

Oxehealth e-Observations Project Board
Friday 26th September 2025
13:30 -15:00 – Via MS Teams
Minutes

Alex Green	Executive Chief Operating Officer & Deputy CEO	
Jan Leonard	Director of ITT, Business Analysis and Reporting	Chair
Derrick Trimble	PMO Project Manager	
Shaquille Saint-Cyr	Director of Specialist Services	
Lianne Joyce	Deputy Director Quality & Safety Inpatient & Urgent Care	
Vijay Chuttoo	Deputy Director Quality & Safety	
[I/S]	Quality Matron MH Inpatient Lead	
[I/S]	Chief Allied Health Professional	
[I/S]	Clinical Change Manager	
Maneesh Rajendraprasad	Consultant Psychiatrist and Clinical Director	
Rebecca Pulford	Director of Nursing and Clinical Governance	
Gladvine Mundempilly	Consultant Psychiatrist and Chief Clinical Information Officer	
[I/S]	Clinical Change Manager	
[I/S]	Oxehealth	
[I/S]	Oxehealth	
[I/S]	Oxehealth	
[I/S]	Executive PA to Alexandra Green, Scribe	

		Action
1.0	Apologies for Absence	
	Apologies: Tendai Ruwona, Lizzy Wells	
2.0	Declarations of Interest	
2.1	None	
3.0	Minutes of previous meeting	
3.1	The minutes of the previous meeting were reviewed and found to be an accurate record of the meeting.	
4.0	Action Log	
4.1	The action log from the previous meeting was reviewed and updated – see log for details.	
5.0	OxeObs EPR Integration with Rollout	
5.1	Status DT advised that we had hoped to have had the PARIS connection by mid-September, but now anticipating October. Prototype ready in the next few weeks to roll out. [I/S] advised that the EPR integration to automate this process would need a deadline. Now 3 months overdue, in the next few weeks the rollout will begin. [I/S] explained the process in place now and advised that part of the process does not work in the correct flow of direction. Waiting for EPUT to have Oracle in place which will make the process simpler and cleaner. JL Oracle (NOVA) needs the processes to be clear so they can put them in place, will not prevent Oxevision from working with Oracle. Once ratified it will then move to the integration process. DT assurances now coming through the email trail, not CSV format, assurance process is in place and working well.	DT

6.0	Oxevision User Authentication	
6.1	Decision Requested: Do we progress the Project in view of the clinical concerns raised by GM? DT advised that the PB agreed to move forward. After a hazard log meeting it was identified that logging with NHS mail would give more benefits. Asked if we move forward as it was questioned that using NHS mail may have issues with remembering passwords. SSC advised that users would prefer not to have another password to remember, difficult to assess not knowing the drawbacks of not using NHS mail to log in. DT the password used is that to log in to NHS mail, not another password. The benefit is that we can specify what areas staff can access and can identify who has logged in historically. JL the reason for this was the outcome of a coroner's report. Need to understand the risks of not being able to identify an individual on the system. Changes are coming shortly. MR the single sign on platform, would that allow multiple user ids with single sign on. DT they do not have Imprivata so that would not be possible. RP Pro to having an identifier on the system, felt if responding to an alarm that it would be delayed by having to log in and use a password. May consider a pilot site to see if would be successful. JL agreed, would like to see a clinical safety overview of this issue. Concerned about delays reacting to alarms on the wards. [I/S] User authentication is not designed to be used when alert goes off, would have to log in to take observations or turning a room on or off. DT advised that the PID started this conversation about this issue. Gosfield and Ardleigh are effectively pilot sites. JL asked for a clear picture of the pilot sites and the outcome. DT PB asked for 30 days for the trial. JL and PB felt we would know sooner if this was to work or not. JL felt 1 week would be sufficient to monitor the trial. PB agreed with the 1-week trial. DT will feed back at the next Project Board.	DT
7.0	Oxevision Implementation Phase IIIb – TTC Wards	
7.1	Decision Requested: What is the order of implementation for wards? DT advised that we currently have approval from region but no Purchase Order. Oxehealth have moves some servers that were no longer used. JL the implementation will go ahead. Asked that [I/S] will raise the PO. Asked DT for the implementation plan in preparation. DT Tower ward has asked for a risk assessment to see if the system can be used on that ward. JL the other organic ward is using the system. RB has asked for the clinical explanation of why Tower ward have concerns. LJ suggested that her team will review this at the Care Team meeting and move forward from there. Will write to the ward manager and matron asking for a clear explanation of their concerns. JL asked LJ to bring the response back to the next PB for discussion. [I/S] offered further training if required. DT need to know which wards will be installed first. Wards are Meadowview, Kitwood, Tower, Edward House and Robin Pinto. JL felt Edward House and Robin Pinto be done one after the other. SS keen to have the system in secure services. JL suggested we start with secure services, then move to the other 3 wards. SS asked to start with Edward House, then Robin Pinto. DT suggested that Kitwood go next, Meadowview will have some logistical issues, then Tower Ward. JL asked DT to raise the list and have it signed off.	DT
8.0	SOP Implementation	
8.1	Status and October Semi-Annual Review	[I/S]

	[I/S] advised the SOP will go to the Quality Senate and has been uploaded to SOPHIA, review in October with some potential changes. JL Review: suggested that review process should be the same for all SOPs. Should this come from SOPHIA or should staff decide. RP advised there is a BAU process which has been mapped out. The SOP will have an owner and a review date which is triggered by SOPHIA. It will need sign off by the specialist and inpatient care groups. Administrators will manage the process. JL the author will ask for comments from a group of key stakeholders, then to the Project Board for sign off. LJ needs to be mindful that [I/S] is also covering a matron roll. Would like someone nominated from the Care Unit to be involved along with a team to share the workload. JL agreed, and need a medic involved. Bring back to November PB for approval.	
9.0	Oxevision Care Facilities	
9.1	Discussion regarding adding Oxevision to select corridors in Rawreth Court and Clifton Lodge Presentation at the last Falls meeting regarding falls. Asked PB to concede the report. JL advised that the care homes were always included but funding is an issue. Oxevision do not usually cover corridors. [I/S] advised that it concerns the patients' rooms. [DT] advised it is simpler to select rooms off one corridor. JL asked [I/S] to update the costs for the two areas to be reviewed by the PB.	[I/S]
10.0	TIAA Audit	
10.1	Review of the TIAA Audit & Management Response JL advised that AG wanted to make it clear that the audit is still in draft format, still can respond. PB commissioned an audit with the objective to provide assurance of effectiveness of the consent process in place for Oxevision. Auditors worked in partnership with EPUT and then produced a report showing what level of assurance they deem we have, which is limited, then broken down into areas of importance. [I/S] questioned their methodology and that is in the report. PB was assured that their findings are accurate. We have the option of action to be taken and the plan. JL management response is not required until the audit is agreed. MR feels that the report is accurate and is a true reflection. JL happy to consider it a discussion document to be shared. Crucial that we get this right. LJ feels the accountability within the care units falls with [I/S] feels we should reinstate the accountability with the matrons and teams. Need to add the lines of accountability to the action plan to be monitored. SS agreed with LJ, feel there are missing elements. Difficult to manage if the data is numeric and flat. Needs narrative to support. How do the action plans agreed at the PB feed down to the Care Units and wards. (JL AG listening via mobile) JL does not believe the audit is about Oxevision, but about practice issues around consent generally. [I/S] Agree that the action plan should be written by those involved. Tried to involve staff but limited by coroners and court hearings. Culture of undertaking checks needs to be shifted. Prefers to work with staff to do this. Feels we need to change the way we respond to audits. Suggested that we have a time each week to allow matrons do complete the audits, and review straight after. Would like to see matrons write reports on the audits to feed into meetings. JL commented to AG that most of the group are in agreement with PB. AG commented that she agreed and would prefer the reporting to go through the Quality meetings. Time to be clear on what each group covers, implementation or use of the systems. LJ feels that the governance of the quality and safety meeting needs reviewing along with care unit structures. Would value to look at the structure and governance.	Chair

	MR feels we should accept the audit and move forward to get it right. AG agreed and re-audit later. AG felt that we need to be clear where the clinical oversight of practice lies. [I/S] shared the plan slide. Two urgent and three important items. Sample of 25 patients was taken. [I/S] accompanied the audit team. Omissions were found and verified. Suggesting that the process and will add a new question asking if there has been a new admission and has consent been gained. This will feed to the night or day team and the ward manager to complete the feedback loop. Competency checklist: Auditors did not receive these, but as paper copies, they cannot always be located as being stored in different places. SOPHIA can hold these checklists and will be simpler to manage and find. When the 25 patients were tested for capacity to consent, this is where it further explains why the consent from the patient was not in place, as the matron made the decision in the best interests of the patient. [I/S] Oxevision audit will have four parts. JL felt there is more work required on the action plan and not to wait. Also need to review the ToR of this group – and bring this to the next board for approval. JL asked for feedback or reports on how the items in 14.0 are being addressed or actions taken.	
11.0	Increase of Covered Housings in Secure Services	
11.1	Discussion around the increase of Oxevision Housing being covered by patients. Datix example. Not discussed.	VC
12.0	Terms of Reference	
12.1	Review of the Terms of Reference To bring to the next meeting.	RP
13.0	CVD Requests	
13.1	CVD Request: Clarification of what constitutes a valid request. Not discussed.	[I/S]
14.0	Oxevision BAU Reporting	
14.1	CSO Hazard Log	[I/S]
14.2	Datix Ligature, Self-Harm, Falls Report 27/6/25-22/7/25	DT
14.3	Monthly Usage Report July 2025	DT
14.4	Stopped Room Report July 2025	DT
14.5	Mandatory Training Report	DT
15.0	Any Other Business	
15.1		

Date and Time of Future Meetings	
Date & Time	Venue
31 st October 2025 10:00 – 11:30	MS Teams