

Minutes of the Oxehealth Project Board
2nd July 2020 13:00-14:00
Via MS Teams

Attendees:

Janette Leonard,

[I/S]

Lynn McGhee

Claire Sladden,

[I/S]

Director of IT & Telecoms (Chair)

Oxehealth

Head of Electronic Systems and IG (Project Manager)

Technical Infrastructure Manager

Ward Manager – Peter Bruff

PA to Janette Leonard (note taker)

Ward Manager

Clinical Manager

Oxehealth

Associate Director of Operations

Associate Director of Electronic Systems & IG

Hadleigh Ward,

001/20 APOLOGIES FOR ABSENCE

Emma Strivens

[I/S]

Elizabeth Wells

[I/S]

Tendai Ruwona

[I/S]

Sue Waterhouse,

[I/S]

Adam Whiting,

[I/S]

Community Service Manager

Consultant

Director of Mental Health (North)

Oxehealth;

Operational Services Manager

Consultant Psychiatrist

Clinical Team Manager

Clinical Manager

Consultant Psychiatrist

Consultant Psychiatrist

Oxehealth

Consultant Psychiatrist

Director of Operations

Head of Estates & Facilities

Ward Manager - Derwent Centre

Oxehealth

Head of IT Infrastructure, Cyber & Systems

Clinical Manager/Modern Matron

Service Manager

Ward Manager (part attendance)

Associate Director of ITT Business Operation

Estates

Matron, BMHU

002/20 INTRODUCTIONS & DECLARATIONS OF INTEREST

Signed Date

In the Chair

Page 1 of 6

[I/S] welcomed and thanked all that attended the meeting and introductions were made.

There were no declarations of interest advised.

003/20 MINUTES OF THE MEETING HELD ON DATE OF MEETING

The minutes of the previous meeting were agreed

004/20 ACTION LOG & MATTERS ARISING

Action Log – please see action log

Matters Arising

There were no matters arising

005/20 Implementation Plan

Standard Operation Procedure – [I/S] updated the group on the progress of the operation procedure. LMc advised that once all wards are operating we will need to revisit it and update to check that it is relevant and whether there are any additions to be made. [I/S] advised that the HR process will require further work. [I/S] advised that the operational procedure for the swing rooms would also need revisiting.

Update from Clinical Workstream – Peter Bruff – [I/S] advised that everything on the ward is going well. There was an issue around the size of the tiles but that this had now been increased and staff were happier with the image which is now clearer. Alerts are still there if anything was going wrong – no other concerns were raised. [I/S] asked if there were any positives – [I/S] advised with regards to the teething problems it was helpful to have the feedback as some queries were raised during the night. To be able to share the feedback with the team has been very helpful. It was advised that at the beginning there were some problems but once staff realised that the system is there to assist them and that they still needed to continue nursing they became more settled. [I/S] advised that discussions are held regularly about the system and this has helped. [I/S] confirmed that Oxehealth picked up a serious incident quickly and was a good example of how helpful the system can be to the nursing staff.

Feedback from the patient groups in respect of the new technology, as well as staff, was that there was some apprehension initially and patients reported that they were fearful of the videoing but staff have been honest with the patients and they have taken this on-board – they are already aware of the CCTV on the ward. And once the new system was explained to the patient there were more accepted. Patients were conscious of their privacy but the staff explained that the system measures their vital signs and this was accepted, only a couple of very unwell paranoid patients have questioned this but once they were more settled they were accepting of the system and [I/S] reported that patients are feeling more assured and safe with the system.

Signed Date

In the Chair

[I/S] advised that maybe there have been less incidents because the patients are aware that the system is now in place.

Oxehealth – [I/S] – New Functionality – booked for this afternoon. [I/S] updated usage figures and advised that it continues to be extremely high with an average of 200-400 obs per day which gives an indication of how often it is being used and that there is a high success rate of breathing and pulse rates. This demonstrates that the system is being used as intended and that the training has been successful.

[I/S] advised that the vital signs obs are plotted and provide a 24 hour view of the obs taken. This in turn provides a trend line based on estimates on movement and breathing levels – the system can provide an estimate over a 5 minute period which shows a general trend i.e. a decline or upward turn. Trend lines can also provide an impetus to take a vital signs measurement which may have otherwise been missed. This will be discussed further at the meeting this afternoon. (5d) [I/S] advised they are awaiting feedback on this new function. [I/S] advised this can be viewed within pack 5d

It was reported that the usage has increased significantly on Ardleigh with over 3000 observations in the last week which demonstrates a consistent high level of usage.

5B - General Update Implementation Plan – [I/S] advised that most of what is on the plan has been completed but that we have a few outstanding item in terms of updating the SOP but that we need to wait until we have Hadleigh on board to be able to ascertain if there are any further amendments to be done.

We do need to put an ISA in place which is currently being done, and there will be a need to update some policies and procedures. [I/S] reported that there is a red line in respect of the Doctor training as per action log but reported that currently the doctors are attending the training in the two separate sessions that we have had. [I/S] advised that there is to be a slight change for Hadleigh ward, we are in blind running currently and the original plan was to have them taking the vital signs as of Monday and then start to look at taking the alerts. What we are now going to be doing following discussion with LMc this week, is to take the whole ward live on 13th July 2020. We received guidance from [I/S] as to how the ward would cope this this and was advised that it would be okay. Training sessions have taken place this week with a further one on Friday. [I/S] has agreed to be on the ward when they switch to go live. JL asked why this has been brought forward – they were asked if they could bring it forward and it was felt following discussion with ward staff that this wouldn't be a problem. JL advised that she was concerned that it was not a pressure from us or Oxehealth to do this earlier. [I/S] advised that it was the ward that had requested this. Chelmer does not have a date yet, but looking at early August – cabling has been carried out and Oxehealth will be installing the illuminations, an update is to be expected by tomorrow. [I/S] advised that they have made very good progress and that this should be completed by the end of the week and ahead of schedule. They have been working closely with the ward in respect of patient populations – this includes the two swing rooms. [I/S] advised that as of Monday we are expecting to begin blind running.

5E ITT Workstream – [I/S] advised that today they have been setting up servers and getting the network configuration complete and progressing well.

Signed Date

In the Chair

Page 3 of 6

[I/S] advised a couple of things were missed and we had to put in some additional power on Hadleigh in the seclusion room and the two swing rooms were not identified – [I/S] advised we will take this back and look at it as a ‘lesson learnt’ going forward.

6 Information Only [I/S] advised that you should all have copies of your respective posters are being put up around the ward and being given as part of the admission pack – it was confirmed that these are being passed to patients. It was also confirmed that these are discussed in the ward community meetings and feedback has been quite positive. It was reported that there has been a lot of change with CCTV and body camera’s and that patients are becoming more acceptable of change.

Service desk Support Update – the meeting has been postponed until the 7th July we are currently using Oxehealth for any support call days and night. JL advised that this would need to be discussed outside of the meeting and that the current system should remain in place to ensure that there are no hold ups.

Training Session feedback from [I/S] – refresher training on 30th June. 33 staff were invited and there was a good turn out –it was reported that aa couple of doctors had attended this and [I/S] advised that staff were very engaging. Additional support on “go live” has been requested and [I/S] reported that there is further training next week on Friday with a demonstration of the new features.

Section 9 Evaluation – JL advised that as we all know [I/S] and [I/S] [I/S] are both retiring this year and that they want to ensure that their promise of rolling this project out across the wards takes place before they leave. JL reported that [I/S] is asking for the evaluation to be brought forward – Lizzie Wells and Sue Waterhouse are aware – [I/S] wants to demonstrate to the CQC that we have listened to what they have said and that we have invested in a system that provides safety for both patients and staff. JL advised that there has been some good feedback on the evaluation forms so far and advised that there were some comments from staff in respect of some changes that could be made to improve the scoring and JL said that she would be interested in hearing what these are. [I/S] confirmed to JL that these improvements can be made.

[I/S] reported on an incident on Ardleigh Ward where a patient ligatured. The Oxehealth system picked it up and demonstrated that this was picked up quicker through using the system and shows how helpful the system can be to the nursing staff managing those patients who are at risk of strangulating themselves. JL advised this is excellent feedback and advised that the system isn’t there to replace staff but to support them and will be useful with the expected coming surge. The system helps to identify the issue quicker. [I/S] advised that now night-time obs are covered by the Oxehealth system it reduced the anxiety of the patients and is proving beneficial.

JL noted that the speed of this has been very good during these times and that the feedback received reported that it has helped staff during the COVID period. Children’s and older people wards are looking forward to having this system installed.

Signed Date

In the Chair

Page 4 of 6

The current wards were initially identified due to the issues highlighted by the CQC – the other services are now pushing as they want to benefit from this JL congratulated and thanked all for the progress made. [I/S] advised that the cooperation working together and working with wards, staff and patients has been very good. [I/S] reported that the first draft of the benefits evaluation is due in August to feedback to [I/S] and [I/S]

Benefits realisation - Benefits realisation plan – [I/S] talked through the presentation.

Looking at Peter Bruff initially what staff and patients felt and how the system has benefited them. This helps to show what the real benefits are and how to plan going forward. The benefit realization will look at occupancy / bank staff / datix incidents / is a big piece of work and looking at setting a baseline and illustrates what has worked and what can be improved. [I/S] reported that Sue Waterhouse has offered to provide us with a member of staff to help collate the information for the evaluation.

Time scale for a full evaluation will be over 12 months to cover the peaks and troughs of the year.

[I/S] reported that in relation to Datix – [I/S] has advised that a drop down should show on datix to show that the Oxehealth system has been used. It was confirmed that this has been in place for a couple of days.

JL asked how clinical staff feel about the evaluation – is it taking up too much of your clinical time? and are you being supported in this. [I/S] advised that [I/S] from Oxehealth will be in a call with [I/S] from the clinical teams, to discuss how/what and why working in conjunction with clinical team (discussion already held with [I/S]) on what would work best for the staff. Sue W. and Lizzie W are aware of this.

[I/S] – Risk Assessment – [I/S] to update – [I/S] asked if anything there is to be added – to be circulated and fed back.

Action: [I/S] to update and circulate

Any other Business

[I/S] noted that there is to be a webinar next week. [I/S] advised that all members of the group need to be included in anything that is going around and another meeting recently about partnership with our staff and Oxehealth – [I/S] asked to be included in these. JL asked [I/S] to include all of us that are attending the Oxehealth webinar's going forward. [I/S] asked that it be sent to her in future and she will forward onto who needs to be there.

Date of Next Meeting

[I/S] advised that the next meeting will be held at the end of July following Hadleigh and Chelmer going live, and operational.

Action: [I/S]

Signed Date

In the Chair

Page 5 of 6

Signed Date