Witness Name: Zephan Trent

Statement No: 3

Dated: 2 September 2025

Rule 9 reference: EPUT Rule 9(3d)

LAMPARD INQUIRY

WITNESS STATEMENT OF ZEPHAN TRENT

I, Zephan Trent, will say as follows:

Executive Summary and 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. This corporate statement responds to the Lampard Inquiry's Rule 9(3)(d) request concerning further information about the use of Oxevision technology at Essex Partnership University NHS Foundation Trust (EPUT). This response addresses the evolution of EPUT's Oxevision Standard Operating Procedure from version 11 to version 12, demonstrating EPUT's commitment to implementing NHS England guidance and enhancing patient-centred care through improved consent processes.

6. The Inquiry seeks explanation for why and how changes to the Oxevision Standard Operating Procedure (SOP) were made, specifically addressing:

- Why SOP v.11 of 28 February 2025 was issued after NHS England guidance of 7 February 2025 but does not appear to reflect it
- Why SOP v.11 was reviewed in April 2025 despite the review date being 28 August 2025
- What the review of NHS England guidance consisted of beyond the Quality Committee Report.

7. The Inquiry requires context for the Board of Directors' acceptance that "in a number of respects, past use of the system has fallen below what we would expect now. EPUT accepts that it could and should have done better.", including:
- What standards or benchmarks were considered
- On what basis these expectations were set
- How this assessment informed subsequent SOP changes.

8. Further details are sought about incidents, investigations, findings and reports and the extent to which they had resulted in changes to versions of the SOP prior to v.12.

9. The Inquiry requests a summary of changes to the training process following the new SOP v.12, including updates to materials, delivery methods, and monitoring of compliance.

10. Specific information is required regarding the consent process, including:
- How and on what basis the new process was determined
- What advice or information was sought when developing the new model
- Why the limit for responding to withdrawal of consent changed from 72 hours to 6 hours

11. The Inquiry seeks assessment of the real-world impact of the change from SOP v.11 to v.12, covering:
- Effects on staff practices
- Patient safety and consent
- Monitoring and compliance

12. Updates are requested on further work with Oxehealth regarding options for physical or other barriers to visually indicate system deactivation, along with minutes for the 30 April 2025 Oxehealth Project Board meeting and 7 May 2025 EPUT Board of Directors meeting.

Changes to Oxevision Standard Operating Procedure (Version 11 to Version 12)

13. SOP version 11 was approved by the Oxehealth Project Board on 28 February 2025, with a scheduled review date of 28 August 2025. This version was a "six month review with rewording - no activity detection, minor changes", and was a routine scheduled review rather than a comprehensive policy revision. SOP version 11 was therefore issued after the NHS England guidance had been published but before that guidance had been analysed and considered. The brief interval between the NHS England guidance publication (7 February 2025) and the scheduled SOP review did not permit adequate time for comprehensive analysis of the guidance's policy implications or implementation of substantive changes through EPUT's established governance processes.

14. The SOP is regularly reviewed and has been updated multiple times since Oxevision was first deployed at EPUT. EPUT has had a SOP in place in relation to the use of the Oxevision system since 26 March 2020. Over time the SOP has been reviewed and changes and amendments have been made to ensure that it remains up to date and to incorporate learning and improvements to the use of the system. The latest document is version 12, which was approved by the Oxehealth Project Board on 30 April 2025 and came into effect on 7 May 2025.

15. In January 2025 it was requested by Executive Directors that a focus group be held with patients, carers, and staff as a listening opportunity to hear about people's experience of using Oxevision within the adult inpatient setting. This took place on 25 March 2025 and the feedback supported changes that then took place to the SOP.

16. The initial findings from review of the NHS England guidance and the patient, carer and staff focus group that took place in March 2025 was that EPUT should update its Standard Operating Procedure and take further actions overseen by the Project Board. The SOP review was informed by the findings of the focus group, which are described in my second statement dated 9 May 2025 at paragraphs 19 to 21. The improvements and key changes are described in my second statement at paragraphs 22 to 24.

17. Version 12 was subsequently approved by the Oxehealth Project Board on 30 April 2025, and has a next review date of 30 October 2025. Version 12 specifically notes "Full document content and Consent process reviewed and updated, informed by NHS

England (2025) - Principles for using digital technologies in Mental Health Inpatient Treatment and Care guidance and Patient Engagement Focus Groups".

18. Although version 11 had a scheduled review date of 28 August 2025, the early review leading to version 12's approval on 30 April 2025 was necessitated by the need to respond comprehensively to NHS England guidance and incorporate findings from Patient Engagement Focus Groups. This represented a policy change requiring implementation, before waiting for the scheduled 6-monthly review cycle.

Review of NHS England Guidance

19. Proposed changes to the SOP were discussed at the Quality Committee meeting on 10 April 2025 which is referred to and exhibited in my second statement at paragraphs 15, 41, 44 and 47 (Exhibit ZT2-098). This was an update to the Quality Committee on the early findings from patient engagement and the review of the NHS England guidance. The Quality Committee endorsed the early findings that the Trust needed to improve its consent processes, and the information provided to patients to inform their consent during and after admission, including changes to ensure that if consent is withdrawn the system is deactivated as soon as possible with the appropriate clinical oversight. The Quality Committee also endorsed the proposal to engage with Oxevision regarding options for the introduction of physical or other barriers that visually indicate to patients when the Oxevision system is deactivated to reduce risk of trauma for patients.

20. The review of the NHS England Guidance was led by a Deputy Director of Quality and Safety and summarised in the Quality Committee Paper.

Board of Directors' Assessment

21. The Board of Directors has accepted that the <u>past</u> use of the Oxevision system has fallen below what we would expect <u>now</u>, following the guidance in 2025. In making that assessment the Board considered the information available to it from NHS England's eight principles for digital technologies in mental health settings, the Culture of Care Standards for mental health inpatient services (2024), patient feedback from the Focus Group conducted in March 2025 and human rights approaches to mental health care. The assessment compared our previous approach against the emerging best practice standards from NHS England in February 2025 and the feedback that was being received from staff, patients and carers. The Board update report from 7 May 2025,

exhibit ZT3-01, presents a comprehensive review of EPUT's Oxevision system following new national guidance and patient feedback.

22. Prior to this there was limited national guidance or data for benchmarking against, from either NHS England or the CQC regarding the use of vision based monitoring systems in inpatient mental health settings.

23. Consequently, the Board mandated a transition from an implicit consent model (where patients received information and consent was presumed unless explicitly withdrawn) to an affirmative opt-in consent model requiring active patient agreement, with system deactivation within 6 hours if explicit consent is not obtained. These changes demonstrate how the Board's critical evaluation of past practices and current guidance directly translated into specific, measurable improvements through monitoring and auditing, that prioritise patient choice, human rights compliance, and therapeutic engagement whilst maintaining clinical safety standards.

24. The basis for establishing the Boards new expectations about how Oxevision should be used was the review of the NHS England guidance, patient and staff feedback through the focus group, informal feedback from ward walkarounds, the subsequent recommendations from the Quality Committee, external legal review and learning from serious incidents / patient safety incident investigations and findings from coroner's court, including prevention of future death reports, referred to below.

25. This assessment directly informed the changes made, for example, the restructuring of EPUT's consent process in version 12, including:

- Requiring patients to "give informed consent for this to remain on or the Oxevision system will be switched off within 6 hours"
- Providing "clear, accessible information about the use of Oxevision and Oxevision Observations, including its purpose, how it works, and what data is collected"
- Ensuring conversations are "not a 'one-size-fits-all' model and must take into account the local variation in services as well as the individual needs of patient, relatives, carers, nominated persons preferences and their choices".

Previous Incidents and Investigations

26. My second statement at paragraph 8 says as follows,

"Since Oxevision was first implemented at the Trust there have been a number of changes to how the system is used. These changes have been informed by learning from serious incidents / patient safety incident investigations, findings from coroner's court including prevention of future death reports, and feedback from staff and patients. In particular:

• Consent to use of the Oxevision system should not have been implied at admission, and should have been explicit informed consent.

• There should have been better communication and information sharing to ensure that information was provided to patients, families and carers in a clear, concise and person-centred way which allowed them to be involved in decision making about the use of Oxevision in their care.

• Greater consideration should have been given to the impact of Oxevision on those who have suffered and/or continue to suffer trauma.

• There should have been processes in place to allow for continued patient, family and carer engagement and feedback on the system.

• There should have been better training for staff on the use of Oxevision and how it works to enable them to have more informed conversations with patients, families and carers.

• There should have been greater oversight at the outset of the practical use of Oxevision on the wards, in particular to address alarm fatigue and to ensure that each alarm was always actioned by a face to face visit with the patient and that alarm volume settings were not adjusted by staff."

27. Much of the detail relating to learning from prevention of future deaths reports is included in the witness statement of Ann Sheridan dated 21 March 2025 at Appendix B and Appendix C. This includes findings from the Coroner in relation to inadequate Oxevision training and failure to convey its limitations, lack of an effective system to record training completion, failure to monitor the quality of observations and recordings, failure to attend to alarms in a timely manner, lack of clear roles and responsibilities and use of Oxevision instead of face to face observations. Questions were also raised about how to balance patient privacy with the need for effective monitoring and how to properly integrate the use of Oxevision with clinical work and staff training.

Training Process Changes and Monitoring of Compliance

28. Oxehealth delivers the training to EPUT staff in relation to the operation and use of the technology via Oxehealth Academy. This is an electronic portal which provides access to comprehensive training videos and materials. There is an audit trail which allows EPUT to understand which members of staff have completed the training. This is monitored by the Oxehealth Project Board and each ward receives a list of staff members who have been trained. This is mandatory training for all ward based clinical staff, including temporary staff, and staff cannot use Oxevision until training has been completed. This training is annual, and new starters receive the training as part of induction.

29. EPUT is responsible for ensuring its staff have reviewed the new SOP. To support the implementation of the new SOP, staff were advised about the key changes and the publication of the new SOP in an all-staff message called Wednesday Weekly on 7 May 2025, **exhibit ZT3 - 02** with follow up communications in Wednesday Weekly's to highlight specific parts of the SOP. I exhibit as an example Wednesday Weekly from 25 June 2025 which reminded staff of the need to record declined consent, the correct use of the camera feature and correct use of the observation function, **exhibit ZT3-03**. Communications were also delivered in the managers briefing on 9 May 2025 and was also included in the senior leadership group weekly roundup on 9 May 2025, **exhibits ZT3-04** and **ZT3-05**.

30. A flowchart which provides a comprehensive visual guide for healthcare staff to follow proper informed consent procedures for the Oxevision monitoring system is included at Appendix 1 of the SOP and which is referred to at paragraph 26 of my second statement.

31. EPUT operates a digital audit system using Tendable audit software delivered through a mobile application, which serves as a ward-based tool for evidencing compliance with all Trust policies, procedures and Standard Operating Procedures (SOPs). An Oxevision audit has been in place since October 2024 and is referred to in my first statement at paragraph 48.

32. The audit starts by requiring the staff member completing it to review a minimum of three patient care plans, to determine whether their choice is documented within their care plan, that use of Oxevision is discussed regularly and that the camera status reflects what is recorded in the patient notes, e.g. On/Off.

33. The audit requires checking the Oxevision equipment, materials, and governance on the ward. This section can be completed by checking the Oxevision equipment and observations within the ward area. It includes questions such as 'Does the monitor volume meet your SOP requirements?' and 'Are the Oxevision posters present and displayed appropriately on the ward?'.

34. The audit requires a review of staff understanding of the Standard Operating Procedure (SOP) and Oxevision product training requirements and gains their feedback. This section can be completed by conducting short interviews with a minimum of two members of staff. It includes questions such as 'Have you completed the Oxevision product training?' and 'Have you read and understood the Trusts Oxevision standard operating procedure (SOP)? and 'Can you explain Oxevision to me, as you would to a patient/carer upon admission?'

35. Part of the audit requires the staff member completing it, to speak to a minimum of three patients on the ward and ask specific questions of them, as part of the assurance that the SOP is being followed. Questions include 'Can you tell me what you know about Oxevision?' and 'Do you have any feedback?' I exhibit two examples of completed audits as **ZT3-006 and ZT3-007.**

36. Quality walkarounds focussed on Oxevision are undertaken by the Deputy Director of Quality and Safety and the Quality Matron on a monthly basis. Staff and patients are asked about their understanding of Oxevision and the consent process to ensure that what is written in the SOP is being applied across all wards consistently. They have observed that staff have improved in their knowledge of the Oxevision system, the consent process and how Oxevision is used to deliver patient care, in line with the latest SOP. Some patients continue to report that they do not receive sufficient information about Oxevision and EPUT are working with ward staff to improve this. EPUT recognises that the tendable audit process is a form of self-review and supplements this with the quality walkarounds.

37. Since the introduction of SOP v12, EPUT has amended its admission checklist on the electronic patient record to reflect that informed consent must be given and recorded in line with the SOP. The check list now includes whether informed consent was given within 6 hours. For the purposes of this statement, EPUT has looked at the data from the admissions checklist and can report that since 7 May 2025, 84% of patients gave informed consent within 6 hours. 1.1% of patients declined to give consent. EPUT would not expect the total to be at 100% recorded within 6 hours because there will

always be some admissions where a patient's presentation prevents this. This is another way in which EPUT records compliance with the SOP. This is a recent amendment as part of implementation of the new SOP, therefore the data has yet to be reported to the Project Board.

38. Paragraph 81 of my first statement, dated 21 March 2025, noted that EPUT's internal audit plan includes an audit on consent with a focus on Oxevision in 2025/26. This audit is in its final phase with completion expected imminently upon which it can be shared with the Inquiry.

Development of New Consent Process

39. The revised SOP was explicitly informed by NHS England guidance (2025) and the Patient Engagement Focus Group. This dual foundation ensured both regulatory compliance and patient-centred design.

40. The change from 72 hours to 6 hours for responding to withdrawal of consent reflects several critical human rights considerations under the Human Rights Act 1998. The reduced timeframe acknowledges that continuing surveillance against a patient's wishes for 72 hours could constitute a disproportionate interference with privacy rights. The 6-hour limit minimises potential re-traumatisation by ensuring rapid response to patient distress or objections.

41. The reduction from 72 hours to 6 hours reflects a shift from implied consent to individual patient informed consent. The 6-hour timeline ensures rapid response to patient preferences while allowing time for capacity assessment and clinical decision-making. The timeline was informed by discussions with staff to ensure that it was achievable. This change demonstrates the Trust's commitment to minimising the period during which the system operates without explicit patient consent.

42. The 6-hour timeframe represents a more proportionate balance between patient privacy and patient choice with clinical safety requirements and acting in the patient's best interests.

Evaluation and Current Status

Physical Barriers for System Deactivation

43. Physical changes to the housing of the part of the physical Oxevision system that are placed in rooms are in development with Oxehealth. The camera in the room always has a small red light that is visible, this is a power light to indicate that there is power going to the unit rather than any indication that the camera is on or off. EPUT understands from Oxehealth that nothing can be done about that design element. However, Oxehealth have agreed to produce new housing to try and alleviate concerns about privacy and subject to consultation and feasibility this will be rolled out in 2026. In the interim, EPUT has increased its communication with patients about this element of the physical system to provide reassurance.

Meeting Documentation

44. SOP v.12 was approved by the Oxehealth Project Board on 30 April 2025, I exhibit the minutes as **ZT3-08**, and came into effect on 7 May 2025 when the Board of Directors met. I exhibit the minutes as **ZT3-09**.

Impact of Change from SOP v.11 to SOP v.12

45. EPUT acknowledges that it is not yet in a position to provide comprehensive data or detailed analysis regarding the full impact of the changes implemented between SOP version 11 and version 12. Given that the updated Standard Operating Procedure only came into effect on 7 May 2025, time is needed to embed the processes across all wards.

46. A meaningful assessment of impact requires adequate time for staff to adapt to the revised protocols, for patients and carers to experience the enhanced consent processes, and for the new documentation and capacity assessment procedures to be consistently implemented.

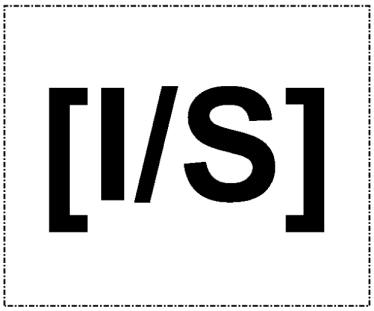
47. EPUT recognises the importance of gathering feedback from patients, carers, and staff, followed by thorough analysis of both quantitative metrics and qualitative experiences to draw reliable conclusions about the effectiveness of the changes. EPUT is committed to conducting this comprehensive review once sufficient time has passed to ensure that any assessment of impact is based on meaningful data rather than preliminary observations.

48. The staff and patient focus group is due to meet in September 2025 and EPUT will consider and act appropriately on any feedback.

Statement of Truth

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

Signed:



Dated: 2 September 2025