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MINUTES OF EXECUTIVE TEAM OPERATIONAL COMMITTEE
Part II
held on Tuesday 20 May 2026 at 4pm
Microsoft Teams

Present:

Paul Scott	Chief Executive (Chair)
Alex Green	Executive Chief Operating Officer / Deputy CEO
Trevor Smith	Executive Chief Finance Officer / Deputy CEO
Andrew McMenemy	Executive Chief People Officer
Zephan Trent	Executive Director of Strategy, Transformation and Digital
Ann Sheridan	Executive Nurse
Denver Greenhalgh	Executive Director of Corporate Governance
Dr Kallur Suresh	Executive Chief Medical Officer

In Attendance:

[I/S]	EA to CEO & Chair (Minutes)
Martine Munby	Director of Communications

1 APOLOGIES FOR ABSENCE

There were no apologies.

2 DECLARATIONS OF INTEREST

There were no declarations of interest.

3 MATTERS ARISING

i) Rapid Briefing Report on Use of LIO Assistive Technology

AS presented the paper, which set out findings of a rapid review of the Trust's use of remote monitoring assisted technology.

- The review was undertaken in response to a PHSO finding related to consent and use of remote monitoring, and internal audit findings identifying limited assurance over the consent process.
- The LIO system is a ward based assistive technology to support care of patients through Alerts relating to patient movement and non-contact pulse and respiratory
- The review confirmed that issues identified within the report are known and are being tracked through governance arrangements of the LIO steering board.
- April LIO data reports note that vital sign attempts were made 306,085 times Trust wide, equating to one click per bed per hour. This is similar

to the March 2026 figure. However, there is a notable variation across different wards, with lower usage in forensic wards as a result of an improvement plan led by the DDQS, which will now be replicated for acute inpatient wards.

- It was noted that vital signs attempts may have been attempted to monitor patients' pulse and respiratory rates, in accordance with the LIO SOP. This will be explored further in a wider independent review as it was not feasible to undertake a detailed analysis in this rapid review.
- Discussions have been held previously around the limitation of LIO as a medical device, and this was not something that would be used within NEWS2 scoring and this is noted in the current SOP.
- As part of this rapid review, five staff were spoken to for feedback including ward based matrons representing different clinical areas. Feedback included that frequent alerts disrupt staff engagement with patients, with focus on addressing alerts rather than therapeutic engagement; encouraged a task based approach rather than meaningful therapeutic interaction – this triangulates with feedback from matrons on informal complaints received from patients; ability to enter any staff name on the e-observation record, potentially introducing false documentation; privacy and safeguarding concerns around viewing a patient without their knowledge and the potential to capture the image using a different device; notable time lag in the alerts being delivered to the handset which are being addressed as part of the LIO steering board; inconsistency in the consent for use of this technology is reviewed across clinical areas.
- The rapid review considered two options: pausing the use of the system or continuing with immediate controls in place.
- Pros and Cons were detailed in the report for each option, with option 2 (continue with immediate controls in place) recommended.
- This maintains the benefits of the system, addresses the risk through immediate controls, and enables continued evaluation with a more personalised approach to patient care..
- The review recommended that the Trust immediately refocus on the purpose of LIO as an assistive technology, with a default off position with immediate effect, and will be used as an opt in system only if there is a clinically agreed opportunity to assist care plan delivery identified. It can only be used with informed written consent, or a best interests decision where the patient lacks capacity.

<u>Discussion and Questions;</u>

- AM noted that there were no written terms of reference for this review and it would be helpful to include clearer rationale and context. It was suggested that the context setting section within the paper be amended to include reference to the Executive Decision on 28 April that ultimately instigated this work, and a file note to be completed of the conversation with AS/KS and the report authors which set the scope of the rapid review.
- It was suggested that there was not sufficient evidence collated from a wide enough audience for a credible recommendation, it would be wise

to have a fuller review, recognising the value of LIO as an assistive technology but also the for a fuller risk assessment.

- AG was supportive of the recommendation and a wider review, emphasising the importance of ensuring this was co-led with patients and those with lived experience.
- AG reiterated the importance of ensuring the right governance was followed and for any changes to the SOP, including the proposed default 'off' position, must be accompanied by training and support for staff, and this must be communicated well throughout services - previous iterations of the SOP had included a robust training programme, to implement changes to SOP will require support and training at ward level with tracking through accountability framework.
- The implementation of contactless patient monitoring was a significant element of the Time to Care Programme, of which the Director of Nursing is the benefits manager, and we must reference that in the wider review.
- KS highlighted two major changes to be cognisant of – initial default switch off position and consent arrangements as a result of this. Once the SOP was fully ratified and agreed the change in consent process must be managed.
- DG suggested that in terms of training there needed to be a robust approach suggesting a rolling programme of staff briefings / training sessions with evidence of attendance for all relevant staff.
- ZT noted that the report refers to all matters identified as already known issues and queried whether the executive team was assured they are noted in the hazard log and if not would they be updated? AG was confident that usage data and LIO training data was shared with teams, and confident that Datix information is reviewed. The Clinical Hazard log was subject to a different governance route and will be reviewed.
- ZT noted that multiple strategic risks were noted as impacted on the cover sheet of the report and suggested a corporate risk register entry on LIO specifically should be added under the BAF. The executive team agreed that there needed to be a focus on rolling out the right process and having assurance this has been done correctly reflected in a corporate risk register entry.
- ZT noted that the pros and cons did not appear to be comprehensive, with a number of other factors that could be considered such as the reports provided to the Oxevision steering board on the number of Datix incident reports where Oxevision was identified as having played a role in alerting staff to the incident. ZT also wished to understand the basis on which the options had been assessed for compliance with human rights legislation. It was suggested that the trust should not assume compliance with human rights legislation or otherwise. Further review and legal advice should be taken in regard to human rights legislation on the new SOP, as the trust did with the previous version.
- KS suggested that option 1 was to pause use of the system and therefore without the system there are no human rights implications. ZT clarified that the paper suggests that option 1 complies with human rights legislation with no reference to this in option 2, and therefore by

implication it is not clear there has been any assessment or legal advice.

- ZT referred to the proposed independent review of the LIO system, and the need for a clear terms of reference, work plan and timeframe. ZT was mindful of the PHSO deadline of 24 June to update the SOP having completed any further reviews of the SOP.
- AG confirmed that the Director of Nursing / CNIO had begun to develop thoughts around the scope of this wider review and clarified that the review would be commissioned by executive team and not the steering board.
- A full independent review was unlikely to be completed before the 24 June deadline to update our SOP and we must be clear on timelines. It was important not to conflate the two issues – the review of the SOP which must be done by ombudsman deadline with a clear timeline for implementation, and the wider review of contactless monitoring technology, acknowledging that the reviewed SOP would be an interim position subject to a broader review of contactless monitoring commissioned by the executive team.
- ZT queried whether in preparing this report regard had been given to other relevant evidence that is not sighted directly in the report e.g. patient engagement review undertaken previously, Datix analysis, Tendable audits over a period of time, and previous work of clinical lead for Oxevision and Deputy Director of Quality and Safety, suggesting this be included within the TOR for the wider review.
- TS noted that the report and recommended option 2 states that a default 'off' position be implemented with immediate effect. TS sought clarity as to whether a timeline had been or was to be agreed to ensure full consistency across units.
- TS highlighted the need to ensure alignment between the title and content of the report – the report talks about a rapid review of SOP while the title is around a rapid review of the use of LIO assistive technology.
- TS suggested the inclusion of a third option of 'do nothing' with the associated implications of that outlined.
- AM suggested focus on a rationale from a clinical perspective for the preferred recommendation rather than pros and cons which could be binary.
- ZT highlighted that any updates to the report in relation to the feedback provided by the executive should be clearly documented for the record.

Summary:

- Robust conversation was held to understand key components – one of which is the need to have a new SOP drafted and approved via the appropriate governance process, and a robust implementation plan developed by 24 June in line with our commitment to the PHSO.
- Governance needs to be clear around who approves that, with a suggestion that we may change governance lines – PS was clear that there must be clear terms of reference through the executive team for any new suggested governance.
- There was a need to seek legal advice in relation to compliance with human rights legislation for the new SOP.

- The implementation plan would be shared with the executive team for oversight, assurance and ultimate approval.
- The executive team acknowledge the contested position around LIO and have accepted the recommendation to commission an independent review that will take into account wider issues and consider longer term use of this technology. Terms of Reference to be agreed ahead of commissioning that report. This review will be inclusive of patient views.
- There are a number of things highlighted by the executive team around clarification on the content of the paper - AS / KS to provide that feedback to the authors to consider a review of the paper which then would be resubmitted. Potential changes were minimal (changes to the title, change from pros and cons to rationale, and inclusion of note of April ET discussions which instigated this work with a file note of subsequent discussion with clinicians around the scope of the work).
- The executive team remain open minded around the outcome of the wider review and have no prejudice ahead of completion.
- There is a need to maintain clarity on timelines and accountability through the oversight of the executive team.
- Discussion needed around immediate default position and agree timescales.
- Implementation Plan expected to be shared with Executive Team on 02 June.
- SOP to be agreed ahead of 24 June with clinical oversight. We must implement the revised SOP safely, with a robust implementation plan that includes training and education. It was acknowledged this may take several weeks to implement due to the number of wards. Realistically, it is expected implementation would start ahead of 24 June but may not be complete by 24 June.
- This work must be underpinned by safety of our patients and staff first and foremost, with any change in clinical practice implemented safely.

The Executive Team received and noted the contents of the report, accepting the recommendation of Option 2: To continue with immediate controls put in place.

Action:

1. **AS / KS to provide that feedback to the authors to consider a review of the paper which then would be resubmitted should material changes be made. Potential changes were minimal (changes to the title, change from pros and cons to rationale, and inclusion of note of April ET discussions which instigated this work with a file note of subsequent discussion with clinicians around the scope of the work) Action AS / KS**
2. **Implementation Plan to be shared with Executive Team on 02 June.**
3. **Wider review of LIO assistive technology within the Trust to be commissioned. With terms of reference agreed and approved by the executive team. AS / KS**
4. **Specific Corporate Risk Register entry to be developed and added under the BAF. AS / KS.**

4 ANY OTHER BUSINESS

i) There was no other business.

5 DATE AND TIME OF NEXT MEETING

The next meeting will be held on Tuesday 02 June 2026 at 1pm.