Counsel to the Inquiry Paper

Summary of Oxevision Comparator Trust Evidence

Introduction

1. In February 2026, the Lampard Inquiry ("**the Inquiry**") sent Rule 9 requests to several NHS trusts seeking information concerning their historic and current use of the Oxevision system in mental health inpatient wards. This exercise was undertaken by the Inquiry in order to aid its exploration of how the use of the Oxevision by Essex Partnership University NHS Foundation Trust ("**EPUT**") compares to that of other mental health trusts across England.

2. We have just heard evidence from the representatives of two such trusts regarding their use of Oxevision in inpatient wards, namely, Leicestershire Partnership NHS Foundation Trust and Tees, Esk and Wear Valleys NHS Foundation Trust.

3. The Inquiry has additionally received evidence from four other NHS trusts regarding their use of Oxevision. This evidence has been provided to Core Participants and will be available via the Inquiry's website shortly following today's hearing. Those are:
    a. North East London NHS Foundation Trust ("**NELFT**");
    b. East London NHS Foundation Trust ("**ELFT**");
    c. Oxford Health NHS Foundation Trust ("**Oxford Health**"); and
    d. South London and Maudsley NHS Foundation Trust ("**SLAM**").

4. These trusts will not be giving live evidence at this hearing. This paper summarises the evidence they have provided to the Inquiry in response to its Rule 9 requests.

NELFT

5. NELFT's evidence is set out in the witness statement of Paul Calaminus, Chief Executive Officer of NELFT, dated 20 May 2026. His statement is 15 pages long and accompanied by 30 exhibits.[1]

6. Mr Calaminus explains that NELFT decided to implement Oxevision in its inpatient wards following a pilot that commenced in June 2021 in a seclusion suite within a male psychiatric intensive care unit ("**PICU**").[2] A Clinical Safety Case Report was prepared following the pilot.[3] This analysed the initial deployment of Oxevision in NELFT's section 136 seclusion suite with a view to providing assurance that its use would not impact the quality and safety of care for service users.[4]

7. The 2021 Safety Case Report identified several risks, including of the software displaying the wrong data, a patient's location or activity posing a risk which the user did not act on, and sensor tampering, all of which were considered to be at acceptable levels of risk.[5] Overall, the 2021 Clinical Safety Case Report recommended proceeding with the deployment of Oxevision, concluding that there were "*no high-level risks identified*", with "*good clinical safety risk management*".[6]

8. Following the pilot, a Purchase Order was issued authorising the installation of Oxevision in all inpatient wards at Goodmayes Hospital,

[1] *Witness Statement of Paul Calaminus in response to Rule 9(15)*, 20.05.2026 [NELFT023352]
[2] *Witness Statement of Paul Calaminus in response to Rule 9(15)*, 20.05.2026 [NELFT023352], [13]
[3] *Clinical Safety Case Report, version 1*, 04.06.2021 [NELFT019492]
[4] *Clinical Safety Case Report, version 1*, 04.06.2021 [NELFT019492], p. 4
[5] *Clinical Safety Case Report*, version 1, 04.06.2021 [NELFT019492], p. 8
[6] *Clinical Safety Case Report*, version 1, 04.06.2021 [NELFT019492], p. 10

all seclusion rooms and all section 136 suites for an initial period of 36 months,[7] subsequently extended by six months.[8] In March 2023, Oxevision was installed in a further three wards with full capability for use in all bedrooms.[9] This was followed by full capability deployment for use in all bedrooms in a further two wards in October 2023,[10] and full capability deployment in all bedrooms in a further eight wards in the first half of 2024.[11]

9. The initial deployment of Oxevision in designated seclusion rooms was accompanied by a Standard Operating Procedure ("**SOP**"). The SOP provided guidance to staff working on wards where Oxevision was in place. It reminded staff to follow ordinary operational procedures as usual, including NELFT's safe and supportive observations policy, and emphasised that Oxevision had been installed to act as a "*safety net*" between mandated observations,[12] rather than to replace observation and engagement policy.[13] As to consent, while the first version of the SOP stated that patients and their family or carers must be informed of its use, consent would not be required and individually recorded.[14] Where a patient objected to its use, any request to turn it off would be discussed by the Multi-Disciplinary Team and the patient's wishes adhered to "*if clinically safe to do so*".[15]

[7] *Oxevision Purchase Order*, 01.08.2021 [NELFT019518], p. 1
[8] *Oxevision Purchase Order Variation Agreement*, 30.09.2022 [NELFT019517], p. 2
[9] *Table of Oxevision usage across inpatient wards*, 05.03.2026 [NELFT019513].
[10] *Table of Oxevision usage across inpatient wards*, 05.03.2026 [NELFT019513].
[11] *Table of Oxevision usage across inpatient wards*, 05.03.2026 [NELFT019513].
[12] *Standard operating procedure for the use of Oxevision Patient Monitoring System, version 1*, Undated, [NELFT024379], p. 4
[13] *Standard operating procedure for the use of Oxevision Patient Monitoring System, version 1*, Undated, [NELFT024379], p. 6
[14] Standard operating procedure for the use of Oxevision Patient Monitoring System, version 1, Undated, [NELFT024379], p. 6
[15] *Standard operating procedure for the use of Oxevision Patient Monitoring System, version 1*, Undated, [NELFT024379], p. 7

10. This approach evolved over time, with the latest version of the SOP (version 38) requiring opt-in consent for Oxevision and the default setting for Oxevision being 'off'. The SOP stated that Oxevision "*should only be turned on in response to identified and or with consent*", with decision-making being "*comprehensively recorded in the patients notes*" [sic].[16] An exception was made in respect of seclusion rooms and health-based place of safety settings, where Oxevision was to remain switched on at all times.[17]

11. In 2025, NELFT was exploring the case for renewing its contract with Oxehealth for an additional 4-year-term. The Executive Management Team asked the Relational Care Faculty to review the use of Oxevision.[18]

12. The review report, completed in July 2025, ultimately recommended ending the use of Oxevision of NELFT in all patient bedrooms, with a phased end to its use in seclusion areas, section 136 suites and health-based places of safety.[19] Overall, the review concluded that there was insufficient evidence to suggest that Oxevision usage met its intended outcomes;[20] there was little evidence to suggest that consent obtained for the use of Oxevision was fully informed, voluntary and free from coercion;[21] it risks subjecting vulnerable people to further restriction and potential harm;[22] there were legitimate concerns regarding the

[16] *Standard operating procedure for the use of Oxevision Patient Monitoring System, version 38*, 18.10.2023 [NELFT019494], p. 6
[17] *Standard operating procedure for the use of Oxevision Patient Monitoring System, version 38*, 18.10.2023 [NELFT019494]
[18] *Witness Statement of Paul Calaminus in response to Rule 9(15)*, 20.05.2026 [NELFT023352], [52]
[19] *Oxevision Review Report*, 01.07.2025 [NELFT019510], p. 6
[20] *Oxevision Review Report*, 01.07.2025 [NELFT019510], p. 2
[21] *Oxevision Review Report*, 01.07.2025 [NELFT019510], p. 3
[22] *Oxevision Review Report*, 01.07.2025 [NELFT019510], p. 3

negative impact of Oxevision on therapeutic and personalised care;[23] and there were significant safety concerns raised relating to its use.[24]

13. A subsequent paper dated 6 January 2026 considered options for monitoring of vital signs in seclusion and section 136 settings, recommending that use of Oxevision be retained in these areas, subject to strengthening governance arrangements.[25]

14. In sum, while NELFT has decommissioned its use in most wards, Oxevision remains in use and on by default in seclusion and section 136 rooms.

Oxford Health

15. Oxford Health's evidence is set out in the witness statement of Britta Klinck, Chief Nursing Officer, dated 28 May 2026. Her statement is 11 pages long and accompanied by 20 exhibits.[26]

16. Ms Klinck's statement outlines that Oxevision was initially installed in six rooms on Vaughan Thomas Ward, an acute adult inpatient ward for men in Warneford Hospital, in 2017.[27] A SOP was prepared in anticipation of the pilot of Oxevision. The SOP notes that supportive observations may "*disturb patients' sleep*" and "*have a negative impact on the therapeutic relationship between patient and staff*".[28]

[23] *Oxevision Review Report*, 01.07.2025 [NELFT019510], p. 4
[24] *Oxevision Review Report*, 01.07.2025 [NELFT019510], p. 4
[25] *Post-Oxevision-Review Seclusion & Fall Reduction Options*, 06.01.2026 [NELFT019509], p. 2
[26] *Witness Statement of Britta Klinck*, 28.05.2026 [OHFT024268], [2]
[27] *Standard Operating Procedure on the Use of LIO in Seclusion Areas*, 08.02.2019 [OHFT020425], p. 2
[28] *Standard Operating Procedure on the Use of LIO in Seclusion Areas*, 08.02.2019 [OHFT020425], p. 1

Oxevision was proposed as a potential solution to aid patients in sleep, improve privacy and reduce the length of admissions, but it was emphasised that Oxevision would not replace clinical judgment or expertise.[29]

17. Ms Klinck explains that, at the end of the pilot, a 'Lessons Learned' report was produced by Oxford Health to evaluate its deployment of Oxevision. The report noted that, *"from the start of the project there has been a need for greater transparency and openness from the supplier*", and cited two instances where testing had to be suspended. On one such occasion, Oxevision use was suspended entirely pending the receipt of assurances from LIO (formerly Oxehealth) as to governance and security concerns.[30] Notwithstanding those concerns, the initial pilot was widened in 2022 and Oxevision was installed in a further seven wards.[31]

18. A second phase of implementation took place from February 2024 to August 2025, during which time Oxevision was installed in Oxford Health's remaining forensic wards, as well as a rehabilitation ward.[32] Oxford Health carried out a Benefits Analysis as part of this deployment, reviewed and accepted by its Project Board in July 2024. Ms Klinck's summary of the Benefits Analysis Report sets out that feedback from staff and patients on the use of Oxevision was generally positive.[33] However, the report was limited in scope, and the benefit

[29] *Standard Operating Procedure on the Use of LIO in Seclusion Areas*, 08.02.2019 [OHFT020425], p. 2
[30] *Witness Statement of Britta Klinck*, 28.05.2026 [OHFT024268], [33]
[31] *Witness Statement of Britta Klinck*, 28.05.2026 [OHFT024268], [2]
[32] *Witness Statement of Britta Klinck*, 28.05.2026 [OHFT024268], [2]
[33] *Witness Statement of Britta Klinck*, 28.05.2026 [OHFT024268], [14]

analysis was *"hindered by the loss of Trust clinical systems, limiting the ability to report outcomes effectively"*.[34]

19. Following deployment, all wards operate an 'opt-in' consent model whereby the camera is not switched on until consent has been provided by the patient.[35] However, the clinical team may override the patient's wishes where the patient lacks capacity to make the decision and the use of the system is considered to be clinically in the patient's best interest.[36] The 'opt-in' consent model has been in place since installation of Oxevision.[37]

20. Oxevision is also used in seclusion units. While consent is still sought in such units, this is subject to exceptions. Consent is not required where:
    a. The person nursed in seclusion lacks capacity, as assessed by medical staff;
    b. The person is refusing for physical observations to be completed and/or there is a significant risk to others; and
    c. The multi-disciplinary team agrees to the use of Oxevision.[38]

21. The Inquiry has been informed that Oxevision was also due to be installed in an eating disorder ward in June 2026, meaning that it is now in place in 25 of Oxford Health's 26 mental health wards.[39]

ELFT

[34] *Witness Statement of Britta Klinck*, 28.05.2026 [OHFT024268], [14]
[35] *Witness Statement of Britta Klinck*, 28.05.2026 [OHFT024268], [6]
[36] *Witness Statement of Britta Klinck*, 28.05.2026 [OHFT024268], [6]
[37] *Witness Statement of Britta Klinck*, 28.05.2026 [OHFT024268], [10]
[38] *Standard Operating Procedure on the Use of LIO in Seclusion Areas*, 02.04.2026 [OHFT020431], p. 1
[39] *Witness Statement of Britta Klinck*, 28.05.2026 [OHFT024268], [2]

22. ELFT's evidence is set out in the witness statement of Evah Marufu, Director of Nursing, dated 21 May 2026. Her statement is 26 pages long and accompanied by 10 exhibits.[40]

23. ELFT first deployed Oxevision in its facilities after signing a service agreement with LIO (then Oxehealth) in November 2021.[41] Usage began from September 2022, with the exception of Shoreditch Ward in John Howard Hospital, where use began in 2023.[42]

24. Currently, ELFT has deployed Oxevision in 13 wards across seven medical centres.[43] Oxevision is installed exclusively in seclusion areas, rather than in general wards or section 136 areas, primarily as a means of mitigating risks of harm.[44] It is used to support spot-check measurement of pulse and breathing rates, and recordings may be requested where needed to support incident reviews or investigations.[45] Guidelines for the use of Oxevision, first issued in June 2022, emphasise that staff must be trained and deemed competent with the system before use, and that Oxevision does not replace ELFT's ordinary observation policies and practices.[46]

25. Ms Marufu states that consent to use Oxevision in patients' rooms is "*not always sought*".[47] She explains that patients in seclusion areas are often acutely unwell, highly distressed and not "*in a position to engage meaningfully in a consent discussion*".[48] In those circumstances, ELFT

[40] *Witness Statement of Evah Marufu*, 21.05.2026 [ELT023304]
[41] *Oxehealth Service Agreement*, 30.11.2021 [ELT021257]
[42] *Witness Statement of Evah Marufu*, 21.05.2026 [ELT023304], [6]
[43] *Witness Statement of Evah Marufu*, 21.05.2026 [ELT023304], [6]
[44] *Witness Statement of Evah Marufu*, 21.05.2026 [ELT023304], [21]
[45] *Witness Statement of Evah Marufu*, 21.05.2026 [ELT023304], [27]-[28]
[46] *Guidelines for the use of Oxehealth (non-contact technology) in Seclusions Rooms*, 01.06.2022 [ELT021262], pp. 4-5
[47] *Witness Statement of Evah Marufu*, 21.05.2026 [ELT023304], [14]
[48] *Witness Statement of Evah Marufu*, 21.05.2026 [ELT023304], [14]

considers that seeking consent in every case could result in issues such as delays in implementing safety monitoring, escalation of distress and reduced ability to carry out observations in a timely manner.[49] As such, there is no standard process for seeking patient consent.[50]

26. Where a patient raises a concern about the use of Oxevision, their concern is recorded and considered through a multi-disciplinary team discussion, and the patient is provided with information about the use of Oxevision.[51] Thus, a patient may not 'opt out' of Oxevision without the agreement of clinicians.

27. ELFT reviewed its use of Oxevision in 2023 after NHS England issued correspondence to mental health providers,[52] regarding the use of vision-based monitoring systems in September 2023.[53] The review concluded that ELFT's deployment of Oxevision was in accordance with its seclusion governance framework.[54]

28. Ms Marufu sets out that ELFT understands the benefits of Oxevision to include the provision of an additional safety net for seclusion wards; supporting least restrictive approaches to basic observations; and the ability to carry out and contemporaneously document vital signs checks.[55] This must be balanced against the need to mitigate risks, such as technical failures and the "*ongoing need to guard against substitution for in-person observation*".[56]

[49] *Witness Statement of Evah Marufu*, 21.05.2026 [ELT023304], [15]
[50] *Witness Statement of Evah Marufu*, 21.05.2026 [ELT023304], [19]
[51] *Witness Statement of Evah Marufu*, 21.05.2026 [ELT023304], [20]
[52] *NHS England letter regarding Use of Vision Based Monitoring Systems in Mental Health Inpatient Settings*, 07.09.2023 [ELT021260]
[53] *Witness Statement of Evah Marufu*, 21.05.2026 [ELT023304], [41]
[54] *Witness Statement of Evah Marufu*, 21.05.2026 [ELT023304], [41]
[55] *Witness Statement of Evah Marufu*, 21.05.2026 [ELT023304], [44]
[56] *Witness Statement of Evah Marufu*, 21.05.2026 [ELT023304], [46]

SLAM

29. SLAM's evidence is set out in the witness statement of Philippa Galligan, Interim Chief Operating Officer, dated 3 June 2026. Her statement is five pages long and accompanied by six exhibits.[57]

30. Ms Galligan explains that Oxevision was originally installed as part of an improvement project in late 2019 in the Eileen Skillern PICU seclusion room. Oxevision remained in use in the room until the seclusion room itself was decommissioned in October 2022.[58] The consent of patients to the use of Oxevision was not sought, although patients were informed through signage and engagement sessions of the use of Oxevision, and could raise objections.[59] Oxevision was used in the unit to conduct remote physical health observations, additional to observations conducted by nursing staff.[60]

31. Oxevision was also used in Peak Ward, a bespoke inpatient unit for one female patient, Patient A, whose complex needs and behaviour led to her being managed in isolation from other patients.[61] Each area of the ward had an Oxevision system, which was operational between July 2019 and August 2022.[62] The decision to use Oxevision in Peak Ward was made under the best interests decision-making framework within the Mental Capacity Act 2005, and Patient A's consent was not sought.[63] Oxevision was used to monitor Patient A's vital signs and physical health safely, by reducing risk to staff.[64]

[57] *Witness Statement of Evah Marufu*, 21.05.2026 [ELT023304]
[58] *Witness Statement of Philippa Galligan*, 03.06.2026 [SLAM024384], [6]
[59] *Witness Statement of Philippa Galligan*, 03.06.2026 [SLAM024384], [7]-[8]
[60] *Witness Statement of Philippa Galligan*, 03.06.2026 [SLAM024384], [10]
[61] *Witness Statement of Philippa Galligan*, 03.06.2026 [SLAM024384], [6]
[62] *Witness Statement of Philippa Galligan*, 03.06.2026 [SLAM024384], [6]
[63] *Witness Statement of Philippa Galligan*, 03.06.2026 [SLAM024384], [9]
[64] *Witness Statement of Philippa Galligan*, 03.06.2026 [SLAM024384], [10]

32. Ms Galligan sets out that Oxevision has since ceased to be deployed by SLAM. This is because Patient A's placement in Peak Ward came to an end, and the provision of seclusion in the Eileen Skillern unit was moved to a different suite that was not equipped with Oxevision. SLAM did not identify any issues arising from its use of Oxevision in these settings over the deployment period.[65]

[65] *Witness Statement of Philippa Galligan*, 03.06.2026 [SLAM024384], [15]