**Ligature Risk Reduction Policy and Procedure**

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| 1.3 | September 2020 | Richard HarwinAndy Cruickshank | Final | Review of ligature point rating |
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# 1.0 Introduction

1.1 The document Safer Services (1999), Prevention of Suicide Strategy (2012) and Safety First document (2001), clearly highlights the need for mental health facilities to have robust mechanisms regarding ligatures and anchor points and potential ligature instruments, and that this should be part of the overall suicide prevention strategy.

The Health and Safety Executive (2004) also direct trusts and directorates responsible for caring for patients and service users who may exhibit self-harm behaviour in reducing possible risks associated with potential ligatures and anchor points.

This work is required by the Health and Safety at Work AC1974 to maintain a safe environment and the Management of Health and Safety at Work Regulations 1992 (amended 1998) to carryout risk assessment.

1.2 Hanging is the main method of suicide for mental health service users, whether in an in-patient setting or in the community.

Hanging may involve suspending the body from a high ligature anchor point, with or without the feet touching the ground, but many deaths also occur through asphyxiation without suspension of the body or using a ligature anchor point below head height.

It is almost impossible to eliminate all potential ligatures, since articles of clothing as well as material from everyday items such as bedding, clothing and electrical cables can be used.

However, a significant proportion of suicides are believed to occur through impulsive acts using the first means to hand and without time for reflection.

1.3 An obvious ligature anchor point would then present a significant risk and because of this risk, the *National Suicide Prevention Strategy for England (DoH 2012)* sets the standard that **likely** ligature anchor points in mental health service inpatient environments must be removed or covered.

**It is not possible for all potential ligature points to be eliminated**, and a judgment therefore has to be made about the likelihood of something being used as a ligature anchor point.

Equally, there may be some potential ligature anchor points that need to remain, as removing them will create a greater risk to the patient group, e.g. grab rails in elderly units or disability accessible rooms. In such cases a balance has to be sought between the relative risks involved.

1.4 The Trust acknowledges that it has used as its source for this policy and associated documents Sussex Partnership NHS Foundation Trust’s Risk Reduction Policy and Procedures. The source document in turn acknowledges the contribution from:

Head of Residential Services Solent Healthcare,

Health & Safety Manager Kent & Medway NHS & Social Care Partnership Trust, Lead Nurse Kent & Medway NHS & Social Care Partnership Trust,

Surrey & Borders NHS Foundation Trust, 2gether NHS Foundation Trust Gloucester.

Its ligature audit tool was developed by Greater Manchester West Mental Health NHS Foundation Trust and has been further enhanced through discussion with mental health services in the south and south-west of England.

# 2.0 Purpose of policy

2.1 East London NHS Foundation Trust (the Trust) aims to provide safe and therapeutic environments for inpatients and service users, which are as free as possible of ligatures and anchor points. (Specifically, the Trust actively pursues an objective to eradicate as far as is reasonably practicable all potential ligature and anchor points and where this is not practicable to control the risks by monitoring them.

2.2 This policy outlines the responsibility and arrangements whereby the Trust undertakes as a minimum to control the presence of ligatures and anchor points in all in-patient facilities accessed by mental health, learning disability and substance misuse service users.

2.3 The Trust places great importance on individual risk assessment of service users from the risk of self-harm and that this policy helps support managing patients within the context of that risk assessment

# 3.0 Definitions

3.1 **Ligature**

A ligature could be defined as any piece of clothing, cordage or any item that can be tied or fastened around the neck, which could be utilized when, tied to an object as a tie or noose for the purpose of self-harming by strangulation or hanging.

This can include:

* Plastic bags
* Belts
* Shoe laces
* Electrical cable flex
* Ties
* Rubber strips (from door seals, double glazed windows)
* Torn strips of clothing or bedding
* Phone charger leads
* Items of clothing

The list is not exhaustive and additional information can be found at Appendix 2.

3.2 **Anchor Points**

A ligature anchor point is a fixture or fitting that can be found within an internal or external environment that can be accessed by a patient. This could be used to secure a ligature to, where the whole, or significant part of the bodies’ weight can be suspended.

Anchor points can include:

* The gaps between a window or door and its frame
* Window, cupboard or door handles
* Coat and towel hooks
* Window curtain, bed curtain and shower rails
* Shower heads and shower controls
* Sink taps, plug and waste
* Window, door or cupboard edges and frames
* Door hinges, pivots and self-closers
* Ventilation grills, ceiling vents and ducts
* Ceiling cavities

The list is not exhaustive and further information can be found at Appendix 2

3.3 **Anti-Ligature Fitting(s)**

An anti-ligature fitting is any fitting that is designed in such a way as to prevent a ligature being attached to it. An anti-ligature fitting should:

* Cause the ligature to slip off, or
* The fitting should break away from its mount (at 20Kg or less) when placed under pressure of weight.
* Anti-ligature curtains and curtain rails should break away at 40Kg or less in accordance with manufacturer’s instructions

Service Directors, Matrons, Service and Ward Managers should consult with the Estates and Facilities team to establish the full range of anti-ligature devices available on the market for any specific need.

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# 4.0 Scope of policy

4.1 This policy applies to all mental health inpatient settings, health based places of safety and mental health continuing care including learning disabilities. The responsibility for direct implementation of this policy is with general managers, service managers and matrons responsible for these wards.

4.2 The ward and their nursing teams will ensure the environments within which the service user occupies or has access to is as safe as is reasonably practicable and that risks associated with ligatures and anchor points are identified. It is the responsibility of all practitioners to ensure that actions are taken to minimize risk to service users and patients in line with professional and regulatory requirements.

Action must be taken to eliminate or reduce those risks identified immediately or as soon as is reasonably practical.

4.3 Care groups will take a common approach to addressing ligature and anchor points through the application of this policy however, given the difference in the service user groups the outcome of risk assessments may differ. Governance is achieved within individual care groups by the clinical teams and operational managers agreeing the standards to be met. Generally Secure and Forensic, Working Age Acute and Older people’s inpatients settings are seen as high risk areas for the risk of suicide or strangulation.

4.4 However the Trust recognises that in dementia wards a balance needs to be struck between reducing the risk from ligature anchor points and maintaining some fixtures and fittings as aids to daily living for the patient group.

Therefore handrails, grab rails, door handles and sink taps will remain in place as standard fixtures and fittings so that dementia patients can recognise and use these items to reduce the risks from confusion, falls or moving and handling needs.

**5.0 Principles**

5.1 The Trust aims to set out consistent and quality risk assessment and management practice for anchor points and items that can be used as ligatures. The Trust will also ensure there are clear responsibilities and arrangements in place to control the presence of ligature and anchor points in all inpatient facilities which are the responsibility of the trust and accessed by service users.

5.2 The Trust will also provide assessments tools that are practical and workable to identify and reduce the potential of self-harm from ligatures or anchor points. The assessment tool in use by the Trust is from the work undertaken by Greater Manchester West NHS Foundation Trust.

5.3 The Trust’s primary aim is to eliminate all high risk ligature anchor points that are scored at 81 using the tool. The secondary aim will be to eliminate or reduce the significant risk from all anchor points scoring 54.

5.4 The exception to this being in dementia services where the physical needs of the patient group may out-weight the need to remove a possible 54 anchor point or to fit an anti-ligature alternative. For example; door handles, sink taps and handrails, all necessary aids to daily living for this group of patients.

# 6.0 Policy Statement

6.1 The Trust is committed to the provision of a safe environment for service users in all mental health, substance misuse and learning disability, inpatient and outpatient areas owned or leased by the Trust.

6.2 The Trust has produced this policy and tools within it, which will support staff in the identification of ligature anchor point risks in inpatient facilities and in the undertaking of a ligature anchor point risk assessment audit.

6.3 All risk assessments produced as a result of the ligature audit must be reviewed at least annually or when a change occurs to the environment, the service provided or as the need of an individual service users dictate.

6.4 The Trust will periodically issue guidance and good practice advice to managers as part of its continual review and assessment of ligature risks taking into account any new products or changes in practice. Risk assessments should be undertaken locally in the context of these standards.

# 7.0 Duties

7.1 The Chief Executive and the Board of Directors

To ensure that governance arrangements are in place to effectively manage reduction in ligature risks and provide the resources necessary.

7.2 Chief Nurse

To be the executive lead for safe environment, including management of ligature risk.

7.3 Chief Medical Officer & Director of Patient Safety

To chair the Patient Safety Forum with oversight of the Ligature Risk Reduction Work and regular reporting from the Ligature Risk Reduction Group. To provide medical and safety specialist support to the Chief Nurse in her leadership role in relation to ligature risk management.

7.4 Quality Committee

This Group will have overall responsibility for ensuring that ligature risk audits are undertaken and acted upon.

7.5 Quality Assurance Committee

To receive exception reports from the Patient Safety Forum and provide assurance in relation to the Ligature Risk Reduction Work.

7.6 Patient Safety Forum

To track progress and provide oversight of the Ligature Risk Reduction Work

7.7 Ligature Risk Reduction Group

* Will provide oversight and scrutiny for the management of ligature risk, and advise on effective arrangements for eliminating, reducing and managing ligature risks.
* Oversight of actions arising from the ligature risk assessments.
* Overview of all incidents involving an anchor point being used to ligature and lessons that can be learned.
* Identification of training and educational needs.
* monitoring the risk stratification programme

7.8 Service Directors

* To provide the resources required to enable appropriate action to be taken in the light of the risk management priorities identified in ligature audit assessments.
* To ensure suitable representation from clinical services attend each meeting of the ligature risk reduction group.

7.9 Inpatient Lead Nurses

* Sign off risk assessment(s) on significant ligature risks identified.
* To inform their Service Director of all significant ligature risks identified.
* To ensure that action plans are agreed and executed following risk assessments and that the process of risk assessment is on-going.

7.10 In-Patient Matrons

* To ensure that they are aware of all risks identified and that the risks and the control measures have been communicated to all staff.
* To satisfy themselves that ligature audits are undertaken throughout the workplaces they are responsible for at least annually or sooner if any structural or decorative changes or improvements are made to the environment.
* Audits to be undertaken by inpatient matrons or delegated to ward managers who are appropriately trained.
* To inform their Service Director or Lead Nurses of all significant risks identified. To ensure that action plans are agreed and executed following risk assessments and that the process of risk assessment is on-going.
* To allocate the resources and time required to implement the action plans resulting from the risk assessments. To undertake ligature risk reduction training to manage and undertake risk assessment effectively.
* To ensure that any local procedures produced that supports this policy are regularly reviewed.
* To ensure that appropriate records are kept of site audits and that risk assessment activity is undertaken regularly and thoroughly.

7.11 Ward Managers

* To conduct ligature audits where delegated by the inpatient matron at least annually, or sooner if any structural or decorative changes or improvements are made to the environment, ensuring that risk assessments are undertaken in the workplaces for which they are responsible for and that the assessments and actions taken are appropriately recorded.
* To ensure all staff are aware of the details of the risk assessment and understand their part in ensuring any control measures are implemented correctly.
* To complete risk assessment(s) on significant ligature risks identified
* To inform their Matron or Lead Nurse of all significant risks identified.
* To review the assessments annually or whenever circumstances change, acting upon the outcomes of those reviews as appropriate.
* To undertake training to manage and undertake risk assessment effectively.
* To ensure that staff working alongside them, have the skills that will enable them to identify and assess those risks associated with ligatures and anchor points.
* To provide appropriate records of site audits and risk assessment activity regularly and thoroughly.

7.12 Staff Duties

All staff members have a duty to safeguard their own health, safety and welfare and to that of colleagues and service users.

The Mental Health Act states:

*“The nurse-in-charge of any shift is responsible for the care and protection of service users and staff and the maintenance of a safe environment”. That is achieved by:*

* Having a working knowledge of the content of this policy and ensure that all other staff are aware of their duties.
* Being constantly vigilant in relation to ligature risks and reporting, or taking action if appropriate, in relation to any ligature or anchor point risk identified in the service users’ environment.
* Not bringing into the workplace any items that could be used as a ligature or anchor point by any service user or patent or providing such to a service user or service users.
* Reporting all incidents involving ligatures or anchor points or near misses on the incident reporting form, immediately, irrespective of whether injury was sustained.

# 8.0 Procedure

8.1 Lead Nurses must ensure annual ligature and summary reports are completed audits for their clinical areas. These must be completed at ward level by the Matron or nominated ward manager. Where responsibility for this has been delegated to the ward manager, the Matron has responsibility to ensure it has been completed and oversees the quality of the audit. This is particularly important where any structural or decorative changes to the environment have been identified since the last audit.

* 1. All identified ligatures and anchor points must be acted on appropriately – i.e. remove immediately where possible; arrange with Estates to remove; restrict access; or control by local procedure. See Appendix 4 for audit tool.
	2. The audit tool at Appendix 4 is used to identify each anchor point and is not a risk assessment and therefore a Trust Risk Assessment Form must be completed for all significant risks identified.

8.4 For ward managers carrying out the audit for the first time it is recommended that the environment is divided into three hazard areas, described as High, Medium and Low risk - see Appendix 2 for further guidance.

* 1. The matron or ward manager completing the audit must visit all areas of the ward, including the garden, courtyard and adjacent public or private areas to the ward that service users may have access to.
	2. They must look for anchor points and ligatures in all these areas – see Appendix 2 and Appendix 3 for definitions and checklist

8.7 Where ligature and or anchor points have been identified and recorded on the audit tool the matron or ward manager must complete a risk assessment for all individual risks (or a group of risks that are the same in each room, for example) that have been identified and to ensure that suitable and immediate controls measures are put in place to safeguard service users.

* 1. Matron or ward manager must escalate the identified risks to their service manager or matron or in their absence their general manager and communicate risk and immediate control measures to all staff.
	2. Ligature risk assessment guidance is on page 16.
	3. The ligature anchor point audit tool and any subsequent risk assessment must take into account the level of possible clinical risk presented by the service users on the ward.

8.11 The ligature anchor point audit tool should classify any fixed or portable ligature risks as high and having considered this in context of the level of service users risk, identify clearly any actions to be taken to eliminate, reduce, or manage the risks by the ward.

8.12 Secure and Forensic, Child and Adolescent, Working Age, Later Life and Dementia inpatient settings are seen as high risk areas for the risk of suicide or strangulation. Learning Disability in-patient settings may need to be considered as medium risk, as the incidence of self-harm may be generally lower. Community settings may be medium risk, depending on the clinical risk assessment of the individual service users, as incidents of self-harm should be considerably lower.This should not preclude the conducting of a risk assessment to determine the overall environmental and individual service user’s risk.

8.13 **The outcome of ALL risk assessment and control measures identified MUST be shared with all staff working in the area assessed as many of the identified risks will involve interaction and monitoring of service users by staff.**

8.14 Results of the ligature anchor point audit tool must be discussed and agreed with the Matron. The Matron and the Ward Manager must create appropriate risk assessments and share these with their Lead Nurse and Directorate Management Team (DMT). Where there are risks that cannot be mitigated, these should be discussed and added to local or DMT risk registers.

* 1. DMTs must arrange for appropriate funding of any anti-ligature fixings; increases in staffing levels or other controls to ensure that they reduce the risks to the lowest level practical and ensure that there are systems in place to manage the risks until capital funding can be obtained to eliminate the risk.
	2. High cost solutions may have to be funded outside of the service budget, the Service Director will have to apply for capital programme funding, supplying the appropriate risk assessments and stating clearly the urgency.
	3. Copies of the ligature anchor point audit any associated risk assessments and action plans must be forwarded to, the Health and Safety Team and Estates Management Team for their records – the responsibility for managing the risk remains with the service and must be escalated higher if the service cannot manage the risk.
	4. All risk assessments must be reviewed at least annually, or whenever the service user / service users group changes, environmental or decorative changes are made, or after any untoward incident that identified an emerging or actual ligature or anchor point risk.

8.19 Routine clinical risk assessments of service users may necessitate a review of ligature risk assessments.

* 1. Managers should carry out ligature risk assessment checks on all new equipment / items purchased or introduced into their care environment and must have in place safe systems of work to manage all equipment.

8.21 The risk presented by these items must be considered in the context of the client risk assessment and consideration should be given to the removal of these items to a secure environment if they present an unacceptable risk

# 9.0 Development Projects, New Build or Refurbishments:

9.1 At the early stages of the project planning is important that consultation includes clinical staff, Risk and Safety and Estates staff to consider a detailed risk assessment of the environment in order to ascertain the potential for the creation of new ligature anchor points which could lead to service user’s harm.

9.2 The assessment should consider such items and areas as building layout, building fabric, choice of furnishings, fixtures and fittings, equipment, hardware and ironmongery. The assessment should also include a consideration of the potential for creation of ligature anchor points by service users themselves.

9.3 On refurbishment projects the opportunity should be taken to assess the whole of the existing environment to ensure that new risks are not introduced by those planned changes and that identified risks can be reduced or eliminated as part of the project.

**10.0 Training**

All inpatient staff will complete ‘Suicide Awareness Training for Inpatient Staff’ which is available via the Learning Academy.

# 11.0 Equality Impact Assessment

This policy and procedure will be equality impact assessed in accordance with the Policy for Procedural Documents.

# 12.0 Monitoring Compliance

The compliance and effectiveness of this policy and procedure will be monitored in the following ways:

* Annual review by Lead Nurse of all ligature anchor point audits and risk assessments as laid down in this policy.
* Completion of the ligature audit tools and associated risk assessments.
* Review of ligature audit action plan reports by DMT or relevant Directorate governance forum
* Periodic review of this policy by the Quality Committee.
* Analysis of incident data
* Implementation of actions and learning identified from Serious Incident Reviews
* Compliance with patient safety alerts
* Compliance with Trust Training Matrix

# 13.0 Dissemination and Implementation of Policy

This policy will be uploaded onto the Trust website and launched via the communications e-bulletin to all staff working in inpatient care.

# 14.0 Document Control including Archive Arrangements

This policy and procedure will be stored and archived in accordance with the Policy for Procedural Documents.

# 15.0 Reference Documents

* Department of Health Publication ‘Saving Lives: Our Healthier Nation’ 2000.
* National Strategy for Suicide Prevention. (DoH Sept 2012).
* Nursing & Midwifery Council (2015) Code of Professional Conduct.
* Health & Safety at Work etc. Act (1974).
* Management of Health & Safety at Work Regulations 1992 (1998).
* Mental Health Act 1983 (Amended 2007).
* Nice Guidelines.
* NHS Improvement Plan June 2004.

# Appendix 1

**Guidance on how to Complete a Ligature Audit**

Managing risk is neither, a discrete activity or precise science. It is also unlikely that risk can be entirely removed. The most effective approach entails a whole system approach and this audit aims to capture the salient points and therefore provide local managers with a tool kit that makes clinical environments as safe as possible.

Furthermore, it must be remembered that risk is dynamic, environments change, service users and staff change and the way in which the environment is used changes through each and every day.

The audit focuses upon five dimensions;

* Room Designation Rating (Score from 1 to 3);
* Patient Profile Rating (Score from 1 to 3);
* Ligature Point Rating (Standard score of 3);
* Type of Ligature Point and
* Compensating Factors (Score from 1 to 3).

**Who does the inspection?**

The entire area will be audited by the ward manager or matron It is the ward manager’s responsibility to action all identified uncontrolled risk and where this is not immediately possible to ensure that the area is made as safe as is reasonably practicable and report this to their matron / service manager.

The ward manager and matron will ensure that all areas under their control are audited and a final report is forwarded to their respective general manager and service director responsible for that service for any necessary further action.

**How long will the inspection take?**

The size of the ward /unit and the type of service it provides is an important factor in deciding the overall level of risk. Experience suggests that it will take a minimum of four hours to complete a comprehensive audit of one ward.

**Areas which should be inspected**

All internal areas and the immediate areas outside the ward and communication routes to and from the ward should be audited. This should include those areas where a local search would occur if an ‘at risk service users’ was found to be missing.

It is acknowledged that very few areas can be completely safe but all can be made safer through collaboration with other agencies and departments, e.g. other parts of the service, other services; Estates and Facilities and Risk and Safety Team.

In addition to the rooms being assessed, the audit also requires the ward staff to consider the use of the internal and external environment, the quality of the fixtures and fittings and how it is managed. This is best considered by the full care team as each individual may have different contributions to make.

1. **ROOM DESIGNATION RATING**

The audit process entails a review of each room, corridor, stairwell, garden, etc across all the dimensions.

Each room in the clinical area will have its own priority.

This is rated according to the amount of time most patients will spend in the room without direct supervision from staff or those with unobserved opportunity e.g. most patients will spend periods of time unsupervised in their bedroom, en-suite, bathroom or shower.

This rating is an assessment of the **opportunity** a patient could have to use a ligature point.

Auditing teams are expected to score the room designation according to usual staff supervision practices in the clinical area being audited and the ratings are to be in three groups as follows:

|  |  |  |
| --- | --- | --- |
| **Room Designation Rating:3** | **Room Designation Rating: 2** | **Room Designation Rating: 1** |
| Most patients spend periods of time, in private, without direct supervision of staff: | Most patients spend long periods of time with minimum direct supervision of staff and are usually in company of peers: | Areas where there is traffic from staff and patients moving through or rooms are inaccessible: |
| All bedrooms | Lounge Areas | General circulation spaces |
| Toilet areas | Dining rooms | Corridors |
| Shower / Bathroom areas | Unlocked therapy rooms | Locked store rooms |
| Single Sex sitting rooms | Unlocked offices | Locked offices |
| Some Smoking rooms | Unlocked Utility rooms | Locked therapy rooms |
| Any other isolated areas adjacent to or of the ward | Unlocked Kitchens |  |
|  | Gardens / Courtyards |  |

Where risk(s) have been identified these should be recorded on the audit form and once a risk has been identified, the local management team must take appropriate and timely action to manage any uncontrolled risks and make sure all staff are aware of it.

Where management or removal of a risk is not immediately possible, a more detailed review is required and must be raised with the matron / Lead Nurse and a report submitted to the respective service director.

Advice may be also sought from a member of the Estates or Health and Safety Team.

1. **PATIENT PROFILE RATING**

While mental health service users are at greater risk of suicide than the general population, some patient groups are more vulnerable and susceptible to suicide risk than others. Clinical areas cater for different functional groups of patients who can, therefore, be profiled into groups who could have a significant, moderate or low **Potential** to use ligature points

Each clinical directorate should instruct audit teams by prioritizing their patient groups in each clinical area to determine the nature of the risk they present and where a clinical area cannot be defined in terms of patient group, then the rating must be based on the most vulnerable patient within the group.

It is not possible to individualise a room to a patient due to movement of patients within services. The following table suggests a risk rating with associated scale. Please note that the ratings, once again, are in three groups (1, 2, and 3):

|  |  |  |
| --- | --- | --- |
| **High Risk Patient Group: 3** | **Medium Risk Patient Group: 2** | **Low Risk Patient Group: 1** |
| Patients with acute severe mental illness | Patients with chronic or enduring mental health problems | Patients in self-care groups |
| Patients who are unpredictable | Patients who are susceptible to periodic relapses or sub-acute episodes | Patients in rehabilitation |
| Patients in initial recovery stage following suicide risk or on 1 to 1 observations | Patients who are not symptom free (e.g. delusions / hallucinations) | Patients who have never been assessed as being at risk of suicide |
| Patients who are, or have been, of high risk of suicide or severe self-harm | Patients who have been assessed as NOT being an immediate risk of suicide |  |
| Patients who are depressed |  |  |
| Young people |  |  |
| Patients with challenging behaviour |  |  |
| Patients with chaotic behaviour |  |  |
| Patients with concurrent substance misuse issues |  |  |

**3. LIGATURE ANCHOR POINT RATING**

The table below provides examples of ligatures and ligature anchor points.

Any ligature anchor point identified in the area of the room must be scored at 3, given that any anchor point has the potential to be used. Please note this includes low anchor points (less than a metre high) that could be used to secure a ligature.

Where risk(s) have been identified these should be recorded on the audit form.

**4.** **TYPES OF LIGATURE ANCHOR POINT**

The following table is intended to assist auditing teams in the identification of **likely** ligature anchor points. It must be noted that these lists are NOT EXHAUSTIVE.

|  |  |  |  |
| --- | --- | --- | --- |
| **Bedrooms and Bedrooms with En-suites** | **Bathrooms, Shower Rooms and Toilets** | **Lounges, Quiet Rooms and Therapy Rooms** | **Corridors** |
| Windows – Frame, Handle, Hinges, Restrictors | Windows – Frame, Handle, Hinges, Restrictors | Windows – Frame, Handle, Hinges, Restrictors | Windows – Frame, Handle, Hinges, Restrictors |
| Doors – Frame, Architrave, Handle, Hinges, Door Closer, coat hooks | Doors – Frame, Architrave, Handle, Hinges, Door Closer, coat hooks | Doors – Frame, Architrave, Handle, Hinges, Door Closer, coat hooks | Doors – Frame, Architrave, Handle, Hinges, Door Closer, coat hooks |
| Rails / track – Curtains, Shower, Wardrobe, Blinds, Towel, Grab rails | Rails / track – Curtains, Shower, Wardrobe, Blinds, Towel, Grab rails | Rails / track – Curtains, Wardrobe, Blinds, Grab rails | Rails / track – Curtains, Blinds, Grab rails |
| Pipe work – Sink and Shower Hot and Cold water, Toilet, Heating and radiators, Ducting | Pipe work – Sink and Shower Hot and Cold water, Toilet, Heating and radiators, Ducting | Pipe work – Sink Hot and Cold water, Heating and radiators, Ducting | Pipe work – Heating and radiators, Ducting |
| Ceilings – False ceiling panels, air vents and diffusers, light fittings, alarm receivers, Hatches, smoke detectors | Ceilings – False ceiling panels, air vents and diffusers, light fittings, alarm receivers, Hatches, smoke detectors | Ceilings – False ceiling panels, air vents and diffusers, light fittings, alarm receivers, Hatches, smoke detectors | Ceilings – False ceiling panels, air vents and diffusers, light fittings, alarm receivers, Hatches, smoke detectors |
| Walls – wall lights, pictures, mirrors, light switches, plug sockets, vents, and Extractor fans. | Walls – wall lights, pictures, mirrors, light switches, plug sockets, vents, and Extractor fans. | Walls – wall lights, pictures, mirrors, light switches, plug sockets, vents, and Extractor fans. | Walls – wall lights, pictures, mirrors, light switches, plug sockets, vents |
| Sinks – pipe work, taps, soap dishes / dispensers, paper towel holders, sink plugs, waste pipes | Sinks – pipe work, taps, soap dishes / dispensers, paper towel holders, sink plugs, waste pipes | Sinks – pipe work, taps, soap dishes / dispensers, paper towel holders, sink plugs, waste pipes | Cupboards – Doors, Handles, Hinges, rails, coat hooks, shelves. |
| Beds – Can they be stood up on end?, Headboard and footboard, Controls, cables and actuators | Wardrobes / Cupboards – Doors, Handles, Hinges, rails, coat hooks, shelves. | Wardrobes / Cupboards– Doors, Handles, Hinges, rails, coat hooks, shelves. | Fire bells and alarms |
| Wardrobes – Doors, Handles, Hinges, rails, coat hooks, shelves. | Showers – Shower head, controls, pipe work, towel hooks / rails, extractor fans |  |  |
| Showers – Shower head, controls, pipe work, towel hooks / rails, extractor fans |  |  |  |

1. **COMPENSATING FACTORS**

These are positive aspects of a situation that offsets equally negative aspects, and vice versa.

**Compensating Factors are things which would reduce the risk.**

For example, the use of continuous observation at the time of the audit will not count as a compensating factor because this is a temporary clinical management strategy and not a permanent feature.

The following table of examples is NOT EXHAUSTIVE and local variations may also apply:

|  |  |  |  |
| --- | --- | --- | --- |
| **High Risk Remains: 3** | **Medium Risk Remains: 2** | **Medium Risk Remains: 2** | **Medium to Low Risk: 1** |
| Limited observation through poor design | Good observation through good design | Limited observation through poor design | Good observation through good design |
| Limited Staff | Limited Staff | Good staffing Levels / skill mix | Good staffing levels / skill mix |

**6.** **CALCULATING THE RISK**

In order to determine the level of risk a prioritisation score is given to each location.

How to score the risk:

Multiply the Room Designation Score **x** Patient Population Profile **x** Ligature Anchor Point Rating **x** Compensation factor.

Example 1

*Bedroom (room designation), acute inpatient (patient population profile), and weight-bearing coat hooks at head height (ligature anchor point), and no permanent staff supervision (no compensatory factors):*

**3 x 3 x 3 x 3 = 81.**

The maximum score for any ligature point is 81.

Example 2

*Exposed pipes* at just above floor level (below 700 mm) rather than coat hooks in such a room would mean a score of:

1. **x 3 x 3 x 3 = 81.**

**7.** **ACTION FOR MATRON / SERVICE MANAGER FOLLOWING THE AUDIT**

This initiative is about reducing the ‘obvious’, ‘attractive’ or ‘opportunistic’ ligature anchor points and ligature items that might enable or provide a service users in distress an opportunity to act upon their thoughts and feelings.

It is recognised that most wards have already done a lot of work around these issues and it is important that ward management and staff monitor the environment to ensure that any measure in place are still effective.

It is important that all risks that cannot be controlled effectively are recorded and brought to the immediate attention of service manager or matron

These risks will have to be controlled through therapeutic engagement and observation of service users until such point that funding can be identified to reduce or eliminate them.

The ward manager and matron or service manager should consider seeking competent advice from the Estates Team and / or the Health and Safety Team for any risks that are not considered to be adequately controlled.

The outcomes of the ligature audit should be recorded by using the template at Appendix 5 and any associated actions to address the outcomes must be recorded within the action plan in Appendix 6.

**Where a ligature anchor point can be removed easily by in-house Estates Maintenance staff, the ward manager should contact the Estates help-desk to have this done, stating that it is a safety priority.**

**Where reduction or removal of a ligature anchor point requires significant investment by the service, the matron / service manager is required to report this to the service director and the identified risk placed on the service risk register.**

The Lead Nurse will compile a report for the Directorate Management Team meeting.

A copy of the report should be shared with the Lead Nurses’ Group and an annual report will be presented to both the patient safety Group and the Quality Committee by the Directors of Nursing.

The final outcome will improve the safety of service users who are at risk from self-harming and could be seen as a further opportunity to physically improve the safety of service users’ environments and by raising staff awareness and reviewing the use of the clinical are

**Appendix 2**

**LIGATURE AND ANCHOR POINT DEFINITIONS**

**Ligature**

A ligature can be defined as anything a person can use to hang or strangle themselves with. It can be made from anything that can be used to form a noose that may be used for self- strangulation and not necessarily obviously able to support body weight.

Examples:

**Clothing accessories** - Belts, braces, laces, stockings, tights, bras.

**Plastic bags** – carrier bags, rubbish bags, clinical waste bags.

**Cords** – Lighting pull cords, curtain pull cords, cord from curtain header tape, draw cord on bags, venetian blind pull cords or chains.

**Clothing** – shirts, blouses, t-shirts, ties, trousers (all which can also be torn up into strips). Chains, ropes, hoses, string.

**Curtains** – shower curtains, window curtains, cubicle curtains. Bedding (also when torn into strips).

**Electrical leads** - flex, telephone flex, mobile phone charger leads, head phone leads.

**Rubber strips** – from fire doors, double glazing, dust strips on cubicle curtain tracking.

This list is not exhaustive.

**Ligature anchor point**

An anchor point is a solid point that would support body weight using anything from the list above that can be formed into a noose or a knot and can be attached to it. It is often commonly thought that there is a requirement that an anchor point requires height, but the actual height needed could be as small as a few inches with the service users being able to slump sideways from an almost seated or even prone position.

Examples:

**Doors** – trapping a ligature between door and frame, particularly at the top; or from the top edge of an open door (this has been used with wardrobe doors); door self-closing mechanism.

**Door hinges** – either from the hinges themselves from the part of the hinge that is sticking out from the door; or by trapping a ligature in the door above the hinge; or tying a ligature around the hinge.

**Handles** – bedroom door handles, en-suite door handles, wardrobe door handles; chest of drawers and cabinets in service users rooms; toilets, shower rooms and bathrooms door handles.

**Ceiling fittings** – suspended ceiling, lights, air vents and diffusers, smoke detectors, extractor grills.

**Curtain tracks** – shower curtains, bed cubical tracking, widow curtains.

**Windows** – trapping a ligature between window and frames; window handles; window opening restrictors, window locks.

**Pipes** – radiator pipes, hot and cold water pipes, tumble drier ducting.

**Wall fittings** – fire alarm bells, soap dispensers, paper towel dispensers, shelves, fire alarm call points, coat hooks, pictures and paintings, mirrors, cabinets, fire door electric or magnetic

‘hold-back’ / ‘hold-open’ devices, alarm panels, key cabinets, wall mounted TV’s, wall lights, service users alarm / call points, disability rails / grab bars, stair rails.

**Beds** - bed head / headboard, beds upended or propped up on their end / against the wall, profiling beds from frame or actuating mechanism.

**Cupboards** - shelving, coat hooks, wire coat hangers, clothes racks, cupboard doors and handles.

**Building structure** – false ceilings, loft hatch, maintenance access hatch / panel.

**Outside space** - trees, fencing, gazebos’, covered walkways, guttering, and rain-water down pipes.

**Suggested vulnerable areas within in-patient services**

**High Risk:**

Places where service users are alone and away from staff and other service users e.g. bedrooms, en-suites, bathrooms, shower rooms and toilets. Other high risk areas are those which are out of direct sight of staff or other service users e.g. stairwells, lifts.

**Medium Risk:**

Areas where service users may be unsupervised for periods of time but are within the general ward or department environment. Contact with other service users or staff may be occasional, dependent on number of service users on ward and staffs’ duties.

Examples may include gardens, designated smoking areas, activity / therapy rooms, lounges, kitchens, etc.

**Low Risk:**

Common areas where service users are routinely supervised and / or in the company of other service users e.g. dining rooms, main corridors, reception to the ward, etc.

Again it is important to note that whilst categorising areas according to their level of risk nothing is entirely predictable and opportunistic risks arise within any environment. Removing ligatures and anchor points is only ever part of the means by which the risk is managed and a whole systems approach must also consider the level of engagement and knowledge of individual service users’ illness and risk they present.

Managers should also consider the use of the environment for the risk that service users present and any management issues such as staffing levels and staff skills

**Appendix 3**

|  |  |  |  |
| --- | --- | --- | --- |
| **Ligatures** |  |  |  |
| **Clothing** |  |  |  |
| Belt (dressing gown) |  | Socks |  |
| Belt (trousers) |  | Stockings |  |
| Bra (Straps) |  | Shoe Laces |  |
| Braces |  | Neck Ties |  |
| Cords (Pyjama) |  | Elastics (Garments) |  |
| **Personal Effects** |  |  |  |
| Baby Wipes |  | Towels |  |
| Bandages |  | Walkman head sets |  |
| Cord Wash Bags |  | Game console leads |  |
| Elastic Bands |  | Mobile / Electric chargers |  |
| Hand luggage straps |  | Hair Bands |  |
| **Bedrooms** |  |  |  |
| Pillow cases / Sheets |  | Electrical extension cables |  |
| Curtain / blinds cord or chain |  | Plastic bin liners | Please Remove |
| **Miscellaneous** |  |  |  |
| Cello tape |  | Lighting pull cords |  |
| Cord (Packaging) |  | Plastic aprons |  |
| Instrument Strings i.e. Guitars |  | Plastic carrier bags |  |
| Telephone cables |  | Garden hose |  |
| Garden vine |  | Garden twine / ties |  |
| Cling film |  | Ariel leads |  |
| Shower hoses |  | Window or door seals |  |

**MANAGER’S LIGATURE AND ANCHOR POINT AUDIT CHECKLIST**

|  |  |  |  |
| --- | --- | --- | --- |
| **Anchor Points** |  |  |  |
| **Bedrooms** |  |  |  |
| Bed head / foot board / bed rails |  | Shelves and fittings |  |
| Bed (can the bed be up-ended) |  | Shower head and taps |  |
| Clothes rail |  | Shower rails and fittings |  |
| Cot sides |  | Sink fittings (taps, plug) |  |
| Door closure |  | Towel rails |  |
| Door handles |  | Wall buffer rails |  |
| Door jams |  | Wall mounted mirrors / pictures |  |
| Door hinges |  | Window sash points |  |
| Doors wardrobe |  | Window catches |  |
| Overhead bed lights |  | Window curtain rails |  |
| Pipes electrical and plumbing |  | Radiators and pipe work |  |
| False ceilings |  | Radiator covers |  |
| Smoke detectors (and wiring) |  | Alarm detectors (and wiring) |  |
| **Communal Areas** |  |  |  |
| Bath and sink taps and fittings |  | Telephone Kiosks |  |
| Light fittings |  | Fuse boxes (Conduits) |  |
| False ceilings |  | Wall mounted pictures |  |
| Light / extractor fan pull cords |  | Open roof structures |  |
| Stair and banisters |  | Sky lights |  |
| **External** |  |  |  |
| Open roof structures |  | Garden trellis |  |
| Light fittings |  | Tree limbs |  |
| Access ladders (fixed) |  | Benches (up-ended) |  |
| Down pipes |  | Garden gates |  |
| Fences |  | Garden fences |  |
| Stair and banisters |  | Hanging baskets |  |

**Also consider the following management issues and environmental factors**

|  |  |  |  |
| --- | --- | --- | --- |
| **Environmental Issues** |  |  |  |
| All staff have access to all keys to all rooms |  | Observation levels by trained staff |  |
| Communication (Group alerts) in place for all staff |  | Occupational Health (staff access) |  |
| Environmental risk assessments completed |  | Open or unsecured plant / storerooms |  |
| Lack of appropriate furniture |  | Overcrowded areas (Service Users / Staff) |  |
| Lack of therapeutic activities |  | Poor environment (Décor, Lighting etc.) |  |
| Lack of welfare facilities |  | Privacy (Service Users) |  |
| Line of sight (blind spots) |  | Privacy (Interview rooms) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Management Issues** |  |  |  |
| Bed pressures |  | Old risk assessments |  |
| Audit and Reviews |  | Poor risk assessments |  |
| Communication issues |  | Staff breaks |  |
| Handovers |  | Lack of allocated training time |  |
| Investigation of incidents / SIs’ |  | Policies |  |
| Lack of staff training |  | Lack of support staff |  |
| Observation policy |  |  |  |

**LIGATURE POINT AUDIT SHEET**

**Directorate: Unit: Ward: Date:**

# Appendix 4

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Room or Area (include where appropriate room number)** | **Ligature Anchor Point** | **Room Designation Rating** | **Patient Group Profile Rating** | **Ligature Anchor Point Rating** | **Compensatory Factors Rating** | **Total Score** | **Immediate action taken by ward manager to protect patients** |
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(Continue as necessary)

# Appendix 5

**Matron / Service Manager Ligature Audit Outcomes**

**Directorate:** ……………………………………………………………

**Name of In-patient Facility ………………………………………………………………………**

**Name of Ward ……………………………………….**

**Audit completed by** ………………………………………………………….

**Date** ………………………………

**Please record below specific service / service users issues identified through the ligature audit action plan that are not felt to be adequately controlled**

**ENVIRONMENTAL ISSUES**

Reasons why it is felt they are not controlled:

**MANAGEMENT ISSUES**

Reasons why it is felt they are not controlled:

**Please send copies to General Manager and Service Director and the Health and Safety Team.**

**Appendix 6**

**LIGATURE AUDIT ACTION PLAN**

|  |  |  |
| --- | --- | --- |
| **Ward:**  | **Directorate:**  | **Date:**  |
| **Matron and Manager:**  | **Person completing action plan:** |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Ligature/ Anchor Point** (*door, bed, smoke detectors)* | **Onsite Location** (*room number, corridor, bathroom)* | **Level of Risk** *(low, medium or high)* | **Actions**  | **Lead**  | **Target Completion Date** | **Progress** *(with review dates)* | **Level of Escalation** (*Borough Director, Executive)* | **Status** (*open or closed)* |
|  |  |  |  |  |  |  |  |  |  |
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