SUMMARY REPORT	EXECUTIVE COMMITTEE	20 May 2026

Report Title:	**Rapid Review Briefing Report on the use of LIO Assistive Technology**					
Executive/ Non-Executive Lead:	Dr Kallur Suresh, Executive Chief Medical Officer and Ann Sheridan, Executive Nurse					
Report Author(s):	Dr Ambiga Ravi, Clinical Director for Clinical Governance & Consultant Psychiatrist and Angela Wade, Director of Nursing & Infection Prevention and Control					
Report discussed previously at:	NA					
Level of Assurance:	**Level 1**	✓	**Level 2**		**Level 3**	

✓ **please use this tick on the below**

Risk Assessment of Report – *mandatory section*		
Summary of risks highlighted in this report	Patient care, Clinical workforce and Organisational risk	
Which of the Strategic risk(s) does this report relates to:	SR3 Finance and Resources Infrastructure	
	SR4 Demand/ Capacity	
	SR5 Statutory Public Inquiry	✓
	SR6 Cyber Attack	
	SR7 Capital	
	SR8 Use of Resources	✓
	SR9 Digital and Data	✓
	SR10 Workforce Sustainability	
	SR11 Staff Retention	
	SR12 Organisational Development	✓
	SR13 Quality Governance	✓
Does this report mitigate the Strategic risk(s)?	No	
Are you recommending a new risk for the EPUT Strategic or Corporate Risk Register? *Note: Strategic risks are underpinned by a Strategy and are longer-term*		
If Yes, describe the risk to EPUT's organisational objectives and highlight if this is an escalation from another EPUT risk register.		
Describe what measures will you use to monitor mitigation of the risk		
Are you requesting approval of financial / other resources within the paper?	Yes	

If Yes, confirm that you have had sign off from the relevant functions (e.g. Finance, Estates etc.) and the Executive Director with SRO function accountability.	Area	Who	When
	Executive Director	Dr Kallur Suresh Ann Sheridan	15/05/26 &19/05/26 19/05/26
	Finance		
	Estates		
	Other		

Purpose of the Report		
To present the findings of a rapid review of the Trust's use of remote monitoring assisted technology and executive agreement for immediate actions and next steps. The review has been undertaken in response to:	**Approval**	✓
	Discussion	✓
	Information	✓

• A PHSO finding related to consent and use of remote monitoring • Internal audit findings identifying limited assurance over consent processes		

Recommendations/Action Required

The Executive Committee is asked to:

- Consider findings and approve next steps
- Seek further information as necessary from authors to support any decision making

Summary of Key Issues

Context:

LIO (formerly Oxevision) is a ward based assisted technology to support patient observations and safety through:

- Alerts relating to patient movement (e.g. leaving the room, prolonged bathroom use, multiple occupants in room)
- Observation of positioning e.g. edge of the bed alert in older adult care
- Non-contact monitoring of pulse and respiratory rates during sleep or where direct access is not possible (this requiring 15 seconds of camera footage of the patient)

The system is intended to support, not replace, clinical observations and therapeutic engagement, and must operate within an established procedure.

Governance Framework:

- Standing Operating Procedure (SOP) v12 - The main role of a SOP is to ensure that work is undertaken correctly, consistently, and to a defined standard every time
- LIO Steering Board provides strategic leadership, oversight, and assurance
- Reporting through the relevant governance structure to ensure formal escalation and review culminating in oversight and assurance at Trust Board level

The review confirms that issues identified within this report are known and are being tracked through governance arrangements of the LIO Steering Board.

Rapid Review:

The authors have undertaken this rapid review of the current SOP in response to:

- **Parliamentary and Health Service Ombudsman:**

  The Trust has received a Final Report from the Parliamentary and Health Service Ombudsman (PHSO) dated 27 March 2026 concerning a complaint brought by a patient referred to in these proceedings as "Miss B", relating to her inpatient admission in 2021–22 and the Trust's use of Oxevision during that admission. The PHSO had regard to GMC guidance on the making and use of recordings of patients, which requires clinicians to obtain appropriate consent or other valid authority before making recordings, to explain the purpose, form and storage of recordings, to record the key elements of consent discussions in the clinical record, and, where an adult patient lacks capacity, to obtain consent from a person with legal authority to provide it. The PHSO concluded that the Trust's approach did not meet GMC guidance and that this was a failing.

- **Trust Auditor Assurance Review of Follow Up of Consent (Oxevision) - still in the draft stage dated May 2026 found the following:**

  The follow-up review concludes 'limited assurance' over arrangements to obtain and evidence of documentation for Oxevision, indicating improvement is required to manage associated quality and governance risks. This is consistent with quality control audits undertaken through Tendable.

Other considerations:

- **LIO Data Reports:**

  - On review of the April LIO report, it is noted that Vital Signs attempts were made 306,085 times Trust-wide which equates to one click per bed per hour. This is similar to the March 2026 figure reported as over 350,000 Trust-wide. However, there is notable variation across different wards. In mental health acute wards, activity in April ranges from a high of 31,049 to a low of 3,052 within the same month. In contrast, forensic wards show significantly lower figures, ranging from 761 to 221, which is as a result of an improvement plan led by the Deputy Director of Quality & Safety, and which will now be replicated for acute inpatient wards. Vital Signs attempts function may have been attempted to monitor patients pulse and respiratory rates, in accordance with the LIO SOP. This will be explored further by the independent review as it was not feasible to undertake a detailed analysis in this rapid review.

- **Limitations of LIO as a Medical Device:**

  Oxevision/LIO includes specific components classed as medical devices (vital signs and sleep software), but clinical professionals have raised concerns about limitations in its practical use as follows:

  - Vital signs trends do not create alerts (i.e. range parameters cannot be set and not specific to the patient assign to the bedroom)
  - The values of the vitals recorded were reported as being inaccurate and the technology only works properly when enough of the patient's skin is visible
  - As it only records 2 of the parameters (Pulse rate and Respiratory rate) it cannot be used to undertake NEWS2 scoring.

  The SOP states:

  "Specific vital signs function in the Oxevision system should not be used to replace physical health monitoring of clinical deterioration, use of National Early Warning Score (NEWS2) should be in place in order to record all necessary parameters and guide clinical decision making. Staff must record vital signs in relation to NEWS2 a minimum of every 12 hours. Refer to [HYPERLINK "https://input.eput.nhs.uk/DocumentCentre/Policies/Clinical%20Guidelines/CG87%20-%20Use%20of%20National%20Early%20Warning%20Systems%20(NEWS2)/CG87%20-%20Clinical%20Guidelines%20on%20the%20Use%20of%20NEWS2.pdf" \l "search=CG87" \h] *for applications of NEWS2."*

  Guidance for non-touch observation and the Trust's guidance for non-touch observation does not require or suggest the use of the LIO "Vital Signs" function, if a patient has declined physical health observation.

- **Staff Feedback – Clinical Practice:**

  The reviewers spoke to 5 of the ward-based matrons, representing different clinical areas who identified the following:

- Frequent alerts that go off disrupt staff from engaging with patients. The focus is changed to addressing the alerts rather than concentrating on the therapeutic engagement with the patient in front of them.
- It encourages a "task based" approach rather than a meaningful therapeutic interaction. This triangulates with feedback from matrons on informal complaints received from patients and families.
- Ability to enter any staff name on the e-observation record potentially introducing false documentation.
- Privacy and safeguarding concerns in the form of viewing a patient without their knowledge and the potential to capture the image by using a different device.
- It has been reported as part of this review that there is a noticeable time lag in the alerts being delivered to the handset which are being addressed as part of the LIO Steering Board.
- There is inconsistency in the review of consent to continue using Oxevision in ward reviews in different clinical areas.
- There is an ongoing need to ensure that front line staff access appropriate training so that they have a clear understanding of the meaning of "Informed Consent". This training is provided by the Trust Mental Health Act Team.
- The LIO leaflet provided to all patients admitted relies on staff explanations, which may lead to inconsistent communication and a risk that patients do not receive complete and balanced information about the benefits and risks of LIO.
- It was noted that patient concerns did not easily escalate to formal complaints with only three formal complaints noted in the last 3 years using DATIX. There is currently no DATIX category that easily captures patient concerns apart from a general prompt if the LIO platform contributed to an incident. This will be picked up by the independent review as it will require a free word text search which was not feasible to undertake in the time available for this rapid review.

Options:

The review has considered the following options:

- Option 1: To pause the use of the system
- Option 2: To continue with immediate controls put in place (recommended option)

Both options require an urgent independent review to decide the organisational merits, system and practice requirements for use of the system going forward.

Pros/Cons:

<u>Option 1</u>

Pros - Complies with human rights legislation

Cons - Potential increase in safety risk and incidents as without automated alerts, there may be a higher risk of falls or self-harm. Some patient, families and staff may fell less safe without monitoring in place especially those patients with a history of sexual trauma.

<u>Option 2</u>

Pros - Maintains benefits of the system, addresses the risk through immediate controls and enables continued evaluation. Allows for a more personalised approach to patient care, with mitigations in place.

Cons - Challenges of a Rapid Implementation Plan and changes to clinical practice.

The pause option needs a formal, thorough review including patients, families and external independent advice. This is being commissioned as part of a previously agreed plan by the LIO Steering Board.

In considering the above, the reviewers recommend Option 2; the organisation immediately refocuses on the purpose of LIO as an assistive technology. This will support ward staff to care for their patients taking a personalised approach.

The system will be set to a default off position with immediate effect, it will be used as an 'opt in system', and only if there is a clinically agreed opportunity to assist care plan delivery identified. It can only be used with informed written consent (or best interests' decision if the patient lacks capacity to consent).

Immediate Mitigations:

Mitigations where risk and gaps have been identified are identified below:

1) Refocus purpose: Patients will have a personalised care plan and risk management plan that is formulated following the initial assessment of their specific care needs. The use of the assistive technology must be considered in relation to this care plan, clearly defining how it may assist in care delivery. If clinicians agree there is a suitable opportunity to use it, this is discussed with the patient (and family if appropriate), and the patient must give informed written consent (or best interest decision if the patient lacks capacity to consent). Informed consent requires that the patient is provided with an explanation of how the technology may assist in their care provision, along with a full explanation of how the wall mounted infrared camera records the images of patients, and how they are viewed, including how their images are saved and destroyed. Explanation about the Trust's approach to ensure professional practice and governance must also be given. It is then the patient's informed decision as to whether or not it is included in their plan of care. Informed written consent must documented and reviewed each time the care plan is updated, and the care plan is signed and agreed by the patient.

   In summary, the use of LIO as assistive technology to support implementation of a patient's care plan becomes a two step-process: First, the Multi-Disciplinary Team agrees that it may be useful for that patient's care, second, seeking the patient's informed written consent after assessing their mental capacity to make that decision, and acting accordingly. This ensures LIO assistive technology will not be in use if either the MDT thinks that its functionality is not relevant to assisting implementation of a personalised care plan and/or the patient do not consent.

2) Local empowered ward clinical leadership: The review proposes that in order to mitigate any care or workforce practice risks, that a collective workshop for all ward managers, matrons and ward consultants is held to present the findings and enable local decision making for the delivery of the following urgent clinical practice requirements to support future use of the system:

   a) Competence and consistency of practice to gain informed written consent
   b) Therapeutic engagement and fundamentals of care underpinning assessment and care planning
   c) Privacy, dignity and human rights in the context of use of assistive technology
   d) Competence of recording NEWS2 and non-contact physical health observation
   e) Clinical governance and professional practice assurance reported to the Care Unit Leadership team, through local Quality and Safety meetings, Accountability Framework meetings, Quality of Care Group as well as Quality Committee and Board, so that practice readiness to use the assistive technology is consistent and safely maintained
   f) Ongoing plans to listen to and act upon feedback from patients and staff locally to ensure experience of care is understood

3) Use the Trust Clinical Assessment and Safety Management Policy as a parent document for the LIO assistive technology SOP, ensuring this is read in conjunction with the Trust's Consent and Records policies and any future development of an assistive technologies policy.

4) For the use of the LIO system as a mobile devise to record documented therapeutic engagement and supportive observations, there are clinical digital safety hazards logged which are being reviewed (21/05/26). Once resolved, a SOP can be written with the Therapeutic Engagement and Supportive Observation clinical guideline to guide how to document care using the LIO system ("eOBS").

Note: Relevant documents are attached and details of the Quality Impact Assessment of this recommendation is included to support the decision making.

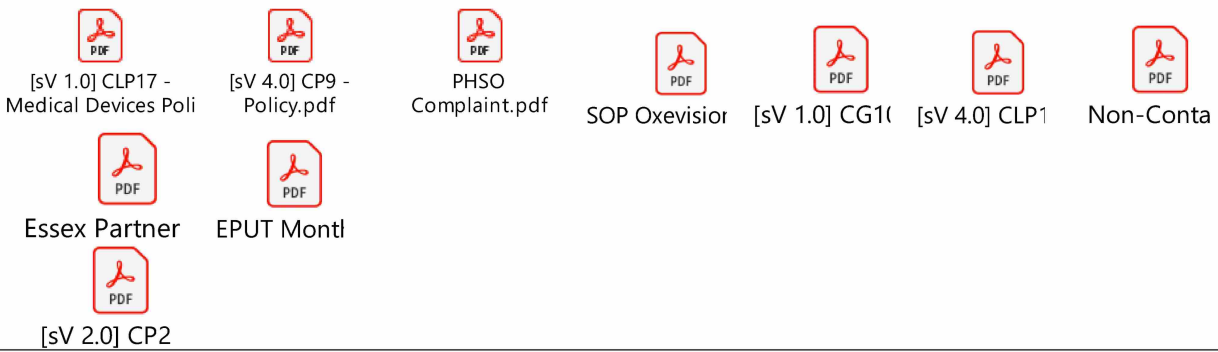
Relationship to Trust Strategic Objectives	
SO1: We will deliver safe, high quality integrated care services	✓
SO2: We will enable each other to be the best that we can	✓
SO3: We will work together with our partners to make our services better	✓
SO4: We will help our communities to thrive	✓

Which of the Trust Values are Being Delivered	
1: We care	✓
2: We learn	✓
3: We empower	✓

Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:		
Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan & Objectives		✓
Data quality issues		✓
Involvement of Service Users/Healthwatch		✓
Communication and consultation with stakeholders required		✓
Service impact/health improvement gains		✓
Financial implications:	**Capital £** **Revenue £** **Non Recurrent £**	
Governance implications		✓
Impact on patient safety/quality		✓
Impact on equality and diversity		✓
Equality Impact Assessment (EIA) Completed	**YES**	

Acronyms/Terms Used in the Report			

Supporting Reports/ Appendices /or further reading



Lead

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