

LIO (formerly Oxehealth e-Observations) Project Board
Monday 2nd March 2026
16:00-17:00 – Via MS Teams
Minutes

Alex Green	Executive Chief Operating Officer & Deputy CEO	Chair
Derrick Trimble	PMO Project Manager	
Jan Leonard	Director of IT&T	
Vijay Chuttoo	Deputy Director for Quality and Safety, Specialist Services	
[I/S]	Clinical Change Manager	
	Head of Procurement	
	Service Manager	
Shaquille Saint-Cyr	Director of Specialist Services	
[I/S]	Clinical Change Manager	
Lizzy Wells	Director of MH Inpatient & Urgent Care	
Gladvine Mundempilly	Consultant Psychiatrist & Chief Clinical Information Officer	
[I/S]	LIO	
	LIO	
	LIO Account Manager & Delivery Lead	
	Executive PA to Alexandra Green, Scribe	

		Action
1.0	Apologies for Absence	
	Apologies: Rebecca Pulford, Leane Joyce	
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 agreed to be an accurate record of the meeting.	[I/S]
4.0	Action Log	
4.1	The action log from the previous meeting was reviewed and updated – see log for details.	ALL
5.0	Standard Operating Procedure Status	
5.1	- JL confirmed that the paper has been circulated to all concerned. - JL it is clear about where the paper has come from etc. - Kallur has confirmed the Ethics Committee will hold its first meeting on Friday and ET will be advised. - AG welcomed this along with advice from the Ethics Committee - GM concurred with AG's comments. - JL has discussed with Kallur and action has been taken. Await outcome from ET and the PB will be updated at the next meeting. - AG are we approving the statement to go to Quality Committee, Yes the group agreed	
6.0	Trust Reporting of Observation Levels via eObs	
6.1	Revisit the necessity for Trust wide observation level reporting with eObs - LJ to update [I/S] on return from annual leave. - AG suggested is that this is followed up with LJ tomorrow.	LJ

	- AG asked how the senior leads get assurance that there are no gaps and the process has been embedded. - JL suggested that this is included in the Care Group Assurance Reports to the PB.	
7.0	TIAA Update	
7.1	Update on February TIAA actions – covered in the Action Log - JL advised that a list of actions was established and some have been completed. - [I/S] advised that there are two items on the action log regarding TIAA. - AG most recent audit needs to come to this PB for review.	LJ
8.0	OxeObs EPR Integration with Rollout	
8.1	Highlight Report [I/S] advised: - The IT part has been completed with the systems with assurances that the processes are working. - Now asking the PB to move this item to closure. Now functioning in a BAU environment. - JL happy to close the project, need to know clinically they are writing the correct information. - [I/S] wants to identify an issue with the emails identifying the data being sent to us as some are not always received. - JL advised it is an NHS mail issue and NHS England are addressing this.	[I/S]
8.2	Decision: how do we advance the project from planning stage See above	
9.0	LIO User Authentication	
9.1	Status: [I/S] advised - Discussed last month and plan to use some samples as testers on the wards in a work group environment where the dashboard is being used. If that is successful will plan the rollout. - JL need to make sure the SOP is amended so that the implications are understood and that it has clinical sign off. - [I/S] first step it to have a few users to try it, then roll out to a whole ward.	[I/S]
10.0	LIO Implementation Phase IIIb – TTC Wards	
10.1	Status [I/S] advised: - Rapidly moving implementation. Procurement and Estates have been very supportive. - Meadowview will go live this month, along with Robin Pinto, and Edward house shortly after. - Tower will begin moving forward end of March. - JL asked for confirmation that the heating in the ceiling is no longer an issue at Robin Pinto Unit. - [I/S] advised that the issues have been overcome. - JL confirmed that there are no further delays with installation now. - JL asked if there are any issues with the wards in Bedfordshire? - [I/S] happy to visit the wards as requested. - JL suggested someone senior from JC team should join the visit. VC agreed.	[I/S]
11.0	LIO 3.0 Release	
11.1	Status [I/S] advised: - Queued up to live next week with the LIO rebranding and software release. - Have a Comms package prepared and is ready to issue. - JL asked to see the Comms package. - AG confirmed that any changes to alerts for staff need to be repeatedly confirmed to staff for clarification.	[I/S]

	- [I/S] suggested that the change to the alert announcement by the system is delayed by one week to allow time to inform staff. - [I/S] confirmed that should be feasible. - AG asked for assurance from the wards that the information has been rolled out. - AG suggested delaying until 1st April as the SOP also needs to be updated as well and could be a safety risk - JL and [I/S] will discuss outside of the meeting.	
12.0	SOP Implementation	
12.1	Inpatient - Nothing to escalate	LJ
12.2	Specialist Services - VC has an issue with using vital signs as a replacement to physically check the person. - AG stated that the SOP must be followed and the same process must be used in all care units. - SS-C advised that both are being done, a physical check and a vital signs check. Needs support for staff to enable to reduce the concerns about what is recorded. - AG referred to the Obs and the assurance that on every shift on every ward these are being checked and gaps are mitigated. - JL in the SOP, it states that there are circumstances where it can be used, needs to be clear for patients at Brockfield House. Meant to be an exception instance, not a routine practice. - VC staff are checking the physical health, but staff are worrying and using the vital signs check as well as a physical check. - SSC trying to balance staff fears along with the SOP requirements. - [I/S] advised that in older adults it is the same situation. - GM this is worrying as it is not as stated in the SOP. It is about fear of being watched and therefore doing vital signs for recording on the system. - AG asked how staff can be reassured that the physical check records are sufficient? - SSC staff have advised that physical records have not been sufficient, they need to hear that they will be supported. - AG will need to review in the Quality and Safety meetings. - JL the reports are showing high numbers on some of the reports so needs to be resolved so there is a consistent approach. - ML advised a lot of work has been done to reduce the over use of the vital signs function - AG suggested that VC and SSC could take the same approach. - LW agreed with [I/S], the issue does exist but there has been significant improvements.	
13.0	LIO Platform Reporting for Reference	
13.1	CSO Hazard Log - Note that all reports have been through local governance meetings	RP
13.2	Datix Ligature, Self-Harm, Falls Report 24/01/26 – 25/02/26 - Note that all reports have been through local governance meetings	[I/S]
13.3	Monthly Usage Report January 2026 - Note that all reports have been through local governance meetings	
13.4	Stopped Room Report January 2026 - Note that all reports have been through local governance meetings	
13.5	Mandatory Training Report 23/01/26 - Note that all reports have been through local governance meetings - JL advised the CQC have asked for this report and it does show some areas low in training compliance.	
14.0	Any Other Business	
14.1	LIO ET Paper Noted and can be submitted to ET.	

14.2	TIAA [I/S] advised - Across the five areas, there was - A theme on Larkwood and Longview where no admission checklist was present - Chelmsford - one area very low in compliance. - Overall improvement though - AG Matrons need to be driving this and it will be closely monitored. - LW advised that she has fed back the findings, there were mixed views and that too many people involved in the admission can be difficult for the patient. The named nurse needs to review the care plan weekly and can be reinforced.	
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Date and Time of Future Meetings	
Date & Time	Venue
27 th March 2026 11:00 – 12:30	MS Teams