

Assessment of Environmental Ligatures in Inpatient Settings Policy

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1. Introduction

Effective clinical risk assessment and [risk management](#) is essential to providing safe and effective care. It requires the use of structured professional judgement in identifying risk factors that apply to an individual and their situation, consideration of these in reaching a conclusion on the likelihood of a serious or untoward incident occurring. Risk Management should be underpinned by Department of Health - Best Practice in Managing Risk (DH June 2007).

Hanging is the primary method of suicide for mental health service users, whether in-patient or community. This policy is intended to help keep service users safe by reducing the risk from ligatures within inpatient settings.

Where it is not possible to remove structures identified as ligature points or where obstructions to the observation of patients have been identified, the Trust will adopt other risk controls including replacing, protecting against and implementing procedures to reduce the risk posed by these structures. Individual assessment and care planning is an essential component of mitigating identified risks. Intuitive and Inquisitive staff offer a significant protective factor.

The main ligatures used in suicides occurring on AWP wards are items of clothing and shoe laces. The main items used historically as ligature points have been doors and various parts of windows. This is likely to change as reduced ligature design fixtures and fittings are installed and designs improved.

Death by hanging from non-collapsible rails in an inpatient setting is a NHS England “never event”.

Due to human ingenuity and/or a lack of a technical solution, **it is not possible for all potential ligature points to be addressed** and a judgement therefore has to be made about the likelihood of something being used as a ligature point. Equally, there may be some potential ligature points that need to remain, as removing them will create a greater risk to the service user i.e. grab rails in elderly units / disability accessible rooms or create an environment which is counter therapeutic. These competing needs of service users should be addressed through environmental and individual service users risk assessments and plans.

This policy is part of a number of measures the Trust will use to reduce the risk of suicide. Clinical risk assessment, CPA, and Engagement and Observation all form part of the overall strategy for managing these risks.

2. Purpose or aim

In March 2014, the Secretary of State for Health launched the ‘Sign Up To Safety’ campaign. The mission is to strengthen patient safety across the NHS and make it the safest healthcare system in the world.

This policy supports that mission and intends to reduce the risk to service users from hanging or death from a ligature. Wider interventions to prevent suicide are detailed in the Trust Suicide Strategy and related policies.

This policy includes guidance on the methods for assessing potential ligatures points and recording this assessment. Where ligatures points are identified then risk management action must be taken, either to remove, replace or protect the ligature point or manage it operationally through individual care planning or Standard Operational Procedures (SOPS).

The policy aims to ensure that the appropriate level of clinical interventions and operational management of ligatures is maintained for the safety of service users and that appropriate technical advice is sought and taken regarding the specification of reduced ligature fixtures and fittings.

3. Scope

The following areas are required to conduct annual (as a minimum) environmental ligature risk assessments:

- All in-patient units
- Rehabilitation units
- Secure Services in-patient units
- Facilities accessible to in-patients (i.e. therapies areas)

Environmental risk assessments must be reviewed annually or on where there has been significant change (i.e. change of use, modification of the building or after a serious adverse incident involving suicide or attempted suicide using a ligature).

These areas are required to carry out environmental assessments of areas accessible to service users including enclosed gardens in order to identify likely ligature points and to liaise with Estate and Facilities Management and Health and Safety to ensure that they are removed or addressed. This assessment tool aims to assist staff in carrying out this task.

The following areas are not currently required to conduct environmental ligature risk assessments:

- All non-inpatient areas
- All administrative areas

4. Definitions

A ligature point is any fixture or fitting which is load bearing (for the purposes of this policy able to support over 40 Kg) that can be used to tie or secure a cord, sheet or other tether that can then be used as a means of hanging. Examples are given in [Appendix 1](#). Collapsible fittings are typically designed to collapse when weights in excess of 40 Kg are applied although most will collapse well below this load.

A ligature is an item which can be tied or wrapped around the neck to restrict or prevent breathing. It does not necessarily need to be attached to a ligature point to be effective. Examples include belts, shoe laces, sheets and clothing such as leggings.

In areas where patients are of very low weight (i.e. eating disorder units), collapsible anti-ligature fittings may not manage the risk of suicide from hanging as they will not necessarily collapse under the loads imposed on them. In these areas, patient safety has to be managed through good clinical practice, engagement and observation.

5. Ligature policy statement

5.1 Service users

Service users should be assessed for the risk of self-harm and suicide on admission and at other times as identified in the CPA and Risk Policy.

Staff should be familiar with and refer to the [Engagement and Observation Policy](#) for advice on appropriate care and treatment for those identified as being at risk. In addition the Search Policy and the Procedure for the Removal of Ligatures should be considered.

5.2 Environment

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The policy of the Trust is that all areas listed in section 3, are required as a minimum to conduct annual environmental risk assessments to identify ligature points (also sometimes referred to as Manchester Audit Tool Assessments). Each ward will complete an incident heat map to inform the annual assessment. The map should be completed by reviewing the ligature incidents over the previous 12 months and visually show the location of each incident.

The Trust has established environment standards (Appendix 2). The overall approach is to remove identified risks where reasonably practicable, replace with suitable alternatives in a way that is proportionate to the usual level of risk for the service being provide. Therefore there may be greater hazards in rehabilitation as the unit needs to be more homely and the general risk from service users is lower.

Environmental difficulties in observing service users, where identified, are communicated to staff and remedial action is taken as far as possible, as part of this risk assessment, including appropriate standard operational procedures (SOP) and individual care planning. Each ward MUST have a SOP for the use of gardens.

Each team shall have arrangements with their maintenance provider in place to allow for the timely removal, replacement or protection of identified ligature points, should they be identified, during inspections.

Each team should have ligature pack available at all times

The policy also requires that a daily safety walk is carried out in each inpatient setting to ensure that risks are controlled as far as is reasonably practicable. The walk around should be completed by the Nurse in Charge and recorded on the Shift Planner by the end of the early shift. The purpose of these daily inspections is to check for any new ligature points, risks, or loss of safety controls. This duty is not to repeat the whole risk assessment but to identify any damage, tampering with fittings or changes that could lead to increased risk of suicide. Such checks should be noted within the areas log or security log and any issues acted upon without delay.

6. Roles and Responsibilities

6.1 Executive Management

The Board has overall responsibility for the health, safety, and welfare of all staff, service users, visitors and others within the Trust. The Chief Executive is responsible for monitoring and reviewing health and safety in the Trust. The Board will be informed of health and safety matters on a regular basis and ensure adequate resources are made available to provide and maintain the necessary standards of health and safety in the Trust.

Members of the Executive Management Team have full responsibility for the health, safety, and welfare of all service users under their specific care.

All Directors have a corporate responsibility to promote a responsible approach in health and safety in the Trust.

6.2 Responsibilities of the Chief Executive

While ultimate responsibility is vested in the Trust Board, executive responsibility is delegated to the Chief Executive for managing health and safety, including compliance with relevant legislation and Trust policies.

6.3 Responsibilities of the Director of Organisational Development

The Director of Organisational Development takes responsibility for ensuring that the Learning & Development Department provides adequate training to ensure this policy is implemented. The Director will ensure that the content of the training is regularly reviewed to ensure it continues to

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provide the necessary skills and knowledge to ensure staff are able to discharge their legal duties and duty of care in accordance with current standards and best practice.

6.4 Responsibilities of the Director of Operations

The Director of Operations takes responsibility for ensuring that this policy is implemented within teams. The Director will ensure that Locality Delivery Units (LDU) follow the policy and that all levels of management fulfil their responsibilities as described within this policy.

6.5 Responsibilities of the Director of Nursing and Quality

The Director of Nursing and Quality (DoN) takes responsibility for ensuring that clinical practice in relation to the management of service users who are presenting with a risk of suicide and self harm is appropriate and in line with best practice; analysis of incident data and Trust policies for the management of risk. The DoN is responsible for the analysis of incident data (e.g. annual heat map); submission of a Trust Wide capital programme of works to Finance and Planning Committee based on an analysis of published evidence and incident analysis.

6.6 Responsibilities of LDU Clinical Directors

LDU Clinical Directors will bring this policy to the attention of all their staff, including new and temporary staff, and management team and ensure that it is observed at all times. LDU Clinical Directors will also require each team to:

- Ensure environmental risk assessments are undertaken by their respective teams, which identify potential ligatures and the adequacy of the systems that manage these risks.
- Record ligature risk assessment findings. Significant risks should be recorded and should be entered on the appropriate risk registers. Action should be taken to rectify any significant risks in line with good risk management process.
- Ensure environmental risk assessments are reviewed annually or on significant change (i.e. change of use, modification of the building or after a serious adverse incident involving suicide or attempted suicide using a ligature).
- Ensure control measures and appropriate clinical interventions (i.e. engagement observations, searches, etc.) as necessary are developed and implemented in accordance with this policy and related suicide prevention strategies.
- Ensure that the process is monitored and adequate support is provided for line managers to ensure that their responsibilities are met.
- Ensure arrangements which implement this policy are devised, and reviewed.
- Provide leadership to colleagues in developing and sustaining a patient safety culture.

6.7 Responsibilities of Matrons / Ward Managers & Team Leaders

Managers will bring this policy to the attention of all their staff and ensure that these are observed. Managers should also:

- Ensure that this policy is implemented within the building area of their responsibility.
- Ensure environmental risk assessments are undertaken, which identify potential ligature points and the adequacy of the systems that manage these risks.
- Review the findings of environmental ligature risk assessments annually or on significant change (i.e. change of use, modification of the building or after a serious adverse incident involving suicide or attempted suicide using a ligature). This will include the completion of a visual heat map of the ward identifying locations where incidents have occurred.

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- Communicate any significant risks via their LDU service specific risk register using the locally agreed process for undertaking this.
- Ensure control measures and safe systems of work (i.e. Safeward Interventions, engagement observations, searches etc.) as necessary are developed and implemented in accordance with this policy and related suicide prevention strategies.
- Ensure sufficient ligature packs and cutters are available detailed in the [Procedure for the Safe Use and Access to Ligature Cutters](#)
- The policy also requires that a daily safety walk is carried out in each inpatient setting to ensure that risks are controlled as far as is reasonably practicable. The purpose of these daily inspections is to check for any new ligature points, risks, or loss of safety controls. This duty is not to repeat the whole risk assessment but to identify any damage, tampering with fittings or changes that could lead to increased risk of suicide. Such checks should be noted within the areas log or security log and any issues acted upon without delay.

6.8 Responsibilities of Individual Employees

Patient Safety should be the priority of all staff.

The Health and Safety at Work Act 1974 states the following duties:

- Every employee has a duty of care for the health and safety of people at work and of other persons who may be affected by work activities.
- Employees must take care of themselves and others at work and co-operate with AWP in the implementation of health and safety systems.

Staff have a duty follow all safe systems of work, procedures and management plans in place to reduce the risks of suicide. Furthermore, staff must report any hazard that could give rise to increased risk of suicide using an adverse incident report. This report should be completed as soon as possible and where appropriate staff should take immediate compensating action, Such hazards may include, for example, broken collapsible curtain track, improperly fixed collapsible rail, unlocked door to a secure non-patient area, which contains ligature points etc.

Staff should be familiar with the location and use of the unit's ligature cutters alongside the other emergency procedures for the ward.

6.9 Estates and Facilities

The Estates and Facilities team, within the projects it leads on, will ensure that new builds and refurbishments and other projects shall include risk assessments of potential ligature points. As part of this process, consideration will be given to minimise the risk of ligature points by referring to the specifications and standards approved by the Trust and apply those to the project ([Appendix 2](#)). The Estates and Facilities team will source (where it is reasonably practicable to do so) with the assistance of the Health & Safety Department, the Ligature Reduction Group and the Design Authority Group, appropriate fixtures and fittings suitable for the project. Such building specifications will need to carefully balance the needs of providing a safe environment with a therapeutic environment. Consideration will be based on the needs of the service users who will be using the building and reference to relevant DH guidance, safety alerts etc.

To facilitate this, the Estates and Facilities team must ensure that appropriate representation is sought for all project steering groups and this must include appropriate representation from the Senior Nursing Team including the Health and Safety team.

The Senior estates manager is responsible for drafting the annual capital programme.

6.10 Health and Safety Department

The Health and Safety Department will provide advice to the Ligature Reduction Group, Design Authority Group and to clinical and corporate services staff on the standard of anti-ligature

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devices being proposed within a new building or refurbishment and assist in producing a risk assessment for any new building.

The Health and Safety Department will also advise and support clinical staff as necessary when they are conducting environmental risk assessments.

The Health and Safety Department will also conduct random inspections to assess the standard of anti-ligature fixtures and review assessments.

The H&S Department will maintain effective communication with relevant external networks so as to aid and inform learning.

7. Approach to Risk Assessment and Risk Management

7.1 Risk assessment Methodology

The Trust uses a risk assessment based around the Manchester Audit tool. Guidance for assessing environmental ligatures is given in [Appendix 1](#) of this policy.

Assessors will visit the designated clinical area and check all parts for what they consider likely ligature points. Assessors will then list all identified likely ligature points on the assessment form. An Excel Spread sheet version of the assessment form is contained in the [Environmental Ligature Assessment form](#).

7.2 Risk Management

Once the ligature risk rating is determined, any existing controls should be considered and these recorded on the assessment form. These compensating actions may be sufficient to reduce the risk of the ligature to an acceptable level – this is called the residual risk. The residual risk should be graded as Low, Medium (generally a cause for concern) or High (necessitating rapid or immediate action). Care should be exercised when determining the adequacy of controls and the level of risk reduction it gives, i.e. how robust is it, is it 100% effective and is it constant throughout a 24 hour period etc. Examples of compensating actions could include constant baseline observations.

Managers should consider the control strategies in [Appendix 1](#) (**remove, replace, protect or mitigate**) for ligature points. It is important to consider that whilst elimination is usually the best risk management solution and whilst it but may be technically possible, it could lead to a poor therapeutic environment and the introduction of unintended risks being introduced.

The risk assessment is not simply a paper exercise but is a tool to assist in the identification, evaluation and appropriate control of ligature risks. It is essential that where risks have been identified that control strategies and actions are instigated and that these are reviewed to ensure the controls remain appropriate.

It may be possible that action is taken within the team (i.e. simply by removing a particular ligature or changes to operational procedure) although it is highly likely that many ligature points will require some significant expenditure to control. In these cases the risks require action that are beyond the local resources available are immediately escalated to the LDU Director for consideration and further escalation as is necessary. During this time, it is important to ensure that other appropriate actions are taken to reduce the ongoing risk to the lowest level possible with consideration to closing the particular areas if the risk remains unacceptable.

The Ligature Reduction Group (LRG) determines the Trust-wide programme of estates work by analysing the risks arising from these risk assessments and prioritising them according to level of risk poses and residual risk as well as national standards such as never events and SAB alerts as appropriate. The LRG will maintain an active work plan and submit a business case to the Investment Planning Group each year.

7.3 Risk Register

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Completed Ligature Point Assessments (Manchester Audit Tool) are reviewed and added to local risk registers and the Nursing and Quality risk register which is used to inform the Trust Wide Programme of ligature reduction works. This ensures that identified risks are taken account of and prioritised according to greatest risk. The register should be clear about how each risk is being treated and the level of that risk, i.e. it is being managed operationally, is being locally actioned or is on the Trust wide programme.

This register will be reviewed regularly by Locality and Corporate Directorates to ensure any gaps are identified and act as an audit trail to show when works have been addressed. The risks will be reported via the [Trust assurance process](#).

8. Legislation

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) require the Care Quality Commission to regulate healthcare provision. The CQC have published the Fundamental Standards of Care which detail how each of the specific regulations. Many of the Regulations apply in relation to the provision of safe care and risks associated with ligatures.

The Trust has a responsibility under Section 3 of the Health and Safety at Work Act 1974 to service users to identify the nature and extent of risk. In response to regulation 3 of the Management of Health and Safety at Work Regulations 1999, teams shall make a suitable and sufficient risk assessment of the care environment. The preventative and protective measures that have to be taken following the risk assessment shall depend upon the level of risk posed and should take into account those who are especially vulnerable and who may be cared for in that environment.

9. Training

The Trust's overarching policy for training is the Learning and Development Policy and this should be read in conjunction with this policy. These matrices describe the minimum statutory, mandatory and required training for all staff groups in respect of health and safety.

The Suicide Prevention Group has agreed the training standard with the Learning and Development Team and training standards have been informed by statutory requirements, professional standards and national best practice.

Members of the Suicide Prevention Group participate in continuous professional development to ensure they remain up to date and keep abreast of developments in this field.

The induction checklist for substantive and temporary staff for each ward will include:

- General orientation including keys / alarms/ how to summon help and how to escalate concerns.
- During a walk around the ward areas of concern relating to ligatures will be highlighted including:
 - Lines of Sight in relation to undertaking observations
 - Areas in which previous incidents have occurred
 - Locations of Ligature Packs
 - Location of emergency equipment

10. Monitoring or Audit

Monitoring the implementation of this policy will follow a number of lines, and include:

- The Ligature Reduction Group monitors the Trust-wide programme of ligature reduction work and prioritises future plans (meets bi-monthly). This group reports to Health and Safety Management Group.

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- Monitoring of training uptake of Manchester Audit Tool Training (specifically for Ward Managers) – reviewed by LDU Managing Directors and Ligature Reduction Group
- Monitoring of the quality of risk assessments – undertaken by Head of Health and Safety
- Action plans to address any gaps in performance – by Ward/team managers.
- Monitoring of adverse incident data and reviewing trends and impact of ligature point reduction work – through incident management systems but also through the Ligature Reduction Group
- Audits of suicides in inpatient facilities – through Independent RCA (Root cause analysis).
- Progress and performance in ligature reduction is annually reported within the Health and Safety Annual Report.
- A checklist for managers is available and is based on CQC guidance for inspectors (Appendix 3)

11. Retention, Disposal and Archiving

Promulgated procedural documents are formal corporate records and shall be managed in accordance with the Trust's [Records Management Policy](#)

An audit trail of all previous versions of documents is required for auditing purposes and shall be automatically stored by the designated Ourspace libraries.

Master copies of documents will be archived in a purpose-built Ourspace archive. A register of archived documents will be retained in the Ourspace library. Copies of archived documents shall be available on request from the Corporate Secretariat.

12. Review

This policy will be reviewed after a year and then every 3 years.

13. References

- Hunt, I., Windfuhr, K., Shaw, J., Appleby, L. & Kapur, N (2012). Ligature points and ligature types used by psychiatric in-patients who die by hanging. *Crisis*, 33, 87-94.
- [Care Quality Commission \(2015\) Briefing Guide for Inspection Team – Ligature Points](#)
- [Suicide Prevention Toolkit](#)
- [Safewards interventions](#)
- [Information sharing and suicide prevention -Consensus statement](#)
- The Health and Safety at Work Act 1974
- [Sign Up to Safety, NHS England 2014](#)
- Annual report of the Confidential Inquiry into Suicide and Homicide by People with Mental Illness, DH, London, 2015
- Preventing Suicide by Hanging and Asphyxiation: :Ligature Audit Tool (Greater Manchester West NHS Foundation Trust) 2009

14. Links to policies and related documentation

- [Environmental Ligature Assessment form.](#)
- [Risk Assessment Policy P054](#)
- [Engagement and Observation Policy P087](#)

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- [CPA and Risk Policy P032](#)
- [Incident Policy P057](#)
- [Procedure on the Safe Use and Storage of Ligature Cutter](#)

15. Appendices to this policy

15.1 Appendix 1

[Guidelines for Assessing and Managing Ligature Points](#)

15.2 Appendix 2

[Environmental Standards for Ligature Reduction](#)

15.3 Appendix 3

[Ward Managers CQC Checklist](#)

Version History				
Version	Date	Revision description	Editor	Status
1.0	28 Nov 2007	Approved by Board	PAD	Approved
2.0	27 May 2009	Approved by Board	PAD	Approved
2.1	26 Jan 2011	Changes to Appendix 1 approved at the Safety Management Group	PAD	Approved
3.0	03 July 2012	Approved by the Quality and Safety Committee	PAD	Approved
3.1	16 July 2014	Administrative changes to risk assessment documentation and hyperlinks	PAD	Approved
4.0	19 January 2016	Approved by Quality and Standards Committee	PAD	Approved
5.0	19 April 2016	Approved by Quality and Standards Committee	AM	Approved