

#	Clinical, Quality or Equality	Benefit / Risk	Area of Impact	Potential Impact	Owner	Inherent Consequence 1-5	Inherent Likelihood 1-5	Inherent risk score (1-25)	Mitigating actions / Ensuring Improvements	Residual Consequence 1-5	Residual Likelihood 1-5	Residual risk score (1-25)	Progress	Last review date	Next review date	Status	
1	Clinical	Risk	Patient Experience	The door alarm monitoring system will be installed on a live, operational ward. This could result in an increase in noise and dust which could have a detrimental impact on patients.	Clinical Director/ Associate Director	3	3	9	Communication with the ward prior to commencing work will ensure that the ward has a contingency plan in place to mitigate this, this will be specific to the ward. Patients to be kept informed of works. If possible/appropriate patients to be kept away from the area during noisy/disruptive times. Lessons learned from other wards regarding the installation of the en-suite doors to be followed. North PFI has confirmed that en-suite doors are lower risk as they can be confined behind a locked bedroom. Pre-start meetings to agree specifically how these risks will be managed on each ward. Ongoing project meetings to address unforeseen issues as they arise. Citrine- regular updated communication will be provided through the ward community meeting. Visible leadership on the ward to assist with ensuring patients have the opportunity to regularly feedback on experiences and have comments validated.	2	4	8		28/09/2021	05/10/2021	Open	
	Clinical	Risk	Patient Experience and Safety	The installation of the bedroom door systems is a higher risk due to their location in accessible corridors. Therefore the whole bedroom will be inaccessible for use during the installation. Wards will therefore be at least one bedroom down for up to 3 days at a time. There is also risk of injury to service user if the access the work space during installation works.	Clinical Director/ Associate Director	3	3	9	Bedroom will need to be out of use to staff and service users during installation. Bedroom and surrounding area will be secured when contractors are not working. Alternative to the door will need to be used for this, while enabling works take place. Hoard the specific bedroom being completed, so that it is not accessible to service users. If hoarding is not possible, staff will need to supervise the area to prevent service user access while the works are ongoing. Contractors to agree order of installation to cause least disruption and access issues. Contractors will have a tool inventory to ensure all tools and equipment are accounted for at the end of each work session. Staff to flag any onsite concerns to their CNM in the first instance, who can then link with Estates project lead as necessary.			6					
	Clinical	Risk	Safety	The door alarm monitoring system will be installed on a live, operational ward. Risk of injury or accusations of theft/damage towards contractors working on the live ward.	Clinical Director/ Associate Director	3	2	6	Contractors will be inducted to mental health standards and given specific details around arrangements for each ward. Service users' property will be securely locked away in an appropriate location while the contractor has access to the workspace. Contractors will be escorted to and from workspace by clinical staff.								
2	Clinical	Risk	Patient Experience	The door alarm monitoring system will be installed on a live, operational ward. There is a risk of safety for patients and staff on the ward where industrial equipment/tools may be used.	Clinical Director/ Associate Director	3	3	9	Contractors to ensure that equipment is fully accounted for and kept safely and securely so that it does not cause harm to patients and staff. Site security (where as placed) to have an acute awareness of areas where equipment may be left unattended. Contractors will be fully informed of safety and security expectations from the Trust and specific to each ward. Operational level decision whether contractors are accompanied at all times and how this is facilitated. Contractors will submit their RAMS (Risk Assessment and Method statement) and will ensure they follow these. Estates project lead will conduct spot checks to ensure this is happening. The contractor must confirm that the work area is clear and safe to hand back to the clinical team. Citrine- Contractors will receive brief of site safety requirements. Contractors will be escorted at all times on the ward. All tools and work items are to be counted in and out. Contractors to escalate any mislaid items immediately.	3	2	6		28/09/2021	05/10/2021	Open	
3	Clinical	Risk	Clinical Skills	The project assumes that all staff including agency and bank staff will be aware of the sound of the door alarm monitoring system.	Clinical Director/ Associate Director	3	2	6	The alarm system will sound the same as the staff assist system as it is linked into it. Staff will be able to determine that it is the door alarm on the panel as a 'D' will come up next to the room details. Substantive/ existing staff will receive training on the new system. Bank/ agency/ new staff will be inducted on this and any other safety features specific to the ward and the expected response. There will be a training video from the supplier that staff can use on an ongoing basis for refresher sessions on the use of the system. Staff will also adopt a new testing checklist for the door system as part of their regular environmental checks.	2	2	4		28/09/2021	05/10/2021	Open	
4	Clinical	Risk	Clinical Skills/Patient Experience	There is a risk that staff may become reliant on the door alarm monitoring system resulting in therapeutic observations being missed.	Clinical Director/ Associate Director	3	2	6	It will be made clear that the door alarm monitoring system does not replace the existing therapeutic observations that are carried out on the wards. Staff are to continue using existing technology to ensure compliance with patient safety standards. Local orientation through handover to all bank/agency staff on use of door. Digital Ward, which monitors and alerts staff if observations are overdue will support staff to avoid missing observations.	3	1	3		28/09/2021	05/10/2021	Open	
5	Clinical	Risk	Patient Outcomes	The door alarm monitoring system may become faulty or damaged over time, this could result in alarms not sounding and/or false alarms. This presents as a current and future risk	Clinical Director/ Associate Director	3	3	9	Staff are advised that regular testing is carried out to ensure that the alarm system is operating effectively. If there is a fault out of hours, wards will have a system in place to revert to their previous procedures based on risk assessment and observations until the fault is rectified. It was confirmed in the project meeting on 12/05/2021 that weekly testing of system functionality will be carried out as part of environmental checks. North PFI have confirmed that staff will conduct daily testing to every door and every alarm bar (door top, bottom and frame) and also record on daily testing sheets. Citrine will complete a frequent testing regime that is facilitated by ward and security staff. The door alarm monitoring system has a manufacturer's warranty of 10 years, BSMHFT to ensure that the alarm system is replaced prior to this.	4	2	8		28/09/2021	05/10/2021	Open	
6	Clinical	Benefit	Patient Experience	The door alarm monitoring system will be installed in en-suite bathrooms across the Trust, this will result in a reduction in door suspended ligature incidents improving patient safety. This is currently only agreed and happening in Acute Care	Clinical Director/ Associate Director			0	There will be a requirement for staff to ensure that the door alarm monitoring system is functional and operational. Staff will be made aware that this does not replace the existing therapeutic observations. This will significantly reduce ligature risks for en-suite doors in Phase 1.			0	The need to use the door alarm monitoring system as another tool to promote safety and not instead of current practice will be reiterated throughout the project lifecycle. North PFI have confirmed this approach. Citrine - Staff will be briefed on the rationale behind the door change programme and how this fits into the already established observations policy	28/09/2021	05/10/2021	Open	
7	Clinical	Benefit	Clinical Safety	The door alarm monitoring system will cause a reduction in door suspended ligature incidents as they enable staff to respond immediately to emergency situations.	Clinical Director/ Associate Director			0	The door alarm monitoring system will enable a swifter response time to a door suspended incident. There will be a requirement for staff to ensure that the door top alarm system is functional and operational. Staff will be made aware that this does not replace the existing therapeutic observations.			0	The need to use the door alarm monitoring system as another tool to promote safety and not instead of current practice will be reiterated throughout the project lifecycle. North PFI have confirmed this approach. Citrine - This will be consistently discussed with all ward staff.	28/09/2021	05/10/2021	Open	
8	Clinical	Risk	Patient Experience	There is a risk that service users may cause false alarms. This can divert staff attention around any real incidents occurring at the same time	Clinical Director/ Associate Director	2	3	6	Clinical staff to continue to adhere to the therapeutic observation policies to assure the safety of all service users under their care. Patients are individually clinically risk assessed and mitigation in place to manage accordingly. The clear message on wards and as part of standard practice will be to respond to all alarms in line with current practice. Citrine and North PFI have confirmed they will follow the same principles.	3	1	3		28/09/2021	05/10/2021	Open	
9	Clinical	Risk	Clinical Safety	The door alarm monitoring system fitting may interfere with the current anti-barricade system.	Clinical Director/ Associate Director	2	3	6	The doors are manufactured and installed as a set with the anti-barricade system included, therefore fully mitigating this risk.	1	3		The Trust has confirmed their preference of the Switch anti-barricade system. A trial is being arranged on Larimar to evaluate this system in a live environment.	28/09/2021	05/10/2021	Open	
10	Clinical	Risk	Clinical Safety	The door alarm monitoring system is connected to the staff assist Pinpoint alarm system, this could result in an incident being missed due to simultaneous alarm sounds	Clinical Director/ Associate Director	3	3	9	Staff to continue to adhere to guidance on responding to staff assist alarms, to check the alarm reset panel to ensure the location of the alarm is current and reset the panel when an incident has been attended to. Current practice for staff when two or more alarms simultaneous sound will be followed, both incidents flash on the display intermittently and staff attend nearest one to them. North and South PFI have confirmed that the door alarm sound is the same sound as the staff assist and any multiple activations will be noted on the addressable staff assist display panels and still will determine the nearest room to attend first.	4	1	4	The Larimar door sound is different to the standard sound due to the ward being located in Ardenleigh. The alarms on Citrine are the same as the alarms on Larimar, thus same principles apply for that ward. This has been escalated to the Senior Responsible Owner, Project Lead and CDC Assurance Group via weekly Environmental report.	28/09/2021	05/10/2021	Open	
11	Clinical	Risk	Clinical Safety	There is a risk that access to ward and bedrooms is compromised due to unforeseen reasons, including staff shortages, outbreak, Covid-19 and ward acuity.	Clinical Director/ Associate Director	3	3	9	Advance notice of at least 48 hours required where possible. Trust Covid-19 outbreaks to continue to be reported in line with current process. Daily staffing huddles are in place every morning to ascertain staffing hot spots and shortages. The communication plan ensures wards are aware when door installation will start on specific sites and wards. Unforeseen issues will need to be managed on an individual basis, with agreement between Summerhill Services Limited and the clinical lead. Any themes will be escalated to the Senior Responsible Owner, mindful that delays may cause the project to go over-budget or breach timescales.					28/09/2021	05/10/2021	Open	
12	Clinical	Risk	Clinical Safety	There is a risk of personal belongings of patients going missing or being damaged while the works are carried out, particularly within their bedrooms.	Clinical Director/ Associate Director	3	3	9	North PFI have confirmed that contractors will ensure clinical teams confirm service users belongings are accounted for prior to any works commencing. On completion of works clinical staff to inspect and confirm that all belongings are accounted for. The option to completely clear the room prior to commencement of work will be considered on an individual basis. Citrine have confirmed the opportunity to move patients to another bedroom if required.	3	3	9		28/09/2021	05/10/2021	Open	
13	Clinical	Risk	Clinical Safety	There is a risk if contractors are having unsupervised contact with patients	Clinical Director/ Associate Director	3	3	9	The ward must provide supervision of service users in line with therapeutic observation policy while work is being carried out in an uncontrolled work area. Contractors will be escorted to and from the work place and as part of their induction told about the expectation of behaviours on the ward.	2	2	4	Confirmation of this approach has been confirmed with CNMs and at a number of DMT meetings.	28/09/2021	05/10/2021	Open	