## Assessment of Ligature Point Hazard Procedure

**Version 3**

<table>
<thead>
<tr>
<th><strong>Summary:</strong></th>
<th>Trust procedure for the assessment of ligature point hazards. This Procedure should be read in conjunction with the Trusts Assessment and Management of Ligature Care Points Policy.</th>
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<tbody>
<tr>
<td><strong>Keywords (minimum of 5):</strong> (To assist policy search engine)</td>
<td>Ligature, ligatures, ligature care point policy, ligature point, ligature points, suicide, ligature procedure, ligature assessment procedure, ligature hazard, attempted suicide, self-harm, hanging.</td>
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<tr>
<td><strong>Target Audience:</strong></td>
<td>All staff who are tasked to complete ligature point hazard assessments.</td>
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<tr>
<td><strong>Next Review Date:</strong></td>
<td>December 2019</td>
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<tr>
<td><strong>Approved and Ratified by:</strong></td>
<td>Trust Ligature Management Group  <strong>Date of meeting:</strong> December 2018</td>
</tr>
<tr>
<td><strong>Date issued:</strong></td>
<td>December 2018</td>
</tr>
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<td><strong>Author:</strong></td>
<td>Penny Hill Estates Clinical Lead &amp; Ligature Manager</td>
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<tr>
<td><strong>Accountable Executive Lead:</strong></td>
<td>Karl Marlowe, Trust Medical Director</td>
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</tbody>
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Version Control

Change Record

<table>
<thead>
<tr>
<th>Date</th>
<th>Author</th>
<th>Version</th>
<th>Page</th>
<th>Reason for Change</th>
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<tr>
<td>December 2013</td>
<td>Reg Whitfield</td>
<td>N/A</td>
<td></td>
<td>An updated ligature point risk assessment scoring system is being adopted</td>
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<tr>
<td>Nov 2014</td>
<td>Tim Coupland</td>
<td>section 1- page 4</td>
<td></td>
<td>Updated to include addition of a clear requirement to review ligature assessments after an incident involving a serious incident involving a ligature</td>
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<tr>
<td>August 2015</td>
<td>Rachel Coltart</td>
<td></td>
<td></td>
<td>Updated ligature point risk assessment recording assessment</td>
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<tr>
<td>August 2015</td>
<td>Rachel Coltart</td>
<td></td>
<td></td>
<td>Updated ligature risk assessors and training</td>
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<tr>
<td>August 2015</td>
<td>Rachel Coltart</td>
<td></td>
<td></td>
<td>Procedure for ligature risk assessments</td>
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<tr>
<td>March 2016</td>
<td>Rachel Coltart</td>
<td>2</td>
<td>N/A</td>
<td>Assessment and Management of Ligature Points Procedure reviewed. Assessment tool replaced using the RAG ratings.</td>
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<tr>
<td>April 2017</td>
<td>Rachel Coltart</td>
<td>2</td>
<td></td>
<td>Procedure reviewed - no changes required, review date extended for one year to May 2018</td>
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<td>16/5/18</td>
<td></td>
<td>2</td>
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<td>Review date extended from May to August 2018</td>
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<tr>
<td>24.7.18</td>
<td></td>
<td>2</td>
<td></td>
<td>Review date extended to November 2018</td>
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<tr>
<td>Nov 2018</td>
<td>Penny Hill</td>
<td>3</td>
<td></td>
<td>Procedure reviewed to incorporate the change in ligature risk assessment tool</td>
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Reviewers/contributors

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Version Reviewed &amp; Date</th>
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</thead>
<tbody>
<tr>
<td>Rachel Coltart</td>
<td>Quality and Performance Business Manager for Specialised Services</td>
<td>March 2016</td>
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<td>Darren Hedges</td>
<td>Health and Safety Manager</td>
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<td>Paul Johnston</td>
<td>Head of Estates</td>
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<td>Carol Adcock</td>
<td>Head of Nursing and Quality North West AMH</td>
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<td>Shelagh Kent</td>
<td>Capital Programme Manager</td>
<td>March 2016</td>
</tr>
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Assessment of Ligature Point Hazard Procedure

1. Introduction

This document sets out the Trust’s approach for the assessment and management of ligature point hazards to reduce the risk of suicide and self-harm in In-patient and other relevant sites managed by the Trust.

The environment and buildings should not be viewed in isolation when assessing and managing ligature point hazards, to reduce suicide risk and self-harm. It forms a component part of managing overall clinical risk and needs to include clinical risk management measures such as observation and engagement, access to personal risk items, therapeutic activity, staffing levels and skill mix.

The level of risk may vary throughout the 24 hour period. When conducting the assessment, consideration needs to be given to areas such as corridors, reception, and off ward lobby areas that are considered low risk during the day. However, during the evening and night time, these areas may present more of a risk when staffing levels are reduced and there is less patient activity. Risks may also be heightened during ward reviews, handovers or during other incidents.

The ligature risk assessment is only valid for as long as the clinical and risk factors remain the same. A new ligature risk assessment is required annually and in some units, this may be more frequent (low and medium secure units). In addition, when changes occur to the build or patient group; the ligature point hazard assessment must be updated to reflect such change and / or the patient group. A new assessment must be carried out to identify potential ligature point hazards and reassess the supporting clinical risk management measures.

All staff should be alert to identifying new risks and report this immediately using the Ulysses system. New risks must be added to the Ligature risk assessment form (see process to be followed for updating the ligature risk assessment) Furthermore, staff need to be responsive to Safety Alerts.

2. Managing Identified Hazard

The purpose of carrying out a ligature risk assessment is to identify, assess and evaluate the risk posed by environmental ligature points; The Ligature risk assessment tool adapted from the Manchester Audit tool enables an objective assessment of the risk to be made which will support the planning and prioritisation of the Trust’s Ligature reduction work plan. .

The Care Quality Commission (CQC) states under

- Regulation 12 – Safe Care and Treatment

“Providers must ensure the safety of their premises and the equipment within it. They should have systems and processes that assure compliance with statutory requirements, national guidance and safety alerts”

A. Assessing the risks to the health and safety of service users of receiving the care or treatment;

B. Doing all that is reasonably practicable to mitigate any such risks;
It is difficult to completely eliminate all ligature point hazards and this may not be achievable or desirable.

In some locations there will be positive reasons why risks are taken and managed in a different way to others. For example; if there is a focus on rehabilitation into the community and increasing patient independence, the service area may agree to accept the risk based on other clinical risk management measures to militate against the hazard. These could include the purpose of the building, nature of the patient group, individual patient care plans and risk assessments, and positive risk taking. In adult mental health for example a ligature point hazard may not be an acceptable risk to manage and work may be required to remove or reduce the risk presented.

Existing mitigations will need to be reviewed and additional mitigations considered until the work has been completed to reduce the risk including a review of minimum general observation and engagement level, increasing staff awareness of the risks and building management controls. In both circumstances, with the controlled clinical risk management measures in place to mitigate against the identified ligature point hazard, the residual risk is reduced.

All clinical staff, including temporary staff, should have clear guidance regarding ligature risks in their work environment and how these risks are managed, in addition to the clinical risk information relating to the service users in their care.

3. **Undertaking the Ligature Risk Assessment**

The team undertaking the Ligature risk assessment will comprise of

- The Trust Estates Clinical Lead & Ligature Manager,
- The Ward/Team Ligature Lead (usually the Ward/Team Manager)
- An Estates Project Officer.

All members of the team will have an understanding of the Ligature risk assessment tool as well as the layout of the ward and an overview of the service provided in the environment.

The assessment will begin by identifying a starting point and fully floor walk each internal and external area. Identified ligature point hazards will be recorded with their identified location and where necessary, photographic evidence will be taken and attached to the assessment.

See appendix 1 for guidelines for assessment of ligature points

4. **Risk factors to consider**

This is not a definitive list, but highlights some of the more hazardous/obvious risk factors to consider:

- **Issues identified in safety alerts**
- **Height of potential ligature points** - any protuberance or device at higher levels e.g. above 5 feet or 1.7 metres from the floor that is easily reachable is a greater risk but low height protuberances can still pose a risk.
- **Weight bearing capacity of potential ligature points** – most adults weigh well above 30kg (4½ stones). Note: service users with eating disorders or children/adolescents may...
be at greater risk (account may need to be taken of a lower body weight in considering the weight-bearing capacity of a potential ligature point).

- **Isolation of area** such as single bedrooms, toilets, bathrooms and showers tend to be higher risk than more public areas such as lounges, reception areas or corridors.
- **Obstructions to observation**

5. **Following the Assessment**

The Estates Clinical Lead & Ligature Manager will record the outcome of the assessment onto the Manchester Audit tool Appendix 2 and will aim to make this available on SharePoint within one week of the assessment being completed.

The team manager/service manager/matron are required to review the assessment and agree the content within 2 weeks of the assessment being published raising any issues with the Estates Clinical Lead within this timeframe.

Immediate issues should be highlighted and escalated as per Ligature Risk Escalation Flowchart in Appendix 3. The assessment will be forwarded for review/scrutiny at the next Ligature Management Group meeting.

The Clinical Ward Manager / Team Leader is responsible for ensuring that controls are actioned with immediate effect to manage the risk and for ensuring that the team are familiar with ligature risks in their working environment.

The Service Manager should also be made aware of these immediate concerns and consider whether the risks need to be entered onto the local Risk Register.

On completion of the assessment, any immediate concerns must be discussed with the staff team. This should not be delayed until the assessment paperwork and action plan has been completed.

6. **Adding and Removing Risks Outside of the Formal Review Process**

If a new risk is identified or a risk is to be removed to the Ligature Risk Assessment, the following steps must be applied:

1. The team must notify the Estates Clinical Lead & Ligature Manager, including the relevant Service Manager in the email notification. If the Estates Clinical Lead is on annual leave appendix 3 must be completed until the full risk assessment is updated. This will remain with the clinical ward team.
2. The team manager/service manager must review existing mitigations to determine whether they are adequate, within 24 hours of identifying the risk.
3. The Estates Clinical Lead & Ligature Manager will update the Ligature Risk Assessment following review of the new risk/risk for removal and existing mitigations with the Team/service manager.
4. The team manager will ensure that any new risk and mitigation is communicated to the relevant teams.
5. The Team manager will ensure that any risks removed have been communicated to the relevant teams.
6. Appendices

Appendix 1 - Guidelines for the Assessment of Ligature risks

APPENDIX 1
Guidelines for Assessi

Appendix 2 – SHFT MA Score Log

SHFT MA Score log.xlsx
Appendix 3

Ligature Risk Escalation Flowchart

1. Ligature point identified
   - Interim mitigations agreed with Team Manager & Estates Clinical Lead

2. Does it need immediate attention?
   - Yes: Ligature point to be removed (should be reviewed annually or problems if removed)
   - No: Can this be removed through minor works? (YES/NO)

3. What is the level of work required?
   - Capital
     - Approve to proceed from Associate Director of Estates or Finance Director or nominated deputy
   - Minor
     - Ward Manager to complete Works Request

4. Can this be removed through minor works? (YES/NO)
   - Yes: Team Manager to raise works request & Estates Clinical Lead to update LRA and Action Plan
   - No: Discussed at LMG

5. Is removal the only solution?
   - Yes: Prioritisation agreed + funding allocated according to priority
   - No: Discuss modification and priority for funding

6. Is capital funding required?
   - Yes: Team Manager to raise works request and Estates Clinical Lead agree mitigations until work completed
   - No: Team Manager/Service Manager and Estates Clinical Lead agree mitigations

7. Can it be resolved through modification?
   - Yes: Mitigations ratified by LMG
   - No: Team Manager/Service Manager and Estates Clinical Lead agree mitigations