Oxford Health NHS Foundation Trust

LIO Programme Board
20th October 2025
14:00-14:50
MS Team
Chair: **

Item

1. Welcome and apologies

Attendees: **

Apologies: **

2. Action Log

Reviewed and updated.

3. Feedback from Clinical Workstream.

a) Implementation of 24-hour system update

- Update on moving to use at the door alerts

  - **Paperwork and Consent Updates:** ** explained that all paperwork was reviewed and updated to reflect the 24-hour use of the LIO system, with local working instructions revised multiple times before distribution. Patient consent forms were redone, requiring wards to reconsent their patients, and some wards provided data on the number of patients who had reconsented.
  - **Ward-Specific Consent Issues:** ** reported that one ward, Wintel, had completely withdrawn consent, with all women declining participation. ** and ** pl**d to investigate the reasons for this withdrawal, as other wards had not shown similar resistance.
  - **Staff and Patient Communication:** ** and ** discussed the importance of clear communication with staff and patients regarding the system's use, noting previous misunderstandings and the need for ongoing conversations to address concerns and ensure informed consent.
  - **Consent Trends and Next Steps:** ** highlighted a significant drop in consent rates, particularly in Swindon, prompting ** to suggest further patient engagement to understand the decline. ** agreed to add this to the agenda for the next meeting, aiming to review consent data and discuss potential actions.

- **Technical and Operational Challenges in Specific Wards:** **, **, **, **, and others addressed technical limitations in the Allen and Wenric wards, including room layouts causing blind spots and partial system coverage, with ** and ** proposing site visits and risk management strategies, and ** raising concerns about managing wards with incomplete coverage.
  - **Room Layout and Blind Spots:** ** explained that the Allen ward's varied room layouts created blind spots, preventing full camera coverage and limiting the ability to offer over-the-door alerts in all rooms. She suggested reviewing whether adjustments, such as moving furniture, could improve coverage.
  - **Site Visits and Assessment:** ** recommended that a representative from LIO conduct a site visit to assess each room's suitability for the system, as the current plans and reviews indicated significant variation and blind spots across rooms.
  - **Risk Management and Ward Operations:** ** and ** discussed the operational challenges of managing wards with only partial system coverage, debating whether to move patients into rooms with alerts or to designate certain wards as unsuitable for the system, emphasising the need for clear processes to avoid confusion among staff.
  - **Action Plan for Implementation:** ** offered to enable the system across all suitable rooms in Wenric, pending a clear plan from the ward, while ** agreed to coordinate with the relevant teams and ensure a written process was in place before proceeding.

4. Use of LIO system to conduct observations
   - Concerns raised in champions forum

- **Risk Management and Safe Use of Leo System:** **, **, **, and others addressed concerns about staff relying on the LIO system for patient observations, referencing recent risk notes and press coverage, and emphasised the need for staff to maintain safe and supportive observation practices alongside system use.
    - **Risk Note and Press Coverage:** ** highlighted recent press attention and a risk note regarding staff using LIO in place of required therapeutic observations, stressing the importance of adhering to established observation protocols.
    - **Inconsistent Practice Across Wards:** ** reported inconsistent use of LIO for observations in different wards, with some staff in Bucks and CAMHS wards using the system inappropriately, prompting the need for clearer messaging and training.
    - **Level of Observations:** ** and ** discussed whether the issues were more prevalent at certain observation levels, noting feedback that level two observations were particularly affected, and agreed to target communications accordingly.

5. E-Obs Trial

    - **Rationale for Pausing E-Obs:** ** explained that the decision to pause the E-Obs trial was based on the availability and integration of the Rio system within existing clinical care records, eliminating the need for a separate solution.

Follow-up tasks:

- **Room Layout and Alert Coverage:** Conduct a site visit with LIO to review all rooms in Allen and Wenrick wards for possible improvements to alert coverage. (**, **)
- **CAST Support Process:** Pick up with ** and ** to clarify the process for staff support via the CAS team and confirm the correct contacts. (**)
- **Intranet Information Portal:** Complete updates to the intranet page and bring it to the next clinical work stream and programme board for sign-off. (**)
- **Incident Data Sharing:** Meet with ** to share other trust's incident reporting approach and gather relevant incident data. (**, **)
- **Audit Confirmation:** Confirm by next meeting whether the seclusion audit and wider LIO audit are up to date and aligned with current changes. (**, Laura)

Date of next meeting: 17th November 2025