

Ligature and Self Harm Risk Assessment Policy and Procedure

A) SUMMARY POINTS	
•	This document sets out the Poole NHS Foundation Trust's approach to managing environmental risks for suicide and self-harm within inpatient wards
•	This document provided the template for ward ligature risk assessments
•	All wards which are accessed by patients who may be at risk of suicide will develop and maintain a culture of monitoring the environment and incident reporting to ensure there is constant vigilance and observation to identify and proactively manage potential risks
•	Ligature risk audits should be undertaken routinely every six months for all high risk patient areas and annually as part of the WASH audit for low risk areas.
B) ASSOCIATED DOCUMENTS	
•	Management of Challenging Patients
•	Deprivation of Liberty Safeguards (DoLS) Policy
•	Resuscitation Policy
•	Maternity Records and Storage
•	Escalation Policy in Maternity
•	Violence and Aggression Management Policy
•	Risk Management Strategy
•	Restraint Policy
•	Enhanced Observation Policy
•	Mental Capacity Act Policy
•	Mental Health Act policy

C) DOCUMENT DETAILS	
Author:	Sonya Flynn
Job title:	Head of Risk
Directorate:	Risk Management
Version no:	1
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Approving committee / group:	Quality Governance Group Clinical Policies & Procedures Group
Chairperson:	Medical Director Angus Wood Denise Richards, Deputy Director of Nursing
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D) VERSION CONTROL						
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Dec 2019	1	Dec 2022	New Policy	16 Dec 2019 14 Jan 2020	Quality Governance group Policy & procedure group	Sonya Flynn

E) CONSULTATION PROCESS			
Version No.	Review Date	Author	Level of Consultation
1	April 2022	Sonya Flynn	Clinical Staff; Psychiatric liaison; Safeguarding; Health & Safety/Estates; Nursing and Patient Services

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1. Introduction

The Trust is committed to patient safety and ensuring we provide a safe environment. This document sets out Poole Hospital NHS Foundation Trust's approach to managing environmental risks for suicide and self-harm within inpatient wards.

Safety is the centre of all good health care, and a systematic approach to risk assessment and risk management is essential. In mental health patients, this is particularly challenging due to the nature of some of the risks presented by patients, including the risk of suicide and self-harm balanced against other patient's needs, privacy, and dignity and staff safety.

Whilst the use of a ligature and hanging is known to be a common method of attempted and completed suicide in patients who self-harm, there are other environmental hazards that can be used to self-harm. There is evidence that the likelihood of suicide will depend on the ease of access to effective means. In the last decade various national reports and safety alerts have highlighted the need to take steps to remove or manage the risks for suicide, particularly ligatures and ligature points, in inpatient areas.

The risk of ligature by non-deliberate means may also be a potential risk for children and adults without mental capacity and this policy does not override legislation and internal process that seeks to promote a safe environment.

Whilst it is not possible to eliminate all potential hazards and ligatures, given that articles of clothing as well as material from everyday items such as bedding can be used, a significant proportion of suicides are believed to occur through impulsive acts using the first means to hand and without time for reflection and a judgment. A judgement therefore has to be made about the likelihood of something being used as a ligature point or for self-harm and the control measures required for that area and the individual.

Equally, there may be some potential ligature points that need to remain in general settings, as removing them will create a risk to a greater number of patients e.g. grab rails on inpatient wards for older people at high risk of falls.

This policy forms the basis of managing overall clinical risk and incorporates:

- The annual and bi-annual environmental risk assessment of ligature points
- Identifies structures or fittings which could be used in suicide by hanging or strangulation
- Obstructions to the observation of high-risk patients

- Identifying potential ligatures
- Identifying other risks for self-harm or suicide in the environment
- The process for evaluating and managing identified risks

2. Purpose

This policy sets out the Poole NHS Foundation Trust's approach to managing environmental risks for suicide and self-harm within inpatient wards. It provides templates guidance to support staff and ensure that the trust applies a standardised approach to this work.

3. Definitions

Ligature: Something which binds or ties and could potentially be used or has been used for self-strangulation; examples include chains, linen, clothing (including belts, laces, bras, ties, tights) plastic bags, bag straps, pull cords, medical and non-medical tubing, cables or wires, audio and video tapes, toilet rolls, paper towel rolls, self-adhesive leaflet backing paper, wallpaper borders etc.

Ligature light environment: an environment that has removed the most obvious and easily used ligature points but may still have fixed safety equipment that other patients may require e.g. handrails

Ligature Anchor point

Anything that could be used to attach a cord, rope or other material for the purpose of strangulation

Environment

The ward or departments environment – the actual building, access, fittings, bathrooms etc; possessions may also need to be taken into account including clothing.

Ligature Cutter

A hooked knife tool used to release a ligature safely.

Reduced Ligature Fittings

An anti-ligature or reduced ligature fitting is any fitting that is designed in such a way as to prevent a ligature being attached to it, however this does not mean it is not a risk, it is reduced risk.

An anti-ligature fitting should:

- Cause the ligature to slip off, or
- The fitting should break away from its mount when placed under pressure of weight
- Anti-ligature curtain tracking using collapsible curtain gliders.

4. Procedure

The Trust's risk assessment tool has been developed to address the risk of hanging and self-harm in a balanced, objective and systematic way. All wards which are accessed by patients who may be at risk of suicide will develop and maintain a culture of monitoring the environment and incident reporting to ensure there is constant vigilance and observation to identify and proactively manage potential risks.

Ligature risk audits should be undertaken routinely every six months for all high risk patient areas and annually as part of the WASH audit for low risk areas.

The Assessment of Ward Level Risk Tool (Appendix A) is used to identify areas at high risk of having self-harm and potential ligature use.

High risk areas include:

- Emergency Department
- Acute Medical Unit
- Child Health Unit
- SAU

All areas deemed high risk will hold ligature release kits and door lock release disks to provide a rapid response to ligature and self-harm incidents. The Clinical Management Team will additionally hold spare kits for use in other areas as required.

The trust will work towards all high risk areas having an identified designated ligature *light* patient accommodation room. This includes removal of obvious ligature points and risks but may not include provision of solid ceilings and other features associated with ligature free environments.

4.1 Completing the Ligature Point Assessment

- Check all the areas to which patients have access
- Check all rooms systematically

The assessment should identify:

- Patient/ward type – high risk/low risk
 - Review of previous incidents – however not having had incidents is not a reason to discount the possibility. Staff need to have an awareness of the risk assessment tools and what actions would be required if a high risk patient was admitted.
 - Structures or fittings which could be used in suicide by hanging or strangulation
 - Potential ligatures and ligature anchor points
 - Obstructions to observing patients.
 - Other risks for self-harm or suicide in the environment including access to heights, hazardous substances, wiring, fires, burns, scalds, items of asphyxiation, plastic bags, blades and other sharps.
- Adopt a systematic approach using the risk assessment template for assessment of the room and checking and noting each ligature point identified. When a ligature point has been identified:
 - Check if the ligature is weight bearing and not collapsible (if unsure assume it is weight bearing until tested).
 - Record the potential ligature point with the room number
 - Consider what controls, procedures etc could be utilised to mitigate the risk (such as not using certain rooms or areas for high risk patients, special observations, security arrangements etc). These may be sufficient and no further action is necessary.
 - Determine if action is possible or warranted and if so make recommendations for follow up after the initial assessment is complete to ensure they are complete and that they have been effective.

4.2 Child health

All areas accessible by children and young people that are high risk of suicide or self-harm should contain anti-ligature fixtures and fittings where possible and appropriate. The aim of the admission is to promote recovery and after risk assessment, it may be deemed that anti-ligature fixtures and fittings in certain areas (communal areas, for example, which are continually supervised by staff) are not required – particularly if they detract from the therapeutic and homely environment.

The prevention of self-harm and suicide can be assisted by ensuring that spaces where the young people may not be supervised continually are designed, constructed and furnished with anti-ligature fixtures and fittings.

4.3 Taking action

It is not possible or practical in an acute Trust for all potential ligature points to be and/or removed, and a judgment has to be made about the likelihood of something being used as a ligature point in that area. Equally, there may be some potential ligature points that need to remain, as removing them will create a greater risk to the other patients including hand and grab rails.

Using the information collated on the risk assessment the ward lead will need to either accept and manage the risk or take action using the patient profile as a guide to the level of risk (Appendix B).

Risk rating	Action	Description
High risk	Remove	The risk is deemed to be of such a nature that to leave it would put the patient at risk. Agree the ligature point is removed or hidden (boxed in)
Medium risk	Remove & Replace	The risk is deemed to be of such a nature that to leave it would put patients at risk. The ligature point is removed and replaced with a purposely-designed similar anti-ligature equipment
Low risk	Ward level management	<p>The ligature is of a nature that the ward lead/manager believes it is unnecessary to remove</p> <p>Accept and manage the risk with operational controls as it cannot be removed, replaced or modified without significant impact on operational function.</p> <p>The need to keep the risk because of potential injury is greater than the potential of an attempted suicide, i.e. grab rails within an elderly service user's toilet, collapsible curtain tracking falling down when pulled on an older adults ward.</p>

5. Roles and Responsibilities

5.1 Director of Nursing

Is responsible for the overall quality of care for patients in the Trust and is responsible for the implementation and monitoring of the policy

5.2 **Matrons**

Are responsible for the leadership and implementation of the guidance in their area of responsibility

Are responsible for ensuring ward leads are supported in undertaking systematic risk assessments and that work needed to be carried out by estates for safety is done so in a timely manner.

5.3 **Ward Leaders are responsible for:**

Ensuring all staff are aware of the most up to date ligature risk assessment that has been carried out on their ward and are able to incorporate environmental risk factors into their individual patient assessment and care plans

Ensuring that the member of staff delegated to undertake ligature risk assessments has the appropriate skills and training

Ensuring staff are provided with a full handover on the patient's condition and the rationale for the level of care, and that they are aware of any risks

Ensuring accurate and timely risk assessments which are kept up to date are acted upon and escalated when appropriate.

Ensuring that all staff are aware of any close observation in progress and the level of support and assistance that may be required

5.4 **Estates and Facilities**

To ensure that new builds and refurbishments and other projects it leads on, 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

The Estates and Facilities team will source (where it is reasonably practicable to do so) with the assistance of the Health & Safety and Risk Department, appropriate fixtures and fittings suitable for the project carefully balancing the needs of providing a safe ligature light 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, Health and Safety and Risk Management.

5.5 Carers and relatives

Carers and relatives play an important role in the process of information gathering and understand patient triggers. They can be kept involved in discussion and observation but cannot take full responsibility for patients when in our care.

They must be informed who to report to when concerns arise, when leaving the patient/ward, as well as being offered the opportunity to take regularly breaks.

5.6 All staff

All nursing and medical staff are responsible for undertaking and developing Risk Assessments and individual management Care Plans as required, and ensuring that reasonable and appropriate consideration is given to potential ligature risks within the patient environment. This is supported by the Enhanced Observation Policy.

- Patients that have been identified as being a suicidal risk will have a comprehensive management care plan in place and environmental risk assessment completed that will address this risk.
- Staff will consider the risk of access to non-patient (staff only) and public areas including fire exits, stair wells and external areas.
- The management plan will outline the level of observation that is needed to ensure that the patient remains safe.
- Staff may need to consider a review of patient's belongings to identify and remove potential ligatures (belts, ties, shoes laces, mobile phone charger etc.) that could be used to attach to a ligature anchor point.
- Staff will need to remain vigilant throughout the patients' admission to ensure that the patient does not have access to additional items stored on the ward that may be used.
- Staff need to be aware that this risk may change within the course of the admission and will need to be considered on a shift by shift basis and ensure any changes are included in handovers.

6. Training

The emphasis of training and education is for all health care professionals to be able to recognise and deal effectively with challenging situations including patients with suicidal tendencies.

- **Risk Management Training** is fundamental to understanding the risk assessment process.
- **Conflict Resolution Training (CRT) Level 1** training on handling and managing conflict is provided by the Trust Education team on induction and on mandatory updates.
- **CRT Level 2** training is intended for *all* staff who come into contact with patients or others who may be violent or aggressive. The training comprises a half day Breakaway Techniques training and is being delivered by Dorset Healthcare University Hospital Foundation Trust (DUHFT).
- The trust is developing Enhanced Nursing Care Training to provide guidance on Enhanced Observation and care of patients. This will commence in October 2019.

7. Monitoring Compliance and Effectiveness of the Document

The Mental Health Steering Group are responsible for monitoring overall compliance with this policy; the group will review incidents, feedback or complaints related to this policy, and feedback and learning points and good practice to the appropriate clinical teams

8. References

- Health Safety at Work Act (HaSaWA_1974
- Management of Health Safety at work Regulations 1999
- Mental Health Act 1983
- Mental Capacity Act 2005
- Assessment of ligature points: Estates and Facilities Alert Reference: EFA/2018/005 19 Sept 2018
- Safe and supportive observation of patients at risk mental health nursing “addressing acute concerns”
- *Standing nursing and midwifery advisory committee June 1999*
- Ligatures brief guide for CQC

<https://www.cqc.org.uk/sites/default/files/20150328%20CQC%20mental%20health%20brief%20guide%20-%20Ligature%20points.pdf>

Suicide prevention: resources and guidance – Public Health England (2017)

<https://www.gov.uk/government/collections/suicide-prevention-resources-and-guidance>

9. Supporting Documents

Deprivation of Liberty Safeguards (DoLS) Policy

Adverse Incident Reporting and Management of Adverse Incidents Policy

Managing Challenging Behaviour Policy

Enhanced Observation Policy

10. Review

.Policy will reviewed every three years or sooner to ensure it encompasses any changes to national guidelines or policy.

APPENDIX A

Assessment of Ward Risk Level

1. Identify the highest level of patient attending your area.
2. Assess the frequency of the patient attending the department.

Symptom severity		Symptom severity		Symptom severity	
High Risk Patient Group: Score 5		Medium Risk Patient: Score 3		Low Risk Patient Group: Score 1	
Patients with acute severe mental illness		Patients with chronic or enduring mental health problems		Patient with acute health care needs with no evidence or history of mental health illness, suicidal tendencies	
Patients who are unpredictable		Patients who are susceptible to periodic relapses or sub-acute episodes			
Patients in initial recovery stage following suicide risk or on enhanced observations		Patients who are not symptom free (e.g. delusions/hallucinations)			
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					
Patients with challenging behaviour					
Patients with chaotic behaviour					
Patients with concurrent substance misuse issues					
Score of 5 to be recorded		Score of 3 to be recorded		Score of 1 to be recorded	
High risk area		Medium risk area		Low risk area	
Likelihood score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
How often might a patient attend with these issues	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently
	Not expected to occur for years	Expected to occur at least annually	Expected to occur at least monthly	Expect to occur weekly	Expect to occur at least daily

3. Calculate the risk level:

The highest level of symptoms which patients have in your department multiplied by the likelihood/frequency of attendance.

Symptoms severity score		Frequency	Risk Level
Patients who are, or have been, of high risk of suicide or severe self-harm	x	Might happen or recur occasionally Expected to occur at least monthly	Red/high risk
5		3	15

4. All high risk areas require a room which can support *ligature light care*.

		Risk/Impact				
Almost certain	5	5	10	15	20	25
Likely	4	4	8	12	16	20
Possible	3	3	6	9	12	15
Unlikely	2	2	4	6	8	10
Rare	1	1	2	3	4	5

Appendix B							
Environmental Risks for Suicide and Self-harm Checklist							
WARD/DEPARTMENT:		DATE;		ASSESSORS			
		Compliance					Action Req'd
Subject		Y e s	Partial	N o	Comments, Findings, Supporting Evidence Actions		N o Y e s
PATIENT ASSESSMENT AND STAFF AWARENESS							
1	Are you aware of potential ligature risks on your Ward / Department?						
2	Do you regularly use the Challenging Behaviour Policy and the Environmental Risk Check List?						
3	Are all staff aware of the Challenging Behaviour Policy and the Environmental Risk Check List?						
4	Using the risk assessment tool in Appendix A are you deemed a high risk area?						
5	Have all staff received the appropriate training for managing conflict?						
6	Are patient care plans individualised to mitigate any risks identified or associated with patients identified at risk of attempting suicide or self-harm?						
7	What procedures are in place to enable Enhanced Care Nursing or other special measures that may be required based on risk factors associated with						

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	suicide / self-harm						
8	Do handover procedures enable patient risk factors (e.g. history of self-harm or Liaison Psychiatry Reports) to be appropriately shared with those involved in the patients care?						
9	Are all staff aware of the availability and location of ligature 'quick release kits'?						
10	Can you provide evidence that ligature awareness information is shared with and cascaded to staff?						
11	Are all heating, ventilating, and air conditioning (HVAC) grills tamper resistant?						
12	If the outside window is operable, is it limited to no more than a 4–6-inch opening?						
13	Is window glazing shatterproof?						
14	Are coat hooks, towel bars, cubicle curtain tracks, and closet poles removed?						
15	Are door knobs tamper resistant and of an anti ligature design?						
16	Can the bathrooms be accessed from the outside in an emergency?						
17	Are all blinds fitted with Anti-ligature pulls on blinds (or corded loops with break points or on cleat) Estates and Facilities Alert EFA/2015/0001 26 th Jan2015						
18	Do all bathrooms have pull rods in place and long pull						

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	cords removed						
18	Would all staff recognise potential ligature fittings that may need to be removed or prevented access to? Call Bells Oxygen and suction tubing Power cables Plastic bags Headphones Coat hooks						
19	Does the ward practice good housekeeping ensuring all potential items for ligature use and use in violent episodes are stored appropriately						
20	Does the ward practice good housekeeping ensuring all potential items for self-harm use are stored securely e.g. chemicals, medicines, sharps and blades.						
21	If a high risk patient was admitted to your ward do all staff know how to minimise the risks?						
22	Do ward staff understand the need to risk assess and modify environments according to patient need e.g. removing alcohol hand rub, sharps bins and potential heaving projectiles.						

Please forward a copy of the assessment onto the Matron for inclusion in Care Group Risk reports and ensure all actions are completed.

Appendix C EQUALITY IMPACT ASSESSMENT

Date of assessment:	December 2019
Care Group or Directorate:	Patient and Nursing Services
Author:	Sonya Flynn
Position:	Head of Risk
Assessment Area: (i.e. procedure/service/function)	Controlled documents such as policies, procedures, protocols, guidelines and standards
Purpose:	To outline the process and provide guidance on the procedures to be followed for ligature risk assessment
Objectives:	To ensure staff have the skills and knowledge to undertake risk assessments for patients at risk of suicide
Intended outcomes:	Ensuring a standardised approach is adopted throughout the Trust to ensure safe, high quality and consistent patient care is maintained

What is the overall impact on those affected by the policy/function/service?

Ethnic Groups	Gender groups	Religious Groups	Disabled Persons	Other
High/Medium/ Low	High/Medium/ Low	High/Medium /Low	High/Medium /Low	High/Medium/ Low
Low	Low	Low	Low	Low

Available information:

Assessment of overall impact:
Format specified for documents will make them easier to read and standardisation will make it easier to find and search information.

Consultation:
Hospital Executive group/ Operational management group/ HR/ Matrons

Actions: None identified