

Oxevision Programme Board

8th September 2025

13:15-14:15

MS Team

Chair: **

Minutes

Item
Welcome and apologies
Present: **
<p>LIO Platform Launch</p> <ul style="list-style-type: none"> o Rationale for Rebranding: ** explained that the platform was rebranded from Oxehealth to LIO to provide a consistent name for international markets and to reflect significant platform developments. o Adaptive Monitoring Modes: ** described the upcoming adaptive monitoring modes, which will allow trusts to tailor system usage to clinical context, such as enabling night-only video feeds for sleep hygiene and maintaining alerts during the day, with further engagement planned to finalise these options. o Enhanced Access and User Controls: ** detailed new optional features for staff login when accessing patient-identifiable data, providing an audit trail, while ensuring rapid response to alerts remains unimpeded; these enhancements are available but not mandatory for trusts. o Digital Observations Tool and EPR Integration: ** outlined the digital observations tool, which allows for time-stamped, location-based patient observations, supports multiple observation levels, functions in low/no Wi-Fi, and integrates with EPR systems for both data import and report export. o Compliance Reporting and Future Developments: ** introduced the advanced compliance reporting hub for board-to-ward data visibility and mentioned plans for a smaller housing unit, with input from clinicians and service users, and clarified that all updates except branding are optional and will be available from March next year or sooner.
<p>Feedback from Clinical Workstream.</p> <p>a) At Door alert system/implementation of 24-hour system:</p> <ul style="list-style-type: none"> i. Go live date, 6th October: Oxehealth reviewing alerts to give assurance they are all on in all wards. Moved forward the next Oversight Group, for assurance from the wards that they are ready for 24-hour use. ii. Task and Finish Group reviewing documents <ul style="list-style-type: none"> o Review of Alert Coverage: ** and ** highlighted the need to review all wards and rooms to confirm which have at door alerts, noting that some rooms and wards lack this functionality, and emphasised the importance of updating documentation to reflect current coverage. o Risk Mitigation for Incomplete Coverage: ** and ** discussed the necessity of identifying rooms that cannot be equipped with at door alerts and ensuring this is clearly documented in risk mitigation plans, so staff can make informed decisions about patient placement. o Transition to 24/7 Alerts: The group agreed to standardise alert operation to 24/7 across all eligible rooms to avoid confusion, with ** noting that local working instruction needs updating to reflect this change. The patient information leaflet is complete.

- o **Staff and Patient Communication:** ** and ** stressed the importance of clear communication with staff, patients, and carers regarding the purpose and hours of system use, to ensure informed consent and avoid previous confusion about system functionality.
- o **Timeline and Documentation Updates:** The target date was set of 6th October to go live, ensuring that all relevant documentation, staff training, and patient/relative consent, have been updated, with ** tasked to update paperwork to reflect the LIO branding.
- o **Re-Consent Process:** ** and ** agreed that all currently consented patients must be re-consented due to the change in system usage hours, with priority given to those already consented, and that clear, accessible information must be provided.
- o **Communication Strategy:** ** and ** planned for a centralised communication from management, supported by an intranet page with up-to-date information, and for staff to be equipped with clear rationales to explain changes to patients and carers.

Actions:

- **At Door Alert Coverage Verification:** Confirm and update the document listing which wards and rooms have At Door alerts, ensuring accuracy before proceeding with 24/7 implementation. (**, **, **)
- **Documentation and Communication Update:** Update all paperwork and documentation to reflect the change from Oxy Health to Leo, and ensure staff, patients, and relatives are informed of the changes and re-consented as necessary. (** ** **)
- **Rationale for Extended Hours Use:** Draft and disseminate a clear rationale for extending the hours of system use to 24/7, tailored for managers, staff, patients, and carers to support re-consent and understanding. (**)

Review of decision to turn off 24-hour digital recording feed

- o **Current Limitations:** ** confirmed that at present, the clear image recording feature cannot be selectively disabled by area, and the group agreed to keep this on hold until future platform updates allow more granular control.
- o **Planned Reassessment:** The team decided to revisit the option to disable recording after the next phase of LIO's development, as adaptive monitoring modes may provide the required flexibility.

Observations Trial

- o **Trial Proposal and Features:** ** outlined a 10-week, three-stage trial of the digital observations tool, including preparation, live use with support, and evaluation, with features such as time-stamped entries, EPR integration, and support for multiple observation levels.
- o **Evaluation and Decision Criteria:** The trial would include staff surveys and interviews to assess usability, impact on observation quality, and effects on staff-patient engagement, with the option to expand the tool trust-wide if successful.
- o **Comparison with Rio and Cost Considerations:** Natalie emphasised the need to compare LIO's tool with Rio's free alternative before making a decision, and asked about the possibility of piloting in three areas to capture a cross-section of service needs.
- o **Clinical Safety and Assurance:** ** raised the requirement for digital clinical safety assurance before moving from paper to digital observations, and ** confirmed that relevant SOPs and safety case templates could be provided to support this process.

Date of next meeting: 20th October 2025