

Livewell Southwest

**Management of Environmental Ligatures in
In-Patient (and Other High Risk) Settings
Policy**

Version No.1
Review: May 2019

Notice to staff using a paper copy of this guidance

The policies and procedures page of Intranet holds the most recent version of this guidance. Staff must ensure they are using the most recent guidance.

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|---------------------------------|--|
| | <p>S-Kit Suicide Prevention Local Implementation Framework</p> <p>Care Services Improvement Partnership (CSIP) 2006</p> <p>National Suicide Prevention Strategy for England, Annual report on progress 2006</p> <p>Department of Health, Safety First: Five-Year Report of the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness, DH, London, 2001</p> <p>Preventing Suicide by Hanging and Asphyxiation: Ligature Audit Tool (Greater Manchester West NHS Foundation Organisation) 2009</p> |
| Associated documentation | <p>Risk Management Strategy</p> <p>Observation Policy</p> <p>Clinical Risk Assessment Policy</p> <p>Search Policy</p> |
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Document review history

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Management of Environmental Ligatures in In-Patient (and Other High Risk) Settings Policy

1 Introduction

- 1.1 Hanging is the main method of suicide for mental health and other high risk service users, whether inpatient or community. This policy is intended to address the environmental issues within Livewell Southwest (LSW) high risk inpatient (and other) settings.
- 1.2 Where it is not possible to remove structures identified as ligature points or where obstructions to the observation of service users have been identified, the Organisation will adopt other risk controls including changes to buildings, fittings and operational management.
- 1.3 The most common items used as ligatures 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 become installed.
- 1.4 Death by hanging from non-collapsible rails in an inpatient setting is a NPSA “never event”.
- 1.5 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. Operational management systems need to be in place for these areas.
- 1.6 This policy should be seen as an integral part of other measures to reduce the risk of suicide. Clinical risk assessment, CPA, and observation and engagement form part of the overall strategy for managing these risks.

2 Purpose

- 2.1 This policy intends to address the environmental risks posed within a service that could assist a service user attempting suicide by hanging. This policy does not cover other risk factors in suicide prevention. These are included in other clinical risk assessment tools and policies.
- 2.2 This policy includes guidance on the methods for assessing potential ligatures and recording this assessment. Where ligatures are identified then risk management action must be taken, either to remove the ligature or manage it operationally.

- 2.3 The policy aims to ensure that the appropriate level of 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

- 3.1 The following areas are required to conduct annual (as a minimum) environmental ligature risk assessments:
- All mental health acute in-patient units
 - All mental health rehabilitation inpatient units
 - Low Secure inpatient units
 - Other high risk inpatient units (e.g. dementia unit, brain injury unit)
 - Facilities accessible to inpatients listed above (i.e. therapies, café, garden areas)
 - High risk accessible areas within mental health out-patient areas (e.g. toilets).
- 3.2 Environmental risk assessments must be reviewed annually or whenever 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.
- 3.3 These areas are required to carry out environmental assessments of areas accessible to service users including enclosed gardens, café's etc. in order to identify likely ligature points and to liaise with Corporate Risk and Compliance Team and Estates Department to ensure that they are removed or addressed.

The [Ligature Assessment Tool](#) aims to assist staff in carrying out this task.

- 3.4 The following areas are not currently required to conduct environmental ligature risk assessments:
- All low risk non-mental health inpatient clinical areas
 - All areas of mental health out-patient facilities where service users are escorted at all times.
 - All administrative / staff only areas

4 Definitions

4.1 Ligature Point

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.

4.2 Collapsible Fittings

Collapsible fittings are typically designed to collapse when weights in excess of 40 Kg are applied although most will collapse well below this load.

In areas where service users 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, service user safety has to be managed through good clinical practice and observation.

4.3 Ligature

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.

4.4 High Risk Service Users

Those service users that by virtue of their physical or mental health may be at high risk of suicide.

5. Ligature Policy Statement

5.1 The policy of the Organisation is that all areas listed under Scope (section 3) of this policy are required to conduct annual environmental risk assessments to identify ligature points (also sometimes referred to as Manchester Audit Tool Assessments).

5.2 The policy of the Organisation is to remove all ligature points considered to be pose a significant risk to service users so far as is reasonably practicable. Where this is not possible, safety is to be maintained through robust operational controls that mitigate the risk, such as through observation policy and clinical risk assessment.

5.3 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 operational management.

- 5.4 Estates Department will make arrangements to remove likely ligature points, should they be identified, during inspections.
- 5.5 Each team should have ligature cutters (Rescue-Me devices) available at all times.
- 5.6 In the cases of service users at high risk of suicide staff should refer to appropriate clinical policies for advice on appropriate operational management.
- 5.7 This policy also requires that a daily safety walk is carried out in each service area 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 documented and any issues acted upon without delay. Such incidents should be reported on an adverse incident form.

6 Duties & 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 LSW. The Chief Executive is responsible for monitoring and reviewing health and safety in the Organisation. 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 Organisation.

6.2 Director of Operations

The Director of Operations takes responsibility for ensuring that this policy is implemented within all relevant services. The Director of Operations will ensure that staff comply with this policy and that all levels of management fulfil their responsibilities as described within this policy.

6.3 Service Managers

Service Managers will bring this policy to the attention of all their staff, including new and temporary / agency / volunteer staff, and management team and ensure that it is observed at all times. Service managers 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 in the Ligature Assessment Tool (found on the Ligature Management groups drive. Action should be taken to rectify any significant risks in line with the Risk Management Strategy.
- Ensure environmental risk assessments are reviewed annually or following 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 safe systems of work (i.e. observations, searches, etc.) as necessary are developed and implemented in accordance with this policy and related clinical policies.
- Ensure that the process is monitored and adequate support is provided for line managers to ensure that their responsibilities are met.
- Play a key leadership role in developing and sustaining a pro-active culture, personal and professional responsibility for health and safety issues.

6.4 Line/Ward Managers and Team Leaders

Managers will bring this policy to the attention of all their staff and ensure that it is 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 ligatures 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).
- Record all risk assessments on the Ligature Assessment Tool.
- Ensure control measures and safe systems of work (i.e. observations, searches etc.) as necessary are developed and implemented in accordance with this policy and related clinical policies.
- Ensure sufficient ligature cutters are available for every staff member.
- Ensure daily inspections of the inpatient area within their remit are undertaken to check for any new ligature points, risks or loss of safety controls. This will be part of ward security checks. 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. Any defects or risks should be acted upon immediately and recorded as an adverse incident and where work requests have been made recorded in the appropriate minor works order log.

6.5 Individual Employees

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 LSW 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 control the risks of suicide. Furthermore, staff must report any hazard that could give rise to increased risk of suicide according to the incident reporting and investigation policy. 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 use of the ligature cutters and must ensure they carry these at all times.

6.6 Corporate Risk and Compliance Team

- Will provide advice to the clinical staff on the standard of anti-ligature devices being proposed within a new building or refurbishment and assist in producing a design / project plan for any new building or refurbishment.
- Will also advise and support clinical staff to conduct environmental risk assessments by ensuring a representative is made available for every assessment undertaken across the organisation.
- Will also conduct random inspections to assess the standard of anti-ligature fixtures and review assessments.

6.7 Estates Department

- Will facilitate the process for ensuring all ligature points identified through environmental ligature assessments are removed as far as reasonably practicable. This will involve liaison with appropriate landlords to ensure work is undertaken in a timely manner.
- Will advise and support clinical staff to conduct environmental risk assessments by ensuring an Estates representative is made available for every assessment undertaken across the organisation.

- The Estates Dept., within the projects it leads or advises on, will ensure that new builds and refurbishments and other projects shall consider 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 Organisation and apply those to the project.
- Will source (where it is reasonably practicable to do so) with the assistance of the Corporate Risk and Compliance team 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 DoH guidance, safety alerts etc.
- To facilitate this, the Estates Department must ensure that appropriate representation is sought for all project steering groups and this must include appropriate representation from Clinical and Corporate Risk and Compliance staff.

7 Approach to Ligature Risk Assessment and Management

7.1 Risk assessment Methodology

7.1.1 The Organisation uses a [risk assessment](#) based around the Manchester Audit tool.

7.1.2 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 in the excel assessment database, which is found in the [LigatureManagement](#) groups drive (for access please contact the Head of Corporate Risk and Compliance).

7.1.3 The assessment team will comprise of the following (as a minimum);

Unit / Service Manager

Representative from Corporate Risk and Compliance Team

Representative from Estates Department

7.2 Risk Management

7.2.1 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.

- 7.2.2 Managers should consider the strategies within the assessment tool (remove, replace, manage etc.) for controlling ligatures. It is important to consider that elimination is the best risk management solution but may be technically impossible or lead to a poor therapeutic environment.
- 7.2.3 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.
- 7.2.4 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 Estates Department for management. During this time, it is important to ensure that other appropriate actions are taken to reduce the on-going risk to the lowest level possible with consideration to closing the particular areas if the risk remains unacceptable.
- 7.2.5 The Estates Department in liaison with the Corporate Risk and Compliance Team determine the Organisation-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 CAS alerts as appropriate. This programme of works will be monitored by the Estates Department.

7.3 Risk Register

- 7.3.1 Completed environmental Ligature Assessments (Manchester Audit Tool) are reviewed and risk assessments added to local risk registers. This ensures that identified risks are taken account of and prioritised according to risk. The register should be clear about how the 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 Organisation wide programme.
- 7.3.2 Risks should be escalated according to the Risk Management Strategy where they cannot be controlled locally.
- 7.3.3 Risks must be reviewed regularly to ensure any gaps are identified and act as an audit trail to show when works have been addressed.

8. Legislation

- 8.1 The Organisation 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.

- 8.2 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.
- 8.3 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

- 9.1 The Head of Corporate Risk and Compliance will train appropriate managers in the use of the environmental Ligature Assessment Tool and the associated excel database.
- 9.2 Clinical staff must also ensure they undertake appropriate clinical training related to this policy and should ensure CPD is current.

10 Monitoring Compliance

- 10.1 Compliance with this policy will be monitored by Service Managers as part of their Performance and Quality monitoring programmes.
- 10.2 The Organisation-wide programme of ligature reduction work is monitored by the Estates and Corporate Risk and Compliance Departments monthly in the Capital and FM Estates Group.
- 10.3 Compliance with Ligature Assessments is reported in the Data Book monthly and at Safety, Quality and Performance meetings.
- 10.4 Action plans to address any gaps in controls will be monitored by Ward/team managers.
- 10.5 Monitoring of adverse incident data and reviewing trends and impact of ligature point reduction work is done through the Health, Safety and Security Committee and is also reported in the Data Book monthly.

All policies are required to be electronically signed by the Lead Director. Proof of the electronic signature is stored in the policies database.

The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.

The Executive signature is subject to the understanding that the policy owner has followed the organisation process for policy Ratification.

Signed: Director of Operations

Date: 24th May 2016