

Wednesday, 14 October 2026

(10.00 am)

(Proceedings delayed)

(10.02 am)

**THE CHAIR:** Mr Griffin, good morning.

**MR GRIFFIN:** Good morning, Chair. This morning, the Inquiry will hear evidence from Dr Kallur Suresh and Mr Zephan Trent of EPUT. Chair, as you can see, they're giving evidence together.

Dr Suresh, as we heard last week, is EPUT's Executive Chief Medical Officer, and Mr Trent is EPUT's Executive Chief Digital and Information Officer. We heard from Mr Trent last October.

We are grateful that both have returned to give further evidence this week to address observation and technology.

As with previous days, Chair, there may be aspects of today's evidence that are difficult to listen to. For some people, it may not be possible to sit through the sessions today. Anyone in the Inquiry room should feel free to leave at any time.

May I take this opportunity to remind those engaging with the Inquiry that emotional support is available for those who require it. Present here today are representatives from Hestia, wearing orange scarves, and

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they'll be pleased to meet and speak with you. If you prefer, you can come up and talk to a member of the Inquiry team, we're wearing purple lanyards, and we'll point you in the direction of Hestia.

And if you're watching online, there are references to relevant support on the Inquiry website at [lampardinquiry.org.uk](http://lampardinquiry.org.uk).

Chair, we want anyone and everyone engaging with this Inquiry to feel safe and supported.

**ZEPHAN TRENT (affirmed)**

**KALLUR SURESH (affirmed)**

**Questioned by MR GRIFFIN KC**

**MR GRIFFIN:** Would you both give your full names, starting with you, Dr Suresh.

**DR SURESH:** Kallur Suresh.

**MR TRENT:** Zephan Marcus Andrew Trent.

**Q.** Dealing first with the witness statements you have provided to the Inquiry and that are relevant for the purposes of our hearing today, please, Mr Trent you provide three witness statements previously that we discussed when you gave evidence last time. Have you both now jointly authored two statements that have been provided to the Inquiry for the purposes of this hearing?

**MR TRENT:** Yes.

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**DR SURESH:** Yes.

**Q.** Is the first of those entitled Witness Statement in Response to Rule 9(114), and is it dated 22 May of this year?

**DR SURESH:** That's correct.

**Q.** It's 116 pages long; is that correct?

**DR SURESH:** Yes.

**Q.** I am, during the course of today, going to refer to that as your main statement.

**DR SURESH:** Yes.

**Q.** Have you, in fact, recently provided what you have termed as a "Correction witness statement following response to Rule 9(114)", dated 25 September 2026, which notified some corrections to the main statement.

**DR SURESH:** We have.

**Q.** We'll come on to that in a moment.

The supplementary statement you have provided, is that dated 30 June 2026 and is it 16 pages long?

**DR SURESH:** That is correct.

**Q.** As I have said, I will refer to that as the supplementary statement. And have you also in fact recently provided an addendum to the supplementary statement to Rule 9(114) notifying some corrections to the supplementary statement?

**DR SURESH:** That is correct.

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**Q.** We will come on to that shortly.

Finally, Dr Suresh, have you provided your witness statement of Dr Kallur Suresh dated 14 May 2026 and running to 46 pages?

**DR SURESH:** That is correct.

**Q.** And I'll refer to that as "your statement" or "Dr Suresh's statement", just so that we're clear: the three main statements, the main statement, the supplementary statement and Dr Suresh, your statement.

**DR SURESH:** Thank you.

**Q.** Can we deal, then, with corrections now and corrections to the main statement first arising from the correction statement I have just referred to.

Do those corrections all relate to your previous description of TIAA auditors?

**MR TRENT:** Yes.

**Q.** In essence, is the main statement incorrect where it characterises TIAA as external auditors, or to the external TIAA follow-up re-audits for the purposes of their work in 2025 and 2026, which we'll come on to consider?

**MR TRENT:** Yes, they are our internal auditors. They are an external company, they're independent of EPUT and I think that's where the confusion lay, and we wanted to be absolutely transparent, it's a different firm that

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1 does external audit for EPUT. This company does  
2 internal audit.  
3 **Q.** For present purposes, in terms of corrections we need to  
4 make to the main statement, is it right that there is  
5 essentially a correction that we should be making to  
6 paragraph 248 at page 55?  
7 **MR TRENT:** Yes.  
8 **Q.** And we should simply delete the word "external", the  
9 second word in that paragraph?  
10 **MR TRENT:** Yes.  
11 **Q.** And in fact coming forward to paragraph 231, do we just  
12 need to delete from the top line of that paragraph  
13 reference there to "the Trust's external auditors"?  
14 **MR TRENT:** Yes.  
15 **Q.** So those two corrections deal with the various points  
16 we've just addressed; is that right?  
17 **MR TRENT:** Yes, I think so.  
18 **Q.** Thank you.  
19 Now, as I've said, you also wish to notify  
20 corrections to the supplementary statement. And these,  
21 as I understand it, are corrections to pages 5 and 6 of  
22 the supplementary statement; is that correct?  
23 **MR TRENT:** Yes.  
24 **Q.** Now, you have set out in the further statement that you  
25 provided very recently a number of corrections that

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1 **DR SURESH:** We can.  
2 **Q.** And that the main and supplementary statements and,  
3 indeed, the correction statements you have provided are  
4 signed by both of you?  
5 **DR SURESH:** That's correct.  
6 **MR TRENT:** Yes.  
7 **Q.** And Dr Suresh, can you confirm that you've signed your  
8 statement too?  
9 **DR SURESH:** I have.  
10 **Q.** Mr Trent and Dr Suresh, subject to the corrections we've  
11 just dealt with, are the two jointly-authored statements  
12 true to the best of your knowledge and belief?  
13 **DR SURESH:** They are.  
14 **MR TRENT:** Yes.  
15 **Q.** Dr Suresh, is the further statement you've provided also  
16 true to the best of your knowledge and belief?  
17 **DR SURESH:** It is.  
18 **Q.** Do the two jointly-authored statements broadly provide  
19 updates in relation to the use of Oxevision at EPUT  
20 since Mr Trent gave evidence last year?  
21 **DR SURESH:** It does.  
22 **Q.** Both of them?  
23 **DR SURESH:** Yeah.  
24 **Q.** Dr Suresh, does the statement you have provided cover  
25 the management of physical health conditions on mental

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1 relate to exhibit numbers and a particular date; is that  
2 correct?  
3 **MR TRENT:** Yes.  
4 **Q.** Now, I'm not going to go through all of those now but  
5 should we read the supplementary statement as corrected  
6 in accordance with the recent statement you've provided?  
7 **MR TRENT:** Yes, please.  
8 **Q.** Can you both confirm that all of the statements we've  
9 referred to contain a statement of truth?  
10 **MR TRENT:** There's one further correction, to just make on  
11 the main statement.  
12 **Q.** Oh yes, of course.  
13 **MR TRENT:** At paragraph 544, we discussed the user  
14 authentication, that paragraph reads as though that's  
15 been rolled out across the Trust. Actually, it's just  
16 describing the pilot and so that should be made clear,  
17 it's in pilot on a limited number of wards, not across  
18 the whole Trust.  
19 **Q.** We'll come on to that actually, so that might be the  
20 time to provide additional information --  
21 **MR TRENT:** Of course.  
22 **Q.** -- but thank you for that correction.  
23 So I was asking if you could both confirm that all  
24 of the statements that we've referred to contain at the  
25 end statements of truth?

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1 health inpatient wards?  
2 **DR SURESH:** It does.  
3 **Q.** And my questions today, Dr Suresh, on the basis of that  
4 statement, will be confined to aspects that relate to  
5 the NEWS2 measurements and to Oxevision.  
6 **DR SURESH:** Okay.  
7 **Q.** The subject of the hearing this week is observation and  
8 technology. And we will be discussing technology that  
9 we have been referring to as "Oxevision". I suggest  
10 today we continue to refer to it as "Oxevision",  
11 although, as we've heard, there's been a rebranding last  
12 year, I think.  
13 **DR SURESH:** That's correct.  
14 **Q.** But for the sake of simplicity, can we just refer to it  
15 as "Oxevision" today?  
16 **DR SURESH:** We can.  
17 **Q.** The company, called Oxehealth -- and I am now at slight  
18 risk of over-simplification -- has also become known as  
19 LIO. May I suggest that today we refer to either  
20 "Oxevision" or "LIO" as we feel appropriate.  
21 **DR SURESH:** That's fine, yeah.  
22 **MR TRENT:** (The witness nodded).  
23 **Q.** Now, Mr Trent, is it right, as we covered last year when  
24 you gave evidence that Oxevision was first rolled out at  
25 EPUT in 2020?

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1 **MR TRENT:** Yes.  
 2 **Q.** Dr Suresh, you gave evidence last week and when you did  
 3 that, you provided details of your role and background.  
 4 In fact, I am going to ask you a little bit about them  
 5 today again because there may be people watching today  
 6 that didn't see that evidence last week.  
 7 Have you been Essex Partnership University NHS  
 8 Foundation Trust's or EPUT's Executive Chief Medical  
 9 Officer since 15 March this year?  
 10 **DR SURESH:** In a substantive role, yes.  
 11 **Q.** Before that, were you the interim?  
 12 **DR SURESH:** That's correct, for a period of three months.  
 13 **Q.** From 15 December 2025?  
 14 **DR SURESH:** That's correct.  
 15 **Q.** Please describe your role as Executive Chief Medical  
 16 Officer.  
 17 **DR SURESH:** I have responsibility for all medical staff,  
 18 day-to-day management of operational staff, research  
 19 within the organisation. I'm also the Caldicott  
 20 Guardian for the Trust, and I am also Responsible  
 21 Officer, which is a legally appointed role in relation  
 22 to the GMC, the General Medical Council, which regulates  
 23 doctors.  
 24 **Q.** Now, we heard evidence from Dr Chess Denman on Monday,  
 25 who had held the role of Medical Director at her Trust,

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1 rolled out in 2020, but what I would like to ascertain  
 2 with you now, please, Dr Suresh, is what your role would  
 3 have been, and responsibilities were, in connection with  
 4 Oxevision.  
 5 **DR SURESH:** In my Deputy Medical Director role?  
 6 **Q.** In any role, because we have this situation in which the  
 7 technology is being rolled out from 2020 at EPUT. Would  
 8 you just describe what your roles were in the period up  
 9 to now in connection with Oxevision?  
 10 **DR SURESH:** In March 2020, when I think Oxevision was rolled  
 11 out first, in EPUT, I was a Consultant Psychiatrist on  
 12 an inpatient older adult ward in West Essex looking  
 13 after patients with dementia and functional mental  
 14 health problems, as well as the Deputy Medical Director  
 15 for that area.  
 16 In terms of my own interface or interaction with  
 17 Oxevision at that time, I know that it was first rolled  
 18 out as a pilot on the adult wards, and it was probably  
 19 two or three years later that it came to older adult  
 20 wards. At that point I was curious to know what it was,  
 21 and what its functions were. It was mainly a nursing  
 22 observation tool and engagement tool at that time. So  
 23 the -- the times when Oxevision issues came to my  
 24 attention as a Consultant Psychiatrist on that ward was  
 25 when patients perhaps raised some concerns about being

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1 and she described what that role entails. Would you  
 2 agree with her that's equivalent to the Medical Officer  
 3 role at EPUT?  
 4 **DR SURESH:** It is.  
 5 **Q.** And do you agree, in broad terms, with her description  
 6 of the role?  
 7 **DR SURESH:** I do.  
 8 **Q.** I should have first established, you were here, I  
 9 understand, on Monday --  
 10 **DR SURESH:** I was.  
 11 **Q.** -- and were able to watch her evidence?  
 12 **DR SURESH:** That's correct.  
 13 **Q.** Thank you.  
 14 Prior to holding the role of Chief Medical Officer  
 15 or the interim role, were you EPUT's Deputy Medical  
 16 Director for the West Essex Care Unit?  
 17 **DR SURESH:** That is correct, one of the Deputy Medical  
 18 Directors.  
 19 **Q.** One of the Deputy Medical Directors. And was that from  
 20 April 2017?  
 21 **DR SURESH:** That's correct, following the merger of North  
 22 and South Essex Trusts.  
 23 **Q.** Thank you.  
 24 Now, I'm not going to ask you about roles before  
 25 that because we're talking about technology that was

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1 monitored, and also, when nursing staff escalated  
 2 concerns around patients who may not have capacity and  
 3 therefore they were unsure of how to proceed.  
 4 **Q.** Thank you.  
 5 Can we just take stock of what you've just told us.  
 6 Now, you were working as a Consultant Psychiatrist?  
 7 And indeed, do you still work as a consultant  
 8 psychiatrist at the same time as being Chief Medical  
 9 Officer?  
 10 **DR SURESH:** I don't work on an inpatient ward anymore  
 11 because it's too large a time commitment to enable me to  
 12 perform the other role, but I do have a clinic that I'm  
 13 running at present but my clinical practice has reduced  
 14 quite significantly since taking on the role of Chief  
 15 Medical Officer.  
 16 **Q.** And you mentioned older adults, is that an area of  
 17 particular expertise for you as a Consultant  
 18 Psychiatrist?  
 19 **DR SURESH:** That is correct, I hold a certificate of  
 20 completion of specialist training in old age psychiatry  
 21 which is an accreditation given by the Royal College  
 22 of Psychiatrists.  
 23 **Q.** And as you were saying, you did work on an inpatient  
 24 ward?  
 25 **DR SURESH:** I did.

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1 Q. Was that a ward that had Oxevision installed in it?  
 2 DR SURESH: Yes, but not from the beginning, as I mentioned  
 3 before.  
 4 Q. Not from the beginning, yes.  
 5 DR SURESH: But maybe a couple of years later. I don't  
 6 remember the exact time when it came on to the ward.  
 7 Q. So, in short, though, you have experience of being  
 8 a Consultant Psychiatrist on a ward where Oxevision was  
 9 installed?  
 10 DR SURESH: That is correct.  
 11 Q. You referred to it as an observation and engagement  
 12 tool. What did you mean by that?  
 13 DR SURESH: Well, it enables nursing staff to observe  
 14 patients remotely, given that when it was first  
 15 deployed, it came in during the Covid-19 pandemic where  
 16 social distancing was the norm and we had to make sure,  
 17 particularly on older adult wards, make sure patients  
 18 were not exposed to infections, Covid-19. So it was  
 19 during that time that the rollout happened in the  
 20 beginning, and I have had experience of it since it was  
 21 rolled out to the ward that I was working as  
 22 a consultant on, and that was an older adult ward.  
 23 Sorry, does that answer your question?  
 24 Q. That does answer my question. This is perhaps an aspect  
 25 of the rollout we haven't discussed in detail before at

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1 Q. You've explained that you've been since April 2022  
 2 Executive Director of Strategy, Transformation and  
 3 Digital at EPUT and explained you led on the strategy  
 4 development for the organisation, you provided  
 5 leadership and coordination on transformation across the  
 6 organisation and you had oversight of digital services;  
 7 is that all correct?  
 8 MR TRENT: Correct.  
 9 Q. We can see from the recent correction statements that  
 10 you've provided that your job title has changed. What  
 11 is it now?  
 12 MR TRENT: Executive Chief Digital and Information Officer,  
 13 and that's effective from 2 September. It's a temporary  
 14 change and the reason for the change is that, as the  
 15 Inquiry is aware, and we've said in previous evidence,  
 16 the Trust is implementing a new electronic patient  
 17 record system, and we're at a crucial phase of that  
 18 work, it's a major transformation programme. So the  
 19 Board of Directors agreed I should prioritise more of my  
 20 time on that, and so other colleagues are temporarily  
 21 holding the responsibility for strategy and  
 22 transformation until we complete that transformation  
 23 programme.  
 24 Q. So that role is from 2 September 2026?  
 25 MR TRENT: Yes, that's when the Board made its

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1 hearings, the context of the Covid pandemic during the  
 2 time of the rollout. But if I've understood you  
 3 correctly, Dr Suresh, you've said that the pandemic made  
 4 the remote observation facility of Oxevision important  
 5 at that time?  
 6 DR SURESH: Yes, at that time.  
 7 Q. One of the issues that we have been grappling with, and  
 8 we'll come on to discuss more, is the extent to which  
 9 it's appropriate to use Oxevision remotely to view  
 10 patients, but we should, do you suggest, bear in mind  
 11 that towards the beginning of the process, it was being  
 12 used because of Covid?  
 13 DR SURESH: It was rolled out during Covid, but I'm not a  
 14 hundred per cent certain whether that was the entire  
 15 reason.  
 16 Q. All right, well, we'll come on to discuss remote  
 17 observation and Oxevision as we go along, thank you.  
 18 Mr Trent, we discussed your role at EPUT and  
 19 relevant experience when you last gave evidence to the  
 20 Inquiry. You told us then that you joined EPUT in April  
 21 2022; is that correct?  
 22 MR TRENT: Yes.  
 23 Q. So should we bear in mind that that is some way through  
 24 the rollout of Oxevision at EPUT?  
 25 MR TRENT: Yes.

14

1 determination.  
 2 Q. Thank you.  
 3 You were last year, and are you still, Senior  
 4 Information Risk Owner at EPUT?  
 5 MR TRENT: Yes, I am.  
 6 Q. And when you gave evidence last year you explained your  
 7 qualifications, including as a Chartered Financial  
 8 Analyst charterholder, but you also made clear that you  
 9 don't have clinical qualifications; is that all correct  
 10 too?  
 11 MR TRENT: Yes.  
 12 Q. Now, the EPR, may I ask you very briefly about that  
 13 because we have heard about it before. What is it  
 14 called at EPUT?  
 15 MR TRENT: So the product is branded the Nova EPR.  
 16 Q. N-O-V-A?  
 17 MR TRENT: N-O-V-A, yes.  
 18 Q. Thank you.  
 19 MR TRENT: But it's provided by Oracle Health, common with  
 20 a number of other NHS Trusts, we use a local brand.  
 21 Other examples, Guys and Tommies use Apollo, Manchester  
 22 uses HIVE as a brand to engage staff, and that was  
 23 determined some years ago, and the programme essentially  
 24 replaces a number of existing electronic patient record  
 25 systems with a single system, and it does so across both

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1 EPUT and our acute partners in Mid and South Essex NHS  
2 Foundation Trust, which has real benefits in terms of  
3 physical and mental health care integration.

4 **Q.** Understood.

5 When is it scheduled to go live at EPUT?

6 **MR TRENT:** In the next financial year, '27/'28.

7 **Q.** May I ask you this: to what extent will the new  
8 electronic patient record afford the possibility, for  
9 example, of conducting observations using that rather  
10 than, as we've previously heard, Oxevision Observations  
11 as part of the Oxehealth product?

12 **MR TRENT:** The new EPR will have significantly greater  
13 capabilities than our current systems. Things like  
14 conducting -- and it has more capability for handheld  
15 and remote devices. The configuration of that system  
16 will determine how it's used. So I couldn't say it  
17 would exactly replicate or be able to exactly replicate  
18 what e-obs does but the substance of it is something  
19 that it could be configured to do, yes.

20 **Q.** So I suppose for present purposes, there is a possible  
21 overlap between Nova and certain aspects of Oxevision?

22 **MR TRENT:** Well, with any electronic patient record system  
23 and with any NHS Trust, whether mental health or acute,  
24 there will be a multitude of clinical systems in use at  
25 any time and sometimes capabilities will be part of the

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1 **MR TRENT:** Sure.

2 **Q.** If I ask you to pause or slow down from time to time,  
3 please don't take it the wrong way; it's just so that  
4 everyone can capture what you're saying.

5 Before I go any further, Dr Suresh, I understand  
6 there's something you would like to say.

7 **DR SURESH:** Yes, on behalf of Mr Trent and myself, I wanted  
8 to offer my sincere condolences and apologies to the  
9 families affected by the issues being investigated by  
10 this Inquiry.

11 **Q.** Thank you.

12 Thank you for both agreeing to give your evidence  
13 together. I will direct questions to one or other of  
14 you, taking into account your different backgrounds.  
15 But if one of you feels you've something significant to  
16 add to an answer given by the other, would you let me  
17 know?

18 **MR TRENT:** Yes.

19 **DR SURESH:** We will.

20 **Q.** You explain in the main statement that Dr Suresh retains  
21 overall responsibility for the evidence provided.  
22 Dr Suresh; is that correct?

23 **DR SURESH:** That is correct.

24 **Q.** The Inquiry has received evidence relevant to the issue  
25 of observation and technology at previous hearings, and

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1 core electronic patient record system and sometimes  
2 they'll be add-on or integrated systems. So it's not  
3 uncommon at all to have a number of systems that  
4 integrate with your EPR, and Oxevision and e-obs could  
5 be one of those, nor is it uncommon to replace some of  
6 those ancillary or additional systems with your core  
7 EPR. It depends on the scope you procured.

8 **Q.** That's fine, thank you. So there is a possibility but  
9 it's all to be seen?

10 **MR TRENT:** Well, we're still in the process of the  
11 implementation, the configuration, you know, and of  
12 course we have the independent review on Oxevision so  
13 we'll pay attention to the outcome of that, which will  
14 complete ahead of the EPR.

15 **Q.** Understood, and we'll come on and I'll ask you about the  
16 independent review as we go along.

17 Do you both report directly to EPUT's Joint CEOs,  
18 Trevor Smith and Alex Green?

19 **DR SURESH:** We do.

20 **MR TRENT:** Yes.

21 **Q.** I'm just going to ask you both to slow down a tiny bit  
22 whilst you're giving your evidence. That's so everyone  
23 can hear what you have to say and understand what you  
24 have to say, and also because a note is being taken of  
25 what you say.

18

1 in October last year, Mr Trent, you and I covered a wide  
2 range of matters about Oxevision, including the vital  
3 signs alerts and OxeObs functions, the perceived  
4 advantages of the technology at EPUT, concerns that had  
5 been raised about its operation, the rollout at EPUT,  
6 the issue of consent, including in light of the  
7 publication of the NHS England Principles of 2025, the  
8 Standard Operating Procedure, or SOP, auditing and  
9 technology, and we touched on its cost. So we covered  
10 quite a lot of ground before.

11 There have been developments since you last gave  
12 evidence, and we'll catch up on those during the course  
13 of your evidence today.

14 Dr Suresh and Mr Trent, in July this year, we heard  
15 from two expert witnesses, Jill Archibald, Mental Health  
16 Nurse Consultant, and our expert health statisticians,  
17 Professor Donnelly and Dr Christodoulou. Now, am  
18 I right in thinking that either one or both of you were  
19 present for that evidence or have subsequently  
20 reviewed it?

21 **MR TRENT:** I've reviewed both of their reports. I wasn't  
22 present. I have been present all of this week, and  
23 I reviewed online Mr Harry's evidence from Monday last  
24 week.

25 **Q.** Thank you.

20

1 And Dr Suresh?

2 **DR SURESH:** I wasn't present at the July hearings, but

3 I have reviewed their evidence.

4 **Q.** And, of course, we heard on Monday from Dr Francesca

5 Denman, another expert for the Inquiry. Again, am

6 I right in understanding that you're both aware of what

7 she said?

8 **DR SURESH:** Yes, we were present as well for the live

9 hearings.

10 **MR TRENT:** Yes, and we've read her report.

11 **Q.** As you will know, we also heard in July from the former

12 EPUT CEO, Paul Scott, and the then Acting Chair, Loy

13 Lobo, and Mr Lobo told us of a plan to appoint an

14 Interim Trust Chair. Has that now happened?

15 **MR TRENT:** Yes, and indeed she is here today, Chair.

16 **Q.** Is that Jackie Craissati?

17 **MR TRENT:** Yes, that's right.

18 **Q.** And was that from 1 September 2026?

19 **MR TRENT:** Yes, that's right.

20 **Q.** We've covered in this hearing, a number of times, what

21 Oxevision is, including in fact this week, but I'm aware

22 that there may be some people who are listening to this

23 evidence who don't have that background so I'd like to

24 just quickly refresh us as to what its essential

25 functions are. Can we do that by reference to a poster

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1 **Q.** Do we see on the left the camera?

2 **DR SURESH:** Yeah.

3 **Q.** And on the right, two infrared lights, sometimes

4 referred to as illuminators?

5 **DR SURESH:** (The witness nodded).

6 **Q.** Is that correct?

7 **DR SURESH:** That is correct, yeah.

8 **Q.** And then if we drop down to the second half of the

9 poster, do we see this:

10 "Ward staff can only see a clear view of your room

11 when measuring your heart and breathing rate for up to

12 15 seconds.

13 "They can see a blurred view of your room for up to

14 15 seconds when they receive a notification."

15 So the two types of view that the system affords are

16 either a clear view of a patient in their room or

17 a blurred or pixelated view of a patient in their room;

18 is that correct?

19 **DR SURESH:** That is correct.

20 **THE CHAIR:** What do those photographs show, the top one and

21 the bottom one?

22 **MR TRENT:** These are examples, I think, provided by

23 Oxevision, I believe.

24 **THE CHAIR:** And are they meant to be clear images or are

25 they meant to be the blurred image, or are they meant to

23

1 relating to Oxevision that was part of the most recent

2 EPUT SOP.

3 Thank you. It's up on our screens. The reference,

4 for those who need it, is EPUT026149.

5 So, can we see here, this is a poster that would go

6 up on a ward; is that correct?

7 **MR TRENT:** Yes.

8 **Q.** Can we see here:

9 "Our contactless monitoring system:

10 "How do staff use the system to support your care?"

11 And it says this:

12 "The system gives staff information about your heart

13 rate, breathing rate, and your location and movement."

14 Dr Suresh, is Oxevision installed exclusively in

15 patient bedrooms?

16 **DR SURESH:** It is.

17 **Q.** And is it right that it has the two main functions that

18 we can see here: non-contact monitoring of pulse and

19 respiratory rates, but also, a system of alerts relating

20 to patient movement in their bedrooms?

21 **DR SURESH:** That's correct.

22 **Q.** Can we just see a little bit further down, is that

23 a picture of the Oxevision unit that we would find in

24 a patient's bedroom?

25 **DR SURESH:** It is.

22

1 be both?

2 **MR TRENT:** They're meant to be both.

3 **THE CHAIR:** So the top one, is that the clear view?

4 **MR TRENT:** Yes.

5 **THE CHAIR:** And the bottom one is the blurred?

6 **MR TRENT:** Yes, I believe so.

7 **THE CHAIR:** Thank you.

8 **MR GRIFFIN:** Can we drop to the bottom of the poster,

9 please.

10 Now, I understand, Mr Trent, there is something you

11 want to inform us about in relation to the bottom of the

12 poster?

13 **MR TRENT:** Yes. This poster has since been corrected since

14 our statement, so you'll see at the bottom there's a QR

15 code. That plays a video. That was added in response

16 to patient feedback wanting videos to explain the

17 system. Beneath that, there is now a section which

18 refers to the Trust's Privacy Notice and refers to Clear

19 Video Data and how to raise concerns and find out more

20 information about that. So that's not visible on this

21 one but it since has been corrected.

22 **Q.** We looked at something along those lines last year when

23 we looked at an earlier version of the poster, I

24 believe. Is that the kind of wording that we would see

25 again at the bottom of the corrected poster today?

24

1 **MR TRENT:** Yes, similar to that. I mean, last year I think  
 2 the Chair rightly challenged the question of whether  
 3 "salient" was a meaningful word and it's since been  
 4 changed to "clear" but I think the substance of it is  
 5 the same.  
 6 **Q.** Does the poster, for example, or the leaflet, there's  
 7 a slightly longer leaflet, isn't there, that can be  
 8 provided to patients, do either of those expressly state  
 9 that if the system is activated in a patient's bedroom,  
 10 it's recording them 24 hours a day, seven days a week?  
 11 **MR TRENT:** Yeah, the leaflet does do that, and also the  
 12 Privacy Notice, as well.  
 13 **Q.** Has the Privacy Notice changed since we talked about it  
 14 last year?  
 15 **MR TRENT:** It has actually been updated to more -- so now,  
 16 when you go on the Privacy Notice, you could click on it  
 17 today, there's a discrete section which is just about  
 18 Oxevision to make it more accessible to the public and  
 19 patients.  
 20 **Q.** But your evidence today is that the leaflet and the  
 21 privacy notice expressly state that when the system is  
 22 activated, it's recording a patient in their bedroom  
 23 24 hours a day, seven days a week?  
 24 **MR TRENT:** Yeah, I'd have to go to the exhibit to confirm  
 25 the exact wording, but yes, that's the substance of it.

25

1 a user perspective, they're using the tablet to record  
 2 the observations and to take vital signs. So staff  
 3 would probably just refer to that to say, "I'm using the  
 4 Oxevision tablet".  
 5 **Q.** One of the points made by Jill Archibald in July was  
 6 that calling it "Oxevision Observations" might be  
 7 a little bit confusing for a staff member and my  
 8 question is really this: does that not really further  
 9 the confusion if an observation module actually allows  
 10 staff remotely to view patients?  
 11 **MR TRENT:** I haven't found, when I've spoken to staff, that  
 12 they've been confused by this. They've seen the  
 13 handheld device as a way to record their observation  
 14 electronically rather than on a piece of paper, and to  
 15 be able to take the vital signs reading as part of their  
 16 observation engagement practice. So I haven't found  
 17 staff, when I've spoken to them, to be confused by that.  
 18 I can see how when described in this setting that can be  
 19 confusing, but that hasn't been what staff have said to  
 20 me.  
 21 **Q.** Thank you.  
 22 I'd like to move on to a topic that has been of  
 23 significance at this Inquiry in relation to VBPMs and  
 24 Oxevision, and that's consent. Again, this is an area  
 25 we covered in part last year, Mr Trent.

27

1 **Q.** Thank you. So we've talked about the vital signs  
 2 function of the capturing those two measurements, we've  
 3 talked about the system of alerts and notifications, and  
 4 we've actually already touched on another area where the  
 5 system is used at EPUT and that is Oxevision  
 6 Observations. Again, you and I discussed this last  
 7 year, Mr Trent.  
 8 But would it be right to describe Oxevision  
 9 Observations, or OxeObs for short, as essentially an  
 10 electronic version of the paper record, but with  
 11 additional functions to monitor and audit the nature and  
 12 timing of staff entries and so forth?  
 13 **MR TRENT:** Yes.  
 14 **Q.** Now, we heard evidence yesterday from Ms Cozens picking  
 15 up on something she'd said the year before that there is  
 16 the possibility, using Oxevision Observations, to access  
 17 the vital signs workflow and to take measurements and  
 18 remote view a patient in that way. So let's be clear  
 19 what I'm saying: that using the Oxevision Observations  
 20 module, you can access vital signs and a clear view of  
 21 this patient. Is that something that can happen at  
 22 EPUT?  
 23 **MR TRENT:** Yes, that's right. And I think when we're  
 24 talking about modules here, they just mean different  
 25 capabilities of the same product, really. So from

26

1 Who should I direct my questions about consent to  
 2 today?  
 3 **MR TRENT:** I mean, I think both of us can respond on  
 4 different elements of this, and we both have experience.  
 5 Clearly, Dr Suresh has the medical expertise and  
 6 training that's highly relevant to this, but I'm also  
 7 able to comment on aspects of the process and the  
 8 changes in the documents, et cetera.  
 9 **Q.** So shall we see how we go, and either of you reply as  
 10 appropriate?  
 11 **DR SURESH:** Yes.  
 12 **MR TRENT:** If that's satisfactory, then of course.  
 13 **Q.** We covered in Mr Trent's evidence last year a CQC  
 14 inspection report from the 12 July 2023 following  
 15 inspections at EPUT in late 2022 and early 2023, and in  
 16 fact you address that evidence in your main statement at  
 17 paragraph 175. This is what you say, so this is from  
 18 your more recent statement but going back and  
 19 summarising your evidence from last year. This is what  
 20 you say:  
 21 "In the oral evidence of Zephon Trent, at the  
 22 hearing on 14 October 2025, the findings of the CQC  
 23 Report dated 12 July 2023 on consent were put to  
 24 Mr Trent in examination. The report recorded that EPUT  
 25 had 'assumed implied consent'; that the CQC was unable

28

1 to locate evidence of consent in sampled records; that  
 2 where one patient had refused consent, the relevant  
 3 record took a significant time to locate; that there was  
 4 no record of ongoing consent being sought; that welcome  
 5 packs contained no information about Oxevision; and that  
 6 only brief posters were displayed. Mr Trent accepted  
 7 that EPUT 'should have done better', and confirmed that  
 8 in response to the CQC findings, EPUT had introduced  
 9 a specific field on the electronic patient record and  
 10 the admission checklist to confirm that consent had been  
 11 'actively sought'. He confirmed [that's you, Mr Trent]  
 12 that the earlier implied consent approach was 'really  
 13 not the right way to do this'."

14 I'd like to pick up one matter about that now.  
 15 Dr Denman refers in her report in relation to  
 16 consent to "a failure of clinical oversight at EPUT in  
 17 relation to the concept of consent, with some kind of  
 18 fundamental misunderstanding arising in relation to the  
 19 notion of implied or implicit consent. I do not think  
 20 this issue was addressed correctly, which, from the  
 21 start, should have been to operate an opt-in system for  
 22 obtaining consent."

23 Am I right in thinking that at least with hindsight  
 24 you accept what Dr Denman said?

25 **MR TRENT:** So, can I say something about the timing there  
 29

1 reviewing the Standard Operating Procedure, and that  
 2 improvement process and the action plans and the  
 3 evidence are submitted to the CQC, and we also set up,  
 4 following -- around this time, we have the Quality  
 5 Together meetings with the Integrated Care Board so you  
 6 have a number of different organisations overseeing  
 7 and -- the changes EPUT has made, and EPUT's Standard  
 8 Operating Procedure Version 9 and 9.1 is recorded as  
 9 being a full document review and consent review.

10 So we consider at the time that we have addressed  
 11 the concerns of the CQC. They don't say anything  
 12 different to us on that, and their subsequent report  
 13 doesn't raise the same issues on consent.

14 So at the time, we believed that we were doing  
 15 things in the right way.

16 Now, as I've said before, and you've quoted me, and  
 17 paragraph 7 of my second statement is really clear about  
 18 this, the EPUT Board recognises we could and should have  
 19 done better in the past, and consent is one of the areas  
 20 where we said that. So with the benefit of hindsight,  
 21 I can agree with Dr Denman. At the time, we took what  
 22 we thought were reasonable actions, working with our  
 23 regulators and others, and we thought that we'd  
 24 addressed the issues that had been raised.

25 **Q.** When you say, "We should have done better in the past",  
 31

1 and how these things fit together?

2 **Q.** Yes, do.

3 **MR TRENT:** So you have the CQC Report in July 2023 and there  
 4 are must-do actions around consent. As is expected of  
 5 NHS Trusts, we have a CQC action plan that's then  
 6 overseen through governance within the Trust. And that  
 7 CQC action plan then resolves certain -- a significant  
 8 change to the SOP, so you see that going from Version 8  
 9 of the SOP to Version 9, 9.1 --

10 **Q.** I'm going to ask you to pause there for two reasons.

11 **MR TRENT:** Yes.

12 **Q.** First of all, SOP is Standard Operating Procedure?

13 **MR TRENT:** Yes, that's right.

14 **Q.** Secondly, I'm going to ask that you speak a little bit  
 15 more slowly so we can capture what you're saying.

16 **MR TRENT:** My apologies.

17 **Q.** No, I apologise for interrupting. Please continue.

18 **MR TRENT:** Not at all. I'll speak more slowly.

19 So we have the CQC report in July and it requires  
 20 the Trust to make improvements, and as common with other  
 21 Trusts in that situation we put in place an action plan  
 22 that's overseen through the governance and you can see  
 23 that in the minutes of the Quality Committee, for  
 24 example.

25 There is a specific strand of that which is about  
 30

1 what does that actually mean?

2 **MR TRENT:** Well, I think, you know, we've highlighted in  
 3 previous evidence, and I think Dr Denman says the same,  
 4 that while there was patient involvement right at the  
 5 beginning, it dropped off. While there was stronger  
 6 clinical engagement at the beginning, it dropped off.  
 7 And so these are opportunities that, with hindsight,  
 8 should have been corrected sooner, and may have led to  
 9 differences.

10 You know, we had regard at the time to the available  
 11 national guidance, which was the Nurse Director's  
 12 Guidance, there was no other guidance available at that  
 13 time, and our understanding was that NHS England had  
 14 contributed to that guidance by way of review and  
 15 comment that had been incorporated. So we believed we  
 16 were having regard to relevant guidance at the time.

17 **THE CHAIR:** But the nub of this issue is whether or not  
 18 patients are adequately asked whether they agree or  
 19 don't agree to being the subject of this monitoring,  
 20 and, as I hear it, no one said to themselves at that  
 21 time: this is clearly a relatively intrusive  
 22 intervention, should we not be asking patients directly  
 23 whether they agree to it? Is that right?

24 **MR TRENT:** I think that's right, Chair. You know, we had  
 25 this model of implied consent, we were trying to inform  
 32

1 patients about it, but I think your remarks are correct.

2 **MR GRIFFIN:** My recollection, but we can check this, is that

3 NHS England weren't actually involved in the Nurse

4 Directors Forum -- we can check that -- but your

5 understanding is that they were?

6 **MR TRENT:** Well, the understanding of Trusts, and I have

7 seen an email that demonstrates this, was that

8 NHS England had provided comment on a draft of that

9 document and those comments had been incorporated. Now,

10 I accept, as Mr Harry said on Monday, NHS England did

11 not endorse that document in any formal way, so Trusts

12 took their engagement to some extent, and I wasn't part

13 of that, to mean that at least they didn't object to it.

14 And there was no other guidance or no other statement to

15 say that it was the wrong guidance. So it was the

16 available guidance at the time that was specific to

17 vision-based monitoring, and so we had regard to it and

18 so did many other Trusts.

19 **Q.** Dr Suresh, do you know to what extent EPUT considered or

20 grappled with what "implied consent" actually meant in

21 practice for the purposes of the operation of Oxevision?

22 **DR SURESH:** I don't have knowledge of this personally. Not

23 only was this before my time, but I was also not in this

24 role at the time.

25 **Q.** Do you agree with Dr Denman, Dr Suresh, that there

33

1 **DR SURESH:** May I add a couple of things to this? The issue

2 of consent has evolved quite significantly, particularly

3 since the implementation of the Mental Capacity Act

4 2005. So during the period being examined by this

5 Inquiry, consent has become more formal, more

6 sophisticated, and CQC has been focusing on it a lot

7 more. For example, as a clinician you have to take

8 consent for quite a lot of things, not just Oxevision,

9 for instance, any form of treatment, any form of

10 intervention, including, you know, care packages, moving

11 to a residential home, for instance. So consent forms

12 a significant part of the practice, particularly in

13 mental health.

14 **Q.** That's helpful. Thank you, Dr Suresh.

15 Two things arise from that, of course, Oxevision is

16 coming in 15 years after the Mental Capacity Act; is

17 that correct?

18 **DR SURESH:** That's correct, yeah.

19 **Q.** Secondly, it brings to mind a recommendation Dr Denman

20 has made, you may be aware of it, and that is that

21 consent is such a significant issue that it may be

22 appropriate for specific responsibility for consent to

23 be given to a Board member, and when questioned, she

24 suggested that might be either the Chief Medical or the

25 Chief Nursing Officer; did you hear that?

35

1 should have been an opt-in explicit consent approach

2 from the start?

3 **DR SURESH:** I do agree, because Oxevision is a significant

4 decision, and as Chair mentioned, a significant

5 intrusion into patients' privacy, and therefore the

6 consent processes should have been more explicit.

7 **Q.** The CQC inspections that I've just referred to from 2022

8 and 2023 identified repeated failures concerning

9 consent. Did EPUT reconsider at that time whether an

10 implied consent default on model was appropriate, rather

11 than simply seeking to improve the recording and

12 implementation of that model?

13 **MR TRENT:** So the key versions of the Standard Operating

14 Procedure, where you see us reviewing the consent

15 approach, are Version 8, which follows the publication

16 of the Nurse Directors Guidance, and then Version 9.1.

17 So that's, I think, October, November 2022, and then end

18 of October/beginning November '23, a year on. So both

19 of those are recorded as full document review and

20 consent review.

21 Now I wasn't part of those reviews, so I rely on the

22 documents, but consent was explicitly considered in the

23 approval of those. Whether the option in the way that

24 the Chair put it just now was considered, I can't say.

25 **Q.** Thank you.

34

1 **DR SURESH:** I did hear that.

2 **Q.** Do you have any views on that?

3 **DR SURESH:** Yes, I think I agree broadly with the principle

4 of that, particularly mental health consent can be

5 a significant issue and consent depends on somebody's

6 mental capacity to be able to make that decision. So

7 before taking a consent you have to assess someone's

8 capacity, particularly where the capacity may be in

9 doubt, and that is quite a significant chunk of work in

10 mental health.

11 And because capacity can fluctuate, you know, even

12 within hours, but certainly over a period where

13 a patient may be mentally unwell, they may lose their

14 capacity temporarily but they might gain it back later.

15 So assessing capacity and consent is quite a constant,

16 in mental health settings.

17 So I would agree that it is good to give that issue

18 a higher profile, potentially at Board level, and

19 I agree that either the Chief Medical Directors or the

20 Chief Nursing Officers, either of them would be an

21 appropriate person at Board level to take the lead on

22 that.

23 **Q.** I believe that Dr Denman thought there may be a link

24 with the Caldicott Guardian role, for example, do you

25 agree with that?

36

1 **DR SURESH:** There is. I mean, Caldicott Guardian is more  
2 about protecting confidential patient information and  
3 making sure that there are processes in place to protect  
4 any person-identifiable information. So this could sit  
5 adjacent to that and there could be synergies with the  
6 two.

7 **Q.** I believe her recommendation wasn't necessarily limited  
8 to mental health but across the piste?

9 **DR SURESH:** That's right. But I suppose, particularly in  
10 mental health, it's an issue, because in physical health  
11 settings, most patients are able to consent in most  
12 situations, and they're able to be part of the  
13 discussion in terms of autonomy and choice, but in  
14 mental health settings because the mental disorder  
15 itself can affect someone's capacity and consent it  
16 becomes slightly more nuanced, and that's where the  
17 Mental Health Act gives us the ability to override  
18 someone's consent, if I can put it that way, because  
19 a lot of treatment under the Mental Health Act happens  
20 where the patient may be either unwilling to have the  
21 treatment or unable to give consent to that treatment.

22 **Q.** Is it right, though, that just dealing with the powers  
23 of the Mental Health Act, one needs to bear in mind that  
24 they relate solely to mental ill health and not to  
25 physical health conditions?

37

1 **Q.** Just dealing with similar points about the extent of the  
2 Mental Health Act powers, would that -- would the  
3 principles you've just been discussing also apply to  
4 a mental health inpatient who is under heavy medication?

5 **DR SURESH:** Yes, if they are detained under the Mental  
6 Health Act, it applies to all the patients who are  
7 detained.

8 **Q.** I suppose what I was saying was that incapacity or  
9 concerns arising from the fact that a patient with  
10 mental ill health is heavily medicated.

11 **DR SURESH:** Yes, I mean, again, when someone is heavily  
12 medicated it is often quite difficult to engage them in  
13 a capacity assessment. The Mental Health Act does not  
14 give blanket powers to treat anybody, even though  
15 somebody may be detained, good practice is to ensure  
16 that we involve them as much as possible, and their  
17 families, in the decision about shared care. Just  
18 because someone is detained, doesn't necessarily mean we  
19 can force any treatment on them. If they are still able  
20 to take part in, you know, consenting to that treatment,  
21 that should still happen.

22 **Q.** Thank you.

23 **DR SURESH:** But there may be situations where they might be  
24 unable to take part in that discussion.

25 **Q.** Thank you.

39

1 **DR SURESH:** That is correct, except for two caveats, if  
2 I may?

3 **Q.** Please.

4 **DR SURESH:** I know Dr Denman touched on this. The Mental  
5 Health Act allows you to treat a physical disorder that  
6 is either an immediate antecedent or an immediate  
7 consequence of the mental disorder, as long as it can be  
8 reasonably established that there is a link between the  
9 two. The two classic examples are someone who has got  
10 a urinary tract infection, an older person, perhaps, who  
11 develops delirium, which is an acute confusional state,  
12 so you can treat the urinary tract infection, which  
13 often causes delirium, under the Mental Health Act  
14 because there is little point in treating the mental  
15 disorder without treating the primary cause because the  
16 mental disorder may not necessarily improve.

17 At the other end of the spectrum we have the  
18 immediate consequence of a mental disorder, and  
19 Dr Denman I think spoke about anorexia nervosa where  
20 a patient with eating disorders may have nutritional  
21 deficiencies that need to be corrected quite emergently  
22 and that means administering IV fluids, sometimes even  
23 artificial nutritional support. Those are covered under  
24 the Mental Health Act but this is case law rather than  
25 the statute itself.

38

1 I'm going to move on to the recent PHSO complaint.  
2 Before I do, can I just remind you both to speak  
3 a little bit more slowly, again for the same reason,  
4 just so that everyone can capture what you're saying.

5 **DR SURESH:** Apologies.

6 **MR TRENT:** -- (overspeaking) -- may I say something on the  
7 recommendation?

8 **Q.** Yes, please.

9 **MR TRENT:** And this is coming from my perspective as  
10 a non-clinician. The Inquiry's focus on consent and  
11 digital technology is extremely timely, I think, for all  
12 Trusts at the moment. There's significant growth and  
13 change in technology with artificial intelligence and  
14 other things. And so, I think to your question of is  
15 this relevant nationally, more widely, to Trusts, and  
16 I work in an acute Trust which is a mental health Trust,  
17 beyond mental health? I think absolutely it is.  
18 Because these questions of consent, Kallur has addressed  
19 a number of specific elements to do with mental health  
20 care but I think, you know, with new technology, I think  
21 they're applicable, and when we reflect on the history  
22 of EPUT's implementation, I think having that as an  
23 additional principle to the Caldicott Guardian or  
24 reflected in some other way, may have allowed  
25 a different challenge to be brought earlier.

40

1 So I can see clear application, not just here but  
2 across multiple settings and more widely across the  
3 country. And I say that from the perspective of someone  
4 with expertise around the technology and digital side of  
5 things.

6 **Q.** Thank you.

7 As I said, I'd like to move on now to the PHSO  
8 complaint. This is covered in your main statement from  
9 paragraph 17 and also in the supplementary statement.

10 Dr Suresh, I'll direct my questions about this to  
11 you, please.

12 **DR SURESH:** That's correct.

13 **Q.** As always, Mr Trent, if there's anything you want to  
14 add, please let me know.

15 First of all, is the PHSO the Parliamentary and  
16 Health Service Ombudsman; is that correct?

17 **DR SURESH:** That is correct, yes.

18 **Q.** And indeed, we heard evidence last year from a past CEO,  
19 Sir Rob Behrens. Was a complaint made by a person known  
20 for these purposes as Ms B, and did it relate to her  
21 experience as a mental health inpatient on an EPUT ward  
22 in the period 2021/2022?

23 **DR SURESH:** That is correct.

24 **Q.** Did her complaint relate to the use of Oxevision in her  
25 room during her admission for mental health care,

41

1 Now, is it right that the PHSO referred to some GMC  
2 Guidance, General Medical Council Professional  
3 Standards, for making and using visual and audio  
4 recordings of patients which has been in effect since  
5 2011?

6 **DR SURESH:** That is correct.

7 **Q.** And in fact updated in 2024?

8 **DR SURESH:** That is correct.

9 **Q.** Does that guidance say that medical professionals must  
10 make recordings only where they have appropriate consent  
11 or other valid authority to do so?

12 **DR SURESH:** It does.

13 **Q.** And does it spell out in more detail what that should  
14 mean in practice?

15 **DR SURESH:** It does.

16 **Q.** Has EPUT subsequently accepted that this guidance  
17 applies to the use of Oxevision at EPUT, and indeed,  
18 I think your most recent SOP makes reference to it, and  
19 incorporates it; is that correct?

20 **MR TRENT: (The witness nodded).**

21 **DR SURESH:** That is correct.

22 **Q.** Are you aware from the PHSO decision that the Trust's  
23 use of Oxevision was a source of considerable concern  
24 for Ms B?

25 "Staff did not seek her consent, explain its use, or

43

1 including that she did not consent to the use of  
2 Oxevision and staff said that there was no process for  
3 turning it off when she requested this, and staff did  
4 not give her information about Oxevision, could not  
5 answer her questions about it, and gave her no resources  
6 to explain about its use; is that correct?

7 **DR SURESH:** That is correct.

8 **Q.** I'd like to look now at part of your supplementary  
9 statement which covers this. Could we put up the  
10 supplementary statement at page 2, paragraph 7 to 8.

11 Thank you, they're on our screen.

12 Just starting with paragraph 7:

13 "The PHSO issued its final report on 27 March 2026,  
14 partly upholding Ms B's complaint. The PHSO's findings  
15 included that EPUT should have sought Ms B's informed  
16 consent to the use of Oxevision, having assessed her as  
17 having capacity to consent; that the Trust should have  
18 revisited the question of consent as her condition  
19 improved; that EPUT's approach did not meet the  
20 standards set out in GMC Guidance; that the version of  
21 the SOP then in force was internally inconsistent as to  
22 whether consent was required; and that there was no  
23 clinical record of discussions with Ms B about the use  
24 of Oxevision, including in circumstances where Ms B had  
25 likely requested that the system be switched off."

42

1 provide information about the system. This exacerbated  
2 her feelings of anxiety, vulnerability, and fear."

3 Are you aware of that part of the PHSO decision?

4 **DR SURESH:** I am.

5 **Q.** Has the Trust accepted that, and the PHSO's further  
6 findings?

7 **DR SURESH:** It has. In fact, there was a letter from our  
8 then Chief Executive to the PHSO, copied to Ms B.

9 **Q.** Can we just read on, please:

10 "The PHSO recommended, among other things, that EPUT  
11 carry out a re-review of the SOP and its approach to  
12 consent by 24 June 2026 by reference to GMC Standards  
13 and NHS England Guidance; that EPUT communicate the  
14 outcome to relevant bodies; and that EPUT take  
15 additional steps regarding patient communication, staff  
16 training and observations, and produce an action plan  
17 for improvements to complaint-handling and  
18 record-keeping."

19 Could we address the review of the SOP mentioned  
20 there. So the version of the SOP that the ombudsman was  
21 looking at was not the most recent one that you have; is  
22 that correct?

23 **DR SURESH:** It wasn't, no.

24 **Q.** Is it Version 12 that I considered with Mr Trent last  
25 year?

44

1 **DR SURESH:** I think --

2 **MR TRENT:** Yes, it was that version, yeah.

3 **Q.** Did the PHSO say this:

4 "The current SOP [so Version 12] departs from the

5 GMC and NHS England guidance because it says when a

6 patient with capacity declines consent for Oxevision,

7 this is ultimately a decision for the Nurse in Charge or

8 a doctor, and requires MDT approval. This means that

9 under the Trust's SOP, it may refuse to turn off

10 Oxevision for a patient with capacity who does not

11 consent to it. We consider that this is not in line

12 with the guidance."

13 Now, did SOP Version 12 require that Oxevision

14 should be switched on in a patient's bedroom for up to

15 six hours after their arrival on the ward for

16 assessment?

17 **DR SURESH:** It did.

18 **Q.** And in fact, was that a reduction from 72 hours in

19 earlier versions of the SOP?

20 **DR SURESH:** It was.

21 **Q.** But did Version 12 continue to stipulate that the

22 ultimate decision as to whether it should be kept on

23 would be the MDT's and not that of a capacitous patient?

24 **DR SURESH:** It did. But with informed consent.

25 **MR TRENT:** I think I'll add one thing on this, and we've

45

1 your consent.

2 **DR SURESH:** I think that was one of the internal

3 inconsistencies in the SOP that the PHSO commented on.

4 The SOP said, within the same version of the document,

5 that the patients can give informed consent but at the

6 same time, the decision to switch it off was not

7 necessarily based on that --

8 **THE CHAIR:** So --

9 **DR SURESH:** -- so it highlighted that inconsistency which we

10 have since corrected.

11 **THE CHAIR:** Yes, so it was nonsense?

12 **DR SURESH:** Yes, it was inconsistent.

13 **THE CHAIR:** Thank you.

14 **MR GRIFFIN:** Can we move on from the recent PHSO decision

15 and EPUT's response to it, now to TIAA.

16 Now, we've just been discussing TIAA in terms of the

17 correction that you've asked us to make. Can we come on

18 to consider that issue more generally. Is the --

19 I think my questions need to be directed to you,

20 Dr Suresh, is that correct, looking at recent TIAA

21 audits?

22 **DR SURESH:** Yes, we can both contribute to that.

23 **Q.** Now, this is something you address in the main statement

24 from paragraph 231. Just to remind ourselves of the

25 correction. You've previously suggested in the written

47

1 explained it in further detail in the joint statement,

2 the main statement. The SOP is clearly intending, and

3 it says that it should be switched off as soon as

4 practicably possible if a patient withdraws consent and

5 I think the points of -- it should be reviewed by the

6 MDT or referred to the MDT if there were concerns. So

7 I think what -- now, we've accepted the PHSO, so we

8 accept the findings, and agree with them now. But at

9 the time, and this is what I explained, I believe,

10 a year ago, the provisions in the SOP to essentially

11 refer to the MDT decision were meant to be an

12 exceptional case, not the norm. And I think the SOP

13 tried to make that clear.

14 Now, as I say, we've accepted the finding here, but,

15 you know, with reference to the six hours as an example.

16 That was expressly an upper limit, not a target. The

17 SOP makes it clear it should be switched off as soon as

18 practicably possible at that time.

19 **THE CHAIR:** Dr Suresh, you just made a caveat to your answer

20 to Mr Griffin when asked about whether the ultimate

21 decision would be with the MDT under that version of the

22 SOP and then you said, "but with informed consent". But

23 presumably if the MDT has overridden your desire as

24 a patient to have the system turned off, it's not going

25 to be with informed consent; it's going to be without

46

1 statement that TIAA are external auditors but you now

2 correct that; that's not the case, yes?

3 **DR SURESH:** That is correct, yeah.

4 **Q.** Did the TIAA audits consider the consent position as it

5 was operating under EPUT's SOP Version 12 from

6 April 2025 and published, I think, the next month on the

7 7 May?

8 **DR SURESH:** It did.

9 **Q.** What I want to do is ask you about the TIAA October 2025

10 audit. From your statement, you say this, that:

11 "Testing was undertaken across five wards [which you

12 name]".

13 And I'd like to look with you at the principal

14 findings of the audit, please.

15 Please put up the EPUT TIAA Assurance Review of

16 Consent for Oxevision, second page. Thank you. Would

17 you expand -- I think that's fine like that, thank you.

18 Can we see here "Overall assessment" and in the

19 orange circle "Limited assurance", and at the bottom,

20 "Scope" -- thank you very much.

21 Just looking at the bottom of that page, please. Do

22 we see "Scope":

23 "The overall objective was to provide assurance on

24 the effectiveness of the consent processes in place

25 within the Trust. This review focused on the

48

1 arrangements for consent for Oxevision."  
 2 So we see the scope and the ultimate conclusion is  
 3 one of limited assurance; is that correct?  
 4 **DR SURESH:** Yes.  
 5 **Q.** Is that your reading of this?  
 6 **DR SURESH:** That is correct, yeah.  
 7 **Q.** Now could we expand the top right-hand box, please.  
 8 Thank you. "Key strategic findings". Thank you.  
 9 So, I just want to read these out, please:  
 10 "The Trust has in place an Oxevision Standard  
 11 Operating Procedure (SOP), which clearly outlines the  
 12 processes in place for obtaining consent for the use of  
 13 Oxevision, training requirements and roles and  
 14 responsibilities clearly identified as part of the  
 15 process.  
 16 "Audit testing identified that for four of 10 staff,  
 17 the competency checklist was not evidenced as no  
 18 response was received from the relevant Ward Manager  
 19 within the timeframe of the audit.  
 20 "Testing of a sample of 17 patients across five  
 21 wards, in June and July ..."  
 22 So that would have been June and July last year;  
 23 correct?  
 24 **DR SURESH:** That's correct.  
 25 **Q.** "... where Oxevision was in use, identified significant

49

1 Was a follow-up review of consent for conversation  
 2 conducted by TIAA, providing a draft report in May 2026?  
 3 **MR TRENT:** Yes.  
 4 **DR SURESH:** (The witness nodded).  
 5 **Q.** We're going to look at it in a moment.  
 6 **MR TRENT:** Yes, it was.  
 7 **Q.** You say in the main statement that this related to a  
 8 review undertaken in February this year -- and is that  
 9 correct?  
 10 **MR TRENT:** Yes, that's right.  
 11 **Q.** Does the report actually remain in draft or was it  
 12 subsequently finalised?  
 13 **MR TRENT:** It has subsequently been finalised but the  
 14 substantive conclusions remain the same.  
 15 **Q.** So if we look at the draft version it should give us an  
 16 idea of what the final version said?  
 17 **MR TRENT:** Yes.  
 18 **Q.** Thank you. Would you put up the TIAA Assurance Review  
 19 of Follow-up of consent for Oxevision -- thank you very  
 20 much. This is the second page.  
 21 So can we see at the top "Overall assessment,  
 22 limited assurance"?  
 23 So that's overall assessment remained the same; is  
 24 that correct?  
 25 **MR TRENT:** Yes.

51

1 exceptions such as a lack of evidence of completed  
 2 admissions checklist within six hours of patient's  
 3 admission for 21 patients.  
 4 "It was confirmed that as of the time of audit  
 5 fieldwork, there were no oversight arrangements for  
 6 senior management/committee to regularly review data in  
 7 relation to consent for Oxevision. The implementation  
 8 plan for Oxevision did include steps to 'agree audit and  
 9 assurance plan', and to align Tendable audits to new  
 10 SOP)."  
 11 Now, we'll come back and discuss the Tendable audit  
 12 in a moment, but you explain in your main statement,  
 13 this is paragraph 177, that EPUT's own internal audit  
 14 processes have identified that the revised consent  
 15 framework has not been consistently applied in practice.  
 16 Where you say that in your main statement, are you  
 17 actually referring to the findings of the TIA audit or  
 18 more widely?  
 19 **DR SURESH:** No, TIA audit.  
 20 **Q.** Would you accept that what this means effectively is  
 21 that although processes had improved on paper in  
 22 Version 12 of the SOP, they hadn't actually improved in  
 23 practice?  
 24 **DR SURESH:** That is what the data seems to suggest.  
 25 **Q.** Could you take that down, please.

50

1 **DR SURESH:** (The witness nodded).  
 2 **Q.** Can we also see, if we drop down, "Key strategic  
 3 findings" include these:  
 4 "The governance framework, the follow-up review  
 5 concludes limited assurance over arrangements to obtain  
 6 and evidence patient consent for Oxevision, indicating  
 7 improvement is required to manage associated quality and  
 8 governance risks. Review of audit reporting (Tenable)  
 9 also indicates operational barriers and low engagement  
 10 affecting assurance."  
 11 Do we also see "Compliance"?  
 12 "Recordkeeping remains inconsistent. In a sample of  
 13 25 patient records, 44% lacked an admission checklist  
 14 evidencing informed consent, with further gaps in  
 15 documenting consent discussions and patient views in  
 16 care plans and [in] clinical notes."  
 17 Would you accept therefore that the TIAA audit  
 18 reflects some of the problems that had previously been  
 19 highlighted by the CQC and the PHSO, but in relation to  
 20 practices last year and indeed this year?  
 21 **MR TRENT:** Yes, and I think that's exactly why the Senior  
 22 Management at EPUT commissioned an additional audit  
 23 here, because we received limited assurance -- there was  
 24 a management action plan in response to the first report  
 25 which is documented in the report, and that includes

52

1 additional Tendable audits and other interventions, and  
 2 we want to test whether or not that's been effective.  
 3 It hasn't been effective to the extent that we had  
 4 anticipated or intended, and so then we take further  
 5 actions following the second TIA report. And this  
 6 coincides -- the reason I think this is exhibited in  
 7 draft is because -- and I'm sure you will come to  
 8 this -- the Rapid Review is conducted before the report  
 9 is finalised, so it's used at that point, in response to  
 10 the PHSO.

11 So then, you know, there's a series of further  
 12 changes and improvements that lead us to where we are  
 13 today with 13.4.

14 **MR GRIFFIN:** Understood. Thank you. And indeed, we will  
 15 come on to that.

16 But Chair, we've reached 11.15. May I suggest we  
 17 break now until 11.30.

18 **THE CHAIR:** 11.30.

19 (11.15 am)

20 (A short break)

21 (11.30 am)

22 **THE CHAIR:** Mr Griffin.

23 **MR GRIFFIN:** Dr Suresh, Mr Trent, we're dealing with the  
 24 issue of consent. And just before the break we were  
 25 talking about the TIAA process. Can we continue on

53

1 current patients and service users. The findings  
 2 highlighted varied levels of understanding, acceptance  
 3 and concern with implications for consent processes,  
 4 therapeutic engagement, and privacy safeguards."

5 Now, with that in mind, and the matters we were  
 6 addressing before the break, would you accept that there  
 7 was, over a number of years, multiple red flags being  
 8 raised over EPUT's approach to consent and Oxevision?

9 **MR TRENT:** I think each of these different points of  
 10 evidence highlights where issues and concerns are  
 11 raised, and you see those at different points in the  
 12 minutes of the Steering Board and you see also  
 13 corresponding actions from the Trust in terms of the  
 14 tier management plan, and in this case, you've got  
 15 Version 12 of the SOP and an implementation plan and  
 16 training plan as well.

17 So I think these issues continued to crop up through  
 18 an extended period and you continue to see the Trust try  
 19 and address those, but as we accept, and, you know, as  
 20 we've said now, you know, we've changed the approach  
 21 quite fundamentally in the last version and the Board,  
 22 in approving that, has accepted that the previous  
 23 versions are not where we should be.

24 **Q.** Dr Suresh, do you agree with that?

25 **DR SURESH:** I do, yeah.

55

1 consent now, please.

2 You refer in the main statement to further relevant  
 3 reviews concerning the approach to consent and indeed  
 4 other matters taking place in 2025. You refer -- this  
 5 is in your main statement at paragraph 187 -- to  
 6 a patient, carer and staff focus group in March 2025, in  
 7 which, as you say, patient participants reported being  
 8 unaware of their rights in relation to Oxevision and not  
 9 knowing that the system could be switched off when  
 10 discussing consent, and also raised privacy concerns.

11 You also refer, this at paragraph 189, to EPUT's  
 12 patient experience and participation function which  
 13 conducted a dedicated Oxevision, patient and experience  
 14 survey in September and October 2025.

15 Now, is that distinct from the TIAA audit we've just  
 16 been discussing?

17 **MR TRENT:** Yes, that's a separate process and that's led by  
 18 the Trust Director of Patient Experience and  
 19 Participation.

20 **Q.** Thank you. You talk about it in this way in the main  
 21 statement:

22 "The co-produced survey was administered by Matrons  
 23 across multiple inpatient services within the Urgent and  
 24 Inpatient Care Unit over one week, and a total of 46  
 25 responses were received across several wards from

54

1 **Q.** Thank you.

2 Dr Suresh, could we look now at a report you  
 3 prepared for the Board of Directors dated 7 May 2025.  
 4 The purpose of the report was to update the Trust Board  
 5 on changes to the consent process and other matters.

6 Could you put up EPUT020850, page 3, please?

7 This is part of the report you prepared from last  
 8 year. Can we see this:

9 "Since Oxevision was first implemented at the Trust  
 10 there have been a number of changes to how the system is  
 11 used. These changes have been informed by learning from  
 12 serious incidents/patient safety incident  
 13 investigations, findings from coroner's court including  
 14 Prevention Future Deaths Reports, and feedback from  
 15 staff and patients. In a number of respects, past use  
 16 of the system has fallen below what we would expect now.  
 17 in particular:

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

21 Now, does that go back and encapsulate a point we  
 22 addressed before the break about the appropriate consent  
 23 model that should have been adopted from the start?

24 **DR SURESH:** It does, but can I just see the title of this  
 25 report? Because you said this report is from May 2025.

56

1 Q. Yes.

2 **DR SURESH:** And it's in my name. I just wanted to double

3 check.

4 Q. Can we go to page 1 of the report, please, and highlight

5 the top or expand the top. Does that give you the

6 information that you need?

7 **MR TRENT:** Yes, this was my report to the Board.

8 Q. Oh, I apologise.

9 **MR TRENT:** And this is the same report that I document in my

10 second statement at paragraphs 7 and 8.

11 Q. So these questions should be addressed to you?

12 **MR TRENT:** By all means, yes.

13 Q. Yes.

14 **MR TRENT:** And it pre-dates Dr Suresh's tenure as a Medical

15 Director.

16 Q. Happily, Dr Suresh answered the first question. Are you

17 happy with his answer to the first question?

18 **MR TRENT:** Yes, that's right.

19 Q. Shall I switch over to you now, Mr Trent?

20 **MR TRENT:** Yes, of course.

21 Q. Shall we read on and very happily we've gone on to the

22 page, just following on from that, the report says:

23 "There should have been better communication and

24 information sharing to ensure that information was

25 provided to patients, families and carers in a clear,

57

1 Always strategy, that's one of the first strategy

2 documents Paul Scott puts in place after his

3 appointment.

4 You've got, and I think Dr Denman talked about this,

5 you've got a new technology which is thought, for

6 various reasons, to improve patient safety and focus on

7 that. You don't have specific guidance around it.

8 Q. Can I ask you to pause there. I'm going to come on and

9 ask you about that particular point a little later on so

10 you'll have an opportunity to address that more fully.

11 **MR TRENT:** Thank you for that guidance.

12 But I think the lack of the specific guidance is

13 a contributory factor in EPUT not making the right

14 decisions. However, we've acknowledged, and I think

15 you've made the point plainly, the GMC Guidance is

16 there, and there are other points of reference. And

17 when we say here -- and the Trust Board endorsed this

18 fully -- we could and should have done better, it's with

19 regard to those other things.

20 And I don't think EPUT was alone in that. When you

21 look at Trusts across the NHS and even now with

22 Mr Harry's evidence, you know, ten Trusts being

23 referred, EPUT's not one of those now. Their assessment

24 was that our latest SOPs are in line with the

25 principles, but our previous ones wouldn't have been.

59

1 concise and person-centred way which allowed them to be

2 involved in decision making about the use of Oxevision

3 in their care.

4 "Greater consideration should have been given to the

5 impact of Oxevision on those who have suffered and/or

6 continue to suffer trauma.

7 "There should have been processes in place to allow

8 for continued patient, family and carer engagement and

9 feedback on the system."

10 And so on.

11 Would you accept the various points that you set out

12 in the report there, Mr Trent, are all significant?

13 **MR TRENT:** Absolutely.

14 Q. Are you -- and this is a question really for both of

15 you -- are you able to tell the Inquiry why you think

16 EPUT got consent so wrong over such a long period of

17 time?

18 **MR TRENT:** So, if I may start and then hand to Dr Suresh.

19 I think, when you look over this period, and this is

20 a new technology, at the outset, we've got the CQC

21 describing it as outstanding practice, we've got results

22 that look impressive that are being reported not by EPUT

23 but by other organisations, we've got the Trust Board in

24 its first business case talking about its emerging

25 patient safety agenda and you have Safety First, Safety

58

1 So, I hope that answers your question.

2 Q. That's helpful.

3 Dr Suresh, is there anything further you would like

4 to say?

5 **DR SURESH:** I just wanted to add that at the beginning of

6 the implementation, as we have said in our joint

7 statement, the focus was more on implementing the new

8 technology rather than giving due attention to consent

9 processes and other things that may have been the

10 unintended consequences, as it were, of the technology.

11 Q. Thank you.

12 Would you take that down, please.

13 Mr Trent, I think it was you who, just before the

14 break, referred to the Rapid Review.

15 **MR TRENT:** Mm-hm.

16 Q. What I'd like to do is come on to that now, please.

17 Following the PHSO report and the TIAA audit, did

18 EPUT go through a process to address the various

19 concerns that had been identified?

20 **MR TRENT:** Yes, it did.

21 Q. Dr Suresh, you helpfully cover this in the supplementary

22 statement. Am I right in thinking I should direct

23 questions about the Rapid Review to Dr Suresh, or is it

24 again for both of you?

25 **DR SURESH:** I will attempt to answer them, but Mr Trent can

60

1 come in if he wants to.  
 2 **Q.** Thank you.  
 3 **DR SURESH:** But I'll mainly take all the questions.  
 4 **Q.** Thank you. Because I think you're one of the people  
 5 behind the Rapid Review; is that right?  
 6 **DR SURESH:** That is correct, yeah.  
 7 **Q.** You say in your supplementary statement in paragraph 10  
 8 that the Rapid Review was conducted and shared with the  
 9 Executive Team on 20 May this year; is that correct?  
 10 **DR SURESH:** That is correct, yeah.  
 11 **Q.** Did that review identify concerns regarding consent  
 12 arrangements, privacy and safeguarding concerns, and  
 13 a range of operational issues?  
 14 **DR SURESH:** That is correct.  
 15 **Q.** Did it recommend that EPUT immediately refocus Oxevision  
 16 as an assistive technology and to move it into an opt-in  
 17 system only, with the system being off by default?  
 18 **DR SURESH:** It did.  
 19 **Q.** Did it also recommend that the system be set to  
 20 "Default: off" as soon as practicable, operating as an  
 21 opt-in system only, where clinically agreed and  
 22 supported by informed written consent or relevant lawful  
 23 authority?  
 24 **DR SURESH:** That is correct.  
 25 **Q.** Did the Executive Team agree with these recommendations?

61

1 from your statement have been put into place well in  
 2 advance of May 2026?  
 3 **DR SURESH:** It should have, with hindsight, but as Mr Trent  
 4 and I mentioned before, a lot has changed about  
 5 Oxevision in the last few months, particularly in the  
 6 last six months, since the -- starting with the PHSO  
 7 report which led to the review of the Standard Operating  
 8 Procedure, then the commissioning of the Rapid Review,  
 9 which was only conducted over a couple of days by a very  
 10 senior doctor and a senior nurse, so it did not have the  
 11 full methodology, if you like, of being able to consult  
 12 with all the stakeholders. That then led to the  
 13 commissioning of the Independent Review which is a much  
 14 wider scope.  
 15 **Q.** I will come on to that in just a moment.  
 16 I'm just going to pause and ask if the pace is now  
 17 good for the typist.  
 18 It is, thank you.  
 19 I'd like to look at a couple of documents concerning  
 20 the process we're discussing before we come on to look  
 21 at the Independent Review, please, with you, Dr Suresh.  
 22 Could we put up the Executive Committee Summary  
 23 Report "Rapid Review Briefing Report on the use of LIO  
 24 Assistive Technology" from page 4, this is, as I've  
 25 said, from 20 May this year.

63

1 **MR TRENT:** (The witness nodded).  
 2 **DR SURESH:** I think it accepted the recommendations. Sorry,  
 3 yeah, that's it.  
 4 **Q.** And did the Executive Team also agree that a wider  
 5 independent review would be commissioned concerning the  
 6 use of Oxevision at EPUT?  
 7 **DR SURESH:** That is correct.  
 8 **Q.** We'll come on to that shortly.  
 9 You mention in the statement that the Trust  
 10 recognises the seriousness of the concerns identified in  
 11 the Rapid Review and accepts that immediate and  
 12 sustained action is required. Do you maintain that now?  
 13 **DR SURESH:** Yes, I do.  
 14 **Q.** At paragraph 56 of your witness statement you say:  
 15 "The Trust accepts the two-step process recommended  
 16 for the Rapid Review. First, the MDT must agree that  
 17 LIO may be of clinical benefit for the individual  
 18 patient and that its use can assist in the delivery of  
 19 that patient's care plan; and second, only once that  
 20 clinical determination has been made, the patient's  
 21 informed written consent is sought, supported by  
 22 a personalised care plan that defines how LIO may assist  
 23 in care delivery and provides a full explanation of how  
 24 the system works."  
 25 Should the two-step process that I've just set out

62

1 Can we see two options were contemplated; is that  
 2 right, Dr Suresh?  
 3 **DR SURESH:** That is correct.  
 4 **Q.** "The review has considered the following options:  
 5 "Option 1: To pause the use of the system.  
 6 "Option 2: To continue with immediate controls put  
 7 in place ..."  
 8 Which is the recommended option.  
 9 **DR SURESH:** That's correct.  
 10 **Q.** May I ask you about option 1, first?  
 11 **DR SURESH:** Yeah.  
 12 **Q.** Do we see below that pros and cons of option 1?  
 13 **DR SURESH:** Yeah.  
 14 **Q.** "Pros: complies with human rights legislation", yes?  
 15 **DR SURESH:** Yes.  
 16 **Q.** "Cons", I'm going to read this out:  
 17 "Potential increase in safety risk and incidents as  
 18 without automated alerts, there may be a higher risk of  
 19 falls or self-harms. Some patient families and staff  
 20 may [that should probably be "feel", shouldn't it]  
 21 [feel] less safe without monitoring in place especially  
 22 those patients with a history of sexual trauma."  
 23 Would you explain a little bit more of what option 1  
 24 would have involved if that had been the option that was  
 25 chosen?

64

1 **DR SURESH:** It would have meant an immediate pause of the  
 2 system across the organisation.  
 3 And giving time for a more detailed evaluation.  
 4 **THE CHAIR:** Sorry, can I just ask there, it mentions how it  
 5 would have possibly caused safety risks without  
 6 automated alerts, it doesn't make reference to the issue  
 7 of the suspension of the vital signs. Was that  
 8 considered in any way to be something that might  
 9 influence the decision? It appears it wasn't --  
 10 **DR SURESH:** It probably wasn't.  
 11 **MR GRIFFIN:** May I follow up on that question, please. Does  
 12 that mean that the vital signs function wasn't seen as  
 13 particularly significant?  
 14 **DR SURESH:** I think, if I go back to my own practice as  
 15 a consultant, the vital signs, there are only two of  
 16 them: respiratory rate and the pulse rate. By  
 17 themselves, they probably do not add a lot of value  
 18 to --  
 19 **Q.** I'd like to come back, actually, a little later on to  
 20 ask you about NEWS2 and vital signs in a little bit  
 21 further detail, so may I pick up on the point and we can  
 22 develop it a little later on in the context, in fact, of  
 23 what you've said in your statement.  
 24 **DR SURESH:** Yeah.  
 25 **Q.** Thank you.

65

1 admitted, yes?  
 2 **DR SURESH:** Yes.  
 3 **Q.** It can only be switched on when the MDT decides that  
 4 it's beneficial to support the individual's care plan  
 5 and informed consent has been obtained, correct?  
 6 **DR SURESH:** That is right.  
 7 **Q.** Or a Mental Capacity Act best interests decision  
 8 supports use, yes?  
 9 **DR SURESH:** That's correct.  
 10 **Q.** Did that approach stay in place until the latest version  
 11 of the SOP was released?  
 12 **DR SURESH:** I think following the Rapid Review there was  
 13 a memo that went out I think in my name under Chief  
 14 Nursing Officer to make sure staff are reminded that  
 15 Oxevision is a supplement to patient care rather than  
 16 a replacement for in-person observations and engagement.  
 17 The actual Version 13.4 of the Standard Operating  
 18 Procedure, which now makes it a two-step process for  
 19 switching it on, the clinical determination of whether  
 20 it adds any value, and then the patient consent,  
 21 capacitous patient consent, that was implemented at the  
 22 end of August, I believe it's 24 August 2026.  
 23 **Q.** And we'll come on to that version, the latest iteration  
 24 of the SOP in a moment. My question was a rather more  
 25 basic one and it's this: does the new approach set out

67

1 Can we look at option 2.  
 2 **DR SURESH:** Yes.  
 3 **Q.** Do we again see a pro and con analysis?  
 4 **DR SURESH:** Yeah.  
 5 **Q.** Pros:  
 6 "Maintains benefits of the system, addresses the  
 7 risk through immediate controls, and enables continued  
 8 evaluation. Allows for a more personalised approach to  
 9 patient care with mitigations in place."  
 10 Correct?  
 11 **DR SURESH:** That is correct, yeah.  
 12 **Q.** Do we see "Cons":  
 13 "Challenges of a rapid implementation plan and  
 14 changes to clinical practice."  
 15 So that was the recommended option.  
 16 **DR SURESH:** Those were the two -- yeah, sorry, that was --  
 17 option 2 was the recommended option.  
 18 **Q.** And was that the option chosen by the Executive Team?  
 19 **DR SURESH:** It was.  
 20 **Q.** Did it result in an interim position at the Trust as  
 21 we've just seen, with new instructions sent out to  
 22 staff?  
 23 **DR SURESH:** That is correct.  
 24 **Q.** Did a memo go out making clear that the new approach was  
 25 that the Oxevision system is off when a patient is

66

1 following option 2, and as encapsulated in the memo,  
 2 effectively carry on and inform the latest version of  
 3 the SOP?  
 4 **DR SURESH:** That is correct. It was a developing piece of  
 5 work.  
 6 **Q.** Thank you.  
 7 Before we move on to look at the -- or for me to ask  
 8 you about the latest version of the SOP, can we now come  
 9 on to discuss the Independent Review.  
 10 **DR SURESH:** Yes.  
 11 **Q.** You address this in the supplementary statement, that's  
 12 at paragraph 42 on. Did you, Dr Suresh, and the Trust's  
 13 Chief Nurse actually commission the review?  
 14 **DR SURESH:** We did.  
 15 **Q.** Can you explain why you did that?  
 16 **DR SURESH:** Because of the concerns around consent, the  
 17 implementation of the previous versions of the Standard  
 18 Operating Procedure, and the PHSO report, the Rapid  
 19 Review identified that we needed to look at consent and  
 20 other issues in relation to Oxevision in greater detail.  
 21 The Rapid Review, if I remember correctly, was carried  
 22 out over a two-day period, and it was led by a senior  
 23 doctor and a senior nurse within the Trust, but it did  
 24 not -- it could not reach out, because of the rapidity  
 25 of the review that had to be carried out, to all the

68

1 stakeholders involved.

2 And therefore, it was felt that a much wider review

3 involving not only patients and families who are

4 receiving the use of the system, as it were, but also

5 other staff who may have something valuable to

6 contribute, looking at the usage reports, and also

7 potentially looking at learning from other organisations

8 who may have a slightly different practice.

9 So the wider review is addressing all of those, or

10 using that methodology in order to come to a more

11 definitive conclusion or a set of recommendations.

12 **Q.** Thank you. Has that review commenced?

13 **DR SURESH:** It has commenced, it is ongoing at present. It

14 is scheduled to report some time next month.

15 **Q.** And will that be the final version of the report?

16 **DR SURESH:** I'm not sure because as a Trust we are fully

17 independent of the report.

18 **Q.** Well, I'll come on and ask you about that, but you're

19 expecting to receive the report next month. What is the

20 process, then, at EPUT?

21 **DR SURESH:** Initially, there will be a factual accuracy

22 test, so we'll receive the report most likely in draft.

23 Once it is checked for factual accuracy there will be

24 a final version of the report which will have to go

25 through the Trust governance processes. Because myself

69

1 investigators or people who are conducting the review.

2 I believe they have interviewed a number of staff within

3 EPUT in order to gain their experience and understanding

4 of how the system works.

5 **Q.** Subject to issues such as patient confidentiality, is

6 there information that EPUT is refusing to provide to

7 the independent review?

8 **DR SURESH:** Not that I'm aware of.

9 **MR TRENT:** (The witness shook head).

10 **Q.** In this review are all options on the table, including,

11 for example, the option 1 we just saw, to pause or stop

12 the use of Oxevision at EPUT completely?

13 **DR SURESH:** It does. The review has full independence to

14 come up with the recommendations as they see fit, based

15 on the evidence and assessment of the system that they

16 gather through their investigation process.

17 **Q.** And it will then be for EPUT to decide whether or not to

18 accept the recommendations?

19 **DR SURESH:** I think that is how the governance process

20 works. But we would really consider the recommendations

21 seriously, and of course we may have, Chair, from

22 yourself, some interim recommendations as well by then.

23 All of those will inform our decision going forward.

24 **Q.** Thank you.

25 Can I turn to a related matter, please. When

71

1 and the Chief Nursing Officer commissioned the report,

2 it'll be received by us in the first instance. We will

3 then have to take it to our Executive Team and other

4 forums within the organisation to look at the

5 recommendations, consider them, and decide on the

6 appropriate action.

7 **Q.** Now, you were about to tell us who's conducting the

8 review. It's referred to as an Independent Review.

9 **DR SURESH:** Yes --

10 **Q.** Why is that?

11 **DR SURESH:** It has been conducted by King's Fund and

12 supported by an organisation called NCCMH, the National

13 Collaborating Centre for Mental Health, which is part of

14 the Royal College of Psychiatrists, so it is independent

15 in that sense, but I think it's mainly led by King's

16 Fund supported by NCCMH.

17 **Q.** So you've described in your statement it in this way:

18 "The King's Fund is lead and independent Chair with

19 responsibility for the final report and NCCMH

20 responsible for evidence review and lived experience,

21 engagement and analysis."

22 **DR SURESH:** That is correct.

23 **Q.** And is EPUT feeding information to these two

24 organisations as they request it?

25 **DR SURESH:** It is. The methodology is decided by the

70

1 Mr Trent gave evidence last year he told the Inquiry

2 that EPUT had commissioned Anglia Ruskin University to

3 complete an independent study of a multisite evaluation

4 of the use of vision-based monitoring systems and

5 body-worn cameras in mental health inpatient wards, but

6 that the report had not yet been completed.

7 Now, I think Ms Cozens suggested yesterday that the

8 study is still ongoing, if she was referring to the same

9 study. Is that correct?

10 **MR TRENT:** Yes, that is correct.

11 **Q.** Do you know when that report, when that study will be

12 finalised and reported?

13 **MR TRENT:** So I spoke to Professor Nolan last week to get an

14 update precisely because I anticipated this question.

15 Her work, she's liaising with the director responsible

16 for research at EPUT. So I don't have a direct

17 involvement in that. But she is expecting to extend her

18 study.

19 Now, she was saying to me she hoped that she would

20 be able to conclude and publish next year. She also

21 said to me and she agreed I could say this to you, if

22 she could be of any assistance to the Inquiry she was

23 very happy to do that.

24 **Q.** To what extent does the Independent Review that you've

25 just commissioned actually cover ground that she's meant

72

1 to be covering?

2 **MR TRENT:** I mean, there's clearly matters of overlap.

3 Professor Nolan's work was -- is based on her

4 presentations and I've exhibited one of those before,

5 it's based on surveys of staff and patients. And

6 I think we discussed last year some of the interim

7 findings around that, which, you know, broadly, set

8 concerns around privacy versus potential benefits around

9 safety and with differences in assessment between staff

10 and patients on those.

11 So I think it is covering related ground, but the

12 timing of the two is unlikely to overlap, and, you know,

13 Professor Nolan is the determinant of that research.

14 It's independent and we've heard previously has the full

15 ethics approval and oversight you'd expect of that.

16 **Q.** Will you keep the Inquiry updated as to both the

17 Independent Review and the Nolan review?

18 **DR SURESH:** We will.

19 **MR TRENT:** Yes, of course.

20 **Q.** Can we move on, as I said we would, to the latest

21 version of the SOP. This is Version 13.4; is that

22 correct?

23 **DR SURESH:** That is correct, yeah.

24 **Q.** Again, should my questions be directed at you,

25 Dr Suresh?

73

1 "Activation Requires:

2 "MDT agreement following assessment and care

3 planning ... "

4 I think that encapsulates or picks up on the points

5 that you were making earlier, Dr Suresh; is that

6 correct?

7 **DR SURESH:** That's correct.

8 **Q.** Do we basically see them summarised there?

9 **DR SURESH:** Yeah.

10 **Q.** Opt in with off by default, and also now needs to be

11 addressed at an early stage as part of the care plan?

12 **DR SURESH:** That is correct.

13 **Q.** And agreed with the MDT?

14 **DR SURESH:** Yes.

15 **Q.** Can we just look a little bit more at what is said lower

16 down. So the second bullet point.

17 "Patient discussion to gain informed written

18 consent. This discussion must include explanation of

19 system functionality, limitations and implications to

20 the patient, supported with patient information

21 leaflets. Explanation of how the patient's data is

22 stored and how the patient can gain more information

23 about the system, [for example], Patients should be

24 informed that EPUT has a Standard Operating Procedure

25 ... which is available on request."

75

1 **DR SURESH:** Yeah.

2 **Q.** Now, is this latest iteration of the SOP in part

3 a response to the findings of the ombudsman and the

4 other matters we've just been covering?

5 **DR SURESH:** That's correct.

6 **Q.** Have both the NHS England principles and the GMC

7 Guidance now been taken into account?

8 **DR SURESH:** They have.

9 **Q.** I'd like to look at part of the new SOP with you,

10 please, Dr Suresh.

11 Would you put up EPUT026149 at page 7.

12 Thank you.

13 So this is Operational Guidance for Use. I'd like

14 to just read from part of that, please.

15 **DR SURESH:** Yes.

16 **Q.** "On Admission:

17 "LIO must be in a default OFF status and confirmed

18 as OFF at the point of a patient's admission.

19 "Assessment and personalisation:

20 "LIO is considered if its functionality could assist

21 staffing in delivering the patient's personalised care

22 plan.

23 "The system will not be considered for use if the

24 personalised care plan doesn't indicate an opportunity

25 for its assistance in care delivery.

74

1 And as we can see further points being made,

2 including, at the bottom of the page:

3 "That the patient is assumed to have mental capacity

4 ...

5 And if we go -- thank you -- to the bottom bullet

6 point at the top of the next page:

7 "Where agreed by the patient and applicable, staff

8 must also communicate to relatives, carers and

9 supporters to ensure their clear understanding of the

10 LIO platform."

11 **THE CHAIR:** Could I ask, what do you understand by

12 "limitations of the system"? What should the patient be

13 being told about the limitations?

14 **DR SURESH:** Some patients may have concern that they are --

15 staff are able to see them all the time in clear video,

16 so that's a limitation of the system. But also, that

17 that is not the only way we monitor patients. That

18 there will be in-person checks, as usual, in addition to

19 the monitoring through the system.

20 **THE CHAIR:** So it's your understanding of this that it

21 would, as it were, cover, perhaps, misuse of the system

22 by staff being able to access clear view?

23 **DR SURESH:** It probably does cover, but not very explicitly.

24 **THE CHAIR:** Do you think it should be more explicit in

25 requiring potential misuse to be made apparent to staff?

76

1 **DR SURESH:** I would agree that that would be a concern that  
2 many patients might have and it would be helpful to  
3 cover that aspect of the monitoring.

4 **THE CHAIR:** Thank you.

5 **MR GRIFFIN:** Do you know if it's actually covered at the  
6 moment?

7 **MR TRENT:** So I can add a point here that may be of  
8 assistance. I was at Ardleigh and Gosfield on The Lakes  
9 last week and as part of the implementation plan around  
10 this, colleagues have developed staff prompts to support  
11 staff in having these conversations with patients and  
12 those prompts include making it clear to patients: "This  
13 is how the system should be used by staff and it  
14 shouldn't be used differently than that."

15 So there has been -- this is obviously the official  
16 document but then additional resource is developed for  
17 staff to assist them in those conversations with  
18 patients.

19 **MR GRIFFIN:** Chair, please.

20 **THE CHAIR:** Well, there's a slight difference between saying  
21 to somebody "This is how it should be used, it shouldn't  
22 be used otherwise", and actually pointing out how it  
23 might be used otherwise. Did your prompts suggest that  
24 that might be made explicit to patients?

25 **MR TRENT:** I think they were clear about how it should be

77

1 implementation plan here because these kind of  
2 considerations need to be considered with things put in  
3 place. So the staff prompts was something that, you  
4 know, that wasn't discussed in the Executive Team, but  
5 the project team that did the implementation worked that  
6 through in order to ensure consistent support to staff  
7 to consistently support patients.

8 **Q.** Thank you. Are patients told what will happen to the  
9 data that the system produces and who will have access  
10 to it?

11 **MR TRENT:** So I'm going by the prompts and by the policy and  
12 by some of the materials, including the patient leaflet.  
13 They are given information that's intended to be  
14 accessible and staff are meant to engage with them in  
15 a way that patients can engage with. There's a video as  
16 well, and there's links to the Privacy Notice. Has that  
17 gone to the level of technical detail you'd see in the  
18 DPIA and other documents? No. But I think it is clear  
19 that there is that 24-hour recording and, you know, in  
20 the video, for example, it says, "This may be used to  
21 learn from patient safety incidents".

22 **Q.** Thank you very much for that.

23 I'd like to address a couple of specific points with  
24 you now, please, arising from the new SOP in relation  
25 both to patients with capacity and without capacity.

79

1 used and it shouldn't be it used otherwise. And  
2 I think, you know, this would be common around a number  
3 of things. I don't think they go through any  
4 possible -- potential misuse.

5 **THE CHAIR:** Misuse.

6 **MR TRENT:** And I think, actually, there's lots of potential  
7 misuses of all sorts of things in life and we don't  
8 always set them all out. But the clear implication of  
9 saying, "This is how it should be used properly" is that  
10 you can expect it to be used properly, and we've, as  
11 I've said before, professional standards and oversight  
12 also require staff to use these things properly.

13 **THE CHAIR:** Thank you.

14 **MR GRIFFIN:** Is part of the information provided that the  
15 system, if activated, will be on and recording 24/7?

16 **MR TRENT:** That's in the patient leaflet I talked about  
17 earlier.

18 **Q.** So they'd be expected to read that rather than have  
19 a staff member inform them about it?

20 **MR TRENT:** Oh no, the prompts also say that, yeah.

21 **Q.** So that's now part of the whole package?

22 **MR TRENT:** Yeah, and I think, you know, there's been an  
23 extensive bit of implementation and this goes back to  
24 what Dr Suresh said about the decision at the Executive  
25 Team was that there needed to be a careful

78

1 Just to ensure that I've understood the new stance. May  
2 I start by asking you about what should happen where  
3 a patient is capacitous.

4 **DR SURESH:** Where a patient is assessed to have the  
5 capacity, first of all, that should be documented in the  
6 patient records, and their consent sought for  
7 specifically in this instance, Oxevision monitoring.  
8 And assuming the MDT has determined already that it is  
9 useful to -- it's a useful adjunct to patient care,  
10 depending on what the patient says, that should be  
11 carried out. If the patient chooses not to have it on,  
12 it should remain switched off, and if the patient  
13 chooses to have it on, then it can be turned on.

14 **Q.** The point I suppose I was trying to get to is this: the  
15 final word now for a patient with consent as to whether  
16 the system is switched on is the patient's and not the  
17 MDT's?

18 **DR SURESH:** Yes, that's right. So there is almost like  
19 a 50/50 balance, if I can say. First, the team has to  
20 determine that it is useful for the patient. Only then  
21 is the patient asked about their consent and then the  
22 instruction follows.

23 **Q.** So it may not even get to the patient if the MDT thinks  
24 it wouldn't be a good idea for a particular individual,  
25 they may not even get the option to have it switched on?

80

1 **DR SURESH:** It may not, yes.  
 2 **Q.** Thank you.  
 3 There's -- can we move now to patients without  
 4 capacity.  
 5 **DR SURESH:** Yes.  
 6 **Q.** There is a flowchart or an infographic as it's called in  
 7 the SOP that I haven't found entirely easy to understand  
 8 so I'd like to ask you about this. My understanding,  
 9 though, looking at the infographic and reading the SOP,  
 10 is that if a patient without consent -- without  
 11 capacity, forgive me, does not consent to the use of  
 12 Oxevision, that also is final even though they don't  
 13 have capacity. Have I got that correct?  
 14 **DR SURESH:** If they don't have capacity according to the  
 15 Mental Capacity Act there has to be a best interests  
 16 decision, because the very fact that they may lack  
 17 capacity or they are assessed to lack capacity makes  
 18 their consent not valid, but in spite of a patient being  
 19 assessed as not having capacity, there is still a duty  
 20 of care on the treating team to engage them as far as  
 21 possible in making decisions about their care.  
 22 So there is a legal side of it, and then there is  
 23 the care side of it, if that makes sense.  
 24 **Q.** That does make sense, and I understand the process  
 25 you've just described. But we've seen at another Trust,

81

1 from the report. One is a significant number of wards  
 2 are showing almost no or no vital signs, in other words,  
 3 that indicates that patients have declined consent, and  
 4 that has been put into practice. And the second is that  
 5 where patients have clearly consented, and, you know,  
 6 I saw this in practice at Ardsleigh and Gosfield, the  
 7 number of vital signs attempts have come down  
 8 significantly.  
 9 Now, those are two broad conclusions and they  
 10 haven't been scrutinised so I'm being candid with you  
 11 and providing you with what I know now but it does need  
 12 to be analysed through the Project Board properly.  
 13 **Q.** So we need to take the information with the caveat  
 14 you've just explained?  
 15 **MR TRENT:** Yes.  
 16 **Q.** It is going to be discussed, did you say next week?  
 17 **MR TRENT:** The Project Board is scheduled, the next one, I  
 18 believe, for Wednesday next week.  
 19 **Q.** Would you provide the minutes of that meeting to the  
 20 Inquiry as soon as they are available?  
 21 **MR TRENT:** Yes, of course and we can provide that report as  
 22 well.  
 23 **Q.** Thank you.  
 24 **MR TRENT:** And in that, you know, you can make the  
 25 comparisons I've just described, and indeed, when it

83

1 Leicester, I think, that a patient without capacity who  
 2 refuses consent to the use of Oxevision, their word is  
 3 still final. My understanding from the infographic in  
 4 the SOP, is that that's saying the same thing. I was  
 5 hoping not to have to put it up so maybe what we could  
 6 do is to ask you to look at it over lunch and let me  
 7 know if you disagree with my assessment.  
 8 So, this is appendix 5, infographic to support LIO  
 9 usage on page 19 of the latest SOP.  
 10 **DR SURESH:** I will.  
 11 **Q.** Rather than go through the infographic together now.  
 12 Since EPUT moved to the opt-in model, has the Trust  
 13 collected any data, assessing how many patients do now  
 14 consent to being monitored by Oxevision under the opt-in  
 15 model?  
 16 **MR TRENT:** So we're obviously very early in the  
 17 implementation of that. September was the first full  
 18 month. I have received a report yesterday which was the  
 19 first time it was available, on the overall utilisation,  
 20 but it hasn't been through the Project Board yet to be  
 21 validated and discussed. The Project Board is next  
 22 week.  
 23 At a high level -- and of course, this needs to go  
 24 through that proper governance -- it shows  
 25 a significant -- two significant changes are apparent

82

1 goes to the Project Board, they will consider the  
 2 conclusions more fully from it.  
 3 **Q.** And I think this follows, but finally in relation to the  
 4 SOP, is it right that that is now also subject to the  
 5 ongoing Independent Review and the conclusions reached  
 6 there?  
 7 **DR SURESH:** Yes.  
 8 **MR TRENT:** Yes.  
 9 **Q.** We've mentioned Tendable audits and I'd like to come on,  
 10 please, to ask you about those. Is it right, Mr Trent,  
 11 that I should direct my questions about this to you?  
 12 **MR TRENT:** In the first instance. And if there's anything  
 13 that pertains to clinical matters, I'll defer to  
 14 Dr Suresh.  
 15 **Q.** Thank you. You explain in the main statement, this is  
 16 paragraph 107, that:  
 17 "EPUT uses an electronic clinical audit platform  
 18 called Tendable as a practice quality control monitoring  
 19 mechanism. The audit requires a staff member to review  
 20 a minimum of three patient care plans to determine  
 21 whether the patient's choice regarding Oxevision is  
 22 documented within their care plan, whether the use of  
 23 Oxevision is discussed regularly with the patient, and  
 24 whether the camera's status recorded in the patient  
 25 notes accurately reflects the actual status of the

84

1 system ...

2 "The audit [you say] further requires checking the

3 Oxevision equipment, materials and governance

4 arrangements on the ward, and includes a review of staff

5 understanding of the SOP and Oxevision product training

6 requirements. As part of the audit, the staff member

7 completing it is required to speak to a minimum of three

8 patients on the ward and to ask specific questions and

9 to provide assurance that the SOP is being followed in

10 practice ... Results of the audits are reviewed by ward

11 managers [you say] and matrons to make sure practice is

12 in line with the SOP, or take any necessary actions to

13 improve practice as required."

14 Now, is that all still accurate?

15 **MR TRENT:** Yes.

16 **Q.** You've provided a number of audits to the Inquiry dating

17 from the period October to December 2024?

18 **MR TRENT:** (The witness nodded).

19 **Q.** They relate to five wards. How often are the audits

20 conducted?

21 **MR TRENT:** So, I think this has changed over time, but in

22 our statement we refer to those being every two weeks.

23 **Q.** Yes.

24 **MR TRENT:** And when I referred earlier to management actions

25 in response to the TIAA internal audit one of the things

85

1 **MR TRENT:** It's the overall score and it's effectively

2 adding up -- and I've seen this document in full -- all

3 aspects of this particular audit report are reported as

4 compliant and therefore it's showing 100%.

5 **Q.** So is 100% the maximum score indicating there's

6 a positive result?

7 **MR TRENT:** Yes, that would be a positive result based on --

8 for that particular audit, yeah.

9 **Q.** For that audit, thank you.

10 Do we see also -- this just under the "100%":

11 "Patients are aware of Oxevision and their consents

12 are taken before use in their rooms. Staffs are

13 competent with Oxevision and can use the tablets for

14 documentation of observations."

15 Now, is that a sort of overall summary from the

16 staff member completing the form?

17 **MR TRENT:** I think that's about the purpose of this audit

18 here.

19 **Q.** So who would have included the text I've just read out?

20 **MR TRENT:** I'd need to check that against another one. I'll

21 have to come back to you, I'm afraid.

22 **Q.** Understood.

23 **MR TRENT:** I mean, I do believe that's the purpose of the

24 audit, but we'll need to check it.

25 **Q.** Would you check over lunch and if there's any change to

87

1 there was the development of additional audits and also

2 that bi-weekly requirement on the audits, and the

3 reporting around it.

4 **Q.** But at the time, so we're looking at some -- I'll look

5 at an example with you in a moment from 2024, at that

6 time would it have been two-weekly?

7 **MR TRENT:** I'm not sure, from memory.

8 **Q.** Understood.

9 **MR TRENT:** I'd need to refer back to the statement to be

10 precise. Apologies.

11 **Q.** Would you put up EPUT024186 and show the full page.

12 So, this is the Tendable audit report for

13 Grangewaters Ward from 18 October 2024, and we can see

14 that's at the top, can't we?

15 **MR TRENT:** Yes.

16 **Q.** This one has been conducted by a staff nurse, we can

17 see, and we see near the top of the first page, "100%".

18 What does the 100% there indicate?

19 **MR TRENT:** So, you see in the bottom left corner of this

20 document -- the first page of this document it says,

21 "1/6", so that indicates there's six pages of this audit

22 report, and it has a number of sections with specific

23 questions, and the "100%" there is essentially a summary

24 of the answers to the questions below.

25 **Q.** It's the overall score?

86

1 your answer would you let me know?

2 **MR TRENT:** Of course, of course.

3 **Q.** Thank you. We can see at the bottom of the page "3", a

4 box numbered 3 which relates to consent, and again we

5 can see that the score in relation to consent is 100%;

6 correct?

7 **MR TRENT:** Yes, and down there to the left it's saying 1, 2,

8 3, so those are the individual patients. It says, "Is

9 there evidence the patients/carers have been informed of

10 the use of Oxevision?" And it is documented. So this

11 is showing that that staff member has spoken to three

12 different patients and in each case they've said, "Yes,

13 there is evidence of that", and that's why that section

14 is then showing 100%.

15 **Q.** I see. So 1, 2 and 3 is patients 1, 2 and 3?

16 **MR TRENT:** That's right, and, you know, 3 out of 3, is

17 therefore 100% in that section.

18 **Q.** Would you put up the whole of the next page, please.

19 And again, on this page do we see a lot of 100%s and

20 green yeses?

21 **MR TRENT:** Yes, that's right, and so that reflects that that

22 staff member has reported that they have gone through

23 each of those questions and recorded the individual

24 assessment of each of those.

25 **Q.** Can we see, for example, in the middle of the page, "Is

88

1 there evidence that the use of Oxevision is discussed  
 2 with patients/carers during their regular MDT review,  
 3 ideally on a weekly basis or when there is significant  
 4 change in presentation?"  
 5 Then we see "Yes, yes, yes," and "100%", correct?  
 6 **MR TRENT:** That's correct.  
 7 **Q.** Could you put up the whole of the next page, please.  
 8 Again, lots of yeses and 100%s, correct?  
 9 **MR TRENT:** That's right.  
 10 **Q.** Would you put up the whole of the next page, please,  
 11 page 4. A lot of 100%s and green yeses, again, correct?  
 12 **MR TRENT:** That's right.  
 13 **Q.** Do we see, for example, four questions down "Can you  
 14 explain Oxevision to me as you would to a patient/carer  
 15 upon admission?"  
 16 "Yes, yes, 100%", yes?  
 17 **MR TRENT:** Yes, this here, this is now in the staff section.  
 18 So this nurse has spoken to two of her colleagues, or  
 19 his colleagues, or their colleagues, and has said, "Can  
 20 you explain Oxevision to me?" And they've been  
 21 satisfied that the answer is appropriate and in line --  
 22 or with reference to the operating procedure.  
 23 **Q.** Can we go over the page, please. Do we see at the  
 24 top -- so again, I think this may still be within the  
 25 staff side of questioning -- "Can you" -- I think that

89

1 **Q.** But isn't that the problem? Now I understand your point  
 2 that we can't be entirely sure exactly what was said,  
 3 but this is an audit that's given or returned 100%  
 4 score. Would you accept there's a possibility that the  
 5 100% actually isn't appropriate?  
 6 **MR TRENT:** From what's there it hasn't provided that further  
 7 specific written evidence. However, I would put some  
 8 weight on the fact that the staff nurse has done this  
 9 with their -- all of the professional expectations upon  
 10 them and they would be expected to do this properly.  
 11 So, you know, I do put some weight on the fact they've  
 12 given that 100%, but I accept your point.  
 13 **Q.** The point which I'm going to ask you a little about more  
 14 about in a moment is that this form, and indeed, as we  
 15 see, most of the others, return a very rosy picture of  
 16 compliance across the wards considered during this time.  
 17 And I'm going to come on to ask you how accurate you  
 18 think that actually is, so that's where we're going with  
 19 this.  
 20 Shall we look at the last page just so we've seen  
 21 the whole of the form. So there's no feedback. Was  
 22 that possibly -- because there's three boxes there,  
 23 would that possibly be from patients?  
 24 **MR TRENT:** I would think so, yeah.  
 25 **Q.** Thank you.

91

1 must be "Can you tell me in what circumstances would you  
 2 be required to request CVD footage?" That's the Clear  
 3 Video Data footage, isn't it?  
 4 **MR TRENT:** That's correct.  
 5 **Q.** "And also explain to me how you request CVD footage."  
 6 Correct?  
 7 **MR TRENT:** Yes.  
 8 **Q.** So there's two questions there and it looks like both  
 9 staff members have answered similarly: when there is an  
 10 incident, and when an incident occurred, correct?  
 11 **MR TRENT:** Yes.  
 12 **Q.** But they don't explain how you request CVD footage, do  
 13 they?  
 14 **MR TRENT:** No. No, they don't. I mean, it's only a short  
 15 summary of what's been said so I can't say more than  
 16 what's written there.  
 17 **Q.** Understood. Subject to that caveat, it looks as if  
 18 they've answered half of the question.  
 19 **MR TRENT:** Well, I don't know because the process for  
 20 requesting the CVD is documented, so it's in the process  
 21 for responding to an incident so they may have said  
 22 it's -- you know, I'd use the document, they may not.  
 23 I agree, there's only a limited answer there. The  
 24 person who's conducted this audit has nonetheless  
 25 considered that to be complete. So --

90

1 Would you take that down.  
 2 In fact, you have helpfully provided 25 audit  
 3 reports to us, and if you look at them all, 18 returned  
 4 100% results, six returned results between 90 and 95%  
 5 and one returned a result showing 83%.  
 6 Do you have any views about how accurate you think  
 7 those returns are as against the actual level of  
 8 compliance on the wards at this time?  
 9 **MR TRENT:** I think, you know, audit is a method of assurance  
 10 and these clinical audits are a method of assurance.  
 11 They're not the only method of assurance the Trust  
 12 relies on. There's the reviews of data and, you know,  
 13 we've talked already about independent audit and other  
 14 things like that, Quality and Safety meetings. There  
 15 will be supervision and oversight from Matrons reviewing  
 16 this. So I do expect our staff -- and I'm sure  
 17 Dr Suresh would comment if he thinks differently -- to  
 18 use their professional judgement, to work in  
 19 a professional manner and follow our policies and  
 20 procedures and to report their audits correctly.  
 21 So on face value, I would take an audit result as  
 22 meaningful.  
 23 **Q.** These audits cover October to December 2024, they  
 24 include, as we've seen, consent. Don't we know, from  
 25 the other sources we've been discussing today, that

92

1 there were real issues with consent? Do you agree with  
2 that?

3 **MR TRENT:** I do, but, you know, as I said earlier, in 2024,  
4 we're prior to the 2025 guidelines. The latest  
5 guidelines published are on a national basis and there  
6 is also the letter. The Nurse Directors and staff here  
7 are having regard to our SOP. So we may say now that  
8 the SOP should have been different but colleagues here  
9 are auditing against the SOP at the time, they're not  
10 auditing against a different standard.

11 **Q.** So we've looked at documentation including, for example,  
12 the PHSO report and the CQC investigations, which have  
13 suggested that the approach to consent at EPUT was  
14 wanting, and we've traced through a number of years a  
15 number of different investigations or reports that have  
16 led to a high degree of doubt, I would suggest, at EPUT,  
17 as to compliance with appropriate consent processes.

18 Now, do you agree with all of what I've just said?

19 **MR TRENT:** Yes, we have gone through those things, and --

20 **Q.** If you pause there, I'll give you an opportunity to say  
21 what you need to say --

22 **MR TRENT:** Okay.

23 **Q.** -- but I just want to follow this through with you,  
24 please. So at the same time as we have processes  
25 identifying real concerns with the approach to consent,

93

1 first point of review and they need to be triangulated,  
2 and where there are other areas that may differ from  
3 that, or provide different insights, then those need to  
4 be understood and, you know, there needs to be work and  
5 our Matrons do do this with our staff nurses, to make  
6 sure they know how to audit properly and to work with  
7 them on that.

8 **THE CHAIR:** Before you come back, Dr Suresh, the  
9 triangulation that you have referred to so far that  
10 we've been taken through includes that internal audit,  
11 the TIAA audit, which I know was at a later stage, it  
12 was at a later stage, but that was finding that poor  
13 record-keeping and a lack of engagement with the  
14 Tendable audit. I think that it would be reasonable,  
15 wouldn't it, to suggest -- I'm not saying it's  
16 necessarily the case, but it would be reasonable to  
17 suggest -- that perhaps audits which show 100%  
18 compliance with the process, including record-keeping,  
19 might have been perhaps done with a view to trying to  
20 have a 100% compliance. It doesn't quite fit, does it,  
21 with what we know about later reviews of process?

22 **MR TRENT:** I think, as you say, you know, the tier reports  
23 challenge this because they say that when you do  
24 a different audit, we're seeing some different results.

25 **THE CHAIR:** Yes.

95

1 we have these Tendable audits returning 100% scores,  
2 including in relation to consent. So my question is,  
3 how accurate or how much weight do you think should have  
4 been attached to these Tendable audits or should be  
5 attached to them now?

6 **DR SURESH:** May I come in?

7 **Q.** Yes.

8 **DR SURESH:** As well?

9 **MR TRENT:** May I say one last point and then hand over to  
10 you?

11 As I said a moment ago, audits are only ever one  
12 point of evidence and they need to be triangulated and  
13 considered with other things. You know, the findings of  
14 the PHSO are found later but they do relate to time  
15 before this, I agree with that. You've highlighted  
16 yourself that not all of these audits are showing full  
17 compliance, and we have accountability meetings and  
18 other methods of oversight.

19 I mean, I start from a fundamental position that I  
20 expect our staff to come into work, to do a good job, to  
21 be good professionals, to follow their Codes of Practice  
22 as applicable, and when they are undertaking an exercise  
23 like this, to do it in good faith against the documents  
24 available at the time. So I start from a position of  
25 saying: those audits need to be given validity at the

94

1 **MR TRENT:** Now, that may be because the staff didn't  
2 properly understand something. You know, I don't --

3 **THE CHAIR:** I'm not attributing it necessarily to malice or  
4 ill intent, but it does, doesn't it, demonstrate that  
5 it's not wholly reliable?

6 **MR TRENT:** Well, they're different data points and they're  
7 in conflict and so that requires a further investigation  
8 to understand why they're in conflict. And there are  
9 different possible reasons for it. And I think, you  
10 know, that's really driving the Rapid Review decision to  
11 say: look -- and, you know, we've done two re-audits,  
12 our management actions haven't seen an improvement, we  
13 need to look at this again and we need to make further  
14 changes.

15 And I think, you know, you're right, they are in  
16 tension with each other. Certainly, Chair. Thank you.

17 **THE CHAIR:** Thank you.

18 **DR SURESH:** Can I just come in? I wanted to make a couple  
19 of points around audits in general, not just this one.  
20 One is they're ever a snapshot in time, for example if  
21 you conducted an audit the next day on the same ward,  
22 because you may speak to different staff, you might get  
23 a different answer. So audits -- the other problem with  
24 audits again, generally speaking, is that they are  
25 sometimes a checking of whether something was documented

96

1 rather than something was done. Most of the time it's  
2 easier to audit whether something was documented, and  
3 I see lots of audits done by medical trainees as part of  
4 their career development, and they can only audit  
5 whether something was documented.

6 And the general understanding in the NHS is that if  
7 something wasn't documented it wasn't done. That is how  
8 certainly the coroners and other people view it. So  
9 unless it is documented.

10 So I suppose the point I'm trying to make is that  
11 there is a difference in the quality of audit if we are  
12 documenting -- if we're auditing just the documentation,  
13 versus really going into the quality of that audit,  
14 which requires a much more narrative and a much more  
15 time and much more detailed evaluation of whether  
16 something was done well.

17 So the question is whether it was done at all and  
18 whether it was done well. The first one is easier to  
19 audit, the second one rather more difficult.

20 Sorry, I'll just say one more sentence. The purpose  
21 of audits is also to pick up patterns rather than acting  
22 on one individual piece of audit, if you like, because  
23 we always have to confirm, once we have audited  
24 something and found something either really good or  
25 really poor, that has to be confirmed by further

97

1 platform for audit. There may be others available, as  
2 well. But, like I said, most of the audits check  
3 whether something was done or not, generally speaking  
4 again, rather than how well it was done, if that makes  
5 sense. That is going to be a much more involved and  
6 much more elaborate, extensive piece of work.

7 **Q.** Understood. Thank you very much for that.

8 We've been told that there were over 1,400 incidents  
9 between 1 April 2020 and 18 March 2025 in which  
10 Oxevision alerted staff to an incident. Mr Trent, you  
11 cover this in your first statement at paragraph 62.

12 Now we've just been talking about ticking boxes and  
13 so on. Is it correct that the data was collected by use  
14 of a tick box on the Datix form stating:

15 "Did the Oxevision system play a role in alerting  
16 staff to the incident?"

17 **MR TRENT:** Yes, and it's helpful to go to that paragraph,  
18 thank you, because it shows the table, which is  
19 completely transparent. The first column is "Did they  
20 tick the box?", and the second column is "Is Oxevision  
21 referred to in the written narrative describing the  
22 incident?"

23 So, you know, that's the specific evidence about the  
24 cases. And we heard from Mr Trimble yesterday about  
25 some of the things that those narratives have described.

99

1 evaluations which is going back to the triangulation  
2 piece that Mr Trent talked about.

3 Thank you.

4 **MR GRIFFIN:** Just on the points that you've made, Dr Suresh,  
5 and thank you very much for them, we -- the audits that  
6 we've received are for a period from October to  
7 December, and there's 25 of them and they're very  
8 consistent in their -- in the responses. So whilst that  
9 may still be a snapshot of part of a year, it is a  
10 number of different audits across different wards over  
11 two or three months so would you accept it's not a tiny  
12 snapshot?

13 **DR SURESH:** It's not no.

14 **MR TRENT:** Yes.

15 **Q.** Also, you've helpfully outlined the scope of what audits  
16 might cover to something very definitive that you can  
17 tick a box about to the much more interactive type of  
18 audit at the other end of the scale, if I've understood  
19 you correctly?

20 **DR SURESH:** That's right.

21 **Q.** Would you agree that these Tendable audits sort of fall  
22 somewhere between the two extremes, because there's some  
23 tick-boxing going on, but there's also having to talk to  
24 patients and staff members and record what they've said?

25 **DR SURESH:** That is correct. I think Tendable is one

98

1 **Q.** So just dealing what you've addressed, please, if we  
2 look at the box, I'm not going to put it up on the  
3 screen, but we can see that staff reported "yes" to the  
4 question I've just set out 1,453 times, but that  
5 diminishes by over half, doesn't it, to where Oxevision  
6 is actually referred to in the written narrative  
7 describing the incident?

8 **MR TRENT:** Yes, that's right.

9 **Q.** I just want to try to get a handle on the significance  
10 of the information that you've put forward here, because  
11 just following on from the type of question we've been  
12 dealing with, how much information does that actually  
13 provide you that allows you or indeed anyone else to  
14 understand to what extent Oxevision has really been  
15 involved in identifying, for example, an incident of  
16 self-harm?

17 **MR TRENT:** So, you know, the evidence base is clearly  
18 stronger on the cases with the narrative. I don't have  
19 any dispute around that. And, you know, Mr Trimble  
20 spoke about some of those and they describe in detail  
21 specific incidents and how the system has been used in  
22 those contexts.

23 Again, you know, coming back to our staff, we expect  
24 them to record things accurately. It may -- you know,  
25 the system -- they shouldn't tick that box unless it has

100

1 been involved. So it tells us something, depending on  
2 the nature of the incident, what the -- the record  
3 that's recorded will be proportionate to what the  
4 incident is, and I can't say whether that means that  
5 these incidents, the system was of limited value or not,  
6 but the reason this is here and we've differentiated it  
7 in the table is because the Project Board has had  
8 oversight of this and the Project Board have said, "It's  
9 not enough just to tell me there's a tick box. I want  
10 to understand the substance of what's going on here."

11 **Q.** May I ask you a question, I may have asked you something  
12 similar last year. Do you think you may afford too much  
13 weight to staff getting it right when they complete  
14 documents?

15 **MR TRENT:** Sorry, I'm not sure I understand that.

16 **Q.** You've been saying, I think a couple of times now, that  
17 you would expect staff to do things right, for example  
18 when we looked at the Tendable audit and now when we  
19 talk about ticking the box about "Did the Oxevision  
20 system play a role in alerting staff to the incident?"

21 My question was more general, though. I'm just  
22 wondering whether you might assume that staff always get  
23 it right when they complete these kinds of audits or  
24 complete these kinds of returns?

25 **MR TRENT:** We know that our staff don't always get it right  
101

1 if that makes sense. Because as we are seeing, Datix  
2 is -- asks us quite a lot of questions when reporting an  
3 incident, and unless a particular field is mandatory or  
4 asterisked, staff might go past that without necessarily  
5 completing it fully.

6 **Q.** So are you effectively saying we need to be aware of the  
7 various different things staff have to do on a ward at  
8 any given time --

9 **DR SURESH:** -- (overspeaking) --

10 **Q.** -- and filling out a form has to be considered in that  
11 context?

12 **DR SURESH:** That is correct, yes.

13 **Q.** Thank you.

14 Mr Trent, I'd like to turn to an issue that we  
15 flagged before and I said I would return to, and that's  
16 the issue of the use of new technology in hospital  
17 Trusts and the linked issue of the availability of  
18 guidance about it. Do you remember we talked about  
19 this --

20 **MR TRENT:** Yeah.

21 **Q.** -- this morning? And you started to address it. You  
22 mention in your main statement at paragraph 69 that:

23 "Consistent with NHS England's general encouragement  
24 to use technology to support the provision of safe and  
25 compassionate care, EPUT had been seeking to identify

103

1 and we know that that has had tragic consequences in the  
2 past. And those consequences and outcomes are clearly  
3 documented in coroners' findings. So I would not  
4 suggest our staff get things right every time.

5 My point, more, was that we, like other NHS Trusts,  
6 expect our staff to work professionally according to the  
7 policies and procedures of our organisation and  
8 according to the training and support they've had and  
9 the supervision that they've had. So I would not expect  
10 a staff member to tick a box on a medical record, and  
11 whether it's a tick box or a written statement, it has  
12 the same, you know, requirements around it: to be honest  
13 and to exercise professional judgement. So I would not  
14 expect staff to routinely check a box if it wasn't the  
15 case. In fact, that would be something that their  
16 supervisor would take up with them if they were doing  
17 that wrongly. You know, that's the kind of thing that  
18 we're clear with our staff: when you record a -- these  
19 are medical records, you need to record them accurately  
20 and we have policies that are very clear about that.

21 **Q.** Thank you.

22 **DR SURESH:** May I add something more to that, just one  
23 thing. It is more likely that staff, because they may  
24 be so busy caring for so many patients on the ward, that  
25 is a more likely scenario rather than getting it wrong,

102

1 innovative solutions to the challenges associated with  
2 self-harm incidents and high levels of observations in  
3 order to improve safety and quality of care."

4 You add later in the same statement that one of the  
5 CQC's strategic priorities is to encourage innovations  
6 in technology as a driver of improvements in the quality  
7 of care.

8 And we touched on this when you gave evidence last  
9 year. And of course, we now have the 10-Year Plan for  
10 the NHS in England which, as I understand it, again  
11 talks about a move from analogue to digital and so on.

12 Would you explain whether, or how, encouragement  
13 from organisations such as NHS England and the CQC  
14 influences hospital Trusts such as EPUT to consider and  
15 take up new technology?

16 **MR TRENT:** So, I mean, we have regard to key publications.  
17 You've referenced the 10-Year Plan. Every NHS Trust  
18 Board will have regard to that. It's a clear national  
19 document, it's endorsed by the Government, we're  
20 a public-funded organisations, we are expected to have  
21 regard to these things.

22 Both the CQC from a quality perspective and NHS  
23 England through its functions as monitor and NHS  
24 improvement through the provider licence regulate us as  
25 Trusts, so of course we have regard to what they say.

104

1 And, you know, the practice of the NHS, as well, is that  
2 we work closely with both of these organisations, as  
3 you'd expect us to. And we respect both their expertise  
4 and the fact that they have a different vantage point  
5 than we do. And, you know, the structure of the NHS  
6 reflects this. So we will work closely with our  
7 regional team for NHS England and the East of England.

8 **THE CHAIR:** Can I just ask you to slow down just a bit.

9 **MR TRENT:** I'm so sorry, Chair.

10 We will work with both the regional team of NHS  
11 England and the national team and they will work  
12 together and so on.

13 So I hope I've answered your question, but there are  
14 a number of reasons that we work with, and have regard  
15 to, both of those organisations, and of course, other  
16 national bodies, as well.

17 **MR GRIFFIN:** May I ask you two questions arising from that  
18 and just to pick up on what the Chair has said, we'll  
19 both moderate our pace, if that's all right.

20 So, the first of the questions I want to ask you is  
21 this: do you perceive there to be a pressure on Trusts  
22 such as EPUT to explore new technology?

23 **MR TRENT:** I wouldn't say a pressure. You know, we're  
24 clear, as a Trust Board, we're accountable for our  
25 services, and we have to make decisions that are right

105

1 how much weight would that have with your organisation?  
2 **MR TRENT:** A significant weight. So, you know, we, through  
3 the Provider Oversight Framework, we meet regularly with  
4 NHS England and discuss a wide range of aspects on the  
5 Trust's performance, on quality and operational matters,  
6 and so on. And NHS England would, you know, has and  
7 does, raise issues with us through those meetings and,  
8 you know, we would take those away and address them.

9 And I think, you know, the assessment that  
10 Mr Harry's team made recently about compliance with the  
11 2025 guidelines, I think that's a really helpful  
12 exercise and that kind of feedback from NHS England --  
13 I mean, I appreciate now that they've referred that to  
14 the CQC for those 10 Trusts -- that's helpful to Trusts,  
15 to have that independent assessment to say, you know,  
16 "Here's a matter that we're concerned about and we'll  
17 actually work with you to assess it and give it  
18 a different vantage point."

19 And they do provide constructive challenge on all  
20 number of things and I've seen that. I have worked at  
21 NHS England previously, by the way, I think you'll be  
22 aware of that. So I've seen that from both sides.

23 **THE CHAIR:** Do you feel accountable to them?

24 **MR TRENT:** Of course there's an accountability there.

25 I think that's built into what Mr Harry describes as the

107

1 and proper with regard to our Trust and that includes  
2 our procurement decisions and everything else. So  
3 I wouldn't say pressure. I don't think that's fair.

4 I think, you know, there's been work done at  
5 a national level that's identified that technology can  
6 have benefits in healthcare as a broad conclusion, and  
7 Trusts in, being asked to implement the likes of the  
8 10-Year Plan are expected then to look at the specific  
9 deployments or opportunities in that space.

10 And I know that, you know, despite noting it as  
11 outstanding practice at the time, CQC didn't formally  
12 endorse any particular products; they just said, "We've  
13 seen an outstanding practice."

14 **Q.** I'll come on to that a little later --

15 **MR TRENT:** And, you know, we have -- and those are things we  
16 have regard to because, you know, we have confidence and  
17 respect for those institutions. So when they say  
18 something like that, we have regard to it. It doesn't  
19 force us to do one thing or another. And it doesn't  
20 pressure us to do one thing or another. But we do have  
21 regard to it.

22 **THE CHAIR:** If, either regionally or nationally, the NHS or  
23 CQC or any other national body approached you and  
24 expressed displeasure at the way you had seized the  
25 deployment or opportunities that you're talking about,

106

1 ecosystem or the system of the NHS, and they are our  
2 regulator from the perspective of the provider licence.  
3 You know, CQC regulates on quality but that provider  
4 licence, NHS England has significant powers. It can  
5 remove directors of the Board and so on and so forth.  
6 So there is an accountability there.

7 **DR SURESH:** May I add one more point?

8 **MR GRIFFIN:** Please do.

9 **DR SURESH:** I think, you know, technology we know is  
10 advancing very fast. I think Dr Denman touched upon it  
11 as well in her recommendations. But in mental health  
12 care new technologies come not very often compared to,  
13 say, general medicine or health care. So, whilst we  
14 should embrace technology, something as significant as,  
15 say, Oxevision for instance, which makes, you know --  
16 which has a lot of aspects to it like consent and  
17 privacy, dignity, human rights, et cetera, I think my  
18 own view is that there should be an evaluation of such  
19 technology at a higher level than the providers, because  
20 if left to individual providers, we can go off in  
21 different directions, as we have seen with Oxevision,  
22 many Trusts have adopted different practices and  
23 different approaches to something like this.

24 So, in terms of adopting technology, I think there  
25 should be a process before the technology is put to

108

1 wider use within the NHS. It has to be evaluated, and  
2 I, you know, often think of the model of the National  
3 Institute of Health and Care Excellence, NICE, on this.  
4 When a new drug comes to the market, they look at it  
5 from two points of view. Number 1, does it work?

6 Does it do what it says? And number 2, whether it is  
7 deployable across the NHS in terms of cost  
8 effectiveness, ease of use, and also added value to  
9 patient care?

10 I think that would be a very good model to apply for  
11 new technologies coming in as well, so that providers  
12 have some kind of a guidance or direction, and that not  
13 only brings consistency across the NHS, but also  
14 prevents potential safety gaps, as well, because if  
15 there is unacceptable variation in practice in different  
16 parts of the country, that is likely to create gaps one  
17 way or another.

18 **Q.** I think you've anticipated my second question, which was  
19 whether, or whether you consider that the Trust is  
20 sufficiently supported to explore innovation and make  
21 use of technology. But does the -- effectively, it's  
22 a recommendation you're making, does that anticipate my  
23 question and address it?

24 **DR SURESH:** It does. I mean, Trusts by themselves,  
25 different Trusts have different research capabilities.

109

1 correctly, what you're suggesting is a little bit  
2 different. And that is once a new technology has  
3 evolved, that it specifically would be considered by  
4 some body, that's more of a national body than an  
5 individual provider, before that provider has to decide  
6 whether to procure and implement it?

7 **DR SURESH:** That would be very helpful.

8 **Q.** Have I summarised what you're suggesting correctly?

9 **DR SURESH:** Yes, you have, you have.

10 **MR GRIFFIN:** Okay.

11 Chair, we've been going for a little while since the  
12 break. May I suggest that we pause now, and come back  
13 in an hour at 1.50 rather than 2.00.

14 **THE CHAIR:** 1.50.

15 **(12.52 pm)**

**(The Short Adjournment)**

17 **(1.50 pm)**

18 **THE CHAIR:** Mr Griffin.

19 **MR GRIFFIN:** Chair.

20 Dr Suresh, Mr Trent, can we remember, all three of  
21 us, to keep a reasonable pace as we speak for this  
22 afternoon's session. Our stenographer has been doing  
23 a sterling job across a number of hearings but we should  
24 do our bit not to make it too difficult.

25 There were two pieces of homework that you heard

111

1 I mean, I head research within EPUT, and although we are  
2 a research-active organisation, we are not as big on  
3 research as, say, Oxford or Cambridge, for instance,  
4 which have very well-established departments for  
5 clinical research.

6 So I think that initial evaluation of technology  
7 should come from a reputed national institution, in my  
8 view, because providers have different capabilities for  
9 research. But certainly, something like Oxevision, with  
10 all its implications, it's not something we could do  
11 a research on. I think there was a lot of discussion  
12 around randomised control trials on Monday, I think, and  
13 the value and benefits of that.

14 **Q.** And indeed yesterday?

15 **DR SURESH:** Yes. And that would be very challenging to  
16 conduct within a provider organisation, because not only  
17 do we not have the infrastructure, but also, the staff  
18 expertise, and of course, the funding required for that.  
19 So that should probably sit at a level higher than  
20 providers.

21 **Q.** May I just make sure I've understood what you're  
22 suggesting, and because we heard yesterday from  
23 Ms Cozens about a recommendation that LIO were making  
24 for a national framework for consideration of new  
25 technologies of this type, if I've understood you

110

1 over the lunch break. Can we deal with those before we  
2 move on to discuss other matters?

3 **DR SURESH:** Yes.

4 **Q.** First of all, the question that I'd asked, or the  
5 suggestion that I'd put, was that under the most recent  
6 SOP, if a patient without capacity refused consent for  
7 the use of Oxevision, I suggested that was it, they'd  
8 have the final word, even though they didn't have  
9 capacity.

10 Quite correctly, Dr Suresh, you referred to the  
11 position under the Mental Capacity Act and best interest  
12 decisions but you were going to have look at the  
13 infographic at appendix 5 to the SOP, and let me know  
14 whether you agreed with my assessment of what that  
15 actually shows.

16 **DR SURESH:** I had a look at it over the lunchtime. It's not  
17 the easiest infographic to navigate your way through.  
18 But what it essentially says is that if a patient lacks  
19 capacity, then it should trigger a best interests  
20 process, which is under the LIO active state in the  
21 middle bit, and then once the best interest decision has  
22 been made, that should be followed. It shouldn't  
23 automatically trigger an "off" state, because by the  
24 fact that the patient lacks capacity, we are then saying  
25 they may not have the ability to make a decision that,

112

1 you know, in their best interests, if that makes sense.  
 2 That is then devolved to other people, including the  
 3 MDT, of course, in consultation with the family, or an  
 4 advocate if the patient is unbefriended, and together  
 5 they come to a consensus and that decision will have to  
 6 be implemented.  
 7 **Q.** May I ask you this: to what extent does the approach to  
 8 a patient without consent, to what extent is it  
 9 different in this latest SOP compared with the earlier  
 10 SOPs?  
 11 **DR SURESH:** I think it makes it more explicit that you have  
 12 to follow the Mental Capacity Act processes when someone  
 13 lacks capacity, and that then reminds staff to consult  
 14 other people, including patients' own past wishes if  
 15 they had been able to express it at some point in the  
 16 past when they might have had capacity and, of course,  
 17 taking the views of the family into consideration, given  
 18 that families often know the patients a lot better, and  
 19 would have known what the patient would have decided,  
 20 had they had capacity at that point in time.  
 21 That would be really important to take into the  
 22 decision-making process and, of course, again, the  
 23 clinical team would have already decided whether it was  
 24 useful for the patient or not because that is the first  
 25 step of our process.

113

1 So, moving now back to the questions from this  
 2 morning, I was asking you about encouragement to use  
 3 technology and Mr Trent you referred in particular to  
 4 NHS England and CQC. Can we just continue with that?

5 **MR TRENT:** Of course.

6 **Q.** You referred to a CQC Digital Care Assistant case study,  
 7 and the results of that. May I just raise something  
 8 with you now.

9 So, this was the publication by the CQC, studies of  
 10 innovative developments which use technology to deliver  
 11 care differently and more efficiently, and it was an  
 12 aspect of that, the Digital Care Assistant was one of  
 13 the CQC's published case studies, following a  
 14 December 2018 inspection at Coventry and Warwickshire  
 15 Partnership NHS Trust, and the CQC noted the use of the  
 16 Digital Care Assistant for monitoring movement and vital  
 17 signs in patients' bedrooms as outstanding practice  
 18 resulting in reduction of falls.

19 Now, was that what you were referring to earlier?

20 **MR TRENT:** That's right, and you can see that in some of the  
 21 minutes and the papers, that's referred to by EPUT at  
 22 the time. So I'm not making a speculative link; that  
 23 was referenced by the Trust at the time.

24 **Q.** I think you add in the statement that this was amongst  
 25 the information that led EPUT to conduct a trial of the

115

1 **Q.** So would it be right to say that there is a different  
 2 emphasis in the later SOP --

3 **DR SURESH:** That is correct.

4 **Q.** -- when it comes to patients without capacity?

5 **DR SURESH:** Yes, that is correct.

6 **Q.** Was there anything you would like to add to that,  
 7 Mr Trent?

8 **MR TRENT:** Only, I suppose, the obvious point that in this  
 9 SOP now, it's default "off", so while that process is  
 10 going on, the system is not on and obviously that's  
 11 a material change to previously when, while that process  
 12 was going on, the system would have still been on.

13 **Q.** Thank you.

14 The other matter that I put back from this morning  
 15 related to the Tendable audit that we looked at, and on  
 16 the first page there was a yellow text box and the  
 17 question was where that text would have come from. I'd  
 18 suggested the staff member completing the form would  
 19 have entered the text, and Mr Trent, you wondered  
 20 whether it was actually an aspect of the form itself.

21 **MR TRENT:** And you were correct, that was entered by  
 22 a member of staff and you can see that when you look  
 23 across a number of the different exhibited Tendable  
 24 audits where staff have put different comments.

25 **Q.** Thank you very much.

114

1 system?

2 **MR TRENT:** Yes, and it wasn't on its own determinative but  
 3 it was a piece of evidence at the time that was  
 4 available that the Trust had regard to.

5 **Q.** It's right now to note that the Inquiry has recently  
 6 received evidence from Craig Howarth, a Deputy Director  
 7 of Operations for Mental Health in the north region for  
 8 the CQC, which addresses this case study.

9 **MR TRENT:** Yes, and I've read his statement.

10 **Q.** He's provided two witness statements --

11 **MR TRENT:** I've read both, yes.

12 **Q.** -- from June and September this year which have been  
 13 disclosed and, as you say, Mr Trent, it's helpful that  
 14 you've read them. They have been disclosed to core  
 15 participants and they'll shortly be available through  
 16 the Inquiry's website.

17 And in fact, Chair, tomorrow, my colleague Ms Hyde  
 18 will provide a summary of regulators' evidence we have  
 19 received over and above that which we hear from  
 20 witnesses themselves and this will be included in it.

21 Mr Trent, as you probably now know, Mr Howarth has  
 22 reflected on the process by which the CQC case study  
 23 report was completed. His view now is that, without  
 24 corroboration of some of the matters mentioned in the  
 25 report, he would not agree with the assessment that the

116

1 use of Oxevision represented outstanding practice and  
2 we've accessed the CQC website and we don't see the case  
3 study there anymore.

4 In brief, Mr Howarth appears to be saying that the  
5 Digital Care Assistant case study was not as  
6 evidence-based as it should have been.

7 Now, you've already told us that that wasn't  
8 determinative on its own, and clearly, neither of you  
9 were in position at the Trust right from the start. Are  
10 you able to say to what degree that case study  
11 influenced EPUT, and whether EPUT would have arrived at  
12 similar conclusions to trial this technology if that  
13 case study had not been available and said what it did?

14 **MR TRENT:** I mean, I think it's impossible to be back in  
15 that time and know exactly what weight was given to  
16 every individual reference. Clearly some weight was  
17 given to it because otherwise it wouldn't have been  
18 referenced in the papers and the documents at the time.  
19 And, you know, by flipping that the other way around,  
20 you know, we heard last Monday about the 136 incidents  
21 and the analysis of the Deputy Director of Patient  
22 Safety at NHS England. Well, had that analysis been  
23 shared with the Trust, it would have had regard to it,  
24 but it wasn't at that time.

25 So I think, you know, when you're looking back at  
117

1 **MR TRENT:** They do.

2 **Q.** At the start of your evidence today, we looked at that  
3 SOP poster that showed you could get either a clear view  
4 or a blurred view using the Oxevision system, didn't we?

5 **MR TRENT:** Yes.

6 **Q.** And as I say, one of the facilities is to get an up-to  
7 15 second clear view of the patient in their bedroom;  
8 correct?

9 **MR TRENT:** Yes.

10 **Q.** Is Clear Video Data, the raw video or still footage  
11 captured by automatic operation of Oxevision?

12 **MR TRENT:** Yes.

13 **Q.** The same poster referred to the possibility of accessing  
14 blurred video for up to 15 seconds, as well. Is  
15 anonymised or Blurred Video Data also created during the  
16 automatic running of Oxevision?

17 **MR TRENT:** Yes.

18 **Q.** Is blurring applied to the raw video feed?

19 **MR TRENT:** Well, when the staff are doing the vital signs  
20 no, but I think if you're asking is it processed, yes.

21 **Q.** By operation of the system?

22 **MR TRENT:** Yes.

23 **Q.** Thank you. When we consider data protection, are there  
24 two categories of data or information that are of  
25 particular significance, namely personal data and  
119

1 this with the benefit of hindsight, which is a powerful  
2 benefit, both the things that were available and the  
3 things that weren't available may have influenced the  
4 way the Trust made its decisions but it's really very  
5 difficult to determine that.

6 **Q.** Thank you.

7 I'd like to move on to a new topic, please, and  
8 that's data protection. And Mr Trent, I think I need to  
9 address my questions to you, is that correct?

10 **MR TRENT:** That's right.

11 **Q.** We discussed matters relating to data and data  
12 protection last year, didn't we, when you came to give  
13 evidence? And in your main statement provided this year  
14 you provide quite a detailed section on data protection,  
15 ownership, storage, use, access and retention. That's  
16 from paragraph 432; is that right?

17 **MR TRENT:** That is correct.

18 **Q.** By way of introduction, are there various different  
19 categories of data that are relevant when we discuss the  
20 Oxevision system?

21 **MR TRENT:** Yes, there are.

22 **Q.** Do you list them in the statement?

23 **MR TRENT:** Yes.

24 **Q.** Do they include Clear Video Data, or CVD, and Anonymised  
25 or Blurred Video Data or AVD?  
118

1 special category data?

2 **MR TRENT:** Yes.

3 **Q.** In short, is personal data any information relating to  
4 an identified or identifiable living person?

5 **MR TRENT:** Yes.

6 **Q.** Are there rules that apply to the way in which personal  
7 data must be treated, for example, must it be kept  
8 secure, accurate, and retained only as long as is  
9 needed?

10 **MR TRENT:** Yes.

11 **Q.** Is special category data a subset of personal data  
12 that's particularly sensitive and therefore requires  
13 extra protection?

14 **MR TRENT:** Yes.

15 **Q.** For example, does it include personal data revealing  
16 health data?

17 **MR TRENT:** Yes.

18 **Q.** With that in mind I'd like to look at part of the main  
19 statement with you.

20 Would you put up the main statement EPUT023595 at  
21 paragraph 470. This is page 102.

22 I just want to read some of this with you, please:

23 "In summary, EPUT's consistent position, informed by  
24 ICO guidance, is that all categories of LIO system data  
25 ..."

120

1 So we've looked at two, but there are several more,  
2 aren't there?

3 **MR TRENT:** Yes.

4 **Q.** "... all categories of LIO system data listed above  
5 constitute personal data, as individuals are  
6 identifiable either directly or indirectly, including  
7 through contextual information available within the  
8 Trust. All data constitutes special category health  
9 data as it either directly records or enables inference  
10 about an individual's physical or mental health or  
11 condition. Data described as 'anonymised' within the  
12 LIO system does not meet the legal standard for  
13 anonymisation under the UK GDPR, because  
14 re-identification remains reasonably likely within the  
15 clinical environment and the data remains linked to  
16 individual care episodes."

17 So if I've understood correctly, the analysis is  
18 that all of the various forms of data, including the  
19 clear video and the Blurred or Anonymised Video Data,  
20 are special category personal data in EPUT's latest  
21 analysis in any event; is that correct?

22 **MR TRENT:** That's right, and if I try and explain it, you  
23 know, when something's blurred, a layperson might say,  
24 "Oh, that's anonymous, I can't tell who it is." Well,  
25 on its own you may not be able to tell who it is, but if

121

1 referring to the way it's described in Oxevision's  
2 documentation rather than that's the conclusion that we  
3 ourselves have reached.

4 **Q.** Thank you.

5 Now, can we just read on in that paragraph on the  
6 screen. It makes the point you've just made that:

7 "Accordingly, such data is treated as pseudonymised  
8 personal data not anonymised data."

9 That's the point you were making, correct?

10 **MR TRENT:** Correct.

11 **Q.** Then it says this:

12 "EPUT adopts a deliberately cautious and consistent  
13 approach, aligned with the accountability principle and  
14 ICO guidance, and does not rely on anonymisation unless  
15 it can be demonstrated to meet the Recital 26 standard."

16 Which you've just talked about, correct?

17 **MR TRENT:** Yes.

18 **Q.** Is it actually right to suggest, as you do there, that  
19 EPUT's approach has been cautious and consistent?

20 **MR TRENT:** Yes, so I had the discussion with the DPO because  
21 I wanted to be as clear as possible about how long we've  
22 had this view, and it's clear in the 24 DPIA and  
23 subsequent. It's not clear in the 21 DPIA.

24 **Q.** Can we just pause there. So in later Data Protection  
25 Impact Assessments, or DPIAs -- the approach from 2024

123

1 you know that that is a person in a particular room at  
2 a particular time, then you might be able to identify  
3 them. And the chances are, if it's somebody you know  
4 well, you might be able to identify them even though  
5 it's blurred, just through the way they move or look or  
6 so on. So, we differentiate between data that is truly  
7 anonymous, in other words you cannot re-identify the  
8 person. So whatever you do, it's impossible to get back  
9 to it, according to the standards of Recital 26.  
10 I mean, "impossible" is perhaps the wrong word but  
11 according to those standards.

12 **Q.** So you've mentioned Recital 26, is that an aspect of  
13 GDPR that relates to the types of things we've been  
14 talking about, including anonymisation?

15 **MR TRENT:** That's absolutely right. And here, you know, the  
16 Data Protection Officer and I have discussed this  
17 extensively. We consider it pseudonymised which means  
18 we think there is the possibility of re-identification  
19 when you have those other points of reference that I've  
20 described like, you know, knowing the patient is on the  
21 ward, et cetera.

22 **Q.** So from EPUT's perspective, anyway, it's probably  
23 a misnomer to refer to it as anonymised data?

24 **MR TRENT:** Yes, and in the statement, where we're referring  
25 to it as "anonymised/blurred" that's because we're

122

1 onwards; is that correct?

2 **MR TRENT:** Yes.

3 **Q.** The approach that you've just set out is the approach  
4 that's reflected in the DPIA; is that correct?

5 **MR TRENT:** That is correct.

6 **Q.** Sorry I interrupted you but I just wanted to capture  
7 that.

8 If we go to an earlier period, for example if we  
9 look at EPUT's DPIA from 2021, would there be  
10 a different approach there?

11 **MR TRENT:** I can't be clear from reviewing that document and  
12 when I discussed it with our DPO, she advised me that  
13 from a very early stage, she has -- because she has been  
14 in this organisation throughout this implementation --  
15 treated this data with the most cautious approach in  
16 terms of security around it and so on, but she couldn't  
17 point me to a particular point in time where it's  
18 documented of this assessment.

19 **Q.** Can we look at the 2021 DPIA.

20 Would you put up EPUT024165, page 6. So, this is  
21 a page from the 2021 EPUT DPIA. Do we see at the top it  
22 says "Non-Personal Data", Mr Trent?

23 **MR TRENT:** Yes.

24 **Q.** Can we see "Anonymised Video Data"?

25 **MR TRENT:** Yes.

124

1 Q. So that's the Blurred Video Data, correct?

2 MR TRENT: Yes.

3 Q. "Oxehealth will anonymise the camera feed so that the  
4 individual is not identifiable ... Anonymised video data  
5 is required to ensure the Oxehealth service delivers the  
6 contract purpose to the contracted standard."  
7 As we see at the bottom of that paragraph:  
8 "... the anonymisation prevents individuals being  
9 identified."  
10 And if we drop down to the bottom of the paragraph  
11 on the screen:  
12 "Anonymised Video Data, as well as other types of  
13 data which are termed ... 'Non-Personal Data' do not  
14 constitute personal data in circumstances where  
15 Oxehealth does not have access to Salient Video  
16 Data ..."  
17 Now, is that a reference to Clear Video Data,  
18 "salient"?  
19 MR TRENT: Yes, it is.  
20 Q. In respect of the same footage.  
21 Now, this is the EPUT DPIA, and that DPIA as at 2021  
22 anyway, is suggesting that the Blurred Video Data is not  
23 personal data; would you agree?  
24 MR TRENT: Yes, I do agree with that, yes.  
25 Q. So there is an inconsistency. Is your evidence that

125

1 MR TRENT: Okay.

2 Q. -- but we can move on for now. What weight should the  
3 Inquiry attach to what you've just told us, when the  
4 printed assessment says something quite different?

5 MR TRENT: So I'm making a distinction here and I apologise  
6 if that's unclear. The written assessment of the Trust  
7 and the position of the Trust is as you have taken me to  
8 in the document. The practical way in which the data  
9 has been managed, so no one will complain if you treat  
10 data with more security than is required. And so what  
11 I'm saying is that the DPO has advised me that she's  
12 always been on the cautious side of treating things with  
13 more security than required rather than less.  
14 So I'm not sure that this distinction is necessarily  
15 assisting you, but that was the distinction I was  
16 making. And so I have no disagreement, this is the  
17 position of the Trust at that point in time.

18 Q. So the Data Protection Officer, at the time of the  
19 assessment that's on our screen, was Trevor Smith?

20 MR TRENT: No, Mr Smith was the SIRO.

21 Q. Well, that may be correct. Well, can we go to page 20  
22 of the document that's on the screen. Do you see  
23 there -- let me read it out. We can see at the  
24 paragraph that starts "Data Protection Officer  
25 approval", and it says this:

127

1 that is corrected over time?

2 MR TRENT: Yes, between 2021 and 2024 that's changed. The  
3 '24 DPIA -- sorry, I'm speaking too quickly.  
4 The 2024 DPIA, which I approved, a SIRO is clear and  
5 is consistent with the evidence given today. This DPIA  
6 takes a different approach: the assurance I've had from  
7 the DPO is that she has always ensured that data related  
8 to Oxevision has been treated in a secure way, as far as  
9 the Trust's systems have worked.  
10 So, for example, to make that clearer, where Clear  
11 Video Data, for example, has been extracted from the  
12 system, and where anonymised video data has been  
13 extracted from the system, our DPO has advised me that  
14 she has always treated both of those in the same way in  
15 terms of how they've been saved for EPUT's purposes and  
16 stored.  
17 Q. I suppose various questions arise. How long has she  
18 been Data Protection Officer?  
19 MR TRENT: I couldn't tell you her start date but I know she  
20 was around at the early stages of this implementation.  
21 Q. Because I don't think she was DPO, for example at the  
22 time of the assessment we're looking at at the moment?  
23 MR TRENT: We need to go to check back to the document in  
24 that case.  
25 Q. We can do that because it's on the last page --

126

1 "I am the Data Protection Officer for EPUT (the  
2 'Partner').  
3 "I have reviewed Oxehealth's Data Protection Impact  
4 Assessment and I am satisfied that it complies with the  
5 partner's [ie EPUT's] implementation of GDPR and other  
6 data protection and privacy requirements."  
7 It's signed, "Name: Trevor Smith". Description:  
8 Data Protection Officer. Is that incorrect?  
9 MR TRENT: That is incorrect. Mr Smith, at that time, was  
10 the Senior Information Risk Officer and not the Data  
11 Protection Officer.  
12 Q. Understood.  
13 Is perhaps an explanation for the identification of  
14 Blurred Video Data as non-personal data this: that EPUT  
15 was provided with a template DPIA by Oxehealth, and it's  
16 used that here without appropriately reviewing its  
17 content?  
18 MR TRENT: So you're right to say that EPUT was provided by  
19 a template -- provided a template DPIA by Oxehealth.  
20 I do not take from the error in the title that that  
21 infers that EPUT did not review that document.  
22 Q. Can I interrupt you there. Although it'll be for others  
23 to decide how significant that is, that's not what I was  
24 referring to.  
25 MR TRENT: No, okay, apologies.

128

1 **Q.** I was referring to the fact that the DPIA that we've  
2 just been looking at identifies Blurred Video Data as  
3 non-personal data.

4 **MR TRENT:** Yes, I don't think that does infer -- I think, at  
5 that time, and I'm not employed at the Trust, but at  
6 that time, this DPIA was reviewed by the DPO and would  
7 have been advised to the SIRO. So as a SIRO you don't  
8 just have a DPIA presented to you and say, "Sign this";  
9 you rely upon the expertise of the Data Protection  
10 Officer and that's clear in the training for SIROs and  
11 that's why an organisation will have a Data Protection  
12 Officer because that is a -- excuse me, because that is  
13 a skilled role that requires specific expertise, and our  
14 DPO is somebody who has that expertise.

15 **Q.** So just to be clear, the suggestion I'm making that EPUT  
16 has just adopted a template without really checking it,  
17 you're rejecting that and you're saying that your  
18 assumption would be that the DPO at the time, or the  
19 SIRO at the time, would have conducted an appropriate  
20 review.

21 **MR TRENT:** That is correct.

22 **Q.** Thank you. Would you take that down -- oh, it is down.  
23 Thank you.

24 I want to move on to something else but is there  
25 anything else you would like to say on this point?

129

1 **DR SURESH:** Yes.

2 **Q.** Now, Mr Trent and I looked at monthly reports last year  
3 which disclosed a discrepancy between the number of  
4 attempts made to take vital signs with Oxevision and the  
5 smaller number of successful vital signs readings.  
6 Mr Trent, you recall that?

7 **MR TRENT:** I do.

8 **Q.** And Dr Suresh, that's an issue that you're aware of; is  
9 that right?

10 **DR SURESH:** I am, yes.

11 **Q.** So the concerns included that it was taking multiple  
12 attempts to get a reading and that staff -- I put this  
13 to Mr Trent last year -- it may also suggest that staff  
14 might be inappropriately using the vital signs function  
15 to get a clear view of a patient, not to take readings,  
16 but for some other purpose, for example to conduct  
17 a remote observation. Are you aware of those issues and  
18 concerns?

19 **DR SURESH:** Yes.

20 **Q.** This is something I put to Jill Archibald when she gave  
21 evidence in July and indeed, she covers in her report.  
22 So I'm not going to go over that now but she looked at  
23 some wards that had particularly high usage and reached  
24 conclusions about that, and also, some wards that had  
25 much lower usage. And she reached conclusions about

131

1 **MR TRENT:** No, I mean, I can make further enquiries of the  
2 DPO to confirm to you that that assessment was done, but  
3 I understand that it would have been.

4 **Q.** Okay. We can follow up afterwards about that as  
5 necessary, is that correct?

6 **MR TRENT:** Yeah, and I think the point is, if a template is  
7 provided by any organisation, that doesn't change who is  
8 responsible for the DPIA. The DPIA is the  
9 responsibility of the Trust, and we would review that  
10 before signing it.

11 **Q.** Thank you.

12 **MR TRENT:** And make sure it's fit for our purpose.

13 **Q.** Dr Suresh, I want to move to just one quick point about  
14 vital signs usage reports. Now, we've discussed these  
15 a few times during the hearings this year and last year.  
16 But in short, does Oxehealth provide EPUT and others,  
17 indeed, who use the system with monthly usage report  
18 capturing certain data about the operation of Oxevision  
19 at that provider?

20 **DR SURESH:** It does, yes.

21 **Q.** As we've previously heard, the Oxevision system allows  
22 staff remotely to take vital signs, namely pulse and  
23 respiratory rate and we've just touched on that earlier  
24 today, and the 15-second clear view of the patient is  
25 afforded before that spot check is taken, correct?

130

1 that.

2 One thing that was noticeable, though, is that she  
3 had reference to three periods of usage reports. She'd  
4 had much more in terms of disclosure but she chose three  
5 periods. My recollection is that it was June 2024, the  
6 monthly usage report for that month; June 2025; and  
7 April this year. And her analysis was across those  
8 three months in three separate years.

9 The difference between the usage reports in the  
10 earlier years and in 2026 was this: that in the years  
11 prior to 2026, the usage reports displayed both overall  
12 vital signs attempts, and the number of successful  
13 readings. So it was possible to make a comparison  
14 between the two. But the 2026 usage report just had the  
15 number of attempts. It no longer included the number of  
16 successful readings taken. So it's no longer possible  
17 to make that comparison.

18 Now, are you aware of that situation and do you have  
19 any explanation for why that potentially important piece  
20 of data is no longer included in the usage reports?

21 **DR SURESH:** If I remember correctly, that was discussed with  
22 Mr Trimble yesterday in his evidence, I believe. But  
23 I'm not sure of the reason why that data is missing.  
24 But what I heard yesterday, if we're referring to the  
25 same issue, is that it causes some kind of confusion

132

1 around the recording of the data. Sorry, I'm not sure  
 2 about that.  
 3 **Q.** Is the short answer that you're not -- you don't have  
 4 the answer?  
 5 **DR SURESH:** No, I don't.  
 6 **Q.** Do you have an answer, Mr Trent?  
 7 **MR TRENT:** No. I mean, the report's provided by Oxehealth  
 8 and the change was made by them, not at our request  
 9 so --  
 10 **Q.** You're clear about that?  
 11 **MR TRENT:** Yes. That was not something we requested.  
 12 **Q.** Thank you.  
 13 You refer in your own statement to the fact that  
 14 EPUT is in the process of implementing a User  
 15 Authentication Gateway. Which of the two of you should  
 16 address that?  
 17 **MR TRENT:** I'm happy to.  
 18 **Q.** Would you explain what this is, and what it will do,  
 19 please?  
 20 **MR TRENT:** Yes, and as I said earlier I was at Ardleigh and  
 21 Gosfield just last week where the pilot of this is  
 22 taking place. Essentially, what it means, and I think  
 23 the Inquiry has heard other evidence on this as well  
 24 this week, is that staff have to log in with their NHS  
 25 email address into the iPad and that's an improvement on

133

1 authentication reveal or allow the Trust to investigate  
 2 potential misuse of the vital signs function?  
 3 **MR TRENT:** I think it would be a great asset on that, and  
 4 I would see this -- and having spoken to clinical  
 5 colleagues about it, senior nurses in particular, you  
 6 know -- and this goes with the Culture of Care Standards  
 7 and, you know, thinking about improving practice --  
 8 there's often opportunities for reflection. Now, if  
 9 a colleague appears to be using it more, maybe that's  
 10 a misunderstanding. They didn't take the right thing  
 11 from their training and there's an opportunity for  
 12 reflection and learning and improvement, and, you know,  
 13 that's the -- one of the ways the e-obs is used at the  
 14 moment, and I spoke to a senior nurse who oversees the  
 15 CAMHS service about this, she and her team use the e-obs  
 16 to identify gaps in observation much more easily  
 17 -- (overspeaking) --  
 18 **Q.** Sorry, I am going to ask --  
 19 **MR TRENT:** -- (overspeaking) -- sorry, with staff.  
 20 **Q.** You're referring to "e-obs", is that effectively the  
 21 same as Oxevision Observations?  
 22 **MR TRENT:** Yes, they mean the same thing. So this senior  
 23 nurse, what she does, every day, is she looks at the  
 24 electronic record to say: are there any gaps in this,  
 25 where observations haven't been done in the way they

135

1 the approach prior to that, where staff would input  
 2 their name but there'd be no validation of that, and  
 3 they may put initials or something shorter.  
 4 So what we've got in the pilot phase, and we intend  
 5 to roll this out, it's in the implementation plan, is  
 6 that staff have to log in with their NHS email account  
 7 and I think that will allow better audit of whether  
 8 individual staff members are doing a more or less vital  
 9 signs and so on. And, you know, I heard that evidence  
 10 about Oxehealth now developing a tool to alert. Well, I  
 11 believe that would be useful once it's available. But  
 12 it obviously, it depends on the user authentication and  
 13 that's not something that's been offered by Oxehealth  
 14 until quite recently.  
 15 **Q.** So Laura Cozens refers in her statement, and I think  
 16 we've covered it earlier this week, to the development  
 17 of user authentication, describing it as an "improved  
 18 security measure ensuring users are identified when  
 19 interacting with the platform."  
 20 So is that the same as the gateway that you're  
 21 explaining to us at the moment?  
 22 **MR TRENT:** Yes, and I'd agree with that quote that you just  
 23 read.  
 24 **Q.** You've already addressed this in part but can I ask you  
 25 expressly: when in place, to what extent would user

134

1 should have been done, and then she uses that as an  
 2 opportunity to meet with any staff members, where she  
 3 has any concern, to review that practice. If that  
 4 happens more than once, and she tracks it, then she  
 5 looks at a disciplinary process.  
 6 But it's that insight from the data that allows the  
 7 reflection and the improvement with staff, and I think  
 8 this would provide the -- user authentication would  
 9 provide another way to identify anything that appears to  
 10 be inconsistent with policy, and to review that and if  
 11 necessary, take disciplinary action.  
 12 **Q.** You have just said, and I think Mr Trimble said this as  
 13 well, that this is only at a pilot stage at EPUT. When  
 14 is it going to be rolled out more widely?  
 15 **MR TRENT:** I believe the Clinical Safety Officer needs to  
 16 review the pilot results and then it would follow from  
 17 that. So I can't give you a timeline now but I know  
 18 it's in the implementation plan for the new SOP to do  
 19 that.  
 20 **Q.** Dr Denman has suggested in her report that the best way  
 21 to prevent problems -- that's with technology such as  
 22 Oxevision -- is to make incorrect use very difficult, if  
 23 not impossible. This idea of fail-safe design, she  
 24 says, tries to eliminate human factors or move them  
 25 favourably and human error wherever possible. So it

136

1 tries to eliminate human factors or move them  
2 favourably, and human error wherever possible.  
3 "I do not think [she says] sufficient thought was  
4 given to human factors in the design and implementation  
5 of this system."

6 Would you agree with that: that insufficient thought  
7 was given to this kind of thing earlier on?

8 **MR TRENT:** I certainly agree with the first part about  
9 failsafe, you know, that is absolutely right. And with  
10 all technology development, you know, you should always  
11 be looking at that: what are the possible ways this  
12 system can fail? How do you protect against it?

13 The question of to what extent -- should more work  
14 have been done on that earlier? I think that's really  
15 a question for Oxehealth, because it's their product and  
16 they have the engagement with many, many Trusts, not  
17 just one. But we have consistently fed back things.

18 So, you know, like, I've given the example last year  
19 about the housing of the unit to say could a -- we fed  
20 back the question: could a screen be put in place to  
21 reduce the potential traumatic impact of a camera  
22 looking like it's on when it's not? Now, I know they're  
23 looking at that but they haven't addressed it yet. And  
24 there will have been lots of other bits of feedback.

25 So I think, how much focus on failsafe design,

137

1 need to feed back and work with the supplier.

2 So I think this is a partnership and it is  
3 a relationship. But, you know, if you want to say:  
4 well, who has the ability to change the product and make  
5 it failsafe? Well, it's the people who own the code and  
6 the product itself rather than the customer. We can  
7 influence that but we don't own the product.

8 **Q.** Thank you.

9 I'd like to move on now to take stock of what we  
10 know about the circumstances in which the Oxevision  
11 system can be used. The most recent SOP that we've been  
12 looking at says that there are two functions that the  
13 LIO system provides to assist staff in delivering  
14 a patient's personalised care plan. These are: four  
15 main ambient alerts relating to patient movement in  
16 their bedrooms -- I'll come back to that in a moment --  
17 and non-contact remote monitoring of pulse and  
18 respiratory rates.

19 Just going back to the alerts, four are listed. The  
20 first is leaving the room or standing in the doorway.  
21 The second is in the bathroom for more than three  
22 minutes. The third is multiple occupants in room. And  
23 the fourth is edge of, or leaving, the bed alert. So  
24 this is from the version of the SOP from this year.

25 Is it right that the number of alerts has actually

139

1 that's a responsibility of the product developer and we  
2 have fed back to that over the years.

3 **Q.** I'm just wondering to what extent it is fair, really, to  
4 say this is an Oxehealth issue rather than an EPUT  
5 issue. For example, EPUT identified a need for an  
6 electronic observation system and was able to liaise  
7 with Oxehealth for its development. Couldn't something  
8 similar have happened about user authentication? Could  
9 that not have been raised with Oxehealth at an early  
10 stage for mutual development of something along those  
11 lines?

12 **MR TRENT:** Well, it has been raised. It's in the minutes of  
13 the Project Board. We've raised things about  
14 authentication before, and I think, you know, we work  
15 with all of our technology providers with the principle  
16 of partnership because, you know, in a complex  
17 environment like a healthcare provider, you're not just  
18 buying something off the shelf and plugging it in;  
19 there's a huge amount of work to implement it properly  
20 and make sure it's used properly.

21 So we don't own the code, we don't own the product.  
22 The supplier owns that. We can't go in and change the  
23 code of the product; that's theirs. We do need to, and  
24 that's where the Hazard Logs and the clinical safety  
25 cases are so important, understand the risks, and we

138

1 reduced over time? So, for example, am I right in  
2 remembering that there used to be an alert, for example,  
3 for someone in a blind spot, or someone out of bed, as  
4 well?

5 **MR TRENT:** I'd need to go back to validate that against the  
6 SOPs.

7 **Q.** But the short point is, if I want to ask you about that,  
8 those aren't questions you can answer at the moment?

9 **MR TRENT:** No, I'd need to --

10 **Q.** Is that right for you as well?

11 **MR TRENT:** I don't know whether you, Dr Suresh --

12 **DR SURESH:** That's correct, unless we are talking about  
13 whether individual units can switch off various  
14 functions.

15 **Q.** No, it's the more basic question as to whether the  
16 number of alerts that are now available to EPUT have  
17 reduced over time?

18 **DR SURESH:** No.

19 **MR TRENT:** -- (overspeaking) --

20 **Q.** So, we can follow up with that afterwards, yes?

21 This morning, Dr Suresh, I think you said that the  
22 vital signs function does not add a lot of value, and  
23 this was in the context of the Rapid Review briefing and  
24 the two options that we looked at and the point that the  
25 Chair put to you that option 1, which was to pause, when

140

1 you looked at the cons as opposed to the pros, the  
2 concerns there seemed to -- well, clearly were related  
3 to the loss of the alerts function, no mention of vital  
4 signs. And in that context, you said you don't think  
5 that the vital signs adds a lot of value.

6 I just want to ask you a little bit more about that,  
7 please.

8 We've heard about the parameters in which pulse and  
9 respiratory rates can be taken. So 50 to 130 beats per  
10 minute, and 8 to 39 breaths per minute. And it's unable  
11 to take readings outside of those parameters.

12 To what extent is that actually a limitation? How  
13 often will there be situations in which a patient's  
14 readings would be outside those numbers?

15 **DR SURESH:** It happens occasionally, not very often.  
16 Because the heart rate has quite a wide range, in normal  
17 people, as well. For example, 50 would be the lower  
18 limit of, for example, if you're athletic, your heart  
19 rate can be generally lower, because your body is  
20 trained to work that way, et cetera.

21 Above 130 would be more risky if not identified, but  
22 that covers, pretty much, I would say the vast majority  
23 of patients that we encounter in mental health practice.

24 **Q.** And would it be the same for the breaths per minute, the  
25 figures given there, 8 to 39?

141

1 takes six separate measurements and it's a combination  
2 of all of those that produces a score; is that right?

3 **DR SURESH:** That's correct, yeah.

4 **Q.** And the vital signs function, as we've heard, picks up  
5 on two of those measurements but not the other four?

6 **DR SURESH:** That's correct.

7 **Q.** Do you agree that the vital signs function does not  
8 alert to -- sorry, the vital signs function in  
9 Oxevision -- does not alert to clinical deterioration  
10 and is not a replacement for NEWS2 measurements?

11 **DR SURESH:** It's not, like we heard from Dr Denman on  
12 Monday, I think, you know, two alerts are better than  
13 none at all, and clearly NEWS2, which takes six  
14 measurements, is a lot better than two. So ideally, it  
15 should be NEWS2, but in the absence of that where that  
16 is not feasible, two would be better.

17 **Q.** So Dr Denman was -- we were exploring examples such as  
18 health-based places of safety or seclusion; is that the  
19 type of setting that you have in mind?

20 **DR SURESH:** That is correct, yes.

21 **Q.** Thank you.

22 **DR SURESH:** That is where patients can be often very  
23 disturbed and an in-person observation may be either too  
24 risky or not possible.

25 **Q.** Dr Denman suggested that vital signs could not help with

143

1 **DR SURESH:** 8 to 39, yes. 12 to 16 is about the middle of  
2 the normal range, if you like, but if it is 39 or more,  
3 that patient would be very unwell. And before we look  
4 at breathing as a sign of abnormality, there would be a  
5 lot of other things going on, as well, that would be  
6 picked up.

7 **Q.** Sorry, it's probably me. If a patient's breaths per  
8 minute were above 39 or, indeed, if their pulse was  
9 above 130, you would want to know about it?

10 **DR SURESH:** Yes, but that would be very obvious to the naked  
11 eye. For example, to breathe at 39 times per minute,  
12 you would have to be breathing really, really rapidly  
13 and that would be quite obvious. For example, someone  
14 who is asthmatic and is having an asthmatic attack or  
15 someone in a state of cardiac failure, for instance,  
16 they would have that kind of a rapid but shallow  
17 breathing.

18 **Q.** Would that be easily recognisable through a window of  
19 a patient in their bed, for example?

20 **DR SURESH:** It would be, particularly if it is rapid.  
21 Slower ones, probably not.

22 **Q.** Dr Suresh, you explain in your statement that the  
23 National Early Warning Score or NEWS2, and we've heard  
24 what it is and you explain what it is, but rather than  
25 going over a further explanation, it's right that it

142

1 detecting the first signs of self-strangulation or  
2 self-harm, allowing for early intervention. Do you also  
3 agree with that?

4 **DR SURESH:** I do, yeah.

5 Can I just go back to the point, I don't know if  
6 I answered it fully, you asked about whether it can  
7 picks up patterns of deterioration.

8 **Q.** Does not alert to clinical deterioration.

9 **DR SURESH:** It does not, because it is a point-in-time  
10 measurement and it takes a clinician who is trained to  
11 interpret those individual measurements and connect the  
12 data plots, as it were, data dots, in order to make that  
13 assessment of any deterioration or improvement.

14 **Q.** The NEWS2 measurements, we asked Dr Denman how often  
15 you'd want to take them. I think the short answer is  
16 it's patient specific.

17 **DR SURESH:** It is.

18 **Q.** But she suggested if you have a relatively young and fit  
19 person, it might be even less than once every 12 hours.  
20 Is there a general minimum that is used at EPUT?

21 **DR SURESH:** I think it's twice a day for otherwise  
22 physically well patients. But if their circumstances  
23 warrant more often, then that is carried out.

24 **Q.** May I just stick with the situation where it doesn't  
25 warrant more often in terms of NEWS2 measurements. Is

144

1 there any reason in that kind of case for frequent  
2 taking of vital signs readings using Oxevision?  
3 **DR SURESH:** All other things being equal, probably not,  
4 because generally the kind of patients we admit to  
5 mental health wards are physically quite well, except  
6 for certain populations like older adults, who may have  
7 multiple comorbidities, where it probably makes sense to  
8 do it more often. But on an adult ward with relatively  
9 fit and healthy young adults, more often than 12 hours  
10 would not be warranted. And might even be considered  
11 more intrusive.

12 **Q.** Thank you.

13 Putting aside the type of settings where you might  
14 have a very agitated patient, that we've just touched  
15 on, if vital signs is not a replacement for NEWS2, and  
16 doesn't measure or alert to clinical deterioration, what  
17 do you view its purpose as being?

18 **DR SURESH:** At its most basic, I think it tells us that  
19 somebody is alive, if they are breathing and are, you  
20 know, we can measure their heart rate. It can alert  
21 a clinician to perhaps carry out a more rigorous  
22 assessment, if their heart rate and respiratory rate is  
23 elevated. That's a point in time, rather than  
24 a pattern. The pattern is still down to the clinician  
25 to make a judgement on.

145

1 **Q.** Thank you.

2 Can I make sure everyone can hear. Yes?

3 **DR SURESH:** Can I just add one more?

4 **Q.** Please do, yes.

5 **DR SURESH:** Self-harm is a product of multiple confounding  
6 factors or can be a product of multiple confounding  
7 factors. Like Mr Trent just said, it's very difficult  
8 to establish a cause-effect relationship between one  
9 factor and an outcome because it really depends on the  
10 patient cohort and the patient cohort may well vary  
11 across the year or across time spans and also the kind  
12 of risk that they exhibit, and of course the amount of  
13 care available around them, as well.

14 **Q.** May I just ask you to pause there. You're talking about  
15 a variation. Are you talking about a variation within  
16 a single ward, or are you talking about the kind of  
17 variation you might get as, for example, as between  
18 a CAMHS and an older adult ward or are you talking about  
19 both?

20 **DR SURESH:** It's kind of both. Even on a single ward, there  
21 are times of the year when I can remember my ward to be  
22 very disturbed simply because of the specific cohort of  
23 patients that we had at that time and there are times  
24 when it was relatively quieter, and that had probably  
25 little to do with what factors were influencing it in

147

1 Pulse rate by itself is probably not a very good  
2 measure of physical health, you know, because there's  
3 a huge range, and if we're talking about the populations  
4 that are on general adult wards who are otherwise  
5 healthy and not in a special situation. So I think  
6 I would consider that as the main benefit, clinical  
7 benefit.

8 **Q.** Thank you.

9 You cover, in the main statement, your  
10 jointly-authored statement self-harm and ligature risk  
11 reduction as well as whether incidents of self-harm are  
12 being identified by use of the vital signs function, and  
13 you say this. It's paragraph 352:

14 "The Trust considers the presence of a downward  
15 trend in ligature incidents on a number of wards  
16 following the installation of Oxevision to be an  
17 important and encouraging finding."

18 May I ask you this, how is the Trust able to  
19 identify that any downward trend in ligature incidents  
20 is because of Oxevision as opposed to other factors?

21 **MR TRENT:** I think we can't determine the single causative  
22 link there, and I mean, that paragraph perhaps needed to  
23 make that caveat clearer, and as statisticians will tell  
24 you, correlation or association does not equal  
25 causation.

146

1 terms of the ward, because the ward was functioning in  
2 the same way, you know, the amount of doctors, nurses,  
3 et cetera, but it can simply be a product of the patient  
4 risk and cohort, as well.

5 **Q.** Thank you.

6 I'd like to just continue with this topic by looking  
7 at a document with you. This is a Ligature Incident  
8 Analysis Report from 19 October 2023. The purpose of  
9 the report was to provide ligature incident analysis  
10 from incidents reported by EPUT inpatient mental health  
11 services.

12 Could you put up the Ligature Incident Report. It's  
13 EPUT020910 at page 17, and there we have the full page.

14 Now, is this Ligature Incident Analysis Report  
15 a report that you are both familiar with?

16 **MR TRENT:** Only insofar as we've reviewed it as opposed to  
17 having contributed to it at the time.

18 **Q.** Thank you very much.

19 So do we see at the top, "Oxevision:

20 "Analysis has been undertaken looking at wards where  
21 Oxevision has been installed to see if this has had an  
22 impact on ligature incident numbers. The trend  
23 indicator is based on the overall numbers of incidents  
24 since Oxevision was installed. Please note there are  
25 nine units (ten including the various health-based

148

1 places of safety) which do not currently have Oxevision  
 2 installed, resulting in no trend analysis being  
 3 possible."  
 4 So do we need to look at this table with all of that  
 5 in mind?  
 6 **MR TRENT:** Yes.  
 7 **Q.** Is there either one of you I should be directing  
 8 questions about the table to?  
 9 **MR TRENT:** I'm happy to take questions in terms of an  
 10 analysis of the table but obviously clinical matters in  
 11 relation to ligature would be best detected to  
 12 Dr Suresh.  
 13 **Q.** I think my questions are more analytical, but Dr Suresh,  
 14 if there's anything you'd like to add, please do so.  
 15 Can we just work out first of all what this table is  
 16 showing. Can we see in the left-hand column a number of  
 17 wards with Oxevision installed; is that your  
 18 understanding?  
 19 **MR TRENT:** Yes, and next column says the dates it was  
 20 installed.  
 21 **Q.** And then do we see a series of columns with yearly dates  
 22 at the top?  
 23 **MR TRENT:** Yes.  
 24 **Q.** And then we get a series of numbers populating those  
 25 columns; is that correct?

149

1 table as an analyst, I'd want to see this data with  
 2 statistical process-controlled charts so that you can  
 3 see the trend not just over years but over months, and  
 4 see whether you've got sustained special cause or common  
 5 cause variation in this. And you can see, you know, an  
 6 example of Longview Ward where things have gone down,  
 7 but right above it, Larkwood, has gone up. So I think  
 8 your point there is a reasonable one.  
 9 **Q.** Actually, my point was a rather more basic one, which is  
 10 that the number of up arrows are about the same as the  
 11 number of down arrows?  
 12 **MR TRENT:** And the reason that I'm responding to that by  
 13 reference to SPC is that when you look at national  
 14 guidance, for example, around making data count, the  
 15 guidance is clear, this kind of analysis should be done  
 16 with respect to more detailed trends and statistical  
 17 process control, and crude up and down arrows are just  
 18 what I've said, they're crude up and down. So I'm  
 19 saying really a better analysis should have been done of  
 20 this data.  
 21 One thing that is evident from it is that there are  
 22 many, many more unsecured incidents than secured, and  
 23 I think that relates to something I said earlier about  
 24 the Board papers early on in implementation of  
 25 Oxevision, which acknowledged that there's been

151

1 **MR TRENT:** Yes.  
 2 **Q.** And do you understand those to be ligature incidents on  
 3 each ward, those numbers?  
 4 **MR TRENT:** Yes.  
 5 **Q.** And finally, can we see in the right-hand column "Trends  
 6 for ligature rates" by way of arrows that are either  
 7 pointing up or down or to the side, correct?  
 8 **MR TRENT:** Yes.  
 9 **Q.** Do those arrows signify whether the trend is up or down  
 10 or has stayed the same, as you understand it?  
 11 **MR TRENT:** Yes.  
 12 **Q.** Now, if one counts the different types of arrows we see  
 13 in the right-hand column, we get to this position: of  
 14 the 34 wards, 11 recorded an upward trend, 10 a downward  
 15 trend, and no change on three. Now, I said 34, but in  
 16 fact that includes some of the "Not applicable" results  
 17 so I retract that, but if one looks at the arrows we see  
 18 in the right-hand column, 11 are upward, 10 are  
 19 downward, and no change on three.  
 20 Would you agree with me, Mr Trent, that this table  
 21 and the analysis that is behind it does not suggest that  
 22 the Oxevision system was having much impact in terms of  
 23 ligature incidents?  
 24 **MR TRENT:** Yeah, I think it's difficult to draw that as  
 25 a strong conclusion. I mean, as -- looking at this

150

1 investment in physical estate and the Trust is looking  
 2 to improve safety recognising a national trend towards  
 3 unsecured ligature incidents. So, you know, that's one  
 4 thing that is clear from it. Beyond that, I agree with  
 5 you, it's difficult to draw the conclusions.  
 6 **Q.** Thank you very much.  
 7 I am going to move on to another topic.  
 8 Dr Suresh, is there anything you'd like to add to  
 9 that?  
 10 **DR SURESH:** I mean, just forgetting the table, Oxevision may  
 11 help if an incident has started, staff have viewed it  
 12 and are able to get there in time to prevent it from  
 13 being completed. I don't know how it can influence the  
 14 actual number of incidents happening but -- because  
 15 that's a factor dependent on patient risk and a lot of  
 16 other things.  
 17 **MR TRENT:** And I should say something else about the data  
 18 analysis. Since I joined the Trust, we have improved in  
 19 how we analyse data. So, we had a data strategy and our  
 20 data reporting now routinely uses statistical process  
 21 control charts and other methods which are more  
 22 sophisticated than this table we've just seen. So there  
 23 have been improvements in the Trust in the way it  
 24 analyses data since this report was presented.  
 25 **Q.** Thank you very much.

152

1 This question is really to either of you who is best  
2 placed to answer it. It may be you, Dr Suresh. Are you  
3 able to say whether any incidents of self-harm are  
4 actually being identified by use of the vital signs  
5 function?

6 **DR SURESH:** Sorry, I missed the last part of your question.

7 **Q.** Yes, shall I ask it again?

8 **DR SURESH:** Yes.

9 **Q.** Are you able to say whether any incidents of self-harm  
10 are actually being identified by use of the vital signs  
11 function?

12 **DR SURESH:** I don't have any figures to answer that question  
13 specifically but it would probably be unlikely, given  
14 that the two vital signs being measured by Oxevision may  
15 not necessarily be an indication of an ongoing  
16 self-harm.

17 **Q.** You say this -- (overspeaking) -- I do apologise.

18 **DR SURESH:** They are poor indicators of self-harm.

19 **Q.** You say this in the main statement at paragraph 353:  
20 "The Trust does not have quantitative evidence or  
21 systematic analysis of the vital signs function being  
22 used to identify incidents of self-harm."

23 Is that correct?

24 **DR SURESH:** That is correct, yeah.

25 **MR TRENT:** I think the only -- you know, what could be  
153

1 a particularly strong argument for the technology.

2 **DR SURESH:** Yes, I certainly agree that these more acute  
3 places could benefit from a technology of remote  
4 monitoring, simply because of the higher risks involved,  
5 and also because of the fact that patients are there for  
6 a very short period of time. For example, the  
7 health-based place of safety, the current requirement is  
8 to assess them and move them on to another ward if that  
9 were appropriate or discharge them within 24 hours. It  
10 used to be 72 hours but it is now become 24.

11 **Q.** I'm just going to ask you to measure your pace a little  
12 bit, but thank you very much.

13 **DR SURESH:** Apologies.

14 So that is one place where it could add value.

15 The other one is seclusion, where patients, for  
16 clinical reasons, have to spend a lot of time on their  
17 own. And these are really acutely unwell patients who  
18 might put themselves or other people at risk. So that  
19 is a place where a more continuous observation would be  
20 beneficial. And the third one, like you mentioned, is  
21 older adult wards where falls is a particular issue,  
22 patients leaving their rooms can be a risk for them, so  
23 those kinds of alerts. And also spending more than  
24 three minutes in the bathroom, for instance. That could  
25 be -- I mean, in older adult wards the incidents of

155

1 looked at further would be a detailed analysis of the  
2 written Datix reports. So, we've talked about that  
3 table earlier. That evidence exists on every one of  
4 those incidents and that could be reviewed in detail.  
5 Dr Suresh and I have not done that for this report. You  
6 heard from Mr Trimble, he does review those reports.  
7 A detailed analysis could be undertaken to test that  
8 question specifically, but I'm not aware that it has  
9 been, previously.

10 **Q.** Thank you.

11 Dr Suresh, we've spoken about the use of Oxevision  
12 in settings where you may be more likely to have  
13 agitated patients, such as health-based places of safety  
14 or in seclusion, and there possibly being an additional  
15 reason in that kind of setting for the use of Oxevision.  
16 I just don't want to pass that by without giving you the  
17 opportunity to expand on that if you would like to or  
18 say anything more about that. And you could also  
19 include a different kind of setting, that of older  
20 adults, which is, as I understand it from this morning,  
21 more within your own area of expertise and whether you  
22 believe there may be a particular role for this kind of  
23 technology there.

24 So I'm afraid it's quite a long question, but it's  
25 about identifying particular settings where there may be  
154

1 self-harm tends to be lower for obvious reasons. These  
2 are frail patients who may go to the bathroom and may  
3 have had a fall, for instance. So those alerts would be  
4 quite useful.

5 And the other particular one, from my own clinical  
6 practice, is patients often complaining about their  
7 sleep being disturbed. This is, you know, patients who  
8 want to have a good night's sleep. They feel that the  
9 quality of their sleep in the hospital is often worse  
10 than it would be in their own homes, and for that  
11 reason, some have even asked to be discharged because  
12 they simply don't like being disturbed so often at  
13 night.

14 Some of the disturbance could be staff observing  
15 them, and some of that could be from other patients who  
16 may be disturbed at night. Sometimes the ward can be  
17 noisy because of the cohort of patients we have. So for  
18 all those reasons, they may not get good sleep. So we  
19 try to maximise the amount of sleep somebody can get in  
20 whatever way possible. Ideally without resorting to  
21 sleeping tablets, because that's not a good way to get  
22 sleep, because it can be habit forming.

23 So anything we can do to enable patients to sleep,  
24 on whatever ward, but particularly older adult wards,  
25 would be useful because sleep is -- we've heard about  
156

1 the restorative benefits of sleep and in recovery from  
 2 mental disorders.  
 3 **Q.** Just picking up on the nighttime use of Oxevision, from  
 4 Mr Trent's evidence last year, my understanding was that  
 5 EPUT do not use Oxevision as a way to conduct remote  
 6 observations of patients at night. Is that correct,  
 7 Dr Trent? Sorry, Mr Trent?  
 8 **MR TRENT:** Yes, and the thing is they're not inconsistent  
 9 because the system could be used to help take  
 10 a measurement without physically disturbing the patient,  
 11 but the language nurses have used to me is they would  
 12 need to be professionally assured, the patient, that  
 13 they have taken the observation and that they're  
 14 satisfied with that. So we're clear in the SOP: you  
 15 need to attend in person.  
 16 **Q.** So I'm just trying to understand, Dr Suresh, how vital  
 17 signs or Oxevision as a technology, in the way it's used  
 18 at EPUT, assists patients to get a better night's sleep.  
 19 **DR SURESH:** Some patients do request not to be disturbed,  
 20 particularly those who have -- who are happy with  
 21 Oxevision monitoring, and who request not to be  
 22 disturbed at night. So clearly we try to accommodate  
 23 the patient's request in order to make sure that they  
 24 get a continuous night's sleep because this has also  
 25 been the subject of some of the complaints that we get

157

1 that may not be considered as so intrusive. So it is  
 2 very difficult to give a blanket response to that.  
 3 **Q.** Is it EPUT's view that assistive technology can assist  
 4 in this regard, depending on the particular  
 5 circumstances?  
 6 **DR SURESH:** Yes, it can.  
 7 **Q.** You identify in the main statement, that's  
 8 paragraph 140, that:  
 9 "Remote observation can be the least restrictive  
 10 option when compared to the available alternatives."  
 11 Can you identify when that is the case?  
 12 **DR SURESH:** Sorry, did you say "least restrictive"?  
 13 **Q.** Shall I read that again?  
 14 **DR SURESH:** Please.  
 15 **Q.** You identify in the main statement at paragraph 140 that  
 16 "Remote observation can be the least restrictive option  
 17 when compared to the available alternatives."  
 18 Can you identify when that is the case?  
 19 **DR SURESH:** Certainly in the special circumstances we have  
 20 talked about where patients can be acutely disturbed, or  
 21 where patients can make a specific request not to be  
 22 disturbed through the night, it can be a less  
 23 restrictive option.  
 24 **Q.** Overall, is it EPUT's view that the system provides  
 25 clinical benefits to patients, or is that determination

159

1 from patients and their families.  
 2 **THE CHAIR:** But in those circumstances you're just using it  
 3 for the taking vital signs?  
 4 **DR SURESH:** That's correct, yeah.  
 5 **THE CHAIR:** Not observing them through the day, the visual  
 6 technology?  
 7 **DR SURESH:** No, just for taking vital signs. And also to  
 8 make sure that they are left undisturbed for as long as  
 9 possible during the night. But as Dr Denman said, you  
 10 know, and I take some of her point in that, you know,  
 11 she has questioned the use of doing these routine  
 12 observations at nighttime particularly, I've seen that  
 13 in her evidence, as well.  
 14 **MR GRIFFIN:** Do you agree more generally, the need for  
 15 intensive in-person observation can be intrusive and  
 16 counter to good therapeutic practice?  
 17 **DR SURESH:** I do. It really depends on the individual  
 18 patient situation, but patients who are already  
 19 disturbed, that kind of intrusive in-person observation  
 20 can be even more provocative. But for patients who are  
 21 looking for -- who are in distress and who are looking  
 22 for engagement or talking to somebody and we can't  
 23 predict when somebody is ready to talk to somebody --  
 24 for some it may be in the middle of the night or for  
 25 some it may be another part of the day. So, you know,

158

1 subject to the review we heard about earlier?  
 2 **DR SURESH:** I think our current view is that it does provide  
 3 some clinical benefits, but clearly, we'll wait for the  
 4 outcome of the review to see what overall view it takes,  
 5 taking into account all the factors into consideration,  
 6 including patient and families' experience, as well.  
 7 **MR GRIFFIN:** Thank you.  
 8 Chair, we've been going for an hour since the lunch  
 9 break. We're doing well in terms of the number of  
 10 questions that remain. But I wonder whether, actually,  
 11 it would make sense to have a 15-minute break now.  
 12 **THE CHAIR:** Fifteen minutes.  
 13 **MR GRIFFIN:** That would be 3.15.  
 14 **THE CHAIR:** 3.15.  
 15 **(3.00 pm)**  
 16 **(A short break).**  
 17 **(3.14 pm)**  
 18 **MR GRIFFIN:** Chair.  
 19 Dr Suresh, you say in your statement that there's  
 20 been no formal evaluation of vital signs effectiveness.  
 21 Would you agree that it's surprising that there hasn't  
 22 been one before now?  
 23 **DR SURESH:** I do, yeah.  
 24 **Q.** More generally, with regard to effectiveness, Dr Denman  
 25 observes in her report that the issue of gathering

160

1 effectiveness data was discussed fairly often at EPUT,  
2 this is, but mainly from the perspective of trying to  
3 gather support for the efficacy of the system rather  
4 than in relation to a balanced evaluation.

5 Now, this is looking back at the rollout and perhaps  
6 covering periods before either of you were in your  
7 current posts but on the basis of what you know, would  
8 you agree with what Dr Denman observed there?

9 **DR SURESH:** I do, but I'm also thinking that we don't have  
10 a record of what it might have prevented, which would  
11 have helped provide a more balanced view of the  
12 effectiveness, if you like.

13 **Q.** Would you explain what you mean by that, please.

14 **DR SURESH:** When there is an incident, it is documented on  
15 Datix or through other platforms, but when an incident  
16 might have been prevented, we do not necessarily keep an  
17 adequate log of those incidents. So it's very hard to  
18 say what it has prevented as opposed to what has  
19 happened despite it being there, if that makes sense.

20 **Q.** That does make sense. Thank you.

21 Is that a learning point in terms of data -- this  
22 may be more for you, Mr Trent -- in terms of the kind of  
23 data you might want to capture at the early stages of  
24 deployment of this kind of technology?

25 **MR TRENT:** Yes, and I think -- I mean, Dr Denman, in her  
161

1 And I think even in the early periods there's  
2 a genuine interest in understanding whether this is  
3 working or not. But I think when we review it with  
4 hindsight, there could have been more structured, more  
5 effective evaluation at an earlier stage of this.

6 At the Trust level, but, as Dr Kallur says, we  
7 wouldn't be able to do some of the sophisticated studies  
8 that might be possible at a national level. Our work  
9 should have used more of the QI methodologies that were  
10 available for Trusts and run that through more formally,  
11 in that way.

12 **Q.** I want to make sure I've understood what you've said.  
13 Are you suggesting that there wasn't an appropriate  
14 template evaluation tool that could have been used in  
15 the early stages of the rollout at EPUT, effectively?

16 **MR TRENT:** No, I'm saying that when we look back, the  
17 evaluation clearly could have been better. And that  
18 there are tools available which could have been deployed  
19 at EPUT, like QI methodology, which would have been  
20 within our gift in a way that a high-powered research  
21 study may not have been in terms of the scale of that  
22 but also the time. You know, Dr Denman spoke about  
23 high-powered research studies do take significant time  
24 and significant cost to do.

25 QI is the other end of the scale. You know, you can  
163

1 evidence on Monday, spoke a lot about both what would be  
2 best practice, and also, she reflected on what is common  
3 practice, even in her own Trust, in terms of the quality  
4 and consistency of evaluation in the deployment of new  
5 technology and I felt that that was a fair analysis.

6 And, you know, to comment on this a little further,  
7 at one end of the spectrum we've got high-powered, very  
8 reliable, peer-reviewed studies, and at the other end,  
9 you know, the NHS uses quality improvement  
10 methodologies, things like QSIR and IHI, or the  
11 Institute for Healthcare Improvement's model of  
12 improvement, that is an often-adopted model, Virginia  
13 Mason Production System, another, and NHS England's own  
14 sponsored QSIR, Quality, Service Improvement models.

15 They don't -- they're considered a good practice,  
16 but they're much faster to implement, much quicker,  
17 because they go on plan, do, study, act, cycles of  
18 improvement but in doing so they have less data and they  
19 wouldn't meet the same evidential power of  
20 a high-powered research study. And I think as a Trust,  
21 and you see this at EPUT, over the period, you know, we  
22 struggle with getting the right balance there. We heard  
23 from Mr Trimble yesterday, he was clear and adamant,  
24 he's not been asked to provide a bias dataset, he's been  
25 asked to provide the data so it can be analysed.  
162

1 implement a good quality improvement methodology with  
2 a limited number of staff over a relatively short period  
3 of time. It won't have the same statistical  
4 significance but it is an accepted methodology of  
5 improvement that's widely used in Trusts and it uses  
6 data to drive that.

7 **Q.** One of Dr Denman's points was that she would have  
8 expected an evaluation to have been agreed before the  
9 rollout and then, after for example, the pilot, for the  
10 results, the analysis arising from that to be checked  
11 against the evaluation tool. I probably described that  
12 badly, but you were there for that evidence.

13 So is what you're saying linked to that, in a way:  
14 that appropriate evaluation tools should have been  
15 considered at an earlier stage?

16 **MR TRENT:** Yes, and I agree with what she said, because, you  
17 know, she said it would have been best practice. She  
18 also said that's not always happening in other Trusts,  
19 even in her own, you know, the Board papers at the time  
20 articulated a clear intention around patient safety, but  
21 one thing that's not there is, for example, a driver  
22 diagram, which again is something you use in a QI  
23 methodology, which says: this is how we expect to get  
24 these outcomes.

25 So a driver diagram really breaks it down. It says,  
164

1 if you're going to reduce ligatures, what are the things  
2 that drive that? And they go step by step so, you know,  
3 more observations, less fixed points, et cetera, and  
4 then you can analyse each of them and that becomes your  
5 methodology or your theory of change.

6 And I think that is as, you know, Dr Denman's  
7 pointing to those kind of models, I think, in her  
8 evidence. And I agree, those kind of models, actually,  
9 they could have had application here. And when we look  
10 back, that's a learning for us. We should have  
11 looked -- we should have put clearer outcome measures in  
12 place earlier and we should have evaluated those more  
13 effectively than we did.

14 **DR SURESH:** Can I add one more point? Sorry.

15 Trusts that have been rated as outstanding in their  
16 care by the CQC, for instance, have often adopted a QI  
17 methodology, a continuous quality improvement. Like  
18 Mr Trent said, often that is not based on robust  
19 evidence. For example, I, as a doctor, could improve  
20 the quality of care I provide in my outpatient clinic by  
21 making just one change and that is, you know, an  
22 iterative process over a period of time.

23 If it works, it does. If it doesn't, okay, what can  
24 we learn from it? And then you implement the next  
25 change using a PDSA cycle, and there is a lot of

165

1 **DR SURESH:** I agree to the extent that we probably do not  
2 have the data to actually make that assessment. Like  
3 I said before, we measure or count what happens. We  
4 don't always measure or count what does not happen or  
5 what gets prevented. And that is a point not just about  
6 VBPMS but other interventions as well. Generally, in  
7 medicine. Negative events are not necessarily counted  
8 or measured unless it's a serious one, but something  
9 that happens is measured. Something that is prevented  
10 is not measured, if I'm making sense.

11 **Q.** Yes. May I put something different to you now, based on  
12 your own experience at EPUT but also your understanding  
13 of what took place from 2019, 2020 onwards. Because  
14 we're going to come on in a moment to talk about the  
15 rollout, a couple more questions about that. But do you  
16 think that EPUT actually procured Oxevision and was  
17 using it to conduct observations remotely rather than  
18 for any other function?

19 **MR TRENT:** I don't think that was its intention. I think,  
20 you know, the Board papers at the time, the first  
21 paragraph is about, you know, this is part of our  
22 emerging patient safety strategy to improve our  
23 services. So I think, you know -- and I think Dr Denman  
24 reflected this -- there's a clear intent at the outset,  
25 that this is going to improve patient safety, and

167

1 encouragement in the NHS to actually use that for  
2 continuous quality improvement. And this is often done  
3 by, for example, resident doctors, student nurses,  
4 psychologists, et cetera, to improve the quality of care  
5 they provide within their own immediate setting.

6 So those kinds of improvements are not necessarily  
7 based on robust evidence. Sometimes they work,  
8 sometimes they don't. But if it works, carry on doing  
9 it. If it doesn't, learn from it and do something else.

10 So I think there is always a tension between  
11 a high-powered statistical study which, you know, which  
12 is the gold standard, if you like, versus small  
13 improvement that somebody can make within their own  
14 service.

15 So, most of us lie somewhere along that spectrum, if  
16 that makes sense.

17 **Q.** It does, thank you.

18 **DR SURESH:** And it's often difficult to get that balance.

19 **Q.** In her report, and in her evidence in July, Ms Archibald  
20 said that she'd not seen evidence that VBPMS directly  
21 influenced individual patient care in a systematic way  
22 and that the data does not demonstrate that VBPMS  
23 improved patient outcomes, or informed clinical decision  
24 making.

25 Would you agree with that? Probably, Dr Suresh.

168

1 I think that's the driver, not that it's going to be  
2 used as a remote monitor.

3 When you go back through the SOPs, over time, what  
4 you see is more and more rigour on that point. The SOPs  
5 consistently tightened to make it clearer and clearer,  
6 I think, that it's not to be used in a remote way.

7 **Q.** Do you think that, once it was raised as an issue, even  
8 if it wasn't the main reason or a reason for original  
9 procurement and implementation, do you accept that EPUT  
10 has been too slow to address it as an issue? You were  
11 just talking about SOPs picking up on it as an issue,  
12 but I am asking you something slightly different. Do  
13 you accept that EPUT has been too slow to address it as  
14 an issue?

15 **MR TRENT:** In my second statement, I said on behalf of the  
16 Board of Directors that we could and should have done  
17 better and I think that is a way in which we could have  
18 and should have done better.

19 I also think that, you know, that when you look to  
20 Mr Harry's evidence from Monday last week, and there's  
21 136 incidents and the learnings from those, there were  
22 other opportunities I think within the NHS system as  
23 a whole to learn more systemically, in the early use.  
24 So we didn't, for example, have -- we joined communities  
25 of practice, and we're active participants in the Nurse

168

1 Directors Forum, but we didn't have an NHS Oxevision  
2 benchmarking club going through all of the incidents  
3 together. And I think, you know, when you look at this  
4 from a systemic perspective as well as a Trust, and  
5 I say this without any intention to change EPUT's  
6 accountability, we're clear on the accountability and  
7 where things have gone wrong here, but when we reflect  
8 on the opportunity to learn, there are wider  
9 opportunities to learn around how could we have learnt  
10 from others more systemically in those early years to  
11 get to some of the conclusions and mitigations quicker?

12 **Q.** Thank you.

13 Can we move now to some points I want to ask you  
14 about in terms of the rollout at EPUT. You and  
15 I touched on this last year, and we just need to remind  
16 ourselves of the point that you joined the organisation  
17 halfway through the rollout, effectively, and Dr Suresh,  
18 your role, for at least some of the rollout, wasn't one  
19 that was specifically in relation to the implementation  
20 of Oxevision at EPUT. Do we just need to bear those two  
21 things in mind when we're -- if we're discussing the  
22 rollout now?

23 **DR SURESH:** Yes.

24 **MR TRENT:** Yes.

25 **Q.** Mr Trent, is it probably right for me to address my  
169

1 **MR TRENT:** As I've said earlier, I think there was a clear  
2 strategic intent around improving patient safety,  
3 there's references to the trend away from fixed point to  
4 other ligatures at the time, and in the papers. And the  
5 Safety First, Safety Always strategy that follows. So  
6 I think there's a clear strategic intent. However, on  
7 the specific benefits identified in detail, I agree with  
8 Dr Denman, they're not. But I would make the point  
9 I have, that I think there's a strategic intent that's  
10 clear in the business case.

11 And I wasn't there so I cannot comment on the  
12 discussion.

13 **Q.** I understand.

14 **MR TRENT:** That's me really just reviewing the documents.

15 **Q.** Another point she made, I think on the basis of  
16 a specific document but I want to put the point  
17 generally to you, is that some of these early documents  
18 are looking at benefits but not mentioning risk at all.  
19 Would you agree that there wasn't sufficient attention  
20 to the negative side of the balance at an early stage?

21 **MR TRENT:** So in the Project Board there's risk registers  
22 and there's concern around risks and, you know, you see  
23 those through the minutes, risks are identified, they're  
24 worked with the supplier to address those and mitigate  
25 them in different ways. So I don't think there was an

171

1 questions principally at you?

2 **MR TRENT:** Yes, I'm happy to.

3 **Q.** You addressed this in your evidence, as I've said, last  
4 year. More recently, the topic has been addressed in  
5 some detail in the report of Dr Denman, and indeed, in  
6 her evidence earlier this week. And you're aware of the  
7 points that she raised there; is that correct?

8 **MR TRENT:** I am.

9 **Q.** I don't, therefore, need to go into detail about what  
10 she said and the rollout now, but I do want to just pick  
11 up on a couple of points, please.

12 Dealing, first, with the benefits identified at an  
13 early stage. We saw an early document and I can put it  
14 up if we need to -- let me know -- the report to the  
15 Board of Directors on 30 October 2019, which set out a  
16 number of benefits, wide benefits, that the technology  
17 might afford.

18 Dr Denman's point was this, and if we need to, we'll  
19 put it up on the screen and we can look through it. Her  
20 general point was that the documentation that she'd  
21 reviewed does not appear to articulate a unified,  
22 coherent rationale for the implementation of the system.  
23 Instead, a range of advantages are proposed, and then,  
24 over time, reduced to be more modest.

25 Would you say that was an accurate assessment?

170

1 absence of any consideration of risks.

2 I do think, with hindsight, and with what we know  
3 now, a fuller analysis of risk should have been done at  
4 an earlier stage.

5 **Q.** Dr Denman also has addressed or concluded that there was  
6 a lack of involvement of patients and carers in the  
7 Trust's consideration and implementation of Oxevision.  
8 She said that the involvement of patients came late in  
9 the introduction of the system and it sometimes felt  
10 that they were being used for support rather than  
11 illumination.

12 To the extent you're able to answer this, do you  
13 agree?

14 **MR TRENT:** There's clear evidence at the outset, around  
15 patient survey that's fed back to the Boards at the  
16 time. I agree, there's then a gap for a significant  
17 period of time, and that should have been addressed  
18 sooner. And the Trust, you know, the Trust has  
19 significantly invested in lived experience, the lived  
20 experience and expert by experience team since that  
21 time. So, you know, when I joined the Trust there was  
22 around 30 lived experience ambassadors who are our  
23 experts by experience who are paid to join meetings and  
24 support us in lots of different ways.

25 **Q.** Can I just ask you to moderate your speed. Thank you.

172

1 **MR TRENT:** I'm sorry, am I going too fast?  
 2 We were at around 30. We're over 300 now. So  
 3 there's been a change in the Trust over this period.  
 4 But I agree with Dr Denman, you don't see enough patient  
 5 involvement after that initial survey, and then it's  
 6 only really in later years that we see that involvement  
 7 more systemically.  
 8 **Q.** She made a further point, she said this:  
 9 "It seems very likely that had co-production been  
 10 built in from the start, many of the problems that were  
 11 later encountered might well have been foreseen."  
 12 Do you think that is right?  
 13 **MR TRENT:** I mean, it's difficult to speculate on what would  
 14 have happened, but I agree with the premise that working  
 15 with experts by experience, that they bring an insight  
 16 that isn't otherwise in the room, and that insight may  
 17 have led to issues or risk being identified earlier.  
 18 And, you know, my experience, I had lived experience --  
 19 experts by experience on my strategy group. Brilliant.  
 20 You know, the constructive challenge and insight that  
 21 you get from having an expert by experience as not  
 22 someone you consult with but someone who is part of your  
 23 governance and oversight, is really valuable, and we  
 24 should have done that sooner.  
 25 **Q.** Thank you.

173

1 I think, you know, sometimes when you've got a programme  
 2 of change or implementation, you get the early data.  
 3 These things take a while to mobilise so you may want to  
 4 continue but you should return to the further data. So  
 5 in this case, the Trust should have returned to the  
 6 second two wards because there's always stop-go moments  
 7 in a project and there will be, and I think Derrick  
 8 spoke about this in his experience, there will be a lot  
 9 of work before you switch something on. So you might  
 10 decide to proceed with some of that work in parallel to  
 11 completing some of the analysis and I think that's the  
 12 judgement that was taken at the time.  
 13 But I wasn't in that room, so, you know, I think the  
 14 intention of the Trust was to implement a technology  
 15 that it believed at the time it had evidence would make  
 16 a difference.  
 17 **Q.** But the plan was to do a four-ward pilot. Before that  
 18 was complete, and the analysis was in, there was  
 19 a decision to roll it out I think to 13 further wards.  
 20 And you may recall there is the suggestion of pressure  
 21 to do something by the end of the financial year. Do  
 22 you not accept, in those circumstances, that there was a  
 23 hurried element during part of the rollout?  
 24 **MR TRENT:** I wouldn't use the word "hurried". I can see  
 25 clearly there's an intent to proceed at pace. I think

175

1 I'd like to move on to another point that Dr Denman  
 2 addresses and that is the pressure to rollout at pace at  
 3 an early stage.  
 4 Now, we can look at documents if we need to, but it  
 5 boils down to this: that a Board report -- a report to  
 6 the Board of Directors in September 2020, as I recall  
 7 it, after there was some analysis of two of the four  
 8 pilot wards suggested pressing on rather than waiting  
 9 for analysis to come in from the remaining two pilot  
 10 wards. Do you remember that?  
 11 **MR TRENT:** Yes. I mean, I wasn't there, but I remember the  
 12 document.  
 13 **Q.** You remember the documents. And Dr Denman's overall  
 14 point on this was that:  
 15 "... EPUT implemented Oxevision in a somewhat  
 16 hurried way and certainly rolled it out without much  
 17 evidence following a pilot phase. It is clear the  
 18 motivation of the organisation at that point was that  
 19 the system was genuinely so good that it would save  
 20 lives, and that delaying rollout would be indefensible,  
 21 but it is hard to agree with that conclusion."  
 22 Do you accept or agree that the rollout was hurried?  
 23 **MR TRENT:** I wouldn't describe it as hurried. I note that  
 24 the Board paper says there should be a further report at  
 25 the end of the financial year, in following up.

174

1 an assessment of whether that's hurried or at pace or  
 2 whatever may be an individual assessment. And I wasn't  
 3 there at the time, so, you know, I accept the Trust made  
 4 a decision to accelerate its rollout. It believed at  
 5 the time it had received sufficient evidence. I think  
 6 the evidence from the second two wards is clearly highly  
 7 relevant. And it should have returned to those. I'm  
 8 not sure I can say more than that, with hindsight.  
 9 **Q.** Understood.  
 10 Dr Denman and Jill Archibald have both raised  
 11 a further point that may be important and I want to ask  
 12 you both about it. In essence, it's that there should  
 13 have been, at an early stage, identification of a clear  
 14 tension between, on the one hand, a technology that was  
 15 going to be saving staff time and money, and on the  
 16 other, to a technology that was meant to be assistive  
 17 only. Do you understand the tension there?  
 18 **MR TRENT:** I ...  
 19 **Q.** What is your response to the question whether that  
 20 tension should have been identified at a much earlier  
 21 stage or at all?  
 22 **MR TRENT:** Look, I don't agree completely with how that  
 23 tension is characterised.  
 24 **Q.** Then please explain.  
 25 **MR TRENT:** So the tension that's described there is to say:

176

1 the only way you could save money is to have less staff.  
 2 I apologise for oversimplifying but I think that's a key  
 3 part of it. When you look at the cost drivers in  
 4 a mental health trust, two of your key things here are  
 5 how long are patients staying on the wards, because  
 6 every additional day on the wards has more resources  
 7 associated with it: the clinical team, the bed,  
 8 et cetera. And how intensive are the resources required  
 9 to provide the appropriate clinical treatment at any  
 10 given time?

11 And if you have a good clinical outcome for  
 12 a patient with a shorter length of stay or with a less  
 13 intensive model of treatment, that would be at a lower  
 14 cost without being a substitution of quality for cost.

15 And you see this in other industries as well. You  
 16 know, cost and quality, they're not a binary trade-off.  
 17 Actually, you make a better quality product, it can be  
 18 lower cost, because you remove the waste in the system,  
 19 to use the sort of the transformation or the programme  
 20 management language around that.

21 So I don't see it as a simple tension between one  
 22 and the other. What the Trust is looking at here is:  
 23 can we get better outcomes for our patients that may,  
 24 you know, not require the same resource, input to do  
 25 that? And this idea is taken later in the Time to Care

177

1 level. And Mr Scott gave that evidence in his earlier  
 2 Position Statement, I think the first one. So we don't  
 3 see, as a Trust, that this reduces our staffing numbers.  
 4 And I think Dr Denman is right to characterise that the  
 5 focus becomes more around the patient safety benefits  
 6 than whether this is releasing a cost savings.

7 **Q.** Thank you.

8 Dr Suresh, finally in relation to rollout, I'd like  
 9 to ask you about the clinical oversight of Oxevision at  
 10 EPUT. Dr Denman has suggested this:

11 "Overall, therefore, there was a degree of clinical  
 12 oversight and the Medical Director consistently attended  
 13 the Quality Committee. However, at Board level there  
 14 was inconsistent clinical oversight of the Oxevision  
 15 system with attention only really being focused on the  
 16 system after concerns were raised. Overall, there was  
 17 a general lack of clinical challenge related to the  
 18 functioning of the system and its intended purpose, and  
 19 no consistent response to issues of potential harm."

20 From your own experience and what you have learnt  
 21 about the system and its implementation at EPUT, would  
 22 you accept this is a correct analysis?

23 **DR SURESH:** At Board level, I mean the Oxevision data, and  
 24 also the papers around any concerns on how Oxevision is  
 25 working were going to up to the Quality Committee, the

179

1 piece, the Time to Care business case as an example.

2 So, you know, two of the key interventions in the  
 3 Time to Care business case, we introduced activity  
 4 coordinators on our wards, and we introduced peer  
 5 support workers, both as paid roles. Now, we're doing  
 6 that because we believe that's going to support patient  
 7 care to get better outcomes, but at the same time,  
 8 that's also going to allow -- you know, is going to  
 9 support the length of stay coming down for patients so  
 10 they get a better outcome in a shorter space of time.

11 So we're not actually saying, "Take the staff off  
 12 the wards." We might actually say, "Put more staff on,  
 13 put different staff on" in order to achieve the outcome.

14 **Q.** In her report, Dr Denman spoke about less in-person  
 15 observations being envisaged, and we've certainly seen  
 16 documents saying that. And there's a potential benefit  
 17 of the system at some stage.

18 She goes on to say this:

19 "I do not think that a planned reduction in  
 20 in-person observations ever occurred. I also think that  
 21 the fact it did not, essentially destroyed any  
 22 financially based case for using the system."

23 Would you provide your views about that, please.

24 **MR TRENT:** So when you look over this whole period, EPUT  
 25 increased its staffing; doesn't decrease it at a Trust

178

1 Quality Committee is a subcommittee of the Board,  
 2 chaired by a Non-Executive Director. And they would  
 3 then escalate any concerns to the Board, to a formal  
 4 Board meeting, which includes the Executive or  
 5 Non-Executive Directors, through their committee chair's  
 6 report which is a standing agenda item on the Board.

7 So I would say that if it went up to Quality  
 8 Committee, chaired by a member of the Board,  
 9 a Non-Executive Director, who provides constructive  
 10 challenge to Executive Directors in all matters relating  
 11 to patient care, that would have come to the Board's  
 12 attention.

13 **Q.** Sorry, were you going to say something?

14 **MR TRENT:** Yeah, can I check this because I read this  
 15 passage of Dr Denman's report and I interpreted her as  
 16 talking about here the Project Board rather than the  
 17 Trust Board, in the context. At the Trust Board level,  
 18 Dr Kallur has answered but there's also significant  
 19 evidence in the quality accounts each year of references  
 20 to Oxevision, including comments, I can't remember if  
 21 it's '21-'22, or '22-'23 from Healthwatch Essex which  
 22 are positive around Oxevision at that time. So it is  
 23 there at the Trust Board level, but I believe this  
 24 passage was really about the gap in clinical attendance  
 25 at the Project Board but I may be mistaken.

180

1 Q. Well, there's a point that's made about the collapse of  
2 clinical attendance generally. Rather than addressing  
3 that, may I pick up on one particular aspect of what she  
4 said, and that's this:

5 "... attention only really being focused on the  
6 system after concerns were raised," at whatever level.

7 Do you accept that that's an accurate assessment?

8 DR SURESH: Probably not, because, like Mr Trent said, the  
9 Project Board did consider, you know, there was  
10 Oxevision-focused Project Board meetings which was  
11 attended by clinicians, a lot of nursing staff, because  
12 Oxevision was mainly considered to be a nursing  
13 observation and engagement tool, number 1. And also,  
14 all the people who were providing project support to  
15 this Oxevision project, plus I believe it had  
16 representation from LIO, as well, Oxehealth  
17 representatives as well.

18 Q. I think one of the points Dr Denman made was that the  
19 medical or clinical element of attendance dropped off  
20 quite quickly. But we don't need to cover that ground  
21 now, unless you want to.

22 Is there anything else, I'm going to move on from  
23 the rollout at EPUT to my final area of questioning, but  
24 before I do, having heard Dr Denman's evidence and read  
25 her report, are there any other points either of you

181

1 cost to October 2025 of the contract with Oxehealth ran  
2 into millions of pounds. You weren't able at that time,  
3 do you remember, to give a more precise figure? But you  
4 added that the figure for the 2024/25 spend was  
5 approximately 1.2 million. Do you remember that  
6 evidence?

7 MR TRENT: I do, yes.

8 Q. Now, in your main statement you've been able to provide  
9 a figure for the total spend between 2000 and 2025; is  
10 that right?

11 MR TRENT: Correct.

12 Q. This is paragraph 529.

13 MR TRENT: Yes.

14 Q. Is the total spend £5,164,771, including VAT?

15 MR TRENT: It is. As we say in that paragraph, the VAT is  
16 reclaimable for the Trust. So the net cost to the Trust  
17 in terms of our total resources, how much has been  
18 committed to this, is £4,303,976. And I set that in the  
19 context of an organisation that -- I think I gave the  
20 turnover last time but it's in the order of £650 million  
21 of turnover each year, and our annual accounts specify  
22 that. So, we can give you the precise number.

23 Q. I understand. I'm just wondering how comfortable  
24 a benchmark that is, or a comparison that is. This is  
25 well over £4 million for an NHS Trust. That is

183

1 would like to make about the rollout at EPUT, and in the  
2 context of what she said?

3 DR SURESH: Can I just say a little bit more about the  
4 clinical oversight?

5 Q. Yes.

6 DR SURESH: Clearly with the new Standard Operating  
7 Procedure there has been extensive clinical oversight,  
8 for example myself and my Chief Nurse colleague were  
9 heavily involved in the revision of the Standard  
10 Operating Procedure. It has had input from the Chief  
11 Clinical Information Officer, the Chief Nursing  
12 Information Officer, as well, and a lot of other  
13 clinicians who are operating on the ground about how a  
14 change in the Standard Operating Procedure would  
15 actually help advance patient care.

16 So the clinical oversight has certainly strengthened  
17 in the last six months and we plan to continue to do  
18 that going forward.

19 Q. Thank you.

20 DR SURESH: Pending the outcome of the independent report.

21 Q. Thank you very much.

22 Moving on, then, to the last area I would like to  
23 cover with you today, and that's the question of cost.  
24 We touched on this, Mr Trent, when you gave evidence  
25 last year, and at that time you accepted that the total

182

1 a significant amount, even compared to the annual  
2 budget; would you agree?

3 MR TRENT: It's millions of pounds. It's a significant  
4 amount of money. I mean, that's an amount over the  
5 whole period --

6 Q. Yes.

7 MR TRENT: -- not in a single year. And I make the  
8 benchmark because EPUT is one of the larger NHS Mental  
9 Health Trusts in the country so if you're, you know,  
10 you're comparing different organisations, the turnover  
11 is -- it gives you a sense of the scale and the  
12 organisation. This is a figure that's covering  
13 a multi-year period.

14 It's also a figure that, when you look at this  
15 through the lens of the standing financial instructions  
16 of the Trust, expenditure over a million pounds is  
17 reserved to the Board, and, you know, that does reflect,  
18 again, the Trust's own assessment. If you're spending  
19 over a million pounds, that's a substantial amount of  
20 public money and it should have oversight of the Board  
21 of Directors, which this did.

22 Q. You say in the main statement, from May this year, that  
23 the Trust was satisfied that the investment represented  
24 value for money. Given what we've covered today and the  
25 ways in which you actually now understand Oxevision to

184

1 work at EPUT, would you continue to say that?

2 **MR TRENT:** So, we've commissioned an independent review and  
 3 we'll take into account all the findings of that. We  
 4 don't make value-for-money assessments on the fly so  
 5 I can't give you a value-for-money assessment here and  
 6 now, that needs to be an evidence-based process, and we  
 7 do that through the annual cycle of financial analysis  
 8 and reporting.

9 The Trust's previous assessments have been that  
 10 that's been value for money, and any new evidence will  
 11 be considered in future assessments.

12 **Q.** Dr Suresh, £4.3 million on this technology. What are  
 13 your views about that?

14 **DR SURESH:** That's a difficult question for me to answer but  
 15 I will attempt it anyway. You know, I think we have  
 16 seen evidence that Oxevision has saved individual lives.  
 17 I know 4.3 million is a quite a big sum of money for  
 18 a publicly-funded organisation, but if you're able to  
 19 make a difference for even some of the patients, that  
 20 would be of significant value for the individual  
 21 families. And, like I said, we probably haven't got at  
 22 present the evidence to say what Oxevision has actually  
 23 prevented, adverse incidents, et cetera. Once we are  
 24 able to have that data, if we're able to have that data,  
 25 then we can probably come to a more balanced assessment

185

1 extra person in the room, that's when staff are able to  
 2 see the blurred. And so I understand the blurred in  
 3 that case is of value in terms of situational awareness.  
 4 So, you know, the alert might say there's two people in  
 5 the room, you could see the blurred, and you'd get  
 6 a sense of where they are. That's my understanding from  
 7 the instructions for use and the evidence from others.

8 **THE CHAIR:** Yes, yes. It's clear at the time that you do  
 9 the activation of the vital signs?

10 **MR TRENT:** Yes.

11 **THE CHAIR:** Right, okay. And in respect of the blurred  
 12 image, that is for situational awareness; that's not  
 13 necessarily for identifying the patient?

14 **MR TRENT:** No, and I think coming back to the  
 15 anonymised/pseudonymised point, you may not be able to  
 16 identify the patient or you may, given you know who they  
 17 are or you know the room. So the blurred, I think it's  
 18 a different function, that information.

19 **THE CHAIR:** Right.

20 **MR GRIFFIN:** May I just pick up on that.  
 21 The blurred view is available to a staff member  
 22 following a notification; correct?

23 **MR TRENT:** Yes, that's my understanding.

24 **Q.** But it will need to be, although it's blurred, it will  
 25 need to be sufficiently clear for a staff member to know

187

1 of the value for money.

2 **MR GRIFFIN:** Dr Suresh and Mr Trent, those are the questions  
 3 I have for you at this stage.

4 Chair, do you have any further questions at this  
 5 stage?

6 **THE CHAIR:** Just one question. And I'm not sure if you can  
 7 help me with this. It's about the purpose of the image,  
 8 the blurred image which is produced when the vital signs  
 9 are -- the vital signs function is activated. As  
 10 I understand it, that image, which is blurred, is to  
 11 assist with identification of the patient, to ensure  
 12 that the patient is who they ought to be, as well as to  
 13 ensure that the patient is still and has flesh exposed  
 14 to use it.

15 If it is properly blurred, and therefore anonymised,  
 16 it doesn't fulfil that purpose, does it, because you  
 17 can't be sure you've got the right patient. Can you  
 18 help me with that conundrum?

19 **MR TRENT:** I think so. I think there may be  
 20 a misunderstanding there because the clear view happens  
 21 when you're doing the vital signs. The blurred happens  
 22 when an alert has come up. So when somebody is taking  
 23 the vital signs, they will see that in clear view  
 24 because they need to see the dots on the skin.

25 When you have an alert like in the bathroom or an

188

1 how to react to the notification when they access it; is  
 2 that correct?

3 **MR TRENT:** Yes, and you played the example that Oxehealth  
 4 had provided, and you could see from that, you could see  
 5 that a person walks into the room and lies on the bed.  
 6 So it was enough to see where a person was in the room,  
 7 for example.

8 I'm not the person to make an assessment of how  
 9 useful that is or not, but, you know, the intention of  
 10 that is to give some situational awareness when an alert  
 11 has been raised.

12 **Q.** Dr Suresh, do you have a view on the purpose of blurred,  
 13 the blurred video or the blurred view afforded to  
 14 a staff member following a notification, what its  
 15 purpose is, and whether it fulfils it?

16 **DR SURESH:** If it is around identifying the location of the  
 17 patient, for example they are in the bathroom, they have  
 18 come out of the bathroom, they are out of the door, edge  
 19 of the bed, et cetera, I think a blurred vision would be  
 20 enough to alert staff to take some action, but if we are  
 21 talking about vital signs measurement which requires the  
 22 two dots to be on the person, you know, we have to make  
 23 sure that it is the actual patient that we are taking  
 24 the reading from and not somebody else, because often on  
 25 mental health wards you could have a patient wandering

188

1 into somebody else's room. It happens very often on  
2 older adult wards.  
3 So when you have to take vital signs measurement,  
4 you have to make sure that the infrared is focused on  
5 the right individual, and that's where identification is  
6 necessary. But for all other benefits of the system,  
7 I think a blurred image would be good enough; that's my  
8 understanding.

9 **THE CHAIR:** Can I just challenge you on that. What about  
10 the case of the person being at the door, leaving the  
11 room? That would require you to identify you've got the  
12 right person, wouldn't it?

13 **DR SURESH:** No, they are not leaving the ward, they're  
14 leaving the room but coming into the corridor. They  
15 would still be on the ward but --

16 **THE CHAIR:** Yes, leaving their room.

17 **DR SURESH:** Leaving their bedroom, their door, but they're  
18 coming into a common area, maybe a lounge area or a  
19 corridor area where patients can walk through the  
20 corridor, so they're not leaving the ward as in going  
21 out of the hospital.

22 **THE CHAIR:** No. But you clearly want an alert for some  
23 people that they're leaving the room and you want to  
24 make sure you've got the right person who is leaving the  
25 room, even if it is only to go into the corridor.

189

1 until 4.15. Thank you.

2 (4.01 pm)

(A short break)

4 (4.28 pm)

5 **THE CHAIR:** Mr Griffin.

6 **MR GRIFFIN:** Dr Suresh, Mr Trent, just a few more questions,  
7 please. I've looked at the most recent version of the  
8 SOP and we can see, on the second page of that, and  
9 indeed, I think, on most of the previous versions, the  
10 number of previous iterations and in general terms, the  
11 purpose of the further iteration; is that correct?

12 **DR SURESH:** (The witness nodded).

13 **MR TRENT:** Yes.

14 **Q.** Now, there have been 19 iterations of the SOP at EPUT  
15 since the first one on 26 March 2020. Does it tell us  
16 anything that the SOP has needed to be updated so many  
17 times in this period?

18 **MR TRENT:** Yes, I think it does. I think it's evidence of  
19 learning, changes and improvement over that time. It's  
20 evidence of changes in national guidance. So, you know,  
21 you can see changes that correspond to the publication  
22 of those. You know, you've got changes that correspond  
23 to the CQC action planning following the inspection at  
24 EPUT and report from July '23.

25 So I think that change log actually does tell

191

1 Otherwise, why do you have the alert at all?

2 **DR SURESH:** Yeah, I can understand what you're saying but if  
3 there is only one person in the room and if they have  
4 left, then --

5 **THE CHAIR:** You might or might not get the right person  
6 leaving the room.

7 **MR TRENT:** I suppose one of the things about this is that  
8 it's a prompt for a staff member to ascertain what's  
9 going on and it's why we say you need to go in person.  
10 And the point about the false alarms, you know, the  
11 research paper that was attached to Denman said -- on  
12 alarm fatigue -- talked about 72 to 99% of alerts, this  
13 is based on physical health, their critical care, being  
14 false, in other contexts as, you know, that's one of the  
15 points she's -- that research was making but there is  
16 still utility in the alert. And we see that in other  
17 settings, you know, neonatal units. You know, there's  
18 a high volume of alerts in a neonatal unit, and they're  
19 there not to replace the staff but to assist the staff  
20 and not every alert is going to lead to an intervention  
21 that's beneficial to a patient but the alerting, you  
22 know, it's one prompt to staff. It's not the only one.

23 **MR GRIFFIN:** Chair, may I suggest we take a pause now.

24 Dr Suresh, Mr Trent, there may be some further  
25 questions I need to ask you, but may we take a break

190

1 a story of how this has changed over time, and what has  
2 been learnt and put into practice over that, and I think  
3 when you take that right to the very latest version, the  
4 13.4, you know, Dr Denman, Jill Archibald, both of those  
5 have spoken in much more favourable terms around 13.4.  
6 Dr Denman felt it was consistent with the NHS England  
7 Guidance of 2025. NHS England's own assessment in  
8 Mr Harry's evidence in the spreadsheet he provided says  
9 that NHS England assess it as compliant with 2025.

10 So I think, to me, it demonstrates that the Trust  
11 has made improvements over that time.

12 **Q.** Are you in touch with other Trusts to understand a  
13 little bit about their own Standard Operating Procedures  
14 where they are also using Oxevision?

15 **MR TRENT:** So myself, not personally --

16 **Q.** The Trust?

17 **MR TRENT:** -- but the Trust, we've engaged consistently  
18 through the Nurse Directors Forum, when that's engaged  
19 with this.

20 **Q.** Let me pause you there because I do have a question.  
21 Are you aware whether equivalent Trust policies have  
22 been updated quite as frequently as EPUT's?

23 **MR TRENT:** Only insofar as I reviewed the witness statements  
24 you'd received from other Trusts for this Inquiry, and  
25 I could see that there was variation in those, I believe

192

1 NELFT had 38 or some similar number. Others less. And  
 2 I think to really make a comparison, you'd need to make  
 3 an adjustment for updates which were just technical  
 4 corrections and really focus on the substantive changes.  
 5 So counting the number of versions may not give that to  
 6 you.

7 **Q.** And just now on changes that are not purely technical,  
 8 as far as you're aware, has the SOP ever been updated in  
 9 response to, or in anticipation of, the findings of any  
 10 of the inquests the Trust has been involved in, which  
 11 engaged the use of Oxevision?

12 **MR TRENT:** So yes, I mean, there have been changes in  
 13 relation to learnings from tragic deaths that have  
 14 occurred at the Trust, and I've spoken about that a year  
 15 ago. For example, around the clarity of the policy in  
 16 responding to alarms, and when you look at the Version 9  
 17 and 9.1, for example, that update is being made --  
 18 there's three things happening at that time: that's  
 19 updates being made after the CQC Report, but it's also  
 20 happening around the time of the Morgan-Rose Hart  
 21 inquest as well. So, you know, the Trust is recognising  
 22 and did recognise failures in care, and reflecting on  
 23 that at the same time as it's updating the SOP.

24 **Q.** Thank you.

25 Can I move now to the Privacy Notice. We mentioned  
 193

1 seen in the evidence that Ms Cozens gave and her  
 2 statement that there is another Trust who has started to  
 3 use the Unusual Activity Alert -- or I forget the name.  
 4 We would absolutely be interested in using that once we  
 5 had the user authentication rolled out, because it  
 6 provides an additional control and mechanism of  
 7 oversight.

8 **Q.** So is it your understanding currently that the  
 9 inappropriate vital signs notification, or whatever it  
 10 is more precisely called, would function best only after  
 11 a user authentication facility was in place?

12 **MR TRENT:** Yes, I believe it's dependent on that, because in  
 13 order to be able to report reliably on which members of  
 14 staff have used the system an unusual amount, you need  
 15 to know who they are. And crudely, at the moment, you  
 16 know -- I have an unusual name, but suppose your name  
 17 was James, there may be another person putting "James"  
 18 in. We wouldn't be able to confirm it was the same  
 19 person.

20 **Q.** But in order to be able to determine or access  
 21 a function that alerted to inappropriate use, you would  
 22 need both the gateway, the authentication gateway, and  
 23 this further function, so the two separate functions  
 24 would be needed. You couldn't just do it with user  
 25 authentication?

195

1 this earlier in your evidence. I asked you whether the  
 2 Privacy Notice now expressly makes clear that if the  
 3 system is being used, it is on and recording 24/7.

4 The Privacy Notice has been checked, and no such  
 5 express statement was found. So would you accept that  
 6 if there isn't such an express statement in the Privacy  
 7 Notice, that's a failing?

8 **MR TRENT:** I need to review the precise wording, and I did  
 9 say earlier that my understanding was that was the  
 10 substance of both the Privacy Notice and the leaflet,  
 11 but I would need to check that to come back to you.

12 **Q.** Okay, thank you.

13 **MR TRENT:** Because I don't have it in front of me.

14 **Q.** Thank you. You talked about authentication on pilot  
 15 wards. How many -- so this is the user authentication  
 16 gateway that we were talking about. How many pilot  
 17 wards are involved?

18 **MR TRENT:** I believe it's two at the moment, Ardleigh and  
 19 Gosfield, that are on the pilot. But then it would roll  
 20 out after that.

21 **Q.** If or once user authentication is rolled out beyond the  
 22 two pilot wards, will the use of the tablet or monitor  
 23 by staff be audited regularly by the Trust?

24 **MR TRENT:** I mean, I would expect so. That determination  
 25 hasn't been made, but as I said earlier, you know, we've  
 194

1 **MR TRENT:** I think one depends on the other. You may be  
 2 able to do a manual analysis, but to have it as an  
 3 automatic report, it makes sense, doesn't it, you need  
 4 to know who all the users are in order to be able to say  
 5 which ones are using it more than the others. So yes,  
 6 I see that as a dependency.

7 **Q.** Thank you.

8 What are the consent processes for CCTV and  
 9 body-worn cameras at EPUT?

10 **MR TRENT:** So I think, I provided extensive evidence in my  
 11 earlier written statements around policies on CCTV.  
 12 I haven't, in preparing for today, gone back over that  
 13 because it wasn't the evidence indicated that we'd  
 14 cover. But I would refer back to and rely upon my  
 15 previous statements and the policies therein around CCTV  
 16 and I'd also refer to the Trust Privacy Notice.

17 **Q.** Thank you.

18 Can you tell us whether you are aware of any  
 19 evidence from EPUT of staff misusing the vital signs or  
 20 activity system in order to spy on patients?

21 **MR TRENT:** No, not to spy on patients. As I've said before,  
 22 we expect staff to behave properly and to follow our  
 23 policies and procedures. That said, we have documented  
 24 in the statement at the Inquiry's request, where there  
 25 have been disciplinary matters related to how Oxevision

196

1 has been used. So that's a part of the record we've  
2 provided to you.  
3 **Q.** Thank you.  
4 You suggested in your evidence that there should be  
5 a process run by a respected national institution --  
6 this was you, Dr Suresh -- for appraising new  
7 technologies, including VBPMs, before their adoption by  
8 individual NHS Trusts. And you gave an analogy with the  
9 NICE model for assessing new medications before they're  
10 rolled out in the NHS; correct?  
11 **DR SURESH:** That's correct, yeah.  
12 **Q.** Were you referring to new technology relevant to mental  
13 health care, or all new health technologies?  
14 **DR SURESH:** I mean, my particular interest is in mental  
15 health and given that the focus of this Inquiry is also  
16 in mental health, I was referring to mental health  
17 technologies, particularly because they don't come about  
18 as often as in physical healthcare.  
19 **MR GRIFFIN:** Thank you.  
20 Chair, those are the additional questions I have for  
21 Dr Suresh and Mr Trent. Do you have any further  
22 questions?  
23 **THE CHAIR:** No, I don't, thank you.  
24 Could I thank you both very much indeed for your  
25 evidence. It's been extremely helpful to me. Thank

1 you.  
2 **DR SURESH:** Thank you, Chair.  
3 **MR GRIFFIN:** Chair, we reconvene tomorrow at 10.00.  
4 **THE CHAIR:** Tomorrow at 10.00.  
5 **(4.39 pm)**  
6 **(The hearing adjourned until 10.00 am the following day)**  
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19  
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21  
22  
23  
24  
25

1 INDEX

|    |                                   |   |
|----|-----------------------------------|---|
| 2  |                                   |   |
| 3  | ZEPHAN TRENT (affirmed) .....     | 2 |
| 4  | KALLUR SURESH (affirmed) .....    | 2 |
| 5  | Questioned by MR GRIFFIN KC ..... | 2 |
| 6  |                                   |   |
| 7  |                                   |   |
| 8  |                                   |   |
| 9  |                                   |   |
| 10 |                                   |   |
| 11 |                                   |   |
| 12 |                                   |   |
| 13 |                                   |   |
| 14 |                                   |   |
| 15 |                                   |   |
| 16 |                                   |   |
| 17 |                                   |   |
| 18 |                                   |   |
| 19 |                                   |   |
| 20 |                                   |   |
| 21 |                                   |   |
| 22 |                                   |   |
| 23 |                                   |   |
| 24 |                                   |   |
| 25 |                                   |   |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                         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| <p><b>DR SURESH: [252]</b><br/> <b>MR GRIFFIN: [26]</b><br/> 1/6 2/13 24/8 33/2<br/> 47/14 53/14 53/23<br/> 65/11 77/5 77/19<br/> 78/14 98/4 105/17<br/> 108/8 111/10 111/19<br/> 158/14 160/7 160/13<br/> 160/18 186/2 187/20<br/> 190/23 191/6 197/19<br/> 198/3<br/> <b>MR TRENT: [292]</b><br/> <b>THE CHAIR: [45]</b> 1/5<br/> 23/20 23/24 24/3 24/5<br/> 24/7 32/17 46/19 47/8<br/> 47/11 47/13 53/18<br/> 53/22 65/4 76/11<br/> 76/20 76/24 77/4<br/> 77/20 78/5 78/13 95/8<br/> 95/25 96/3 96/17<br/> 105/8 106/22 107/23<br/> 111/14 111/18 158/2<br/> 158/5 160/12 160/14<br/> 186/6 187/8 187/11<br/> 187/19 189/9 189/16<br/> 189/22 190/5 191/5<br/> 197/23 198/4</p> <hr/> <p>'<b>21 [1]</b> 180/21<br/> '<b>21-22 [1]</b> 180/21<br/> '<b>22 [2]</b> 180/21 180/21<br/> '<b>22-23 [1]</b> 180/21<br/> '<b>23 [3]</b> 34/18 180/21<br/> 191/24<br/> '<b>24 [1]</b> 126/3<br/> '<b>24 DPIA [1]</b> 126/3<br/> '<b>27 [1]</b> 17/6<br/> '<b>27/28 [1]</b> 17/6<br/> '<b>28 [1]</b> 17/6<br/> '<b>actively [1]</b> 29/11<br/> '<b>agree [1]</b> 50/8<br/> '<b>anonymised' [1]</b><br/> 121/11<br/> '<b>assumed [1]</b> 28/25<br/> '<b>Non [1]</b> 125/13<br/> '<b>Non-Personal [1]</b><br/> 125/13<br/> '<b>Partner' [1]</b> 128/2<br/> '<b>really [1]</b> 29/12<br/> '<b>should [1]</b> 29/7</p> <hr/> <p><b>1</b><br/> <b>1,400 [1]</b> 99/8<br/> <b>1,453 [1]</b> 100/4<br/> <b>1.2 million [1]</b> 183/5<br/> <b>1.50 [3]</b> 111/13<br/> 111/14 111/17<br/> <b>1/6 [1]</b> 86/21<br/> <b>10 [5]</b> 49/16 61/7<br/> 107/14 150/14 150/18<br/> <b>10-Year [3]</b> 104/9<br/> 104/17 106/8<br/> <b>10.00 [4]</b> 1/2 198/3</p> | <p>198/4 198/6<br/> <b>10.02 [1]</b> 1/4<br/> <b>100 [18]</b> 86/17 86/18<br/> 86/23 87/4 87/5 87/10<br/> 88/5 88/14 88/17 89/5<br/> 89/16 91/3 91/5 91/12<br/> 92/4 94/1 95/17 95/20<br/> <b>100%<sup>s</sup> [3]</b> 88/19 89/8<br/> 89/11<br/> <b>102 [1]</b> 120/21<br/> <b>107 [1]</b> 84/16<br/> <b>11 [2]</b> 150/14 150/18<br/> <b>11.15 [2]</b> 53/16 53/19<br/> <b>11.30 [3]</b> 53/17 53/18<br/> 53/21<br/> <b>114 [3]</b> 3/3 3/13 3/23<br/> <b>116 pages [1]</b> 3/6<br/> <b>12 [10]</b> 28/14 28/23<br/> 44/24 45/4 45/13<br/> 45/21 48/5 50/22<br/> 55/15 142/1<br/> <b>12 hours [2]</b> 144/19<br/> 145/9<br/> <b>12.52 [1]</b> 111/15<br/> <b>13 [1]</b> 175/19<br/> <b>13.4 [5]</b> 53/13 67/17<br/> 73/21 192/4 192/5<br/> <b>130 [3]</b> 141/9 141/21<br/> 142/9<br/> <b>136 [2]</b> 117/20<br/> 168/21<br/> <b>14 [2]</b> 4/3 28/22<br/> <b>14 October 2026 [1]</b><br/> 1/1<br/> <b>140 [2]</b> 159/8 159/15<br/> <b>15 [5]</b> 9/9 23/12<br/> 23/14 119/7 119/14<br/> <b>15 December 2025</b><br/> <b>[1]</b> 9/13<br/> <b>15 years [1]</b> 35/16<br/> <b>15-second [1]</b> 130/24<br/> <b>16 [1]</b> 142/1<br/> <b>16 pages [1]</b> 3/18<br/> <b>17 [3]</b> 41/9 49/20<br/> 148/13<br/> <b>175 [1]</b> 28/17<br/> <b>177 [1]</b> 50/13<br/> <b>18 [2]</b> 86/13 92/3<br/> <b>18 March 2025 [1]</b><br/> 99/9<br/> <b>187 [1]</b> 54/5<br/> <b>189 [1]</b> 54/11<br/> <b>19 [5]</b> 13/15 13/18<br/> 82/9 148/8 191/14</p> <hr/> <p><b>2</b><br/> <b>2.00 [1]</b> 111/13<br/> <b>20 [1]</b> 127/21<br/> <b>20 May [2]</b> 61/9<br/> 63/25<br/> <b>2000 [1]</b> 183/9<br/> <b>2005 [1]</b> 35/4<br/> <b>2011 [1]</b> 43/5<br/> <b>2017 [1]</b> 10/20<br/> <b>2018 [1]</b> 115/14<br/> <b>2019 [2]</b> 167/13</p> | <p>170/15<br/> <b>2020 [8]</b> 8/25 11/1<br/> 11/7 11/10 99/9<br/> 167/13 174/6 191/15<br/> <b>2021 [5]</b> 124/9<br/> 124/19 124/21 125/21<br/> 126/2<br/> <b>2021/2022 [1]</b> 41/22<br/> <b>2022 [6]</b> 14/21 15/1<br/> 28/15 34/7 34/17<br/> 41/22<br/> <b>2023 [6]</b> 28/14 28/15<br/> 28/23 30/3 34/8 148/8<br/> <b>2024 [10]</b> 43/7 85/17<br/> 86/5 86/13 92/23 93/3<br/> 123/25 126/2 126/4<br/> 132/5<br/> <b>2024/25 [1]</b> 183/4<br/> <b>2025 [19]</b> 4/20 9/13<br/> 20/7 28/22 48/6 48/9<br/> 54/4 54/6 54/14 56/3<br/> 56/25 93/4 99/9<br/> 107/11 132/6 183/1<br/> 183/9 192/7 192/9<br/> <b>2026 [15]</b> 1/1 3/13<br/> 3/18 4/3 4/20 15/24<br/> 21/18 42/13 44/12<br/> 51/2 63/2 67/22<br/> 132/10 132/11 132/14<br/> <b>21 [2]</b> 50/3 123/23<br/> <b>22 [1]</b> 3/3<br/> <b>231 [2]</b> 5/11 47/24<br/> <b>24 [2]</b> 123/22 155/10<br/> <b>24 August 2026 [1]</b><br/> 67/22<br/> <b>24 hours [3]</b> 25/10<br/> 25/23 155/9<br/> <b>24 June 2026 [1]</b><br/> 44/12<br/> <b>24-hour [1]</b> 79/19<br/> <b>24/7 [2]</b> 78/15 194/3<br/> <b>248 [1]</b> 5/6<br/> <b>25 [4]</b> 52/13 92/2<br/> 98/7 183/4<br/> <b>25 September 2026</b><br/> <b>[1]</b> 3/13<br/> <b>26 [3]</b> 122/9 122/12<br/> 123/15<br/> <b>26 March 2020 [1]</b><br/> 191/15<br/> <b>27 March 2026 [1]</b><br/> 42/13</p> <hr/> <p><b>3</b><br/> <b>3.00 [1]</b> 160/15<br/> <b>3.14 [1]</b> 160/17<br/> <b>3.15 [2]</b> 160/13<br/> 160/14<br/> <b>30 [2]</b> 172/22 173/2<br/> <b>30 June 2026 [1]</b><br/> 3/18<br/> <b>30 October 2019 [1]</b><br/> 170/15<br/> <b>300 [1]</b> 173/2<br/> <b>34 [2]</b> 150/14 150/15<br/> <b>352 [1]</b> 146/13</p> | <p><b>353 [1]</b> 153/19<br/> <b>38 [1]</b> 193/1<br/> <b>39 [6]</b> 141/10 141/25<br/> 142/1 142/2 142/8<br/> 142/11</p> <hr/> <p><b>4</b><br/> <b>4 million [1]</b> 183/25<br/> <b>4,303,976 [1]</b> 183/18<br/> <b>4.01 [1]</b> 191/2<br/> <b>4.15 [1]</b> 191/1<br/> <b>4.28 [1]</b> 191/4<br/> <b>4.3 million [2]</b> 185/12<br/> 185/17<br/> <b>4.39 [1]</b> 198/5<br/> <b>42 [1]</b> 68/12<br/> <b>432 [1]</b> 118/16<br/> <b>44 [1]</b> 52/13<br/> <b>46 [1]</b> 54/24<br/> <b>46 pages [1]</b> 4/4<br/> <b>470 [1]</b> 120/21</p> <hr/> <p><b>5</b><br/> <b>5,164,771 [1]</b> 183/14<br/> <b>50 [3]</b> 80/19 141/9<br/> 141/17<br/> <b>529 [1]</b> 183/12<br/> <b>544 [1]</b> 6/13<br/> <b>55 [1]</b> 5/6<br/> <b>56 [1]</b> 62/14</p> <hr/> <p><b>6</b><br/> <b>62 [1]</b> 99/11<br/> <b>650 million [1]</b><br/> 183/20<br/> <b>69 [1]</b> 103/22</p> <hr/> <p><b>7</b><br/> <b>72 [1]</b> 190/12<br/> <b>72 hours [2]</b> 45/18<br/> 155/10</p> <hr/> <p><b>8</b><br/> <b>83 [1]</b> 92/5</p> <hr/> <p><b>9</b><br/> <b>9.1 [4]</b> 30/9 31/8<br/> 34/16 193/17<br/> <b>90 [1]</b> 92/4<br/> <b>95 [1]</b> 92/4<br/> <b>99 [1]</b> 190/12</p> <hr/> <p><b>A</b><br/> <b>ability [3]</b> 37/17<br/> 112/25 139/4<br/> <b>able [37]</b> 10/11 17/17<br/> 27/15 28/7 36/6 37/11<br/> 37/12 39/19 58/15<br/> 63/11 72/20 76/15<br/> 76/22 113/15 117/10<br/> 121/25 122/2 122/4<br/> 138/6 146/18 152/12<br/> 153/3 153/9 163/7<br/> 172/12 183/2 183/8<br/> 185/18 185/24 185/24<br/> 187/1 187/15 195/13</p> | <p>195/18 195/20 196/2<br/> 196/4<br/> <b>abnormality [1]</b><br/> 142/4<br/> <b>about [163]</b> 9/4 10/24<br/> 10/25 11/25 16/12<br/> 16/13 18/15 20/2 20/5<br/> 22/12 24/11 24/20<br/> 25/13 25/17 26/1 26/3<br/> 26/24 28/1 29/5 29/14<br/> 29/25 30/25 31/17<br/> 33/1 37/2 38/19 39/1<br/> 39/17 41/10 42/4 42/5<br/> 42/6 42/23 44/1 46/20<br/> 48/9 53/25 54/20<br/> 56/22 58/2 58/24 59/4<br/> 59/9 60/23 63/4 64/10<br/> 65/20 68/8 69/18 70/7<br/> 75/23 76/13 77/25<br/> 78/16 78/19 78/24<br/> 80/2 80/21 81/8 81/21<br/> 84/10 84/11 87/17<br/> 91/13 91/14 92/6<br/> 92/13 95/21 98/2<br/> 98/17 99/12 99/23<br/> 99/24 100/20 101/19<br/> 101/19 102/20 103/18<br/> 103/18 104/11 106/25<br/> 107/10 107/16 110/23<br/> 115/2 117/20 121/10<br/> 122/14 123/16 123/21<br/> 130/4 130/13 130/18<br/> 131/24 131/25 133/2<br/> 133/10 134/10 135/5<br/> 135/7 135/15 137/8<br/> 137/19 138/8 138/13<br/> 139/10 140/7 140/12<br/> 141/6 141/8 142/1<br/> 142/9 144/6 146/3<br/> 147/14 147/15 147/16<br/> 147/18 149/8 151/10<br/> 151/23 152/17 154/2<br/> 154/11 154/18 154/25<br/> 156/6 156/25 159/20<br/> 160/1 162/1 163/22<br/> 167/5 167/14 167/15<br/> 167/21 168/11 169/14<br/> 170/9 175/8 176/12<br/> 178/14 178/23 179/9<br/> 179/21 180/16 180/24<br/> 181/1 182/1 182/3<br/> 182/13 185/13 186/7<br/> 188/21 189/9 190/7<br/> 190/10 190/12 192/13<br/> 193/14 194/14 194/16<br/> 197/17<br/> <b>above [6]</b> 116/19<br/> 121/4 141/21 142/8<br/> 142/9 151/7<br/> <b>absence [2]</b> 143/15<br/> 172/1<br/> <b>absolutely [6]</b> 4/25<br/> 40/17 58/13 122/15<br/> 137/9 195/4<br/> <b>accelerate [1]</b> 176/4<br/> <b>accept [20]</b> 29/24</p> |
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|                              |                              |                               |                               |                              |
|------------------------------|------------------------------|-------------------------------|-------------------------------|------------------------------|
| <b>A</b>                     | 112/11 113/12 162/17         | 29/20 31/10 31/24             | 181/6 193/19 194/20           | 190/18                       |
| <b>accept...</b> [19] 33/10  | <b>acting</b> [2] 21/12      | 40/18 56/22 57/11             | 195/10                        | <b>Alex</b> [1] 18/18        |
| 46/8 50/20 52/17 55/6        | 97/21                        | 75/11 100/1 134/24            | <b>afternoon's</b> [1]        | <b>align</b> [1] 50/9        |
| 55/19 58/11 71/18            | <b>action</b> [11] 30/5 30/7 | 137/23 170/3 170/4            | 111/22                        | <b>aligned</b> [1] 123/13    |
| 91/4 91/12 98/11             | 30/21 31/2 44/16             | 172/5 172/17                  | <b>afterwards</b> [2] 130/4   | <b>alive</b> [1] 145/19      |
| 168/9 168/13 174/22          | 52/24 62/12 70/6             | <b>addresses</b> [3] 66/6     | 140/20                        | <b>all</b> [63] 4/14 6/4 6/8 |
| 175/22 176/3 179/22          | 136/11 188/20 191/23         | 116/8 174/2                   | <b>again</b> [25] 9/5 21/5    | 6/23 9/17 14/16 15/7         |
| 181/7 194/5                  | <b>actions</b> [7] 30/4      | <b>addressing</b> [3] 55/6    | 24/25 26/6 27/24              | 16/9 18/3 18/9 20/22         |
| <b>acceptance</b> [1] 55/2   | 31/22 53/5 55/13             | 69/9 181/2                    | 39/11 40/3 60/24 66/3         | 30/12 30/18 39/6             |
| <b>accepted</b> [9] 29/6     | 85/12 85/24 96/12            | <b>adds</b> [2] 67/20 141/5   | 73/24 88/4 88/19 89/8         | 40/11 41/15 57/12            |
| 43/16 44/5 46/7 46/14        | <b>activated</b> [4] 25/9    | <b>adequate</b> [1] 161/17    | 89/11 89/24 96/13             | 58/12 61/3 63/12             |
| 55/22 62/2 164/4             | 25/22 78/15 186/9            | <b>adequately</b> [1] 32/18   | 96/24 99/4 100/23             | 68/25 69/9 71/10             |
| 182/25                       | <b>activation</b> [2] 75/1   | <b>adjacent</b> [1] 37/5      | 104/10 113/22 153/7           | 71/23 76/15 78/7 78/8        |
| <b>accepts</b> [2] 62/11     | 187/9                        | <b>adjourned</b> [1] 198/6    | 159/13 164/22 184/18          | 80/5 85/14 87/2 91/9         |
| 62/15                        | <b>active</b> [3] 110/2      | <b>Adjournment</b> [1]        | <b>against</b> [8] 87/20      | 92/3 93/18 94/16             |
| <b>access</b> [8] 26/16      | 112/20 168/25                | 111/16                        | 92/7 93/9 93/10 94/23         | 97/17 105/19 107/19          |
| 26/20 76/22 79/9             | <b>activity</b> [3] 178/3    | <b>adjunct</b> [1] 80/9       | 137/12 140/5 164/11           | 110/10 111/20 112/4          |
| 118/15 125/15 188/1          | 195/3 196/20                 | <b>adjustment</b> [1] 193/3   | <b>age</b> [1] 12/20          | 120/24 121/4 121/8           |
| 195/20                       | <b>actual</b> [5] 67/17      | <b>administered</b> [1]       | <b>agenda</b> [2] 58/25       | 121/18 137/10 138/15         |
| <b>accessed</b> [1] 117/2    | 84/25 92/7 152/14            | 54/22                         | 180/6                         | 143/2 143/13 145/3           |
| <b>accessible</b> [2] 25/18  | 188/23                       | <b>administering</b> [1]      | <b>agitated</b> [2] 145/14    | 149/4 149/15 156/18          |
| 79/14                        | <b>actually</b> [42] 6/15    | 38/22                         | 154/13                        | 160/5 169/2 171/18           |
| <b>accessing</b> [1] 119/13  | 6/19 25/15 26/4 27/9         | <b>admission</b> [8] 29/10    | <b>ago</b> [4] 16/23 46/10    | 176/21 180/10 181/14         |
| <b>accommodate</b> [1]       | 32/1 33/3 33/20 50/17        | 41/25 50/3 52/13              | 94/11 193/15                  | 185/3 189/6 190/1            |
| 157/22                       | 50/22 51/11 65/19            | 56/19 74/16 74/18             | <b>agree</b> [51] 10/2 10/5   | 196/4 197/13                 |
| <b>accordance</b> [1] 6/6    | 68/13 72/25 77/5             | 89/15                         | 31/21 32/18 32/19             | <b>allow</b> [4] 58/7 134/7  |
| <b>according</b> [5] 81/14   | 77/22 78/6 91/5 91/18        | <b>admissions</b> [1] 50/2    | 32/23 33/25 34/3 36/3         | 135/1 178/8                  |
| 102/6 102/8 122/9            | 100/6 100/12 107/17          | <b>admit</b> [1] 145/4        | 36/17 36/19 36/25             | <b>allowed</b> [2] 40/24     |
| 122/11                       | 112/15 114/20 123/18         | <b>admitted</b> [1] 67/1      | 46/8 55/24 61/25 62/4         | 58/1                         |
| <b>Accordingly</b> [1]       | 139/25 141/12 151/9          | <b>adopted</b> [5] 56/23      | 62/16 77/1 90/23 93/1         | <b>allowing</b> [1] 144/2    |
| 123/7                        | 153/4 153/10 160/10          | 108/22 129/16 162/12          | 93/18 94/15 98/21             | <b>allows</b> [6] 27/9 38/5  |
| <b>account</b> [5] 19/14     | 165/8 166/1 167/2            | 165/16                        | 116/25 125/23 125/24          | 66/8 100/13 130/21           |
| 74/7 134/6 160/5             | 167/16 177/17 178/11         | <b>adopting</b> [1] 108/24    | 134/22 137/6 137/8            | 136/6                        |
| 185/3                        | 178/12 182/15 184/25         | <b>adoption</b> [1] 197/7     | 143/7 144/3 150/20            | <b>almost</b> [2] 80/18 83/2 |
| <b>accountability</b> [6]    | 185/22 191/25                | <b>adopts</b> [1] 123/12      | 152/4 155/2 158/14            | <b>alone</b> [1] 59/20       |
| 94/17 107/24 108/6           | <b>acute</b> [5] 17/1 17/23  | <b>adult</b> [12] 11/12       | 160/21 161/8 164/16           | <b>along</b> [5] 14/17 18/16 |
| 123/13 169/6 169/6           | 38/11 40/16 155/2            | 11/18 11/19 13/17             | 165/8 166/25 167/1            | 24/22 138/10 166/15          |
| <b>accountable</b> [2]       | <b>acutely</b> [2] 155/17    | 13/22 145/8 146/4             | 171/7 171/19 172/13           | <b>already</b> [7] 26/4 80/8 |
| 105/24 107/23                | 159/20                       | 147/18 155/21 155/25          | 172/16 173/4 173/14           | 92/13 113/23 117/7           |
| <b>accounts</b> [2] 180/19   | <b>adamant</b> [1] 162/23    | 156/24 189/2                  | 174/21 174/22 176/22          | 134/24 158/18                |
| 183/21                       | <b>add</b> [19] 18/2 19/16   | <b>adults</b> [4] 12/16       | 184/2                         | <b>also</b> [72] 3/21 5/19   |
| <b>accreditation</b> [1]     | 35/1 41/14 45/25 60/5        | 145/6 145/9 154/20            | <b>agreed</b> [7] 15/19       | 7/15 8/18 9/19 9/20          |
| 12/21                        | 65/17 77/7 102/22            | <b>advance</b> [2] 63/2       | 61/21 72/21 75/13             | 12/1 16/8 18/24 21/11        |
| <b>accuracy</b> [2] 69/21    | 104/4 108/7 114/6            | 182/15                        | 76/7 112/14 164/8             | 22/19 25/11 28/6 31/3        |
| 69/23                        | 115/24 140/22 147/3          | <b>advancing</b> [1] 108/10   | <b>agreeing</b> [1] 19/12     | 33/23 39/3 41/9 52/2         |
| <b>accurate</b> [7] 85/14    | 149/14 152/8 155/14          | <b>advantages</b> [2] 20/4    | <b>agreement</b> [1] 75/2     | 52/9 52/11 54/10             |
| 91/17 92/6 94/3 120/8        | 165/14                       | 170/23                        | <b>ahead</b> [1] 18/14        | 54/11 55/12 61/19            |
| 170/25 181/7                 | <b>add-on</b> [1] 18/2       | <b>adverse</b> [1] 185/23     | <b>alarm</b> [1] 190/12       | 62/4 69/4 69/6 72/20         |
| <b>accurately</b> [3] 84/25  | <b>added</b> [3] 24/15       | <b>advised</b> [4] 124/12     | <b>alarms</b> [2] 190/10      | 75/10 76/8 76/16             |
| 100/24 102/19                | 109/8 183/4                  | 126/13 127/11 129/7           | 193/16                        | 78/12 78/20 81/12            |
| <b>achieve</b> [1] 178/13    | <b>addendum</b> [1] 3/22     | <b>advocate</b> [1] 113/4     | <b>alert</b> [18] 134/10      | 84/4 86/1 87/10 90/5         |
| <b>acknowledged</b> [2]      | <b>adding</b> [1] 87/2       | <b>affect</b> [1] 37/15       | 139/23 140/2 143/8            | 93/6 97/21 98/15             |
| 59/14 151/25                 | <b>addition</b> [1] 76/18    | <b>affected</b> [1] 19/9      | 143/9 144/8 145/16            | 98/23 109/8 109/13           |
| <b>across</b> [22] 6/15 6/17 | <b>additional</b> [13] 6/20  | <b>affecting</b> [1] 52/10    | 145/20 186/22 186/25          | 110/17 119/15 131/13         |
| 15/5 16/25 37/8 41/2         | 18/6 26/11 40/23             | <b>affirmed</b> [4] 2/10      | 187/4 188/10 188/20           | 131/24 144/2 147/11          |
| 41/2 48/11 49/20             | 44/15 52/22 53/1             | 2/11 199/3 199/4              | 189/22 190/1 190/16           | 154/18 155/5 155/23          |
| 54/23 54/25 59/21            | 77/16 86/1 154/14            | <b>afford</b> [3] 17/8        | 190/20 195/3                  | 157/24 158/7 161/9           |
| 65/2 91/16 98/10             | 177/6 195/6 197/20           | 101/12 170/17                 | <b>alerted</b> [2] 99/10      | 162/2 163/22 164/18          |
| 109/7 109/13 111/23          | <b>address</b> [19] 1/15     | <b>afforded</b> [2] 130/25    | 195/21                        | 167/12 168/19 172/5          |
| 114/23 132/7 147/11          | 28/16 44/19 47/23            | 188/13                        | <b>alerting</b> [3] 99/15     | 178/8 178/20 179/24          |
| 147/11                       | 55/19 59/10 60/18            | <b>affords</b> [1] 23/15      | 101/20 190/21                 | 180/18 181/13 184/14         |
| <b>act</b> [16] 35/3 35/16   | 68/11 79/23 103/21           | <b>afraid</b> [2] 87/21       | <b>alerts</b> [15] 20/3 22/19 | 192/14 193/19 196/16         |
| 37/17 37/19 37/23            | 107/8 109/23 118/9           | 154/24                        | 26/3 64/18 65/6               | 197/15                       |
| 38/5 38/13 38/24 39/2        | 133/16 133/25 168/10         | <b>after</b> [12] 11/13 35/16 | 139/15 139/19 139/25          | <b>alternatives</b> [2]      |
| 39/6 39/13 67/7 81/15        | 168/13 169/25 171/24         | 45/15 59/2 164/9              | 140/16 141/3 143/12           | 159/10 159/17                |
|                              | <b>addressed</b> [15] 5/16   | 173/5 174/7 179/16            | 155/23 156/3 190/12           | <b>although</b> [5] 8/11     |

|                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b>                                                                                                                                                                                                                                              | <b>anonymous [2]</b><br>121/24 122/7                                                                                                                                                                                                                                                                                                                                              | 82/25                                                                                                                                                                                         | 26/4 27/24 154/21                                                                                                                                                                                                                                                                                                        | 181/3                                                                                                                                                                                                                                                                                |
| <b>although... [4]</b> 50/21<br>110/1 128/22 187/24                                                                                                                                                                                                   | <b>anorexia [1]</b> 38/19                                                                                                                                                                                                                                                                                                                                                         | <b>appear [1]</b> 170/21                                                                                                                                                                      | 181/23 182/22 189/18                                                                                                                                                                                                                                                                                                     | <b>aspects [7]</b> 1/17 8/4<br>17/21 28/7 87/3 107/4<br>108/16                                                                                                                                                                                                                       |
| <b>always [15]</b> 41/13<br>59/1 78/8 97/23<br>101/22 101/25 126/7<br>126/14 127/12 137/10<br>164/18 166/10 167/4<br>171/5 175/6                                                                                                                      | <b>another [16]</b> 21/5<br>26/4 81/25 87/20<br>106/19 106/20 109/17<br>136/9 152/7 155/8<br>158/25 162/13 171/15<br>174/1 195/2 195/17                                                                                                                                                                                                                                           | <b>appears [4]</b> 65/9<br>117/4 135/9 136/9                                                                                                                                                  | 189/18 189/19                                                                                                                                                                                                                                                                                                            | <b>assess [4]</b> 36/7<br>107/17 155/8 192/9                                                                                                                                                                                                                                         |
| <b>am [24]</b> 1/2 1/4 3/8<br>8/17 9/4 9/20 16/5<br>20/17 21/5 29/23 44/4<br>53/19 53/21 60/22<br>128/1 128/4 131/10<br>135/18 140/1 152/7<br>168/12 170/8 173/1<br>198/6                                                                             | <b>answer [20]</b> 13/23<br>13/24 19/16 42/5<br>46/19 57/17 60/25<br>88/1 89/21 90/23<br>96/23 133/3 133/4<br>133/6 140/8 144/15<br>153/2 153/12 172/12<br>185/14                                                                                                                                                                                                                 | <b>appendix [2]</b> 82/8<br>112/13                                                                                                                                                            | <b>aren't [2]</b> 121/2 140/8                                                                                                                                                                                                                                                                                            | <b>assessed [4]</b> 42/16<br>80/4 81/17 81/19                                                                                                                                                                                                                                        |
| <b>ambassadors [1]</b><br>172/22                                                                                                                                                                                                                      | <b>answered [6]</b> 57/16<br>90/9 90/18 105/13<br>144/6 180/18                                                                                                                                                                                                                                                                                                                    | <b>appendix 5 [2]</b> 82/8<br>112/13                                                                                                                                                          | <b>argument [1]</b> 155/1                                                                                                                                                                                                                                                                                                | <b>assessing [3]</b> 36/15<br>82/13 197/9                                                                                                                                                                                                                                            |
| <b>ambient [1]</b> 139/15                                                                                                                                                                                                                             | <b>answers [2]</b> 60/1<br>86/24                                                                                                                                                                                                                                                                                                                                                  | <b>application [2]</b> 41/1<br>165/9                                                                                                                                                          | <b>arise [2]</b> 35/15<br>126/17                                                                                                                                                                                                                                                                                         | <b>assessment [35]</b><br>39/13 45/16 48/18<br>51/21 51/23 59/23<br>71/15 73/9 74/19 75/2<br>82/7 88/24 107/9<br>107/15 112/14 116/25<br>124/18 126/22 127/4<br>127/6 127/19 128/4<br>130/2 144/13 145/22<br>167/2 170/25 176/1<br>176/2 181/7 184/18<br>185/5 185/25 188/8<br>192/7 |
| <b>among [1]</b> 44/10                                                                                                                                                                                                                                | <b>antecedent [1]</b> 38/6                                                                                                                                                                                                                                                                                                                                                        | <b>applied [2]</b> 50/15<br>119/18                                                                                                                                                            | <b>arising [6]</b> 4/12 29/18<br>39/9 79/24 105/17<br>164/10                                                                                                                                                                                                                                                             | <b>assessments [4]</b><br>123/25 185/4 185/9<br>185/11                                                                                                                                                                                                                               |
| <b>amongst [1]</b> 115/24                                                                                                                                                                                                                             | <b>anticipate [1]</b> 109/22                                                                                                                                                                                                                                                                                                                                                      | <b>applies [2]</b> 39/6<br>43/17                                                                                                                                                              | <b>around [39]</b> 12/2<br>30/4 31/4 41/4 59/7<br>68/16 73/7 73/8 73/8<br>77/9 78/2 86/3 96/19<br>100/19 102/12 110/12<br>117/19 124/16 126/20<br>133/1 147/13 151/14<br>164/20 169/9 171/2<br>171/22 172/14 172/22<br>173/2 177/20 179/5<br>179/24 180/22 188/16<br>192/5 193/15 193/20<br>196/11 196/15                | <b>asset [1]</b> 135/3                                                                                                                                                                                                                                                               |
| <b>amount [9]</b> 138/19<br>147/12 148/2 156/19<br>184/1 184/4 184/4<br>184/19 195/14                                                                                                                                                                 | <b>anticipated [3]</b> 53/4<br>72/14 109/18                                                                                                                                                                                                                                                                                                                                       | <b>appoint [1]</b> 21/13                                                                                                                                                                      | <b>arrangements [5]</b><br>49/1 50/5 52/5 61/12<br>85/4                                                                                                                                                                                                                                                                  | <b>assist [8]</b> 62/18<br>62/22 74/20 77/17<br>139/13 159/3 186/11<br>190/19                                                                                                                                                                                                        |
| <b>analogue [1]</b> 104/11                                                                                                                                                                                                                            | <b>anticipation [1]</b><br>193/9                                                                                                                                                                                                                                                                                                                                                  | <b>appointed [1]</b> 9/21                                                                                                                                                                     | <b>arrival [1]</b> 45/15                                                                                                                                                                                                                                                                                                 | <b>assistance [3]</b> 72/22<br>74/25 77/8                                                                                                                                                                                                                                            |
| <b>analogy [1]</b> 197/8                                                                                                                                                                                                                              | <b>anxiety [1]</b> 44/2                                                                                                                                                                                                                                                                                                                                                           | <b>appointment [1]</b> 59/3                                                                                                                                                                   | <b>arrived [1]</b> 117/11                                                                                                                                                                                                                                                                                                | <b>Assistant [4]</b> 115/6<br>115/12 115/16 117/5                                                                                                                                                                                                                                    |
| <b>analyse [2]</b> 152/19<br>165/4                                                                                                                                                                                                                    | <b>any [50]</b> 1/21 11/6<br>17/22 17/23 17/25<br>19/5 33/11 35/9 35/9<br>36/2 37/4 39/19 65/8<br>67/20 72/22 78/3<br>82/13 85/12 87/25<br>92/6 100/19 103/8<br>106/12 106/23 120/3<br>121/21 130/7 132/19<br>135/24 136/2 136/3<br>144/13 145/1 146/19<br>153/3 153/9 153/12<br>167/18 169/5 172/1<br>177/9 178/21 179/24<br>180/3 181/25 185/10<br>186/4 193/9 196/18<br>197/21 | <b>appraising [1]</b> 197/6                                                                                                                                                                   | <b>arrows [7]</b> 150/6<br>150/9 150/12 150/17<br>151/10 151/11 151/17                                                                                                                                                                                                                                                   | <b>assisting [1]</b> 127/15                                                                                                                                                                                                                                                          |
| <b>analysed [2]</b> 83/12<br>162/25                                                                                                                                                                                                                   | <b>anything [13]</b> 31/11<br>41/13 60/3 84/12<br>114/6 129/25 136/9<br>149/14 152/8 154/18<br>156/23 181/22 191/16                                                                                                                                                                                                                                                               | <b>appreciate [1]</b><br>107/13                                                                                                                                                               | <b>articulate [1]</b> 170/21                                                                                                                                                                                                                                                                                             | <b>assistive [4]</b> 61/16<br>63/24 159/3 176/16                                                                                                                                                                                                                                     |
| <b>analyses [1]</b> 152/24                                                                                                                                                                                                                            | <b>anybody [1]</b> 39/14                                                                                                                                                                                                                                                                                                                                                          | <b>approach [24]</b> 29/12<br>34/1 34/15 42/19<br>44/11 54/3 55/8 55/20<br>66/8 66/24 67/10<br>67/25 93/13 93/25<br>113/7 123/13 123/19<br>123/25 124/3 124/3<br>124/10 124/15 126/6<br>134/1 | <b>articulated [1]</b><br>164/20                                                                                                                                                                                                                                                                                         | <b>assists [1]</b> 157/18                                                                                                                                                                                                                                                            |
| <b>analysis [30]</b> 66/3<br>70/21 117/21 117/22<br>121/17 121/21 132/7<br>148/8 148/9 148/14<br>148/20 149/2 149/10<br>150/21 151/15 151/19<br>152/18 153/21 154/1<br>154/7 162/5 164/10<br>172/3 174/7 174/9<br>175/11 175/18 179/22<br>185/7 196/2 | <b>anymore [2]</b> 12/10<br>117/3                                                                                                                                                                                                                                                                                                                                                 | <b>approached [1]</b><br>106/23                                                                                                                                                               | <b>artificial [2]</b> 38/23<br>40/13                                                                                                                                                                                                                                                                                     | <b>associated [3]</b> 52/7<br>104/1 177/7                                                                                                                                                                                                                                            |
| <b>analyst [2]</b> 16/8<br>151/1                                                                                                                                                                                                                      | <b>anyone [3]</b> 1/20 2/8<br>100/13                                                                                                                                                                                                                                                                                                                                              | <b>approaches [1]</b><br>108/23                                                                                                                                                               | <b>as [295]</b>                                                                                                                                                                                                                                                                                                          | <b>association [1]</b><br>146/24                                                                                                                                                                                                                                                     |
| <b>analytical [1]</b> 149/13                                                                                                                                                                                                                          | <b>anything [13]</b> 31/11<br>41/13 60/3 84/12<br>114/6 129/25 136/9<br>149/14 152/8 154/18<br>156/23 181/22 191/16                                                                                                                                                                                                                                                               | <b>appropriate [17]</b> 8/20<br>14/9 28/10 34/10<br>35/22 36/21 43/10<br>56/22 70/6 89/21 91/5<br>93/17 129/19 155/9<br>163/13 164/14 177/9                                                   | <b>ascertain [2]</b> 11/1<br>190/8                                                                                                                                                                                                                                                                                       | <b>assume [1]</b> 101/22                                                                                                                                                                                                                                                             |
| <b>ancillary [1]</b> 18/6                                                                                                                                                                                                                             | <b>anything [13]</b> 31/11<br>41/13 60/3 84/12<br>114/6 129/25 136/9<br>149/14 152/8 154/18<br>156/23 181/22 191/16                                                                                                                                                                                                                                                               | <b>approval [4]</b> 34/23<br>45/8 73/15 127/25                                                                                                                                                | <b>aside [1]</b> 145/13                                                                                                                                                                                                                                                                                                  | <b>assumed [1]</b> 76/3                                                                                                                                                                                                                                                              |
| <b>Andrew [1]</b> 2/16                                                                                                                                                                                                                                | <b>anyway [3]</b> 122/22<br>125/22 185/15                                                                                                                                                                                                                                                                                                                                         | <b>approved [1]</b> 126/4                                                                                                                                                                     | <b>ask [43]</b> 9/4 10/24<br>16/12 17/7 18/15<br>18/21 19/2 30/10<br>30/14 48/9 59/8 59/9<br>63/16 64/10 65/4<br>65/20 68/7 69/18<br>76/11 81/8 82/6 84/10<br>85/8 91/13 91/17<br>101/11 105/8 105/17<br>105/20 113/7 134/24<br>135/18 140/7 141/6<br>146/18 147/14 153/7<br>155/11 169/13 172/25<br>176/11 179/9 190/25 | <b>assuming [1]</b> 80/8                                                                                                                                                                                                                                                             |
| <b>Anglia [1]</b> 72/2                                                                                                                                                                                                                                | <b>anything [13]</b> 31/11<br>41/13 60/3 84/12<br>114/6 129/25 136/9<br>149/14 152/8 154/18<br>156/23 181/22 191/16                                                                                                                                                                                                                                                               | <b>approving [1]</b> 55/22                                                                                                                                                                    | <b>asked [13]</b> 32/18<br>46/20 47/17 80/21<br>101/11 106/7 112/4<br>144/6 144/14 156/11<br>162/24 162/25 194/1                                                                                                                                                                                                         | <b>assumption [1]</b><br>129/18                                                                                                                                                                                                                                                      |
| <b>annual [3]</b> 183/21<br>184/1 185/7                                                                                                                                                                                                               | <b>anything [13]</b> 31/11<br>41/13 60/3 84/12<br>114/6 129/25 136/9<br>149/14 152/8 154/18<br>156/23 181/22 191/16                                                                                                                                                                                                                                                               | <b>approximately [1]</b><br>183/5                                                                                                                                                             | <b>asking [6]</b> 6/23 32/22<br>80/2 115/2 119/20<br>168/12                                                                                                                                                                                                                                                              | <b>assurance [15]</b> 48/15<br>48/19 48/23 49/3 50/9<br>51/18 51/22 52/5<br>52/10 52/23 85/9 92/9<br>92/10 92/11 126/6                                                                                                                                                               |
| <b>anonymisation [4]</b><br>121/13 122/14 123/14<br>125/8                                                                                                                                                                                             | <b>anything [13]</b> 31/11<br>41/13 60/3 84/12<br>114/6 129/25 136/9<br>149/14 152/8 154/18<br>156/23 181/22 191/16                                                                                                                                                                                                                                                               | <b>April [6]</b> 10/20 14/20<br>15/1 48/6 99/9 132/7                                                                                                                                          | <b>aspect [6]</b> 13/24 77/3<br>114/20 115/12 122/12                                                                                                                                                                                                                                                                     | <b>assured [1]</b> 157/12                                                                                                                                                                                                                                                            |
| <b>anonymise [1]</b> 125/3                                                                                                                                                                                                                            | <b>anything [13]</b> 31/11<br>41/13 60/3 84/12<br>114/6 129/25 136/9<br>149/14 152/8 154/18<br>156/23 181/22 191/16                                                                                                                                                                                                                                                               | <b>April 2017 [1]</b> 10/20                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                          | <b>asterisked [1]</b> 103/4                                                                                                                                                                                                                                                          |
| <b>anonymised [12]</b><br>118/24 119/15 121/19<br>122/23 122/25 123/8<br>124/24 125/4 125/12<br>126/12 186/15 187/15                                                                                                                                  | <b>anything [13]</b> 31/11<br>41/13 60/3 84/12<br>114/6 129/25 136/9<br>149/14 152/8 154/18<br>156/23 181/22 191/16                                                                                                                                                                                                                                                               | <b>April 2020 [1]</b> 99/9                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                          | <b>asthmatic [2]</b> 142/14<br>142/14                                                                                                                                                                                                                                                |
| <b>anonymised/blurred [1]</b> 122/25                                                                                                                                                                                                                  | <b>anything [13]</b> 31/11<br>41/13 60/3 84/12<br>114/6 129/25 136/9<br>149/14 152/8 154/18<br>156/23 181/22 191/16                                                                                                                                                                                                                                                               | <b>April 2022 [1]</b> 15/1                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                          | <b>at [327]</b>                                                                                                                                                                                                                                                                      |
| <b>anonymised/pseudo nymised [1]</b> 187/15                                                                                                                                                                                                           | <b>anything [13]</b> 31/11<br>41/13 60/3 84/12<br>114/6 129/25 136/9<br>149/14 152/8 154/18<br>156/23 181/22 191/16                                                                                                                                                                                                                                                               | <b>April 2025 [1]</b> 48/6                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                          | <b>at page 2 [1]</b> 42/10                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                       | <b>anything [13]</b> 31/11<br>41/13 60/3 84/12<br>114/6 129/25 136/9<br>149/14 152/8 154/18<br>156/23 181/22 191/16                                                                                                                                                                                                                                                               | <b>Archibald [6]</b> 20/15<br>27/5 131/20 166/19<br>176/10 192/4                                                                                                                              |                                                                                                                                                                                                                                                                                                                          | <b>athletic [1]</b> 141/18                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                       | <b>anything [13]</b> 31/11<br>41/13 60/3 84/12<br>114/6 129/25 136/9<br>149/14 152/8 154/18<br>156/23 181/22 191/16                                                                                                                                                                                                                                                               | <b>Ardleigh [4]</b> 77/8<br>83/6 133/20 194/18                                                                                                                                                |                                                                                                                                                                                                                                                                                                                          | <b>attach [1]</b> 127/3                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                       | <b>anything [13]</b> 31/11<br>41/13 60/3 84/12<br>114/6 129/25 136/9<br>149/14 152/8 154/18<br>156/23 181/22 191/16                                                                                                                                                                                                                                                               | <b>are [203]</b>                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                          | <b>attached [3]</b> 94/4<br>94/5 190/11                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                       | <b>anything [13]</b> 31/11<br>41/13 60/3 84/12<br>114/6 129/25 136/9<br>149/14 152/8 154/18<br>156/23 181/22 191/16                                                                                                                                                                                                                                                               | <b>are patients [1]</b><br>177/5                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                          | <b>attack [1]</b> 142/14                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                       | <b>anything [13]</b> 31/11<br>41/13 60/3 84/12<br>114/6 129/25 136/9<br>149/14 152/8 154/18<br>156/23 181/22 191/16                                                                                                                                                                                                                                                               | <b>area [10]</b> 11/15 12/16                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                          | <b>attempt [2]</b> 60/25<br>185/15                                                                                                                                                                                                                                                   |

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| <p><b>A</b></p> <p><b>attempts [5]</b> 83/7<br/>131/4 131/12 132/12<br/>132/15</p> <p><b>attend [1]</b> 157/15</p> <p><b>attendance [3]</b><br/>180/24 181/2 181/19</p> <p><b>attended [2]</b> 179/12<br/>181/11</p> <p><b>attention [7]</b> 11/24<br/>18/13 60/8 171/19<br/>179/15 180/12 181/5</p> <p><b>attributing [1]</b> 96/3</p> <p><b>audio [1]</b> 43/3</p> <p><b>audit [53]</b> 5/1 5/2<br/>26/11 48/10 48/14<br/>49/16 49/19 50/4 50/8<br/>50/11 50/13 50/17<br/>50/19 52/8 52/17<br/>52/22 54/15 60/17<br/>84/17 84/19 85/2 85/6<br/>85/25 86/12 86/21<br/>87/3 87/8 87/9 87/17<br/>87/24 90/24 91/3 92/2<br/>92/9 92/13 92/21 95/6<br/>95/10 95/11 95/14<br/>95/24 96/21 97/2 97/4<br/>97/11 97/13 97/19<br/>97/22 98/18 99/1<br/>101/18 114/15 134/7</p> <p><b>audited [2]</b> 97/23<br/>194/23</p> <p><b>auditing [4]</b> 20/8 93/9<br/>93/10 97/12</p> <p><b>auditors [5]</b> 4/15<br/>4/18 4/22 5/13 48/1</p> <p><b>audits [33]</b> 4/19<br/>47/21 48/4 50/9 53/1<br/>84/9 85/10 85/16<br/>85/19 86/1 86/2 92/10<br/>92/20 92/23 94/1 94/4<br/>94/11 94/16 94/25<br/>95/17 96/11 96/19<br/>96/23 96/24 97/3<br/>97/21 98/5 98/10<br/>98/15 98/21 99/2<br/>101/23 114/24</p> <p><b>August [2]</b> 67/22<br/>67/22</p> <p><b>authentication [15]</b><br/>6/14 133/15 134/12<br/>134/17 135/1 136/8<br/>138/8 138/14 194/14<br/>194/15 194/21 195/5<br/>195/11 195/22 195/25</p> <p><b>authored [4]</b> 2/22<br/>7/11 7/18 146/10</p> <p><b>authority [2]</b> 43/11<br/>61/23</p> <p><b>automated [2]</b> 64/18<br/>65/6</p> <p><b>automatic [3]</b> 119/11<br/>119/16 196/3</p> <p><b>automatically [1]</b><br/>112/23</p> | <p><b>autonomy [1]</b> 37/13</p> <p><b>availability [1]</b><br/>103/17</p> <p><b>available [23]</b> 1/23<br/>32/10 32/12 33/16<br/>75/25 82/19 83/20<br/>94/24 99/1 116/4<br/>116/15 117/13 118/2<br/>118/3 121/7 134/11<br/>140/16 147/13 159/10<br/>159/17 163/10 163/18<br/>187/21</p> <p><b>AVD [1]</b> 118/25</p> <p><b>aware [18]</b> 15/15<br/>21/6 21/21 35/20<br/>43/22 44/3 71/8 87/11<br/>103/6 107/22 131/8<br/>131/17 132/18 154/8<br/>170/6 192/21 193/8<br/>196/18</p> <p><b>awareness [3]</b> 187/3<br/>187/12 188/10</p> <p><b>away [2]</b> 107/8 171/3</p> <p><b>B</b></p> <p><b>B's [2]</b> 42/14 42/15</p> <p><b>back [36]</b> 28/18<br/>36/14 50/11 56/21<br/>65/14 65/19 78/23<br/>86/9 87/21 95/8 98/1<br/>100/23 111/12 114/14<br/>115/1 117/14 117/25<br/>122/8 126/23 137/17<br/>137/20 138/2 139/1<br/>139/16 139/19 140/5<br/>144/5 161/5 163/16<br/>165/10 168/3 172/15<br/>187/14 194/11 196/12<br/>196/14</p> <p><b>background [2]</b> 9/3<br/>21/23</p> <p><b>backgrounds [1]</b><br/>19/14</p> <p><b>badly [1]</b> 164/12</p> <p><b>balance [4]</b> 80/19<br/>162/22 166/18 171/20</p> <p><b>balanced [3]</b> 161/4<br/>161/11 185/25</p> <p><b>barriers [1]</b> 52/9</p> <p><b>base [1]</b> 100/17</p> <p><b>based [19]</b> 33/17<br/>47/7 71/14 72/4 73/3<br/>73/5 87/7 117/6<br/>143/18 148/23 148/25<br/>154/13 155/7 165/18<br/>166/7 167/11 178/22<br/>185/6 190/13</p> <p><b>basic [4]</b> 67/25<br/>140/15 145/18 151/9</p> <p><b>basically [1]</b> 75/8</p> <p><b>basis [5]</b> 8/3 89/3<br/>93/5 161/7 171/15</p> <p><b>bathroom [6]</b> 139/21<br/>155/24 156/2 186/25<br/>188/17 188/18</p> <p><b>be [305]</b></p> | <p><b>bear [4]</b> 14/10 14/23<br/>37/23 169/20</p> <p><b>beats [1]</b> 141/9</p> <p><b>because [99]</b> 9/5<br/>10/25 11/6 12/11<br/>14/12 16/13 18/24<br/>34/3 36/11 37/10<br/>37/14 37/18 38/14<br/>38/15 39/18 40/18<br/>45/5 52/23 53/7 56/25<br/>61/4 68/16 68/24<br/>69/16 69/25 72/14<br/>79/1 81/16 90/19<br/>91/22 95/23 96/1<br/>96/22 97/22 98/22<br/>99/18 100/10 101/7<br/>102/23 103/1 106/16<br/>108/19 109/14 110/8<br/>110/16 110/22 112/23<br/>113/24 117/17 121/13<br/>122/25 123/20 124/13<br/>126/21 126/25 129/12<br/>129/12 137/15 138/16<br/>141/16 141/19 144/9<br/>145/4 146/2 146/20<br/>147/9 147/22 148/1<br/>152/14 155/4 155/5<br/>156/11 156/17 156/21<br/>156/22 156/25 157/9<br/>157/24 162/17 164/16<br/>167/13 175/6 177/5<br/>177/18 178/6 180/14<br/>181/8 181/11 184/8<br/>186/16 186/20 186/24<br/>188/24 192/20 194/13<br/>195/5 195/12 196/13<br/>197/17</p> <p><b>become [3]</b> 8/18 35/5<br/>155/10</p> <p><b>becomes [3]</b> 37/16<br/>165/4 179/5</p> <p><b>bed [6]</b> 139/23 140/3<br/>142/19 177/7 188/5<br/>188/19</p> <p><b>bedroom [6]</b> 22/24<br/>25/9 25/22 45/14<br/>119/7 189/17</p> <p><b>bedrooms [4]</b> 22/15<br/>22/20 115/17 139/16</p> <p><b>been [162]</b> 2/22 6/15<br/>8/9 8/11 9/7 11/3 14/7<br/>15/1 20/5 20/11 20/22<br/>24/13 24/21 25/3<br/>25/15 27/12 27/19<br/>27/22 29/10 29/21<br/>31/24 32/8 32/15 33/9<br/>34/1 34/6 35/6 39/3<br/>43/4 47/16 49/22<br/>50/15 51/13 52/18<br/>53/2 53/3 54/16 56/10<br/>56/11 56/19 56/19<br/>56/23 57/23 58/4 58/7<br/>59/25 60/9 60/19<br/>62/20 63/1 64/24 67/5<br/>70/11 72/6 74/4 74/7<br/>77/15 78/22 82/20</p> | <p>83/4 83/10 86/6 86/16<br/>88/9 89/20 90/15<br/>92/25 93/8 94/4 95/10<br/>95/19 99/8 99/12<br/>100/11 100/14 100/21<br/>101/1 101/16 103/25<br/>106/4 111/11 111/22<br/>112/22 113/15 114/12<br/>116/12 116/14 117/6<br/>117/13 117/17 117/22<br/>122/13 123/19 124/13<br/>126/8 126/11 126/12<br/>126/15 126/18 127/9<br/>127/12 129/2 129/7<br/>130/3 134/13 135/25<br/>136/1 137/14 137/24<br/>138/9 138/12 139/11<br/>148/20 148/21 151/19<br/>151/25 152/23 154/9<br/>157/25 160/8 160/20<br/>160/22 161/16 162/24<br/>162/24 163/4 163/14<br/>163/17 163/18 163/19<br/>163/21 164/8 164/14<br/>164/17 165/15 168/10<br/>168/13 170/4 172/3<br/>172/17 173/3 173/9<br/>173/11 176/13 176/20<br/>182/7 183/8 183/17<br/>185/9 185/10 188/11<br/>191/14 192/2 192/22<br/>193/8 193/10 193/12<br/>194/4 194/25 196/25<br/>197/1 197/25</p> <p><b>before [43]</b> 9/11<br/>10/24 13/3 13/25<br/>16/13 19/5 20/10<br/>26/15 31/16 33/23<br/>36/7 40/2 53/8 53/24<br/>55/6 56/22 60/13 63/4<br/>63/20 68/7 73/4 78/11<br/>87/12 94/15 95/8<br/>103/15 108/25 111/5<br/>112/1 130/10 130/25<br/>138/14 142/3 160/22<br/>161/6 164/8 167/3<br/>175/9 175/17 181/24<br/>196/21 197/7 197/9</p> <p><b>beginning [8]</b> 13/2<br/>13/4 13/20 14/11 32/5<br/>32/6 34/18 60/5</p> <p><b>behalf [2]</b> 19/7<br/>168/15</p> <p><b>behave [1]</b> 196/22</p> <p><b>behind [2]</b> 61/5<br/>150/21</p> <p><b>Behrens [1]</b> 41/19</p> <p><b>being [51]</b> 11/7 11/25<br/>12/8 13/7 14/11 18/24<br/>19/9 29/4 31/9 32/19<br/>35/4 54/7 55/7 58/22<br/>59/22 61/17 63/11<br/>76/1 76/13 76/22<br/>81/18 82/14 83/10<br/>85/9 85/22 106/7<br/>125/8 145/3 145/17</p> | <p>146/12 149/2 152/13<br/>153/4 153/10 153/14<br/>153/21 154/14 156/7<br/>156/12 161/19 172/10<br/>173/17 177/14 178/15<br/>179/15 181/5 189/10<br/>190/13 193/17 193/19<br/>194/3</p> <p><b>belief [2]</b> 7/12 7/16</p> <p><b>believe [20]</b> 23/23<br/>24/6 24/24 36/23 37/7<br/>46/9 67/22 71/2 83/18<br/>87/23 132/22 134/11<br/>136/15 154/22 178/6<br/>180/23 181/15 192/25<br/>194/18 195/12</p> <p><b>believed [4]</b> 31/14<br/>32/15 175/15 176/4</p> <p><b>below [3]</b> 56/16<br/>64/12 86/24</p> <p><b>benchmark [2]</b><br/>183/24 184/8</p> <p><b>benchmarking [1]</b><br/>169/2</p> <p><b>Beneath [1]</b> 24/17</p> <p><b>beneficial [3]</b> 67/4<br/>155/20 190/21</p> <p><b>benefit [8]</b> 31/20<br/>62/17 118/1 118/2<br/>146/6 146/7 155/3<br/>178/16</p> <p><b>benefits [15]</b> 17/2<br/>66/6 73/8 106/6<br/>110/13 157/1 159/25<br/>160/3 170/12 170/16<br/>170/16 171/7 171/18<br/>179/5 189/6</p> <p><b>best [14]</b> 7/12 7/16<br/>67/7 81/15 112/11<br/>112/19 112/21 113/1<br/>136/20 149/11 153/1<br/>162/2 164/17 195/10</p> <p><b>better [18]</b> 31/19<br/>31/25 57/23 59/18<br/>113/18 134/7 143/12<br/>143/14 143/16 151/19<br/>157/18 163/17 168/17<br/>168/18 177/17 177/23<br/>178/7 178/10</p> <p><b>better' [1]</b> 29/7</p> <p><b>between [18]</b> 17/21<br/>38/8 73/9 77/20 92/4<br/>98/22 99/9 122/6<br/>126/2 131/3 132/9<br/>132/14 147/8 147/17<br/>166/10 176/14 177/21<br/>183/9</p> <p><b>beyond [3]</b> 40/17<br/>152/4 194/21</p> <p><b>bi [1]</b> 86/2</p> <p><b>bi-weekly [1]</b> 86/2</p> <p><b>bias [1]</b> 162/24</p> <p><b>big [2]</b> 110/2 185/17</p> <p><b>binary [1]</b> 177/16</p> <p><b>bit [18]</b> 9/4 18/21<br/>22/22 27/7 30/14 40/3</p> |
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| <p><b>B</b></p> <p><b>bit...</b> [12] 64/23 65/20 75/15 78/23 105/8 111/1 111/24 112/21 141/6 155/12 182/3 192/13</p> <p><b>bits</b> [1] 137/24</p> <p><b>blanket</b> [2] 39/14 159/2</p> <p><b>blind</b> [1] 140/3</p> <p><b>blurred</b> [32] 23/13 23/17 23/25 24/5 118/25 119/4 119/14 119/15 121/19 121/23 122/5 122/25 125/1 125/22 128/14 129/2 186/8 186/10 186/15 186/21 187/2 187/2 187/5 187/11 187/17 187/21 187/24 188/12 188/13 188/13 188/19 189/7</p> <p><b>blurring</b> [1] 119/18</p> <p><b>Board</b> [50] 15/19 15/25 31/5 31/18 35/23 36/18 36/21 55/12 55/21 56/3 56/4 57/7 58/23 59/17 82/20 82/21 83/12 83/17 84/1 101/7 101/8 104/18 105/24 108/5 138/13 151/24 164/19 167/20 168/16 170/15 171/21 174/5 174/6 174/24 179/13 179/23 180/1 180/3 180/4 180/6 180/8 180/16 180/17 180/17 180/23 180/25 181/9 181/10 184/17 184/20</p> <p><b>Board's</b> [1] 180/11</p> <p><b>Boards</b> [1] 172/15</p> <p><b>bodies</b> [2] 44/14 105/16</p> <p><b>body</b> [6] 72/5 106/23 111/4 111/4 141/19 196/9</p> <p><b>body-worn</b> [2] 72/5 196/9</p> <p><b>boils</b> [1] 174/5</p> <p><b>both</b> [49] 1/14 2/13 2/22 6/8 6/23 7/4 7/22 16/25 18/17 18/21 19/12 20/18 20/21 21/6 24/1 24/2 28/3 28/4 34/18 40/2 47/22 58/14 60/24 73/16 74/6 79/25 90/8 104/22 105/2 105/3 105/10 105/15 105/19 107/22 116/11 118/2 126/14 132/11 147/19 147/20 148/15 162/1 176/10 176/12 178/5 192/4 194/10 195/22</p> | <p>197/24</p> <p><b>bottom</b> [14] 23/21 24/5 24/8 24/11 24/14 24/25 48/19 48/21 76/2 76/5 86/19 88/3 125/7 125/10</p> <p><b>box</b> [13] 49/7 88/4 98/17 99/14 99/20 100/2 100/25 101/9 101/19 102/10 102/11 102/14 114/16</p> <p><b>boxes</b> [2] 91/22 99/12</p> <p><b>boxing</b> [1] 98/23</p> <p><b>brand</b> [2] 16/20 16/22</p> <p><b>branded</b> [1] 16/15</p> <p><b>break</b> [13] 53/17 53/20 53/24 55/6 56/22 60/14 111/12 112/1 160/9 160/11 160/16 190/25 191/3</p> <p><b>breaks</b> [1] 164/25</p> <p><b>breathe</b> [1] 142/11</p> <p><b>breathing</b> [6] 22/13 23/11 142/4 142/12 142/17 145/19</p> <p><b>breaths</b> [3] 141/10 141/24 142/7</p> <p><b>brief</b> [2] 29/6 117/4</p> <p><b>briefing</b> [2] 63/23 140/23</p> <p><b>briefly</b> [1] 16/12</p> <p><b>Brilliant</b> [1] 173/19</p> <p><b>bring</b> [1] 173/15</p> <p><b>brings</b> [2] 35/19 109/13</p> <p><b>broad</b> [3] 10/5 83/9 106/6</p> <p><b>broadly</b> [3] 7/18 36/3 73/7</p> <p><b>brought</b> [1] 40/25</p> <p><b>budget</b> [1] 184/2</p> <p><b>built</b> [2] 107/25 173/10</p> <p><b>bullet</b> [2] 75/16 76/5</p> <p><b>business</b> [4] 58/24 171/10 178/1 178/3</p> <p><b>busy</b> [1] 102/24</p> <p><b>but</b> [241]</p> <p><b>buying</b> [1] 138/18</p> | <p><b>cameras</b> [2] 72/5 196/9</p> <p><b>CAMHS</b> [2] 135/15 147/18</p> <p><b>can</b> [183] 1/8 2/2 4/11 6/8 7/1 7/7 8/14 8/16 12/5 15/9 18/23 19/4 21/25 22/5 22/8 22/18 22/22 23/10 23/13 24/8 25/7 26/20 26/21 27/18 27/18 28/3 29/25 30/15 30/22 31/21 33/2 33/4 36/4 36/11 37/15 37/18 38/7 38/12 39/19 40/2 40/4 41/1 44/9 47/5 47/14 47/17 47/22 48/18 51/21 52/2 53/25 56/8 56/24 57/4 59/8 60/25 62/18 64/1 65/4 65/21 66/1 67/3 68/8 68/15 71/25 73/20 75/15 75/22 76/1 77/7 78/10 79/15 80/13 80/19 81/3 83/21 83/24 86/13 86/16 87/13 88/3 88/5 88/25 89/13 89/19 89/23 89/25 90/1 96/18 97/4 98/16 100/3 105/8 106/5 108/4 108/20 111/20 112/1 114/22 115/4 115/20 123/5 123/15 123/24 124/19 124/24 126/25 127/2 127/21 127/23 128/22 130/1 130/4 134/24 137/12 139/6 139/11 140/8 140/13 140/20 141/9 141/19 143/22 144/5 144/6 145/20 145/20 147/2 147/2 147/3 147/6 147/21 148/3 149/15 149/16 150/5 151/2 151/5 152/13 155/22 156/16 156/19 156/22 156/23 158/15 158/20 159/3 159/6 159/9 159/11 159/16 159/18 159/20 159/21 159/22 162/25 163/25 165/4 165/14 165/23 166/13 169/13 170/13 170/19 172/25 174/4 175/24 176/8 177/17 177/23 180/14 182/3 183/22 185/25 186/6 186/17 189/9 189/19 190/2 191/8 191/21 193/25 196/18</p> <p><b>can't</b> [14] 34/24 86/14 90/15 91/2 101/4 121/24 124/11 136/17 138/22 146/21 158/22 180/20 185/5</p> | <p>186/17</p> <p><b>candid</b> [1] 83/10</p> <p><b>cannot</b> [2] 122/7 171/11</p> <p><b>capabilities</b> [5] 17/13 17/25 26/25 109/25 110/8</p> <p><b>capability</b> [1] 17/14</p> <p><b>capacitous</b> [3] 45/23 67/21 80/3</p> <p><b>capacity</b> [38] 12/2 35/3 35/16 36/6 36/8 36/8 36/11 36/14 36/15 37/15 39/13 42/17 45/6 45/10 67/7 76/3 79/25 79/25 80/5 81/4 81/11 81/13 81/14 81/15 81/17 81/17 81/19 82/1 112/6 112/9 112/11 112/19 112/24 113/12 113/13 113/16 113/20 114/4</p> <p><b>capture</b> [5] 19/4 30/15 40/4 124/6 161/23</p> <p><b>captured</b> [1] 119/11</p> <p><b>capturing</b> [2] 26/2 130/18</p> <p><b>cardiac</b> [1] 142/15</p> <p><b>care</b> [57] 10/16 17/3 22/10 31/5 35/10 39/17 40/20 41/25 52/16 54/24 58/3 62/19 62/22 62/23 66/9 67/4 67/15 74/21 74/24 74/25 75/2 75/11 80/9 81/20 81/21 81/23 84/20 84/22 103/25 104/3 104/7 108/12 108/13 109/3 109/9 115/6 115/11 115/12 115/16 117/5 121/16 135/6 139/14 147/13 165/16 165/20 166/4 166/21 177/25 178/1 178/3 178/7 180/11 182/15 190/13 193/22 197/13</p> <p><b>career</b> [1] 97/4</p> <p><b>careful</b> [1] 78/25</p> <p><b>carer</b> [3] 54/6 58/8 89/14</p> <p><b>carers</b> [5] 57/25 76/8 88/9 89/2 172/6</p> <p><b>caring</b> [1] 102/24</p> <p><b>carried</b> [4] 68/21 68/25 80/11 144/23</p> <p><b>carry</b> [4] 44/11 68/2 145/21 166/8</p> <p><b>case</b> [27] 38/24 46/12 48/2 55/14 58/24 88/12 95/16 102/15 115/6 115/13 116/8 116/22 117/2 117/5 117/10 117/13</p> | <p>126/24 145/1 159/11 159/18 171/10 175/5 178/1 178/3 178/22 187/3 189/10</p> <p><b>cases</b> [3] 99/24 100/18 138/25</p> <p><b>catch</b> [1] 20/12</p> <p><b>categories</b> [4] 118/19 119/24 120/24 121/4</p> <p><b>category</b> [4] 120/1 120/11 121/8 121/20</p> <p><b>causation</b> [1] 146/25</p> <p><b>causative</b> [1] 146/21</p> <p><b>cause</b> [4] 38/15 147/8 151/4 151/5</p> <p><b>caused</b> [1] 65/5</p> <p><b>causes</b> [2] 38/13 132/25</p> <p><b>cautious</b> [4] 123/12 123/19 124/15 127/12</p> <p><b>caveat</b> [4] 46/19 83/13 90/17 146/23</p> <p><b>caveats</b> [1] 38/1</p> <p><b>CCTV</b> [3] 196/8 196/11 196/15</p> <p><b>cent</b> [1] 14/14</p> <p><b>Centre</b> [1] 70/13</p> <p><b>centred</b> [1] 58/1</p> <p><b>CEO</b> [2] 21/12 41/18</p> <p><b>CEOs</b> [1] 18/17</p> <p><b>certain</b> [5] 14/14 17/21 30/7 130/18 145/6</p> <p><b>certainly</b> [10] 36/12 96/16 97/8 110/9 137/8 155/2 159/19 174/16 178/15 182/16</p> <p><b>certificate</b> [1] 12/19</p> <p><b>cetera</b> [10] 28/8 108/17 122/21 141/20 148/3 165/3 166/4 177/8 185/23 188/19</p> <p><b>Chair</b> [29] 1/6 1/8 1/17 2/8 21/12 21/14 21/15 25/2 32/24 34/4 34/24 53/16 70/18 71/21 77/19 96/16 105/9 105/18 111/11 111/19 116/17 140/25 160/8 160/18 186/4 190/23 197/20 198/2 198/3</p> <p><b>chair's</b> [1] 180/5</p> <p><b>chaired</b> [2] 180/2 180/8</p> <p><b>challenge</b> [7] 40/25 95/23 107/19 173/20 179/17 180/10 189/9</p> <p><b>challenged</b> [1] 25/2</p> <p><b>challenges</b> [2] 66/13 104/1</p> <p><b>challenging</b> [1] 110/15</p> <p><b>chances</b> [1] 122/3</p> <p><b>change</b> [21] 15/14</p> |
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| <p><b>C</b></p> <p><b>change...</b> [20] 15/14<br/>30/8 40/13 87/25 89/4<br/>114/11 130/7 133/8<br/>138/22 139/4 150/15<br/>150/19 165/5 165/21<br/>165/25 169/5 173/3<br/>175/2 182/14 191/25</p> <p><b>changed</b> [8] 15/10<br/>25/4 25/13 55/20 63/4<br/>85/21 126/2 192/1</p> <p><b>changes</b> [16] 28/8<br/>31/7 53/12 56/5 56/10<br/>56/11 66/14 82/25<br/>96/14 191/19 191/20<br/>191/21 191/22 193/4<br/>193/7 193/12</p> <p><b>characterise</b> [1]<br/>179/4</p> <p><b>characterised</b> [1]<br/>176/23</p> <p><b>characterises</b> [1]<br/>4/18</p> <p><b>Charge</b> [1] 45/7</p> <p><b>Chartered</b> [1] 16/7</p> <p><b>charterholder</b> [1]<br/>16/8</p> <p><b>charts</b> [2] 151/2<br/>152/21</p> <p><b>check</b> [12] 33/2 33/4<br/>57/3 87/20 87/24<br/>87/25 99/2 102/14<br/>126/23 130/25 180/14<br/>194/11</p> <p><b>checked</b> [3] 69/23<br/>164/10 194/4</p> <p><b>checking</b> [3] 85/2<br/>96/25 129/16</p> <p><b>checklist</b> [4] 29/10<br/>49/17 50/2 52/13</p> <p><b>checks</b> [1] 76/18</p> <p><b>Chess</b> [1] 9/24</p> <p><b>Chief</b> [19] 1/11 1/12<br/>9/8 9/15 10/14 12/8<br/>12/14 15/12 35/24<br/>35/25 36/19 36/20<br/>44/8 67/13 68/13 70/1<br/>182/8 182/10 182/11</p> <p><b>choice</b> [2] 37/13<br/>84/21</p> <p><b>chooses</b> [2] 80/11<br/>80/13</p> <p><b>chose</b> [1] 132/4</p> <p><b>chosen</b> [2] 64/25<br/>66/18</p> <p><b>Christodoulou</b> [1]<br/>20/17</p> <p><b>chunk</b> [1] 36/9</p> <p><b>circle</b> [1] 48/19</p> <p><b>circumstances</b> [9]<br/>42/24 90/1 125/14<br/>139/10 144/22 158/2<br/>159/5 159/19 175/22</p> <p><b>clarity</b> [1] 193/15</p> <p><b>classic</b> [1] 38/9</p> | <p><b>clear</b> [64] 4/7 6/16<br/>16/8 23/10 23/16<br/>23/24 24/3 24/18 25/4<br/>26/18 26/20 31/17<br/>41/1 46/13 46/17<br/>57/25 66/24 76/9<br/>76/15 76/22 77/12<br/>77/25 78/8 79/18 90/2<br/>102/18 102/20 104/18<br/>105/24 118/24 119/3<br/>119/7 119/10 121/19<br/>123/21 123/22 123/23<br/>124/11 125/17 126/4<br/>126/10 129/10 129/15<br/>130/24 131/15 133/10<br/>151/15 152/4 157/14<br/>162/23 164/20 167/24<br/>169/6 171/1 171/6<br/>171/10 172/14 174/17<br/>176/13 186/20 186/23<br/>187/8 187/25 194/2</p> <p><b>clearer</b> [5] 126/10<br/>146/23 165/11 168/5<br/>168/5</p> <p><b>clearly</b> [20] 28/5<br/>32/21 46/2 49/11<br/>49/14 73/2 83/5<br/>100/17 102/2 117/8<br/>117/16 141/2 143/13<br/>157/22 160/3 163/17<br/>175/25 176/6 182/6<br/>189/22</p> <p><b>click</b> [1] 25/16</p> <p><b>clinic</b> [2] 12/12<br/>165/20</p> <p><b>clinical</b> [44] 12/13<br/>16/9 17/24 29/16 32/6<br/>42/23 52/16 62/17<br/>62/20 66/14 67/19<br/>84/13 84/17 92/10<br/>110/5 113/23 121/15<br/>135/4 136/15 138/24<br/>143/9 144/8 145/16<br/>146/6 149/10 155/16<br/>156/5 159/25 160/3<br/>166/23 177/7 177/9<br/>177/11 179/9 179/11<br/>179/14 179/17 180/24<br/>181/2 181/19 182/4<br/>182/7 182/11 182/16</p> <p><b>clinically</b> [1] 61/21</p> <p><b>clinician</b> [5] 35/7<br/>40/10 144/10 145/21<br/>145/24</p> <p><b>clinicians</b> [2] 181/11<br/>182/13</p> <p><b>closely</b> [2] 105/2<br/>105/6</p> <p><b>club</b> [1] 169/2</p> <p><b>co</b> [2] 54/22 173/9</p> <p><b>co-produced</b> [1]<br/>54/22</p> <p><b>co-production</b> [1]<br/>173/9</p> <p><b>code</b> [4] 24/15<br/>138/21 138/23 139/5</p> | <p><b>Codes</b> [1] 94/21</p> <p><b>coherent</b> [1] 170/22</p> <p><b>cohort</b> [5] 147/10<br/>147/10 147/22 148/4<br/>156/17</p> <p><b>coincides</b> [1] 53/6</p> <p><b>Collaborating</b> [1]<br/>70/13</p> <p><b>collapse</b> [1] 181/1</p> <p><b>colleague</b> [3] 116/17<br/>135/9 182/8</p> <p><b>colleagues</b> [7] 15/20<br/>77/10 89/18 89/19<br/>89/19 93/8 135/5</p> <p><b>collected</b> [2] 82/13<br/>99/13</p> <p><b>College</b> [2] 12/21<br/>70/14</p> <p><b>column</b> [7] 99/19<br/>99/20 149/16 149/19<br/>150/5 150/13 150/18</p> <p><b>columns</b> [2] 149/21<br/>149/25</p> <p><b>combination</b> [1]<br/>143/1</p> <p><b>come</b> [47] 2/2 3/16<br/>4/1 4/20 6/19 14/8<br/>14/16 18/15 47/17<br/>50/11 53/7 53/15 59/8<br/>60/16 61/1 62/8 63/15<br/>63/20 65/19 67/23<br/>68/8 69/10 69/18<br/>71/14 83/7 84/9 87/21<br/>91/17 94/6 94/20 95/8<br/>96/18 106/14 108/12<br/>110/7 111/12 113/5<br/>114/17 139/16 167/14<br/>174/9 180/11 185/25<br/>186/22 188/18 194/11<br/>197/17</p> <p><b>comes</b> [2] 109/4<br/>114/4</p> <p><b>comfortable</b> [1]<br/>183/23</p> <p><b>coming</b> [9] 5/11<br/>35/16 40/9 100/23<br/>109/11 178/9 187/14<br/>189/14 189/18</p> <p><b>commenced</b> [2]<br/>69/12 69/13</p> <p><b>comment</b> [6] 28/7<br/>32/15 33/8 92/17<br/>162/6 171/11</p> <p><b>commented</b> [1] 47/3</p> <p><b>comments</b> [3] 33/9<br/>114/24 180/20</p> <p><b>commission</b> [1]<br/>68/13</p> <p><b>commissioned</b> [6]<br/>52/22 62/5 70/1 72/2<br/>72/25 185/2</p> <p><b>commissioning</b> [2]<br/>63/8 63/13</p> <p><b>commitment</b> [1]<br/>12/11</p> <p><b>committed</b> [1]</p> | <p>183/18</p> <p><b>committee</b> [8] 30/23<br/>50/6 63/22 179/13<br/>179/25 180/1 180/5<br/>180/8</p> <p><b>common</b> [6] 16/19<br/>30/20 78/2 151/4<br/>162/2 189/18</p> <p><b>communicate</b> [2]<br/>44/13 76/8</p> <p><b>communication</b> [2]<br/>44/15 57/23</p> <p><b>communities</b> [1]<br/>168/24</p> <p><b>comorbidities</b> [1]<br/>145/7</p> <p><b>company</b> [3] 4/23 5/1<br/>8/17</p> <p><b>compared</b> [5] 108/12<br/>113/9 159/10 159/17<br/>184/1</p> <p><b>comparing</b> [1]<br/>184/10</p> <p><b>comparison</b> [4]<br/>132/13 132/17 183/24<br/>193/2</p> <p><b>comparisons</b> [1]<br/>83/25</p> <p><b>compassionate</b> [1]<br/>103/25</p> <p><b>competency</b> [1]<br/>49/17</p> <p><b>competent</b> [1] 87/13</p> <p><b>complain</b> [1] 127/9</p> <p><b>complaining</b> [1]<br/>156/6</p> <p><b>complaint</b> [6] 40/1<br/>41/8 41/19 41/24<br/>42/14 44/17</p> <p><b>complaint-handling</b><br/>[1] 44/17</p> <p><b>complaints</b> [1]<br/>157/25</p> <p><b>complete</b> [8] 15/22<br/>18/14 72/3 90/25<br/>101/13 101/23 101/24<br/>175/18</p> <p><b>completed</b> [4] 50/1<br/>72/6 116/23 152/13<br/>99/19 176/22</p> <p><b>completely</b> [3] 71/12<br/>87/16 103/5 114/18<br/>175/11</p> <p><b>completion</b> [1] 12/20</p> <p><b>complex</b> [1] 138/16</p> <p><b>compliance</b> [8] 52/11<br/>91/16 92/8 93/17<br/>94/17 95/18 95/20<br/>107/10</p> <p><b>compliant</b> [2] 87/4<br/>192/9</p> <p><b>complies</b> [2] 64/14<br/>128/4</p> <p><b>con</b> [1] 66/3</p> <p><b>concept</b> [1] 29/17</p> | <p><b>concern</b> [6] 43/23<br/>55/3 76/14 77/1 136/3<br/>171/22</p> <p><b>concerned</b> [1]<br/>107/16</p> <p><b>concerning</b> [4] 34/8<br/>54/3 62/5 63/19</p> <p><b>concerns</b> [23] 11/25<br/>12/2 20/4 24/19 31/11<br/>39/9 46/6 54/10 55/10<br/>60/19 61/11 61/12<br/>62/10 68/16 73/8<br/>93/25 131/11 131/18<br/>141/2 179/16 179/24<br/>180/3 181/6</p> <p><b>concise</b> [1] 58/1</p> <p><b>conclude</b> [1] 72/20</p> <p><b>concluded</b> [1] 172/5</p> <p><b>concludes</b> [1] 52/5</p> <p><b>conclusion</b> [6] 49/2<br/>69/11 106/6 123/2<br/>150/25 174/21</p> <p><b>conclusions</b> [9]<br/>51/14 83/9 84/2 84/5<br/>117/12 131/24 131/25<br/>152/5 169/11</p> <p><b>condition</b> [2] 42/18<br/>121/11</p> <p><b>conditions</b> [2] 7/25<br/>37/25</p> <p><b>condolences</b> [1] 19/8</p> <p><b>conduct</b> [5] 110/16<br/>115/25 131/16 157/5<br/>167/17</p> <p><b>conducted</b> [11] 51/2<br/>53/8 54/13 61/8 63/9<br/>70/11 85/20 86/16<br/>90/24 96/21 129/19</p> <p><b>conducting</b> [4] 17/9<br/>17/14 70/7 71/1</p> <p><b>confidence</b> [1]<br/>106/16</p> <p><b>confidential</b> [1] 37/2</p> <p><b>confidentiality</b> [1]<br/>71/5</p> <p><b>configuration</b> [2]<br/>17/15 18/11</p> <p><b>configured</b> [1] 17/19</p> <p><b>confined</b> [1] 8/4</p> <p><b>confirm</b> [8] 6/8 6/23<br/>7/7 25/24 29/10 97/23<br/>130/2 195/18</p> <p><b>confirmed</b> [5] 29/7<br/>29/11 50/4 74/17<br/>97/25</p> <p><b>conflict</b> [2] 96/7 96/8</p> <p><b>confounding</b> [2]<br/>147/5 147/6</p> <p><b>confused</b> [2] 27/12<br/>27/17</p> <p><b>confusing</b> [2] 27/7<br/>27/19</p> <p><b>confusion</b> [3] 4/24<br/>27/9 132/25</p> <p><b>confusional</b> [1]<br/>38/11</p> |
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| <p><b>C</b></p> <p><b>connect [1]</b> 144/11</p> <p><b>connection [2]</b> 11/3 11/9</p> <p><b>cons [4]</b> 64/12 64/16 66/12 141/1</p> <p><b>consensus [1]</b> 113/5</p> <p><b>consent [112]</b> 20/6 27/24 28/1 28/23 29/1 29/2 29/4 29/10 29/12 29/16 29/17 29/19 29/22 30/4 31/9 31/13 31/19 32/25 33/20 34/1 34/6 34/9 34/10 34/14 34/20 34/22 35/2 35/5 35/8 35/11 35/21 35/22 36/4 36/5 36/7 36/15 37/11 37/15 37/18 37/21 40/10 40/18 42/1 42/16 42/17 42/18 42/22 43/10 43/25 44/12 45/6 45/11 45/24 46/4 46/22 46/25 47/1 47/5 48/4 48/16 48/24 49/1 49/12 50/7 50/14 51/1 51/19 52/6 52/14 52/15 53/24 54/1 54/3 54/10 55/3 55/8 56/5 56/18 56/20 56/22 58/16 60/8 61/11 61/22 62/21 67/5 67/20 67/21 68/16 68/19 75/18 80/6 80/15 80/21 81/10 81/11 81/18 82/2 82/14 83/3 88/4 88/5 92/24 93/1 93/13 93/17 93/25 94/2 108/16 112/6 113/8 196/8</p> <p><b>consent' [1]</b> 28/25</p> <p><b>consented [1]</b> 83/5</p> <p><b>consenting [1]</b> 39/20</p> <p><b>consents [1]</b> 87/11</p> <p><b>consequence [2]</b> 38/7 38/18</p> <p><b>consequences [3]</b> 60/10 102/1 102/2</p> <p><b>consider [14]</b> 4/21 31/10 45/11 47/18 48/4 70/5 71/20 84/1 104/14 109/19 119/23 122/17 146/6 181/9</p> <p><b>considerable [1]</b> 43/23</p> <p><b>consideration [6]</b> 58/4 110/24 113/17 160/5 172/1 172/7</p> <p><b>considerations [1]</b> 79/2</p> <p><b>considered [20]</b> 33/19 34/22 34/24 44/24 64/4 65/8 74/20</p> | <p>74/23 79/2 90/25 91/16 94/13 103/10 111/3 145/10 159/1 162/15 164/15 181/12 185/11</p> <p><b>considers [1]</b> 146/14</p> <p><b>consistency [2]</b> 109/13 162/4</p> <p><b>consistent [9]</b> 79/6 98/8 103/23 120/23 123/12 123/19 126/5 179/19 192/6</p> <p><b>consistently [6]</b> 50/15 79/7 137/17 168/5 179/12 192/17</p> <p><b>constant [1]</b> 36/15</p> <p><b>constitute [2]</b> 121/5 125/14</p> <p><b>constitutes [1]</b> 121/8</p> <p><b>constructive [3]</b> 107/19 173/20 180/9</p> <p><b>consult [3]</b> 63/11 113/13 173/22</p> <p><b>consultant [9]</b> 11/11 11/24 12/6 12/7 12/17 13/8 13/22 20/16 65/15</p> <p><b>consultation [1]</b> 113/3</p> <p><b>contact [2]</b> 22/18 139/17</p> <p><b>contactless [1]</b> 22/9</p> <p><b>contain [2]</b> 6/9 6/24</p> <p><b>contained [1]</b> 29/5</p> <p><b>contemplated [1]</b> 64/1</p> <p><b>content [1]</b> 128/17</p> <p><b>context [8]</b> 14/1 65/22 103/11 140/23 141/4 180/17 182/2 183/19</p> <p><b>contexts [2]</b> 100/22 190/14</p> <p><b>contextual [1]</b> 121/7</p> <p><b>continue [12]</b> 8/10 30/17 45/21 53/25 55/18 58/6 64/6 115/4 148/6 175/4 182/17 185/1</p> <p><b>continued [3]</b> 55/17 58/8 66/7</p> <p><b>continuous [4]</b> 155/19 157/24 165/17 166/2</p> <p><b>contract [2]</b> 125/6 183/1</p> <p><b>contracted [1]</b> 125/6</p> <p><b>contribute [2]</b> 47/22 69/6</p> <p><b>contributed [2]</b> 32/14 148/17</p> <p><b>contributory [1]</b> 59/13</p> <p><b>control [5]</b> 84/18 110/12 151/17 152/21 195/6</p> | <p><b>controlled [1]</b> 151/2</p> <p><b>controls [2]</b> 64/6 66/7</p> <p><b>conundrum [1]</b> 186/18</p> <p><b>conversation [1]</b> 51/1</p> <p><b>conversations [2]</b> 77/11 77/17</p> <p><b>coordination [1]</b> 15/5</p> <p><b>coordinators [1]</b> 178/4</p> <p><b>copied [1]</b> 44/8</p> <p><b>core [3]</b> 18/1 18/6 116/14</p> <p><b>corner [1]</b> 86/19</p> <p><b>coroner's [1]</b> 56/13</p> <p><b>coroners [1]</b> 97/8</p> <p><b>coroners' [1]</b> 102/3</p> <p><b>correct [123]</b> 3/5 3/6 3/19 3/25 4/5 5/22 6/2 7/5 8/13 9/12 9/14 10/12 10/17 10/21 12/19 13/10 14/21 15/7 15/8 16/9 19/22 19/23 22/6 22/21 23/6 23/7 23/18 23/19 33/1 35/17 35/18 38/1 41/12 41/16 41/17 41/23 42/6 42/7 43/6 43/8 43/19 43/21 44/22 47/20 48/2 48/3 49/3 49/6 49/23 49/24 51/9 51/24 61/6 61/9 61/10 61/14 61/24 62/7 64/3 64/9 66/10 66/11 66/23 67/5 67/9 68/4 70/22 72/9 72/10 73/22 73/23 74/5 75/6 75/7 75/12 81/13 88/6 89/5 89/6 89/8 89/11 90/4 90/6 90/10 98/25 99/13 103/12 114/3 114/5 114/21 118/9 118/17 119/8 121/21 123/9 123/10 123/16 124/1 124/4 124/5 125/1 127/21 129/21 130/5 130/25 140/12 143/3 143/6 143/20 149/25 150/7 153/23 153/24 157/6 158/4 170/7 179/22 183/11 187/22 188/2 191/11 197/10 197/11</p> <p><b>corrected [8]</b> 6/5 24/13 24/21 24/25 32/8 38/21 47/10 126/1</p> <p><b>correction [9]</b> 3/12 4/12 5/5 6/10 6/22 7/3 15/9 47/17 47/25</p> <p><b>corrections [12]</b> 3/14 3/23 4/11 4/11 4/14 5/3 5/15 5/20 5/21 5/25 7/10 193/4</p> | <p><b>correctly [10]</b> 14/3 29/20 68/21 92/20 98/19 111/1 111/8 112/10 121/17 132/21</p> <p><b>correlation [1]</b> 146/24</p> <p><b>correspond [2]</b> 191/21 191/22</p> <p><b>corresponding [1]</b> 55/13</p> <p><b>corridor [4]</b> 189/14 189/19 189/20 189/25</p> <p><b>corroboration [1]</b> 116/24</p> <p><b>cost [12]</b> 20/9 109/7 163/24 177/3 177/14 177/14 177/16 177/18 179/6 182/23 183/1 183/16</p> <p><b>could [57]</b> 6/23 17/19 18/4 25/16 31/18 37/4 37/5 42/4 42/9 44/19 49/7 50/25 54/9 56/2 56/6 59/18 63/22 68/24 72/21 72/22 74/20 76/11 82/5 89/7 110/10 119/3 137/19 137/20 138/8 143/25 148/12 153/25 154/4 154/7 154/18 155/3 155/14 155/24 156/14 156/15 157/9 163/4 163/14 163/17 163/18 165/9 165/19 168/16 168/17 169/9 177/1 187/5 188/4 188/4 188/25 192/25 197/24</p> <p><b>couldn't [5]</b> 17/16 124/16 126/19 138/7 195/24</p> <p><b>Council [2]</b> 9/22 43/2</p> <p><b>count [3]</b> 151/14 167/3 167/4</p> <p><b>counted [1]</b> 167/7</p> <p><b>counter [1]</b> 158/16</p> <p><b>counting [1]</b> 193/5</p> <p><b>country [3]</b> 41/3 109/16 184/9</p> <p><b>counts [1]</b> 150/12</p> <p><b>couple [9]</b> 13/5 35/1 63/9 63/19 79/23 96/18 101/16 167/15 170/11</p> <p><b>course [25]</b> 3/8 6/12 6/21 18/12 20/12 21/4 28/12 35/15 57/20 71/21 73/19 82/23 83/21 88/2 88/2 104/9 104/25 105/15 107/24 110/18 113/3 113/16 113/22 115/5 147/12</p> <p><b>court [1]</b> 56/13</p> <p><b>Coventry [1]</b> 115/14</p> <p><b>cover [13]</b> 7/24 60/21 72/25 76/21 76/23 77/3 92/23 98/16</p> | <p>99/11 146/9 181/20 182/23 196/14</p> <p><b>covered [11]</b> 8/23 20/1 20/9 21/20 27/25 28/13 38/23 41/8 77/5 134/16 184/24</p> <p><b>covering [5]</b> 73/1 73/11 74/4 161/6 184/12</p> <p><b>covers [3]</b> 42/9 131/21 141/22</p> <p><b>Covid [5]</b> 13/15 13/18 14/1 14/12 14/13</p> <p><b>Covid-19 [2]</b> 13/15 13/18</p> <p><b>Cozens [5]</b> 26/14 72/7 110/23 134/15 195/1</p> <p><b>CQC [31]</b> 28/13 28/22 28/25 29/8 30/3 30/5 30/7 30/19 31/3 31/11 34/7 35/6 52/19 58/20 93/12 104/13 104/22 106/11 106/23 107/14 108/3 115/4 115/6 115/9 115/15 116/8 116/22 117/2 165/16 191/23 193/19</p> <p><b>CQC's [2]</b> 104/5 115/13</p> <p><b>Craig [1]</b> 116/6</p> <p><b>Craissati [1]</b> 21/16</p> <p><b>create [1]</b> 109/16</p> <p><b>created [1]</b> 119/15</p> <p><b>critical [1]</b> 190/13</p> <p><b>crop [1]</b> 55/17</p> <p><b>crucial [1]</b> 15/17</p> <p><b>crude [2]</b> 151/17 151/18</p> <p><b>crudely [1]</b> 195/15</p> <p><b>Culture [1]</b> 135/6</p> <p><b>curious [1]</b> 11/20</p> <p><b>current [6]</b> 17/13 45/4 55/1 155/7 160/2 161/7</p> <p><b>currently [2]</b> 149/1 195/8</p> <p><b>customer [1]</b> 139/6</p> <p><b>CVD [5]</b> 90/2 90/5 90/12 90/20 118/24</p> <p><b>cycle [2]</b> 165/25 185/7</p> <p><b>cycles [1]</b> 162/17</p> <hr/> <p><b>D</b></p> <p><b>data [105]</b> 24/19 50/6 50/24 75/21 79/9 82/13 90/3 92/12 96/6 99/13 118/8 118/11 118/11 118/14 118/19 118/24 118/25 119/10 119/15 119/23 119/24 119/25 120/1 120/3 120/7 120/11 120/11 120/15 120/16 120/24 121/4 121/5 121/8</p> |
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| <b>D</b> | 45/7 45/22 46/11<br>46/21 47/6 47/14 58/2<br>65/9 67/7 71/23 78/24<br>81/16 96/10 112/21<br>112/25 113/5 113/22<br>166/23 175/19 176/4<br><b>decision-making [1]</b><br>113/22<br><b>decisions [6]</b> 59/14<br>81/21 105/25 106/2<br>112/12 118/4<br><b>declined [1]</b> 83/3<br><b>declines [1]</b> 45/6<br><b>decrease [1]</b> 178/25<br><b>dedicated [1]</b> 54/13<br><b>default [6]</b> 34/10<br>61/17 61/20 74/17<br>75/10 114/9<br><b>defer [1]</b> 84/13<br><b>deficiencies [1]</b><br>38/21<br><b>defines [1]</b> 62/22<br><b>definitive [2]</b> 69/11<br>98/16<br><b>degree [3]</b> 93/16<br>117/10 179/11<br><b>delayed [1]</b> 1/3<br><b>delaying [1]</b> 174/20<br><b>delete [2]</b> 5/8 5/12<br><b>deliberately [1]</b><br>123/12<br><b>delirium [2]</b> 38/11<br>38/13<br><b>deliver [1]</b> 115/10<br><b>delivering [2]</b> 74/21<br>139/13<br><b>delivers [1]</b> 125/5<br><b>delivery [3]</b> 62/18<br>62/23 74/25<br><b>dementia [1]</b> 11/13<br><b>demonstrate [2]</b> 96/4<br>166/22<br><b>demonstrated [1]</b><br>123/15<br><b>demonstrates [2]</b><br>33/7 192/10<br><b>Denman [37]</b> 9/24<br>21/5 29/15 29/24<br>31/21 32/3 33/25<br>35/19 36/23 38/4<br>38/19 59/4 108/10<br>136/20 143/11 143/17<br>143/25 144/14 158/9<br>160/24 161/8 161/25<br>163/22 167/23 170/5<br>171/8 172/5 173/4<br>174/1 176/10 178/14<br>179/4 179/10 181/18<br>190/11 192/4 192/6<br><b>Denman's [6]</b> 164/7<br>165/6 170/18 174/13<br>180/15 181/24<br><b>departments [1]</b><br>110/4<br><b>departs [1]</b> 45/4<br><b>dependency [1]</b> | 196/6<br><b>dependent [2]</b><br>152/15 195/12<br><b>depending [3]</b> 80/10<br>101/1 159/4<br><b>depends [6]</b> 18/7<br>36/5 134/12 147/9<br>158/17 196/1<br><b>deployable [1]</b> 109/7<br><b>deployed [2]</b> 13/15<br>163/18<br><b>deployment [3]</b><br>106/25 161/24 162/4<br><b>deployments [1]</b><br>106/9<br><b>Deputy [7]</b> 10/15<br>10/17 10/19 11/5<br>11/14 116/6 117/21<br><b>Derrick [1]</b> 175/7<br><b>describe [5]</b> 9/15<br>11/8 26/8 100/20<br>174/23<br><b>described [11]</b> 10/1<br>27/18 70/17 81/25<br>83/25 99/25 121/11<br>122/20 123/1 164/11<br>176/25<br><b>describes [1]</b> 107/25<br><b>describing [5]</b> 6/16<br>58/21 99/21 100/7<br>134/17<br><b>description [3]</b> 4/15<br>10/5 128/7<br><b>design [3]</b> 136/23<br>137/4 137/25<br><b>desire [1]</b> 46/23<br><b>despite [2]</b> 106/10<br>161/19<br><b>destroyed [1]</b> 178/21<br><b>detail [11]</b> 13/25<br>43/13 46/1 65/21<br>68/20 79/17 100/20<br>154/4 170/5 170/9<br>171/7<br><b>detailed [6]</b> 65/3<br>97/15 118/14 151/16<br>154/1 154/7<br><b>details [1]</b> 9/3<br><b>detained [4]</b> 39/5<br>39/7 39/15 39/18<br><b>detected [1]</b> 149/11<br><b>detecting [1]</b> 144/1<br><b>deterioration [5]</b><br>143/9 144/7 144/8<br>144/13 145/16<br><b>determinant [1]</b><br>73/13<br><b>determination [5]</b><br>16/1 62/20 67/19<br>159/25 194/24<br><b>determinative [2]</b><br>116/2 117/8<br><b>determine [6]</b> 17/16<br>80/20 84/20 118/5<br>146/21 195/20<br><b>determined [2]</b> 16/23 | 80/8<br><b>develop [1]</b> 65/22<br><b>developed [2]</b> 77/10<br>77/16<br><b>developer [1]</b> 138/1<br><b>developing [2]</b> 68/4<br>134/10<br><b>development [7]</b><br>15/4 86/1 97/4 134/16<br>137/10 138/7 138/10<br><b>developments [2]</b><br>20/11 115/10<br><b>develops [1]</b> 38/11<br><b>device [1]</b> 27/13<br><b>devices [1]</b> 17/15<br><b>devolved [1]</b> 113/2<br><b>diagram [2]</b> 164/22<br>164/25<br><b>did [54]</b> 9/2 12/23<br>12/25 13/12 33/10<br>33/18 34/9 35/25 36/1<br>41/20 41/24 42/1 42/3<br>42/19 43/25 45/3<br>45/13 45/17 45/21<br>45/24 48/4 48/8 50/8<br>60/17 60/20 61/11<br>61/15 61/18 61/19<br>61/25 62/4 63/10<br>66/20 66/24 67/10<br>68/12 68/14 68/15<br>68/23 77/23 79/5<br>83/16 99/15 99/19<br>101/19 117/13 128/21<br>159/12 165/13 178/21<br>181/9 184/21 193/22<br>194/8<br><b>didn't [10]</b> 9/6 33/13<br>96/1 106/11 112/8<br>118/12 119/4 135/10<br>168/24 169/1<br><b>differ [1]</b> 95/2<br><b>difference [5]</b> 77/20<br>97/11 132/9 175/16<br>185/19<br><b>differences [2]</b> 32/9<br>73/9<br><b>different [51]</b> 4/25<br>19/14 26/24 28/4 31/6<br>31/12 40/25 55/9<br>55/11 69/8 88/12 93/8<br>93/10 93/15 95/3<br>95/24 95/24 96/6 96/9<br>96/22 96/23 98/10<br>98/10 103/7 105/4<br>107/18 108/21 108/22<br>108/23 109/15 109/25<br>109/25 110/8 111/2<br>113/9 114/1 114/23<br>114/24 118/18 124/10<br>126/6 127/4 150/12<br>154/19 167/11 168/12<br>171/25 172/24 178/13<br>184/10 187/18<br><b>differentiate [1]</b><br>122/6<br><b>differentiated [1]</b> | 101/6<br><b>differently [3]</b> 77/14<br>92/17 115/11<br><b>difficult [13]</b> 1/18<br>39/12 97/19 111/24<br>118/5 136/22 147/7<br>150/24 152/5 159/2<br>166/18 173/13 185/14<br><b>digital [11]</b> 1/12 15/3<br>15/6 15/12 40/11 41/4<br>104/11 115/6 115/12<br>115/16 117/5<br><b>dignity [1]</b> 108/17<br><b>diminishes [1]</b> 100/5<br><b>direct [6]</b> 19/13 28/1<br>41/10 60/22 72/16<br>84/11<br><b>directed [2]</b> 47/19<br>73/24<br><b>directing [1]</b> 149/7<br><b>direction [2]</b> 2/4<br>109/12<br><b>directions [1]</b> 108/21<br><b>directly [5]</b> 18/17<br>32/22 121/6 121/9<br>166/20<br><b>director [13]</b> 9/25<br>10/16 11/5 11/14 15/2<br>54/18 57/15 72/15<br>116/6 117/21 179/12<br>180/2 180/9<br><b>Director's [1]</b> 32/11<br><b>directors [17]</b> 10/18<br>10/19 15/19 33/4<br>34/16 36/19 56/3 93/6<br>108/5 168/16 169/1<br>170/15 174/6 180/5<br>180/10 184/21 192/18<br><b>disagree [1]</b> 82/7<br><b>disagreement [1]</b><br>127/16<br><b>discharge [1]</b> 155/9<br><b>discharged [1]</b><br>156/11<br><b>disciplinary [3]</b> 136/5<br>136/11 196/25<br><b>disclosed [3]</b> 116/13<br>116/14 131/3<br><b>disclosure [1]</b> 132/4<br><b>discrepancy [1]</b><br>131/3<br><b>discrete [1]</b> 25/17<br><b>discuss [7]</b> 14/8<br>14/16 50/11 68/9<br>107/4 112/2 118/19<br><b>discussed [17]</b> 2/21<br>6/13 13/25 14/18 26/6<br>73/6 79/4 82/21 83/16<br>84/23 89/1 118/11<br>122/16 124/12 130/14<br>132/21 161/1<br><b>discussing [8]</b> 8/8<br>39/3 47/16 54/10<br>54/16 63/20 92/25<br>169/21<br><b>discussion [7]</b> 37/13 |
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| <p><b>D</b></p> <p><b>discussion... [6]</b><br/>39/24 75/17 75/18<br/>110/11 123/20 171/12</p> <p><b>discussions [2]</b><br/>42/23 52/15</p> <p><b>disorder [6]</b> 37/14<br/>38/5 38/7 38/15 38/16<br/>38/18</p> <p><b>disorders [2]</b> 38/20<br/>157/2</p> <p><b>displayed [2]</b> 29/6<br/>132/11</p> <p><b>displeasure [1]</b><br/>106/24</p> <p><b>dispute [1]</b> 100/19</p> <p><b>distancing [1]</b> 13/16</p> <p><b>distinct [1]</b> 54/15</p> <p><b>distinction [3]</b> 127/5<br/>127/14 127/15</p> <p><b>distress [1]</b> 158/21</p> <p><b>disturbance [1]</b><br/>156/14</p> <p><b>disturbed [10]</b><br/>143/23 147/22 156/7<br/>156/12 156/16 157/19<br/>157/22 158/19 159/20<br/>159/22</p> <p><b>disturbing [1]</b> 157/10</p> <p><b>do [166]</b> 4/14 5/11<br/>7/18 10/5 10/7 12/7<br/>12/12 14/10 17/19<br/>18/17 18/19 21/25<br/>22/10 23/1 23/9 23/20<br/>25/8 25/11 29/13<br/>29/19 30/2 30/4 33/19<br/>33/25 34/3 36/2 36/24<br/>40/2 40/19 43/11 48/9<br/>48/21 52/11 55/24<br/>55/25 60/16 62/12<br/>62/13 64/12 65/17<br/>66/3 66/12 72/11<br/>72/23 75/8 76/11<br/>76/24 77/5 82/6 82/13<br/>87/10 87/23 88/19<br/>89/13 89/23 90/12<br/>91/10 91/11 92/6<br/>92/16 93/1 93/3 93/18<br/>94/3 94/14 94/20<br/>94/23 95/5 95/5 95/23<br/>101/12 101/17 103/7<br/>103/18 105/5 105/21<br/>106/19 106/20 106/20<br/>107/19 107/23 108/8<br/>109/6 110/10 110/17<br/>111/24 118/22 118/24<br/>119/1 122/8 123/18<br/>124/21 125/13 125/24<br/>126/25 127/22 128/20<br/>131/7 132/18 133/6<br/>133/18 136/18 137/3<br/>137/12 138/23 143/7<br/>144/2 144/4 145/8<br/>145/17 147/4 147/25<br/>148/19 149/1 149/4</p> | <p>149/14 149/21 150/2<br/>150/9 153/17 156/23<br/>157/5 157/19 158/14<br/>158/17 160/23 161/9<br/>161/16 162/17 163/7<br/>163/23 163/24 166/9<br/>167/1 167/15 168/7<br/>168/9 168/12 169/20<br/>170/10 172/2 172/12<br/>173/12 174/10 174/22<br/>175/17 175/21 175/21<br/>176/17 177/24 178/19<br/>181/7 181/24 182/17<br/>183/3 183/5 183/7<br/>185/7 186/4 187/8<br/>188/12 190/1 192/20<br/>195/24 196/2 197/21</p> <p><b>doctor [4]</b> 45/8 63/10<br/>68/23 165/19</p> <p><b>doctors [3]</b> 9/23<br/>148/2 166/3</p> <p><b>document [21]</b> 31/9<br/>33/9 33/11 34/19 47/4<br/>57/9 77/16 86/20<br/>86/20 87/2 90/22<br/>104/19 124/11 126/23<br/>127/8 127/22 128/21<br/>148/7 170/13 171/16<br/>174/12</p> <p><b>document in [3]</b><br/>33/11 87/2 126/23</p> <p><b>documentation [5]</b><br/>87/14 93/11 97/12<br/>123/2 170/20</p> <p><b>documented [14]</b><br/>52/25 80/5 84/22<br/>88/10 90/20 96/25<br/>97/2 97/5 97/7 97/9<br/>102/3 124/18 161/14<br/>196/23</p> <p><b>documenting [2]</b><br/>52/15 97/12</p> <p><b>documents [13]</b> 28/8<br/>34/22 59/2 63/19<br/>79/18 94/23 101/14<br/>117/18 171/14 171/17<br/>174/4 174/13 178/16</p> <p><b>does [71]</b> 5/1 5/1<br/>7/21 7/24 8/2 13/23<br/>13/24 16/25 17/18<br/>25/6 25/11 27/8 32/1<br/>39/13 43/9 43/12<br/>43/13 43/15 45/10<br/>51/11 56/21 56/24<br/>57/5 65/11 67/25<br/>71/13 72/24 76/23<br/>81/11 81/24 83/11<br/>86/18 95/20 96/4<br/>100/12 107/7 109/5<br/>109/6 109/21 109/22<br/>109/24 113/7 120/15<br/>121/12 123/14 125/15<br/>129/4 130/16 130/20<br/>135/23 140/22 143/7<br/>143/9 144/8 144/9<br/>146/24 150/21 153/20</p> | <p>154/6 160/2 161/20<br/>165/23 166/17 166/22<br/>167/4 170/21 184/17<br/>186/16 191/15 191/18<br/>191/25</p> <p><b>does it [6]</b> 43/13<br/>95/20 109/6 120/15<br/>186/16 191/15</p> <p><b>doesn't [17]</b> 31/13<br/>39/18 65/6 74/24<br/>95/20 96/4 100/5<br/>106/18 106/19 130/7<br/>144/24 145/16 165/23<br/>166/9 178/25 186/16<br/>196/3</p> <p><b>doing [11]</b> 31/14<br/>102/16 111/22 119/19<br/>134/8 158/11 160/9<br/>162/18 166/8 178/5<br/>186/21</p> <p><b>don't [55]</b> 12/10 13/5<br/>16/9 19/3 21/23 31/11<br/>32/19 33/22 59/7<br/>59/20 72/16 78/3 78/7<br/>81/12 81/14 90/12<br/>90/14 90/19 92/24<br/>96/2 100/18 101/25<br/>106/3 117/2 126/21<br/>129/4 129/7 133/3<br/>133/5 138/21 138/21<br/>139/7 140/11 141/4<br/>144/5 152/13 153/12<br/>154/16 156/12 161/9<br/>162/15 166/8 167/4<br/>167/19 170/9 171/25<br/>173/4 176/22 177/21<br/>179/2 181/20 185/4<br/>194/13 197/17 197/23</p> <p><b>done [28]</b> 29/7 31/19<br/>31/25 59/18 91/8<br/>95/19 96/11 97/1 97/3<br/>97/7 97/16 97/17<br/>97/18 99/3 99/4 106/4<br/>130/2 135/25 136/1<br/>137/14 151/15 151/19<br/>154/5 166/2 168/16<br/>168/18 172/3 173/24</p> <p><b>Donnelly [1]</b> 20/17</p> <p><b>door [3]</b> 188/18<br/>189/10 189/17</p> <p><b>doorway [1]</b> 139/20</p> <p><b>dots [3]</b> 144/12<br/>186/24 188/22</p> <p><b>double [1]</b> 57/2</p> <p><b>doubt [2]</b> 36/9 93/16</p> <p><b>down [26]</b> 18/21 19/2<br/>22/22 23/8 50/25 52/2<br/>60/12 75/16 83/7 88/7<br/>89/13 92/1 105/8<br/>125/10 129/22 129/22<br/>145/24 150/7 150/9<br/>151/6 151/11 151/17<br/>151/18 164/25 174/5<br/>178/9</p> <p><b>downward [4]</b><br/>146/14 146/19 150/14</p> | <p>150/19</p> <p><b>DPIA [19]</b> 79/18<br/>123/22 123/23 124/4<br/>124/9 124/19 124/21<br/>125/21 125/21 126/3<br/>126/4 126/5 128/15<br/>128/19 129/1 129/6<br/>129/8 130/8 130/8</p> <p><b>DPIAs [1]</b> 123/25</p> <p><b>DPO [10]</b> 123/20<br/>124/12 126/7 126/13<br/>126/21 127/11 129/6<br/>129/14 129/18 130/2</p> <p><b>Dr [119]</b> 1/7 1/10<br/>2/14 4/2 4/3 4/7 4/9<br/>7/7 7/10 7/15 7/24 8/3<br/>9/2 9/24 11/2 14/3<br/>19/5 19/20 19/22<br/>20/14 20/17 21/1 21/4<br/>22/14 28/5 29/15<br/>29/24 31/21 32/3<br/>33/19 33/25 33/25<br/>35/14 35/19 36/23<br/>38/4 38/19 41/10<br/>46/19 47/20 53/23<br/>55/24 56/2 57/14<br/>57/16 58/18 59/4 60/3<br/>60/21 60/23 63/21<br/>64/2 68/12 73/25<br/>74/10 75/5 78/24<br/>84/14 92/17 95/8 98/4<br/>108/10 111/20 112/10<br/>130/13 131/8 136/20<br/>140/11 140/21 142/22<br/>143/11 143/17 143/25<br/>144/14 149/12 149/13<br/>152/8 153/2 154/5<br/>154/11 157/7 157/16<br/>158/9 160/19 160/24<br/>161/8 161/25 163/6<br/>163/22 164/7 165/6<br/>166/25 167/23 169/17<br/>170/5 170/18 171/8<br/>172/5 173/4 174/1<br/>174/13 176/10 178/14<br/>179/4 179/8 179/10<br/>180/15 180/18 181/18<br/>181/24 185/12 186/2<br/>188/12 190/24 191/6<br/>192/4 192/6 197/6<br/>197/21</p> <p><b>Dr Chess [1]</b> 9/24</p> <p><b>Dr Christodoulou [1]</b><br/>20/17</p> <p><b>Dr Denman [33]</b><br/>29/15 29/24 31/21<br/>32/3 33/25 35/19<br/>36/23 38/4 38/19 59/4<br/>108/10 136/20 143/11<br/>143/17 143/25 144/14<br/>158/9 160/24 161/8<br/>161/25 163/22 167/23<br/>170/5 171/8 172/5<br/>173/4 174/1 178/14<br/>179/4 179/10 181/18<br/>192/4 192/6</p> | <p><b>Dr Denman's [6]</b><br/>164/7 165/6 170/18<br/>174/13 180/15 181/24</p> <p><b>Dr Francesca [1]</b><br/>21/4</p> <p><b>Dr Kallur [3]</b> 4/3<br/>163/6 180/18</p> <p><b>Dr Suresh [68]</b> 1/10<br/>2/14 4/2 4/9 7/7 7/10<br/>7/15 7/24 8/3 9/2 11/2<br/>14/3 19/5 19/20 19/22<br/>20/14 21/1 22/14 28/5<br/>33/19 33/25 35/14<br/>41/10 46/19 47/20<br/>53/23 55/24 56/2<br/>57/16 58/18 60/3<br/>60/21 60/23 63/21<br/>64/2 68/12 73/25<br/>74/10 75/5 78/24<br/>84/14 92/17 98/4<br/>111/20 112/10 130/13<br/>131/8 140/11 140/21<br/>142/22 149/12 149/13<br/>152/8 153/2 154/5<br/>154/11 157/16 160/19<br/>166/25 169/17 179/8<br/>185/12 186/2 188/12<br/>190/24 191/6 197/6<br/>197/21</p> <p><b>Dr Suresh's [2]</b> 4/7<br/>57/14</p> <p><b>Dr Trent [1]</b> 157/7</p> <p><b>draft [6]</b> 33/8 51/2<br/>51/11 51/15 53/7<br/>69/22</p> <p><b>draw [2]</b> 150/24<br/>152/5</p> <p><b>drive [2]</b> 164/6 165/2</p> <p><b>driver [4]</b> 104/6<br/>164/21 164/25 168/1</p> <p><b>drivers [1]</b> 177/3</p> <p><b>driving [1]</b> 96/10</p> <p><b>drop [4]</b> 23/8 24/8<br/>52/2 125/10</p> <p><b>dropped [3]</b> 32/5<br/>32/6 181/19</p> <p><b>drug [1]</b> 109/4</p> <p><b>due [1]</b> 60/8</p> <p><b>during [14]</b> 3/8 13/15<br/>13/19 14/1 14/13<br/>20/12 35/4 41/25 89/2<br/>91/16 119/15 130/15<br/>158/9 175/23</p> <p><b>duty [1]</b> 81/19</p> <p><b>E</b></p> <p><b>e-obs [5]</b> 17/18 18/4<br/>135/13 135/15 135/20</p> <p><b>each [9]</b> 55/9 88/12<br/>88/23 88/24 96/16<br/>150/3 165/4 180/19<br/>183/21</p> <p><b>earlier [33]</b> 24/23<br/>29/12 40/25 45/19<br/>75/5 78/17 85/24 93/3<br/>113/9 115/19 124/8</p> |
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| <b>E</b> | <b>email [3]</b> 33/7 133/25 134/6<br><b>embrace [1]</b> 108/14<br><b>emergently [1]</b> 38/21<br><b>emerging [2]</b> 58/24 167/22<br><b>emotional [1]</b> 1/23<br><b>emphasis [1]</b> 114/2<br><b>employed [1]</b> 129/5<br><b>enable [2]</b> 12/11 156/23<br><b>enables [3]</b> 13/13 66/7 121/9<br><b>encapsulate [1]</b> 56/21<br><b>encapsulated [1]</b> 68/1<br><b>encapsulates [1]</b> 75/4<br><b>encounter [1]</b> 141/23<br><b>encountered [1]</b> 173/11<br><b>encourage [1]</b> 104/5<br><b>encouragement [4]</b> 103/23 104/12 115/2 166/1<br><b>encouraging [1]</b> 146/17<br><b>end [10]</b> 6/25 34/17 38/17 67/22 98/18 162/7 162/8 163/25 174/25 175/21<br><b>endorse [2]</b> 33/11 106/12<br><b>endorsed [2]</b> 59/17 104/19<br><b>engage [5]</b> 16/22 39/12 79/14 79/15 81/20<br><b>engaged [3]</b> 192/17 192/18 193/11<br><b>engagement [14]</b> 11/22 13/11 27/16 32/6 33/12 52/9 55/4 58/8 67/16 70/21 95/13 137/16 158/22 181/13<br><b>engaging [2]</b> 1/22 2/8<br><b>England [23]</b> 20/7 32/13 33/3 33/8 33/10 44/13 45/5 74/6 104/10 104/13 104/23 105/7 105/7 105/11 107/4 107/6 107/12 107/21 108/4 115/4 117/22 192/6 192/9<br><b>England's [3]</b> 103/23 162/13 192/7<br><b>enough [5]</b> 101/9 173/4 188/6 188/20 189/7<br><b>enquiries [1]</b> 130/1<br><b>ensure [8]</b> 39/15 57/24 76/9 79/6 80/1 125/5 186/11 186/13<br><b>ensured [1]</b> 126/7 | <b>ensuring [1]</b> 134/18<br><b>entails [1]</b> 10/1<br><b>entered [2]</b> 114/19 114/21<br><b>entire [1]</b> 14/14<br><b>entirely [2]</b> 81/7 91/2<br><b>entitled [1]</b> 3/2<br><b>entries [1]</b> 26/12<br><b>environment [2]</b> 121/15 138/17<br><b>envisaged [1]</b> 178/15<br><b>episodes [1]</b> 121/16<br><b>EPR [6]</b> 16/12 16/15 17/12 18/4 18/7 18/14<br><b>EPUT [108]</b> 1/8 4/23 5/1 7/19 8/25 10/3 11/7 11/11 14/18 14/20 14/24 15/3 16/4 16/14 17/1 17/5 20/4 20/5 21/12 22/2 26/5 26/22 28/15 28/24 29/7 29/8 29/16 31/7 31/18 33/19 34/9 41/21 42/15 43/16 43/17 44/10 44/13 44/14 48/15 52/22 58/16 58/22 59/13 59/20 60/18 61/15 62/6 69/20 70/23 71/3 71/6 71/12 71/17 72/2 72/16 75/24 82/12 84/17 93/13 93/16 103/25 104/14 105/22 110/1 115/21 115/25 117/11 117/11 123/12 124/21 125/21 128/1 128/14 128/18 128/21 129/15 130/16 133/14 136/13 138/4 138/5 140/16 144/20 148/10 157/5 157/18 161/1 162/21 163/15 163/19 167/12 167/16 168/9 168/13 169/14 169/20 174/15 178/24 179/10 179/21 181/23 182/1 184/8 185/1 191/14 191/24 196/9 196/19<br><b>EPUT's [25]</b> 1/10 1/11 9/8 10/15 18/17 31/7 40/22 42/19 47/15 48/5 50/13 54/11 55/8 59/23 120/23 121/20 122/22 123/19 124/9 126/15 128/5 159/3 159/24 169/5 192/22<br><b>EPUT020850 [1]</b> 56/6<br><b>EPUT020910 [1]</b> 148/13<br><b>EPUT020910 at [1]</b> 148/13<br><b>EPUT023595 [1]</b> 120/20<br><b>EPUT024165 [1]</b> 124/20 | <b>EPUT024186 [1]</b> 86/11<br><b>EPUT026149 [2]</b> 22/4 74/11<br><b>equal [2]</b> 145/3 146/24<br><b>equipment [1]</b> 85/3<br><b>equivalent [2]</b> 10/2 192/21<br><b>error [3]</b> 128/20 136/25 137/2<br><b>escalate [1]</b> 180/3<br><b>escalated [1]</b> 12/1<br><b>especially [1]</b> 64/21<br><b>essence [2]</b> 4/17 176/12<br><b>essential [1]</b> 21/24<br><b>essentially [8]</b> 5/5 16/23 26/9 46/10 86/23 112/18 133/22 178/21<br><b>Essex [6]</b> 9/7 10/16 10/22 11/12 17/1 180/21<br><b>establish [1]</b> 147/8<br><b>established [3]</b> 10/8 38/8 110/4<br><b>estate [1]</b> 152/1<br><b>et [10]</b> 28/8 108/17 122/21 141/20 148/3 165/3 166/4 177/8 185/23 188/19<br><b>et cetera [9]</b> 28/8 108/17 122/21 141/20 165/3 166/4 177/8 185/23 188/19<br><b>ethics [1]</b> 73/15<br><b>evaluated [2]</b> 109/1 165/12<br><b>evaluation [15]</b> 65/3 66/8 72/3 97/15 108/18 110/6 160/20 161/4 162/4 163/5 163/14 163/17 164/8 164/11 164/14<br><b>evaluations [1]</b> 98/1<br><b>even [21]</b> 36/11 38/22 39/14 59/21 80/23 80/25 81/12 112/8 122/4 144/19 145/10 147/20 156/11 158/20 162/3 163/1 164/19 168/7 184/1 185/19 189/25<br><b>event [1]</b> 121/21<br><b>events [1]</b> 167/7<br><b>ever [4]</b> 94/11 96/20 178/20 193/8<br><b>every [9]</b> 85/22 102/4 104/17 117/16 135/23 144/19 154/3 177/6 190/20<br><b>everyone [5]</b> 2/8 18/22 19/4 40/4 147/2<br><b>everything [1]</b> 106/2<br><b>evidence [100]</b> 1/7 | 1/9 1/15 1/18 2/21 7/20 8/24 9/2 9/6 9/24 10/11 14/19 15/15 16/6 18/22 19/12 19/21 19/24 20/12 20/13 20/19 20/23 21/3 21/23 25/20 26/14 28/13 28/16 28/19 28/21 29/1 31/3 32/3 41/18 50/1 52/6 55/10 59/22 70/20 71/15 72/1 88/9 88/13 89/1 91/7 94/12 99/23 100/17 104/8 116/3 116/6 116/18 117/6 118/13 119/2 125/25 126/5 131/21 132/22 133/23 134/9 153/20 154/3 157/4 158/13 162/1 164/12 165/8 165/19 166/7 166/19 166/20 168/20 170/3 170/6 172/14 174/17 175/15 176/5 176/6 179/1 180/19 181/24 182/24 183/6 185/6 185/10 185/16 185/22 187/7 191/18 191/20 192/8 194/1 195/1 196/10 196/13 196/19 197/4 197/25<br><b>evidence-based [2]</b> 117/6 185/6<br><b>evidenced [1]</b> 49/17<br><b>evidencing [1]</b> 52/14<br><b>evident [1]</b> 151/21<br><b>evidential [1]</b> 162/19<br><b>evolved [2]</b> 35/2 111/3<br><b>exacerbated [1]</b> 44/1<br><b>exact [2]</b> 13/6 25/25<br><b>exactly [5]</b> 17/17 17/17 52/21 91/2 117/15<br><b>examination [1]</b> 28/24<br><b>examined [1]</b> 35/4<br><b>example [48]</b> 17/9 25/6 30/24 35/7 36/24 46/15 71/11 75/23 79/20 86/5 88/25 89/13 93/11 96/20 100/15 101/17 120/7 120/15 124/8 126/10 126/11 126/21 131/16 137/18 138/5 140/1 140/2 141/17 141/18 142/11 142/13 142/19 147/17 151/6 151/14 155/6 164/9 164/21 165/19 166/3 168/24 178/1 182/8 188/3 188/7 188/17 193/15 193/17<br><b>examples [4]</b> 16/21 23/22 38/9 143/17 |
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| <p><b>E</b></p> <p><b>Excellence [1]</b> 109/3<br/> <b>except [2]</b> 38/1 145/5<br/> <b>exceptional [1]</b> 46/12<br/> <b>exceptions [1]</b> 50/1<br/> <b>exclusively [1]</b> 22/14<br/> <b>excuse [1]</b> 129/12<br/> <b>Executive [20]</b> 1/11<br/> 1/12 9/8 9/15 15/2<br/> 15/12 44/8 61/9 61/25<br/> 62/4 63/22 66/18 70/3<br/> 78/24 79/4 180/2<br/> 180/4 180/5 180/9<br/> 180/10<br/> <b>exercise [3]</b> 94/22<br/> 102/13 107/12<br/> <b>exhibit [3]</b> 6/1 25/24<br/> 147/12<br/> <b>exhibited [3]</b> 53/6<br/> 73/4 114/23<br/> <b>existing [1]</b> 16/24<br/> <b>exists [1]</b> 154/3<br/> <b>expand [4]</b> 48/17<br/> 49/7 57/5 154/17<br/> <b>expect [14]</b> 56/16<br/> 73/15 78/10 92/16<br/> 94/20 100/23 101/17<br/> 102/6 102/9 102/14<br/> 105/3 164/23 194/24<br/> 196/22<br/> <b>expectations [1]</b><br/> 91/9<br/> <b>expected [6]</b> 30/4<br/> 78/18 91/10 104/20<br/> 106/8 164/8<br/> <b>expecting [2]</b> 69/19<br/> 72/17<br/> <b>expenditure [1]</b><br/> 184/16<br/> <b>experience [24]</b> 13/7<br/> 13/20 14/19 28/4<br/> 41/21 54/12 54/13<br/> 54/18 70/20 71/3<br/> 160/6 167/12 172/19<br/> 172/20 172/20 172/22<br/> 172/23 173/15 173/18<br/> 173/18 173/19 173/21<br/> 175/8 179/20<br/> <b>expert [5]</b> 20/15<br/> 20/16 21/5 172/20<br/> 173/21<br/> <b>expertise [9]</b> 12/17<br/> 28/5 41/4 105/3<br/> 110/18 129/9 129/13<br/> 129/14 154/21<br/> <b>experts [3]</b> 172/23<br/> 173/15 173/19<br/> <b>explain [19]</b> 19/20<br/> 24/16 42/6 43/25<br/> 50/12 64/23 68/15<br/> 84/15 89/14 89/20<br/> 90/5 90/12 104/12<br/> 121/22 133/18 142/22<br/> 142/24 161/13 176/24<br/> <b>explained [6]</b> 15/1</p> | <p>15/3 16/6 46/1 46/9<br/> 83/14<br/> <b>explaining [1]</b> 134/21<br/> <b>explanation [6]</b> 62/23<br/> 75/18 75/21 128/13<br/> 132/19 142/25<br/> <b>explicit [6]</b> 34/1 34/6<br/> 56/20 76/24 77/24<br/> 113/11<br/> <b>explicitly [2]</b> 34/22<br/> 76/23<br/> <b>explore [2]</b> 105/22<br/> 109/20<br/> <b>exploring [1]</b> 143/17<br/> <b>exposed [2]</b> 13/18<br/> 186/13<br/> <b>express [3]</b> 113/15<br/> 194/5 194/6<br/> <b>expressed [1]</b> 106/24<br/> <b>expressly [5]</b> 25/8<br/> 25/21 46/16 134/25<br/> 194/2<br/> <b>extend [1]</b> 72/17<br/> <b>extended [1]</b> 55/18<br/> <b>extensive [4]</b> 78/23<br/> 99/6 182/7 196/10<br/> <b>extensively [1]</b><br/> 122/17<br/> <b>extent [16]</b> 14/8 17/7<br/> 33/12 33/19 39/1 53/3<br/> 72/24 100/14 113/7<br/> 113/8 134/25 137/13<br/> 138/3 141/12 167/1<br/> 172/12<br/> <b>external [7]</b> 4/18 4/19<br/> 4/23 5/1 5/8 5/13 48/1<br/> <b>extra [2]</b> 120/13<br/> 187/1<br/> <b>extracted [2]</b> 126/11<br/> 126/13<br/> <b>extremely [2]</b> 40/11<br/> 197/25<br/> <b>extremes [1]</b> 98/22<br/> <b>eye [1]</b> 142/11</p> <p><b>F</b></p> <p><b>face [1]</b> 92/21<br/> <b>facilities [1]</b> 119/6<br/> <b>facility [2]</b> 14/4<br/> 195/11<br/> <b>fact [24]</b> 3/11 3/21<br/> 5/11 9/4 21/21 28/16<br/> 39/9 43/7 44/7 45/18<br/> 65/22 81/16 91/8<br/> 91/11 92/2 102/15<br/> 105/4 112/24 116/17<br/> 129/1 133/13 150/16<br/> 155/5 178/21<br/> <b>factor [3]</b> 59/13<br/> 147/9 152/15<br/> <b>factors [8]</b> 136/24<br/> 137/1 137/4 146/20<br/> 147/6 147/7 147/25<br/> 160/5<br/> <b>factual [2]</b> 69/21<br/> 69/23</p> | <p><b>fail [2]</b> 136/23 137/12<br/> <b>fail-safe [1]</b> 136/23<br/> <b>failing [1]</b> 194/7<br/> <b>failsafe [3]</b> 137/9<br/> 137/25 139/5<br/> <b>failure [2]</b> 29/16<br/> 142/15<br/> <b>failures [2]</b> 34/8<br/> 193/22<br/> <b>fair [3]</b> 106/3 138/3<br/> 162/5<br/> <b>fairly [1]</b> 161/1<br/> <b>faith [1]</b> 94/23<br/> <b>fall [2]</b> 98/21 156/3<br/> <b>fallen [1]</b> 56/16<br/> <b>falls [3]</b> 64/19 115/18<br/> 155/21<br/> <b>false [2]</b> 190/10<br/> 190/14<br/> <b>familiar [1]</b> 148/15<br/> <b>families [8]</b> 19/9<br/> 39/17 57/25 64/19<br/> 69/3 113/18 158/1<br/> 185/21<br/> <b>families' [1]</b> 160/6<br/> <b>family [3]</b> 58/8 113/3<br/> 113/17<br/> <b>far [4]</b> 81/20 95/9<br/> 126/8 193/8<br/> <b>fast [2]</b> 108/10 173/1<br/> <b>faster [1]</b> 162/16<br/> <b>fatigue [1]</b> 190/12<br/> <b>favourable [1]</b> 192/5<br/> <b>favourably [2]</b><br/> 136/25 137/2<br/> <b>fear [1]</b> 44/2<br/> <b>feasible [1]</b> 143/16<br/> <b>February [1]</b> 51/8<br/> <b>fed [4]</b> 137/17 137/19<br/> 138/2 172/15<br/> <b>feed [3]</b> 119/18 125/3<br/> 139/1<br/> <b>feedback [6]</b> 24/16<br/> 56/14 58/9 91/21<br/> 107/12 137/24<br/> <b>feeding [1]</b> 70/23<br/> <b>feel [7]</b> 1/21 2/9 8/20<br/> 64/20 64/21 107/23<br/> 156/8<br/> <b>feelings [1]</b> 44/2<br/> <b>feels [1]</b> 19/15<br/> <b>felt [4]</b> 69/2 162/5<br/> 172/9 192/6<br/> <b>few [3]</b> 63/5 130/15<br/> 191/6<br/> <b>field [2]</b> 29/9 103/3<br/> <b>fieldwork [1]</b> 50/5<br/> <b>Fifteen [1]</b> 160/12<br/> <b>figure [5]</b> 183/3<br/> 183/4 183/9 184/12<br/> 184/14<br/> <b>figures [2]</b> 141/25<br/> 153/12<br/> <b>filling [1]</b> 103/10<br/> <b>final [10]</b> 42/13 51/16<br/> 69/15 69/24 70/19</p> | <p>80/15 81/12 82/3<br/> 112/8 181/23<br/> <b>finalised [4]</b> 51/12<br/> 51/13 53/9 72/12<br/> <b>finally [4]</b> 4/2 84/3<br/> 150/5 179/8<br/> <b>financial [6]</b> 16/7<br/> 17/6 174/25 175/21<br/> 184/15 185/7<br/> <b>financially [1]</b> 178/22<br/> <b>find [2]</b> 22/23 24/19<br/> <b>finding [3]</b> 46/14<br/> 95/12 146/17<br/> <b>findings [17]</b> 28/22<br/> 29/8 42/14 44/6 46/8<br/> 48/14 49/8 50/17 52/3<br/> 55/1 56/13 73/7 74/3<br/> 94/13 102/3 185/3<br/> 193/9<br/> <b>fine [3]</b> 8/21 18/8<br/> 48/17<br/> <b>firm [1]</b> 4/25<br/> <b>first [44]</b> 2/17 3/2<br/> 4/12 8/24 10/8 11/11<br/> 11/17 13/14 30/12<br/> 41/15 52/24 56/9<br/> 57/16 57/17 58/24<br/> 58/25 59/1 62/16<br/> 64/10 70/2 80/5 80/19<br/> 82/17 82/19 84/12<br/> 86/17 86/20 95/1<br/> 97/18 99/11 99/19<br/> 105/20 112/4 113/24<br/> 114/16 137/8 139/20<br/> 144/1 149/15 167/20<br/> 170/12 171/5 179/2<br/> 191/15<br/> <b>fit [6]</b> 30/1 71/14<br/> 95/20 130/12 144/18<br/> 145/9<br/> <b>five [3]</b> 48/11 49/20<br/> 85/19<br/> <b>fixed [2]</b> 165/3 171/3<br/> <b>flagged [1]</b> 103/15<br/> <b>flags [1]</b> 55/7<br/> <b>flesh [1]</b> 186/13<br/> <b>flipping [1]</b> 117/19<br/> <b>flowchart [1]</b> 81/6<br/> <b>fluctuate [1]</b> 36/11<br/> <b>fluids [1]</b> 38/22<br/> <b>fly [1]</b> 185/4<br/> <b>focus [8]</b> 40/10 54/6<br/> 59/6 60/7 137/25<br/> 179/5 193/4 197/15<br/> <b>focused [5]</b> 48/25<br/> 179/15 181/5 181/10<br/> 189/4<br/> <b>focusing [1]</b> 35/6<br/> <b>follow [13]</b> 4/19 51/1<br/> 51/19 52/4 65/11<br/> 92/19 93/23 94/21<br/> 113/12 130/4 136/16<br/> 140/20 196/22<br/> <b>follow-up [3]</b> 4/19<br/> 51/19 52/4<br/> <b>followed [2]</b> 85/9</p> | <p>112/22<br/> <b>following [20]</b> 3/12<br/> 10/21 28/14 31/4 53/5<br/> 57/22 60/17 64/4<br/> 67/12 68/1 75/2<br/> 100/11 115/13 146/16<br/> 174/17 174/25 187/22<br/> 188/14 191/23 198/6<br/> <b>follows [4]</b> 34/15<br/> 80/22 84/3 171/5<br/> <b>footage [6]</b> 90/2 90/3<br/> 90/5 90/12 119/10<br/> 125/20<br/> <b>force [3]</b> 39/19 42/21<br/> 106/19<br/> <b>foreseen [1]</b> 173/11<br/> <b>forget [1]</b> 195/3<br/> <b>forgetting [1]</b> 152/10<br/> <b>forgive [1]</b> 81/11<br/> <b>form [9]</b> 35/9 35/9<br/> 87/16 91/14 91/21<br/> 99/14 103/10 114/18<br/> 114/20<br/> <b>formal [4]</b> 33/11 35/5<br/> 160/20 180/3<br/> <b>formally [2]</b> 106/11<br/> 163/10<br/> <b>former [1]</b> 21/11<br/> <b>forming [1]</b> 156/22<br/> <b>forms [2]</b> 35/11<br/> 121/18<br/> <b>forth [2]</b> 26/12 108/5<br/> <b>Forum [3]</b> 33/4 169/1<br/> 192/18<br/> <b>forums [1]</b> 70/4<br/> <b>forward [4]</b> 5/11<br/> 71/23 100/10 182/18<br/> <b>found [6]</b> 27/11 27/16<br/> 81/7 94/14 97/24<br/> 194/5<br/> <b>Foundation [2]</b> 9/8<br/> 17/2<br/> <b>four [7]</b> 49/16 89/13<br/> 139/14 139/19 143/5<br/> 174/7 175/17<br/> <b>fourth [1]</b> 139/23<br/> <b>frail [1]</b> 156/2<br/> <b>framework [4]</b> 50/15<br/> 52/4 107/3 110/24<br/> <b>Francesca [1]</b> 21/4<br/> <b>free [1]</b> 1/21<br/> <b>frequent [1]</b> 145/1<br/> <b>frequently [1]</b> 192/22<br/> <b>front [1]</b> 194/13<br/> <b>fulfil [1]</b> 186/16<br/> <b>fulfils [1]</b> 188/15<br/> <b>full [12]</b> 2/13 31/9<br/> 34/19 62/23 63/11<br/> 71/13 73/14 82/17<br/> 86/11 87/2 94/16<br/> 148/13<br/> <b>fuller [1]</b> 172/3<br/> <b>fully [6]</b> 59/10 59/18<br/> 69/16 84/2 103/5<br/> 144/6<br/> <b>function [20]</b> 26/2</p> |
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| <b>F</b><br><b>function...</b> [19] 54/12 65/12 131/14 135/2 140/22 141/3 143/4 143/7 143/8 146/12 153/5 153/11 153/21 167/18 186/9 187/18 195/10 195/21 195/23<br><b>functional</b> [1] 11/13<br><b>functionality</b> [2] 74/20 75/19<br><b>functioning</b> [2] 148/1 179/18<br><b>functions</b> [9] 11/21 20/3 21/25 22/17 26/11 104/23 139/12 140/14 195/23<br><b>Fund</b> [3] 70/11 70/16 70/18<br><b>fundamental</b> [2] 29/18 94/19<br><b>fundamentally</b> [1] 55/21<br><b>funded</b> [2] 104/20 185/18<br><b>funding</b> [1] 110/18<br><b>further</b> [35] 1/15 5/24 6/10 7/15 19/5 22/22 27/8 44/5 46/1 52/14 53/4 53/11 54/2 60/3 65/21 76/1 85/2 91/6 96/7 96/13 97/25 130/1 142/25 154/1 162/6 173/8 174/24 175/4 175/19 176/11 186/4 190/24 191/11 195/23 197/21<br><b>future</b> [2] 56/14 185/11 | 179/17 191/10<br><b>generally</b> [10] 47/18 96/24 99/3 141/19 145/4 158/14 160/24 167/6 171/17 181/2<br><b>genuine</b> [1] 163/2<br><b>genuinely</b> [1] 174/19<br><b>get</b> [34] 72/13 80/14 80/23 80/25 96/22 100/9 101/22 101/25 102/4 119/3 119/6 122/8 131/12 131/15 147/17 149/24 150/13 152/12 156/18 156/19 156/21 157/18 157/24 157/25 164/23 166/18 169/11 173/21 175/2 177/23 178/7 178/10 187/5 190/5<br><b>gets</b> [1] 167/5<br><b>getting</b> [3] 101/13 102/25 162/22<br><b>gift</b> [1] 163/20<br><b>give</b> [20] 1/14 2/13 19/12 36/17 37/21 39/14 42/4 47/5 51/15 57/5 93/20 107/17 118/12 136/17 159/2 183/3 183/22 185/5 188/10 193/5<br><b>given</b> [23] 12/21 13/14 19/16 35/23 58/4 79/13 91/3 91/12 94/25 103/8 113/17 117/15 117/17 126/5 137/4 137/7 137/18 141/25 153/13 177/10 184/24 187/16 197/15<br><b>gives</b> [3] 22/12 37/17 184/11<br><b>giving</b> [5] 1/8 18/22 60/8 65/3 154/16<br><b>GMC</b> [7] 9/22 42/20 43/1 44/12 45/5 59/15 74/6<br><b>go</b> [38] 6/4 14/17 17/5 18/16 19/5 22/5 25/16 25/24 28/9 56/21 57/4 60/18 65/14 66/24 69/24 76/5 78/3 82/11 82/23 89/23 99/17 103/4 108/20 124/8 126/23 127/21 131/22 138/22 140/5 144/5 156/2 162/17 165/2 168/3 170/9 175/6 189/25 190/9<br><b>goes</b> [4] 78/23 84/1 135/6 178/18<br><b>going</b> [58] 3/8 6/4 9/4 10/24 18/21 28/18 30/8 30/10 30/14 40/1 46/24 46/25 51/5 59/8 63/16 64/16 71/23 79/11 83/16 91/13 | 91/17 91/18 97/13 98/1 98/23 99/5 100/2 101/10 111/11 112/12 114/10 114/12 131/22 135/18 136/14 139/19 142/5 142/25 152/7 155/11 160/8 165/1 167/14 167/25 168/1 169/2 173/1 176/15 178/6 178/8 178/8 179/25 180/13 181/22 182/18 189/20 190/9 190/20<br><b>gold</b> [1] 166/12<br><b>gone</b> [8] 57/21 79/17 88/22 93/19 151/6 151/7 169/7 196/12<br><b>good</b> [21] 1/5 1/6 36/17 39/15 63/17 80/24 94/20 94/21 94/23 97/24 109/10 146/1 156/8 156/18 156/21 158/16 162/15 164/1 174/19 177/11 189/7<br><b>Gosfield</b> [4] 77/8 83/6 133/21 194/19<br><b>got</b> [18] 38/9 55/14 58/16 58/20 58/21 58/23 59/4 59/5 81/13 134/4 151/4 162/7 175/1 185/21 186/17 189/11 189/24 191/22<br><b>governance</b> [9] 30/6 30/22 52/4 52/8 69/25 71/19 82/24 85/3 173/23<br><b>Government</b> [1] 104/19<br><b>Grangewaters</b> [1] 86/13<br><b>grappled</b> [1] 33/20<br><b>grappling</b> [1] 14/7<br><b>grateful</b> [1] 1/14<br><b>great</b> [1] 135/3<br><b>greater</b> [3] 17/12 58/4 68/20<br><b>green</b> [3] 18/18 88/20 89/11<br><b>Griffin</b> [7] 1/5 2/12 46/20 53/22 111/18 191/5 199/5<br><b>ground</b> [5] 20/10 72/25 73/11 181/20 182/13<br><b>group</b> [2] 54/6 173/19<br><b>growth</b> [1] 40/12<br><b>Guardian</b> [4] 9/20 36/24 37/1 40/23<br><b>guidance</b> [30] 32/11 32/12 32/12 32/14 32/16 33/14 33/15 33/16 34/16 42/20 43/2 43/9 43/16 44/13 45/5 45/12 59/7 59/11 | 59/12 59/15 74/7 74/13 103/18 109/12 120/24 123/14 151/14 151/15 191/20 192/7<br><b>guidelines</b> [3] 93/4 93/5 107/11<br><b>Guys</b> [1] 16/21<br><b>H</b><br><b>habit</b> [1] 156/22<br><b>had</b> [65] 9/25 13/1 13/16 13/20 15/6 20/4 28/25 29/2 29/8 29/10 31/24 32/10 32/13 32/15 32/24 33/8 33/9 33/17 42/24 50/21 52/18 53/3 60/19 64/24 68/25 72/2 72/6 101/7 102/1 102/8 102/9 103/25 106/24 112/16 113/15 113/16 113/20 113/20 116/4 117/13 117/22 117/23 123/20 123/22 126/6 131/23 131/24 132/3 132/4 132/14 147/23 147/24 148/21 152/19 156/3 165/9 173/9 173/18 175/15 176/5 181/15 182/10 188/4 193/1 195/5<br><b>hadn't</b> [1] 50/22<br><b>half</b> [3] 23/8 90/18 100/5<br><b>halfway</b> [1] 169/17<br><b>hand</b> [8] 49/7 58/18 94/9 149/16 150/5 150/13 150/18 176/14<br><b>handheld</b> [2] 17/14 27/13<br><b>handle</b> [1] 100/9<br><b>handling</b> [1] 44/17<br><b>happen</b> [5] 26/21 39/21 79/8 80/2 167/4<br><b>happened</b> [5] 13/19 21/14 138/8 161/19 173/14<br><b>happening</b> [4] 152/14 164/18 193/18 193/20<br><b>happens</b> [8] 37/19 136/4 141/15 167/3 167/9 186/20 186/21 189/1<br><b>happily</b> [2] 57/16 57/21<br><b>happy</b> [6] 57/17 72/23 133/17 149/9 157/20 170/2<br><b>hard</b> [2] 161/17 174/21<br><b>harm</b> [13] 100/16 104/2 144/2 146/10 146/11 147/5 153/3 153/9 153/16 153/18 153/22 156/1 179/19 | <b>harms</b> [1] 64/19<br><b>Harry</b> [2] 33/10 107/25<br><b>Harry's</b> [5] 20/23 59/22 107/10 168/20 192/8<br><b>Hart</b> [1] 193/20<br><b>has</b> [134] 8/18 12/13 15/10 17/2 17/14 19/24 21/14 22/17 24/13 24/21 25/13 25/15 27/22 28/5 31/7 35/2 35/5 35/6 35/20 38/9 40/18 43/4 43/16 44/5 44/7 46/23 49/10 50/15 51/13 55/22 56/16 62/20 63/4 64/4 67/5 69/12 69/13 70/11 71/13 73/14 75/24 77/15 79/16 80/8 80/19 81/15 82/12 83/4 85/21 86/16 86/22 88/11 88/22 89/18 89/19 90/24 91/8 97/25 100/14 100/21 100/25 101/7 102/1 102/11 103/10 105/18 107/6 108/4 108/16 109/1 111/2 111/5 111/22 112/21 116/5 116/21 123/19 124/13 124/13 126/7 126/8 126/11 126/12 126/13 126/14 126/17 127/9 127/11 129/14 129/16 133/23 136/3 136/20 138/12 139/4 139/25 141/16 148/20 148/21 148/21 150/10 151/7 152/11 154/8 157/24 158/11 161/18 161/18 168/10 168/13 170/4 172/5 172/18 177/6 179/10 180/18 182/7 182/10 182/16 183/17 185/16 185/22 186/13 186/22 188/11 191/16 192/1 192/1 192/11 193/8 193/10 194/4 195/2 197/1<br><b>hasn't</b> [6] 27/19 53/3 82/20 91/6 160/21 194/25<br><b>have</b> [331]<br><b>haven't</b> [10] 13/25 27/11 27/16 81/7 83/10 96/12 135/25 137/23 185/21 196/12<br><b>having</b> [14] 32/16 40/22 42/16 42/17 77/11 81/19 93/7 98/23 135/4 142/14 148/17 150/22 173/21 181/24<br><b>Hazard</b> [1] 138/24 |
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| <b>H</b>                     | <b>helped [1]</b> 161/11      | <b>hope [2]</b> 60/1 105/13   | 72/14                        | <b>I haven't [3]</b> 27/11    |
| <b>he [8]</b> 29/11 61/1     | <b>helpful [9]</b> 35/14 60/2 | <b>hoped [1]</b> 72/19        | <b>I apologise [3]</b> 30/17 | 27/16 196/12                  |
| 72/1 92/17 116/25            | 77/2 99/17 107/11             | <b>hoping [1]</b> 82/5        | 127/5 177/2                  | <b>I hear [1]</b> 32/20       |
| 154/6 162/23 192/8           | 107/14 111/7 116/13           | <b>hospital [4]</b> 103/16    | <b>I appreciate [1]</b>      | <b>I heard [2]</b> 132/24     |
| <b>he's [3]</b> 116/10       | 197/25                        | 104/14 156/9 189/21           | 107/13                       | 134/9                         |
| 162/24 162/24                | <b>helpfully [3]</b> 60/21    | <b>hour [3]</b> 79/19         | <b>I approved [1]</b> 126/4  | <b>I hold [1]</b> 12/19       |
| <b>head [2]</b> 71/9 110/1   | 92/2 98/15                    | 111/13 160/8                  | <b>I ask [8]</b> 16/12 17/7  | <b>I hope [2]</b> 60/1        |
| <b>health [61]</b> 7/25 8/1  | <b>her [44]</b> 9/25 10/2     | <b>hours [11]</b> 25/10       | 19/2 76/11 101/11            | 105/13                        |
| 11/14 16/19 17/3             | 10/5 10/11 21/10              | 25/23 36/12 45/15             | 134/24 146/18 153/7          | <b>I interpreted [1]</b>      |
| 17/23 20/15 20/16            | 29/15 37/7 41/20              | 45/18 46/15 50/2              | <b>I asked [1]</b> 194/1     | 180/15                        |
| 35/13 36/4 36/10             | 41/24 41/24 41/25             | 144/19 145/9 155/9            | <b>I believe [3]</b> 71/2    | <b>I interrupt [1]</b> 128/22 |
| 36/16 37/8 37/10             | 42/4 42/5 42/5 42/16          | 155/10                        | 192/25 194/18                | <b>I interrupted [1]</b>      |
| 37/10 37/14 37/17            | 42/18 43/25 44/2              | <b>housing [1]</b> 137/19     | <b>I can [12]</b> 27/18      | 124/6                         |
| 37/19 37/23 37/24            | 72/15 72/17 73/3              | <b>how [62]</b> 12/3 17/16    | 31/21 37/18 41/1 77/7        | <b>I joined [2]</b> 152/18    |
| 37/25 38/5 38/13             | 89/18 108/11 126/19           | 22/10 24/19 27/18             | 80/19 130/1 147/21           | 172/21                        |
| 38/24 39/2 39/4 39/6         | 131/21 132/7 134/15           | 28/9 30/1 56/10 62/22         | 170/13 175/24 176/8          | <b>I just [21]</b> 40/2 49/9  |
| 39/10 39/13 40/16            | 135/15 136/20 158/10          | 62/23 65/4 71/4 71/19         | 190/2                        | 56/24 57/2 60/5 93/23         |
| 40/17 40/19 41/16            | 158/13 160/25 161/25          | 75/21 75/22 77/13             | <b>I can't [7]</b> 34/24     | 96/18 100/9 110/21            |
| 41/21 41/25 70/13            | 162/3 164/19 165/7            | 77/21 77/22 77/25             | 90/15 101/4 121/24           | 115/7 120/22 124/6            |
| 72/5 108/11 108/13           | 166/19 166/19 170/6           | 78/9 82/13 85/19 90/5         | 124/11 136/17 185/5          | 141/6 144/5 144/24            |
| 109/3 116/7 120/16           | 170/19 178/14 180/15          | 90/12 91/17 92/6 94/3         | <b>I cannot [1]</b> 171/11   | 147/3 147/14 154/16           |
| 121/8 121/10 141/23          | 181/25 195/1                  | 94/3 95/6 97/7 99/4           | <b>I certainly [2]</b> 137/8 | 182/3 187/20 189/9            |
| 143/18 145/5 146/2           | <b>here [30]</b> 1/24 10/8    | 100/12 100/21 104/12          | 155/2                        | <b>I know [9]</b> 11/17 38/4  |
| 148/10 148/25 154/13         | 21/15 22/5 22/8 22/18         | 107/1 123/21 126/15           | <b>I check [1]</b> 180/14    | 83/11 95/11 106/10            |
| 155/7 177/4 184/9            | 26/24 41/1 46/14              | 126/17 128/23 137/12          | <b>I come [1]</b> 94/6       | 126/19 136/17 137/22          |
| 188/25 190/13 197/13         | 48/18 52/23 59/17             | 137/25 141/12 144/14          | <b>I could [2]</b> 72/21     | 185/17                        |
| 197/13 197/15 197/16         | 77/7 79/1 87/18 89/17         | 146/18 152/13 152/19          | 192/25                       | <b>I looked [1]</b> 131/2     |
| 197/16                       | 93/6 93/8 100/10              | 157/16 164/23 169/9           | <b>I couldn't [2]</b> 17/16  | <b>I make [2]</b> 147/2       |
| <b>health-based [4]</b>      | 101/6 101/10 122/15           | 176/22 177/5 177/8            | 126/19                       | 184/7                         |
| 143/18 148/25 154/13         | 127/5 128/16 165/9            | 179/24 182/13 183/17          | <b>I covered [1]</b> 20/1    | <b>I may [4]</b> 38/2 58/18   |
| 155/7                        | 169/7 177/4 177/22            | 183/23 188/1 188/8            | <b>I did [3]</b> 12/25 36/1  | 101/11 180/25                 |
| <b>healthcare [4]</b> 106/6  | 180/16 185/5                  | 192/1 194/15 194/16           | 194/8                        | <b>I mean [25]</b> 25/1 28/3  |
| 138/17 162/11 197/18         | <b>Here's [1]</b> 107/16      | 196/25                        | <b>I direct [1]</b> 28/1     | 73/2 87/23 90/14              |
| <b>Healthwatch [1]</b>       | <b>Hestia [2]</b> 1/25 2/4    | <b>Howarth [3]</b> 116/6      | <b>I discussed [2]</b> 26/6  | 94/19 104/16 107/13           |
| 180/21                       | <b>high [10]</b> 82/23 93/16  | 116/21 117/4                  | 124/12                       | 109/24 110/1 117/14           |
| <b>healthy [2]</b> 145/9     | 104/2 131/23 162/7            | <b>However [4]</b> 59/14      | <b>I do [23]</b> 10/7 12/12  | 122/10 130/1 133/7            |
| 146/5                        | 162/20 163/20 163/23          | 91/7 171/6 179/13             | 29/19 34/3 40/2 55/25        | 146/22 150/25 152/10          |
| <b>hear [7]</b> 1/7 18/23    | 166/11 190/18                 | <b>huge [2]</b> 138/19        | 91/11 92/16 93/3             | 155/25 161/25 173/13          |
| 32/20 35/25 36/1             | <b>high-powered [2]</b>       | 146/3                         | 125/24 128/20 131/7          | 174/11 179/23 184/4           |
| 116/19 147/2                 | 162/7 163/23                  | <b>human [7]</b> 64/14        | 137/3 144/4 153/17           | 193/12 194/24                 |
| <b>heard [29]</b> 1/10 1/13  | <b>higher [5]</b> 36/18       | 108/17 136/24 136/25          | 158/17 160/23 161/9          | <b>I mentioned [2]</b> 13/2   |
| 8/11 9/24 16/13 17/10        | 64/18 108/19 110/19           | 137/1 137/2 137/4             | 170/10 172/2 178/19          | 63/4                          |
| 20/14 21/4 21/11             | 155/4                         | <b>hundred [1]</b> 14/14      | 181/24 183/7                 | <b>I move [1]</b> 193/25      |
| 26/14 41/18 73/14            | <b>highlight [1]</b> 57/4     | <b>hurried [6]</b> 174/16     | <b>I don't [18]</b> 12/10    | <b>I need [3]</b> 118/8       |
| 99/24 110/22 111/25          | <b>highlighted [5]</b> 32/2   | 174/22 174/23 175/23          | 13/5 33/22 59/20 78/3        | 190/25 194/8                  |
| 117/20 130/21 132/24         | 47/9 52/19 55/2 94/15         | 175/24 176/1                  | 100/18 106/3 126/21          | <b>I note [1]</b> 174/23      |
| 133/23 134/9 141/8           | <b>highlights [1]</b> 55/10   | <b>Hyde [1]</b> 116/17        | 129/4 133/5 153/12           | <b>I pick [2]</b> 65/21 181/3 |
| 142/23 143/4 143/11          | <b>highly [2]</b> 28/6 176/6  |                               | 167/19 170/9 171/25          | <b>I probably [1]</b> 164/11  |
| 154/6 156/25 160/1           | <b>hindsight [8]</b> 29/23    |                               | 176/22 177/21 194/13         | <b>I provide [1]</b> 165/20   |
| 162/22 181/24                | 31/20 32/7 63/3 118/1         |                               | 197/23                       | <b>I put [3]</b> 131/12       |
| <b>hearing [6]</b> 2/19 2/24 | 163/4 172/2 176/8             | <b>I accept [3]</b> 33/10     | <b>I explained [1]</b> 46/9  | 131/20 167/11                 |
| 8/7 21/20 28/22 198/6        | <b>his [8]</b> 57/17 59/2     | 91/12 176/3                   | <b>I felt [1]</b> 162/5      | <b>I read [2]</b> 159/13      |
| <b>hearings [6]</b> 14/1     | 89/19 116/9 116/23            | <b>I add [4]</b> 35/1 102/22  | <b>I follow [1]</b> 65/11    | 180/14                        |
| 19/25 21/2 21/9              | 132/22 175/8 179/1            | 108/7 165/14                  | <b>I forget [1]</b> 195/3    | <b>I recall [1]</b> 174/6     |
| 111/23 130/15                | <b>history [2]</b> 40/21      | <b>I agree [12]</b> 36/3      | <b>I gave [1]</b> 183/19     | <b>I referred [1]</b> 85/24   |
| <b>heart [6]</b> 22/12 23/11 | 64/22                         | 36/19 90/23 94/15             | <b>I go [2]</b> 19/5 65/14   | <b>I rely [1]</b> 34/21       |
| 141/16 141/18 145/20         | <b>HIVE [1]</b> 16/22         | 152/4 164/16 165/8            | <b>I going [1]</b> 173/1     | <b>I remember [3]</b> 68/21   |
| 145/22                       | <b>hm [1]</b> 60/15           | 167/1 171/7 172/16            | <b>I got [1]</b> 81/13       | 132/21 174/11                 |
| <b>heavily [3]</b> 39/10     | <b>hold [1]</b> 12/19         | 173/4 173/14                  | <b>I had [3]</b> 112/16      | <b>I retract [1]</b> 150/17   |
| 39/11 182/9                  | <b>holding [2]</b> 10/14      | <b>I also [2]</b> 168/19      | 123/20 173/18                | <b>I reviewed [1]</b> 20/23   |
| <b>heavy [1]</b> 39/4        | 15/21                         | 178/20                        | <b>I have [17]</b> 3/20 7/9  | <b>I right [5]</b> 20/18 21/6 |
| <b>held [1]</b> 9/25         | <b>home [1]</b> 35/11         | <b>I am [11]</b> 3/8 8/17 9/4 | 9/17 13/20 20/22 21/3        | 29/23 60/22 140/1             |
| <b>help [6]</b> 143/25       | <b>homes [1]</b> 156/10       | 9/20 44/4 128/1 128/4         | 33/6 82/18 107/20            | <b>I said [13]</b> 41/7 73/20 |
| 152/11 157/9 182/15          | <b>homework [1]</b>           | 131/10 152/7 168/12           | 122/16 127/16 128/3          | 93/3 94/11 99/2               |
| 186/7 186/18                 | 111/25                        | 170/8                         | 154/5 171/9 186/3            | 103/15 133/20 150/15          |
|                              | <b>honest [1]</b> 102/12      | <b>I answered [1]</b> 144/6   | 195/16 197/20                | 151/23 167/3 168/15           |
|                              |                               | <b>I anticipated [1]</b>      |                              |                               |

|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| <b>I</b> | 171/9 171/15 175/1<br>175/7 175/11 175/13<br>175/19 175/25 176/5<br>177/2 179/2 179/4<br>181/18 183/19 185/15<br>186/19 186/19 187/14<br>187/17 188/19 189/7<br>191/18 191/18 191/25<br>192/2 192/10 193/2<br>196/1 196/10<br><b>I touched [1]</b> 169/15<br><b>I try [1]</b> 121/22<br><b>I turn [1]</b> 71/25<br><b>I understand [10]</b><br>19/5 24/10 81/24 91/1<br>101/15 104/10 130/3<br>171/13 183/23 187/2<br><b>I understand it [1]</b><br>186/10<br><b>I want [8]</b> 48/9<br>105/20 129/24 140/7<br>163/12 169/13 171/16<br>176/11<br><b>I wanted [3]</b> 19/7<br>96/18 123/21<br><b>I was [14]</b> 6/23 10/10<br>11/11 11/20 33/23<br>39/8 77/8 80/14 82/4<br>115/2 127/15 128/23<br>129/1 133/20<br><b>I wasn't [7]</b> 20/21<br>21/2 33/12 34/21<br>174/11 175/13 176/2<br><b>I will [5]</b> 3/20 19/13<br>63/15 82/10 185/15<br><b>I wonder [1]</b> 160/10<br><b>I work [1]</b> 40/16<br><b>I would [19]</b> 11/1<br>36/17 77/1 91/7 91/24<br>92/21 93/16 102/3<br>102/9 102/13 103/15<br>135/4 141/22 146/6<br>171/8 180/7 182/22<br>194/11 194/24<br><b>I wouldn't [4]</b> 105/23<br>106/3 174/23 175/24<br><b>I'd [33]</b> 21/23 25/24<br>27/22 29/14 41/7 42/8<br>48/13 60/16 63/19<br>65/19 74/9 74/13<br>79/23 81/8 84/9 86/9<br>87/20 90/22 103/14<br>112/4 112/5 114/17<br>118/7 120/18 134/22<br>139/9 140/5 140/9<br>148/6 151/1 174/1<br>179/8 196/16<br><b>I'll [14]</b> 4/6 18/15<br>30/18 41/10 45/25<br>61/3 69/18 84/13 86/4<br>87/20 93/20 97/20<br>106/14 139/16<br><b>I'm [62]</b> 6/4 9/19<br>10/24 12/12 14/13<br>18/21 21/21 26/19<br>27/3 28/6 30/10 30/14 | 40/1 53/7 59/8 63/16<br>64/16 69/16 71/8<br>79/11 83/10 86/7<br>87/21 91/13 91/17<br>92/16 95/15 96/3<br>97/10 100/2 101/15<br>101/21 105/9 115/22<br>126/3 127/5 127/11<br>127/14 129/5 129/15<br>131/22 132/23 133/1<br>133/17 138/3 149/9<br>151/12 151/18 154/8<br>154/24 155/11 157/16<br>161/9 163/16 167/10<br>170/2 173/1 176/7<br>181/22 183/23 186/6<br>188/8<br><b>I've [37]</b> 5/19 14/2<br>20/21 27/11 27/17<br>31/16 34/7 62/25<br>63/24 73/4 78/11 80/1<br>83/25 87/2 87/19<br>93/18 98/18 100/4<br>105/13 107/20 107/22<br>110/21 110/25 116/9<br>116/11 121/17 122/19<br>126/6 137/18 151/18<br>158/12 163/12 170/3<br>171/1 191/7 193/14<br>196/21<br><b>ICO [2]</b> 120/24<br>123/14<br><b>idea [4]</b> 51/16 80/24<br>136/23 177/25<br><b>ideally [3]</b> 89/3<br>143/14 156/20<br><b>identifiable [4]</b> 37/4<br>120/4 121/6 125/4<br><b>identification [6]</b><br>121/14 122/18 128/13<br>176/13 186/11 189/5<br><b>identified [22]</b> 34/8<br>49/14 49/16 49/25<br>50/14 60/19 62/10<br>68/19 106/5 120/4<br>125/9 134/18 138/5<br>141/21 146/12 153/4<br>153/10 170/12 171/7<br>171/23 173/17 176/20<br><b>identifies [1]</b> 129/2<br><b>identify [15]</b> 61/11<br>103/25 122/2 122/4<br>122/7 135/16 136/9<br>146/19 153/22 159/7<br>159/11 159/15 159/18<br>187/16 189/11<br><b>identifying [5]</b> 93/25<br>100/15 154/25 187/13<br>188/16<br><b>ie [1]</b> 128/5<br><b>if [142]</b> 2/1 2/5 6/23<br>14/2 19/2 19/15 23/8<br>25/9 27/9 28/12 37/18<br>38/1 39/5 39/19 41/13<br>46/4 46/6 46/23 51/15<br>52/2 58/18 61/1 63/11 | 63/16 64/24 65/14<br>68/21 72/8 72/21<br>74/20 74/23 76/5 77/5<br>78/15 80/11 80/12<br>80/19 80/23 81/10<br>81/14 81/23 82/7<br>84/12 87/25 90/17<br>92/3 92/17 93/20<br>96/20 97/6 97/11<br>97/12 97/22 98/18<br>99/4 100/1 102/14<br>102/16 103/1 105/19<br>106/22 108/20 109/14<br>110/25 112/6 112/18<br>113/1 113/4 113/14<br>117/12 119/20 121/17<br>121/22 121/25 122/3<br>124/8 124/8 125/10<br>127/6 127/9 130/6<br>132/21 132/24 135/8<br>136/3 136/10 136/22<br>139/3 140/7 141/18<br>141/21 142/2 142/2<br>142/7 142/8 142/20<br>144/5 144/18 144/22<br>145/15 145/19 145/22<br>146/3 148/21 149/14<br>150/12 150/17 152/11<br>154/17 155/8 161/12<br>161/19 165/1 165/23<br>165/23 166/8 166/9<br>166/12 166/15 167/10<br>168/8 169/21 170/14<br>170/18 174/4 177/11<br>180/7 180/20 184/9<br>184/18 185/18 185/24<br>186/6 186/15 188/16<br>188/20 189/25 190/2<br>190/3 194/2 194/6<br>194/21<br><b>IHI [1]</b> 162/10<br><b>ill [3]</b> 37/24 39/10<br>96/4<br><b>ill health [1]</b> 37/24<br><b>illumination [1]</b><br>172/11<br><b>illuminators [1]</b> 23/4<br><b>image [6]</b> 23/25<br>186/7 186/8 186/10<br>187/12 189/7<br><b>images [1]</b> 23/24<br><b>immediate [8]</b> 38/6<br>38/6 38/18 62/11 64/6<br>65/1 66/7 166/5<br><b>immediately [1]</b><br>61/15<br><b>impact [6]</b> 58/5<br>123/25 128/3 137/21<br>148/22 150/22<br><b>implement [7]</b> 106/7<br>111/6 138/19 162/16<br>164/1 165/24 175/14<br><b>implementation [27]</b><br>18/11 34/12 35/3<br>40/22 50/7 55/15 60/6<br>66/13 68/17 77/9 | 78/23 79/1 79/5 82/17<br>124/14 126/20 128/5<br>134/5 136/18 137/4<br>151/24 168/9 169/19<br>170/22 172/7 175/2<br>179/21<br><b>implemented [4]</b><br>56/9 67/21 113/6<br>174/15<br><b>implementing [3]</b><br>15/16 60/7 133/14<br><b>implication [1]</b> 78/8<br><b>implications [3]</b> 55/3<br>75/19 110/10<br><b>implicit [1]</b> 29/19<br><b>implied [7]</b> 28/25<br>29/12 29/19 32/25<br>33/20 34/10 56/19<br><b>important [6]</b> 14/4<br>113/21 132/19 138/25<br>146/17 176/11<br><b>impossible [4]</b><br>117/14 122/8 122/10<br>136/23<br><b>impressive [1]</b> 58/22<br><b>improve [10]</b> 34/11<br>38/16 59/6 85/13<br>104/3 152/2 165/19<br>166/4 167/22 167/25<br><b>improved [6]</b> 42/19<br>50/21 50/22 134/17<br>152/18 166/23<br><b>improvement [18]</b><br>31/2 52/7 96/12<br>104/24 133/25 135/12<br>136/7 144/13 162/9<br>162/12 162/14 162/18<br>164/1 164/5 165/17<br>166/2 166/13 191/19<br><b>Improvement's [1]</b><br>162/11<br><b>improvements [7]</b><br>30/20 44/17 53/12<br>104/6 152/23 166/6<br>192/11<br><b>improving [2]</b> 135/7<br>171/2<br><b>inappropriate [2]</b><br>195/9 195/21<br><b>inappropriately [1]</b><br>131/14<br><b>incapacity [1]</b> 39/8<br><b>incident [21]</b> 56/12<br>90/10 90/10 90/21<br>99/10 99/16 99/22<br>100/7 100/15 101/2<br>101/4 101/20 103/3<br>148/7 148/9 148/12<br>148/14 148/22 152/11<br>161/14 161/15<br><b>incidents [27]</b> 56/12<br>64/17 79/21 99/8<br>100/21 101/5 104/2<br>117/20 146/11 146/15<br>146/19 148/10 148/23<br>150/2 150/23 151/22 |
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| <b>I</b><br><b>incidents... [11]</b><br>152/3 152/14 153/3<br>153/9 153/22 154/4<br>155/25 161/17 168/21<br>169/2 185/23<br><b>incidents/patient [1]</b><br>56/12<br><b>include [8]</b> 50/8 52/3<br>75/18 77/12 92/24<br>118/24 120/15 154/19<br><b>included [6]</b> 42/15<br>87/19 116/20 131/11<br>132/15 132/20<br><b>includes [6]</b> 52/25<br>85/4 95/10 106/1<br>150/16 180/4<br><b>including [24]</b> 16/7<br>20/2 20/6 21/21 35/10<br>42/1 42/24 56/13<br>71/10 76/2 79/12<br>93/11 94/2 95/18<br>113/2 113/14 121/6<br>121/18 122/14 148/25<br>160/6 180/20 183/14<br>197/7<br><b>inconsistencies [1]</b><br>47/3<br><b>inconsistency [2]</b><br>47/9 125/25<br><b>inconsistent [6]</b><br>42/21 47/12 52/12<br>136/10 157/8 179/14<br><b>incorporated [2]</b><br>32/15 33/9<br><b>incorporates [1]</b><br>43/19<br><b>incorrect [4]</b> 4/17<br>128/8 128/9 136/22<br><b>increase [1]</b> 64/17<br><b>increased [1]</b> 178/25<br><b>indeed [18]</b> 7/3 12/7<br>21/15 41/18 43/17<br>52/20 53/14 54/3<br>83/25 91/14 100/13<br>110/14 130/17 131/21<br>142/8 170/5 191/9<br>197/24<br><b>indefensible [1]</b><br>174/20<br><b>independence [1]</b><br>71/13<br><b>independent [21]</b><br>4/23 18/12 18/16 62/5<br>63/13 63/21 68/9<br>69/17 70/8 70/14<br>70/18 71/7 72/3 72/24<br>73/14 73/17 84/5<br>92/13 107/15 182/20<br>185/2<br><b>indicate [2]</b> 74/24<br>86/18<br><b>indicated [1]</b> 196/13<br><b>indicates [3]</b> 52/9<br>83/3 86/21 | <b>indicating [2]</b> 52/6<br>87/5<br><b>indication [1]</b> 153/15<br><b>indicator [1]</b> 148/23<br><b>indicators [1]</b> 153/18<br><b>indirectly [1]</b> 121/6<br><b>individual [20]</b> 62/17<br>80/24 88/8 88/23<br>97/22 108/20 111/5<br>117/16 121/16 125/4<br>134/8 140/13 144/11<br>158/17 166/21 176/2<br>185/16 185/20 189/5<br>197/8<br><b>individual's [2]</b> 67/4<br>121/10<br><b>individuals [2]</b> 121/5<br>125/8<br><b>industries [1]</b> 177/15<br><b>infection [2]</b> 38/10<br>38/12<br><b>infections [1]</b> 13/18<br><b>infer [1]</b> 129/4<br><b>inference [1]</b> 121/9<br><b>infers [1]</b> 128/21<br><b>influence [3]</b> 65/9<br>139/7 152/13<br><b>influenced [3]</b> 117/11<br>118/3 166/21<br><b>influences [1]</b> 104/14<br><b>influencing [1]</b><br>147/25<br><b>infographic [7]</b> 81/6<br>81/9 82/3 82/8 82/11<br>112/13 112/17<br><b>inform [5]</b> 24/11<br>32/25 68/2 71/23<br>78/19<br><b>information [31]</b> 1/12<br>6/20 15/12 16/4 22/12<br>24/20 29/5 37/2 37/4<br>42/4 44/1 57/6 57/24<br>57/24 70/23 71/6<br>75/20 75/22 78/14<br>79/13 83/13 100/10<br>100/12 115/25 119/24<br>120/3 121/7 128/10<br>182/11 182/12 187/18<br><b>informed [16]</b> 42/15<br>45/24 46/22 46/25<br>47/5 52/14 56/11<br>56/20 61/22 62/21<br>67/5 75/17 75/24 88/9<br>120/23 166/23<br><b>infrared [2]</b> 23/3<br>189/4<br><b>infrastructure [1]</b><br>110/17<br><b>initial [2]</b> 110/6 173/5<br><b>Initially [1]</b> 69/21<br><b>initials [1]</b> 134/3<br><b>innovation [1]</b><br>109/20<br><b>innovations [1]</b><br>104/5<br><b>innovative [2]</b> 104/1 | 115/10<br><b>inpatient [10]</b> 8/1<br>11/12 12/10 12/23<br>39/4 41/21 54/23<br>54/24 72/5 148/10<br><b>input [3]</b> 134/1<br>177/24 182/10<br><b>inquest [1]</b> 193/21<br><b>inquests [1]</b> 193/10<br><b>Inquiry [26]</b> 1/6 1/20<br>1/23 2/3 2/6 2/9 2/18<br>2/23 14/20 15/15<br>19/10 19/24 21/5<br>27/23 35/5 58/15 72/1<br>72/22 73/16 83/20<br>85/16 116/5 127/3<br>133/23 192/24 197/15<br><b>Inquiry's [3]</b> 40/10<br>116/16 196/24<br><b>insight [4]</b> 136/6<br>173/15 173/16 173/20<br><b>insights [1]</b> 95/3<br><b>insofar [2]</b> 148/16<br>192/23<br><b>inspection [3]</b> 28/14<br>115/14 191/23<br><b>inspections [2]</b> 28/15<br>34/7<br><b>installation [1]</b><br>146/16<br><b>installed [8]</b> 13/1<br>13/9 22/14 148/21<br>148/24 149/2 149/17<br>149/20<br><b>instance [11]</b> 35/9<br>35/11 70/2 80/7 84/12<br>108/15 110/3 142/15<br>155/24 156/3 165/16<br><b>Instead [1]</b> 170/23<br><b>Institute [2]</b> 109/3<br>162/11<br><b>institution [2]</b> 110/7<br>197/5<br><b>institutions [1]</b><br>106/17<br><b>instruction [1]</b> 80/22<br><b>instructions [3]</b><br>66/21 184/15 187/7<br><b>insufficient [1]</b> 137/6<br><b>integrate [1]</b> 18/4<br><b>integrated [2]</b> 18/2<br>31/5<br><b>integration [1]</b> 17/3<br><b>intelligence [1]</b> 40/13<br><b>intend [1]</b> 134/4<br><b>intended [3]</b> 53/4<br>79/13 179/18<br><b>intending [1]</b> 46/2<br><b>intensive [3]</b> 158/15<br>177/8 177/13<br><b>intent [6]</b> 96/4 167/24<br>171/2 171/6 171/9<br>175/25<br><b>intention [5]</b> 164/20<br>167/19 169/5 175/14<br>188/9 | <b>interacting [1]</b><br>134/19<br><b>interaction [1]</b> 11/16<br><b>interactive [1]</b> 98/17<br><b>interest [4]</b> 112/11<br>112/21 163/2 197/14<br><b>interested [1]</b> 195/4<br><b>interests [4]</b> 67/7<br>81/15 112/19 113/1<br><b>interface [1]</b> 11/16<br><b>interim [6]</b> 9/11<br>10/15 21/14 66/20<br>71/22 73/6<br><b>internal [6]</b> 4/22 5/2<br>47/2 50/13 85/25<br>95/10<br><b>internally [1]</b> 42/21<br><b>interpret [1]</b> 144/11<br><b>interpreted [1]</b><br>180/15<br><b>interrupt [1]</b> 128/22<br><b>interrupted [1]</b> 124/6<br><b>interrupting [1]</b><br>30/17<br><b>intervention [4]</b><br>32/22 35/10 144/2<br>190/20<br><b>interventions [3]</b><br>53/1 167/6 178/2<br><b>interviewed [1]</b> 71/2<br><b>into [23]</b> 19/14 34/5<br>61/16 63/1 74/7 83/4<br>94/20 97/13 107/25<br>113/17 113/21 133/25<br>160/5 160/5 170/9<br>183/2 185/3 188/5<br>189/1 189/14 189/18<br>189/25 192/2<br><b>into practice [1]</b> 83/4<br><b>introduced [3]</b> 29/8<br>178/3 178/4<br><b>introduction [2]</b><br>118/18 172/9<br><b>intrusion [1]</b> 34/5<br><b>intrusive [5]</b> 32/21<br>145/11 158/15 158/19<br>159/1<br><b>invested [1]</b> 172/19<br><b>investigate [1]</b> 135/1<br><b>investigated [1]</b> 19/9<br><b>investigation [2]</b><br>71/16 96/7<br><b>investigations [3]</b><br>56/13 93/12 93/15<br><b>investigators [1]</b><br>71/1<br><b>investment [2]</b> 152/1<br>184/23<br><b>involve [1]</b> 39/16<br><b>involved [11]</b> 33/3<br>58/2 64/24 69/1 99/5<br>100/15 101/1 155/4<br>182/9 193/10 194/17<br><b>involvement [6]</b> 32/4<br>72/17 172/6 172/8<br>173/5 173/6 | <b>involving [1]</b> 69/3<br><b>iPad [1]</b> 133/25<br><b>is [647]</b><br><b>is scheduled [1]</b><br>83/17<br><b>is thought [1]</b> 59/5<br><b>isn't [6]</b> 25/7 90/3<br>91/1 91/5 173/16<br>194/6<br><b>issue [25]</b> 19/24 20/6<br>29/20 32/17 35/1<br>35/21 36/5 36/17<br>37/10 47/18 53/24<br>65/6 103/14 103/16<br>103/17 131/8 132/25<br>138/4 138/5 155/21<br>160/25 168/7 168/10<br>168/11 168/14<br><b>issued [1]</b> 42/13<br><b>issues [15]</b> 11/23<br>14/7 19/9 31/13 31/24<br>55/10 55/17 61/13<br>68/20 71/5 93/1 107/7<br>131/17 173/17 179/19<br><b>it [524]</b><br><b>it'll [2]</b> 70/2 128/22<br><b>it's [129]</b> 3/6 4/25<br>6/15 6/17 12/11 14/9<br>15/13 15/18 16/19<br>17/16 18/2 18/9 19/3<br>22/3 25/3 25/10 25/22<br>37/10 46/24 46/25<br>53/9 57/2 59/18 67/4<br>67/22 67/25 70/8<br>70/15 73/5 73/14<br>76/20 77/5 80/9 81/6<br>86/25 87/1 87/1 87/4<br>88/7 90/14 90/20<br>90/22 95/15 96/5 97/1<br>98/11 98/13 99/17<br>101/8 102/11 104/18<br>104/19 109/21 110/10<br>112/16 114/9 116/5<br>116/13 117/14 118/4<br>122/3 122/5 122/8<br>122/22 123/1 123/22<br>123/23 124/17 126/25<br>128/7 128/15 130/12<br>132/16 134/5 134/11<br>136/6 136/18 137/15<br>137/22 137/22 138/12<br>138/20 139/5 140/15<br>141/10 142/7 142/25<br>143/1 143/11 144/16<br>144/21 146/13 147/7<br>147/20 148/12 150/24<br>152/5 154/24 154/24<br>157/17 160/21 161/17<br>166/18 167/8 168/1<br>168/6 173/5 173/13<br>176/12 180/21 183/20<br>184/3 184/3 184/14<br>186/7 187/8 187/17<br>187/24 190/8 190/9<br>190/22 190/22 191/18<br>191/19 193/19 193/23 |
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| <b>I</b><br><b>it's... [3]</b> 194/18<br>195/12 197/25<br><b>it's -- you [1]</b> 90/22<br><b>item [1]</b> 180/6<br><b>iteration [3]</b> 67/23<br>74/2 191/11<br><b>iterations [2]</b> 191/10<br>191/14<br><b>iterative [1]</b> 165/22<br><b>its [30]</b> 11/21 15/25<br>20/5 20/9 21/24 42/6<br>42/13 43/25 44/11<br>58/24 58/24 62/18<br>74/20 74/25 104/23<br>110/10 116/2 117/8<br>118/4 121/25 128/16<br>138/7 145/17 145/18<br>167/19 176/4 178/25<br>179/18 179/21 188/14<br><b>itself [5]</b> 37/15 38/25<br>114/20 139/6 146/1<br><b>IV [1]</b> 38/22 | 27/3 34/7 34/24 35/8<br>37/22 39/1 39/3 39/17<br>40/2 40/4 41/1 42/12<br>44/9 46/19 47/16<br>47/24 48/21 49/9<br>53/24 54/15 56/24<br>57/2 57/22 60/5 60/13<br>62/25 63/15 63/16<br>65/4 66/21 71/11<br>72/25 74/4 74/14<br>75/15 80/1 81/25<br>83/14 83/25 87/10<br>87/19 91/20 93/18<br>93/23 96/18 96/19<br>97/12 97/20 98/4<br>99/12 100/1 100/4<br>100/9 100/11 101/9<br>101/21 102/22 105/8<br>105/8 105/18 106/12<br>110/21 115/4 115/7<br>120/22 122/5 123/5<br>123/6 123/16 123/24<br>124/3 124/6 127/3<br>129/2 129/8 129/15<br>129/16 130/13 130/23<br>132/14 133/21 134/22<br>136/12 137/17 138/3<br>138/17 139/19 141/6<br>144/5 144/24 145/14<br>147/3 147/7 147/14<br>148/6 149/15 151/3<br>151/17 152/10 152/22<br>154/16 155/11 157/3<br>157/16 158/2 158/7<br>165/21 167/5 168/11<br>169/15 169/20 170/10<br>171/14 172/25 182/3<br>183/23 186/6 187/20<br>189/9 191/6 193/3<br>193/7 195/24 | <b>know [175]</b> 11/17<br>11/20 18/11 19/17<br>21/11 32/2 32/10<br>32/24 33/19 35/10<br>36/11 38/4 39/20<br>40/20 41/14 46/15<br>53/11 55/19 55/20<br>59/22 72/11 73/7<br>73/12 77/5 78/2 78/22<br>79/4 79/19 82/7 83/5<br>83/11 83/24 88/1<br>88/16 90/19 90/22<br>91/11 92/9 92/12<br>92/24 93/3 94/13 95/4<br>95/6 95/11 95/21<br>95/22 96/2 96/10<br>96/11 96/15 99/23<br>100/17 100/19 100/23<br>100/24 101/25 102/1<br>102/12 102/17 105/1<br>105/5 105/23 106/4<br>106/10 106/10 106/15<br>106/16 107/2 107/6<br>107/8 107/9 107/15<br>108/3 108/9 108/9<br>108/15 109/2 112/13<br>113/1 113/18 116/21<br>117/15 117/19 117/20<br>117/25 121/23 122/1<br>122/3 122/15 122/20<br>126/19 134/9 135/6<br>135/7 135/12 136/17<br>137/9 137/10 137/18<br>137/22 138/14 138/16<br>139/3 139/10 140/11<br>142/9 143/12 144/5<br>145/20 146/2 148/2<br>151/5 152/3 152/13<br>153/25 156/7 158/10<br>158/10 158/25 161/7<br>162/6 162/9 162/21<br>163/22 163/25 164/17<br>164/19 165/2 165/6<br>165/21 166/11 167/20<br>167/21 167/23 168/19<br>169/3 170/14 171/22<br>172/2 172/18 172/21<br>173/18 173/20 175/1<br>175/13 176/3 177/16<br>177/24 178/2 178/8<br>181/9 184/9 184/17<br>185/15 185/17 187/4<br>187/16 187/17 187/25<br>188/9 188/22 190/10<br>190/14 190/17 190/17<br>190/22 191/20 191/22<br>192/4 193/21 194/25<br>195/15 195/16 196/4<br><b>knowing [2]</b> 54/9<br>122/20<br><b>knowledge [3]</b> 7/12<br>7/16 33/22<br><b>known [3]</b> 8/18 41/19<br>113/19 | <b>L</b><br><b>lack [7]</b> 50/1 59/12<br>81/16 81/17 95/13<br>172/6 179/17<br><b>lacked [1]</b> 52/13<br><b>lacks [3]</b> 112/18<br>112/24 113/13<br><b>Lakes [1]</b> 77/8<br><b>lampardinquiry.org.uk [1]</b> 2/7<br><b>language [2]</b> 157/11<br>177/20<br><b>lanyards [1]</b> 2/3<br><b>large [1]</b> 12/11<br><b>larger [1]</b> 184/8<br><b>Larkwood [1]</b> 151/7<br><b>last [54]</b> 1/10 1/13<br>2/21 7/20 8/11 8/23<br>9/2 9/6 14/19 16/3<br>16/6 20/1 20/11 20/23<br>24/22 25/1 25/14 26/6<br>27/25 28/13 28/19<br>41/18 44/24 49/22<br>52/20 55/21 56/7 63/5<br>63/6 72/1 72/13 73/6<br>77/9 91/20 94/9<br>101/12 104/8 117/20<br>118/12 126/25 130/15<br>131/2 131/13 133/21<br>137/18 153/6 157/4<br>168/20 169/15 170/3<br>182/17 182/22 182/25<br>183/20<br><b>late [2]</b> 28/15 172/8<br><b>later [17]</b> 11/19 13/5<br>36/14 59/9 65/19<br>65/22 94/14 95/11<br>95/12 95/21 104/4<br>106/14 114/2 123/24<br>173/6 173/11 177/25<br><b>latest [12]</b> 59/24<br>67/10 67/23 68/2 68/8<br>73/20 74/2 82/9 93/4<br>113/9 121/20 192/3<br><b>Laura [1]</b> 134/15<br><b>law [1]</b> 38/24<br><b>lawful [1]</b> 61/22<br><b>lay [1]</b> 4/24<br><b>layperson [1]</b> 121/23<br><b>lead [4]</b> 36/21 53/12<br>70/18 190/20<br><b>leadership [1]</b> 15/5<br><b>leaflet [7]</b> 25/6 25/7<br>25/11 25/20 78/16<br>79/12 194/10<br><b>leaflets [1]</b> 75/21<br><b>learn [6]</b> 79/21<br>165/24 166/9 168/23<br>169/8 169/9<br><b>learning [6]</b> 56/11<br>69/7 135/12 161/21<br>165/10 191/19<br><b>learnings [2]</b> 168/21<br>193/13<br><b>learnt [3]</b> 169/9 | 179/20 192/2<br><b>least [6]</b> 29/23 33/13<br>159/9 159/12 159/16<br>169/18<br><b>leave [1]</b> 1/21<br><b>leaving [12]</b> 139/20<br>139/23 155/22 189/10<br>189/13 189/14 189/16<br>189/17 189/20 189/23<br>189/24 190/6<br><b>led [10]</b> 15/3 32/8<br>54/17 63/7 63/12<br>68/22 70/15 93/16<br>115/25 173/17<br><b>left [7]</b> 23/1 86/19<br>88/7 108/20 149/16<br>158/8 190/4<br><b>left-hand [1]</b> 149/16<br><b>legal [2]</b> 81/22<br>121/12<br><b>legally [1]</b> 9/21<br><b>legislation [1]</b> 64/14<br><b>Leicester [1]</b> 82/1<br><b>length [2]</b> 177/12<br>178/9<br><b>lens [1]</b> 184/15<br><b>less [11]</b> 64/21<br>127/13 134/8 144/19<br>159/22 162/18 165/3<br>177/1 177/12 178/14<br>193/1<br><b>let [8]</b> 19/16 41/14<br>82/6 88/1 112/13<br>127/23 170/14 192/20<br><b>let's [1]</b> 26/18<br><b>letter [2]</b> 44/7 93/6<br><b>level [16]</b> 36/18<br>36/21 79/17 82/23<br>92/7 106/5 108/19<br>110/19 163/6 163/8<br>179/1 179/13 179/23<br>180/17 180/23 181/6<br><b>levels [2]</b> 55/2 104/2<br><b>liaise [1]</b> 138/6<br><b>liaising [1]</b> 72/15<br><b>licence [3]</b> 104/24<br>108/2 108/4<br><b>lie [1]</b> 166/15<br><b>lies [1]</b> 188/5<br><b>life [1]</b> 78/7<br><b>ligature [13]</b> 146/10<br>146/15 146/19 148/7<br>148/9 148/12 148/14<br>148/22 149/11 150/2<br>150/6 150/23 152/3<br><b>ligatures [2]</b> 165/1<br>171/4<br><b>light [1]</b> 20/6<br><b>lights [1]</b> 23/3<br><b>like [64]</b> 11/1 17/13<br>19/6 21/23 27/22<br>29/14 41/7 42/8 48/13<br>48/17 60/3 60/16<br>63/11 63/19 65/19<br>74/9 74/13 79/23<br>80/18 81/8 84/9 90/8 |
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| <b>L</b> | <b>local [1]</b> 16/20<br><b>locate [2]</b> 29/1 29/3<br><b>location [2]</b> 22/13 188/16<br><b>log [4]</b> 133/24 134/6 161/17 191/25<br><b>Logs [1]</b> 138/24<br><b>long [10]</b> 3/6 3/18 38/7 58/16 120/8 123/21 126/17 154/24 158/8 177/5<br><b>longer [4]</b> 25/7 132/15 132/16 132/20<br><b>Longview [1]</b> 151/6<br><b>look [46]</b> 42/8 48/13 51/5 51/15 56/2 58/19 58/22 59/21 63/19 63/20 66/1 68/7 68/19 70/4 74/9 75/15 82/6 86/4 91/20 92/3 96/11 96/13 100/2 106/8 109/4 112/12 112/16 114/22 120/18 122/5 124/9 124/19 142/3 149/4 151/13 163/16 165/9 168/19 169/3 170/19 174/4 176/22 177/3 178/24 184/14 193/16<br><b>looked [14]</b> 24/22 24/23 93/11 101/18 114/15 119/2 121/1 131/2 131/22 140/24 141/1 154/1 165/11 191/7<br><b>looking [24]</b> 11/12 44/21 47/20 48/21 69/6 69/7 81/9 86/4 117/25 126/22 129/2 137/11 137/22 137/23 139/12 148/6 148/20 150/25 152/1 158/21 158/21 161/5 171/18 177/22<br><b>looks [5]</b> 90/8 90/17 135/23 136/5 150/17<br><b>lose [1]</b> 36/13<br><b>loss [1]</b> 141/3<br><b>lot [23]</b> 20/10 35/6 35/8 37/19 63/4 65/17 88/19 89/11 103/2 108/16 110/11 113/18 140/22 141/5 142/5 143/14 152/15 155/16 162/1 165/25 175/8 181/11 182/12<br><b>lots [5]</b> 78/6 89/8 97/3 137/24 172/24<br><b>lounge [1]</b> 189/18<br><b>low [1]</b> 52/9<br><b>lower [7]</b> 75/15 131/25 141/17 141/19 156/1 177/13 177/18<br><b>Loy [1]</b> 21/12<br><b>lunch [4]</b> 82/6 87/25 112/1 160/8 | <b>lunchtime [1]</b> 112/16<br><b>M</b><br><b>made [30]</b> 6/16 14/3 15/25 16/8 27/5 31/7 35/20 41/19 46/19 59/15 62/20 76/1 76/25 77/24 98/4 107/10 112/22 118/4 123/6 131/4 133/8 171/15 173/8 176/3 181/1 181/18 192/11 193/17 193/19 194/25<br><b>main [35]</b> 3/9 3/14 4/8 4/8 4/12 4/17 5/4 6/11 7/2 19/20 22/17 28/16 41/8 46/2 47/23 50/12 50/16 51/7 54/2 54/5 54/20 84/15 103/22 118/13 120/18 120/20 139/15 146/6 146/9 153/19 159/7 159/15 168/8 183/8 184/22<br><b>mainly [5]</b> 11/21 61/3 70/15 161/2 181/12<br><b>maintain [1]</b> 62/12<br><b>Maintains [1]</b> 66/6<br><b>major [1]</b> 15/18<br><b>majority [1]</b> 141/22<br><b>make [58]</b> 5/4 6/10 13/16 13/17 25/18 30/20 36/6 43/10 46/13 47/17 65/6 67/14 81/24 83/24 85/11 95/5 96/13 96/18 97/10 105/25 109/20 110/21 111/24 112/25 126/10 130/1 130/12 132/13 132/17 136/22 138/20 139/4 144/12 145/25 146/23 147/2 157/23 158/8 159/21 160/11 161/20 163/12 166/13 167/2 168/5 171/8 175/15 177/17 182/1 184/7 185/4 185/19 188/8 188/22 189/4 189/24 193/2 193/2<br><b>makes [16]</b> 43/18 46/17 67/18 81/17 81/23 99/4 103/1 108/15 113/1 113/11 123/6 145/7 161/19 166/16 194/2 196/3<br><b>making [22]</b> 5/5 37/3 43/3 58/2 59/13 66/24 75/5 77/12 81/21 109/22 110/23 113/22 115/22 123/9 127/5 127/16 129/15 151/14 165/21 166/24 167/10 190/15<br><b>malice [1]</b> 96/3<br><b>manage [1]</b> 52/7 | <b>managed [1]</b> 127/9<br><b>management [9]</b> 7/25 9/18 50/6 52/22 52/24 55/14 85/24 96/12 177/20<br><b>management/commit tee [1]</b> 50/6<br><b>Manager [1]</b> 49/18<br><b>managers [1]</b> 85/11<br><b>Manchester [1]</b> 16/21<br><b>mandatory [1]</b> 103/3<br><b>manner [1]</b> 92/19<br><b>manual [1]</b> 196/2<br><b>many [13]</b> 33/18 77/2 82/13 102/24 108/22 137/16 137/16 151/22 151/22 173/10 191/16 194/15 194/16<br><b>March [6]</b> 9/9 11/10 42/13 54/6 99/9 191/15<br><b>March 2020 [1]</b> 11/10<br><b>March 2025 [1]</b> 54/6<br><b>Marcus [1]</b> 2/16<br><b>market [1]</b> 109/4<br><b>Mason [1]</b> 162/13<br><b>material [1]</b> 114/11<br><b>materials [2]</b> 79/12 85/3<br><b>matrons [4]</b> 54/22 85/11 92/15 95/5<br><b>matter [4]</b> 29/14 71/25 107/16 114/14<br><b>matters [14]</b> 20/2 54/4 55/5 56/5 73/2 74/4 84/13 107/5 112/2 116/24 118/11 149/10 180/10 196/25<br><b>maximise [1]</b> 156/19<br><b>maximum [1]</b> 87/5<br><b>may [126]</b> 1/17 1/19 1/22 3/3 4/3 8/19 9/5 12/2 16/12 17/7 21/22 32/8 35/1 35/20 35/21 36/8 36/13 36/13 36/23 37/20 38/2 38/16 38/20 39/15 39/23 40/6 40/24 45/9 48/7 51/2 53/16 56/3 56/25 58/18 60/9 61/9 62/17 62/22 63/2 63/25 64/10 64/18 64/20 65/11 65/21 69/5 69/8 71/21 76/14 77/7 79/20 80/1 80/23 80/25 81/1 81/16 89/24 90/21 90/22 93/7 94/6 94/9 95/2 96/1 96/22 98/9 99/1 100/24 101/11 101/11 101/12 102/22 102/23 105/17 108/7 110/21 111/12 112/25 113/7 115/7 118/3 121/25 127/21 131/13 134/3 | 143/23 144/24 145/6 146/18 147/10 147/14 152/10 153/2 153/14 154/12 154/22 154/25 156/2 156/2 156/16 156/18 158/24 158/25 159/1 161/22 163/21 167/11 173/16 175/3 175/20 176/2 176/11 177/23 180/25 181/3 184/22 186/19 187/15 187/16 187/20 190/23 190/24 190/25 193/5 195/17 196/1<br><b>May 2025 [2]</b> 56/3 56/25<br><b>May 2026 [2]</b> 51/2 63/2<br><b>maybe [4]</b> 13/5 82/5 135/9 189/18<br><b>MDT [14]</b> 45/8 46/6 46/6 46/11 46/21 46/23 62/16 67/3 75/2 75/13 80/8 80/23 89/2 113/3<br><b>MDT's [2]</b> 45/23 80/17<br><b>me [37]</b> 12/11 19/16 27/20 31/16 41/14 68/7 72/19 72/21 81/11 82/6 88/1 89/14 89/20 90/1 90/5 101/9 112/13 124/12 124/17 126/13 127/7 127/11 127/23 129/12 142/7 150/20 157/11 169/25 170/14 171/14 185/14 186/7 186/18 192/10 192/20 194/13 197/25<br><b>mean [37]</b> 13/12 25/1 26/24 28/3 32/1 33/13 37/1 39/11 39/18 43/14 65/12 73/2 87/23 90/14 94/19 104/16 107/13 109/24 110/1 117/14 122/10 130/1 133/7 135/22 146/22 150/25 152/10 155/25 161/13 161/25 173/13 174/11 179/23 184/4 193/12 194/24 197/14<br><b>meaningful [2]</b> 25/3 92/22<br><b>means [7]</b> 38/22 45/8 50/20 57/12 101/4 122/17 133/22<br><b>meant [10]</b> 23/24 23/25 23/25 24/2 33/20 46/11 65/1 72/25 79/14 176/16<br><b>measure [7]</b> 134/18 145/16 145/20 146/2 155/11 167/3 167/4<br><b>measured [4]</b> 153/14 167/8 167/9 167/10 |
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| <b>M</b> | 188/25 197/12 197/14<br>197/16 197/16 | <b>misusing [1]</b> 196/19<br><b>mitigate [1]</b> 171/24<br><b>mitigations [2]</b> 66/9<br>169/11<br><b>Mm [1]</b> 60/15<br><b>Mm-hm [1]</b> 60/15<br><b>mobilise [1]</b> 175/3<br><b>model [12]</b> 32/25<br>34/10 34/12 56/23<br>82/12 82/15 109/2<br>109/10 162/11 162/12<br>177/13 197/9<br><b>models [3]</b> 162/14<br>165/7 165/8<br><b>moderate [2]</b> 105/19<br>172/25<br><b>modest [1]</b> 170/24<br><b>module [2]</b> 26/20<br>27/9<br><b>modules [1]</b> 26/24<br><b>moment [18]</b> 3/16<br>40/12 50/12 51/5<br>63/15 67/24 77/6 86/5<br>91/14 94/11 126/22<br>134/21 135/14 139/16<br>140/8 167/14 194/18<br>195/15<br><b>moments [1]</b> 175/6<br><b>Monday [10]</b> 9/24<br>10/9 20/23 21/4 33/10<br>110/12 117/20 143/12<br>162/1 168/20<br><b>money [10]</b> 176/15<br>177/1 184/4 184/20<br>184/24 185/4 185/5<br>185/10 185/17 186/1<br><b>monitor [5]</b> 26/11<br>76/17 104/23 168/2<br>194/22<br><b>monitored [2]</b> 12/1<br>82/14<br><b>monitoring [14]</b> 22/9<br>22/18 32/19 33/17<br>64/21 72/4 76/19 77/3<br>80/7 84/18 115/16<br>139/17 155/4 157/21<br><b>month [5]</b> 48/6 69/14<br>69/19 82/18 132/6<br><b>monthly [3]</b> 130/17<br>131/2 132/6<br><b>months [7]</b> 9/12 63/5<br>63/6 98/11 132/8<br>151/3 182/17<br><b>more [115]</b> 14/8<br>15/19 17/14 24/19<br>25/15 25/18 28/18<br>30/15 30/18 34/6 35/5<br>35/5 35/7 37/1 37/16<br>40/3 40/15 41/2 43/13<br>47/18 50/18 59/10<br>60/7 64/23 65/3 66/8<br>67/24 69/10 75/15<br>75/22 76/24 84/2<br>90/15 91/13 97/14<br>97/14 97/15 97/19<br>97/20 98/17 99/5 99/6 | 101/21 102/5 102/22<br>102/23 102/25 108/7<br>111/4 113/11 115/11<br>121/1 127/10 127/13<br>132/4 134/8 135/9<br>135/16 136/4 136/14<br>137/13 139/21 140/15<br>141/6 141/21 142/2<br>144/23 144/25 145/8<br>145/9 145/11 145/21<br>147/3 149/13 151/9<br>151/16 151/22 152/21<br>154/12 154/18 154/21<br>155/2 155/19 155/23<br>158/14 158/20 160/24<br>161/11 161/22 163/4<br>163/4 163/9 163/10<br>165/3 165/12 165/14<br>167/15 168/4 168/4<br>168/23 169/10 170/4<br>170/24 173/7 176/8<br>177/6 178/12 179/5<br>182/3 183/3 185/25<br>191/6 192/5 195/10<br>196/5<br><b>More recently [1]</b><br>170/4<br><b>Morgan [1]</b> 193/20<br><b>Morgan-Rose [1]</b><br>193/20<br><b>morning [8]</b> 1/5 1/6<br>1/6 103/21 114/14<br>115/2 140/21 154/20<br><b>most [16]</b> 22/1 37/11<br>37/11 43/18 44/21<br>69/22 91/15 97/1 99/2<br>112/5 124/15 139/11<br>145/18 166/15 191/7<br>191/9<br><b>motivation [1]</b><br>174/18<br><b>move [24]</b> 27/22 40/1<br>41/7 47/14 61/16 68/7<br>73/20 81/3 104/11<br>112/2 118/7 122/5<br>127/2 129/24 130/13<br>136/24 137/1 139/9<br>152/7 155/8 169/13<br>174/1 181/22 193/25<br><b>moved [1]</b> 82/12<br><b>movement [4]</b> 22/13<br>22/20 115/16 139/15<br><b>moving [3]</b> 35/10<br>115/1 182/22<br><b>Mr [82]</b> 1/5 1/7 1/11<br>1/13 2/12 2/19 7/10<br>7/20 8/23 14/18 19/7<br>20/1 20/14 20/23<br>21/13 24/10 26/7<br>27/25 28/13 28/24<br>29/6 29/11 33/10<br>41/13 44/24 46/20<br>53/22 53/23 57/19<br>58/12 59/22 60/13<br>60/25 63/3 72/1 84/10<br>98/2 99/10 99/24 | 100/19 103/14 107/10<br>107/25 111/18 111/20<br>114/7 114/19 115/3<br>116/13 116/21 116/21<br>117/4 118/8 124/22<br>127/20 128/9 131/2<br>131/6 131/13 132/22<br>133/6 136/12 147/7<br>150/20 154/6 157/4<br>157/7 161/22 162/23<br>165/18 168/20 169/25<br>179/1 181/8 182/24<br>186/2 190/24 191/5<br>191/6 192/8 197/21<br>199/5<br><b>Mr Griffin [7]</b> 1/5<br>2/12 46/20 53/22<br>111/18 191/5 199/5<br><b>Mr Harry [1]</b> 107/25<br><b>Mr Harry's [4]</b> 59/22<br>107/10 168/20 192/8<br><b>Mr Howarth [2]</b><br>116/21 117/4<br><b>Mr Lobo [1]</b> 21/13<br><b>Mr Scott [1]</b> 179/1<br><b>Mr Smith [2]</b> 127/20<br>128/9<br><b>Mr Trent [53]</b> 1/11<br>1/13 2/19 7/10 7/20<br>8/23 14/18 19/7 20/1<br>20/14 24/10 26/7<br>27/25 28/24 29/6<br>29/11 41/13 44/24<br>53/23 57/19 58/12<br>60/13 60/25 63/3 72/1<br>84/10 98/2 99/10<br>103/14 111/20 114/7<br>114/19 115/3 116/13<br>116/21 118/8 124/22<br>131/2 131/6 131/13<br>133/6 147/7 150/20<br>157/7 161/22 165/18<br>169/25 181/8 182/24<br>186/2 190/24 191/6<br>197/21<br><b>Mr Trent's [2]</b> 28/13<br>157/4<br><b>Mr Trimble [6]</b> 99/24<br>100/19 132/22 136/12<br>154/6 162/23<br><b>Mr Zephani [1]</b> 1/7<br><b>Ms [13]</b> 26/14 41/20<br>42/14 42/15 42/23<br>42/24 43/24 44/8 72/7<br>110/23 116/17 166/19<br>195/1<br><b>Ms Archibald [1]</b><br>166/19<br><b>Ms B [5]</b> 41/20 42/23<br>42/24 43/24 44/8<br><b>Ms B's [2]</b> 42/14<br>42/15<br><b>Ms Cozens [4]</b> 26/14<br>72/7 110/23 195/1<br><b>Ms Hyde [1]</b> 116/17<br><b>much [37]</b> 39/16 |
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| <p><b>M</b></p> <p><b>much...</b> [36] 48/20<br/>51/20 63/13 69/2<br/>79/22 94/3 97/14<br/>97/14 97/15 98/5<br/>98/17 99/5 99/6 99/7<br/>100/12 101/12 107/1<br/>114/25 131/25 132/4<br/>135/16 137/25 141/22<br/>148/18 150/22 152/6<br/>152/25 155/12 162/16<br/>162/16 174/16 176/20<br/>182/21 183/17 192/5<br/>197/24</p> <p><b>multi</b> [1] 184/13</p> <p><b>multiple</b> [8] 41/2<br/>54/23 55/7 131/11<br/>139/22 145/7 147/5<br/>147/6</p> <p><b>multisite</b> [1] 72/3</p> <p><b>multitude</b> [1] 17/24</p> <p><b>must</b> [9] 30/4 43/9<br/>62/16 74/17 75/18<br/>76/8 90/1 120/7 120/7</p> <p><b>must-do</b> [1] 30/4</p> <p><b>mutual</b> [1] 138/10</p> <p><b>my</b> [58] 8/3 11/5<br/>11/16 11/23 12/13<br/>13/24 15/19 19/8 27/7<br/>28/1 30/16 31/17 33/2<br/>33/23 40/9 41/10<br/>47/19 57/2 57/7 57/9<br/>65/14 67/13 67/24<br/>73/24 81/8 82/3 82/7<br/>84/11 94/2 101/21<br/>102/5 108/17 109/18<br/>109/22 110/7 112/14<br/>116/17 118/9 132/5<br/>147/21 149/13 151/9<br/>156/5 157/4 165/20<br/>168/15 169/25 173/18<br/>173/19 181/23 182/8<br/>187/6 187/23 189/7<br/>194/9 196/10 196/14<br/>197/14</p> <p><b>myself</b> [4] 19/7 69/25<br/>182/8 192/15</p> | <p>191/20 197/5</p> <p><b>nationally</b> [2] 40/15<br/>106/22</p> <p><b>nature</b> [2] 26/11<br/>101/2</p> <p><b>navigate</b> [1] 112/17</p> <p><b>NCCMH</b> [3] 70/12<br/>70/16 70/19</p> <p><b>near</b> [1] 86/17</p> <p><b>necessarily</b> [13] 37/7<br/>38/16 39/18 47/7<br/>95/16 96/3 103/4<br/>127/14 153/15 161/16<br/>166/6 167/7 187/13</p> <p><b>necessary</b> [4] 85/12<br/>130/5 136/11 189/6</p> <p><b>need</b> [50] 5/3 5/12<br/>22/4 38/21 47/19 57/6<br/>79/2 83/11 83/13 86/9<br/>87/20 87/24 93/21<br/>94/12 94/25 95/1 95/3<br/>96/13 96/13 102/19<br/>103/6 118/8 126/23<br/>138/5 138/23 139/1<br/>140/5 140/9 149/4<br/>157/12 157/15 158/14<br/>169/15 169/20 170/9<br/>170/14 170/18 174/4<br/>181/20 186/24 187/24<br/>187/25 190/9 190/25<br/>193/2 194/8 194/11<br/>195/14 195/22 196/3</p> <p><b>needed</b> [6] 68/19<br/>78/25 120/9 146/22<br/>191/16 195/24</p> <p><b>needs</b> [6] 37/23<br/>75/10 82/23 95/4<br/>136/15 185/6</p> <p><b>negative</b> [2] 167/7<br/>171/20</p> <p><b>neither</b> [1] 117/8</p> <p><b>NELFT</b> [1] 193/1</p> <p><b>neonatal</b> [2] 190/17<br/>190/18</p> <p><b>nervosa</b> [1] 38/19</p> <p><b>net</b> [1] 183/16</p> <p><b>new</b> [31] 15/16 17/7<br/>17/12 40/20 50/9<br/>58/20 59/5 60/7 66/21<br/>66/24 67/25 74/9<br/>79/24 80/1 103/16<br/>104/15 105/22 108/12<br/>109/4 109/11 110/24<br/>111/2 118/7 136/18<br/>162/4 182/6 185/10<br/>197/6 197/9 197/12<br/>197/13</p> <p><b>NEWS2</b> [9] 8/5 65/20<br/>142/23 143/10 143/13<br/>143/15 144/14 144/25<br/>145/15</p> <p><b>next</b> [16] 17/6 48/6<br/>69/14 69/19 72/20<br/>76/6 82/21 83/16<br/>83/17 83/18 88/18<br/>89/7 89/10 96/21</p> | <p>149/19 165/24</p> <p><b>NHS</b> [53] 9/7 16/20<br/>17/1 17/23 20/7 30/5<br/>32/13 33/3 33/8 33/10<br/>44/13 45/5 59/21 74/6<br/>97/6 102/5 103/23<br/>104/10 104/13 104/17<br/>104/22 104/23 105/1<br/>105/5 105/7 105/10<br/>106/22 107/4 107/6<br/>107/12 107/21 108/1<br/>108/4 109/1 109/7<br/>109/13 115/4 115/15<br/>117/22 133/24 134/6<br/>162/9 162/13 166/1<br/>168/22 169/1 183/25<br/>184/8 192/6 192/7<br/>192/9 197/8 197/10</p> <p><b>NHS England</b> [1]<br/>33/8</p> <p><b>NHS England's</b> [1]<br/>103/23</p> <p><b>NHS Trust</b> [3] 17/23<br/>104/17 115/15</p> <p><b>NICE</b> [2] 109/3 197/9</p> <p><b>night</b> [7] 156/13<br/>156/16 157/6 157/22<br/>158/9 158/24 159/22</p> <p><b>night's</b> [3] 156/8<br/>157/18 157/24</p> <p><b>nighttime</b> [2] 157/3<br/>158/12</p> <p><b>nine</b> [1] 148/25</p> <p><b>no</b> [51] 29/4 29/5<br/>30/17 32/12 32/20<br/>33/14 33/14 42/2 42/5<br/>42/22 44/23 49/17<br/>50/5 50/19 78/20<br/>79/18 83/2 83/2 90/14<br/>90/14 91/21 98/13<br/>119/20 127/9 127/16<br/>127/20 128/25 130/1<br/>132/15 132/16 132/20<br/>133/5 133/7 134/2<br/>140/9 140/15 140/18<br/>141/3 149/2 150/15<br/>150/19 158/7 160/20<br/>163/16 179/19 187/14<br/>189/13 189/22 194/4<br/>196/21 197/23</p> <p><b>nodded</b> [8] 8/22 23/5<br/>43/20 51/4 52/1 62/1<br/>85/18 191/12</p> <p><b>noisy</b> [1] 156/17</p> <p><b>Nolan</b> [3] 72/13<br/>73/13 73/17</p> <p><b>Nolan's</b> [1] 73/3</p> <p><b>non</b> [9] 22/18 40/10<br/>124/22 128/14 129/3<br/>139/17 180/2 180/5<br/>180/9</p> <p><b>non-contact</b> [2]<br/>22/18 139/17</p> <p><b>Non-Executive</b> [1]<br/>180/5</p> <p><b>non-personal</b> [3]</p> | <p>124/22 128/14 129/3</p> <p><b>none</b> [1] 143/13</p> <p><b>nonetheless</b> [1]<br/>90/24</p> <p><b>nonsense</b> [1] 47/11</p> <p><b>nor</b> [1] 18/5</p> <p><b>norm</b> [2] 13/16 46/12</p> <p><b>normal</b> [2] 141/16<br/>142/2</p> <p><b>north</b> [2] 10/21 116/7</p> <p><b>not</b> [215]</p> <p><b>note</b> [4] 18/24 116/5<br/>148/24 174/23</p> <p><b>noted</b> [1] 115/15</p> <p><b>notes</b> [2] 52/16 84/25</p> <p><b>notice</b> [12] 24/18<br/>25/12 25/13 25/16<br/>25/21 79/16 193/25<br/>194/2 194/4 194/7<br/>194/10 196/16</p> <p><b>noticeable</b> [1] 132/2</p> <p><b>notification</b> [5] 23/14<br/>187/22 188/1 188/14<br/>195/9</p> <p><b>notifications</b> [1] 26/3</p> <p><b>notified</b> [1] 3/14</p> <p><b>notify</b> [1] 5/19</p> <p><b>notifying</b> [1] 3/23</p> <p><b>noting</b> [1] 106/10</p> <p><b>notion</b> [1] 29/19</p> <p><b>Nova</b> [2] 16/15 17/21</p> <p><b>November</b> [2] 34/17<br/>34/18</p> <p><b>November '23</b> [1]<br/>34/18</p> <p><b>November 2022</b> [1]<br/>34/17</p> <p><b>now</b> [131] 2/22 4/11<br/>5/19 5/24 6/4 6/4 8/17<br/>8/23 9/24 10/24 11/2<br/>11/9 12/6 15/11 16/12<br/>20/17 21/14 24/10<br/>24/17 25/15 26/14<br/>29/14 31/16 33/9<br/>34/21 34/24 41/7 42/8<br/>43/1 45/13 46/7 46/8<br/>46/14 47/15 47/16<br/>47/23 48/1 49/7 50/11<br/>53/17 54/1 54/15 55/5<br/>55/20 56/2 56/16<br/>56/21 57/19 59/21<br/>59/23 60/16 62/12<br/>63/16 67/18 68/8 70/7<br/>72/7 72/19 74/2 74/7<br/>75/10 78/21 79/24<br/>80/15 81/3 82/11<br/>82/13 83/9 83/11 84/4<br/>85/14 87/15 89/17<br/>91/1 93/7 93/18 94/5<br/>96/1 99/12 101/16<br/>101/18 104/9 107/13<br/>111/12 114/9 115/1<br/>115/8 115/19 116/5<br/>116/21 116/23 117/7<br/>123/5 125/17 125/21<br/>127/2 130/14 131/2</p> | <p>131/22 132/18 134/10<br/>135/8 136/17 137/22<br/>139/9 140/16 148/14<br/>150/12 150/15 152/20<br/>155/10 160/11 160/22<br/>161/5 167/11 169/13<br/>169/22 170/10 172/3<br/>173/2 174/4 178/5<br/>181/21 183/8 184/25<br/>185/6 190/23 191/14<br/>193/7 193/25 194/2</p> <p><b>nuanced</b> [1] 37/16</p> <p><b>nub</b> [1] 32/17</p> <p><b>number</b> [46] 5/25<br/>6/17 16/20 16/24 18/3<br/>21/20 31/6 40/19 55/7<br/>56/10 56/15 71/2 78/2<br/>83/1 83/7 85/16 86/22<br/>93/14 93/15 98/10<br/>105/14 107/20 109/5<br/>109/6 111/23 114/23<br/>131/3 131/5 132/12<br/>132/15 132/15 139/25<br/>140/16 146/15 149/16<br/>151/10 151/11 152/14<br/>160/9 164/2 170/16<br/>181/13 183/22 191/10<br/>193/1 193/5</p> <p><b>number 1</b> [2] 109/5<br/>181/13</p> <p><b>number 2</b> [1] 109/6</p> <p><b>numbered</b> [1] 88/4</p> <p><b>numbers</b> [7] 6/1<br/>141/14 148/22 148/23<br/>149/24 150/3 179/3</p> <p><b>nurse</b> [17] 20/16<br/>32/11 33/3 34/16 45/7<br/>63/10 68/13 68/23<br/>86/16 89/18 91/8 93/6<br/>135/14 135/23 168/25<br/>182/8 192/18</p> <p><b>nurses</b> [5] 95/5 135/5<br/>148/2 157/11 166/3</p> <p><b>nursing</b> [10] 11/21<br/>12/1 13/13 35/25<br/>36/20 67/14 70/1<br/>181/11 181/12 182/11</p> <p><b>nutritional</b> [2] 38/20<br/>38/23</p> |
| <p><b>N</b></p> <p><b>naked</b> [1] 142/10</p> <p><b>name</b> [8] 48/12 57/2<br/>67/13 128/7 134/2<br/>195/3 195/16 195/16</p> <p><b>namely</b> [2] 119/25<br/>130/22</p> <p><b>names</b> [1] 2/13</p> <p><b>narrative</b> [4] 97/14<br/>99/21 100/6 100/18</p> <p><b>narratives</b> [1] 99/25</p> <p><b>national</b> [18] 32/11<br/>70/12 93/5 104/18<br/>105/11 105/16 106/5<br/>106/23 109/2 110/7<br/>110/24 111/4 142/23<br/>151/13 152/2 163/8</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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                                                         | <p><b>O</b></p> <p><b>object</b> [1] 33/13</p> <p><b>objective</b> [1] 48/23</p> <p><b>obs</b> [5] 17/18 18/4<br/>135/13 135/15 135/20</p> <p><b>observation</b> [21]<br/>1/15 8/7 11/22 13/11<br/>14/4 14/17 19/25 27/9<br/>27/13 27/16 131/17<br/>135/16 138/6 143/23<br/>155/19 157/13 158/15<br/>158/19 159/9 159/16<br/>181/13</p> <p><b>observations</b> [20]<br/>17/9 17/10 26/6 26/9<br/>26/16 26/19 27/2 27/6</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| <b>O</b><br><b>observations...</b> [12]<br>44/16 67/16 87/14<br>104/2 135/21 135/25<br>157/6 158/12 165/3<br>167/17 178/15 178/20<br><b>observe</b> [1] 13/13<br><b>observed</b> [1] 161/8<br><b>observes</b> [1] 160/25<br><b>observing</b> [2] 156/14<br>158/5<br><b>obtain</b> [1] 52/5<br><b>obtained</b> [1] 67/5<br><b>obtaining</b> [2] 29/22<br>49/12<br><b>obvious</b> [4] 114/8<br>142/10 142/13 156/1<br><b>obviously</b> [5] 77/15<br>82/16 114/10 134/12<br>149/10<br><b>occasionally</b> [1]<br>141/15<br><b>occupants</b> [1]<br>139/22<br><b>occurred</b> [3] 90/10<br>178/20 193/14<br><b>October</b> [15] 1/1 1/13<br>20/1 28/22 34/17<br>34/18 48/9 54/14<br>85/17 86/13 92/23<br>98/6 148/8 170/15<br>183/1<br><b>October 2023</b> [1]<br>148/8<br><b>October 2025</b> [4]<br>28/22 48/9 54/14<br>183/1<br><b>October/beginning</b><br><b>[1]</b> 34/18<br><b>off</b> [25] 32/5 32/6<br>42/3 42/25 45/9 46/3<br>46/17 46/24 47/6 54/9<br>61/17 61/20 66/25<br>74/17 74/18 75/10<br>80/12 108/20 112/23<br>114/9 138/18 140/13<br>177/16 178/11 181/19<br><b>offer</b> [1] 19/8<br><b>offered</b> [1] 134/13<br><b>Officer</b> [26] 1/11 1/12<br>9/9 9/16 9/21 10/2<br>10/14 12/9 12/15<br>15/12 35/25 67/14<br>70/1 122/16 126/18<br>127/18 127/24 128/1<br>128/8 128/10 128/11<br>129/10 129/12 136/15<br>182/11 182/12<br><b>Officers</b> [1] 36/20<br><b>official</b> [1] 77/15<br><b>often</b> [27] 38/13<br>39/12 85/19 108/12<br>109/2 113/18 135/8<br>141/13 141/15 143/22<br>144/14 144/23 144/25 | 145/8 145/9 156/6<br>156/9 156/12 161/1<br>162/12 165/16 165/18<br>166/2 166/18 188/24<br>189/1 197/18<br><b>often-adopted</b> [1]<br>162/12<br><b>oh</b> [5] 6/12 57/8<br>78/20 121/24 129/22<br><b>okay</b> [9] 8/6 93/22<br>111/10 127/1 128/25<br>130/4 165/23 187/11<br>194/12<br><b>old</b> [1] 12/20<br><b>older</b> [13] 11/12<br>11/19 12/16 13/17<br>13/22 38/10 145/6<br>147/18 154/19 155/21<br>155/25 156/24 189/2<br><b>ombudsman</b> [3]<br>41/16 44/20 74/3<br><b>on</b> [321]<br><b>once</b> [12] 62/19<br>69/23 97/23 111/2<br>112/21 134/11 136/4<br>144/19 168/7 185/23<br>194/21 195/4<br><b>one</b> [93] 6/10 10/17<br>10/19 14/7 18/5 19/13<br>19/15 20/18 23/20<br>23/21 24/3 24/5 24/21<br>27/5 29/2 29/14 31/19<br>32/20 37/23 44/21<br>45/25 47/2 49/3 54/24<br>59/1 59/23 61/4 67/25<br>73/4 83/1 83/17 85/25<br>86/16 87/20 92/5 94/9<br>94/11 96/19 96/20<br>97/18 97/19 97/20<br>97/22 98/25 102/22<br>104/4 106/19 106/20<br>108/7 109/16 115/12<br>119/6 127/9 130/13<br>132/2 135/13 137/17<br>147/3 147/8 149/7<br>150/12 150/17 151/8<br>151/9 151/21 152/3<br>154/3 155/14 155/15<br>155/20 156/5 160/22<br>162/7 164/7 164/21<br>165/14 165/21 167/8<br>169/18 176/14 177/21<br>179/2 181/3 181/18<br>184/8 186/6 190/3<br>190/7 190/14 190/22<br>190/22 191/15 196/1<br><b>ones</b> [3] 59/25<br>142/21 196/5<br><b>ongoing</b> [5] 29/4<br>69/13 72/8 84/5<br>153/15<br><b>online</b> [2] 2/5 20/23<br><b>only</b> [35] 23/10 29/6<br>33/23 43/10 61/17<br>61/21 62/19 63/9<br>65/15 67/3 69/3 76/17 | 80/20 90/14 90/23<br>92/11 94/11 97/4<br>109/13 110/16 114/8<br>120/8 136/13 148/16<br>153/25 173/6 176/17<br>177/1 179/15 181/5<br>189/25 190/3 190/22<br>192/23 195/10<br><b>onwards</b> [2] 124/1<br>167/13<br><b>operate</b> [1] 29/21<br><b>operating</b> [18] 20/8<br>30/12 31/1 31/8 34/13<br>48/5 49/11 61/20 63/7<br>67/17 68/18 75/24<br>89/22 182/6 182/10<br>182/13 182/14 192/13<br><b>operation</b> [5] 20/5<br>33/21 119/11 119/21<br>130/18<br><b>operational</b> [5] 9/18<br>52/9 61/13 74/13<br>107/5<br><b>Operations</b> [1] 116/7<br><b>opportunities</b> [6]<br>32/7 106/9 106/25<br>135/8 168/22 169/9<br><b>opportunity</b> [8] 1/22<br>59/10 74/24 93/20<br>135/11 136/2 154/17<br>169/8<br><b>opposed</b> [4] 141/1<br>146/20 148/16 161/18<br><b>opt</b> [7] 29/21 34/1<br>61/16 61/21 75/10<br>82/12 82/14<br><b>opt-in</b> [6] 29/21 34/1<br>61/16 61/21 82/12<br>82/14<br><b>option</b> [20] 34/23<br>64/5 64/6 64/8 64/10<br>64/12 64/23 64/24<br>66/1 66/15 66/17<br>66/17 66/18 68/1<br>71/11 80/25 140/25<br>159/10 159/16 159/23<br><b>options</b> [4] 64/1 64/4<br>71/10 140/24<br><b>or</b> [186] 4/6 4/18 8/20<br>9/8 10/15 11/16 11/19<br>17/17 17/23 18/2 18/6<br>19/2 19/13 20/8 20/18<br>20/19 23/16 23/17<br>23/24 23/25 25/6 26/9<br>29/19 32/17 32/18<br>33/14 33/19 35/24<br>36/19 37/21 38/6 39/8<br>40/23 43/11 43/25<br>45/7 46/6 50/17 51/11<br>53/2 53/4 57/5 58/5<br>60/23 61/22 64/19<br>67/7 68/7 69/9 69/11<br>71/1 71/11 71/17 75/4<br>81/6 81/17 83/2 85/12<br>89/3 89/18 89/19<br>89/22 91/3 93/15 94/3 | 94/4 95/3 96/3 97/24<br>98/11 99/3 100/13<br>101/5 101/23 102/11<br>103/3 104/12 106/9<br>106/19 106/20 106/22<br>106/22 106/23 106/25<br>108/1 108/13 109/12<br>109/17 109/19 110/3<br>112/4 113/3 113/24<br>118/24 118/25 118/25<br>119/4 119/10 119/15<br>119/24 120/4 121/6<br>121/9 121/10 121/10<br>121/19 122/5 122/5<br>123/25 129/18 134/3<br>134/8 135/1 136/24<br>137/1 139/20 139/23<br>140/3 142/2 142/8<br>142/14 142/23 143/18<br>143/24 144/1 144/13<br>145/16 146/24 147/6<br>147/11 147/16 147/18<br>150/7 150/7 150/9<br>150/10 151/4 153/20<br>154/14 154/17 155/9<br>155/18 157/17 158/22<br>158/24 159/20 159/25<br>161/15 162/10 163/3<br>165/5 166/23 167/3<br>167/4 167/4 167/8<br>168/8 172/5 173/17<br>174/22 175/2 176/1<br>176/1 176/21 177/12<br>177/19 180/4 180/21<br>181/19 183/24 186/25<br>187/16 187/17 188/9<br>188/13 189/18 190/5<br>193/1 193/9 194/21<br>194/22 195/3 195/9<br>195/20 196/19 197/13<br><b>Oracle</b> [1] 16/19<br><b>oral</b> [1] 28/21<br><b>orange</b> [2] 1/25<br>48/19<br><b>order</b> [12] 69/10 71/3<br>79/6 104/3 144/12<br>157/23 178/13 183/20<br>195/13 195/20 196/4<br>196/20<br><b>organisation</b> [18]<br>9/19 15/4 15/6 65/2<br>70/4 70/12 102/7<br>107/1 110/2 110/16<br>124/14 129/11 130/7<br>169/16 174/18 183/19<br>184/12 185/18<br><b>organisations</b> [9]<br>31/6 58/23 69/7 70/24<br>104/13 104/20 105/2<br>105/15 184/10<br><b>original</b> [1] 168/8<br><b>other</b> [83] 12/12<br>15/20 16/20 16/21<br>19/13 19/16 30/20<br>32/12 33/14 33/14<br>33/18 38/17 40/14 | 40/24 43/11 44/10<br>53/1 54/4 56/5 58/23<br>59/16 59/19 60/9<br>68/20 69/5 69/7 70/3<br>74/4 79/18 83/2 92/13<br>92/25 94/13 94/18<br>95/2 96/16 96/23 97/8<br>98/18 102/5 105/15<br>106/23 112/2 113/2<br>113/14 114/14 117/19<br>122/7 122/19 125/12<br>128/5 131/16 133/23<br>137/24 142/5 143/5<br>145/3 146/20 152/16<br>152/21 155/15 155/18<br>156/5 156/15 161/15<br>162/8 163/25 164/18<br>167/6 167/18 168/22<br>171/4 176/16 177/15<br>177/22 181/25 182/12<br>189/6 190/14 190/16<br>192/12 192/24 196/1<br><b>others</b> [9] 31/23<br>91/15 99/1 128/22<br>130/16 169/10 187/7<br>193/1 196/5<br><b>otherwise</b> [8] 77/22<br>77/23 78/1 117/17<br>144/21 146/4 173/16<br>190/1<br><b>ought</b> [1] 186/12<br><b>our</b> [60] 2/19 4/22<br>17/1 17/13 20/16 22/3<br>22/9 24/14 31/22<br>32/13 42/11 44/7<br>59/24 59/25 60/6 70/3<br>71/23 85/22 92/16<br>92/19 93/7 94/20 95/5<br>95/5 96/12 100/23<br>101/25 102/4 102/6<br>102/7 102/18 105/6<br>105/19 105/24 106/1<br>106/2 108/1 111/22<br>111/24 113/25 124/12<br>126/13 127/19 129/13<br>130/12 133/8 138/15<br>152/19 160/2 163/8<br>163/20 167/21 167/22<br>172/22 177/23 178/4<br>179/3 183/17 183/21<br>196/22<br><b>ourselves</b> [3] 47/24<br>123/3 169/16<br><b>out</b> [49] 5/24 6/15<br>8/24 11/1 11/7 11/11<br>11/18 13/21 14/13<br>24/19 42/20 43/13<br>44/11 49/9 58/11<br>62/25 64/16 66/21<br>66/24 67/13 67/25<br>68/22 68/24 68/25<br>77/22 78/8 80/11<br>87/19 88/16 100/4<br>103/10 124/3 127/23<br>134/5 136/14 140/3<br>144/23 145/21 149/15 |
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| <p><b>O</b></p> <p><b>out...</b> [10] 170/15<br/>174/16 175/19 188/18<br/>188/18 189/21 194/20<br/>194/21 195/5 197/10</p> <p><b>outcome</b> [9] 18/13<br/>44/14 147/9 160/4<br/>165/11 177/11 178/10<br/>178/13 182/20</p> <p><b>outcomes</b> [5] 102/2<br/>164/24 166/23 177/23<br/>178/7</p> <p><b>outlined</b> [1] 98/15</p> <p><b>outlines</b> [1] 49/11</p> <p><b>outpatient</b> [1] 165/20</p> <p><b>outset</b> [3] 58/20<br/>167/24 172/14</p> <p><b>outside</b> [2] 141/11<br/>141/14</p> <p><b>outstanding</b> [6]<br/>58/21 106/11 106/13<br/>115/17 117/1 165/15</p> <p><b>over</b> [47] 8/18 36/12<br/>52/5 54/24 55/7 55/8<br/>57/19 58/16 58/19<br/>63/9 68/22 82/6 85/21<br/>87/25 89/23 94/9<br/>98/10 99/8 100/5<br/>112/1 112/16 116/19<br/>126/1 131/22 138/2<br/>140/1 140/17 142/25<br/>151/3 151/3 162/21<br/>164/2 165/22 168/3<br/>170/24 173/2 173/3<br/>178/24 183/25 184/4<br/>184/16 184/19 191/19<br/>192/1 192/2 192/11<br/>196/12</p> <p><b>over-simplification</b><br/>[1] 8/18</p> <p><b>overall</b> [16] 19/21<br/>48/18 48/23 51/21<br/>51/23 82/19 86/25<br/>87/1 87/15 132/11<br/>148/23 159/24 160/4<br/>174/13 179/11 179/16</p> <p><b>overlap</b> [3] 17/21<br/>73/2 73/12</p> <p><b>overridden</b> [1] 46/23</p> <p><b>override</b> [1] 37/17</p> <p><b>overseeing</b> [1] 31/6</p> <p><b>overseen</b> [2] 30/6<br/>30/22</p> <p><b>oversees</b> [1] 135/14</p> <p><b>oversight</b> [18] 15/6<br/>29/16 50/5 73/15<br/>78/11 92/15 94/18<br/>101/8 107/3 173/23<br/>179/9 179/12 179/14<br/>182/4 182/7 182/16<br/>184/20 195/7</p> <p><b>oversimplifying</b> [1]<br/>177/2</p> <p><b>overspeaking</b> [6]<br/>40/6 103/9 135/17</p> | <p>135/19 140/19 153/17<br/><b>own</b> [27] 11/16 50/13<br/>65/14 108/18 113/14<br/>116/2 117/8 121/25<br/>133/13 138/21 138/21<br/>139/5 139/7 154/21<br/>155/17 156/5 156/10<br/>162/3 162/13 164/19<br/>166/5 166/13 167/12<br/>179/20 184/18 192/7<br/>192/13</p> <p><b>Owner</b> [1] 16/4</p> <p><b>ownership</b> [1]<br/>118/15</p> <p><b>owns</b> [1] 138/22</p> <p><b>Oxehealth</b> [18] 8/17<br/>17/11 125/3 125/5<br/>125/15 128/15 128/19<br/>130/16 133/7 134/10<br/>134/13 137/15 138/4<br/>138/7 138/9 181/16<br/>183/1 188/3</p> <p><b>Oxehealth's</b> [1]<br/>128/3</p> <p><b>OxeObs</b> [2] 20/3 26/9</p> <p><b>Oxevision</b> [149] 7/19<br/>8/5 8/9 8/10 8/15 8/20<br/>8/24 11/4 11/9 11/10<br/>11/17 11/23 13/1 13/8<br/>14/4 14/9 14/17 14/24<br/>17/10 17/21 18/4<br/>18/12 20/2 21/21 22/1<br/>22/14 22/23 23/23<br/>25/18 26/5 26/8 26/16<br/>26/19 27/4 27/6 27/24<br/>29/5 33/21 34/3 35/8<br/>35/15 41/24 42/2 42/4<br/>42/16 42/24 43/17<br/>43/23 45/6 45/10<br/>45/13 48/16 49/1<br/>49/10 49/13 49/25<br/>50/7 50/8 51/19 52/6<br/>54/8 54/13 55/8 56/9<br/>56/18 58/2 58/5 61/15<br/>62/6 63/5 66/25 67/15<br/>68/20 71/12 80/7<br/>81/12 82/2 82/14<br/>84/21 84/23 85/3 85/5<br/>87/11 87/13 88/10<br/>89/1 89/14 89/20<br/>99/10 99/15 99/20<br/>100/5 100/14 101/19<br/>108/15 108/21 110/9<br/>112/7 117/1 118/20<br/>119/4 119/11 119/16<br/>126/8 130/18 130/21<br/>131/4 135/21 136/22<br/>139/10 143/9 145/2<br/>146/16 146/20 148/19<br/>148/21 148/24 149/1<br/>149/17 150/22 151/25<br/>152/10 153/14 154/11<br/>154/15 157/3 157/5<br/>157/17 157/21 167/16<br/>169/1 169/20 172/7<br/>174/15 179/9 179/14</p> | <p>179/23 179/24 180/20<br/>180/22 181/10 181/12<br/>181/15 184/25 185/16<br/>185/22 192/14 193/11<br/>196/25</p> <p><b>Oxevision's</b> [1]<br/>123/1</p> <p><b>Oxevision-focused</b><br/>[1] 181/10</p> <p><b>Oxford</b> [1] 110/3</p> <p><b>P</b></p> <p><b>pace</b> [7] 63/16<br/>105/19 111/21 155/11<br/>174/2 175/25 176/1</p> <p><b>package</b> [1] 78/21</p> <p><b>packages</b> [1] 35/10</p> <p><b>packs</b> [1] 29/5</p> <p><b>page</b> [34] 5/6 42/10<br/>48/16 48/21 51/20<br/>56/6 57/4 57/22 63/24<br/>74/11 76/2 76/6 82/9<br/>86/11 86/17 86/20<br/>88/3 88/18 88/19<br/>88/25 89/7 89/10<br/>89/11 89/23 91/20<br/>114/16 120/21 124/20<br/>124/21 126/25 127/21<br/>148/13 148/13 191/8</p> <p><b>page 1</b> [1] 57/4</p> <p><b>page 102</b> [1] 120/21</p> <p><b>page 17</b> [1] 148/13</p> <p><b>page 19</b> [1] 82/9</p> <p><b>page 20</b> [1] 127/21</p> <p><b>page 3</b> [1] 56/6</p> <p><b>page 4</b> [2] 63/24<br/>89/11</p> <p><b>page 55</b> [1] 5/6</p> <p><b>page 6</b> [1] 124/20</p> <p><b>page 7</b> [1] 74/11</p> <p><b>pages</b> [5] 3/6 3/18<br/>4/4 5/21 86/21</p> <p><b>pages 5</b> [1] 5/21</p> <p><b>paid</b> [2] 172/23 178/5</p> <p><b>pandemic</b> [3] 13/15<br/>14/1 14/3</p> <p><b>paper</b> [5] 26/10 27/14<br/>50/21 174/24 190/11</p> <p><b>papers</b> [7] 115/21<br/>117/18 151/24 164/19<br/>167/20 171/4 179/24</p> <p><b>paragraph</b> [36] 5/6<br/>5/9 5/11 5/12 6/13<br/>6/14 28/17 31/17 41/9<br/>42/10 42/12 47/24<br/>50/13 54/5 54/11 61/7<br/>62/14 68/12 84/16<br/>99/11 99/17 103/22<br/>118/16 120/21 123/5<br/>125/7 125/10 127/24<br/>146/13 146/22 153/19<br/>159/8 159/15 167/21<br/>183/12 183/15</p> <p><b>paragraph 10</b> [1]<br/>61/7</p> <p><b>paragraph 107</b> [1]</p> | <p>84/16</p> <p><b>paragraph 140</b> [2]<br/>159/8 159/15</p> <p><b>paragraph 17</b> [1]<br/>41/9</p> <p><b>paragraph 175</b> [1]<br/>28/17</p> <p><b>paragraph 177</b> [1]<br/>50/13</p> <p><b>paragraph 187</b> [1]<br/>54/5</p> <p><b>paragraph 231</b> [2]<br/>5/11 47/24</p> <p><b>paragraph 248</b> [1]<br/>5/6</p> <p><b>paragraph 352</b> [1]<br/>146/13</p> <p><b>paragraph 353</b> [1]<br/>153/19</p> <p><b>paragraph 432</b> [1]<br/>118/16</p> <p><b>paragraph 470</b> [1]<br/>120/21</p> <p><b>paragraph 529</b> [1]<br/>183/12</p> <p><b>paragraph 544</b> [1]<br/>6/13</p> <p><b>paragraph 56</b> [1]<br/>62/14</p> <p><b>paragraph 62</b> [1]<br/>99/11</p> <p><b>paragraph 69</b> [1]<br/>103/22</p> <p><b>paragraph 7</b> [2]<br/>31/17 42/12</p> <p><b>paragraphs</b> [1] 57/10</p> <p><b>paragraphs 7</b> [1]<br/>57/10</p> <p><b>parallel</b> [1] 175/10</p> <p><b>parameters</b> [2] 141/8<br/>141/11</p> <p><b>Parliamentary</b> [1]<br/>41/15</p> <p><b>part</b> [36] 17/11 17/25<br/>22/1 27/15 27/25<br/>33/12 34/21 35/12<br/>37/12 39/20 39/24<br/>42/8 44/3 49/14 56/7<br/>70/13 74/2 74/9 74/14<br/>75/11 77/9 78/14<br/>78/21 85/6 97/3 98/9<br/>120/18 134/24 137/8<br/>153/6 158/25 167/21<br/>173/22 175/23 177/3<br/>197/1</p> <p><b>participants</b> [3] 54/7<br/>116/15 168/25</p> <p><b>participation</b> [2]<br/>54/12 54/19</p> <p><b>particular</b> [22] 6/1<br/>12/17 56/17 59/9<br/>80/24 87/3 87/8 103/3<br/>106/12 115/3 119/25<br/>122/1 122/2 124/17<br/>135/5 154/22 154/25<br/>155/21 156/5 159/4</p> | <p>181/3 197/14</p> <p><b>particularly</b> [16]<br/>13/17 35/2 35/12 36/4<br/>36/8 37/9 63/5 65/13<br/>120/12 131/23 142/20<br/>155/1 156/24 157/20<br/>158/12 197/17</p> <p><b>partly</b> [1] 42/14</p> <p><b>partner's</b> [1] 128/5</p> <p><b>partners</b> [1] 17/1</p> <p><b>partnership</b> [4] 9/7<br/>115/15 138/16 139/2</p> <p><b>parts</b> [1] 109/16</p> <p><b>pass</b> [1] 154/16</p> <p><b>passage</b> [2] 180/15<br/>180/24</p> <p><b>past</b> [8] 31/19 31/25<br/>41/18 56/15 102/2<br/>103/4 113/14 113/16</p> <p><b>patient</b> [124] 15/16<br/>16/24 17/8 17/22 18/1<br/>22/15 22/20 23/16<br/>23/17 24/16 25/22<br/>26/18 26/21 29/2 29/9<br/>32/4 36/13 37/2 37/20<br/>38/20 39/9 44/15 45/6<br/>45/10 45/23 46/4<br/>46/24 52/6 52/13<br/>52/15 54/6 54/7 54/12<br/>54/13 54/18 56/12<br/>58/8 58/25 59/6 62/18<br/>64/19 66/9 66/25<br/>67/15 67/20 67/21<br/>71/5 75/17 75/20<br/>75/20 75/22 76/3 76/7<br/>76/12 78/16 79/12<br/>79/21 80/3 80/4 80/6<br/>80/9 80/10 80/11<br/>80/12 80/15 80/20<br/>80/21 80/23 81/10<br/>81/18 82/1 84/20<br/>84/23 84/24 89/14<br/>109/9 112/6 112/18<br/>112/24 113/4 113/8<br/>113/19 113/24 117/21<br/>119/7 122/20 130/24<br/>131/15 139/15 142/3<br/>142/19 144/16 145/14<br/>147/10 147/10 148/3<br/>152/15 157/10 157/12<br/>158/18 160/6 164/20<br/>166/21 166/23 167/22<br/>167/25 171/2 172/15<br/>173/4 177/12 178/6<br/>179/5 180/11 182/15<br/>186/11 186/12 186/13<br/>186/17 187/13 187/16<br/>188/17 188/23 188/25<br/>190/21</p> <p><b>patient's</b> [15] 22/24<br/>25/9 45/14 50/2 62/19<br/>62/20 74/18 74/21<br/>75/21 80/16 84/21<br/>139/14 141/13 142/7<br/>157/23</p> <p><b>patient/carer</b> [1]</p> |
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| <b>patient/carer... [1]</b><br>89/14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 13/24 38/10 76/21<br>95/17 95/19 122/10<br>128/13 145/21 146/22<br>161/5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>pick [7]</b> 29/14 65/21<br>97/21 105/18 170/10<br>181/3 187/20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| <b>patients [87]</b> 11/13<br>11/25 12/2 13/14<br>13/17 14/10 25/8<br>25/19 27/10 32/18<br>32/22 33/1 37/11 39/6<br>43/4 47/5 49/20 50/3<br>55/1 56/15 57/25<br>64/22 69/3 73/5 73/10<br>75/23 76/14 76/17<br>77/2 77/11 77/12<br>77/18 77/24 79/7 79/8<br>79/15 79/25 81/3<br>82/13 83/3 83/5 85/8<br>87/11 88/8 88/9 88/12<br>88/15 89/2 91/23<br>98/24 102/24 113/18<br>114/4 141/23 143/22<br>144/22 145/4 147/23<br>154/13 155/5 155/15<br>155/17 155/22 156/2<br>156/6 156/7 156/15<br>156/17 156/23 157/6<br>157/18 157/19 158/1<br>158/18 158/20 159/20<br>159/21 159/25 172/6<br>172/8 177/5 177/23<br>178/9 185/19 189/19<br>196/20 196/21 | <b>period [22]</b> 9/12 11/8<br>35/4 36/12 41/22<br>55/18 58/16 58/19<br>68/22 85/17 98/6<br>124/8 155/6 162/21<br>164/2 165/22 172/17<br>173/3 178/24 184/5<br>184/13 191/17<br><b>periods [4]</b> 132/3<br>132/5 161/6 163/1<br><b>person [31]</b> 36/21<br>37/4 38/10 41/19 58/1<br>67/16 76/18 90/24<br>120/4 122/1 122/8<br>143/23 144/19 157/15<br>158/15 158/19 178/14<br>178/20 187/1 188/5<br>188/6 188/8 188/22<br>189/10 189/12 189/24<br>190/3 190/5 190/9<br>195/17 195/19<br><b>person-centred [1]</b><br>58/1<br><b>person-identifiable<br/>[1]</b> 37/4<br><b>personal [14]</b> 119/25<br>120/3 120/6 120/11<br>120/15 121/5 121/20<br>123/8 124/22 125/13<br>125/14 125/23 128/14<br>129/3<br><b>personalisation [1]</b><br>74/19<br><b>personalised [5]</b><br>62/22 66/8 74/21<br>74/24 139/14<br><b>personally [2]</b> 33/22<br>192/15<br><b>perspective [8]</b> 27/1<br>40/9 41/3 104/22<br>108/2 122/22 161/2<br>169/4<br><b>pertains [1]</b> 84/13<br><b>phase [3]</b> 15/17<br>134/4 174/17<br><b>photographs [1]</b><br>23/20<br><b>PHSO [20]</b> 40/1 41/7<br>41/15 42/13 43/1<br>43/22 44/3 44/8 44/10<br>45/3 46/7 47/3 47/14<br>52/19 53/10 60/17<br>63/6 68/18 93/12<br>94/14<br><b>PHSO's [2]</b> 42/14<br>44/5<br><b>physical [10]</b> 7/25<br>17/3 37/10 37/25 38/5<br>121/10 146/2 152/1<br>190/13 197/18<br><b>physically [3]</b> 144/22<br>145/5 157/10 | <b>picked [1]</b> 142/6<br><b>picking [3]</b> 26/14<br>157/3 168/11<br><b>picks [3]</b> 75/4 143/4<br>144/7<br><b>picture [2]</b> 22/23<br>91/15<br><b>piece [8]</b> 27/14 68/4<br>97/22 98/2 99/6 116/3<br>132/19 178/1<br><b>pieces [1]</b> 111/25<br><b>pilot [16]</b> 6/16 6/17<br>11/18 133/21 134/4<br>136/13 136/16 164/9<br>174/8 174/9 174/17<br>175/17 194/14 194/16<br>194/19 194/22<br><b>piste [1]</b> 37/8<br><b>pixelated [1]</b> 23/17<br><b>place [23]</b> 30/21 37/3<br>48/24 49/10 49/12<br>54/4 58/7 59/2 63/1<br>64/7 64/21 66/9 67/10<br>79/3 133/22 134/25<br>137/20 155/7 155/14<br>155/19 165/12 167/13<br>195/11<br><b>placed [1]</b> 153/2<br><b>places [4]</b> 143/18<br>149/1 154/13 155/3<br><b>plainly [1]</b> 59/15<br><b>plan [29]</b> 21/13 30/5<br>30/7 30/21 44/16 50/8<br>52/24 55/14 55/15<br>55/16 62/19 62/22<br>66/13 67/4 74/22<br>74/24 75/11 77/9 79/1<br>84/22 104/9 104/17<br>106/8 134/5 136/18<br>139/14 162/17 175/17<br>182/17<br><b>plan' [1]</b> 50/9<br><b>planned [1]</b> 178/19<br><b>planning [2]</b> 75/3<br>191/23<br><b>plans [3]</b> 31/2 52/16<br>84/20<br><b>platform [4]</b> 76/10<br>84/17 99/1 134/19<br><b>platforms [1]</b> 161/15<br><b>play [2]</b> 99/15 101/20<br><b>played [1]</b> 188/3<br><b>plays [1]</b> 24/15<br><b>please [51]</b> 2/19 6/7<br>9/15 11/2 19/3 24/9<br>30/17 38/3 40/8 41/11<br>41/14 44/9 48/14<br>48/15 48/21 49/7 49/9<br>50/25 54/1 56/6 57/4<br>60/12 60/16 63/21<br>65/11 71/25 74/10<br>74/14 77/19 79/24<br>84/10 88/18 89/7 | <b>pleased [1]</b> 2/1<br><b>plots [1]</b> 144/12<br><b>plugging [1]</b> 138/18<br><b>plus [1]</b> 181/15<br><b>pm [7]</b> 111/15 111/17<br>160/15 160/17 191/2<br>191/4 198/5<br><b>point [62]</b> 2/4 11/20<br>38/14 53/9 56/21 59/9<br>59/15 65/21 74/18<br>75/16 76/6 77/7 80/14<br>91/1 91/12 91/13 94/9<br>94/12 95/1 97/10<br>102/5 105/4 107/18<br>108/7 113/15 113/20<br>114/8 123/6 123/9<br>124/17 124/17 127/17<br>129/25 130/6 130/13<br>140/7 140/24 144/5<br>144/9 145/23 151/8<br>151/9 158/10 161/21<br>165/14 167/5 168/4<br>169/16 170/18 170/20<br>171/3 171/8 171/15<br>171/16 173/8 174/1<br>174/14 174/18 176/11<br>181/1 187/15 190/10<br><b>pointing [3]</b> 77/22<br>150/7 165/7<br><b>points [24]</b> 5/15 27/5<br>39/1 46/5 55/9 55/11<br>58/11 59/16 75/4 76/1<br>79/23 96/6 96/19 98/4<br>109/5 122/19 164/7<br>165/3 169/13 170/7<br>170/11 181/18 181/25<br>190/15<br><b>policies [7]</b> 92/19<br>102/7 102/20 192/21<br>196/11 196/15 196/23<br><b>policy [3]</b> 79/11<br>136/10 193/15<br><b>poor [3]</b> 95/12 97/25<br>153/18<br><b>populating [1]</b><br>149/24<br><b>populations [2]</b><br>145/6 146/3<br><b>position [11]</b> 48/4<br>66/20 94/19 94/24<br>112/11 117/9 120/23<br>127/7 127/17 150/13<br>179/2<br><b>positive [3]</b> 87/6 87/7<br>180/22<br><b>possibility [6]</b> 17/8<br>18/8 26/16 91/4<br>119/13 122/18<br><b>possible [19]</b> 1/19<br>17/20 39/16 46/4 | <b>possibly [4]</b> 65/5<br>91/22 91/23 154/14<br><b>poster [11]</b> 21/25<br>22/5 23/9 24/8 24/12<br>24/13 24/23 24/25<br>25/6 119/3 119/13<br><b>posters [1]</b> 29/6<br><b>posts [1]</b> 161/7<br><b>potential [10]</b> 64/17<br>73/8 76/25 78/4 78/6<br>109/14 135/2 137/21<br>178/16 179/19<br><b>potentially [3]</b> 36/18<br>69/7 132/19<br><b>pounds [4]</b> 183/2<br>184/3 184/16 184/19<br><b>power [1]</b> 162/19<br><b>powered [5]</b> 162/7<br>162/20 163/20 163/23<br>166/11<br><b>powerful [1]</b> 118/1<br><b>powers [4]</b> 37/22<br>39/2 39/14 108/4<br><b>practicable [1]</b> 61/20<br><b>practicably [1]</b> 46/4<br><b>practical [1]</b> 127/8<br><b>practically [1]</b> 46/18<br><b>practice [36]</b> 12/13<br>27/16 33/21 35/12<br>39/15 43/14 50/15<br>50/23 58/21 65/14<br>66/14 69/8 83/4 83/6<br>84/18 85/10 85/11<br>85/13 94/21 105/1<br>106/11 106/13 109/15<br>115/17 117/1 135/7<br>136/3 141/23 156/6<br>158/16 162/2 162/3<br>162/15 164/17 168/25<br>192/2<br><b>practices [2]</b> 52/20<br>108/22<br><b>pre [1]</b> 57/14<br><b>pre-dates [1]</b> 57/14<br><b>precise [4]</b> 86/10<br>183/3 183/22 194/8<br><b>precisely [2]</b> 72/14<br>195/10<br><b>predict [1]</b> 158/23<br><b>prefer [1]</b> 2/2<br><b>premise [1]</b> 173/14<br><b>prepared [2]</b> 56/3<br>56/7<br><b>preparing [1]</b> 196/12<br><b>presence [1]</b> 146/14<br><b>present [11]</b> 1/24 5/3<br>12/13 17/20 20/19<br>20/22 20/22 21/2 21/8<br>69/13 185/22<br><b>presentation [1]</b> 89/4<br><b>presentations [1]</b> |

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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| <p><b>P</b></p> <p><b>presentations... [1]</b> 73/4</p> <p><b>presented [2]</b> 129/8 152/24</p> <p><b>pressing [1]</b> 174/8</p> <p><b>pressure [6]</b> 105/21 105/23 106/3 106/20 174/2 175/20</p> <p><b>presumably [1]</b> 46/23</p> <p><b>pretty [1]</b> 141/22</p> <p><b>prevent [2]</b> 136/21 152/12</p> <p><b>prevented [6]</b> 161/10 161/16 161/18 167/5 167/9 185/23</p> <p><b>Prevention [1]</b> 56/14</p> <p><b>prevents [2]</b> 109/14 125/8</p> <p><b>previous [12]</b> 1/17 4/14 15/15 19/25 32/3 55/22 59/25 68/17 185/9 191/9 191/10 196/15</p> <p><b>previously [9]</b> 2/20 17/10 47/25 52/18 73/14 107/21 114/11 130/21 154/9</p> <p><b>primary [1]</b> 38/15</p> <p><b>principal [1]</b> 48/13</p> <p><b>principally [1]</b> 170/1</p> <p><b>principle [4]</b> 36/3 40/23 123/13 138/15</p> <p><b>principles [4]</b> 20/7 39/3 59/25 74/6</p> <p><b>printed [1]</b> 127/4</p> <p><b>prior [4]</b> 10/14 93/4 132/11 134/1</p> <p><b>priorities [1]</b> 104/5</p> <p><b>prioritise [1]</b> 15/19</p> <p><b>privacy [19]</b> 24/18 25/12 25/13 25/16 25/21 34/5 54/10 55/4 61/12 73/8 79/16 108/17 128/6 193/25 194/2 194/4 194/6 194/10 196/16</p> <p><b>pro [1]</b> 66/3</p> <p><b>probably [23]</b> 11/18 27/3 64/20 65/10 65/17 76/23 110/19 116/21 122/22 142/7 142/21 145/3 145/7 146/1 147/24 153/13 164/11 166/25 167/1 169/25 181/8 185/21 185/25</p> <p><b>problem [2]</b> 91/1 96/23</p> <p><b>problems [4]</b> 11/14 52/18 136/21 173/10</p> <p><b>procedure [14]</b> 20/8 30/12 31/1 31/8 34/14 49/11 63/8 67/18 68/18 75/24 89/22 182/7 182/10 182/14</p> <p><b>procedures [4]</b> 92/20 102/7 192/13 196/23</p> <p><b>proceed [3]</b> 12/3 175/10 175/25</p> <p><b>Proceedings [1]</b> 1/3</p> <p><b>process [37]</b> 14/11 18/10 28/7 31/2 42/2 49/15 53/25 54/17 56/5 60/18 62/15 62/25 63/20 67/18 69/20 71/16 71/19 81/24 90/19 90/20 95/18 95/21 108/25 112/20 113/22 113/25 114/9 114/11 116/22 133/14 136/5 151/2 151/17 152/20 165/22 185/6 197/5</p> <p><b>process-controlled [1]</b> 151/2</p> <p><b>processed [1]</b> 119/20</p> <p><b>processes [14]</b> 34/6 37/3 48/24 49/12 50/14 50/21 55/3 58/7 60/9 69/25 93/17 93/24 113/12 196/8</p> <p><b>procure [1]</b> 111/6</p> <p><b>procured [2]</b> 18/7 167/16</p> <p><b>procurement [2]</b> 106/2 168/9</p> <p><b>produce [1]</b> 44/16</p> <p><b>produced [2]</b> 54/22 186/8</p> <p><b>produces [2]</b> 79/9 143/2</p> <p><b>product [15]</b> 16/15 17/11 26/25 85/5 137/15 138/1 138/21 138/23 139/4 139/6 139/7 147/5 147/6 148/3 177/17</p> <p><b>production [2]</b> 162/13 173/9</p> <p><b>products [1]</b> 106/12</p> <p><b>professional [6]</b> 43/2 78/11 91/9 92/18 92/19 102/13</p> <p><b>professionally [2]</b> 102/6 157/12</p> <p><b>professionals [2]</b> 43/9 94/21</p> <p><b>Professor [4]</b> 20/17 72/13 73/3 73/13</p> <p><b>Professor Donnelly [1]</b> 20/17</p> <p><b>Professor Nolan [2]</b> 72/13 73/13</p> <p><b>Professor Nolan's [1]</b> 73/3</p> <p><b>profile [1]</b> 36/18</p> <p><b>programme [5]</b> 15/18 15/23 16/23 175/1</p> | <p>177/19</p> <p><b>project [17]</b> 79/5 82/20 82/21 83/12 83/17 84/1 101/7 101/8 138/13 171/21 175/7 180/16 180/25 181/9 181/10 181/14 181/15</p> <p><b>prompt [2]</b> 190/8 190/22</p> <p><b>prompts [6]</b> 77/10 77/12 77/23 78/20 79/3 79/11</p> <p><b>proper [2]</b> 82/24 106/1</p> <p><b>properly [11]</b> 78/9 78/10 78/12 83/12 91/10 95/6 96/2 138/19 138/20 186/15 196/22</p> <p><b>proportionate [1]</b> 101/3</p> <p><b>proposed [1]</b> 170/23</p> <p><b>pros [4]</b> 64/12 64/14 66/5 141/1</p> <p><b>protect [2]</b> 37/3 137/12</p> <p><b>protecting [1]</b> 37/2</p> <p><b>protection [17]</b> 118/8 118/12 118/14 119/23 120/13 122/16 123/24 126/18 127/18 127/24 128/1 128/3 128/6 128/8 128/11 129/9 129/11</p> <p><b>provide [27]</b> 2/20 6/20 7/18 44/1 48/23 71/6 83/19 83/21 85/9 95/3 100/13 107/19 116/18 118/14 130/16 136/8 136/9 148/9 160/2 161/11 162/24 162/25 165/20 166/5 177/9 178/23 183/8</p> <p><b>provided [35]</b> 2/18 2/23 3/11 3/17 3/22 4/2 5/25 6/6 7/3 7/15 7/24 9/3 15/4 15/10 16/19 19/21 23/22 25/8 33/8 57/25 78/14 85/16 91/6 92/2 116/10 118/13 128/15 128/18 128/19 130/7 133/7 188/4 192/8 196/10 197/2</p> <p><b>provider [9]</b> 104/24 107/3 108/2 108/3 110/16 111/5 111/5 130/19 138/17</p> <p><b>providers [6]</b> 108/19 108/20 109/11 110/8 110/20 138/15</p> <p><b>provides [5]</b> 62/23 139/13 159/24 180/9 195/6</p> <p><b>providing [3]</b> 51/2</p> | <p>83/11 181/14</p> <p><b>provision [1]</b> 103/24</p> <p><b>provisions [1]</b> 46/10</p> <p><b>provocative [1]</b> 158/20</p> <p><b>pseudonymised [3]</b> 122/17 123/7 187/15</p> <p><b>psychiatrist [6]</b> 11/11 11/24 12/6 12/8 12/18 13/8</p> <p><b>Psychiatrists [2]</b> 12/22 70/14</p> <p><b>psychiatry [1]</b> 12/20</p> <p><b>psychologists [1]</b> 166/4</p> <p><b>public [3]</b> 25/18 104/20 184/20</p> <p><b>publication [4]</b> 20/7 34/15 115/9 191/21</p> <p><b>publications [1]</b> 104/16</p> <p><b>publicly [1]</b> 185/18</p> <p><b>publish [1]</b> 72/20</p> <p><b>published [3]</b> 48/6 93/5 115/13</p> <p><b>pulse [7]</b> 22/18 65/16 130/22 139/17 141/8 142/8 146/1</p> <p><b>purely [1]</b> 193/7</p> <p><b>purple [1]</b> 2/3</p> <p><b>purpose [15]</b> 56/4 87/17 87/23 97/20 125/6 130/12 131/16 145/17 148/8 179/18 186/7 186/16 188/12 188/15 191/11</p> <p><b>purposes [8]</b> 2/19 2/23 4/19 5/3 17/20 33/21 41/20 126/15</p> <p><b>put [44]</b> 28/23 30/21 34/24 37/18 42/9 48/15 51/18 56/6 63/1 63/22 64/6 74/11 79/2 82/5 83/4 86/11 88/18 89/7 89/10 91/7 91/11 100/2 100/10 108/25 112/5 114/14 114/24 120/20 124/20 131/12 131/20 134/3 137/20 140/25 148/12 155/18 165/11 167/11 170/13 170/19 171/16 178/12 178/13 192/2</p> <p><b>puts [1]</b> 59/2</p> <p><b>putting [2]</b> 145/13 195/17</p> | <p>31/4 52/7 84/18 92/14 97/11 97/13 104/3 104/6 104/22 107/5 108/3 156/9 162/3 162/9 162/14 164/1 165/17 165/20 166/2 166/4 177/14 177/16 177/17 179/13 179/25 180/1 180/7 180/19</p> <p><b>quantitative [1]</b> 153/20</p> <p><b>question [39]</b> 13/23 13/24 25/2 27/8 40/14 42/18 57/16 57/17 58/14 60/1 65/11 67/24 72/14 90/18 94/2 97/17 100/4 100/11 101/11 101/21 105/13 109/18 109/23 112/4 114/17 137/13 137/15 137/20 140/15 153/1 153/6 153/12 154/8 154/24 176/19 182/23 185/14 186/6 192/20</p> <p><b>questioned [4]</b> 2/12 35/23 158/11 199/5</p> <p><b>questioning [2]</b> 89/25 181/23</p> <p><b>questions [37]</b> 8/3 19/13 28/1 40/18 41/10 42/5 47/19 57/11 60/23 61/3 73/24 84/11 85/8 86/23 86/24 88/23 89/13 90/8 103/2 105/17 105/20 115/1 118/9 126/17 140/8 149/8 149/9 149/13 160/10 167/15 170/1 186/2 186/4 190/25 191/6 197/20 197/22</p> <p><b>quick [1]</b> 130/13</p> <p><b>quicker [2]</b> 162/16 169/11</p> <p><b>quickly [3]</b> 21/24 126/3 181/20</p> <p><b>quieter [1]</b> 147/24</p> <p><b>quite [23]</b> 12/14 20/10 35/2 35/8 36/9 36/15 38/21 39/12 55/21 95/20 103/2 112/10 118/14 127/4 134/14 141/16 142/13 145/5 154/24 156/4 181/20 185/17 192/22</p> <p><b>quote [1]</b> 134/22</p> <p><b>quoted [1]</b> 31/16</p> | <p><b>R</b></p> <p><b>raise [4]</b> 24/19 31/13 107/7 115/7</p> <p><b>raised [15]</b> 11/25 20/5 31/24 54/10 55/8 55/11 138/9 138/12 138/13 168/7 170/7</p> |
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| <b>R</b><br><b>raised...</b> [4] 176/10<br>179/16 181/6 188/11<br><b>ran</b> [1] 183/1<br><b>randomised</b> [1]<br>110/12<br><b>range</b> [7] 20/2 61/13<br>107/4 141/16 142/2<br>146/3 170/23<br><b>rapid</b> [17] 53/8 60/14<br>60/23 61/5 61/8 62/11<br>62/16 63/8 63/23<br>66/13 67/12 68/18<br>68/21 96/10 140/23<br>142/16 142/20<br><b>rapidity</b> [1] 68/24<br><b>rapidly</b> [1] 142/12<br><b>rate</b> [12] 22/13 22/13<br>23/11 65/16 65/16<br>130/23 141/16 141/19<br>145/20 145/22 145/22<br>146/1<br><b>rated</b> [1] 165/15<br><b>rates</b> [4] 22/19<br>139/18 141/9 150/6<br><b>rather</b> [28] 17/9<br>27/14 34/10 38/24<br>60/8 67/15 67/24<br>78/18 82/11 97/1<br>97/19 97/21 99/4<br>102/25 111/13 123/2<br>127/13 138/4 139/6<br>142/24 145/23 151/9<br>161/3 167/17 172/10<br>174/8 180/16 181/2<br><b>rationale</b> [1] 170/22<br><b>raw</b> [2] 119/10<br>119/18<br><b>re</b> [6] 4/19 44/11<br>96/11 121/14 122/7<br>122/18<br><b>re-audits</b> [2] 4/19<br>96/11<br><b>re-identification</b> [2]<br>121/14 122/18<br><b>re-identify</b> [1] 122/7<br><b>re-review</b> [1] 44/11<br><b>reach</b> [1] 68/24<br><b>reached</b> [5] 53/16<br>84/5 123/3 131/23<br>131/25<br><b>react</b> [1] 188/1<br><b>read</b> [19] 6/5 21/10<br>44/9 49/9 57/21 64/16<br>74/14 78/18 87/19<br>116/9 116/11 116/14<br>120/22 123/5 127/23<br>134/23 159/13 180/14<br>181/24<br><b>reading</b> [5] 27/15<br>49/5 81/9 131/12<br>188/24<br><b>readings</b> [7] 131/5<br>131/15 132/13 132/16<br>141/11 141/14 145/2 | <b>reads</b> [1] 6/14<br><b>ready</b> [1] 158/23<br><b>real</b> [3] 17/2 93/1<br>93/25<br><b>really</b> [33] 26/25 27/8<br>27/8 31/17 58/14<br>71/20 96/10 97/13<br>97/24 97/25 100/14<br>107/11 113/21 118/4<br>129/16 137/14 138/3<br>142/12 142/12 147/9<br>151/19 153/1 155/17<br>158/17 164/25 171/14<br>173/6 173/23 179/15<br>180/24 181/5 193/2<br>193/4<br><b>reason</b> [12] 14/15<br>15/14 40/3 53/6 101/6<br>132/23 145/1 151/12<br>154/15 156/11 168/8<br>168/8<br><b>reasonable</b> [5] 31/22<br>95/14 95/16 111/21<br>151/8<br><b>reasonably</b> [2] 38/8<br>121/14<br><b>reasons</b> [7] 30/10<br>59/6 96/9 105/14<br>155/16 156/1 156/18<br><b>rebranding</b> [1] 8/11<br><b>recall</b> [3] 131/6 174/6<br>175/20<br><b>receive</b> [3] 23/14<br>69/19 69/22<br><b>received</b> [11] 19/24<br>49/18 52/23 54/25<br>70/2 82/18 98/6 116/6<br>116/19 176/5 192/24<br><b>receiving</b> [1] 69/4<br><b>recent</b> [12] 6/6 15/9<br>22/1 28/18 40/1 43/18<br>44/21 47/14 47/20<br>112/5 139/11 191/7<br><b>recently</b> [7] 3/11 3/22<br>5/25 107/10 116/5<br>134/14 170/4<br><b>Recital</b> [3] 122/9<br>122/12 123/15<br><b>Recital 26</b> [1] 122/12<br><b>reclaimable</b> [1]<br>183/16<br><b>recognisable</b> [1]<br>142/18<br><b>recognise</b> [1] 193/22<br><b>recognises</b> [2] 31/18<br>62/10<br><b>recognising</b> [2]<br>152/2 193/21<br><b>recollection</b> [2] 33/2<br>132/5<br><b>recommend</b> [2]<br>61/15 61/19<br><b>recommendation</b> [5]<br>35/19 37/7 40/7<br>109/22 110/23<br><b>recommendations</b><br>[9] 61/25 62/2 69/11 | 70/5 71/14 71/18<br>71/20 71/22 108/11<br><b>recommended</b> [5]<br>44/10 62/15 64/8<br>66/15 66/17<br><b>reconsider</b> [1] 34/9<br><b>reconvene</b> [1] 198/3<br><b>record</b> [24] 15/17<br>16/24 17/8 17/22 18/1<br>26/10 27/1 27/13 29/3<br>29/4 29/9 42/23 44/18<br>95/13 95/18 98/24<br>100/24 101/2 102/10<br>102/18 102/19 135/24<br>161/10 197/1<br><b>record-keeping</b> [3]<br>44/18 95/13 95/18<br><b>recorded</b> [7] 28/24<br>31/8 34/19 84/24<br>88/23 101/3 150/14<br><b>recording</b> [7] 25/10<br>25/22 34/11 78/15<br>79/19 133/1 194/3<br><b>recordings</b> [2] 43/4<br>43/10<br><b>Recordkeeping</b> [1]<br>52/12<br><b>records</b> [5] 29/1<br>52/13 80/6 102/19<br>121/9<br><b>recovery</b> [1] 157/1<br><b>red</b> [1] 55/7<br><b>reduce</b> [2] 137/21<br>165/1<br><b>reduced</b> [4] 12/13<br>140/1 140/17 170/24<br><b>reduces</b> [1] 179/3<br><b>reduction</b> [4] 45/18<br>115/18 146/11 178/19<br><b>refer</b> [17] 3/8 3/20<br>4/6 8/10 8/14 8/19<br>27/3 46/11 54/2 54/4<br>54/11 85/22 86/9<br>122/23 133/13 196/14<br>196/16<br><b>reference</b> [14] 5/13<br>21/25 22/3 43/18<br>44/12 46/15 59/16<br>65/6 89/22 117/16<br>122/19 125/17 132/3<br>151/13<br><b>referenced</b> [3]<br>104/17 115/23 117/18<br><b>references</b> [3] 2/5<br>171/3 180/19<br><b>referred</b> [21] 4/13 6/9<br>6/24 13/11 23/4 34/7<br>43/1 46/6 59/23 60/14<br>70/8 85/24 95/9 99/21<br>100/6 107/13 112/10<br>115/3 115/6 115/21<br>119/13<br><b>referring</b> [12] 8/9<br>50/17 72/8 115/19<br>122/24 123/1 128/24<br>129/1 132/24 135/20 | 197/12 197/16<br><b>refers</b> [4] 24/18<br>24/18 29/15 134/15<br><b>reflect</b> [3] 40/21<br>169/7 184/17<br><b>reflected</b> [5] 40/24<br>116/22 124/4 162/2<br>167/24<br><b>reflecting</b> [1] 193/22<br><b>reflection</b> [3] 135/8<br>135/12 136/7<br><b>reflects</b> [4] 52/18<br>84/25 88/21 105/6<br><b>refocus</b> [1] 61/15<br><b>refresh</b> [1] 21/24<br><b>refuse</b> [1] 45/9<br><b>refused</b> [2] 29/2<br>112/6<br><b>refuses</b> [1] 82/2<br><b>refusing</b> [1] 71/6<br><b>regard</b> [18] 32/10<br>32/16 33/17 59/19<br>93/7 104/16 104/18<br>104/21 104/25 105/14<br>106/1 106/16 106/18<br>106/21 116/4 117/23<br>159/4 160/24<br><b>regarding</b> [3] 44/15<br>61/11 84/21<br><b>region</b> [1] 116/7<br><b>regional</b> [2] 105/7<br>105/10<br><b>regionally</b> [1] 106/22<br><b>registers</b> [1] 171/21<br><b>regular</b> [1] 89/2<br><b>regularly</b> [4] 50/6<br>84/23 107/3 194/23<br><b>regulate</b> [1] 104/24<br><b>regulates</b> [2] 9/22<br>108/3<br><b>regulator</b> [1] 108/2<br><b>regulators</b> [1] 31/23<br><b>regulators'</b> [1]<br>116/18<br><b>rejecting</b> [1] 129/17<br><b>relate</b> [8] 4/14 6/1 8/4<br>37/24 41/20 41/24<br>85/19 94/14<br><b>related</b> [8] 51/7 71/25<br>73/11 114/15 126/7<br>141/2 179/17 196/25<br><b>relates</b> [3] 88/4<br>122/13 151/23<br><b>relating</b> [6] 22/1<br>22/19 118/11 120/3<br>139/15 180/10<br><b>relation</b> [20] 7/19<br>9/21 24/11 27/23<br>29/15 29/17 29/18<br>50/7 52/19 54/8 68/20<br>79/24 84/3 88/5 94/2<br>149/11 161/4 169/19<br>179/8 193/13<br><b>relationship</b> [2]<br>139/3 147/8<br><b>relatively</b> [5] 32/21 | 144/18 145/8 147/24<br>164/2<br><b>relatives</b> [1] 76/8<br><b>released</b> [1] 67/11<br><b>releasing</b> [1] 179/6<br><b>relevant</b> [15] 2/6 2/18<br>14/19 19/24 28/6 29/2<br>32/16 40/15 44/14<br>49/18 54/2 61/22<br>118/19 176/7 197/12<br><b>reliable</b> [2] 96/5<br>162/8<br><b>reliably</b> [1] 195/13<br><b>relies</b> [1] 92/12<br><b>rely</b> [4] 34/21 123/14<br>129/9 196/14<br><b>remain</b> [4] 51/11<br>51/14 80/12 160/10<br><b>remained</b> [1] 51/23<br><b>remaining</b> [1] 174/9<br><b>remains</b> [3] 52/12<br>121/14 121/15<br><b>remarks</b> [1] 33/1<br><b>remember</b> [12] 13/6<br>68/21 103/18 111/20<br>132/21 147/21 174/10<br>174/11 174/13 180/20<br>183/3 183/5<br><b>remembering</b> [1]<br>140/2<br><b>remind</b> [4] 1/22 40/2<br>47/24 169/15<br><b>reminded</b> [1] 67/14<br><b>reminds</b> [1] 113/13<br><b>remote</b> [12] 14/4<br>14/16 17/15 26/18<br>131/17 139/17 155/3<br>157/5 159/9 159/16<br>168/2 168/6<br><b>remotely</b> [5] 13/14<br>14/9 27/10 130/22<br>167/17<br><b>remove</b> [2] 108/5<br>177/18<br><b>repeated</b> [1] 34/8<br><b>replace</b> [2] 18/5<br>190/19<br><b>replacement</b> [3]<br>67/16 143/10 145/15<br><b>replaces</b> [1] 16/24<br><b>replicate</b> [2] 17/17<br>17/17<br><b>reply</b> [1] 28/9<br><b>report</b> [79] 18/17<br>21/10 28/14 28/23<br>28/24 29/15 30/3<br>30/19 31/12 42/13<br>51/2 51/11 52/24<br>52/25 53/5 53/8 56/2<br>56/4 56/7 56/25 56/25<br>57/4 57/7 57/9 57/22<br>58/12 60/17 63/7<br>63/23 63/23 68/18<br>69/14 69/15 69/17<br>69/19 69/22 69/24<br>70/1 70/19 72/6 72/11 |
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|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------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| <b>R</b> | <b>resident [1]</b> 166/3<br><b>residential [1]</b> 35/11<br><b>resolves [1]</b> 30/7<br><b>resorting [1]</b> 156/20<br><b>resource [2]</b> 77/16<br>177/24<br><b>resources [4]</b> 42/5<br>177/6 177/8 183/17<br><b>respect [5]</b> 105/3<br>106/17 125/20 151/16<br>187/11<br><b>respected [1]</b> 197/5<br><b>respects [1]</b> 56/15<br><b>respiratory [6]</b> 22/19<br>65/16 130/23 139/18<br>141/9 145/22<br><b>respond [1]</b> 28/3<br><b>responding [3]</b> 90/21<br>151/12 193/16<br><b>response [14]</b> 3/3<br>3/13 24/15 29/8 47/15<br>49/18 52/24 53/9 74/3<br>85/25 159/2 176/19<br>179/19 193/9<br><b>responses [2]</b> 54/25<br>98/8<br><b>responsibilities [2]</b><br>11/3 49/14<br><b>responsibility [7]</b><br>9/17 15/21 19/21<br>35/22 70/19 130/9<br>138/1<br><b>responsible [4]</b> 9/20<br>70/20 72/15 130/8<br><b>restorative [1]</b> 157/1<br><b>restrictive [4]</b> 159/9<br>159/12 159/16 159/23<br><b>result [5]</b> 66/20 87/6<br>87/7 92/5 92/21<br><b>resulting [2]</b> 115/18<br>149/2<br><b>results [9]</b> 58/21<br>85/10 92/4 92/4 95/24<br>115/7 136/16 150/16<br>164/10<br><b>retained [1]</b> 120/8<br><b>retains [1]</b> 19/20<br><b>retention [1]</b> 118/15<br><b>retract [1]</b> 150/17<br><b>return [3]</b> 91/15<br>103/15 175/4<br><b>returned [7]</b> 1/14<br>91/3 92/3 92/4 92/5<br>175/5 176/7<br><b>returning [1]</b> 94/1<br><b>returns [2]</b> 92/7<br>101/24<br><b>reveal [1]</b> 135/1<br><b>revealing [1]</b> 120/15<br><b>review [70]</b> 18/12<br>18/16 31/9 31/9 32/14<br>34/19 34/20 44/11<br>44/19 48/15 48/25<br>50/6 51/1 51/8 51/18<br>52/4 52/8 53/8 60/14<br>60/23 61/5 61/8 61/11<br>62/5 62/11 62/16 63/7<br>63/8 63/13 63/21<br>63/23 64/4 67/12 68/9<br>68/13 68/19 68/21<br>68/25 69/2 69/9 69/12<br>70/8 70/8 70/20 71/1<br>71/7 71/10 71/13<br>72/24 73/17 73/17<br>84/5 84/19 85/4 89/2<br>95/1 96/10 128/21<br>129/20 130/9 136/3<br>136/10 136/16 140/23<br>154/6 160/1 160/4<br>163/3 185/2 194/8<br><b>reviewed [13]</b> 20/20<br>20/21 20/23 21/3 46/5<br>85/10 128/3 129/6<br>148/16 154/4 162/8<br>170/21 192/23<br><b>reviewed it [1]</b> 20/20<br><b>reviewing [6]</b> 31/1<br>34/14 92/15 124/11<br>128/16 171/14<br><b>reviews [4]</b> 34/21<br>54/3 92/12 95/21<br><b>revised [1]</b> 50/14<br><b>revision [1]</b> 182/9<br><b>revisited [1]</b> 42/18<br><b>right [82]</b> 5/4 5/16<br>8/23 14/16 20/18 21/6<br>21/17 21/19 22/17<br>23/3 26/8 26/23 29/13<br>29/23 30/13 31/15<br>32/4 32/23 32/24 37/9<br>37/22 43/1 49/7 51/10<br>57/18 59/13 60/22<br>61/5 64/2 67/6 80/18<br>84/4 84/10 88/16<br>88/21 89/9 89/12<br>96/15 98/20 100/8<br>101/13 101/17 101/23<br>101/25 102/4 105/19<br>105/25 114/1 115/20<br>116/5 117/9 118/10<br>118/16 121/22 122/15<br>123/18 128/18 131/9<br>135/10 137/9 139/25<br>140/1 140/10 142/25<br>143/2 150/5 150/13<br>150/18 151/7 162/22<br>169/25 173/12 179/4<br>183/10 186/17 187/11<br>187/19 189/5 189/12<br>189/24 190/5 192/3<br><b>right-hand [4]</b> 49/7<br>150/5 150/13 150/18<br><b>rightly [1]</b> 25/2<br><b>rights [3]</b> 54/8 64/14<br>108/17<br><b>rigorous [1]</b> 145/21<br><b>rigour [1]</b> 168/4<br><b>risk [16]</b> 8/18 16/4<br>64/17 64/18 66/7<br>128/10 146/10 147/12<br>148/4 152/15 155/18<br>155/22 171/18 171/21<br>172/3 173/17<br><b>risks [7]</b> 52/8 65/5<br>138/25 155/4 171/22<br>171/23 172/1<br><b>risky [2]</b> 141/21<br>143/24<br><b>Rob [1]</b> 41/19<br><b>robust [2]</b> 165/18<br>166/7<br><b>role [24]</b> 9/3 9/10<br>9/15 9/21 9/25 10/1<br>10/3 10/6 10/14 10/15<br>11/2 11/5 11/6 12/12<br>12/14 14/18 15/24<br>33/24 36/24 99/15<br>101/20 129/13 154/22<br>169/18<br><b>roles [4]</b> 10/24 11/8<br>49/13 178/5<br><b>roll [3]</b> 134/5 175/19<br>194/19<br><b>rolled [13]</b> 6/15 8/24<br>11/1 11/7 11/10 11/17<br>13/21 14/13 136/14<br>174/16 194/21 195/5<br>197/10<br><b>rollout [22]</b> 13/19<br>13/25 14/2 14/24 20/5<br>161/5 163/15 164/9<br>167/15 169/14 169/17<br>169/18 169/22 170/10<br>174/2 174/20 174/22<br>175/23 176/4 179/8<br>181/23 182/1<br><b>room [24]</b> 1/20 23/10<br>23/13 23/16 23/17<br>41/25 122/1 139/20<br>139/22 173/16 175/13<br>187/1 187/5 187/17<br>188/5 188/6 189/1<br>189/11 189/14 189/16<br>189/23 189/25 190/3<br>190/6<br><b>rooms [2]</b> 87/12<br>155/22<br><b>Rose [1]</b> 193/20<br><b>rosy [1]</b> 91/15<br><b>routine [1]</b> 158/11<br><b>routinely [2]</b> 102/14<br>152/20<br><b>Royal [2]</b> 12/21 70/14<br><b>Rule [3]</b> 3/3 3/13 3/23<br><b>Rule 9 [1]</b> 3/23<br><b>rules [1]</b> 120/6<br><b>run [2]</b> 163/10 197/5<br><b>running [3]</b> 4/4 12/13<br>119/16<br><b>Ruskin [1]</b> 72/2 | 58/25 58/25 58/25<br>59/6 64/17 65/5 73/9<br>79/21 92/14 104/3<br>109/14 117/22 136/15<br>138/24 143/18 149/1<br>152/2 154/13 155/7<br>164/20 167/22 167/25<br>171/2 171/5 171/5<br>179/5<br><b>said [73]</b> 3/20 5/19<br>14/3 15/15 21/7 26/15<br>27/19 29/24 31/16<br>31/20 32/20 33/10<br>41/7 42/2 46/22 47/4<br>51/16 55/20 56/25<br>60/6 63/25 65/23<br>72/21 73/20 75/15<br>78/11 78/24 88/12<br>89/19 90/15 90/21<br>91/2 93/3 93/18 94/11<br>98/24 99/2 101/8<br>103/15 105/18 106/12<br>117/13 133/20 136/12<br>136/12 140/21 141/4<br>147/7 150/15 151/18<br>151/23 158/9 163/12<br>164/16 164/17 164/18<br>165/18 166/20 167/3<br>168/15 170/3 170/10<br>171/1 172/8 173/8<br>181/4 181/8 182/2<br>185/21 190/11 194/25<br>196/21 196/23<br><b>sake [1]</b> 8/14<br><b>salient [3]</b> 25/3<br>125/15 125/18<br><b>same [34]</b> 12/8 25/5<br>26/25 31/13 32/3 40/3<br>47/4 47/6 51/14 51/23<br>57/9 72/8 82/4 93/24<br>96/21 102/12 104/4<br>119/13 125/20 126/14<br>132/25 134/20 135/21<br>135/22 141/24 148/2<br>150/10 151/10 162/19<br>164/3 177/24 178/7<br>193/23 195/18<br><b>sample [2]</b> 49/20<br>52/12<br><b>sampled [1]</b> 29/1<br><b>satisfactory [1]</b><br>28/12<br><b>satisfied [4]</b> 89/21<br>128/4 157/14 184/23<br><b>save [2]</b> 174/19<br>177/1<br><b>saved [2]</b> 126/15<br>185/16<br><b>saving [1]</b> 176/15<br><b>savings [1]</b> 179/6<br><b>saw [3]</b> 71/11 83/6<br>170/13<br><b>say [90]</b> 17/16 18/23<br>18/24 18/25 19/6 27/3<br>28/17 28/20 29/25<br>31/11 31/25 33/15 |
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|-------------------------------|------------------------------|-------------------------------|------------------------------|-------------------------------|
| <b>S</b>                      | 154/14 155/15                | <b>seized [1]</b> 106/24      | 25/23                        | 137/10 137/13 143/15          |
| <b>say... [78]</b> 34/24 40/6 | <b>second [20]</b> 5/9 23/8  | <b>self [14]</b> 64/19        | <b>several [2]</b> 54/25     | 149/7 151/15 151/19           |
| 41/3 43/9 45/3 46/14          | 31/17 48/16 51/20            | 100/16 104/2 144/1            | 121/1                        | 152/17 163/9 164/14           |
| 48/10 50/16 51/7 54/7         | 53/5 57/10 62/19             | 144/2 146/10 146/11           | <b>sexual [1]</b> 64/22      | 165/10 165/11 165/12          |
| 59/17 60/4 61/7 62/14         | 75/16 83/4 97/19             | 147/5 153/3 153/9             | <b>shall [6]</b> 28/9 57/19  | 168/16 168/18 172/3           |
| 72/21 78/20 80/19             | 99/20 109/18 119/7           | 153/16 153/18 153/22          | 57/21 91/20 153/7            | 172/17 173/24 174/24          |
| 83/16 85/2 85/11              | 130/24 139/21 168/15         | 156/1                         | 159/13                       | 175/4 175/5 176/7             |
| 90/15 93/7 93/20              | 175/6 176/6 191/8            | <b>self-harm [12]</b>         | <b>shallow [1]</b> 142/16    | 176/12 176/20 184/20          |
| 93/21 94/9 95/22              | <b>Secondly [2]</b> 30/14    | 100/16 104/2 144/2            | <b>shared [3]</b> 39/17 61/8 | 197/4                         |
| 95/23 96/11 97/20             | 35/19                        | 146/10 146/11 147/5           | 117/23                       | <b>shouldn't [6]</b> 64/20    |
| 101/4 104/25 105/23           | <b>seconds [3]</b> 23/12     | 153/3 153/9 153/16            | <b>sharing [1]</b> 57/24     | 77/14 77/21 78/1              |
| 106/3 106/17 107/15           | 23/14 119/14                 | 153/18 153/22 156/1           | <b>she [55]</b> 10/1 21/7    | 100/25 112/22                 |
| 108/13 108/15 110/3           | <b>section [6]</b> 24/17     | <b>self-harms [1]</b> 64/19   | 21/15 35/23 42/1 42/3        | <b>show [3]</b> 23/20 86/11   |
| 114/1 116/13 117/10           | 25/17 88/13 88/17            | <b>self-strangulation [1]</b> | 72/8 72/17 72/19             | 95/17                         |
| 119/6 121/23 128/18           | 89/17 118/14                 | 144/1                         | 72/19 72/19 72/20            | <b>showed [1]</b> 119/3       |
| 129/8 129/25 135/24           | <b>sections [1]</b> 86/22    | <b>senior [11]</b> 16/3 50/6  | 72/21 72/22 72/22            | <b>showing [7]</b> 83/2       |
| 137/19 138/4 139/3            | <b>secure [2]</b> 120/8      | 52/21 63/10 63/10             | 124/12 124/13 124/13         | 87/4 88/11 88/14 92/5         |
| 141/22 146/13 152/17          | 126/8                        | 68/22 68/23 128/10            | 124/16 126/7 126/14          | 94/16 149/16                  |
| 153/3 153/9 153/17            | <b>secured [1]</b> 151/22    | 135/5 135/14 135/22           | 126/17 126/19 126/21         | <b>shows [3]</b> 82/24        |
| 153/19 154/18 159/12          | <b>security [4]</b> 124/16   | <b>sense [15]</b> 70/15       | 131/20 131/21 131/22         | 99/18 112/15                  |
| 160/19 161/18 169/5           | 127/10 127/13 134/18         | 81/23 81/24 99/5              | 131/25 132/2 132/4           | <b>side [7]</b> 41/4 81/22    |
| 170/25 176/8 176/25           | <b>see [97]</b> 1/8 9/6 15/9 | 103/1 113/1 145/7             | 135/15 135/23 135/23         | 81/23 89/25 127/12            |
| 178/12 178/18 180/7           | 22/5 22/8 22/18 22/22        | 160/11 161/19 161/20          | 136/1 136/2 136/4            | 150/7 171/20                  |
| 180/13 182/3 183/15           | 23/1 23/9 23/10 23/13        | 166/16 167/10 184/11          | 136/4 136/23 137/3           | <b>sides [1]</b> 107/22       |
| 184/22 185/1 185/22           | 24/14 24/24 27/18            | 187/6 196/3                   | 144/18 158/11 162/2          | <b>sign [2]</b> 129/8 142/4   |
| 187/4 190/9 194/9             | 28/9 30/8 30/22 34/14        | <b>sensitive [1]</b> 120/12   | 164/7 164/16 164/17          | <b>signed [3]</b> 7/4 7/7     |
| 196/4                         | 41/1 48/18 48/22 49/2        | <b>sent [1]</b> 66/21         | 164/17 170/7 170/10          | 128/7                         |
| <b>saying [25]</b> 12/23      | 51/21 52/2 52/11             | <b>sentence [1]</b> 97/20     | 171/15 172/8 173/8           | <b>significance [4]</b>       |
| 19/4 26/19 30/15 39/8         | 55/11 55/12 55/18            | <b>separate [4]</b> 54/17     | 173/8 178/18 181/3           | 27/23 100/9 119/25            |
| 40/4 72/19 77/20 78/9         | 56/8 56/24 64/1 64/12        | 132/8 143/1 195/23            | 182/2                        | 164/4                         |
| 82/4 88/7 94/25 95/15         | 66/3 66/12 71/14 75/8        | <b>September [8]</b> 3/13     | <b>she'd [4]</b> 26/15 132/3 | <b>significant [28]</b> 19/15 |
| 101/16 103/6 112/24           | 76/1 76/15 79/17             | 15/13 15/24 21/18             | 166/20 170/20                | 29/3 30/7 34/3 34/4           |
| 117/4 127/11 129/17           | 86/13 86/17 86/17            | 54/14 82/17 116/12            | <b>she's [4]</b> 72/15 72/25 | 35/12 35/21 36/5 36/9         |
| 151/19 163/16 164/13          | 86/19 87/10 88/3 88/5        | 174/6                         | 127/11 190/15                | 40/12 49/25 58/12             |
| 178/11 178/16 190/2           | 88/15 88/19 88/25            | <b>September 2020 [1]</b>     | <b>shelf [1]</b> 138/18      | 65/13 82/25 82/25             |
| <b>says [24]</b> 22/11 32/3   | 89/5 89/13 89/23             | 174/6                         | <b>shook [1]</b> 71/9        | 83/1 89/3 107/2 108/4         |
| 45/5 46/3 57/22 79/20         | 91/15 97/3 100/3             | <b>September 2026 [2]</b>     | <b>short [14]</b> 13/7 26/9  | 108/14 128/23 163/23          |
| 80/10 86/20 88/8              | 114/22 115/20 117/2          | 15/24 21/18                   | 53/20 90/14 111/16           | 163/24 172/16 180/18          |
| 109/6 112/18 123/11           | 124/21 124/24 125/7          | <b>series [3]</b> 53/11       | 120/3 130/16 133/3           | 184/1 184/3 185/20            |
| 124/22 127/4 127/25           | 127/22 127/23 135/4          | 149/21 149/24                 | 140/7 144/15 155/6           | <b>significantly [5]</b>      |
| 136/24 137/3 139/12           | 148/19 148/21 149/16         | <b>serious [2]</b> 56/12      | 160/16 164/2 191/3           | 12/14 17/12 35/2 83/8         |
| 149/19 163/6 164/23           | 149/21 150/5 150/12          | 167/8                         | <b>shorter [3]</b> 134/3     | 172/19                        |
| 164/25 174/24 192/8           | 150/17 151/1 151/3           | <b>seriously [1]</b> 71/21    | 177/12 178/10                | <b>signify [1]</b> 150/9      |
| <b>scale [4]</b> 98/18        | 151/4 151/5 160/4            | <b>seriousness [1]</b>        | <b>shortly [3]</b> 4/1 62/8  | <b>signing [1]</b> 130/10     |
| 163/21 163/25 184/11          | 162/21 168/4 171/22          | 62/10                         | 116/15                       | <b>signs [50]</b> 20/3 26/1   |
| <b>scarves [1]</b> 1/25       | 173/4 173/6 175/24           | <b>service [6]</b> 41/16      | <b>should [93]</b> 1/20 5/5  | 26/17 26/20 27/2              |
| <b>scenario [1]</b> 102/25    | 177/15 177/21 179/3          | 55/1 125/5 135/15             | 5/8 6/5 6/16 10/8            | 27/15 65/7 65/12              |
| <b>scheduled [3]</b> 17/5     | 186/23 186/24 187/2          | 162/14 166/14                 | 14/10 14/23 15/19            | 65/15 65/20 83/2 83/7         |
| 69/14 83/17                   | 187/5 188/4 188/4            | <b>services [5]</b> 15/6      | 28/1 29/21 31/18             | 115/17 119/19 130/14          |
| <b>scope [6]</b> 18/7 48/20   | 188/6 190/16 191/8           | 54/23 105/25 148/11           | 31/25 32/8 32/22 34/1        | 130/22 131/4 131/5            |
| 48/22 49/2 63/14              | 191/21 192/25 196/6          | 167/23                        | 34/6 39/21 42/15             | 131/14 132/12 134/9           |
| 98/15                         | <b>seeing [2]</b> 95/24      | <b>session [1]</b> 111/22     | 42/17 43/13 45/14            | 135/2 140/22 141/4            |
| <b>score [7]</b> 86/25 87/1   | 103/1                        | <b>sessions [1]</b> 1/20      | 45/22 46/3 46/5 46/17        | 141/5 143/4 143/7             |
| 87/5 88/5 91/4 142/23         | <b>seek [1]</b> 43/25        | <b>set [14]</b> 5/24 31/3     | 51/15 55/23 56/18            | 143/8 143/25 144/1            |
| 143/2                         | <b>seeking [2]</b> 34/11     | 42/20 58/11 61/19             | 56/19 56/23 57/11            | 145/2 145/15 146/12           |
| <b>scores [1]</b> 94/1        | 103/25                       | 62/25 67/25 69/11             | 57/23 58/4 58/7 59/18        | 153/4 153/10 153/14           |
| <b>Scott [3]</b> 21/12 59/2   | <b>seemed [1]</b> 141/2      | 73/7 78/8 100/4 124/3         | 60/22 62/25 63/3             | 153/21 157/17 158/3           |
| 179/1                         | <b>seems [2]</b> 50/24       | 170/15 183/18                 | 64/20 73/24 75/23            | 158/7 160/20 186/8            |
| <b>screen [8]</b> 42/11       | 173/9                        | <b>setting [5]</b> 27/18      | 76/12 76/24 77/13            | 186/9 186/21 186/23           |
| 100/3 123/6 125/11            | <b>seen [20]</b> 18/9 27/12  | 143/19 154/15 154/19          | 77/21 77/25 78/9 80/2        | 187/9 188/21 189/3            |
| 127/19 127/22 137/20          | 33/7 65/12 66/21             | 166/5                         | 80/5 80/10 80/12             | 195/9 196/19                  |
| 170/19                        | 81/25 87/2 91/20             | <b>settings [8]</b> 36/16     | 84/11 93/8 94/3 94/4         | <b>similar [6]</b> 25/1 39/1  |
| <b>screens [1]</b> 22/3       | 92/24 96/12 106/13           | 37/11 37/14 41/2              | 108/14 108/18 108/25         | 101/12 117/12 138/8           |
| <b>scrutinised [1]</b> 83/10  | 107/20 107/22 108/21         | 145/13 154/12 154/25          | 110/7 110/19 111/23          | 193/1                         |
| <b>seclusion [3]</b> 143/18   | 152/22 158/12 166/20         | 190/17                        | 112/19 112/22 117/6          | <b>similarly [1]</b> 90/9     |
|                               | 178/15 185/16 195/1          | <b>seven [2]</b> 25/10        | 127/2 133/15 136/1           | <b>simple [1]</b> 177/21      |

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| <b>S</b><br><b>simplicity [1]</b> 8/14<br><b>simplification [1]</b> 8/18<br><b>simply [6]</b> 5/8 34/11 147/22 148/3 155/4 156/12<br><b>since [24]</b> 7/20 9/9 12/14 13/20 15/1 20/11 24/13 24/13 24/21 25/3 25/13 35/3 43/4 47/10 56/9 63/6 82/12 111/11 148/24 152/18 152/24 160/8 172/20 191/15<br><b>sincere [1]</b> 19/8<br><b>single [5]</b> 16/25 146/21 147/16 147/20 184/7<br><b>Sir [1]</b> 41/19<br><b>Sir Rob [1]</b> 41/19<br><b>SIRO [5]</b> 126/4 127/20 129/7 129/7 129/19<br><b>SIROs [1]</b> 129/10<br><b>sit [3]</b> 1/19 37/4 110/19<br><b>situation [6]</b> 11/6 30/21 132/18 144/24 146/5 158/18<br><b>situational [3]</b> 187/3 187/12 188/10<br><b>situations [3]</b> 37/12 39/23 141/13<br><b>six [9]</b> 45/15 46/15 50/2 63/6 86/21 92/4 143/1 143/13 182/17<br><b>six hours [3]</b> 45/15 46/15 50/2<br><b>six pages [1]</b> 86/21<br><b>skilled [1]</b> 129/13<br><b>skin [1]</b> 186/24<br><b>sleep [11]</b> 156/7 156/8 156/9 156/18 156/19 156/22 156/23 156/25 157/1 157/18 157/24<br><b>sleeping [1]</b> 156/21<br><b>slight [2]</b> 8/17 77/20<br><b>slightly [4]</b> 25/7 37/16 69/8 168/12<br><b>slow [5]</b> 18/21 19/2 105/8 168/10 168/13<br><b>Slower [1]</b> 142/21<br><b>slowly [3]</b> 30/15 30/18 40/3<br><b>small [1]</b> 166/12<br><b>smaller [1]</b> 131/5<br><b>Smith [5]</b> 18/18 127/19 127/20 128/7 128/9<br><b>snapshot [3]</b> 96/20 98/9 98/12<br><b>so [333]</b><br><b>social [1]</b> 13/16 | <b>solely [1]</b> 37/24<br><b>solutions [1]</b> 104/1<br><b>some [63]</b> 1/19 3/14 3/23 11/25 14/23 16/23 18/5 21/22 29/17 33/12 40/24 43/1 52/18 64/19 69/14 71/22 73/6 76/14 79/12 86/4 91/7 91/11 95/24 98/22 99/25 100/20 109/12 111/4 113/15 115/20 116/24 117/16 120/22 131/16 131/23 131/24 132/25 150/16 156/11 156/14 156/15 157/19 157/25 158/10 158/24 158/25 160/3 163/7 169/11 169/13 169/18 170/5 171/17 174/7 175/10 175/11 178/17 185/19 188/10 188/20 189/22 190/24 193/1<br><b>somebody [13]</b> 39/15 77/21 122/3 129/14 145/19 156/19 158/22 158/23 158/23 166/13 186/22 188/24 189/1<br><b>somebody's [1]</b> 36/5<br><b>someone [11]</b> 38/9 39/11 39/18 41/3 113/12 140/3 140/3 142/13 142/15 173/22 173/22<br><b>someone's [3]</b> 36/7 37/15 37/18<br><b>something [54]</b> 17/18 19/6 19/15 24/10 24/22 26/15 26/21 29/25 40/6 47/23 65/8 69/5 79/3 96/2 96/25 97/1 97/2 97/5 97/7 97/16 97/24 97/24 98/16 99/3 101/1 101/11 102/15 102/22 106/18 108/14 108/23 110/9 110/10 115/7 127/4 129/24 131/20 133/11 134/3 134/13 138/7 138/10 138/18 151/23 152/17 164/22 166/9 167/8 167/9 167/11 168/12 175/9 175/21 180/13<br><b>something's [1]</b> 121/23<br><b>sometimes [10]</b> 17/25 18/1 23/3 38/22 96/25 156/16 166/7 166/8 172/9 175/1<br><b>somewhat [1]</b> 174/15<br><b>somewhere [2]</b> 98/22 166/15<br><b>soon [4]</b> 46/3 46/17 61/20 83/20<br><b>sooner [3]</b> 32/8 | 172/18 173/24<br><b>SOP [60]</b> 20/8 22/2 30/8 30/9 30/12 42/21 43/18 44/11 44/19 44/20 45/4 45/9 45/13 45/19 46/2 46/10 46/12 46/17 46/22 47/3 47/4 48/5 49/11 50/10 50/22 55/15 67/11 67/24 68/3 68/8 73/21 74/2 74/9 79/24 81/7 81/9 82/4 82/9 84/4 85/5 85/9 85/12 93/7 93/8 93/9 112/6 112/13 113/9 114/2 114/9 119/3 136/18 139/11 139/24 157/14 191/8 191/14 191/16 193/8 193/23<br><b>sophisticated [3]</b> 35/6 152/22 163/7<br><b>SOPs [6]</b> 59/24 113/10 140/6 168/3 168/4 168/11<br><b>sorry [20]</b> 13/23 62/2 65/4 66/16 97/20 101/15 105/9 124/6 126/3 133/1 135/18 135/19 142/7 143/8 153/6 157/7 159/12 165/14 173/1 180/13<br><b>sort [3]</b> 87/15 98/21 177/19<br><b>sorts [1]</b> 78/7<br><b>sought [4]</b> 29/4 42/15 62/21 80/6<br><b>sought' [1]</b> 29/11<br><b>source [1]</b> 43/23<br><b>sources [1]</b> 92/25<br><b>South [2]</b> 10/22 17/1<br><b>space [2]</b> 106/9 178/10<br><b>spans [1]</b> 147/11<br><b>SPC [1]</b> 151/13<br><b>speak [7]</b> 2/1 30/14 30/18 40/2 85/7 96/22 111/21<br><b>speaking [3]</b> 96/24 99/3 126/3<br><b>special [7]</b> 120/1 120/11 121/8 121/20 146/5 151/4 159/19<br><b>specialist [1]</b> 12/20<br><b>specific [20]</b> 29/9 30/25 33/16 35/22 40/19 59/7 59/12 79/23 85/8 86/22 91/7 99/23 100/21 106/8 129/13 144/16 147/22 159/21 171/7 171/16<br><b>specifically [5]</b> 80/7 111/3 153/13 154/8 169/19<br><b>specify [1]</b> 183/21<br><b>spectrum [3]</b> 38/17 162/7 166/15 | <b>speculate [1]</b> 173/13<br><b>speculative [1]</b> 115/22<br><b>speed [1]</b> 172/25<br><b>spell [1]</b> 43/13<br><b>spend [4]</b> 155/16 183/4 183/9 183/14<br><b>spending [2]</b> 155/23 184/18<br><b>spite [1]</b> 81/18<br><b>spoke [8]</b> 38/19 72/13 100/20 135/14 162/1 163/22 175/8 178/14<br><b>spoken [8]</b> 27/11 27/17 88/11 89/18 135/4 154/11 192/5 193/14<br><b>sponsored [1]</b> 162/14<br><b>spot [2]</b> 130/25 140/3<br><b>spreadsheet [1]</b> 192/8<br><b>spy [2]</b> 196/20 196/21<br><b>staff [116]</b> 9/17 9/18 12/1 13/13 16/22 22/10 22/12 23/10 26/12 27/2 27/7 27/10 27/11 27/17 27/19 42/2 42/3 43/25 44/15 49/16 54/6 56/15 64/19 66/22 67/14 69/5 71/2 73/5 73/9 76/7 76/15 76/22 76/25 77/10 77/11 77/13 77/17 78/12 78/19 79/3 79/6 79/14 84/19 85/4 85/6 86/16 87/16 88/11 88/22 89/17 89/25 90/9 91/8 92/16 93/6 94/20 95/5 96/1 96/22 98/24 99/10 99/16 100/3 100/23 101/13 101/17 101/20 101/22 101/25 102/4 102/6 102/10 102/14 102/18 102/23 103/4 103/7 110/17 113/13 114/18 114/22 114/24 119/19 130/22 131/12 131/13 133/24 134/1 134/6 134/8 135/19 136/2 136/7 139/13 152/11 156/14 164/2 176/15 177/1 178/11 178/12 178/13 181/11 187/1 187/21 187/25 188/14 188/20 190/8 190/19 190/19 190/22 194/23 195/14 196/19 196/22<br><b>staffing [3]</b> 74/21 178/25 179/3<br><b>Staffs [1]</b> 87/12<br><b>stage [17]</b> 75/11 | 95/11 95/12 124/13 136/13 138/10 163/5 164/15 170/13 171/20 172/4 174/3 176/13 176/21 178/17 186/3 186/5<br><b>stages [3]</b> 126/20 161/23 163/15<br><b>stakeholders [2]</b> 63/12 69/1<br><b>stance [1]</b> 80/1<br><b>standard [19]</b> 20/8 30/12 31/1 31/7 34/13 49/10 63/7 67/17 68/17 75/24 93/10 121/12 123/15 125/6 166/12 182/6 182/9 182/14 192/13<br><b>standards [7]</b> 42/20 43/3 44/12 78/11 122/9 122/11 135/6<br><b>standing [3]</b> 139/20 180/6 184/15<br><b>start [11]</b> 29/21 34/2 56/23 58/18 80/2 94/19 94/24 117/9 119/2 126/19 173/10<br><b>started [3]</b> 103/21 152/11 195/2<br><b>starting [3]</b> 2/13 42/12 63/6<br><b>starts [1]</b> 127/24<br><b>state [6]</b> 25/8 25/21 38/11 112/20 112/23 142/15<br><b>statement [91]</b> 3/2 3/9 3/12 3/14 3/17 3/21 3/23 3/24 4/3 4/6 4/7 4/8 4/9 4/9 4/12 4/13 4/17 5/4 5/20 5/22 5/24 6/5 6/6 6/9 6/11 7/8 7/15 7/24 8/4 19/20 24/14 28/16 28/18 31/17 33/14 41/8 41/9 42/9 42/10 46/1 46/2 47/23 48/1 48/10 50/12 50/16 51/7 54/2 54/5 54/21 57/10 60/7 60/22 61/7 62/9 62/14 63/1 65/23 68/11 70/17 84/15 85/22 86/9 99/11 102/11 103/22 104/4 115/24 116/9 118/13 118/22 120/19 120/20 122/24 133/13 134/15 142/22 146/9 146/10 153/19 159/7 159/15 160/19 168/15 179/2 183/8 184/22 194/5 194/6 195/2 196/24<br><b>statements [16]</b> 2/17 2/20 2/22 4/8 6/8 6/24 6/25 7/2 7/3 7/11 7/18 15/9 116/10 192/23 196/11 196/15 |
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| <b>S</b><br><b>stating</b> [1] 99/14<br><b>statistical</b> [5] 151/2<br>151/16 152/20 164/3<br>166/11<br><b>statisticians</b> [2]<br>20/16 146/23<br><b>status</b> [3] 74/17<br>84/24 84/25<br><b>statute</b> [1] 38/25<br><b>stay</b> [3] 67/10 177/12<br>178/9<br><b>stayed</b> [1] 150/10<br><b>staying</b> [1] 177/5<br><b>Steering</b> [1] 55/12<br><b>stenographer</b> [1]<br>111/22<br><b>step</b> [6] 62/15 62/25<br>67/18 113/25 165/2<br>165/2<br><b>steps</b> [2] 44/15 50/8<br><b>sterling</b> [1] 111/23<br><b>stick</b> [1] 144/24<br><b>still</b> [17] 12/7 16/3<br>18/10 39/19 39/21<br>72/8 81/19 82/3 85/14<br>89/24 98/9 114/12<br>119/10 145/24 186/13<br>189/15 190/16<br><b>stipulate</b> [1] 45/21<br><b>stock</b> [2] 12/5 139/9<br><b>stop</b> [2] 71/11 175/6<br><b>stop-go</b> [1] 175/6<br><b>storage</b> [1] 118/15<br><b>stored</b> [2] 75/22<br>126/16<br><b>story</b> [1] 192/1<br><b>strand</b> [1] 30/25<br><b>strangulation</b> [1]<br>144/1<br><b>strategic</b> [6] 49/8<br>52/2 104/5 171/2<br>171/6 171/9<br><b>strategy</b> [9] 15/2 15/3<br>15/21 59/1 59/1<br>152/19 167/22 171/5<br>173/19<br><b>strengthened</b> [1]<br>182/16<br><b>strong</b> [2] 150/25<br>155/1<br><b>stronger</b> [2] 32/5<br>100/18<br><b>structure</b> [1] 105/5<br><b>structured</b> [1] 163/4<br><b>struggle</b> [1] 162/22<br><b>student</b> [1] 166/3<br><b>studies</b> [5] 115/9<br>115/13 162/8 163/7<br>163/23<br><b>study</b> [16] 72/3 72/8<br>72/9 72/11 72/18<br>115/6 116/8 116/22<br>117/3 117/5 117/10<br>117/13 162/17 162/20 | 163/21 166/11<br><b>subcommittee</b> [1]<br>180/1<br><b>subject</b> [8] 7/10 8/7<br>32/19 71/5 84/4 90/17<br>157/25 160/1<br><b>submitted</b> [1] 31/3<br><b>subsequent</b> [2]<br>31/12 123/23<br><b>subsequently</b> [4]<br>20/19 43/16 51/12<br>51/13<br><b>subset</b> [1] 120/11<br><b>substance</b> [5] 17/18<br>25/4 25/25 101/10<br>194/10<br><b>substantial</b> [1]<br>184/19<br><b>substantive</b> [3] 9/10<br>51/14 193/4<br><b>substitution</b> [1]<br>177/14<br><b>successful</b> [3] 131/5<br>132/12 132/16<br><b>such</b> [14] 35/21 50/1<br>58/16 71/5 104/13<br>104/14 105/22 108/18<br>123/7 136/21 143/17<br>154/13 194/4 194/6<br><b>suffer</b> [1] 58/6<br><b>suffered</b> [1] 58/5<br><b>sufficient</b> [3] 137/3<br>171/19 176/5<br><b>sufficiently</b> [2]<br>109/20 187/25<br><b>suggest</b> [15] 8/9 8/19<br>14/10 50/24 53/16<br>77/23 93/16 95/15<br>95/17 102/4 111/12<br>123/18 131/13 150/21<br>190/23<br><b>suggested</b> [12]<br>35/24 47/25 72/7<br>93/13 112/7 114/18<br>136/20 143/25 144/18<br>174/8 179/10 197/4<br><b>suggesting</b> [5]<br>110/22 111/1 111/8<br>125/22 163/13<br><b>suggestion</b> [3] 112/5<br>129/15 175/20<br><b>sum</b> [1] 185/17<br><b>summarised</b> [2] 75/8<br>111/8<br><b>summarising</b> [1]<br>28/19<br><b>summary</b> [6] 63/22<br>86/23 87/15 90/15<br>116/18 120/23<br><b>supervision</b> [2]<br>92/15 102/9<br><b>supervisor</b> [1]<br>102/16<br><b>supplement</b> [1]<br>67/15<br><b>supplementary</b> [15] | 3/17 3/21 3/22 3/24<br>4/9 5/20 5/22 6/5 7/2<br>41/9 42/8 42/10 60/21<br>61/7 68/11<br><b>supplier</b> [3] 138/22<br>139/1 171/24<br><b>support</b> [18] 1/23 2/6<br>22/10 38/23 67/4<br>77/10 79/6 79/7 82/8<br>102/8 103/24 161/3<br>172/10 172/24 178/5<br>178/6 178/9 181/14<br><b>supported</b> [7] 2/9<br>61/22 62/21 70/12<br>70/16 75/20 109/20<br><b>supporters</b> [1] 76/9<br><b>supports</b> [1] 67/8<br><b>suppose</b> [9] 17/20<br>37/9 39/8 80/14 97/10<br>114/8 126/17 190/7<br>195/16<br><b>sure</b> [29] 13/16 13/17<br>19/1 37/3 53/7 67/14<br>69/16 85/11 86/7 91/2<br>92/16 95/6 101/15<br>110/21 127/14 130/12<br>132/23 133/1 138/20<br>147/2 157/23 158/8<br>163/12 176/8 186/6<br>186/17 188/23 189/4<br>189/24<br><b>Suresh</b> [74] 1/7 1/10<br>2/11 2/14 2/15 4/2 4/3<br>4/9 7/7 7/10 7/15 7/24<br>8/3 9/2 11/2 14/3 19/5<br>19/20 19/22 20/14<br>21/1 22/14 28/5 33/19<br>33/25 35/14 41/10<br>46/19 47/20 53/23<br>55/24 56/2 57/16<br>58/18 60/3 60/21<br>60/23 63/21 64/2<br>68/12 73/25 74/10<br>75/5 78/24 84/14<br>92/17 95/8 98/4<br>111/20 112/10 130/13<br>131/8 140/11 140/21<br>142/22 149/12 149/13<br>152/8 153/2 154/5<br>154/11 157/16 160/19<br>166/25 169/17 179/8<br>185/12 186/2 188/12<br>190/24 191/6 197/6<br>197/21 199/4<br><b>Suresh's</b> [2] 4/7<br>57/14<br><b>surprising</b> [1] 160/21<br><b>survey</b> [4] 54/14<br>54/22 172/15 173/5<br><b>surveys</b> [1] 73/5<br><b>suspension</b> [1] 65/7<br><b>sustained</b> [2] 62/12<br>151/4<br><b>switch</b> [4] 47/6 57/19<br>140/13 175/9<br><b>switched</b> [9] 42/25 | 45/14 46/3 46/17 54/9<br>67/3 80/12 80/16<br>80/25<br><b>switching</b> [1] 67/19<br><b>synergies</b> [1] 37/5<br><b>system</b> [93] 15/17<br>16/25 17/15 17/22<br>18/1 22/9 22/10 22/12<br>22/19 23/15 24/17<br>25/9 25/21 26/3 26/5<br>29/21 42/25 44/1<br>46/24 54/9 56/10<br>56/16 56/18 58/9<br>61/17 61/17 61/19<br>61/21 62/24 64/5 65/2<br>66/6 66/25 69/4 71/4<br>71/15 74/23 75/19<br>75/23 76/12 76/16<br>76/19 76/21 77/13<br>78/15 79/9 80/16 85/1<br>99/15 100/21 100/25<br>101/5 101/20 108/1<br>114/10 114/12 116/1<br>118/20 119/4 119/21<br>120/24 121/4 121/12<br>126/12 126/13 130/17<br>130/21 137/5 137/12<br>138/6 139/11 139/13<br>150/22 157/9 159/24<br>161/3 162/13 168/22<br>170/22 172/9 174/19<br>177/18 178/17 178/22<br>179/15 179/16 179/18<br>179/21 181/6 189/6<br>194/3 195/14 196/20<br><b>systematic</b> [2]<br>153/21 166/21<br><b>systemic</b> [1] 169/4<br><b>systemically</b> [3]<br>168/23 169/10 173/7<br><b>systems</b> [8] 16/25<br>17/13 17/24 18/2 18/3<br>18/6 72/4 126/9<br><b>T</b><br><b>table</b> [12] 71/10<br>99/18 101/7 149/4<br>149/8 149/10 149/15<br>150/20 151/1 152/10<br>152/22 154/3<br><b>tablet</b> [3] 27/1 27/4<br>194/22<br><b>tablets</b> [2] 87/13<br>156/21<br><b>take</b> [46] 1/22 12/5<br>19/3 26/17 27/2 27/15<br>35/7 36/21 39/20<br>39/24 44/14 50/25<br>53/4 60/12 61/3 70/3<br>83/13 85/12 92/1<br>92/21 102/16 104/15<br>107/8 113/21 128/20<br>129/22 130/22 131/4<br>131/15 135/10 136/11<br>139/9 141/11 144/15<br>149/9 157/9 158/10 | 163/23 175/3 178/11<br>185/3 188/20 189/3<br>190/23 190/25 192/3<br><b>taken</b> [11] 18/24 74/7<br>87/12 95/10 127/7<br>130/25 132/16 141/9<br>157/13 175/12 177/25<br><b>takes</b> [5] 126/6 143/1<br>143/13 144/10 160/4<br><b>taking</b> [13] 12/14<br>19/14 36/7 54/4<br>113/17 131/11 133/22<br>145/2 158/3 158/7<br>160/5 186/22 188/23<br><b>talk</b> [6] 2/2 54/20<br>98/23 101/19 158/23<br>167/14<br><b>talked</b> [13] 25/13<br>26/1 26/3 59/4 78/16<br>92/13 98/2 103/18<br>123/16 154/2 159/20<br>190/12 194/14<br><b>talking</b> [18] 10/25<br>26/24 53/25 58/24<br>99/12 106/25 122/14<br>140/12 146/3 147/14<br>147/15 147/16 147/18<br>158/22 168/11 180/16<br>188/21 194/16<br><b>talks</b> [1] 104/11<br><b>target</b> [1] 46/16<br><b>team</b> [19] 2/3 61/9<br>61/25 62/4 66/18 70/3<br>78/25 79/4 79/5 80/19<br>81/20 105/7 105/10<br>105/11 107/10 113/23<br>135/15 172/20 177/7<br><b>technical</b> [3] 79/17<br>193/3 193/7<br><b>technologies</b> [6]<br>108/12 109/11 110/25<br>197/7 197/13 197/17<br><b>technology</b> [52] 1/16<br>8/8 8/8 10/25 11/7<br>19/25 20/4 20/9 40/11<br>40/13 40/20 41/4<br>58/20 59/5 60/8 60/10<br>61/16 63/24 103/16<br>103/24 104/6 104/15<br>105/22 106/5 108/9<br>108/14 108/19 108/24<br>108/25 109/21 110/6<br>111/2 115/3 115/10<br>117/12 136/21 137/10<br>138/15 154/23 155/1<br>155/3 157/17 158/6<br>159/3 161/24 162/5<br>170/16 175/14 176/14<br>176/16 185/12 197/12<br><b>tell</b> [11] 58/15 70/7<br>90/1 101/9 121/24<br>121/25 126/19 146/23<br>191/15 191/25 196/18<br><b>tells</b> [2] 101/1 145/18<br><b>template</b> [6] 128/15<br>128/19 128/19 129/16 |
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| <b>T</b>                                                                                                                                                                                                                                                                                                                                                                           | 76/5 77/4 78/13 79/8<br>79/22 81/2 83/23<br>84/15 87/9 88/3 91/25<br>96/16 96/17 98/3 98/5<br>99/7 99/18 102/21<br>103/13 114/13 114/25<br>118/6 119/23 123/4<br>129/22 129/23 130/11<br>133/12 139/8 143/21<br>145/12 146/8 147/1<br>148/5 148/18 152/6<br>152/25 154/10 155/12<br>160/7 161/20 166/17<br>169/12 172/25 173/25<br>179/7 182/19 182/21<br>191/1 193/24 194/12<br>194/14 196/7 196/17<br>197/3 197/19 197/23<br>197/24 197/25 198/2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 171/9 171/14 172/15<br>175/11 176/1 176/25<br>177/2 178/6 178/8<br>181/1 181/4 181/7<br>182/23 184/4 184/12<br>184/19 185/10 185/14<br>187/1 187/6 187/12<br>187/23 189/5 189/7<br>190/14 190/21 192/18<br>193/18 194/7 197/1<br>197/11                                                                                                                                                                                                                                                                                                                           | 149/24 164/9 165/4<br>165/24 170/23 172/16<br>173/5 176/24 180/3<br>182/22 185/25 190/4<br>194/19                                                                                                                                                                                                                                               | 100/25 101/13 101/23<br>102/16 102/23 104/25<br>105/4 105/11 106/12<br>106/17 107/19 108/1<br>109/4 112/8 112/25<br>113/5 113/15 113/16<br>113/20 116/14 118/24<br>119/1 122/5 134/3<br>135/10 135/22 135/25<br>137/16 137/23 142/16<br>145/19 147/12 153/18<br>156/8 156/12 156/18<br>157/11 157/13 157/23<br>158/8 162/15 162/17<br>162/18 162/18 165/2<br>165/9 166/5 166/7<br>166/8 172/10 173/15<br>178/10 180/2 186/12<br>186/23 186/24 187/6<br>187/16 188/1 188/17<br>188/17 188/18 189/13<br>189/14 190/3 192/14<br>195/15 197/17 |
| <b>template...</b> [2] 130/6<br>163/14                                                                                                                                                                                                                                                                                                                                             | <b>their</b> [67] 4/20 20/21<br>21/3 22/20 23/16<br>23/17 25/22 27/13<br>27/15 31/12 33/12<br>36/13 39/16 45/15<br>54/8 58/3 59/23 71/3<br>71/16 76/9 80/6 80/21<br>81/18 81/21 82/2<br>84/22 87/11 87/12<br>89/2 89/19 91/9 92/18<br>92/20 94/21 97/4 98/8<br>102/15 105/3 113/1<br>119/7 133/24 134/2<br>134/6 135/11 137/15<br>139/16 142/8 142/19<br>144/22 145/20 145/22<br>155/16 155/22 156/6<br>156/9 156/10 158/1<br>165/15 166/5 166/13<br>180/5 189/16 189/17<br>189/17 190/13 192/13<br>197/7                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>theory</b> [1] 165/5<br><b>therapeutic</b> [2] 55/4<br>158/16<br><b>there</b> [202]<br><b>there'd</b> [1] 134/2<br><b>there's</b> [58] 6/10 8/11<br>19/6 24/14 25/6 25/17<br>40/12 41/13 53/11<br>73/2 77/20 78/6 78/22<br>79/15 79/16 81/3<br>84/12 86/21 87/5<br>87/25 90/8 90/23 91/4<br>91/21 91/22 92/12<br>98/7 98/22 98/23<br>101/9 106/4 107/24<br>135/8 135/11 138/19<br>146/2 149/14 151/25<br>160/19 163/1 167/24<br>168/20 171/3 171/6<br>171/9 171/21 171/22<br>172/14 172/16 173/3<br>175/6 175/25 178/16<br>180/18 181/1 187/4<br>190/17 193/18 | <b>they'd</b> [2] 78/18<br>112/7<br><b>they'll</b> [3] 2/1 18/2<br>116/15<br><b>they're</b> [29] 1/8 4/23<br>24/2 27/1 37/12 40/21<br>42/11 92/11 93/9 96/6<br>96/6 96/8 96/20 98/7<br>137/22 151/18 157/8<br>157/13 162/15 162/16<br>171/8 171/23 177/16<br>189/13 189/17 189/20<br>189/23 190/18 197/9                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>temporarily</b> [2] 15/20<br>36/14                                                                                                                                                                                                                                                                                                                                              | <b>that</b> [1221]<br><b>that I</b> [7] 13/21 44/24<br>57/9 81/7 84/11 94/19<br>114/14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>therefore</b> [10] 12/3<br>34/5 52/17 69/2 87/4<br>88/17 120/12 170/9<br>179/11 186/15                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>they've</b> [11] 27/12<br>27/12 88/12 89/20<br>90/18 91/11 98/24<br>102/8 102/9 107/13<br>126/15                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>temporary</b> [1] 15/13                                                                                                                                                                                                                                                                                                                                                         | <b>that we</b> [1] 103/14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>therein</b> [1] 196/15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>thing</b> [14] 45/25 82/4<br>102/17 102/23 106/19<br>106/20 132/2 135/10<br>135/22 137/7 151/21<br>152/4 157/8 164/21                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>ten</b> [2] 59/22 148/25                                                                                                                                                                                                                                                                                                                                                        | <b>that's</b> [164] 3/5 4/24<br>6/14 7/5 8/13 8/21<br>9/12 9/14 10/2 10/12<br>10/21 15/13 15/25<br>18/8 18/22 21/17<br>21/19 22/21 24/20<br>25/25 26/23 27/24<br>28/6 28/12 29/11 30/5<br>30/13 30/22 32/24<br>34/17 35/14 35/18<br>37/9 37/16 41/12 48/2<br>48/17 49/24 51/10<br>51/23 52/21 53/2<br>54/17 54/17 57/18<br>59/1 60/2 62/3 64/9<br>67/9 68/11 74/5 75/7<br>76/16 78/16 78/21<br>79/13 80/18 82/4<br>86/14 87/17 87/23<br>88/13 88/16 88/21<br>89/6 89/9 89/12 90/2<br>90/4 91/3 91/18 96/10<br>98/20 99/23 100/8<br>101/3 102/17 103/15<br>105/19 106/3 106/5<br>107/11 107/14 107/25<br>111/4 114/10 115/20<br>115/21 118/8 118/10<br>118/15 120/12 121/22<br>121/24 122/15 122/25<br>123/2 123/9 124/4<br>125/1 126/2 127/6<br>127/19 127/22 128/23<br>129/10 129/11 131/8<br>133/25 134/13 134/13<br>135/9 135/13 136/21<br>137/14 138/1 138/23<br>138/24 140/12 143/3<br>143/6 145/23 152/3<br>152/15 156/21 158/4<br>159/7 164/5 164/18<br>164/21 165/10 168/1 | <b>these</b> [38] 5/20 23/22<br>30/1 32/7 40/18 41/20<br>49/9 52/3 55/9 55/17<br>56/11 57/11 61/25<br>70/23 77/11 78/12<br>79/1 92/10 92/23 94/1<br>94/4 94/16 98/21<br>101/5 101/23 101/24<br>102/18 104/21 105/2<br>130/14 139/14 155/2<br>155/17 156/1 158/11<br>164/24 171/17 175/3                                                                                                                                                                                                                                                                           | <b>things</b> [45] 17/13<br>30/1 31/15 35/1 35/8<br>35/15 40/14 41/5<br>44/10 59/19 60/9 78/3<br>78/7 78/12 79/2 85/25<br>92/14 93/19 94/13<br>99/25 100/24 101/17<br>102/4 103/7 104/21<br>106/15 107/20 118/2<br>118/3 122/13 127/12<br>137/17 138/13 142/5<br>145/3 151/6 152/16<br>162/10 165/1 169/7<br>169/21 175/3 177/4<br>190/7 193/18 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Tendable</b> [15] 50/9<br>50/11 52/8 53/1 84/9<br>84/18 86/12 94/1 94/4<br>95/14 98/21 98/25<br>101/18 114/15 114/23                                                                                                                                                                                                                                                            | <b>that</b> [1221]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>they</b> [129] 4/22 4/22<br>7/13 12/3 23/13 23/14<br>23/24 23/25 23/25<br>26/24 31/11 32/18<br>32/23 33/5 33/13<br>36/13 36/14 37/24<br>39/5 39/19 39/23<br>43/10 50/22 65/17<br>70/24 71/2 71/14<br>71/15 74/8 76/14<br>77/25 78/3 79/13<br>80/25 81/12 81/14<br>81/16 81/17 83/9<br>83/20 84/1 85/19<br>88/22 90/12 90/13<br>90/14 90/21 90/22<br>91/10 92/23 94/12<br>94/14 94/22 95/1 95/6<br>95/23 96/15 96/24<br>97/4 99/19 100/20                                                                                                                       | <b>think</b> [188] 4/24 5/17<br>8/12 11/10 23/22 25/1<br>25/4 26/23 28/3 29/19<br>32/2 32/3 32/24 33/1<br>34/17 36/3 38/19                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>tends</b> [1] 156/1                                                                                                                                                                                                                                                                                                                                                             | <b>them</b> [48] 7/22 9/4<br>25/10 27/17 36/20<br>39/12 39/16 39/19<br>46/8 58/1 60/25 65/16<br>70/5 75/8 76/15 77/17<br>78/8 78/19 79/14<br>81/20 91/10 92/3 94/5<br>95/7 98/5 98/7 100/24<br>102/16 102/19 107/8<br>107/23 116/14 118/22<br>122/3 122/4 133/8<br>136/24 137/1 144/15<br>147/13 155/8 155/8<br>155/9 155/22 156/15<br>158/5 165/4 171/25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>tension</b> [8] 96/16<br>166/10 176/14 176/17<br>176/20 176/23 176/25<br>177/21                                                                                                                                                                                                                                                                                                 | <b>themselves</b> [5] 32/20<br>65/17 109/24 116/20<br>155/18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>tenure</b> [1] 57/14                                                                                                                                                                                                                                                                                                                                                            | <b>then</b> [57] 4/11 14/20<br>21/12 23/8 28/12 30/5<br>30/7 34/16 34/17<br>42/21 44/8 46/22 53/4<br>53/11 58/18 63/8<br>63/12 67/20 69/20<br>70/3 71/17 71/22<br>77/16 80/13 80/20<br>80/21 81/22 88/14<br>89/5 94/9 95/3 106/8<br>112/19 112/21 112/24<br>113/2 113/13 122/2<br>123/11 136/1 136/4<br>136/16 144/23 149/21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>termed</b> [2] 3/12<br>125/13                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>terms</b> [26] 5/3 10/5<br>11/16 17/2 37/13<br>47/16 55/13 108/24<br>109/7 124/16 126/15<br>132/4 144/25 148/1<br>149/9 150/22 160/9<br>161/21 161/22 162/3<br>163/21 169/14 183/17<br>187/3 191/10 192/5                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>test</b> [3] 53/2 69/22<br>154/7                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>testing</b> [3] 48/11<br>49/16 49/20                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>text</b> [4] 87/19 114/16<br>114/17 114/19                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>than</b> [48] 17/10 17/13<br>27/14 34/11 38/24<br>60/8 67/15 77/14<br>78/18 82/11 90/15<br>97/1 97/21 99/4<br>102/25 105/5 108/19<br>110/19 111/4 111/13<br>123/2 127/10 127/13<br>127/13 136/4 138/4<br>139/6 139/21 142/24<br>143/12 143/14 144/19<br>145/9 145/23 151/22<br>152/22 155/23 156/10<br>161/4 165/13 167/17<br>172/10 174/8 176/8<br>179/6 180/16 181/2<br>196/5 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>thank</b> [104] 4/10 5/18<br>6/22 10/13 10/23 12/4<br>14/17 16/2 16/18 18/8<br>19/11 19/12 20/25<br>22/3 24/7 26/1 27/21<br>34/25 35/14 39/22<br>39/25 41/6 42/11<br>47/13 48/16 48/17<br>48/20 49/8 49/8 51/18<br>51/19 53/14 54/20<br>56/1 59/11 60/11 61/2<br>61/4 63/18 65/25 68/6<br>69/12 71/24 74/12                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

|                             |                              |                              |                               |                               |
|-----------------------------|------------------------------|------------------------------|-------------------------------|-------------------------------|
| <b>T</b>                    | <b>this' [1]</b> 29/13       | 4/19 47/15 47/16             | 92/25 119/2 126/5             | 126/14                        |
| <b>think...</b> [171] 40/11 | <b>those [93]</b> 1/22 1/24  | 47/20 48/1 48/4 48/9         | 130/24 182/23 184/24          | <b>treating [4]</b> 38/14     |
| 40/14 40/17 40/20           | 3/2 4/14 5/15 6/4 18/5       | 48/15 51/2 51/18             | 196/12                        | 38/15 81/20 127/12            |
| 40/20 40/22 43/18           | 18/6 20/12 22/4 23/20        | 52/17 53/25 54/15            | <b>today's [1]</b> 1/18       | <b>treatment [8]</b> 35/9     |
| 45/1 45/25 46/5 46/7        | 24/22 25/8 26/2 33/9         | 60/17 85/25 95/11            | <b>together [8]</b> 1/9       | 37/19 37/21 37/21             |
| 46/12 47/2 47/19 48/6       | 34/19 34/21 34/23            | <b>tick [8]</b> 98/17 98/23  | 19/13 30/1 31/5 82/11         | 39/19 39/20 177/9             |
| 48/17 52/21 53/6 55/9       | 38/23 55/11 55/19            | 99/14 99/20 100/25           | 105/12 113/4 169/3            | 177/13                        |
| 55/17 58/15 58/19           | 58/5 59/19 59/23             | 101/9 102/10 102/11          | <b>told [9]</b> 12/5 14/20    | <b>trend [10]</b> 146/15      |
| 59/4 59/12 59/14            | 64/22 66/16 69/9             | <b>tick-boxing [1]</b> 98/23 | 21/13 72/1 76/13 79/8         | 146/19 148/22 149/2           |
| 59/20 60/13 61/4 62/2       | 71/23 73/4 73/10             | <b>ticking [2]</b> 99/12     | 99/8 117/7 127/3              | 150/9 150/14 150/15           |
| 65/14 67/12 67/13           | 77/12 77/17 83/9             | 101/19                       | <b>Tommies [1]</b> 16/21      | 151/3 152/2 171/3             |
| 70/15 71/19 72/7 73/6       | 84/10 85/22 88/8             | <b>tier [2]</b> 55/14 95/22  | <b>tomorrow [3]</b> 116/17    | <b>trends [2]</b> 150/5       |
| 73/11 75/4 76/24            | 88/23 88/24 92/7             | <b>tightened [1]</b> 168/5   | 198/3 198/4                   | 151/16                        |
| 77/25 78/2 78/3 78/6        | 93/19 94/25 95/3             | <b>time [115]</b> 1/21 2/21  | <b>too [10]</b> 7/8 12/11     | <b>Trent [59]</b> 1/8 1/11    |
| 78/22 79/18 82/1 84/3       | 99/25 100/20 100/22          | 6/20 11/17 11/22 12/8        | 16/10 101/12 111/24           | 1/13 2/10 2/16 2/19           |
| 85/21 87/17 89/24           | 102/2 105/15 106/15          | 12/11 13/6 13/19 14/2        | 126/3 143/23 168/10           | 7/10 7/20 8/23 14/18          |
| 89/25 91/18 91/24           | 106/17 107/7 107/8           | 14/5 14/6 15/20 17/25        | 168/13 173/1                  | 19/7 20/1 20/14 24/10         |
| 92/6 92/9 94/3 95/14        | 107/14 112/1 122/11          | 19/2 19/2 29/3 31/4          | <b>took [4]</b> 29/3 31/21    | 26/7 27/25 28/21              |
| 95/22 96/9 96/15            | 122/19 126/14 131/17         | 31/10 31/14 31/21            | 33/12 167/13                  | 28/24 29/6 29/11              |
| 98/25 101/12 101/16         | 132/7 138/10 140/8           | 32/10 32/13 32/16            | <b>tool [7]</b> 11/22 11/22   | 41/13 44/24 53/23             |
| 106/3 106/4 107/9           | 141/11 141/14 143/2          | 32/21 33/16 33/23            | 13/12 134/10 163/14           | 57/19 58/12 60/13             |
| 107/11 107/21 107/25        | 143/5 144/11 149/24          | 33/24 34/9 46/9 46/18        | 164/11 181/13                 | 60/25 63/3 72/1 84/10         |
| 108/9 108/10 108/17         | 150/2 150/3 150/9            | 47/6 50/4 58/17 65/3         | <b>tools [2]</b> 163/18       | 98/2 99/10 103/14             |
| 108/24 109/2 109/10         | 154/4 154/6 155/23           | 69/14 76/15 82/19            | 164/14                        | 111/20 114/7 114/19           |
| 109/18 110/6 110/11         | 156/3 156/18 157/20          | 85/21 86/4 86/6 91/16        | <b>top [14]</b> 5/12 23/20    | 115/3 116/13 116/21           |
| 110/12 113/11 115/24        | 158/2 161/17 165/7           | 92/8 93/9 93/24 94/14        | 24/3 49/7 51/21 57/5          | 118/8 124/22 131/2            |
| 117/14 117/25 118/8         | 165/8 165/12 166/6           | 94/24 96/20 97/1             | 57/5 76/6 86/14 86/17         | 131/6 131/13 133/6            |
| 119/20 122/18 126/21        | 168/21 169/10 169/20         | 97/15 102/4 103/8            | 89/24 124/21 148/19           | 147/7 150/20 157/7            |
| 129/4 129/4 130/6           | 171/23 171/24 175/22         | 106/11 113/20 115/22         | 149/22                        | 157/7 161/22 165/18           |
| 133/22 134/7 134/15         | 176/7 186/2 191/22           | 115/23 116/3 117/15          | <b>topic [5]</b> 27/22 118/7  | 169/25 181/8 182/24           |
| 135/3 136/7 136/12          | 192/4 192/25 197/20          | 117/18 117/24 122/2          | 148/6 152/7 170/4             | 186/2 190/24 191/6            |
| 137/3 137/14 137/25         | <b>though [10]</b> 6/14      | 124/17 126/1 126/22          | <b>total [5]</b> 54/24 182/25 | 197/21 199/3                  |
| 138/14 139/2 140/21         | 13/7 37/22 39/14 81/9        | 127/17 127/18 128/9          | 183/9 183/14 183/17           | <b>Trent's [2]</b> 28/13      |
| 141/4 143/12 144/15         | 81/12 101/21 112/8           | 129/5 129/6 129/18           | <b>touch [1]</b> 192/12       | 157/4                         |
| 144/21 145/18 146/5         | 122/4 132/2                  | 129/19 140/1 140/17          | <b>touched [9]</b> 20/9 26/4  | <b>Trevor [3]</b> 18/18       |
| 146/21 149/13 150/24        | <b>thought [6]</b> 31/22     | 144/9 145/23 147/11          | 38/4 104/8 108/10             | 127/19 128/7                  |
| 151/7 151/23 153/25         | 31/23 36/23 59/5             | 147/23 148/17 152/12         | 130/23 145/14 169/15          | <b>trial [2]</b> 115/25       |
| 160/2 161/25 162/20         | 137/3 137/6                  | 155/6 155/16 163/22          | 182/24                        | 117/12                        |
| 163/1 163/3 165/6           | <b>three [19]</b> 2/20 4/8   | 163/23 164/3 164/19          | <b>towards [2]</b> 14/11      | <b>trials [1]</b> 110/12      |
| 165/7 166/10 167/16         | 9/12 11/19 84/20 85/7        | 165/22 167/20 168/3          | 152/2                         | <b>triangulated [2]</b>       |
| 167/19 167/19 167/23        | 88/11 91/22 98/11            | 170/24 171/4 172/16          | <b>traced [1]</b> 93/14       | 94/12 95/1                    |
| 167/23 168/1 168/6          | 111/20 132/3 132/4           | 172/17 172/21 175/12         | <b>tracks [1]</b> 136/4       | <b>triangulation [2]</b> 95/9 |
| 168/7 168/17 168/19         | 132/8 132/8 139/21           | 175/15 176/3 176/5           | <b>tract [2]</b> 38/10 38/12  | 98/1                          |
| 168/22 169/3 171/1          | 150/15 150/19 155/24         | 176/15 177/10 177/25         | <b>trade [1]</b> 177/16       | <b>tried [1]</b> 46/13        |
| 171/6 171/9 171/15          | 193/18                       | 178/1 178/3 178/7            | <b>trade-off [1]</b> 177/16   | <b>tries [2]</b> 136/24 137/1 |
| 171/25 172/2 173/12         | <b>three years [1]</b> 11/19 | 178/10 180/22 182/25         | <b>tragic [2]</b> 102/1       | <b>trigger [2]</b> 112/19     |
| 175/1 175/7 175/11          | <b>through [45]</b> 1/19 6/4 | 183/2 183/20 187/8           | 193/13                        | 112/23                        |
| 175/13 175/19 175/25        | 14/23 30/6 30/22             | 191/19 192/1 192/11          | <b>trained [2]</b> 141/20     | <b>Trimble [6]</b> 99/24      |
| 176/5 177/2 178/19          | 55/17 60/18 66/7             | 193/18 193/20 193/23         | 144/10                        | 100/19 132/22 136/12          |
| 178/20 179/2 179/4          | 69/25 71/16 76/19            | <b>timeframe [1]</b> 49/19   | <b>trainees [1]</b> 97/3      | 154/6 162/23                  |
| 181/18 183/19 185/15        | 78/3 79/6 82/11 82/20        | <b>timeline [1]</b> 136/17   | <b>training [9]</b> 12/20     | <b>true [2]</b> 7/12 7/16     |
| 186/19 186/19 187/14        | 82/24 83/12 88/22            | <b>timely [1]</b> 40/11      | 28/6 44/16 49/13              | <b>truly [1]</b> 122/6        |
| 187/17 188/19 189/7         | 93/14 93/19 93/23            | <b>times [9]</b> 11/23 21/20 | 55/16 85/5 102/8              | <b>trust [88]</b> 6/15 6/18   |
| 191/9 191/18 191/18         | 95/10 104/23 104/24          | 100/4 101/16 130/15          | 129/10 135/11                 | 9/20 9/25 15/16 17/2          |
| 191/25 192/2 192/10         | 107/2 107/7 112/17           | 142/11 147/21 147/23         | <b>transformation [6]</b>     | 17/23 21/14 30/6              |
| 193/2 196/1 196/10          | 116/15 121/7 122/5           | 191/17                       | 15/2 15/5 15/18 15/22         | 30/20 40/16 40/16             |
| <b>thinking [5]</b> 20/18   | 142/18 158/5 159/22          | <b>timing [3]</b> 26/12      | 15/22 177/19                  | 42/17 44/5 48/25              |
| 29/23 60/22 135/7           | 161/15 163/10 168/3          | 29/25 73/12                  | <b>transparent [2]</b> 4/25   | 49/10 54/18 55/13             |
| 161/9                       | 169/2 169/17 170/19          | <b>tiny [2]</b> 18/21 98/11  | 99/19                         | 55/18 56/4 56/9 58/23         |
| <b>thinks [2]</b> 80/23     | 171/23 180/5 184/15          | <b>title [3]</b> 15/10 56/24 | <b>trauma [2]</b> 58/6        | 59/17 62/9 62/15              |
| 92/17                       | 185/7 189/19 192/18          | 128/20                       | 64/22                         | 66/20 68/23 69/16             |
| <b>third [2]</b> 139/22     | <b>throughout [1]</b>        | <b>today [24]</b> 1/20 1/24  | <b>traumatic [1]</b> 137/21   | 69/25 81/25 82/12             |
| 155/20                      | 124/14                       | 2/19 3/8 8/3 8/10 8/15       | <b>treat [4]</b> 38/5 38/12   | 92/11 104/17 105/24           |
| <b>this [322]</b>           | <b>TIA [3]</b> 50/17 50/19   | 8/19 9/5 9/5 20/13           | 39/14 127/9                   | 106/1 109/19 115/15           |
| <b>this is [1]</b> 166/2    | 53/5                         | 21/15 24/25 25/17            | <b>treated [5]</b> 120/7      | 115/23 116/4 117/9            |
|                             | <b>TIAA [18]</b> 4/15 4/18   | 25/20 28/2 53/13             | 123/7 124/15 126/8            | 117/23 118/4 121/8            |

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| <p><b>T</b></p> <p><b>trust...</b> [45] 127/6<br/>127/7 127/17 129/5<br/>130/9 135/1 146/14<br/>146/18 152/1 152/18<br/>152/23 153/20 162/3<br/>162/20 163/6 169/4<br/>172/18 172/18 172/21<br/>173/3 175/5 175/14<br/>176/3 177/4 177/22<br/>178/25 179/3 180/17<br/>180/17 180/23 183/16<br/>183/16 183/25 184/16<br/>184/23 192/10 192/16<br/>192/17 192/21 193/10<br/>193/14 193/21 194/23<br/>195/2 196/16</p> <p><b>Trust's</b> [11] 5/13 9/8<br/>24/18 43/22 45/9<br/>68/12 107/5 126/9<br/>172/7 184/18 185/9</p> <p><b>Trusts</b> [31] 10/22<br/>16/20 30/5 30/21 33/6<br/>33/11 33/18 40/12<br/>40/15 59/21 59/22<br/>102/5 103/17 104/14<br/>104/25 105/21 106/7<br/>107/14 107/14 108/22<br/>109/24 109/25 137/16<br/>163/10 164/5 164/18<br/>165/15 184/9 192/12<br/>192/24 197/8</p> <p><b>truth</b> [2] 6/9 6/25</p> <p><b>try</b> [5] 55/18 100/9<br/>121/22 156/19 157/22</p> <p><b>trying</b> [6] 32/25 80/14<br/>95/19 97/10 157/16<br/>161/2</p> <p><b>turn</b> [3] 45/9 71/25<br/>103/14</p> <p><b>turned</b> [2] 46/24<br/>80/13</p> <p><b>turning</b> [1] 42/3</p> <p><b>turnover</b> [3] 183/20<br/>183/21 184/10</p> <p><b>twice</b> [1] 144/21</p> <p><b>two</b> [61] 2/22 5/15<br/>7/11 7/18 11/19 20/15<br/>22/17 23/3 23/15 26/2<br/>30/10 35/15 37/6 38/1<br/>38/9 38/9 62/15 62/25<br/>64/1 65/15 66/16<br/>67/18 68/22 70/23<br/>73/12 82/25 83/9<br/>85/22 86/6 89/18 90/8<br/>96/11 98/11 98/22<br/>105/17 109/5 111/25<br/>116/10 119/24 121/1<br/>132/14 133/15 139/12<br/>140/24 143/5 143/12<br/>143/14 143/16 153/14<br/>169/20 174/7 174/9<br/>175/6 176/6 177/4<br/>178/2 187/4 188/22<br/>194/18 194/22 195/23</p> | <p><b>two-step</b> [2] 62/15<br/>62/25</p> <p><b>two-weekly</b> [1] 86/6</p> <p><b>type</b> [5] 98/17 100/11<br/>110/25 143/19 145/13</p> <p><b>types</b> [4] 23/15<br/>122/13 125/12 150/12</p> <p><b>typist</b> [1] 63/17</p> <p><b>U</b></p> <p><b>UK</b> [1] 121/13</p> <p><b>ultimate</b> [3] 45/22<br/>46/20 49/2</p> <p><b>ultimately</b> [1] 45/7</p> <p><b>unable</b> [4] 28/25<br/>37/21 39/24 141/10</p> <p><b>unacceptable</b> [1]<br/>109/15</p> <p><b>unaware</b> [1] 54/8</p> <p><b>unbefriended</b> [1]<br/>113/4</p> <p><b>unclear</b> [1] 127/6</p> <p><b>uncommon</b> [2] 18/3<br/>18/5</p> <p><b>under</b> [15] 37/19<br/>38/13 38/23 39/4 39/5<br/>45/9 46/21 48/5 67/13<br/>82/14 87/10 112/5<br/>112/11 112/20 121/13</p> <p><b>understand</b> [29] 5/21<br/>10/9 18/23 19/5 24/10<br/>76/11 81/7 81/24 91/1<br/>96/2 96/8 100/14<br/>101/10 101/15 104/10<br/>130/3 138/25 150/2<br/>150/10 154/20 157/16<br/>171/13 176/17 183/23<br/>184/25 186/10 187/2<br/>190/2 192/12</p> <p><b>understand it</b> [1]<br/>150/10</p> <p><b>understanding</b> [21]<br/>21/6 32/13 33/5 33/6<br/>55/2 71/3 76/9 76/20<br/>81/8 82/3 85/5 97/6<br/>149/18 157/4 163/2<br/>167/12 187/6 187/23<br/>189/8 194/9 195/8</p> <p><b>understood</b> [17] 14/2<br/>17/4 18/15 53/14 80/1<br/>86/8 87/22 90/17 95/4<br/>98/18 99/7 110/21<br/>110/25 121/17 128/12<br/>163/12 176/9</p> <p><b>undertaken</b> [4] 48/11<br/>51/8 148/20 154/7</p> <p><b>undertaking</b> [1]<br/>94/22</p> <p><b>undisturbed</b> [1]<br/>158/8</p> <p><b>unified</b> [1] 170/21</p> <p><b>unintended</b> [1] 60/10</p> <p><b>unit</b> [5] 10/16 22/23<br/>54/24 137/19 190/18</p> <p><b>units</b> [3] 140/13<br/>148/25 190/17</p> | <p><b>University</b> [2] 9/7<br/>72/2</p> <p><b>unless</b> [7] 97/9<br/>100/25 103/3 123/14<br/>140/12 167/8 181/21</p> <p><b>unlikely</b> [2] 73/12<br/>153/13</p> <p><b>unsecured</b> [2]<br/>151/22 152/3</p> <p><b>unsure</b> [1] 12/3</p> <p><b>until</b> [6] 15/22 53/17<br/>67/10 134/14 191/1<br/>198/6</p> <p><b>unusual</b> [3] 195/3<br/>195/14 195/16</p> <p><b>unwell</b> [3] 36/13<br/>142/3 155/17</p> <p><b>unwilling</b> [1] 37/20</p> <p><b>up</b> [64] 2/2 4/19 11/8<br/>20/12 22/3 22/6 23/11<br/>23/13 26/15 29/14<br/>31/3 42/9 45/14 48/15<br/>51/1 51/18 51/19 52/4<br/>55/17 56/6 63/22<br/>65/11 65/21 71/14<br/>74/11 75/4 82/5 86/11<br/>87/2 88/18 89/7 89/10<br/>97/21 100/2 102/16<br/>104/15 105/18 119/6<br/>119/14 120/20 124/20<br/>130/4 140/20 142/6<br/>143/4 144/7 148/12<br/>150/7 150/9 151/7<br/>151/10 151/17 151/18<br/>157/3 168/11 170/11<br/>170/14 170/19 174/25<br/>179/25 180/7 181/3<br/>186/22 187/20</p> <p><b>up-to</b> [1] 119/6</p> <p><b>update</b> [3] 56/4 72/14<br/>193/17</p> <p><b>updated</b> [6] 25/15<br/>43/7 73/16 191/16<br/>192/22 193/8</p> <p><b>updates</b> [3] 7/19<br/>193/3 193/19</p> <p><b>updating</b> [1] 193/23</p> <p><b>upholding</b> [1] 42/14</p> <p><b>upon</b> [5] 89/15 91/9<br/>108/10 129/9 196/14</p> <p><b>upper</b> [1] 46/16</p> <p><b>upward</b> [2] 150/14<br/>150/18</p> <p><b>Urgent</b> [1] 54/23</p> <p><b>urinary</b> [2] 38/10<br/>38/12</p> <p><b>us</b> [32] 12/5 14/20<br/>21/13 21/24 24/11<br/>28/3 31/12 34/14<br/>37/17 47/17 51/15<br/>53/12 70/2 70/7 92/3<br/>101/1 103/2 104/24<br/>105/3 106/19 106/20<br/>107/7 111/21 117/7<br/>127/3 134/21 145/18<br/>165/10 166/15 172/24</p> | <p>191/15 196/18</p> <p><b>usage</b> [12] 69/6 82/9<br/>130/14 130/17 131/23<br/>131/25 132/3 132/6<br/>132/9 132/11 132/14<br/>132/20</p> <p><b>use</b> [73] 7/19 14/9<br/>16/20 16/21 17/24<br/>22/10 41/24 42/1 42/6<br/>42/16 42/23 43/17<br/>43/23 43/25 49/12<br/>49/25 56/15 56/18<br/>58/2 62/6 62/18 63/23<br/>64/5 67/8 69/4 71/12<br/>72/4 74/13 74/23<br/>78/12 81/11 82/2<br/>84/22 87/12 87/13<br/>88/10 89/1 90/22<br/>92/18 99/13 103/16<br/>103/24 109/1 109/8<br/>109/21 112/7 115/2<br/>115/10 115/15 117/1<br/>118/15 130/17 135/15<br/>136/22 146/12 153/4<br/>153/10 154/11 154/15<br/>157/3 157/5 158/11<br/>164/22 166/1 168/23<br/>175/24 177/19 186/14<br/>187/7 193/11 194/22<br/>195/3 195/21</p> <p><b>used</b> [36] 14/12<br/>17/16 26/5 53/9 56/11<br/>77/13 77/14 77/21<br/>77/22 77/23 78/1 78/1<br/>78/9 78/10 79/20<br/>100/21 128/16 135/13<br/>138/20 139/11 140/2<br/>144/20 153/22 155/10<br/>157/9 157/11 157/17<br/>163/9 163/14 164/5<br/>168/2 168/6 172/10<br/>194/3 195/14 197/1</p> <p><b>useful</b> [8] 80/9 80/9<br/>80/20 113/24 134/11<br/>156/4 156/25 188/9</p> <p><b>user</b> [13] 6/13 27/1<br/>133/14 134/12 134/17<br/>134/25 136/8 138/8<br/>194/15 194/21 195/5<br/>195/11 195/24</p> <p><b>users</b> [3] 55/1 134/18<br/>196/4</p> <p><b>uses</b> [6] 16/22 84/17<br/>136/1 152/20 162/9<br/>164/5</p> <p><b>using</b> [18] 17/9 26/16<br/>26/19 27/1 27/3 43/3<br/>69/10 119/4 131/14<br/>135/9 145/2 158/2<br/>165/25 167/17 178/22<br/>192/14 195/4 196/5</p> <p><b>usual</b> [1] 76/18</p> <p><b>utilisation</b> [1] 82/19</p> <p><b>utility</b> [1] 190/16</p> | <p><b>V</b></p> <p><b>valid</b> [2] 43/11 81/18</p> <p><b>validate</b> [1] 140/5</p> <p><b>validated</b> [1] 82/21</p> <p><b>validation</b> [1] 134/2</p> <p><b>validity</b> [1] 94/25</p> <p><b>valuable</b> [2] 69/5<br/>173/23</p> <p><b>value</b> [16] 65/17<br/>67/20 92/21 101/5<br/>109/8 110/13 140/22<br/>141/5 155/14 184/24<br/>185/4 185/5 185/10<br/>185/20 186/1 187/3</p> <p><b>vantage</b> [2] 105/4<br/>107/18</p> <p><b>variation</b> [6] 109/15<br/>147/15 147/15 147/17<br/>151/5 192/25</p> <p><b>varied</b> [1] 55/2</p> <p><b>various</b> [10] 5/15<br/>58/11 59/6 60/18<br/>103/7 118/18 121/18<br/>126/17 140/13 148/25</p> <p><b>vary</b> [1] 147/10</p> <p><b>vast</b> [1] 141/22</p> <p><b>VAT</b> [2] 183/14<br/>183/15</p> <p><b>VBPMs</b> [5] 27/23<br/>166/20 166/22 167/6<br/>197/7</p> <p><b>version</b> [35] 24/23<br/>26/10 30/8 30/9 31/8<br/>34/15 34/16 42/20<br/>44/20 44/24 45/2 45/4<br/>45/13 45/21 46/21<br/>47/4 48/5 50/22 51/15<br/>51/16 55/15 55/21<br/>67/10 67/17 67/23<br/>68/2 68/8 69/15 69/24<br/>73/21 73/21 139/24<br/>191/7 192/3 193/16</p> <p><b>Version 12</b> [1] 50/22</p> <p><b>Version 9</b> [2] 31/8<br/>193/16</p> <p><b>versions</b> [6] 34/13<br/>45/19 55/23 68/17<br/>191/9 193/5</p> <p><b>versus</b> [3] 73/8 97/13<br/>166/12</p> <p><b>very</b> [48] 5/25 16/12<br/>48/20 51/19 57/21<br/>63/9 72/23 76/23<br/>79/22 81/16 82/16<br/>91/15 98/5 98/7 98/16<br/>99/7 102/20 108/10<br/>108/12 109/10 110/4<br/>110/15 111/7 114/25<br/>118/4 124/13 136/22<br/>141/15 142/3 142/10<br/>143/22 145/14 146/1<br/>147/7 147/22 148/18<br/>152/6 152/25 155/6<br/>155/12 159/2 161/17<br/>162/7 173/9 182/21</p> |
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| <p><b>V</b></p> <p><b>very... [3]</b> 189/1<br/>192/3 197/24</p> <p><b>video [27]</b> 24/15<br/>24/19 76/15 79/15<br/>79/20 90/3 118/24<br/>118/25 119/10 119/10<br/>119/14 119/15 119/18<br/>121/19 121/19 124/24<br/>125/1 125/4 125/12<br/>125/15 125/17 125/22<br/>126/11 126/12 128/14<br/>129/2 188/13</p> <p><b>videos [1]</b> 24/16</p> <p><b>view [34]</b> 14/9 23/10<br/>23/13 23/15 23/16<br/>23/17 24/3 26/18<br/>26/20 27/10 76/22<br/>95/19 97/8 108/18<br/>109/5 110/8 116/23<br/>119/3 119/4 119/7<br/>123/22 130/24 131/15<br/>145/17 159/3 159/24<br/>160/2 160/4 161/11<br/>186/20 186/23 187/21<br/>188/12 188/13</p> <p><b>viewed [1]</b> 152/11</p> <p><b>views [6]</b> 36/2 52/15<br/>92/6 113/17 178/23<br/>185/13</p> <p><b>Virginia [1]</b> 162/12</p> <p><b>visible [1]</b> 24/20</p> <p><b>vision [3]</b> 33/17 72/4<br/>188/19</p> <p><b>vision-based [2]</b><br/>33/17 72/4</p> <p><b>visual [2]</b> 43/3 158/5</p> <p><b>vital [49]</b> 20/2 26/1<br/>26/17 26/20 27/2<br/>27/15 65/7 65/12<br/>65/15 65/20 83/2 83/7<br/>115/16 119/19 130/14<br/>130/22 131/4 131/5<br/>131/14 132/12 134/8<br/>135/2 140/22 141/3<br/>141/5 143/4 143/7<br/>143/8 143/25 145/2<br/>145/15 146/12 153/4<br/>153/10 153/14 153/21<br/>157/16 158/3 158/7<br/>160/20 186/8 186/9<br/>186/21 186/23 187/9<br/>188/21 189/3 195/9<br/>196/19</p> <p><b>volume [1]</b> 190/18</p> <p><b>vulnerability [1]</b> 44/2</p> | <p>41/13 48/9 49/9 53/2<br/>93/23 100/9 101/9<br/>105/20 120/22 129/24<br/>130/13 139/3 140/7<br/>141/6 142/9 144/15<br/>151/1 154/16 156/8<br/>161/23 163/12 169/13<br/>170/10 171/16 175/3<br/>176/11 181/21 189/22<br/>189/23</p> <p><b>wanted [7]</b> 4/24 19/7<br/>57/2 60/5 96/18<br/>123/21 124/6</p> <p><b>wanting [2]</b> 24/16<br/>93/14</p> <p><b>wants [1]</b> 61/1</p> <p><b>ward [38]</b> 11/12<br/>11/24 12/10 12/24<br/>13/1 13/6 13/8 13/21<br/>13/22 22/6 23/10<br/>41/21 45/15 49/18<br/>85/4 85/8 85/10 86/13<br/>96/21 102/24 103/7<br/>122/21 145/8 147/16<br/>147/18 147/20 147/21<br/>148/1 148/1 150/3<br/>151/6 155/8 156/16<br/>156/24 175/17 189/13<br/>189/15 189/20</p> <p><b>wards [39]</b> 6/17 8/1<br/>11/18 11/20 13/17<br/>48/11 49/21 54/25<br/>72/5 83/1 85/19 91/16<br/>92/8 98/10 131/23<br/>131/24 145/5 146/4<br/>146/15 148/20 149/17<br/>150/14 155/21 155/25<br/>156/24 174/8 174/10<br/>175/6 175/19 176/6<br/>177/5 177/6 178/4<br/>178/12 188/25 189/2<br/>194/15 194/17 194/22</p> <p><b>Warning [1]</b> 142/23</p> <p><b>warrant [2]</b> 144/23<br/>144/25</p> <p><b>warranted [1]</b> 145/10</p> <p><b>Warwickshire [1]</b><br/>115/14</p> <p><b>was [255]</b></p> <p><b>was finding [1]</b> 95/12</p> <p><b>wasn't [25]</b> 20/21<br/>21/2 33/12 34/21 37/7<br/>44/23 65/9 65/10<br/>65/12 79/4 97/7 97/7<br/>102/14 116/2 117/7<br/>117/24 163/13 168/8<br/>169/18 171/11 171/19<br/>174/11 175/13 176/2<br/>196/13</p> <p><b>waste [1]</b> 177/18</p> <p><b>watch [1]</b> 10/11</p> <p><b>watching [2]</b> 2/5 9/5</p> <p><b>way [49]</b> 14/23 19/3<br/>26/18 27/13 29/13<br/>31/15 32/14 33/11<br/>34/23 37/18 40/24</p> | <p>54/20 58/1 65/8 70/17<br/>76/17 79/15 106/24<br/>107/21 109/17 112/17<br/>117/19 118/4 118/18<br/>120/6 122/5 123/1<br/>126/8 126/14 127/8<br/>135/25 136/9 136/20<br/>141/20 148/2 150/6<br/>152/23 156/20 156/21<br/>157/5 157/17 163/11<br/>163/20 164/13 166/21<br/>168/6 168/17 174/16<br/>177/1</p> <p><b>ways [5]</b> 135/13<br/>137/11 171/25 172/24<br/>184/25</p> <p><b>we [398]</b></p> <p><b>we'd [2]</b> 31/23<br/>196/13</p> <p><b>we'll [19]</b> 2/3 3/16<br/>4/20 6/19 14/8 14/16<br/>18/13 18/15 20/12<br/>50/11 62/8 67/23<br/>69/22 87/24 105/18<br/>107/16 160/3 170/18<br/>185/3</p> <p><b>we're [36]</b> 2/3 4/7<br/>10/25 15/17 18/10<br/>26/23 51/5 53/23<br/>63/20 82/16 86/4<br/>91/18 93/4 95/24<br/>97/12 102/18 104/19<br/>105/23 105/24 107/16<br/>122/24 122/25 126/22<br/>132/24 146/3 157/14<br/>160/9 167/14 168/25<br/>169/6 169/21 169/21<br/>173/2 178/5 178/11<br/>185/24</p> <p><b>we've [76]</b> 5/16 6/8<br/>6/24 7/10 8/11 15/15<br/>17/10 21/10 21/20<br/>26/1 26/2 26/4 32/2<br/>45/25 46/7 46/14<br/>47/16 53/16 54/15<br/>55/20 55/20 57/21<br/>58/20 58/21 58/23<br/>59/14 66/21 73/14<br/>74/4 78/10 81/25 84/9<br/>91/20 92/13 92/24<br/>92/25 93/11 93/14<br/>95/10 96/11 98/6 99/8<br/>99/12 100/11 101/6<br/>106/12 111/11 117/2<br/>121/1 122/13 123/21<br/>129/1 130/14 130/21<br/>130/23 134/4 134/16<br/>138/13 139/11 141/8<br/>142/23 143/4 145/14<br/>148/16 152/22 154/2<br/>154/11 156/25 160/8<br/>162/7 178/15 184/24<br/>185/2 192/17 194/25<br/>197/1</p> <p><b>wearing [2]</b> 1/25 2/3</p> <p><b>website [3]</b> 2/6</p> | <p>116/16 117/2</p> <p><b>Wednesday [2]</b> 1/1<br/>83/18</p> <p><b>week [21]</b> 1/10 1/15<br/>8/7 9/2 9/6 20/22<br/>20/24 21/21 25/10<br/>25/23 54/24 72/13<br/>77/9 82/22 83/16<br/>83/18 133/21 133/24<br/>134/16 168/20 170/6</p> <p><b>weekly [3]</b> 86/2 86/6<br/>89/3</p> <p><b>weeks [1]</b> 85/22</p> <p><b>weight [9]</b> 91/8 91/11<br/>94/3 101/13 107/1<br/>107/2 117/15 117/16<br/>127/2</p> <p><b>welcome [1]</b> 29/4</p> <p><b>well [68]</b> 11/14 13/13<br/>14/16 17/22 18/10<br/>21/8 25/12 32/2 33/6<br/>55/16 63/1 69/18<br/>71/22 77/20 79/16<br/>83/22 90/19 94/8 96/6<br/>97/16 97/18 99/2 99/4<br/>105/1 105/16 108/11<br/>109/11 109/14 110/4<br/>117/22 119/14 119/19<br/>121/24 122/4 125/12<br/>127/21 127/21 133/23<br/>134/10 136/13 138/12<br/>139/4 139/5 140/4<br/>140/10 141/2 141/17<br/>142/5 144/22 145/5<br/>146/11 147/10 147/13<br/>148/4 158/13 160/6<br/>160/9 167/6 169/4<br/>173/11 177/15 181/1<br/>181/16 181/17 182/12<br/>183/25 186/12 193/21</p> <p><b>well-established [1]</b><br/>110/4</p> <p><b>went [2]</b> 67/13 180/7</p> <p><b>were [69]</b> 9/11 10/8<br/>10/11 10/15 11/3 11/8<br/>11/21 12/3 12/6 12/23<br/>13/18 16/3 20/18 21/8<br/>28/23 29/6 31/14<br/>31/22 32/16 32/25<br/>33/5 46/6 46/11 50/5<br/>53/24 54/25 55/5<br/>60/10 64/1 66/16 69/4<br/>70/7 75/5 76/21 77/25<br/>93/1 99/8 102/16<br/>110/23 111/25 112/12<br/>114/21 115/19 117/9<br/>118/2 123/9 141/2<br/>142/8 143/17 144/12<br/>147/25 155/9 161/6<br/>163/9 164/12 168/10<br/>168/21 172/10 173/2<br/>173/10 179/16 179/25<br/>180/13 181/6 181/14<br/>182/8 193/3 194/16<br/>197/12</p> <p><b>weren't [3]</b> 33/3</p> | <p>118/3 183/2</p> <p><b>West [2]</b> 10/16 11/12</p> <p><b>what [141]</b> 3/11 10/1<br/>11/1 11/2 11/8 11/20<br/>11/21 12/5 13/12<br/>15/10 16/13 17/7<br/>17/18 18/23 18/23<br/>18/25 19/4 21/6 21/20<br/>21/24 23/20 26/19<br/>27/19 28/17 28/19<br/>29/24 30/15 31/21<br/>32/1 33/19 33/20 39/8<br/>40/4 43/13 46/7 46/9<br/>48/9 50/20 50/24<br/>51/16 56/16 60/16<br/>64/23 65/23 69/19<br/>72/24 75/15 76/11<br/>76/12 78/24 79/8 80/2<br/>80/10 82/5 83/11<br/>86/18 90/1 91/2 93/18<br/>93/21 95/21 98/15<br/>98/24 100/1 100/14<br/>101/2 101/3 104/25<br/>105/18 107/25 109/6<br/>110/21 111/1 111/8<br/>112/14 112/18 113/7<br/>113/8 113/19 115/19<br/>117/10 117/13 117/15<br/>127/2 127/3 127/10<br/>128/23 132/24 133/18<br/>133/18 133/22 134/4<br/>134/25 135/23 137/11<br/>137/13 138/3 139/9<br/>141/12 142/24 142/24<br/>145/16 147/25 149/15<br/>151/18 153/25 160/4<br/>161/7 161/8 161/10<br/>161/13 161/18 161/18<br/>162/1 162/2 163/12<br/>164/13 164/16 165/1<br/>165/23 167/3 167/4<br/>167/5 167/13 168/3<br/>170/9 172/2 173/13<br/>176/19 177/22 179/20<br/>181/3 182/2 184/24<br/>185/12 185/22 188/14<br/>189/9 190/2 192/1<br/>196/8</p> <p><b>what's [5]</b> 90/15<br/>90/16 91/6 101/10<br/>190/8</p> <p><b>whatever [6]</b> 122/8<br/>156/20 156/24 176/2<br/>181/6 195/9</p> <p><b>when [110]</b> 2/21 8/23<br/>9/2 11/10 11/23 11/25<br/>12/1 13/6 13/14 14/19<br/>15/25 16/6 17/5 23/11<br/>23/14 24/22 25/16<br/>25/21 26/23 27/11<br/>27/17 27/18 31/25<br/>35/23 39/11 40/21<br/>42/3 45/5 46/20 54/9<br/>58/19 59/17 59/20<br/>66/25 67/3 71/25<br/>72/11 72/11 83/25</p> |
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| <p><b>W</b></p> <p><b>when... [71]</b> 85/24<br/> 89/3 90/9 90/10 94/22<br/> 95/23 101/13 101/18<br/> 101/18 101/23 102/18<br/> 103/2 104/8 106/17<br/> 109/4 113/12 113/16<br/> 114/4 114/11 114/22<br/> 117/25 118/12 118/19<br/> 119/19 119/23 121/23<br/> 122/19 124/12 127/3<br/> 131/20 134/18 134/25<br/> 136/13 137/22 140/25<br/> 147/21 147/24 151/13<br/> 158/23 159/10 159/11<br/> 159/17 159/18 161/14<br/> 161/15 163/3 163/16<br/> 165/9 168/3 168/19<br/> 169/3 169/7 169/21<br/> 172/21 175/1 177/3<br/> 178/24 182/24 184/14<br/> 186/8 186/21 186/22<br/> 186/22 186/25 187/1<br/> 188/1 188/10 189/3<br/> 192/3 192/18 193/16</p> <p><b>where [63]</b> 4/17 4/24<br/> 13/8 13/15 26/4 29/2<br/> 31/20 34/14 36/8<br/> 36/12 37/16 37/20<br/> 38/19 39/23 42/24<br/> 43/10 49/25 50/16<br/> 53/12 55/10 55/23<br/> 61/21 76/7 80/2 80/4<br/> 83/5 91/18 95/2 100/5<br/> 114/17 114/24 122/24<br/> 124/17 125/14 126/10<br/> 126/12 133/21 134/1<br/> 135/25 136/2 138/24<br/> 143/15 143/22 144/24<br/> 145/7 145/13 148/20<br/> 151/6 154/12 154/25<br/> 155/14 155/15 155/19<br/> 155/21 159/20 159/21<br/> 169/7 187/6 188/6<br/> 189/5 189/19 192/14<br/> 196/24</p> <p><b>wherever [2]</b> 136/25<br/> 137/2</p> <p><b>whether [57]</b> 14/14<br/> 17/23 25/2 32/17<br/> 32/18 32/23 34/9<br/> 34/23 42/22 45/22<br/> 46/20 53/2 67/19<br/> 71/17 80/15 84/21<br/> 84/22 84/24 96/25<br/> 97/2 97/5 97/15 97/17<br/> 97/18 99/3 101/4<br/> 101/22 102/11 104/12<br/> 109/6 109/19 109/19<br/> 111/6 112/14 113/23<br/> 114/20 117/11 134/7<br/> 140/11 140/13 140/15<br/> 144/6 146/11 150/9<br/> 151/4 153/3 153/9<br/> 154/21 160/10 163/2</p> | <p>176/1 176/19 179/6<br/> 188/15 192/21 194/1<br/> 196/18</p> <p><b>which [99]</b> 3/13 4/20<br/> 9/21 9/22 11/6 12/21<br/> 14/8 17/2 18/13 24/17<br/> 25/17 29/20 30/25<br/> 32/11 34/15 38/11<br/> 38/12 40/16 42/9 43/4<br/> 47/9 48/11 49/11<br/> 52/25 54/7 54/12 58/1<br/> 59/5 63/7 63/9 63/13<br/> 64/8 67/18 69/24<br/> 70/13 73/7 75/25<br/> 82/18 88/4 91/13<br/> 93/12 95/11 95/17<br/> 97/14 98/1 99/9 99/18<br/> 104/10 108/15 108/16<br/> 109/18 110/4 112/20<br/> 115/10 116/8 116/12<br/> 116/19 116/22 118/1<br/> 120/6 122/17 123/16<br/> 125/13 126/4 127/8<br/> 131/3 133/15 139/10<br/> 140/25 141/8 141/13<br/> 143/13 149/1 151/9<br/> 151/25 152/21 154/20<br/> 161/10 163/18 163/19<br/> 164/22 164/23 166/11<br/> 166/11 168/17 170/15<br/> 180/4 180/6 180/21<br/> 181/10 184/21 184/25<br/> 186/8 186/10 188/21<br/> 193/3 193/10 195/13<br/> 196/5</p> <p><b>while [6]</b> 32/4 32/5<br/> 111/11 114/9 114/11<br/> 175/3</p> <p><b>whilst [3]</b> 18/22 98/8<br/> 108/13</p> <p><b>who [57]</b> 1/24 9/25<br/> 12/2 21/22 21/23 22/4<br/> 28/1 38/9 38/10 39/4<br/> 39/6 45/10 58/5 60/13<br/> 69/3 69/5 69/8 71/1<br/> 79/9 82/1 87/19<br/> 121/24 121/25 129/14<br/> 130/7 130/17 135/14<br/> 139/4 139/5 142/14<br/> 144/10 145/6 146/4<br/> 153/1 155/17 156/2<br/> 156/7 156/15 157/20<br/> 157/20 157/21 158/18<br/> 158/20 158/21 158/21<br/> 172/22 172/23 173/22<br/> 180/9 181/14 182/13<br/> 186/12 187/16 189/24<br/> 195/2 195/15 196/4</p> <p><b>who's [2]</b> 70/7 90/24</p> <p><b>whole [9]</b> 6/18 78/21<br/> 88/18 89/7 89/10<br/> 91/21 168/23 178/24<br/> 184/5</p> <p><b>wholly [1]</b> 96/5</p> <p><b>why [11]</b> 52/21 58/15<br/> 68/15 70/10 88/13</p> | <p>96/8 129/11 132/19<br/> 132/23 190/1 190/9</p> <p><b>wide [4]</b> 20/1 107/4<br/> 141/16 170/16</p> <p><b>widely [5]</b> 40/15 41/2<br/> 50/18 136/14 164/5</p> <p><b>wider [6]</b> 62/4 63/14<br/> 69/2 69/9 109/1 169/8</p> <p><b>will [60]</b> 1/7 3/20 4/1<br/> 8/4 8/8 17/7 17/12<br/> 17/16 17/24 17/25<br/> 18/13 19/13 19/19<br/> 21/11 53/7 53/14<br/> 60/25 63/15 69/15<br/> 69/21 69/23 69/24<br/> 70/2 71/17 71/23<br/> 72/11 73/16 73/18<br/> 74/23 76/18 78/15<br/> 79/8 79/9 82/10 84/1<br/> 92/15 101/3 104/18<br/> 105/6 105/10 105/11<br/> 113/5 116/18 116/20<br/> 125/3 127/9 129/11<br/> 133/18 134/7 137/24<br/> 141/13 146/23 175/7<br/> 175/8 185/10 185/15<br/> 186/23 187/24 187/24<br/> 194/22</p> <p><b>window [1]</b> 142/18</p> <p><b>wish [1]</b> 5/19</p> <p><b>wishes [1]</b> 113/14</p> <p><b>withdraws [1]</b> 46/4</p> <p><b>within [26]</b> 9/19 30/6<br/> 36/12 47/4 48/25<br/> 49/19 50/2 54/23<br/> 68/23 70/4 71/2 84/22<br/> 89/24 109/1 110/1<br/> 110/16 121/7 121/11<br/> 121/14 147/15 154/21<br/> 155/9 163/20 166/5<br/> 166/13 168/22</p> <p><b>without [23]</b> 38/15<br/> 46/25 64/18 64/21<br/> 65/5 79/25 81/3 81/10<br/> 81/10 82/1 103/4<br/> 112/6 113/8 114/4<br/> 116/23 128/16 129/16<br/> 154/16 156/20 157/10<br/> 169/5 174/16 177/14</p> <p><b>witness [17]</b> 2/17<br/> 2/20 3/2 3/12 4/2 8/22<br/> 23/5 43/20 51/4 52/1<br/> 62/1 62/14 71/9 85/18<br/> 116/10 191/12 192/23</p> <p><b>witnesses [2]</b> 20/15<br/> 116/20</p> <p><b>won't [1]</b> 164/3</p> <p><b>wonder [1]</b> 160/10</p> <p><b>wondered [1]</b> 114/19</p> <p><b>wondering [3]</b><br/> 101/22 138/3 183/23</p> <p><b>word [8]</b> 5/8 5/9 25/3<br/> 80/15 82/2 112/8<br/> 122/10 175/24</p> <p><b>wording [3]</b> 24/24<br/> 25/25 194/8</p> | <p><b>words [2]</b> 83/2 122/7<br/> <b>work [35]</b> 4/20 12/7<br/> 12/10 12/23 15/18<br/> 36/9 40/16 68/5 72/15<br/> 73/3 92/18 94/20 95/4<br/> 95/6 99/6 102/6 105/2<br/> 105/6 105/10 105/11<br/> 105/14 106/4 107/17<br/> 109/5 137/13 138/14<br/> 138/19 139/1 141/20<br/> 149/15 163/8 166/7<br/> 175/9 175/10 185/1</p> <p><b>worked [4]</b> 79/5<br/> 107/20 126/9 171/24</p> <p><b>workers [1]</b> 178/5</p> <p><b>workflow [1]</b> 26/17</p> <p><b>working [6]</b> 12/6<br/> 13/21 31/22 163/3<br/> 173/14 179/25</p> <p><b>works [5]</b> 62/24 71/4<br/> 71/20 165/23 166/8</p> <p><b>worn [2]</b> 72/5 196/9</p> <p><b>worse [1]</b> 156/9</p> <p><b>would [186]</b> 2/13<br/> 10/1 11/1 11/2 11/7<br/> 17/17 19/6 19/16 22/5<br/> 22/23 24/24 26/8 27/3<br/> 36/17 36/20 39/2 39/2<br/> 45/23 46/21 48/16<br/> 49/22 50/20 51/18<br/> 52/17 55/6 56/16<br/> 58/11 60/3 60/12 62/5<br/> 64/23 64/24 65/1 65/5<br/> 71/20 72/19 73/20<br/> 74/11 76/21 77/1 77/1<br/> 77/2 78/2 83/19 86/6<br/> 86/11 87/7 87/19<br/> 87/25 88/1 88/18<br/> 89/10 89/14 90/1 91/4<br/> 91/7 91/10 91/23<br/> 91/24 92/1 92/17<br/> 92/21 93/16 95/14<br/> 95/16 98/11 98/21<br/> 101/17 102/3 102/9<br/> 102/13 102/15 102/16<br/> 103/15 104/12 107/1<br/> 107/6 107/8 109/10<br/> 110/15 111/3 111/7<br/> 113/19 113/19 113/21<br/> 113/23 114/1 114/6<br/> 114/12 114/17 114/18<br/> 116/25 117/11 117/23<br/> 120/20 124/9 124/20<br/> 125/23 129/6 129/18<br/> 129/19 129/22 129/25<br/> 130/3 130/9 133/18<br/> 134/1 134/11 134/25<br/> 135/3 135/4 136/8<br/> 136/8 136/16 137/6<br/> 141/14 141/17 141/21<br/> 141/22 141/24 142/3<br/> 142/4 142/5 142/9<br/> 142/10 142/12 142/13<br/> 142/16 142/18 142/20<br/> 143/16 145/10 146/6<br/> 149/11 150/20 153/13</p> | <p>154/1 154/17 155/19<br/> 156/3 156/10 156/25<br/> 157/11 160/11 160/13<br/> 160/21 161/7 161/10<br/> 161/13 162/1 163/19<br/> 164/7 164/17 166/25<br/> 170/25 171/8 171/19<br/> 173/13 174/19 174/20<br/> 175/15 177/13 178/23<br/> 179/21 180/2 180/7<br/> 180/11 182/1 182/14<br/> 182/22 184/2 185/1<br/> 185/20 188/19 189/7<br/> 189/11 189/15 194/5<br/> 194/11 194/19 194/24<br/> 195/4 195/10 195/21<br/> 195/24 196/14</p> <p><b>wouldn't [12]</b> 59/25<br/> 80/24 95/15 105/23<br/> 106/3 117/17 162/19<br/> 163/7 174/23 175/24<br/> 189/12 195/18</p> <p><b>written [12]</b> 47/25<br/> 61/22 62/21 75/17<br/> 90/16 91/7 99/21<br/> 100/6 102/11 127/6<br/> 154/2 196/11</p> <p><b>wrong [6]</b> 19/3 33/15<br/> 58/16 102/25 122/10<br/> 169/7</p> <p><b>wrongly [1]</b> 102/17</p> <hr/> <p><b>Y</b></p> <p><b>yeah [38]</b> 7/23 8/21<br/> 23/2 23/7 25/11 25/24<br/> 35/18 45/2 48/3 49/6<br/> 55/25 61/6 61/10 62/3<br/> 64/11 64/13 65/24<br/> 66/4 66/11 66/16<br/> 73/23 74/1 75/9 78/20<br/> 78/22 87/8 91/24<br/> 103/20 130/6 143/3<br/> 144/4 150/24 153/24<br/> 158/4 160/23 180/14<br/> 190/2 197/11</p> <p><b>year [62]</b> 3/4 7/20<br/> 8/12 8/23 9/9 16/3<br/> 16/6 17/6 20/1 20/14<br/> 24/22 25/1 25/14 26/7<br/> 26/15 27/25 28/13<br/> 28/19 34/18 41/18<br/> 44/25 46/10 49/22<br/> 51/8 52/20 52/20 56/8<br/> 61/9 63/25 72/1 72/20<br/> 73/6 98/9 101/12<br/> 104/9 104/9 104/17<br/> 106/8 116/12 118/12<br/> 118/13 130/15 130/15<br/> 131/2 131/13 132/7<br/> 137/18 139/24 147/11<br/> 147/21 157/4 169/15<br/> 170/4 174/25 175/21<br/> 180/19 182/25 183/21<br/> 184/7 184/13 184/22<br/> 193/14</p> <p><b>yearly [1]</b> 149/21</p> |
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| <p><b>Y</b></p> <p><b>years [13]</b> 11/19 13/5<br/>16/23 35/16 55/7<br/>93/14 132/8 132/10<br/>132/10 138/2 151/3<br/>169/10 173/6</p> <p><b>yellow [1]</b> 114/16</p> <p><b>yes [198]</b> 2/25 3/1 3/7<br/>3/10 4/16 4/22 5/7<br/>5/10 5/14 5/17 5/23<br/>6/3 6/7 6/12 7/6 7/14<br/>9/1 9/10 13/2 13/4<br/>14/6 14/22 14/25<br/>15/25 16/5 16/11<br/>16/17 17/19 18/20<br/>19/7 19/18 21/8 21/10<br/>21/15 21/17 21/19<br/>22/7 24/4 24/6 24/13<br/>25/1 25/25 26/13<br/>26/23 28/11 30/2<br/>30/11 30/13 36/3 39/5<br/>39/11 40/8 41/17 45/2<br/>47/11 47/12 47/22<br/>48/2 49/4 51/3 51/6<br/>51/10 51/17 51/25<br/>52/21 54/17 57/1 57/7<br/>57/12 57/13 57/18<br/>57/20 60/20 62/13<br/>64/14 64/15 66/2 67/1<br/>67/2 67/8 68/10 70/9<br/>72/10 73/19 74/15<br/>75/14 80/18 81/1 81/5<br/>83/15 83/21 84/7 84/8<br/>85/15 85/23 86/15<br/>87/7 88/7 88/12 88/21<br/>89/5 89/5 89/5 89/16<br/>89/16 89/16 89/17<br/>90/7 90/11 93/19 94/7<br/>95/25 98/14 99/17<br/>100/3 100/8 103/12<br/>110/15 111/9 112/3<br/>114/5 116/2 116/9<br/>116/11 118/21 118/23<br/>119/5 119/9 119/12<br/>119/17 119/20 119/22<br/>120/2 120/5 120/10<br/>120/14 120/17 121/3<br/>122/24 123/17 123/20<br/>124/2 124/23 124/25<br/>125/2 125/19 125/24<br/>125/24 126/2 129/4<br/>130/20 131/1 131/10<br/>131/19 133/11 133/20<br/>134/22 135/22 140/20<br/>142/1 142/10 143/20<br/>147/2 147/4 149/6<br/>149/19 149/23 150/1<br/>150/4 150/8 150/11<br/>153/7 153/8 155/2<br/>157/8 159/6 161/25<br/>164/16 167/11 169/23<br/>169/24 170/2 174/11<br/>182/5 183/7 183/13<br/>184/6 187/8 187/8<br/>187/10 187/23 188/3</p> | <p>189/16 191/13 191/18<br/>193/12 195/12 196/5</p> <p><b>yeses [3]</b> 88/20 89/8<br/>89/11</p> <p><b>yesterday [9]</b> 26/14<br/>72/7 82/18 99/24<br/>110/14 110/22 132/22<br/>132/24 162/23</p> <p><b>yet [3]</b> 72/6 82/20<br/>137/23</p> <p><b>you [797]</b></p> <p><b>you'd [9]</b> 73/15 79/17<br/>105/3 144/15 149/14<br/>152/8 187/5 192/24<br/>193/2</p> <p><b>you'll [3]</b> 24/14 59/10<br/>107/21</p> <p><b>you're [39]</b> 2/5 18/22<br/>19/4 21/6 30/15 40/4<br/>61/4 69/18 96/15<br/>106/25 109/22 110/21<br/>111/1 111/8 117/25<br/>119/20 128/18 129/17<br/>129/17 131/8 133/3<br/>133/10 134/20 135/20<br/>138/17 141/18 147/14<br/>158/2 164/13 165/1<br/>170/6 172/12 184/9<br/>184/10 184/18 185/18<br/>186/21 190/2 193/8</p> <p><b>you've [47]</b> 6/6 7/7<br/>7/15 12/5 14/3 15/1<br/>15/1 15/10 19/15<br/>31/16 39/3 47/17<br/>47/25 55/14 59/4 59/5<br/>59/15 65/23 70/17<br/>72/24 81/25 83/14<br/>85/16 94/15 98/4<br/>98/15 100/1 100/10<br/>101/16 104/17 109/18<br/>116/14 117/7 122/12<br/>123/6 123/16 124/3<br/>127/3 134/24 151/4<br/>163/12 175/1 183/8<br/>186/17 189/11 189/24<br/>191/22</p> <p><b>young [2]</b> 144/18<br/>145/9</p> <p><b>your [98]</b> 2/13 3/9 4/2<br/>4/6 4/9 4/14 7/7 7/12<br/>7/16 9/3 9/15 11/2<br/>11/8 13/23 14/18<br/>15/10 16/6 18/4 18/6<br/>18/22 19/12 19/14<br/>20/13 22/10 22/12<br/>22/13 23/10 23/11<br/>23/13 25/20 28/16<br/>28/18 28/19 33/1 33/4<br/>40/14 41/8 42/8 43/18<br/>46/19 46/23 47/1<br/>48/10 49/5 50/12<br/>50/16 54/5 60/1 61/7<br/>62/14 63/1 65/23<br/>70/17 76/20 77/23<br/>88/1 91/1 91/12 99/11<br/>103/22 105/13 107/1</p> | <p>112/17 118/13 119/2<br/>125/25 129/17 133/13<br/>141/18 141/19 142/22<br/>146/9 149/17 151/8<br/>153/6 154/21 155/11<br/>160/19 161/6 165/4<br/>165/5 167/12 167/12<br/>169/18 170/3 172/25<br/>173/22 176/19 177/4<br/>178/23 179/20 183/8<br/>185/13 194/1 195/8<br/>195/16 197/4 197/24</p> <p><b>yourself [2]</b> 71/22<br/>94/16</p> <hr/> <p><b>Z</b></p> <p><b>Zephan [5]</b> 1/7 2/10<br/>2/16 28/21 199/3</p> |  |  |
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