of self-injury or behavioural disturbance, in line with Trauma Informed Principles at Appendix 4 of **[ZT-001].** In practice, the factors taken into account in any individual patient's observation level may be complex, and decisions should be documented in the patient record.

58. As noted in paragraph 56 Oxevision compliments the EPUT CLP8 Therapeutic Engagement and Supportive Observation Policy **[ZT-001]**, it does not replace it. As part

of determining a patient's care needs based on their clinical presentation the MDT may take into account whether a patient has declined the use of Oxevision.

59. Sections 5.8 to 5.15 set out each Team members' responsibilities in respect of observations and engagement.

60. Oxevision usage reports are provided to matrons and ward managers on a weekly and monthly basis for local monitoring and discussion with staff. An example of these reports is detailed at **[ZT-041]**. The reports allow matrons and ward managers to identify how Oxevision is being used by staff. The reports show how many alerts have been raised and how quickly they were responded to, or reset, by staff.

61. Oxevision patient safety reporting and monitoring is completed via Datix. Datix is the Trust's incident management module. When reporting on Datix staff are asked 'Did the Oxevision system play a role in alerting staff to the incident?' Staff are advised to only select 'Yes' when Oxevision was involved in the alerting. That may include, but not be limited to, alerts (audible or visual), camera views, or vital signs. These incidents are then reported in the monthly report to the Oxehealth Project Board **[ZT-042]**, which provides assurance to the Executive Operational Sub Committee.

62. Between 1 April 2020 and 18 March 2025, Datix was used to report staff intervention of self-harm and falls prompted by Oxevision alerts and use. The table below shows the number of Datix reports where the box 'Did the Oxevision system play a role in alerting staff to the incident?' was ticked for self-harm interventions in Datix. It also shows the number of these incidents where Oxevision was further confirmed in the written description of the datix report.

Type of Datix incident report	Staff reported "Yes" to the question: "Did the Oxevision system play a role in alerting staff to the incident?"	Of which, Oxevision is referred to in the written narrative describing the incident
Ligature	935	444
Self-harm not ligature	436	150
Falls (all categories)	82	27

63. The use of Oxevision has assisted EPUT to make more timely interventions when required and therefore assisted in preserving life.

64. EPUT has an Operations Oxehealth Specialist - Clinical Lead, who's role it is to:

- Provide quality insights and experience.
- Audit ward level activities to ensure compliance and effective operations.
- Provide insights to clinical practices and the application of the project products.
- Provide a next-level engagement for escalations.
- Provide clinical recommendations to the Project Board.
- Provide insight and coordination with the Project Board to enable continuity in the delivery of Oxevision and Oxevision Observations during project development, delivery, and business as usual.

65. In addition, EPUT has a dedicated system support manager who is available to attend the wards at any time during the working day and supports staff and the Operations Oxehealth – Clinical Lead in their role.

Oxevision Data Deletion, Retention and Storage

66. On instruction from EPUT, if there is a situation that needs to be further investigated, clear video data may be extracted remotely by Oxehealth from the Oxevision server and stored in an encrypted Egress cloud service. A designated recipient from EPUT will transfer the encrypted data via file from the Egress cloud to a restricted access area on SharePoint (Cloud). Access to the clear video data is by authorisation of EPUT's Legal Services Team or Data Protection Officer, and can also be escalated to EPUT's SIRO and Caldicott Guardian. Previously, Oxehealth retrieved clear video data from the servers on site to an encrypted USB. The encrypted USB was delivered to EPUT's headquarters and stored within a secure cabinet of the Legal department. The encrypted USB was logged and maintained by the Legal department. The historic encrypted USB content has since been uploaded and stored in the restricted access SharePoint (cloud) folder. USB devices are to be moved to the Records Department at Basildon Mental Health Unit to be stored in a fireproof safe.

67. Clear video data must be requested by a member of staff within 24 hours of an incident, otherwise data is automatically overwritten. The Oxevision system runs on a 24-hour

rolling buffer, meaning that the footage overwrites (i.e. automatically deletes) itself every 24 hours and the clear video data becomes irrecoverable.

68. If the data is required for investigative purposes, approval is given by EPUT's Data Protection Officer for named staff to view. On approval, the designated viewers are authorised access to view the clear video data on SharePoint, but are not able to download or edit the file. Access is view only for the designated purpose (for example, an investigation) and the authorised viewer as detailed in paragraph 66.

69. The information is retained until its purpose is exhausted for example once a Coroner's process has concluded. Currently, in line with the Moratorium from the Inquiry, footage will be retained by EPUT for as long as the Inquiry considers appropriate (i.e. the duration of the Moratorium).

70. A copy of EPUT's Data Protection Impact Assessment in relation to Oxevision dated May 2024 can be located at **[ZT-043].** Previous versions are located at **[ZT-044 and ZT-045].**

Use of Data from Oxevision in Serious Incidents

71. Depending on the type of incident being investigated, footage from Oxevision may have been used as part of the Serous Incident (SI) /Patient Safety Incident Response Framework (PSIRF) investigation and that may have been for incidents short of death. This could include clipped footage or reports from the system, or details pertaining to the individual patient's care plan and determined use of Oxevision as part of that as detailed in paragraph 68. To obtain a list of patient names for the use of Oxevision data in investigations into serious incidents short of death, a manual review of all such patient records would be necessary.

72. Oxevision has been explicitly referred to by the Coroner in directions for statements, or the record of inquest or prevention of future death report for six patients. The patients' name and date of inquest can be located under **[ZT-046].** Details of how learning is taken forward in EPUT following inquests is detailed in Rule 9 (7b).

Contractual Arrangements with Oxehealth

73. EPUT entered into a contract with Oxehealth in 2019, initially for a 12 month period to cover the trial period detailed from paragraph 14. The contract was then extended to support the further rollout across wards. Expiry dates vary depending on the ward due to the differing 'go live' dates.

74. The service agreement sets out that:

- Oxehealth procure and provide the hardware to EPUT for the duration of the contractual term. Upon expiry of the contract the hardware would be returned to Oxehealth.

- Oxehealth is continually in the process of developing Upgrades and Additional Functionality and may incorporate and utilise Upgrades as part of the Oxehealth Service from time to time.

- If, at any time, EPUT wishes to extend the Oxehealth Service, i.e. additional wards or locations; or include additional modules of software offered by Oxehealth, it can submit a purchase order. The additional wards or locations in which the Oxehealth Service will be deployed, any additional software modules and any additional Fees due for such deployment, are set out in the Purchase Order.

- Oxehealth will keep EPUT's Confidential Material secure and confidential, and shall apply a level of confidentiality and security no less stringent than it applies to its own Confidential Material (and in any event no less than a reasonable standard in accordance with good industry practice).

- EPUT and Oxehealth will establish a joint partnership board comprised of at least one executive sponsor from each organisation to meet quarterly.

- Oxehealth shall process EPUT's Personal Data only in accordance with documented instructions contained in the Agreement or received from EPUT.

- Installation: Working in partnership to install the Oxehealth System into the wards.

  Installation takes place in four phases:

1. Pre-installation: joint site survey to confirm equipment locations and agree connectivity arrangements, agree installation plan and safe working regime; Oxehealth procures and prepares equipment

2. Installation: Partner installs cabling and fixes secure housings (including anti-pick mastic) to the walls in each room, provides connectivity (i.e. broadband, Wi-Fi) and Oxehealth installs the inhousing equipment, servers and monitors to an agreed schedule

3. Blind running: Oxehealth configures and calibrates the Oxehealth System. Oxehealth monitors and assesses performance of the Oxehealth System prior to formalising a go-live plan with EPUT.

4. Go-Live: Oxehealth puts the Oxehealth System into live operation on an agreed date (subject to education and training having been completed).

- Implementation: Working in partnership to embed the Oxehealth System into the clinical & operational ways of working on the wards. Includes:

    - Defining the protocols/policies for use of the Oxehealth System
    - Designing the engagement and training plans and timescales, including staff and service user communications
    - Running staff engagement, education and training sessions
    - Implementing a train-the-trainer scheme through "Oxehealth Champions"
    - Provide on-going customer service/support via multiple channels (24/7).

- Governance: Working in partnership to govern the overall project, including acting as an issue and risk escalation forum to ensure the installation and implementation are delivered in a timely manner.
- Benefits realisation: If support is required, Oxehealth can support the Partner (EPUT) to define the benefits realisation plan (including evaluation metrics, evaluation methodologies, data collection approaches), share resources of data collection templates, and support with data analysis and publication.

75. Prior to 2019 EPUT had not worked, or contracted, with Oxehealth.

Evaluations of Oxevision

76. ARU and EPUT commissioned an independent study of a multi-site evaluation of the use of vision based patient monitoring systems (VBPMS) & body worn cameras (BWC) in mental health inpatient wards in England. The primary aim of this study is to assess the impact of VBPMS and BWC on inpatient wards across NHS mental health provider organisations in England. The study will also assess appetite and plans for implementation of the technologies in sites where they have not yet been introduced and will endeavour to collate baseline information around uptake of the technology across all mental health trusts in England. This study was approved by ARU in 2022 and a Chief Investigator was appointed to carry out the study.

77. Mental health services have introduced non-contact vision based digital technologies including primarily VBPMS and BWC with the aim of reducing risks to patients and staff in inpatient services. **ZT-091 to ZT-093** include the research protocol, the REC application form, IRAS form and a presentation from the Chief Investigator that outlines the study and its interim results in June 2024.

78. The interim results show that staff reported positive impacts from VBPMS in relation to communication (68%), therapeutic relationships (68%), feeling safe (76%) and quality of sleep (68%). 62% of patients reported positive impacts in relation to feeling safe and 61% reported negative impacts in relation to privacy. 65% of patients and 81% of staff said that vision-based monitoring systems are useful. The presentation also describes interim results in relation to BWCs. 81% of patients and 79% of staff said that BWCs are useful.

79. In February 2025, the Oxehealth e-Obs Project Board, approved a proposal for EPUT's patient experience team to facilitate focus groups with patients, carers, and staff, in order to better understand the experience of Oxevision and how it can be improved. The intention of the focus groups will be to create a space in which staff, patients, and carers can come together to co-reflect, and discuss thoughts and ideas which could enhance the Trusts understanding of the use of Oxevision, whilst identifying opportunities for improvement. The focus group(s) will be jointly chaired by the Deputy Director of Quality and Safety for Inpatient and Urgent Care and the Associate Director of Patient Experience. Focus groups will begin in March 2025.

80. These focus groups will work with people with lived experience, either as a carer or patient, and staff who have experience of using Oxevision. In the first instance it will be aimed at adult inpatient services. The objective of the focus groups are to capture the qualitative narrative on the experience of using Oxevision from a patient, carer and staff perspective and to identify improvement ideas for Oxevision.

81. In addition, EPUT's internal audit plan includes an audit on consent with a focus on Oxevision in 2025/26.

External Reports on Oxehealth

82. The Trust is aware of four external reports regarding its use these can be located using the following links:

- -reducing-falls-in-mental-health-hospitalspdf-.pdf
- New technology changes the face of patient care at Oxford Health | Oxford Health NHS Foundation Trust
- https://www.cqc.org.uk/publications/themes-care/digital-care-assistant
- NMHLDNDF_VBPMS_Working+Group+Report+1.0_29.9.22+(1).pdf

Body Worn Cameras (BWC) and CCTV

83. BWCs were introduced on a number of wards at EPUT in August 2019, and on all inpatient, HBPoS (a space where people detained and transported under Section 135/136 of the Mental Health Act 1983 can be managed safely while an appropriate assessment is undertaken) and in mental health liaison teams since August 2022. This includes use within any area of the ward, unit or grounds of the site. The BWCs are both visual and audio. The staff member switches the camera on when an incident is taking place. BWCs are in place and used for the safety of patients and staff.

84. The implementation of BWCs was completed following three trials.

a. August 2019 – January 2020 on Ardleigh Ward at the Lakes, and Basildon Assessment Unit at Basildon Mental Health Unit.
b. January 2020 – April 2020 on Ardleigh Ward at the Lakes, Basildon Assessment Unit at Basildon Mental Health Unit, Chelmer Ward at the Derwent Centre, and Galleywood Ward at the Linden Centre.
a. June 2020 on Longview Ward and Larkwood Ward at the St Aubyn Centre.

85. Following the trials a two-phase implementation was undertaken, with phase 1 deploying BWC's to 30 wards from December 2021 and phase 2 deploying to 17 wards from August 2022. The table in **[ZT-061]** provides details on the list of units and dates of usage. There were no changes made during the period and all cameras remain in use.

86. EPUT has used CCTV since merger in 2017 across its sites. EPUT has been unable to exactly establish when CCTV was in use for all inpatient units across former North Essex Partnership University NHS Trust (NEP) and former South Essex Partnership University NHS Foundation Trust (SEPT). EPUT has been able to locate policies for former SEPT going back to the year 2005, and former NEP from 2013. Copies of CCTV policies can be located in **[ZT-047a to ZT-060 and ZT-096**]. In addition, some maintenance documents have been located which suggest that CCTV was in place at former NEP inpatient sites in 2013 and EPUT holds some footage dating back to 2012; however, no plans showing the location of CCTV cameras going this far back in time have been located. CCTV cameras when operational/without fault record 24 hour a day 7 days a week.

87. CCTV plans have been located for the following units or wards at former SEPT:

a. Rochford Hospital (May 2007) **[ZT-062]**
b. Hadleigh Unit, Basildon Mental Health Unit (August 2009) **[ZT-063]**
c. Level A, B, C at Basildon Mental Health Unit (January 2010) **[ZT-064]**

88. CCTV plans have been located for the following units or wards at EPUT:

d. Derwent Centre, Ardleigh Ward and Peter Bruff at the Lakes, Galleywood Ward and Finchingfield Ward at the Linden Centre (December 2019) **[ZT-065]**

e. Willow Ward at Rochford Hospital (September 2020) **[ZT-066]**

f. Stort and Chelmer at the Derwent Centre (October 2020) **[ZT-067]**

g. Cherrydown and Kelvedon, Basildon Mental Health Unit, Edward House, and Ardleigh Ward and Gosfield Ward at the Lakes (February 2021) **[ZT-068]**

h. Christopher Unit, Finchingfield Ward and Galleywood Ward at the Linden Centre (June 2021) **[ZT-069]**

i. Gloucester Ward and Meadowview Ward, Thurrock Hospital, Kitwood Ward and Roding Ward, St Margaret's Hospital, Tower Ward and Bernard Ward, Landermere Centre, Ruby Ward at the Crystal Centre (different dates are listed for the plans, but the colours which note the camera location are believed to be from 2020) **[ZT-070]**

89. Full plans for CCTV at EPUT inpatient sites, except Brockfield House where the CCTV is provided through the Private Finance Initiative (PFI) property management company, from July 2021, which remain unchanged, are located under **[ZT-071]**. For the reasons set out in paragraph 86 it is not possible to advise on all changes in location for the period.

Information provided to patients and their families about the use of BWCs and CCTV

90. As detailed in paragraph 39 at the point of admission, each patient is provided with a welcome pack. Within the adult inpatient unit welcome pack are details about BWC usage and CCTV **[ZT-025].** EPUT is updating its welcome packs for secure services, CAMHs and Rainbow Unit during 2025 to ensure BWC usage and CCTV are included where applicable.

91. At the point of admission patients are made aware that all of our wards are monitored by CCTV in communal areas and corridors. At times, some staff may also wear body worn cameras. The use of cameras is to increase the safety and security of patients and staff.

92. Posters are also on display in the units, a copy of the current versions can be located under **ZT-072 and ZT-073**. The posters make it clear that staff can record video and audio information and that they will clearly let people know when they begin any recording.

Patient / Families views about the use of BWCs and CCTV

93. After the trial for BWCs, ward staff requested verbal feedback from patients, which was reported back to the Violence and Abuse Prevention and Reduction (VAPR) Team, this was then provided to the Executive Safety Oversight Group in September 2021 **[ZT-074]**. Patient feedback is recorded in the Executive Safety Oversight Group Summary Report. Feedback was that the cameras were accepted as being activated to protect patients and that they provide independent evidence of their interactions with staff. Some patients felt safer with the cameras whilst some patients viewed them as invasive.

94. As detailed in paragraph 32 EPUT receives feedback and complaints via its Patient Advisory Liaison Service (PALS), or more formally via its Complaints Team. **ZT-088** details PALS concerns and complaints located in relation to Oxevision, CCTV and Body Worn Cameras between January 2020 and February 2025 based on a key-word search.

95. As detailed in paragraph 33 EPUT has been using iwantgreatcare to collect and process feedback from patients, families and carers since January 2022. Prior to that the Trust used a Friends and Family Test. There is a free text box, which allows users to comment on any area relating to the service. **ZT-075** details the feedback located in relation cameras. Feedback received is reported to the services, who then discuss any issues raised at their Senior Management Team Meetings and Quality and Safety Meetings. If there is any learning or a change needed this is then cascaded at ward meetings.

96. Patients and families are also advised in the welcome Pack at admission that they can contact the ward staff, the Violence and Abuse Prevention and Reduction Team, the Information Governance Team or the Data Protection Officer if they require more information or want to share feedback.

Decisions about the use of BWCs and CCTV

97. CCTV is installed in the communal areas of wards and BWCs are visibly worn by ward staff. The CCTV cameras record images continually. BWCs are activated by staff when an incident warrants its use. The same approach in the use and management of the BWC's and CCTV are taken in relation to voluntary and involuntary patients as the system operates on the wards at all times. Decisions about the use of CCTV and BWCs are not taken on an individual patient by patient basis.

98. The relevant policies detailing the use of BWC include;

a. EPUT Security Policy dated July 2018 **[ZT-076]**
b. EPUT Security Policy and Procedure dated October 2018 **[ZT-077a and ZT-077b]**
c. EPUT Security Procedure dated September 2019 **[ZT-078]**
d. EPUT Security Procedure dated May 2021 **[ZT-079]**
e. EPUT Security Policy dated December 2021 **[ZT-080b]**
f. EPUT Security Procedure dated December 2021 **[ZT-081]**
g. EPUT Surveillance Systems Policy dated April 2023 **[ZT-060].**
h. EPUT Surveillance Systems Policy changed in March 2025 **[ZT-096].**

99. CCTV policies are located at **[ZT-047 to ZT-060 and ZT-096].**

Training in relation to BWCs and CCTV

100. During implementation staff members from EPUTs VAPR Team and the provider, trained the ward staff, including the ward managers, and ward clerks, who were present at each ward. This consisted of identifying the elements of the camera, how to operate it, how to dock the device and upload footage. Wards were also provided with a pack of documents to use regarding the cameras. The packs included posters, service user leaflet and FAQs, Staff FAQs, a ward user sheet containing essential information and the RMRG09 Appendix 9 Protocol for the body worn cameras **[ZT-080a].**

101. Training included ensuring that wearers of BWCs understood when to use them. It is made clear that footage should only be recorded when it relates to an incident or potential incident and should also be supported by a Datix entry. Staff can record using the BWC if they feel threatened or at the request of the patient. Staff must notify the individual or individuals that the incident is being recorded and if possible why they have started recording. Staff should also announce when they finish recording. The decision to record or not record any incident remains with the staff member wearing the device.

102. After the implementation day, the VAPR team followed up with an email to the Clinical managers, Matrons and Ward Managers with the documents from the packs, as well as the booking in/out paperwork.

103. A link to a video on how to use the cameras and when the cameras could be used was provided to the ward managers. It was requested that this be shared with all staff on each team. In addition, the video was put on to the VAPR intranet page with the above-mentioned documents. The training video was developed for staff who were not present on the day. This was shared with ward management for sharing with their staff and also placed on the VAPR intranet page.

104. Wards are responsible for providing ongoing training to new starters and temporary staff. They can utilise the intranet tools and video to complete the training. The VAPR team are available to advise and support with any queries.

105. At present, EPUT does not hold records for training in respect of the use of BWC. However, EPUT are looking at implementing a process for this.

Monitoring the Use of CCTV and BWCs on wards

106. The VAPR Team monitor staff usage of the BWC devices via reported Datix incidents to confirm if the staff actions (as recorded on the device) are appropriate and in line with usage requirements. Whilst there is not a specific monitoring process that records this exact action, every piece of footage that is reviewed by the VAPR team via a Datix incident, is recorded as having been reviewed on the Datix system. The user provides their own individual justification for usage, which should be in line with Trust policy and protocols, if the reason for activation is not otherwise immediately obvious.

107. Once the VAPR team have reviewed footage, they record this on the incident within the Datix system. The handler of the Datix then includes the following:

- Note of the action taken e.g. manager informed and staff counselled.
- Type of learning identified.
- Lessons learned.
- Actions taken to embed learning.

108. This information is then reported to EPUT's Health Safety and Security Sub Committee an example is located under **[ZT-082]**.

BWC and CCTV Data Deletion, Retention and Storage

109. All BWC footage is retained in clear image form, there is availability to blur footage via the Provider software, if and when required.

110. Any BWC footage relating to an incident report (Datix) will be saved for the standard retention period, of 99 years, as outlined within the Surveillance policy. Footage not related to a Datix incident report is not routinely viewed and is automatically deleted after 30 days. Although due to the Inquiry request of retaining all items relating to EPUT, all footage is being retained for 999 years until further notice from October 2023.

111. Footage relating to a Datix incident is retained for the purposes of criminal investigations, internal HR, safeguarding, complaints or claims investigations or learning lessons/service improvements.

112. Data is initially stored on the body worn camera internal memory. This data cannot be viewed by any person at this stage. The camera is docked into dedicated hardware connected to the designated Trust owned computer. Data is then transferred securely from the internal camera memory to the designated computer before being uploaded to secure Azure Cloud based storage. The camera provider does not have any access to any footage relating to the Trust. The VAPR team are the only team who have full access to view, save, move, and delete any footage.

113. CCTV monitors are located on site and can be viewed in real time by staff with designated access. Staff are not able to download footage on site, this has to be requested via the contacts set out in the current Surveillance Systems policy (Appendix 1) **[ZT-096]**.

114. Access to the footage is detailed within the Trust policies, those that do not have rights to access the systems directly need to make a request, for internal staff this would be directly to the VAPR team to determine if appropriate, in line with legislation (with guidance from Information Governance if required) to disclose for the purposes reported, for external use this would be via a Subject Access Request to the Legal Team, i.e. police request.

115. Internally there are a cohort of staff that have access to manage BWC's, facilitate requests, monitor usage against incidents and for access requests, this includes the VAPR Team, and Matrons who have view only access.

116. For CCTV, when footage is requested from the provider it is received as a clear image.

117. All non-incident related footage is not routinely viewed and is automatically deleted after a set period determined by the site the camera is located at; **[ZT-083]** details the periods by site.

118. The Trust does not hold a comprehensive central record of retained CCTV footage for the full period within the scope of the Inquiry (2000 to 2023).

119. CCTV has been retained for the following purposes:
    - Damage to property
    - Staff asaults
    - Safety / Safeguarding incidents
    - Theft
    - Allegations against staff
    - Requests from external agencies including the police

120. The process in place now is that requests are received via the Estates Team who then liaise with the CCTV provider, with the exception of Brockfield House which is requested locally by staff to the PFI property management who organise for the footage to be obtained from their provider. The footage is then received and provided to the Legal Services Team or Data Protection Officer who ensure the correct processes are followed prior to release, internally or externally for investigative purposes. A record of requested footage is held from 2020.

Use of Data from BWCs and CCTV in Serious Incidents

121. Depending on the type of incident being investigated footage from Body Worn Cameras and CCTV may have been used as part of the SI/PSIRF investigation. The Trust does not hold a central list of where Body Worn Camera or CCTV footage was used in SI/PSIRF investigations. To obtain a list of patient names for the use of BWC and CCTV data in investigations, a manual review of all such patient records would be necessary, including for serious incidents short of death.

122. Any footage relating to criminal investigations would be formally requested by the relevant law enforcement agency via the legal team, who would request a copy of the

footage from the VAPR team, this would be shared with the officer investigating via the Trust legal team.

123. Any safeguarding investigations/ requests would be made through the safeguarding department to the VAPR team, who would provide the footage to the safeguarding officer directly. Any internal HR/complaint investigations, would be requested via the VAPR team, however the VAPR team would have to facilitate any required viewing with any relevant person.

124. A BWC pilot was also conducted with effect from October 2022 to February 2023 after a CQC visit with recommendations to explore using BWC footage for identifying learning for Patient/Staff Safety incidents/Safeguarding/professional standards. Following the pilot and Executive Team approval of evaluation and recommendations on measures to take forward to incorporate this, it was incorporated into business as usual and Standard Operating Procedures from May 2023.

Statement of Truth

The content of this statement is true to the best of my knowledge and belief.

Signed: [I/S]

Dated 21 March 2025