Oxevision – Ashby Ward Pilot

Cost Benefit Analysis

V1 28/01/2025

The Oxevision pilots primary focus was the improvement of sleep for patients by reducing the disturbance when completing mental health observations and to reduce the need to keep patients on enhanced level of observations due to the challenges associated with obtaining physical observations.

Summary of outputs

The evaluation to the pilot is now complete and outcomes are as below:

Consent and usage

The number of patients who consented during the pilot was less than half with 16 patients consenting and 22 patients not consenting which was 42% of patients.

Out of the 14 bedrooms with the Oxevision devices installed the average number of rooms switched on was 5, the lowest was 1 and the most was 8 at one time.

Patient and Staff Feedback

Feedback from patients and staff is mixed:

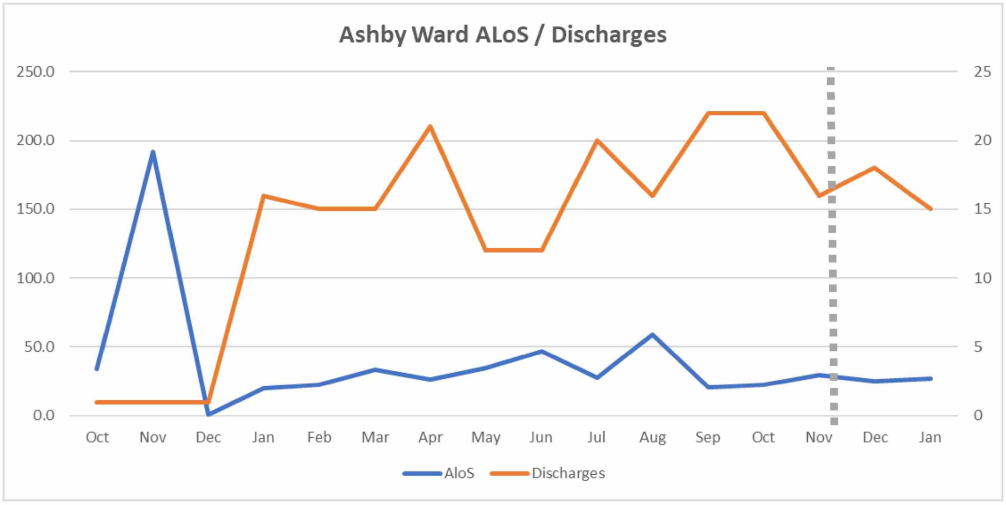
	Pro's	Con's
Patient Feedback	2 patients chose to consent to Oxevision following listening to other patients in community meetings.	Patients reported in community meetings that staff were still entering rooms at night which they felt defeated the reason as to why the consented.
	9 patients out of the 16 said that they had improved sleep since Oxevision was switched on.	6 patients out of the 16 said they felt they were still being disturbed at night since it was switched on.
		2 of the 16 patients withdrew consent as they realised that the devices had cameras.
Staff feedback	1 staff member reported that they had noticed improvements in patients sleep.	Staff had concerns with the devices only taking one of the vital signs on several occasions which led to them still entering a patient's bedroom to complete the observation.
	1 staff member said they felt it did help MDT conversations with managing patients' risk of harm	Staff reported that when they had bank staff on shift they were unable to utilise it as staff were not confident as hasn't received the training.
	A qualified nurse said that the avoidance of potential self-harming behaviours is another benefit highlighted from using Oxevision.	Staff have reported that they feel they would need more training on Oxevision in order to feel more comfortable with using it.
	All staff who completed a feedback form said they find Oxevision easy to use.	The majority of staff didn't feel like it benefited them in spending more meaningful time patients which could help with improved sleep.

Impact on staff and patients

	Pro's	Con's
Patient Impact	Improved sleep for some patients	Over half the patients did not want to consent, most of the reasons for not consenting were either because they felt they were being watched, or they felt they did not have any problems with their sleep.
	1 patient had a 1-1 conversation with a staff member after the staff member had noticed a change in behaviour by using the Oxevision device. The potentially prevented self-harm behaviour.	1 patient became very paranoid and refused to sleep in the bedroom and due to all rooms having the devices installed, there were no alternative rooms to offer. This patient was pregnant and slept on the floor until a room on another ward could be identified.
Staff Impact	Staff felt the devices were easy to use and could explain well to patients and carers how it worked.	With less than half the patients consenting, staff were managing two different ways of completing mental health observations.
		Staff are utilising two ways of recording observations at night as Oxevision does not feed directly into SystmOne and therefore carrying the Oxevision tablet and the observation folder.

Data Analysis

The number of Discharges and average length of stay was reviewed alongside the pilot. There is no evidence that either metric changed during the period and remained inline with previous months.



Cost Analysis

The cost for Oxevision per ward is approx. [I/S]

The total for the currently contract which includes 7 wards is [I/S]

Only 2 wards are fully installed and there will be a cost to install across the remaining 5 wards.

Total cost to install will be approx. [I/S]

Examples of other solutions

- Ashby ward reverts to checking patient's observations by either physically checking or completing non touch observations.
- Staff to complete sleep hygiene training in order to identify more ways to support patients at night.
- Improve daytime activities / consistency of activities to support an improved routine for patients to support with improving sleep.

Overall cost analysis

Oxevision is a high-cost system and although there have been some benefits to patient sleep, due to the period of time of the pilot there is insufficient evidence to demonstrate any impact on patient outcomes.

Recommendations

- Consider providing notice on Oxevision to end contract.
- Review alternatives to Oxevision / other providers that offer similar technology with the cameras.
- Review sleep hygiene training options and the costs associated.
- Explore the cost to remove the devices / part of the devices from rooms.