

Reference Number: <i>UHB 313</i> Version Number: 2	Date of Next Review: <i>27 January 2029</i> Previous Trust/LHB Reference Number: UHB 313
---	---

Reassurance Observations System Procedure

Introduction and Aim

The Reassurance Observation System is an observation tool specifically designed to unobtrusively observe inpatients in their bedroom areas. This procedure informs staff members of the appropriate use of the system.

Objectives

- *To instruct staff members of the appropriate use of the Reassurance Observation System.*

Scope

This procedure applies to all of our staff working within the Hafan y Coed Mental Health Unit.

Equality Impact Assessment	<i>An Equality Impact Assessment has not been completed. This is because a procedure has been written to support the implementation the CCTV and Observation Policies.</i>
Health Impact Assessment	<i>A Health Impact Assessment (HIA) has not been completed</i>
Documents to read alongside this Procedure	<i>CCTV POLICY OBSERVATION AND ENGAGEMENT POLICY</i>
Approved by	<i>CDOG</i>

Accountable Executive or Clinical Board Director	<i>CLINICAL BOARD NURSE (MENTAL HEALTH)</i>
Author(s)	<i>Mark Bates, Professional and Practice Development Nurse</i>

Document Title: <i>Reassurance Observation System Procedure</i>	2 of 6	Approval Date: 27 January 2026
Reference Number: UHB 313		Next Review Date: 27 January 2029
Version Number: 2		Date of Publication: 31/03/2026
Approved By: CDOG		

Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the [Governance Directorate](#).

Summary of reviews/amendments			
Version Number	Date of Review Approved	Date Published	Summary of Amendments
1	2/3/21		Reviewed – Mark Bates
2	12/01/2022		Reviewed- Natalie Williams 3.6 added note that ROS is not to be used for close observation 6.3 added advice regarding using system correctly to minimise faults 7.1 review period altered
2			Reviewed – Inserted 6.1, 6.2 and amended 6.3 to provide guidance on how to manage faults and when to submit DATIX.
2			Inserted Patient Privacy and Dignity are guiding principles and made clear the camera is not designed or purposed for CCTV under 1.1.
2	27/01/2026	31/03/2026	Inserted 3.7 and 3.8 to provide further guidance regarding observations and ROS

Document Title: <i>Reassurance Observation System Procedure</i>	3 of 6	Approval Date: 27 January 2026
Reference Number: UHB 313		Next Review Date: 27 January 2029
Version Number: 2		Date of Publication: 31/03/2026
Approved By: CDOG		

1. General Principles

- 1.1 Patient privacy and dignity are guiding principles for use of the Reassurance Observation System (ROS) is an observation tool specifically designed to unobtrusively observe inpatients in their bedroom areas. It comprises of an infrared camera and microphone system connected to an LCD observation panel outside the bedroom. This panel can be accessed by the observing staff member to check on the patient's safety and wellbeing. The camera feature is not designed or purposed for CCTV. The system does not record video/images or sound, only allowing real-time observation. The system does, however, register the staff member's access to the panel.
- 1.2 Patients in bedrooms where ROS is installed will be made aware of the system and explained its use.
- 1.3 Staff using the system will use it appropriately: as a tool to check on a patient's safety and wellbeing and for no other reason.

2. Orientating Patients to ROS.

- 2.1 Patients staying on the adult inpatient unit will be on General Observations as a minimum (refer to Observation Policy). This means that inpatients will be checked for safety and wellbeing on at least an hourly basis. Traditionally this can be an obtrusive practice, where bedroom doors are opened and torches shone in a room during the night. ROS provides an alternative to this, by allowing unobtrusive observation.
- 2.2 As part of their orientation to the ward, new patients will be shown their bedroom area including an explanation of ROS and given a sheet explaining its use (see appendix1).

3. Carrying out Observations.

- 3.1 If a patient is suspected of being in their bedroom whilst checks are being carried out a member of the care team will:
 - a) Swipe their TDSI card next to the ROS panel outside the patient's bedroom.
 - b) Open panel door.
 - c) Check on the safety/wellbeing of the patient by observing for movement and listening for sounds of breathing.
 - d) Close panel door.
 - e) Document as appropriate.

Document Title: <i>Reassurance Observation System Procedure</i>	4 of 6	Approval Date: 27 January 2026
Reference Number: UHB 313		Next Review Date: 27 January 2029
Version Number: 2		Date of Publication: 31/03/2026
Approved By: CDOG		

- 3.3 If the observing nurse has any concern for the patient's safety and well-being, they should enter the bedroom summoning for assistance from other staff members as required.
- 3.4 Staff and patients should be aware that the toilet/shower pod within the bedroom is not covered by ROS. It maybe appropriate for observing nurses to check after 5 minutes if the patient is not observable in the bedroom area. However, if the patient is not observable after this second check the staff members should enter the bedroom, after knocking on the door (summoning assistance as appropriate) and check on the patient's wellbeing.
- 3.5 Patients on intermittent observations will be checked more regularly using the procedure outlined above and as directed by the observation and engagement policy.
- 3.6 Patients being nursed on close/special observations will need to be observed with the bedroom door open to allow rapid response as necessary by the observing nurse. ROS should never be used to observe someone on close observations.
- 3.7 There may be occasions where it is deemed appropriate to nurse patients on 1-1 with the door and ROS closed. This will require specific care plan and risk assessment.
- 3.8 The ROS system in Hafan Y Coed may be used to determine signs of life by night without having to disturb the patient whilst they are asleep, however it should be noted there are occasions the ROS system may not be able to provide this reassurance, for example if the patient is lying under the bed covers, or if the system is unable to pick up signs of breathing. In this instance the patient's bedroom must be entered.

4. Potential for Staff Misuse

- 4.1 Whilst the ROS does not record images/sounds from within the room it does record access to the system by individual staff members, therefore protecting patients from potential staff misuse of the system.
- 4.2 Staff members must use the system for the minimum time necessary to check on the safety/wellbeing of individual patients.

Document Title: <i>Reassurance Observation System Procedure</i>	5 of 6	Approval Date: 27 January 2026
Reference Number: UHB 313		Next Review Date: 27 January 2029
Version Number: 2		Date of Publication: 31/03/2026
Approved By: CDOG		

- 4.3 Staff members could be investigated for misuse of the system where they are considered to be using it for observing patients outside of their clinical needs. Use of the system by staff members can be audited retrospectively and inappropriate use could lead to disciplinary/criminal proceedings.

5. Vulnerable Patients

- 5.1 In certain cases it may be appropriate that only certain members of staff are involved in checking a patient's wellbeing and safety in their bedroom areas. This could include vulnerable female patients requiring female staff only observations.
- 5.2 These cases must be explored carefully and a nursing intervention plan should be devised to respond to this rare need.
- 5.3 It is expected that the vast majority of patients will be appropriately observed by any member of nursing staff.

6. System Management

- 6.1 ROS to be checked for faults daily. List of checks to be conducted included on daily environment checklist.
- 6.2 Any faults in the system must be reported as follows:
- If no power to the ROS, an MR needs to be raised via Estates, marked as urgent.
 - All other faults to be reported to Openview, copying in the Adult Mental Health Directorate:
 - service@openviewgroup.com
 - copy to newport@openviewgroup.com & Jayne.Ryan@wales.nhs.uk
 - Any fault in the system that compromises patient dignity must be reported via the datix incident reporting system. For example, door does not secure shut.
 - If door does not secure shut and camera is on, this must be treated as an emergency and escalated as such to the Adult Mental Health Directorate for an emergency call out to be arranged.
- 6.3 Whilst waiting for the estates to fix any system faults, nursing staff must resort to using the traditional method of carrying out observations (as

Document Title: <i>Reassurance Observation System Procedure</i>	6 of 6	Approval Date: 27 January 2026
Reference Number: UHB 313		Next Review Date: 27 January 2029
Version Number: 2		Date of Publication: 31/03/2026
Approved By: CDOG		

outlined in para 2.1 above). Where possible the patient should be moved to a room where ROS is operational.

- 6.4 Any fault in the system that compromises patient dignity must be reported via the datix incident reporting system. For example, door does not secure shut.
- 6.5 In order to minimise potential of issues with the system it is essential to ensure the system is being used correctly. In particular, securely closing the door panel after every use to avoid potential of overheating and damaging magnets, which could increase fire risk.

7. Review

- 7.1 This Procedure should be reviewed in 5 years to ensure it is still relevant or earlier if required.