

Witness Name: Laura
Cozens

Statement No.: 1

Exhibits: [LC/01-LC/49]

Dated: 19 February 2025

LAMPARD INQUIRY

FIRST WITNESS STATEMENT OF LAURA COZENS

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

Introduction

1. This witness statement has been written in response to a Rule 9 request from the Lampard Inquiry dated 22nd January 2025.
2. I am the Head of Patient Safety and Quality at Oxehealth Limited. I have been employed by Oxehealth in this role since May 2022. I am a registered Mental Health Nurse and have been since 2011. I hold a Bachelor of Science Degree in Mental Health Nursing (obtained in 2011) and a Postgraduate Diploma in Clinical Forensic Psychiatry (obtained in 2020).
3. Oxehealth is a health technology company based in Oxfordshire. It was

founded in 2012 by Professor Lionel Tarassenko at the Institute of Biomedical Engineering at the University of Oxford and is the manufacturer of a contactless patient monitoring system for mental health hospitals and other settings called Oxevision.

4. Oxevision is an assistive technology to support staff in caring for their patients. Oxevision has been developed in collaboration with patients, carers, doctors and nurses.
5. LC/1 details how Oxevision works.
6. Oxevision is currently used by approximately 50% of the National Health Service (NHS) mental health trusts.
7. Oxevision has supported 70 million hours of patient care (up to 30th January 2025).
8. Oxehealth has engaged with patients and carers as part of the development of the technology and to guide implementation. We routinely see service user representatives present in meetings as part of organisations' implementation process to provide valuable input into the way the technology is used, support communication to staff and patients, and raise any concerns to be addressed.
9. Oxehealth has been involved in assisting organisations with insights and benefits realisation reviews. We have supported partner organisations to collect over 400 qualitative patient and carer views provided as part of a structured feedback process to provide evidence of how the technology is experienced by patients and to feed into product development.
10. Oxehealth supports partner organisations in designing survey and interview questions, sharing best practices and insights gathered from working across multiple organisations. Each organisation is responsible for collecting the feedback, which we then assist in analysing and summarising into internal reports to help understand the experiences of both patients and staff.

11. Oxehealth has not produced a consolidated output combining all survey responses and feedback across organisations. Typically, results are reported separately to each organisation. Additionally, organisations frequently adapt and modify the survey questions, and the questions themselves have evolved over time. As a result, it is not feasible to merge all feedback into a single, combined report.
12. Oxevision is a fixed-installation solution. It uses off-the-shelf hardware, including an infrared-sensitive camera that relays information to designated fixed screens and tablets. The hardware is installed in scratch resistant, secure housing units in each patient room. Encrypted servers are also installed locally which is where Oxevision data is processed and stored. Data storage (non-personal data) is also shared with cloud storage facilities.
13. Oxevision is only installed within specified bedroom areas, this includes seclusion rooms and health based places of safety (HBPOS). It is not installed in patient's ensuite bathrooms. It does not cover any communal areas and it does not record any sound.
14. Oxevision includes two regulated medical devices:
 - **Oxehealth Vital Signs.** It can be used to measure a patient's vital signs (pulse rate 50 to 130 ± 3 beats per minute and breathing rate 8 to 39 ± 2 breaths per minute) and will not give measurements outside these ranges. It provides a 15-second live, clear video feed into a room at the point at which a pulse and breathing rate observation is being taken to allow the clinician to confirm suitability.
 - Spot-check vital signs measurements are taken manually when a staff member clicks into the 'Take Vital Signs' workflow for the selected room.
 - The Vital Signs Trends chart shows a summary of average vital signs data that is automatically generated in the background to assist trend identification. It cannot be used in isolation to measure or monitor pulse rate or breathing rate.

- The Vital Sign Trend data is represented by grey trends diamonds (LC/1) on the report which show a summary of average (collected by Oxevision for at least 75 seconds of a 5-minute period) vital signs data.
 - **Oxehealth Sleep Device.** Oxevision uses vital signs and activity data to assess patients' sleep/wake patterns with a level of accuracy superior to wearables and comparable to the gold-standard, polysomnography. Daily outputs are retrospectively available in a graphical timeline and as summary sleep metrics (e.g. total sleep time). Staff can use this information to support clinical decision-making.
15. Oxevision provides location and activity based warnings and alerts which are configured by each organisation, based on what they consider is appropriate for their individual ward settings.
 16. Oxevision can also provide a number of reports which are discussed in paragraph 51 and 52.
 17. The Oxehealth Vital Signs device is indicated for use on humans 12 years of age or older with all skin types.
 18. The Oxevision system is contact-free (i.e. no device is attached to the patient) and staff interact with the system through a fixed monitor in the nurses' station and tablet devices (typically 2-3 per ward, although additional tablets are provided on request to support with the provision of Oxevision Observations (OxeObs)).
 19. The fixed monitor is hard wired into the organisation's internet service to ensure system availability if there are issues with the provider organisation's existing WIFI which may cause the tablet devices not to work.
 20. The Oxehealth Vital Signs software and the Oxevision Sleep Device components are cleared by the Medicines & Healthcare products Regulatory Agency (MHRA) as Class IIa medical devices in the United Kingdom (UK) and Europe. Vitals Signs software received MHRA clearance

in September 2018 and the Oxevision Sleep Device in April 2024. The Oxevision Sleep Device is not live on Essex partnership University NHS Foundation Trust (EPUT) sites.

21. As part of these medical device certifications, Oxevision is subject to continuous vigilance obligations and ongoing rigorous regulation. This informs Oxehealth's Quality Management System (QMS) which is ISO13485 certified.
22. Oxevision has the ability to deliver secure video recording under strict controls to support the investigation of safety incidents, if chosen by the organisation. Please see the Data and Video section at paragraph 131.
23. The Oxehealth Vital Signs device is for spot-check observations; it does not provide alerts for vital signs, for example high/low pulse and/or breathing rate, or monitor inside en suite bathrooms.
24. The Oxevision system cannot identify the patient; the system detects an individual. It does not differentiate between individuals, i.e. between staff and patients.
25. Oxevision is intended for within single occupancy rooms (please refer to the Instructions for Use LC/2). A 'Multiple People' warning state will be displayed when an already occupied room is entered by another individual or individuals. Prior to March 2025, the 'Multiple People' warning state was named 'Room Entry'.
26. To access the 'Take Vital Signs' workflow, staff click on the room tile which displays the current room state, including 'Multiple People' when relevant. They are then presented with two questions to allow the staff member to a) confirm suitability of the patient for observation and b) indicate where the measurements are being taken from. These questions provide an additional layer of protection should the staff member attempt to take vital signs when there is more than one individual in the room. It is the staff's responsibility to ensure that vital signs are taken from the intended individual.

27. Oxevision is an assistive technology and should never be used to replace therapeutic engagement with patients or the visible presence of staff in the ward environment.
28. Where Oxehealth provides the Oxevision service to organisations, Oxehealth is the data processor and the partner organisations are the data controllers as defined in the UK General Data Protection Regulation (GDPR). All data processing which is carried out by Oxehealth in order to provide the service is according to the service agreement which is signed with the organisation. The latest version of the agreement includes a generated data guide which outlines the types of data generated, the purpose for which Oxehealth may process it and the retention period.
29. Each organisation is responsible for developing their own Standard Operating Procedures (SOPs) and privacy related policies regarding the use of the Oxevision software. Oxehealth supports this through information provided in documents which describe data types, flows and governance to support customers to understand how the system works, what the data flows are, and how patient data is processed and why. Documents shared have changed over time and can include installation guidance, Data Protection Impact Assessment's (DPIA) and Oxehealth's latest data and governance overview document. These support organisations with their responsibilities to assess the risk and impact of the data processing in their role of data controller and are typically shared as part of the procurement process and additionally during the implementation phase where meetings are held with various members of the organisation's staff, including Information Technology (IT) teams. Any recommendations for the secure placement of hardware including the monitor and devices used to access the system may be discussed at these meetings. Further information is provided in the Instructions for Use (IFU) for the Vital Signs medical device with regards the proper use of the system functionality and the organisation staff's responsibility to follow their internal privacy and security procedures.
30. As the data processor Oxehealth is responsible for building security and privacy measures into the system it provides, including but not limited to

data encryption, access controls, and minimising as much as possible the use of patient data, using techniques such as anonymisation and pseudonymisation. Outside of the measures implemented by Oxehealth within the system itself we do not control or audit the way in which customers use the system and its data including the implementation of security measures on customer sites. Oxehealth engages with the organisation's data protection officer and IT teams to answer any questions they have, to support their understanding of the system, and to enable them to carry out their own risk assessments and develop their own SOPs.

31. Oxehealth works with its partners to input technical information into the development of the SOP but ultimately this document is developed and owned by the organisation in relation to how Oxevision will be used in practice.
32. All contraindications, warnings and cautions for the use of the Vital Signs software component of Oxevision are detailed in the IFU. These include circumstances in which the Oxevision system should not be used, used with caution or where the Oxevision may not give measurements.
33. Since 2018, there have been 25 updates to the Vital Signs IFU (shown in LC/2). The IFU is available on the Oxevision fixed monitor and, from December 2022, via Oxeacademy.
34. In November 2022, the Activity Tracker IFU was published and included intended use, warnings and cautions for the use of Oxevision Activity Tracker (the part of the system that provides location and activity based warnings and alerts).
35. Since 2022, there have been 10 updates to Activity Tracker IFU (shown in LC/3). The IFU is available on the Oxevision fixed monitor and, from April 2024, via Oxeacademy.

Oxehealth's awareness of concerns raised in relation to Oxevision

36. On the 12th July 2023 an Open Letter on the use of Oxevision was published online by the National Survivor User Network (NSUN). Oxehealth welcomed the beginnings of a national conversation on how to deliver the very best, 21st century inpatient mental health care. The letter contained several inaccuracies. Oxehealth attempted to seek engagement with NSUN to discuss their concerns, however the group responsible for the letter did not want to engage with us.
37. The NSUN letter appears to imply that the use of any technology in inpatient mental health settings is ill-advised, and we think it is important that we all work together as a wider community of clinicians, patients, carers and NHS users to address this view.
38. Oxehealth has a strong commitment to ethically developed technology. The alternative is that we face an ever widening gap between the technological advances that benefit physical health patients and those that benefit mental health patients.
39. We consider the following to be inaccurate and/or misleading:
 - The letter suggests that Oxevision exists to benefit staff rather than to improve patient care. The purpose of Oxevision is to support patient and staff safety in inpatient services (see paragraph 4 and 27 and LC/45).
 - The letter states “the primary function of [Oxevision] is video monitoring and not taking vital signs”. “Video monitoring” is not an accurate description of Oxevision’s primary functionality, the purpose of which is to support patient and staff safety in inpatient services.
 - The letter describes Oxevision as “blanket 24-hour surveillance”, implying that patients are being continuously watched by staff. The use of the term “blanket” is also misleading as it suggests the system is used with every patient in the same way and that patients have no say over whether it is used to support their care. The Oxevision system can

be switched off at room level should the use of Oxevision not be appropriate.

- The letter states that Oxevision is “not allowing for individualised care planning”. Data from the Oxevision system (vital sign measurements and trends, activity alerts and reports) enables staff to make more informed clinical decisions – promoting individualised patient care in response to risk (see LC/45).

40. Oxehealth met with the senior leadership team at Rethink in August 2023 as a follow up to the NSUN letter. Rethink engaged with all parties and released a statement in November 2023 discussing the opportunities and considerations posed by the adoption of new technologies such as Oxevision to support the care and treatment of mental health patients. This was then updated in April 2024.

Research

41. There is an extensive evidence base demonstrating the clinical and operational value of Oxehealth’s contactless patient monitoring system in inpatient mental health settings. Evaluations consistently show that the technology supports staff to deliver improvements in safety, quality and efficiency on mental health wards. Most of this research is based on provider-led service evaluations, a number of which have culminated in peer-reviewed journal publications.
42. Key findings include: reductions in rates of patient safety events (self-harm, falls, assaults and restraints); enhanced physical health monitoring; time and cost savings; and improvements in both patient and staff experience. Notably, recent interim findings from independent research on patient experience showed that the vast majority of patients with direct experience of the Oxehealth system feel as safe or safer when the technology is in use.
43. Further information can be found in LC/45. The reference list for LC/45 is produced in LC/45/1 - LC/45/9.

National guidance

National Mental Health and Learning Disabilities Nurse Directors Forum (NDF)

44. In September 2022, the National Mental Health and Learning Disabilities Nurse Directors Forum (NDF) co-produced national recommendations, guidance and best practice on safe use of Vision Based Patient Monitoring Systems (VBPMS) (LC/4). The guidelines focus on eight key areas:
 - Purpose of using VBPMS
 - Service user and carer engagement, information and communication
 - Consent for use (including a consent flowchart)
 - Staff engagement, education and training
 - Use of data in investigations
 - Operationalising into practice
 - Evaluating impact
 - Future engagement
45. The NDF created a resource pack for organisations to use which included co-produced patient and carer information materials. The NDF recommended that information materials should be taken from these nationally co-produced best practice templates to avoid creating inaccuracies or confusion across the country, with localisation limited to account for local service variation and needs only.
46. When the NDF guidelines were published they were actively shared with organisations, including EPUT by Oxehealth. Oxehealth also supported EPUT in the localisation of the patient information sheets and patient posters from the resource pack produced by the NDF.
47. In November 2024 the NDF supported the publication of a best practice SOP guidance document as well as an Oxevision Ward Audit tool to support the earlier guidance published in 2022 (LC/5).
48. The best practice SOP working group included senior clinical and non clinical stakeholders, experienced in the development of SOPs/policies as well as the use of VBPMS, namely Oxevision, from eight NHS Mental

Health Trusts (including EPUT) and one independent Mental Health Provider across England, an expert by experience advisory panel including service users with inpatient experience and carers, alongside Oxehealth.

49. This best practice SOP guidance document is designed to support the recommendation outlined in the NDF guidance to support the development of a written best practice SOP for the use of Oxevision.
50. The Oxevision Ward Audit tool working group included senior clinical stakeholders, experienced in the use and governance of Oxevision from five NHS Mental Health Trusts across England (including EPUT), an expert by experience advisory panel, alongside Oxehealth.
51. The Oxevision audit template is designed to support the recommendation outlined in the NDF guidance for auditing the use of Oxevision and support governance processes. This audit template covers four areas including consent, patient feedback, Oxevision equipment and staff feedback including their understanding of the local SOP. The results from the audit should then feed into existing governance processes within the organisation.

NHS England principles

52. On the 7th February 2025 NHS England published a new paper, “Principles for using digital technologies in mental health inpatient treatment and care”.
53. This paper is the result of a lengthy review, and it details eight principles to guide decision-making on procurement, implementation and the use of digital technologies in mental health inpatient settings.
54. The paper says, the “use of digital technology can support inpatient care, giving patients a greater voice and choice in their care” and it says the use of digital technology should be accompanied by “personalised clinical decision making.”

55. Oxehealth agrees with this position and warmly welcomes the publication of these principles, all of which are consistent with the appropriate use of the Oxevision system.
56. Following the NHSE publication Oxehealth are engaging with each provider to provide information and support with how they can align with the eight principles.

Oxehealth's national Community of Practice

57. Oxehealth has facilitated two Community of Practice (COP) events to bring together users of the Oxevision system in order to discuss best practice.
58. The first COP event was held in May 2024 and had 27 attendees across 15 NHS and private mental health providers, including representatives from EPUT. Attendees were from a wide range of roles from Medical Director, Chief Nursing Information Officer (CNIO), Reducing Restrictive Practice Lead, Assistant Director of Nursing, Head of Nursing, Matrons, Ward Managers, Nurse Consultants, Network Director for Quality, Nursing & AHPs.
59. The second COP was held in November 2024, there were 23 attendees from across 16 NHS and private mental health providers, including representatives from EPUT. Attendees were from a wide range of roles from Medical Director, CNIO, Associate Director of Nursing and Quality, Associate Nurse Director, Head of Nursing.
60. Topics included within the COP events were:
 - Using technology to support data enabled care.
 - Ward audit tool: developing best practice.
 - Using data to optimise ward performance.
 - SOP guidance document.
 - Best practice sharing: recording consent with your EPR.
 - Best practice sharing: using Oxevision to promote sleep hygiene.
 - Oxehealth product development roadmap.

Oxehealth's Engagement with Experts by Experience and Co-production

61. During 2023 and 2024, Oxehealth engaged with a wider group of patients and carers (all with experience of inpatient mental healthcare), to support 24 co-production engagements. Examples include developing patient and carer communications (e.g. patients and carers cocreated our explainer video on our website (LC/6)), advising on SOP best practice guidance (provided in conjunction with the work of the NDF) and helping us ideate and prioritise product development initiatives (LC/7).
62. In 2025 Oxehealth's coproduction plans include development of patient and carer facing reports, a priority area for our patient and carer group, to support patient and carer understanding, engagement and assurance.

Relationship with EPUT

63. Oxehealth did not have any relationship with EPUT prior to its partnership in relation to the Oxevision technology.
64. Conversations between Oxehealth and EPUT started fully in May 2019 after an initial meeting in February 2019.
65. LC/8 outlines when contracts were signed and when wards went live.
66. The purpose of EPUT partnering with Oxehealth and implementing Oxevision was to improve the safety, quality and efficiency of care provided across inpatient wards.
67. The first Oxehealth and EPUT 'Kick off meeting' was held in September 2019, 'Oxeguide' (LC/9) and 'Oxehealth Introduction - A guide for IT and Estates departments' (LC/10) was sent to EPUT.
68. In November 2019 a site survey was completed for Peter Bruff and Hadleigh wards.
69. A contract was signed in December 2019, for a 1 year pilot for Peter Bruff and Hadleigh Unit.

70. In January 2020, EPUT confirmed a second purchase order and requested Oxehealth complete a site survey for Ardleigh and Chelmer wards. A second 1 year pilot contract was signed for Ardleigh and Chelmer.
71. Ardleigh and Chelmer site surveys were completed in January 2020.
72. Oxehealth was an 'invited party' to all subsequent meetings. EPUT were responsible for arranging all meetings and held responsibility for meeting minutes, action logs and subsequent agendas.
73. The first Project Board meeting was held on the 3rd February 2020. EPUT had an 'Oxehealth Pilot Implementation Plan', 'Oxehealth Action Log' and a Risk Register all of which were live documents that EPUT maintained to track the progress for the first 4 wards and all wards thereafter via the Project Board meetings. Oxehealth produced documents for this meeting were 'Oxeguide' (LC/9), 'Oxehealth Install plan for Hadleigh and Peter Bruff' (LC/11) and 'Oxehealth Implementation Planning' (LC/12).
74. The meeting cadence for the Project Board was monthly and EPUT drafted Terms of Reference for the Project Board meeting.
75. The first Clinical Sub Group (CSG) was held on the 11th February 2020. Oxehealth provided 'Oxehealth - Clinical Sub Group Planning' slide deck (LC/13). EPUT sent Oxehealth the agenda for the CSG (LC/14).
76. Following the CSG, on the 13th February 2020 Oxehealth provided EPUT with some sample guidelines for using Oxevision in bedrooms (LC/15) and seclusion rooms (LC/16). An example SOP for using Oxevision (LC/17) and example guidelines for Oxehealth Customer Support (LC/18).
77. Oxehealth has always stated that where the Oxehealth system is installed all service users and their carers are informed and that consent for its use whilst within in-patient services will be required.
78. It is Oxehealth's understanding that on admission to the ward all patients and family members will be informed about the Oxehealth system and will be provided with a leaflet to explain what, when and how they record patient

activity and vital sign measurements Any queries from the patient or family member must be answered in full and a record documented in the patients' health record.

79. On 14th February 2020 Oxehealth shared with EPUT the functionality settings of Oxevision for the warnings and alerts (LC/19). Warnings and alerts are selected and configured by the organisation based on what they consider is appropriate for each individual ward setting.
80. On 18th February 2020 Oxehealth shared with EPUT some guidance on consent and signage for patients, staff and visitors (LC/20).
81. Oxehealth drafted a staff information sheet (LC/21 and LC/22) and a patient information sheet for Peter Bruff (LC/23) and Ardleigh (LC/24), the purpose of these documents was to act as a helpful starter and they were to be discussed in detail during the 'train the trainer' session on 4th March 2020.
82. EPUT requested to have the patient posters for Peter Bruff and Ardleigh in editable format, these were sent on 3rd March 2020.
83. The first Oxehealth 'champions' meeting was held on 4th March 2020 (LC/25). This slide deck was also sent directly to EPUT.
84. On the 6th March 2020, EPUT contacted Oxehealth to inform that EPUT will require the ability to turn the Oxevision system on/off for individual rooms in the cases where patients do not consent to the system being used. Oxehealth included this into the settings of the Oxevision system and updated the training documents for staff.
85. On 20th March 2020, Oxehealth provided EPUT with a patient information video (LC/26).
86. On Friday 3rd April 2020 Peter Bruff and Ardleigh wards went live with the Vital Signs component of Oxevision. This was in response to Covid-19. Oxehealth provided EPUT with Guidance on Using Vital Signs on Covid-19 Patients (LC/27). The functionality of warnings and alerts (Activity Tracker) were not switched on at this point. Oxehealth staff were not present for this

go-live due to Covid-19 however Oxehealth staff were in contact with both wards via telephone on the day.

87. On the 9th April 2020 Oxehealth advised EPUT of 2 new features on the Oxevision system, Covid-19 room labels and Oxehealth messaging (LC/28).
88. On the 25th June 2020, a meeting was held between EPUT and Oxehealth where the new feature of Vital Signs Trends was discussed. Oxehealth provided a 'Vital Signs Trend Poster' (LC/29) and guidance for Vital Signs Trends (LC/30). The Vital Signs Trend feature was switched on for Ardleigh on the 25th June 2020 and Peter Bruff followed a few days later.
89. In August 2020, together with EPUT, Oxehealth produced an 'Early Insights and Implementation Lesson Learned' report for Peter Bruff and Ardleigh (LC/31). The Oxehealth system was installed in all rooms on both wards and went live in April 2020. To identify early insights and implementation learning, data was collected in the form of patient questionnaires, one focus groups (staff and patients) and 1:1 staff interviews.
90. Topics covered in the questionnaire, focus group and interviews included patient safety, patient care, patient experience, staff experience, and staff ways of working with the Oxehealth system.
91. Implementation learnings were collected during six 1:1 staff interviews. Implementation learning interviews covered installation, staff and patient onboarding (engagement, education & training), onboarding effects including how it impacted on staff-patient relationships, and advice for working in partnership to successfully implement technology to drive safety and quality improvements.
92. An addendum to the 'Early Insights and Implementation Lesson Learned' report was produced in December 2020 (LC/32) which included Chelmer and Hadleigh wards. The Oxehealth system was installed in all rooms on both wards and went live in August 2020. The evaluation of the Oxehealth system implementation and early insights was conducted in an identical

manner to Ardleigh and Peter Bruff wards. Survey and interview questions were the same.

93. In October 2020 EPUT signed a contract for another 13 wards (LC/8).
94. In February 2021 EPUT signed a contract for another 6 wards (LC/8).
95. In March 2021, together with EPUT, Oxehealth produced the initial quantitative results of the Oxevision system (LC/33). The report was prepared by evaluating the quantitative impact (a non-randomised before and after study) of implementing the Oxehealth System in four wards at EPUT: Ardleigh, Peter Bruff, Chelmer and Hadleigh.
96. The report focused on the impact of the Oxehealth Service on:
 - Self-harm and assault incidents.
 - Observation level mix.
 - Bank-agency hours related to 1:1 observations.
97. Confounders were also evaluated to understand potential influences other than the Oxehealth Service on the results. A Ward Manager or Matron was interviewed for each of the active and control wards to identify confounders that could influence the analysis of incidents and 1:1 bank and agency spend.
98. Topics covered in the interviews included changes to patient demographics and acuity, staffing ratio and mix, clinical governance and policies (including any new clinical or operational initiatives), use of technology and COVID-19.
99. In May 2021 conversations started between Oxehealth and EPUT about a digital observation tool.
100. In September 2021, together with EPUT, Oxehealth produced the full quantitative results of the Oxevision system (LC/34). The report was prepared by evaluating the quantitative impact of implementing the Oxehealth Service in four wards at EPUT: Ardleigh, Peter Bruff, Chelmer and Hadleigh (active wards).

101. A controlled non-randomised before and after study was completed for Ardleigh, Chelmer and Peter Bruff, and a non-randomised before and after study was completed for Hadleigh. Galleywood was used as the control ward for Ardleigh and Chelmer. Basildon Assessment Unit was used as the control ward for Peter Bruff.
102. In September 2021 EPUT signed a contract for another 1 ward (LC/8).
103. On the 8th October 2021, there was the first meeting of the Oxevision Observations Project Board. Oxehealth provided a draft proposal on how to manage the trial and sequence/stage gate in a phased approach (LC/35).
104. Oxehealth attended 'EPUT Lab - Digital innovation forum' in November 2021 to present the latest designs of the observation tool.
105. The trial wards for OxeObs were Ardleigh, Larkwood, Longview , Peter Bruff and Poplar.
106. A weekly project review meeting was scheduled by EPUT to facilitate the trial (starting in November 2021).
107. EPUT shared their Trial Phases and Planning document (LC/36).
108. Ardleigh, Larkwood, Longview and Peter Bruff started the trial in December 2021.
109. Poplar started the trial in January 2022.
110. The trail was paused in February 2022 and restarted in April 2022.
111. EPUT requested to extend the trial to include 2 additional wards Galleywood and Willow mid May 2022 but was paused again towards the end of May 2022.
112. The trial resumed on the 12th July 2022 on Child and Adolescent Mental Health Services (CAHMS) wards and the 26th July 2022 for the adult wards
113. The trial ended officially on 30th October 2022 however EPUT requested that we continue running Oxeobs on the trial wards.

114. In Jan 2023, EPUT signed a contract to provide the 24 wards at EPUT that had Oxevision with OxeObs.
115. In May 2023 EPUT signed a contract for another 7 wards (LC/8) to be installed with Oxevision and Oxeobs.
116. Oxehealth did not have any input into EPUT's assessment of suitability of the Oxevision system as part of a patient's care.
117. Oxehealth has continued the process with EPUT as detailed from the trial period for all subsequent roll outs of Oxevision.

Training

118. Oxehealth provided EPUT with multiple training sessions (in person and remotely) adopting a "train the trainer" approach, which was EPUT's decision. These sessions were organised by EPUT and EPUT will hold the training records of all staff.
119. Oxehealth was always available to facilitate refresher product training and did so on a number of occasions with EPUT (there was no charge for this).
120. The decision about how often staff should refresh on product training was decided by EPUT and would be documented within their internal SOP.
121. LC/25 is the 'Train the Trainer' slide deck used for Ardleigh, Peter Bruff, Chelmer and Hadleigh. This was sent to EPUT in March 2020.
122. Oxehealth staff were also present on the day the Oxevision system went live on each ward apart from Peter Bruff and Ardleigh due to Covid-19, however, Oxehealth staff were in contact with both wards via telephone on the day for those wards.
123. In December 2021 Oxehealth provided an online platform called OxeAcademy, a learning platform for all Oxevision users. OxeAcademy gave staff access to all 'how to guides' for Oxevision. Staff would have also had access to Instructions for Use for Oxevision which are available electronically on all Oxevision fixed monitors and from December 2022 on

OxeAcademy.

124. At the end of 2022 Oxehealth compiled attendance logs of any staff that attended training sessions (in person and remotely). These logs were then sent to the appropriate managers (LC/37). It is important to note that these sessions were arranged by EPUT.
125. On the 20th September 2023 Oxehealth launched the new and improved OxeAcademy. Staff have the ability to complete Oxevision training and test their knowledge by completing the Oxevision Quiz. The pass rate is 80% (5/6 questions correct) and if staff fail, they will be asked to try again. A certificate will then be emailed to them following successful completion of the quiz. This can be used to assist Trusts with staff competency and training. On the 1st November 2023 Oxehealth changed the 80% pass rate to 100% pass rate (6/6 questions correct).
126. See LC/38 for a list of all EPUT staff that have completed the Oxevision quiz for Course 1 on Oxeacademy.
127. See LC/39 for a list of all staff that have completed the Oxevision quiz for Course 2 on Oxeacademy.
128. Training provided by Oxehealth is in relation to the product performance/functionality and how to use it practically. Training on when and how to use it is the responsibility of the partner organisation in accordance with their SOP.
129. In September 2022 the NDF produced National recommendations, guidance and best practice on use of VBPMs (LC/4). There is a chapter specifically for staff engagement, education and training.

Data and video

130. The primary purpose of Oxevision is to assist staff in enhancing and supporting patient safety in real-time. Whilst not its primary purpose, Oxevision can assist in providing data (including but not limited to video data) to support incident investigations. The NDF Guidance (LC/4)

recommends that data is limited to supporting serious incident investigations where a patient has come to serious or catastrophic harm as a result of a patient safety incident.

131. Oxevision generates two types of video data from the infrared-sensitive cameras in each patient's room:

1. Clear video data (CVD), in which the person is identifiable ("personal data").
2. Blurred video data, in which the person is not identifiable ("non-personal data"). This video data is permanently blurred and can't be unblurred. Blurred video data is typically retained for a period of 3 months but with a maximum retention as stated in the service agreement.

132. The CVD is encrypted and stored securely on servers on site at EPUT. The data is encrypted and protected with physical and technical access controls, which means it can not be accessed by staff at EPUT.

133. Clear video data is automatically deleted from the local Oxevision server located within EPUT after 24 hours.

134. Oxehealth staff do not view clear video data at any point during this process. Clear video data requests must be received within 24 hours of the incident to avoid deletion.

135. When a serious incident occurs, Oxehealth is able to provide system data logs. These logs contain information on the user's interactions with the platform and what would have been shown to the user on the fixed screen and tablet devices. For example room states, when alerts were triggered, when the alerts were reset and when the 'Take Vital signs' workflow had been accessed. The data logs are unable to identify who completed the interaction. For example, what staff member reset an alert. The CVD and data logs that Oxehealth provides should not be used in isolation for clinical decisions or investigations. The data should be used in conjunction with

other information sources. These data logs are only available for up to two years.

136. Oxehealth has produced data reports and data logs at the request of EPUT to support patient safety events. There have been 19 reports produced and sent to EPUT during the time frame of 01.01.2021 - 31.12.2023. LC/40 is an example of this report.
137. EPUT have requested 42 CVD clips, the first request was for Longview ward on 17.04.2021. The date range searched was December 2019 - December 2023.
138. Oxehealth provided EPUT with a DPIA for the Oxevision service (LC/41) for review by EPUT's Caldicott Guardian and Data Protection Officer (DPO) prior to the initial service agreement being signed in December 2019.
139. Further updates to the DPIA have been provided since then with the most recent version as part of a new Data and Governance Overview document (LC/42) shared with EPUT in August 2024.

Usage reports provided to EPUT

140. From June 2020 - 2023 Oxehealth sent EPUT usage reports on the use of Oxevision. These were sent on a weekly basis, initially these were sent to [I/S] at EPUT however from August 2020 the usage reports were also sent to all ward managers on the wards which used Oxevision.
141. From October 2024 it was agreed with EPUT that all usage reports would be sent to Derrick Trimble (EPUT) and [I/S] (EPUT) and they would hold responsibility for sending to ward managers, this was due to the change in personnel at EPUT and Oxehealth not always being informed of when ward managers had moved.
142. Over the years the Usage Reports have been developed, LC/43 is an example of the first usage report sent to EPUT. LC/44 shows how the usage reports have been developed.

143. Oxehealth has sent approximately 190 Usage Reports to EPUT during the partnership.

Ongoing relationship and change management

144. There are a number of ways in which organisations can provide feedback or ask for support from Oxehealth.

145. Oxehealth provides a 24/7 customer service telephone line that manages Oxehealth's Level 1 support. The customer service partner is trained to provide initial troubleshooting for issues reported and where they cannot resolve, they obtain the correct information for escalation to our Oxehealth Level 2 support teams. To ensure they maintain the high standards of service and support to our customers, we regularly monitor calls for training and quality purposes.

146. Feedback forms can be sent directly via the monitor or tablet device. Most technical issues, where possible, will be resolved remotely. Where onsite support is required from Oxehealth, attendance will be within 24-72 hours provided immediate access is suitable.

147. There is a dedicated support email address which users can use however we advise organisations that the best way to contact Oxehealth is via the customer support telephone line or feedback forms.

148. EPUT also has a dedicated account manager and business development lead at Oxehealth.

149. Changes to the configuration of Oxehealth system, for example to amend the timing of an existing alert or to add a new type, are only made following an authorised request from EPUT. Any change requests are confirmed with the clinical sponsor or project lead before carrying out any action.

150. Staff suggestions for functional improvements and system enhancements come through to Oxehealth via multiple channels. These include regular clinical and project meetings, site visits and training sessions attended by

Oxehealth staff, feedback forms via the Oxevision devices, direct contact with our support line and via email.

151. Once received, suggestions are logged and reviewed by Oxehealth's product team who will take significant requests for discussion to the weekly internal product forum where they are assessed against development priorities. Potential developments are then discussed in collaboration with EPUT via the monthly Project Board meetings. Through these discussions, EPUT has the opportunity to authorise formal requests for product enhancements, ensuring alignment with their clinical and operational needs.
152. Some of the most significant requests for EPUT that have been incorporated into our product roadmap include:
 - The co-development of OxeObs, a digital observation tool. Please refer to LC/35 for more information on this project.
 - The introduction of Flexi Rooms, enabling "swing rooms" to be displayed on the appropriate Oxevision device based on ward assignment.
 - The addition of repeat bathroom timer alerts, addressing a specific clinical safety concern raised by EPUT. Standard configuration of bathroom timer alert is to have a single alert after a specified number of minutes, for example, 3 minutes of dwell time in the bathroom. EPUT requested to have successive, additional alerts in 3 minute intervals following the reset of each alert, i.e. to continue alerting for as long as an individual remains in the bathroom. This configuration is unique to EPUT.
 - The deployment of privacy masks to blur areas of the video feed - particularly when bathroom doorways are visible - while staff are taking vital signs.
153. Further information on product suggestions discussed with EPUT is available in the Project Board records.
154. EPUT and Oxehealth continue to have monthly Project Board meetings in which the Oxevision system is reviewed and discussed.

155. Please note, none of the documentation or slide decks referenced in this statement are currently used by Oxehealth, as they have adapted and refined since their original issuance as part of our continuous improvement efforts.
156. LC/46 is Oxehealth's current 'Oxevision installation process for partners' slide deck.
157. LC/47 is Oxehealth's current 'Information for IT teams' slide deck.
158. LC/48 is Oxehealth's current 'Implementation Steering Group' slide deck.
159. LC/49 is Oxehealth's current 'Clinical Project Meeting' slide deck.
160. All staff training videos are held on Oxeacademy. These can be viewed by signing up at <https://www.oxehealth.academy/>
161. All the above documents are live documents which may be edited ahead of each meeting depending on an organisation's service pathway and at what stage of implementation they are at (e.g. if the organisation already has live sites). These documents are regularly reviewed to ensure they remain fit for purpose.

I believe the content of this statement to be true.

[I/S]

19-Mar-2025 | 18:13 GMT