Witness Name: Laura Cozens
Statement No.: 3
Exhibits: LC/61 - LC/113
Dated: 19th March 2026

LAMPARD INQUIRY

THIRD WITNESS STATEMENT OF LAURA COZENS

I, Laura Cozens, of Bee House, 140 Eastern Avenue, Milton Park, Oxfordshire, OX14 4SB will say as follows: -

Introduction

1. I am the Head of Patient Safety and Quality at Oxehealth Limited. I have been employed by Oxehealth in this role since May 2022. I am a registered Mental Health Nurse and have been since 2011.

2. Prior to working with Oxehealth I spent nearly twenty years working in the National Health Service (NHS) in various positions, lastly as a Senior Clinical Manager within High Secure Forensic Services.

3. I hold a Bachelor of Science Degree in Mental Health Nursing (obtained in 2011) and a Postgraduate Diploma in Clinical Forensic Psychiatry (obtained in 2020).

4. I have provided two Statements to the Inquiry so far. The first was in response to a Rule 9 request from the Lampard Inquiry dated 22nd January 2025. The second Statement (dated 28th August 2025) responded to matters raised in:

    a. the first and second witness statements of Zephan Trent dated 25th

[I/S]

March 2025 and 9th May 2025;

b. the first witness statement of StopOxevision dated 24th March 2025;

c. and the transcript from the private hearing of Hat Porter dated 14th May 2025, which was received electronically on the 16th July 2025.

5. This third statement is provided in response to a Rule 9 request from The Lampard Inquiry dated 22nd January 2026.

Data Processing

6. There have been a total of seven Data Protection Impact Assessments (DPIA) since 2019 that have been provided to Essex Partnership University Foundation NHS Trust (EPUT) by Oxehealth in relation to the Oxevision platform (Exhibit LC/41, LC/42 and LC/61-LC/65).

7. There have been a total of three service agreements between EPUT and Oxehealth relating to the use of the Oxevision platform (Exhibit LC/66 - LC/68).

8. There have been a total of six salient video data reports sent to EPUT since December 2020 (Exhibit LC/69 - LC/74).

9. Exhibit LC/75 is a table containing all data types generated by the Oxevision platform. The table identifies Oxehealth's understanding (specifically in relation to EPUT) of the following:
   a. the category of the data;
   b. where the data is stored and the retention period;
   c. ownership rights to the data;
   d. who can access the data and for what purposes;
   e. the circumstances in which Oxehealth is permitted to retain the data;
   f. and the extent to which Oxhealth understands the data may be used for
      i. facilitating or developing new products
      ii. facilitating or developing existing products

iii. research
iv. algorithm training
v. internal validation
vi. performance monitoring.

Reference should be made in particular to columns H and I.

10. The specific answers within Exhibit LC/75 apply to EPUT and to other customers using the Oxevision Observations (Digital Mental Health Observations) functionality.

11. In respect of the Inquiry's moratorium on document destruction, Exhibit LC/75 sets out the relevant data retention periods.

12. In August 2024, EPUT requested that deletion of cloud backup data (after 30 days) relating to Oxevision Observation Reports be suspended. Oxehealth confirmed in writing that deletion had been paused for all EPUT sites (Exhibit LC/76). To be clear this request was not in respect of the inquiry.

13. Oxehealth has not retained any Clear Video Data (CVD) specifically for the purposes of this Inquiry. Oxehealth has not, to its knowledge, received any request to retain such data for this purpose. Nor would this have been physically possible due to the capacity limitations of the servers on customer sites which are intentionally designed to limit storage in line agreed data retention arrangements with customers.

14. Datasets and reports relating to coronial cases which Oxehealth has been involved with as an Interested Person or witness have been retained and are stored on a secure drive with restricted access controls (outlined in paragraph 17 of my second statement).

15. When a customer requests system logs as part of a serious incident investigation, Oxehealth retains a record of those requests. These records are stored on a secure drive with restricted access controls.

16. System logs (user interface output data) record interactions with the platform and information displayed to users on fixed screens and tablet

devices, including room states, alert triggers, alert resets and workflow access (for example, ‘Take Vital Signs’). These logs do not identify individual staff members who performed the actions.

17. Oxehealth provides customers with weekly or monthly usage reports by email. These reports are not retained by Oxehealth once issued.

18. For customers using Oxevision Observations, patient identifiers (including names, NHS number and date of birth) may be made available via an Electronic Health Record (EHR) integration. This enables customer staff to assign patients to specific rooms for the purpose of recording observations. Oxehealth does not verify these details.

19. When clear video data is requested, the customer specifies the date, time range and room number. Responsibility for ensuring that this information corresponds to the correct patient rests with the customer, based on their own clinical records and room allocation processes.

20. Blurred video data is retained primarily to support system performance monitoring, technical support, and investigation of reported issues. Where a customer raises a performance concern, relevant data may be retained for the duration of the investigation to enable verification and resolution. The contract permits retention for up to a maximum of two years, which operates as a ceiling rather than a standard retention period; in practice retention is significantly shorter. Retention periods are governed contractually, and data will also be deleted at the customer’s request, although early deletion may impact the ability to investigate and resolve issues.

21. The 24 hour retention period for clear video data is designed to enable timely review of serious incidents while minimising retention of identifiable data. Customers have the option not to retain clear video data at all and retention periods may be shortened at customer request. Longer retention is not technically supported due to system capacity constraints.

Evidence Base

22. Oxehealth has been subject to scrutiny by independent regulatory and oversight bodies, including the Care Quality Commission (CQC), NHS England and the Health Services Safety Investigations Body (HSSIB). These organisations are specifically mandated to assess healthcare technologies and their deployment. None raised any concerns, however benefits and recommendations were identified (LC/58, LC/59, LC/60, ZT_97).

23. Exhibit LC/109 contains a table of all studies or research relating to the performance of the Oxevision platform (LC/109a - LC/109ee).

24. Exhibit LC/110 contains patient, carer and staff quotes in relation to Oxevision.

25. Exhibit LC/112 contains all Service Led Evaluations in relation to the use of Oxevision (LC/112a - LC/112s).

26. The Oxehealth Vital Signs software and the Oxevision Sleep Device components are cleared by the Medicines & Healthcare products Regulatory Agency (MHRA) as Class IIa medical devices in the United Kingdom (UK) and Europe. Vitals Signs software received MHRA clearance in September 2018 and the Oxevision Sleep Device in April 2024. The Oxevision Sleep Device is not currently deployed at EPUT.

27. These certifications require ongoing vigilance and regulatory compliance under Oxehealth's ISO 13485-certified Quality Management System.

28. Exhibit LC/111 is the latest British Standards Institute (BSI) audit which was carried out in June 2025. This includes review of platform performance, complaints, usability and Oxehealth's systems to ensure continued safety and effectiveness.

Marketing

29. Exhibits LC/79 - LC/108 contain all marketing materials provided to EPUT

from Oxehealth relating to the Oxevision platform, including materials referencing EPUT's experience.

30. All benefits and claims in relation to the Oxevision platform are listed in the marketing materials provided in exhibits LC/79 - LC/108 and sourced from Oxehealth's evidence base (exhibit LC/109). These materials reflect the evidence base available at the time and are supplemented by governance documentation provided to EPUT and other customers.

31. Limitations, cautions and warnings are documented and communicated in the Oxehealth Instructions For Use (IFU) (exhibit LC/2 and LC/3).

Physical equipment

32. A multi-year project is underway to review aspects of the Oxevision hardware, including the housing unit. This project includes consultation with patients and clinicians, as well as looking at improvements to usability, installation efficiency and cost-effectiveness.

33. This work forms part of Oxehealth's established coproduction approach (LC/7), which includes ongoing engagement with Experts by Experience groups, Community of Practice forums and regular collaboration with clinicians and Trust partners to inform product development and deployment. EPUT have expressed an interest in being part of this consultation.

34. No changes arising from this project are currently anticipated to result in additional costs or training requirements for customers.

Miscellaneous

35. All patients admitted to a mental health inpatient ward are subject to observation levels determined by clinical need. These may be general, intermittent or constant, and are required to be undertaken as standard during the day and night.

36. The Mental Health Act Code of Practice (2015) remains the most widely cited reference, defining Enhanced Therapeutic Observation and Care (ETOC) as a therapeutic intervention aimed at reducing risk and promoting recovery through meaningful engagement.

37. Nighttime observations present recognised challenges. They can be disruptive for the patient, often waking them up, causing distress and interfering with rest which is crucial for recovery.

"Their sleep was interrupted by (a) the light from torches shone into their faces by staff checking on their safety, (b) the noises produced by the opening and closing of bedroom/ward doors, and/or (c) staff talking to each other during the observation. Patients also reported that they found having somebody enter the room in the middle of the night intimidating and unsettling" (LC/78).

38. The CQC, in their most recent Monitoring the Mental Health Act report published in March 2025, noted that such observation is intrusive but necessary for safety (LC/59, page 56). *"Observation by staff, particularly during the night, is one of the more severe forms of such intrusion. But it is also a necessary aspect of safety on most wards and an expectation of nursing care".*

39. This is also supported by clinical guidance (exhibit LC/77) which recognises that "[therapeutic] engagement is not required at night when a patient needs to sleep and to be kept safe".

40. Remote observation using Oxevision may, in some circumstances, support safety while allowing patients to rest undisturbed.

41. Oxevision is not intended to replace staff presence or therapeutic engagement, nor to reduce staffing. Its purpose is to support patient safety, assist prioritisation of care and enable more meaningful therapeutic interactions. It complements, rather than replaces, clinical judgement and direct patient contact.

42. Exhibit LC/113 is a 10 second example of blurred video data generated in a

demonstration environment using an Oxehealth employee.

43. The Oxevision platform does not record audio.

44. Blurred video data may be accessed by a customer's clinical staff in the following circumstances;

    a. When an alert is triggered, staff may view up to 15-seconds of blurred video data or reset the alert.

    b. (When enabled), replay of the most recent alert, showing up to five minutes before and after the event to provide important contextual insights. This is enabled on a subset of wards at EPUT (all older adults ward, Hadleigh and Peter Bruff).

    c. (When enabled), retrospective review of incidents, allowing up to 30 minutes of blurred video data from the previous four days to support safety learnings. EPUT does not have this function.

I believe the content of this statement to be true… [I/S] 20-Mar-2026 | 11:55 GMT .....