

24 September 2026

Dear Baroness Lampard

We are taking this opportunity to write to you openly about the position of Oxehealth in relation to the task of the Lampard Inquiry.

The Oxehealth board can assure you that patient safety and well-being have always been central to our company's mission and so we naturally share the Inquiry's ambition to improve patient safety both in Essex and throughout the UK.

Our company was built on a passionate belief in the immense opportunity that technology offers to protect vulnerable patients, support overworked frontline staff, and improve clinical outcomes. When we first introduced VBPM into inpatient wards, staff were managing complex, high-acuity risks with few tools beyond their own individual vigilance, within a care model that had seen minimal technological advancement for decades.

Introducing technology into acute psychiatric wards is not simple. Inpatient mental health settings represent uniquely complex, high-risk clinical environments. True innovation in such settings cannot be achieved through theoretical design alone; it requires real-world deployment, continuous clinical feedback, and active iteration.

Healthcare technology cannot be expected to emerge with perfect foresight. As with any pioneering medical device adopted across the NHS, platform capabilities, training protocols, and ward workflows mature through practical application. Crucially, digital systems introduce for the first time unalterable operational insights and objective auditing into ward environments. Previously, the sector had to rely on retrospective memory and unreliable paper records.

Against this backdrop, the Board views the Lampard Inquiry's focus on digital technology as an unprecedented and welcome opportunity. The Inquiry provides a platform for a thorough, sector-wide review of how health tech is evaluated, governed, and integrated across the entire stakeholder community, a comprehensive review that no single technology provider could orchestrate independently.

However, there must also be pragmatic realism regarding the limits of a public inquiry to reach definitive, permanent conclusions about a technology class and deployment model that continues to evolve. Lessons learned from early implementations have already driven substantial advances in system architecture, user authentication, and trust governance. An inquiry must assess not just past implementation, but the continuing trajectory of clinical learning.

Since the start of the Inquiry, we have welcomed its focus on improving patient safety. That said, we have a growing concern about the intensity of the scrutiny directed at Oxevision. We write this whilst being mindful of the Inquiry's primary terms of reference, the wider context of the deaths under investigation, and the existing regulatory framework governing Vision-Based Patient Monitoring Systems (VBPMs).

After reflecting carefully on the Inquiry evidence to date, we have identified two primary areas which we believe would form a basis for ensuring best practice in the use of VBPMs. These are: (1) the development of a single standard or framework governing its use in mental health settings; and (2) the further expansion of the research base into its effectiveness in mental health care.

Consequently, we make the following proposals, both of which reflect our recognition of the recommendations from the Inquiry's nursing and academic statisticians.

Firstly, Oxehealth supports the formation of a nationally representative and independently-led working group whose purpose is to develop a clear and consistent national framework, based upon existing guidance from NHS England, the CQC and the National Mental Health & Learning Disability Nurse Directors Forum, together with expert opinion and lived experience. We suggest that the working group should include a broad range of expertise and lived experience including:

- A. NHSE and/or CQC
- B. Senior clinical leadership
- C. A range of people with lived experience (including those who have direct experience of inpatient services and of the Oxevision technology)
- D. Frontline staff (with direct patient contact)
- E. Relevant legal/ethical expertise
- F. Medical technology (medtech) providers

We consider that the national framework should establish clear principles and expectations across key areas relevant to the safe and effective use of VBPMs, such as:

1. Informed patient consent
2. Clinical risk assessment and management
3. Training and competency
4. The role and limits of technology
5. The application of the Mental Capacity Act and best interests decision-making in individual cases
6. The application of the Mental Health Act and its Code of Practice in individual cases
7. Keeping decisions about the benefits of VBPMs under appropriate review for individuals
8. Effective recording and audit of decisions

Secondly, Oxehealth is willing to provide an independent research bursary of £100,000 to an appropriate qualified university, Health Innovation Network, or accredited research body to support an independent multi-site study into de-identified incident data and the safety impact of Oxevision in inpatient mental health settings.

Any study funded by this bursary would be conducted independently of Oxehealth and would be subject to appropriate governance and ethical oversight. In particular, the research protocol, methodology, outcome measures and analysis plan would be developed and agreed independently by the research team without direction or influence from Oxehealth. The researchers would retain full and independent publication rights, including the right to publish the study findings irrespective of whether the results support or contradict previous findings or show no material impact of Oxevision.

If helpful, Oxehealth could provide full access to appropriate de-identified, aggregated, multi-trust safety and incident data from its partner NHS trusts, subject to the agreement of relevant partner organisations and applicable information governance requirements. Oxehealth would regard any outputs from the research team as an opportunity to develop best practice in the use of VBPMS which would be openly accessible to all technology providers and all organisations implementing VBPMS.

We are writing now so that the Inquiry and the Core Participants, who are copied in through their legal representatives, understand the views of the Oxehealth Board and the practical support we want to offer through Oxevision to contribute to safe care in mental health settings by NHS Trusts and other provider organisations.

The Board does not consider that legitimate questions about consistency of implementation across different Trusts or the robustness of the published evidence base provide a basis for assuming that use of the technology should cease while this work is undertaken. In our view, the proportionate response is to strengthen the evidence base, improve national consistency and ensure that the technology is used with appropriate safeguards according to clinical need and individual circumstances.

We are also conscious that decisions to restrict or withdraw the technology would have serious consequences of their own, including for patients, families and staff who value its use, and for NHS Trusts and other healthcare providers who have a duty to limit risk and keep patients safe. We believe the consequences we list here should be at the centre of any assessment of proportionality.

We firmly believe in the benefits that VBPMS can bring to both patients and the staff caring for them but we also recognise the strength of feeling about the need for technology to be patient-centred and reflect clinical need.

In our view, the proposals outlined above offer a constructive and practical route to strengthening safeguards and continued development of the evidence base, and we would welcome the opportunity to work with the Inquiry and relevant national bodies to take them forward.

Kind Regards,

A rectangular box containing the text "[I/S]" in a large, bold, black font, representing a signature.

James Ede-Golightly

Chairman Oxehealth Board