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Author/Contact for Information	Ryan Curtis Health & Safety Manager
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Document Review History

Review No	Authored/Reviewed by	Issue Date
1.0	Terry Fleming, Projects Manager	28th October 2010
2.0	Ryan Curtis Health and Safety Manager - Formal Review	27th March 2014
2.1	Jo Mitchell - Extended for standardisation and review process (Success Regime)	5 December 2017
2.2	Jo Mitchell - 6 month extension request due MSB standardisation	7th November 2018
2.3	Jo Mitchell - 4 month extension request due MSB standardisation	29th May 2019

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Appendices

1. Purpose

1.1 The Trust aims to provide safe environments for service users, staff and visitors with minimal ligature and anchor points. Specifically, the Trust actively aims to eradicate as far as reasonably practicable all potential ligature/anchor points and, where this is not practicable, to control the risk by monitoring these points.

1.2 The policy outlines the responsibilities and arrangements whereby the Trust undertakes as a minimum to control the presence of ligatures/anchor points in all patient facilities accessed by patients.

2. Introduction

2.1 The documents Safer Services (1999), National Suicide Prevention Strategy (2006), NCISH Safety First document (2001) and NCISH annual report (2013), clearly highlight the need for organisations where unassisted patients may have mental health issues, to have robust mechanisms regarding ligature/anchor points and potential ligature instruments, and that this should be part of the overall suicide prevention strategy.

2.2 The Health and Safety Executive also directs trusts and directorates responsible for caring for patients who may exhibit self-harm behaviour in reducing possible risks associated with potential ligatures/anchor points.

3. Aims of the Policy

3.1 The Trust has produced this policy and tools within it, to support staff in the identification of ligature risks and in undertaking ligature risk assessments.

4. Scope

4.1 This policy applies to all patient areas and services users, staff and visitors within them. It covers not only persons attempting suicide but also the potential for accidental ligature.

5. Roles and Responsibilities

5.1 The Chief Executive is the Executive Director responsible for the Trust's Health and Safety. This responsibility is delegated to the Director of Estates and Facilities Management who will ensure all relevant Health and Safety policies are implemented and compliance monitored.

5.2 **Heads of Services and Lead Nurses**

- To satisfy themselves that ligature risk assessments are undertaken annually as a minimum, in all areas for which they have responsibility. This would be undertaken initially within the Departmental Environment Risk Assessment and where issues are highlighted via an individual assessment

- To ensure that they are aware of all risks identified through risk assessment and that the risks and the control measures are communicated to all staff

- To inform their Head of Nursing of all significant risks identified

- To provide the resources required to enable appropriate action in light of the risk management priorities identified in those risk assessments

- To ensure that action plans are agreed and executed following risk assessment and that the process of risk assessment is ongoing

- To allocate the resources and time required to implement the action plans resulting from the risk assessments

- To undertake training to manage and undertake risk assessment effectively

- To ensure that any local policies or procedures produced that supports this policy are regularly reviewed

5.3   **Health and Safety Manager**

- to ensure that Ward Sisters / Department Managers have undertaken Anti – Ligature risk assessments in all designated clinical areas for which they are responsible via the Departmental environment Risk Assessment and that the assessments and actions required are appropriately recorded

- to assist Ward Sisters/ Department Managers in undertaking individual ligature assessments in areas where the environmental risk assessment has highlighted issues

- to provide the Clinical Directors, Heads of Nursing, Heads of Services and Estates Managers with a copy of relevant risk assessments for appropriate action

- to report issues relating to ligature assessments via the Health and Safety report to the Health and Safety Group and to Clinical Directors, Heads of Nursing, Heads of Services via Directorate Governance reports.

- to provide day to day advice on anti-ligature issues

5.4   **Ward Sisters/Departmental Manager**

- To complete the annual ligature risk assessment via the Departmental Environmental Risk Assessment with assistance from the Health and Safety Manager as required. This will be undertaken initially within their area environmental risk assessment and if issues are highlighted through completion of a specific ligature risk assessment

- To ensure all staff are aware of the details of any anti-ligature risk assessment and understand their part in ensuring any control measures are implemented correctly

- To ensure that staff working alongside them, have the skills that will identify and assess those risks associated with ligatures/anchor points

- To review the assessments annually or whenever circumstances significantly change, acting upon the outcome of those reviews as appropriate

- To ensure an understanding of all potential ligature points and risks associated

- To produce local procedures that support this policy, where indicated, and review these regularly

- To inform their Lead Nurse, the Head of Nursing and Clinical Director of all significant risks identified

- To ensure measures are put in place to rectify ligature points by Estates only

5.5 **Estates and Capital Projects**

- to work closely with the Health and Safety Manager to review anti ligature risk assessment results and implement necessary actions and works required

- ensure that all refurbishment projects implemented adhere to the policy and that no potential ligature points are introduced as part of the design process

- to ensure that ad-hoc repairs on a day to day basis completed via the Estates department adhere to the policy

5.6 **All Staff**

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

6. Definitions

6.1 The list is not exhaustive but additional information can be found in appendix 1.

6.2 **Ligature**: a ligature is any piece of clothing or cordage, or any item that can be tied or fastened around the neck, which could be utilised, as a tie or noose for the purpose of self-harm by strangulation or hanging when tied to an object. This could include electrical cable, flex, belts, ties, rubber strips (from door seals, double glazed windows etc),torn strips of clothing or bedding, shoe laces, plastic bags and phone charger leads.

6.3 **Anchor Point**: 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, where the whole or significant part of an individual's body weight can be suspended. Anchor points can include the gaps between a door and its frame; window and door handles; coat and towel hooks; curtain and shower rails; shower heads; sink taps; windows; door hinges etc.   Further information can be found at Appendix 1.

6.4 **Anti-Ligature Fitting(s**): an anti-ligature fitting is any fitting designed in such a way as to prevent a ligature being attached to it – the anti-ligature fitting should cause the ligature to slip off or the fitting should break away from its mount when placed under the pressure of weight.

6.5 Lead Nurses and Ward Sisters 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.

7.   Procedure

7.1   The Ward Sister / Department Manager must conduct annual ligature assessments to ensure that all ligatures and anchor points are identified in designated clinical areas. This assessment should initially be done within the Departmental Environmental Risk Assessment. This is particularly important where there have been changes to the environment. If the environmental assessment highlights any issues, then a full ligature assessment using the assessment tool in Appendix 2 must be completed. This must be undertaken by the Ward Sister / Department Manager with assistance as required by the Trust Health and Safety Manager.

7.2   All identified ligature and anchor points must be acted on appropriately – i.e. remove immediately if possible; arrangements made with Estates to remove; restrict access or control by local procedure.

7.3   Ward Sisters/Departmental Managers must visit all areas of the ward, department, the garden and adjacent areas to the area to which service users may have access when undertaking the risk assessment. See Appendix 1.

7.4   Ward Sisters/Departmental Managers must escalate any identified risks to the Head of Nursing and communicate the risk and immediate control measures to all staff.

7.5   Ligature risk assessment guidance is attached at Appendix 1 and a ligature risk assessment form is included in Appendix 2.

7.6   The ligature risk assessment and any subsequent risk assessment must take account of the level of possible clinical risk presented by and to service users on the ward.

7.7   The risk assessment should classify any fixed or portable ligature risks as low, medium or 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.

7.8   Areas at high risk of attempted suicide or strangulation include medical assessment units, emergency departments, and medicine for the elderly and gastro wards. Any area deemed as high risk must have a full ligature assessment completed.

7.9   Medium risk areas include paediatric outpatients and general wards.

7.10   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.

7.11   Results of the specific ligature risk assessment must be discussed and agreed with the Lead Nurse. Lead Nurse and the Ward Sister/Departmental Manager must ensure significant risks are recorded on the directorate's Risk Assurance Framework.

7.12   Heads of Nursing must arrange for appropriate funding of any anti-ligature fittings; increases in staffing levels or any 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.

7.13 Copies of the ligature risk assessments and action plan must be forwarded to the Governance Team and Estates department 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.

7.14 All risk assessments must be reviewed annually or earlier where the service user/service user group changes, environmental changes are made, any significant change or after any untoward incident that identified an emerging or actual ligature or anchor point risk.

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

7.16 At procurement stage ligature risk assessment checks must be undertaken 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. This must be done in conjunction with BME.

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

8. Development Projects, New Builds or Refurbishments

8.1 At the early stages of project planning, it is important that consultation includes clinical staff, the Health and Safety Manager 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 harm.

8.2 The assessment should consider such areas as building layout, building fabric, choice of furnishings, fixtures and fittings, equipment, hardware and ironmongery.

8.3 The assessment must also include consideration of the potential for creation of ligature points.

8.4 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.

9. Equality & Diversity

9.1 The Trust is committed to the provision of a service that is fair, accessible and meets the needs of all individuals.

10. Monitoring Compliance

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

- Ongoing review of all submitted Departmental Environment Risk Assessments by the Health and Safety Manager to identify any anti-ligature risks

- Ongoing monitoring of completion of Departmental Environment Risk Assessments and Anti Ligature risk assessments by the Health and Safety Manager. This information will be reported to the Health and Safety Group at each meeting and to directorate and department Governance meetings for action

- Where concerns are raised in relation to this policy through Health and Safety inspections, these will be reported to Clinical Directors, Heads of Nursing, Heads of Department and the Health and Safety Group.

11. Implementation of Policy

11.1 This policy will be issued to the following staff groups to disseminate and ensure their staff are made aware of the policy:

- Health & Safety Manager
- Director of Estates & Facilities Management
- Lead Nurses
- Heads of Nursing
- Ward Sisters
- Heads of Department

12. Reference Documents

National Suicide Prevention Strategy (2006),

Safer Services (1999),

Health and Safety at Work etc Act (1974).

Management of heath and safety at Work regulations (1999).

Mental Health Act 1983 (Amended 2007).

Nice Guidelines (CG16 2008)

Royal College of Psychiatrists: Psychiatric Services to A&E (Feb 2004)

NCISH: Safety First 2001 and NCISH annual report (2013),

Safety Alert Bulletin EFA/2010/009

Safety Alert Bulletin EFA/2010/011

Safety Alert Bulletin EFA/2010/006

Safety Alert Bulletin EFA/2010/003

13. Professional Approvers of this Policy

Below is a list of Trust Health and safety group member who collectively professionally approved this policy.

Hilary Beach	Senior Advanced Specialist Biomedical Scientist
Carin Charlton	Director of Estates & Facilities Management
James Dorrian	Hotel Services Manager
Clive Edwards	Staff Side Secretary / Unison Branch Secretary
Steve Farnden	Head OF BME
Andre Francis	Clinical Lead/Governance Lead Radiology
IanJackson	Deputy Director of Estates & Facilities Management
Alphoncina Lempetje	Senior Occupational Health Advisor
Alan May	Estates Utilities Manager
Deirdre Miller	Clinical Performance Manager - Deputy Head of Governance
Julie Shepard	Claims & Legal Manager
Stella Smith	Moving and Handling Adviser
Ann Uzzell	BMS.Haematology/Pathology Risk Management Lead
Richard Wilks	Senior Fire Officer

Appendix 1

Ligature Guidance for Assessors

Definitions

Ligature

A ligature can be defined as anything a person can use to hang or strangle themselves with.

It can be made of anything that can be used to form a noose that may be used for self strangulation and not obviously able to support body weight.

Examples:

- **Clothing accessories** – belts, braces, laces, stockings, tights.

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

- **Cords** – curtain pull cords, cord from curtain header tape, and draw cord on bags, venetian blinds.

- **Clothing** – shirts, blouses, t-shirts, ties, trousers (all of which can be torn up into strips).

- **Chains**, ropes, hoses, string.

- **Curtains** – shower curtains, window curtains, cubicle curtains.

- **Bedding** (also when torn into strips).

- **Leads – 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 anything from the above list that can be formed into a noose or a knot and can be attached to a solid point that would support body weight.

It is often commonly thought that there is a requirement that an anchor point requires height, but the actual height needed could be a 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 above the hinge, or trying a ligature round 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 bathroom door handles.

- **Ceiling fittings** – lights, air vents, smoke detectors, extractor grills.

- **Curtain tracks** – shower curtains, cubicle tracking.

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

- **Pipes** – radiator pipes, hot and cold water pipes.

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

- **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.

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

- **Outside space** – trees, fencing, gazebos, covered walkway, guttering, 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, dependant on number of service users on ward and staff duties.

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 predicable 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 following:

- The use of the environment for the risk that service users present and;

- Any management issues such as staffing levels and staff skills.

Ligature Guidance for Assessors

Practical guidance

Managing risk is neither a discrete activity nor precise science. It is also unlikely that risk can be entirely removed. The most effective approach entails a whole system approach and this assessment 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 assessment focuses upon four dimensions:

- Ligatures

- Anchor points

- Environment

- Management.

The assessment process entails a review of each room, corridor, stairwell garden etc across all the three dimensions (High, Medium and Low).

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

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 is aware of it.

Where management or removal of a risk is not possible, a more detailed review is required and must be raised with their senior manager and a report submitted to the respective general manager and service director.

Advice may also be sought from a member of the Risk and Safety Team.

Areas which should be assessed

All internal and external clinical areas across the Trust should be assessed.

These include immediate areas outside the ward/department and communication routes.

In addition to the rooms being assessed, the audit also requires the ward/departmental staff to consider the use of the environment, the quality of the fixtures and fittings and how it is managed.

Ligature Risk Assessment Audit Form

Unit Name ……………………………… Service ……………………………….. Date …………………………..

Room/Area	Ligature Items Found	Ligature Anchor Points Found	Level of Risk (√)			Risk Management Action Needed to Control Risk (√)				Action taken/ comment
			High	Med	Low	Remove	Substitute	Enclose	Local Policy Development	

(Continue as necessary)