ENVIRONMENTAL RISK ASSESSMENT AND MANAGEMENT FOR THE PREVENTION OF SUICIDE BY HANGING AND ASPHYXIATION

Policy Details	
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Related Policies & other documents	CLP021 Working With Risk Policy, CRM002 Incident Policy, CLP008 Observation Policy, CLP041 Safe use of ligature Cutters, HSC002 Policy and Guidance for the use of Risk Registers, HSC005 Workplace Policy, CLP057 Searching Service Users and Visitors, CLP027 National Recommendations Policy
Freedom of Information category	Policy

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1.   DOCUMENT CONTROL SUMMARY

Document Title	**ENVIRONMENTAL RISK ASSESSMENT AND MANAGEMENT FOR THE PREVENTION OF SUICIDE BY HANGING AND ASPHYXIATION**
Document Purpose	To describe how the Trust assesses and manages environmental risks for self harm and suicide including ligatures, ligature points and plastic bags within mental health and learning disability inpatient units. Areas used by service users e.g. waiting rooms, clinics.
Status: - New / Update/ Review	New
Areas affected by the policy	All inpatient wards within the Berrywood Hospital, Forest and Welland Centre
Policy originators/authors	Christian Winter / Justina Bryan
Consultation and Communication with Stakeholders including public and patient group involvement	Safer Services Group Matrons of In-patient Units Carer and Service User Group - Welland
Archiving Arrangements and register of documents	The Risk Management Team is responsible for the archiving of this policy and will hold archived copies on a central register
Equality Analysis (including Mental Capacity Act 2007)	See Appendix 4
Training Needs Analysis	See Section 7
Monitoring Compliance and Effectiveness	See Section 8
Meets national criteria with regard to	
NHSLA	*N/A*
NICE	*N/A*
NSF	*N/A*
Mental Health Act	*N/A*
CQC	*N/A*
Other	*NPSA- Preventing Suicides Toolkit*
Further comments to be considered at the time of ratification for this	
If this policy requires Trust Board ratification please provide specific details of requirements	

2. INTRODUCTION

This document sets out the Northamptonshire Healthcare NHS Foundation Trust's approach to managing environmental risks for suicide and self harm within mental health and learning disability inpatient units (including waiting areas). It forms a component part of managing overall clinical risk and incorporates:

- The bi-annual environmental risk assessment of ligature points within in-patient units, and other areas operated by the Trust accessed by service users who may be at risk of suicide. It includes undertaking a review of the area to identify:
    - o structures or fittings which could be used in suicide by hanging or strangulation
    - o obstructions to observing high-risk patients
    - o identifying potential ligatures
    - o identifying other risks for self harm or suicide in the environment
- The process for evaluating and managing identified risks.
- Protocol for removing personal items which could be used as a ligature (Appendix 3)
- NHFT Equality Analysis Tool (Appendix 4).

The policy links with other Trust policies and procedures and risk assessment processes and takes account of:

- - The service user group in a unit and its environment
- - The physical characteristics of a unit and its environment
- - The ligature points in a particular unit and its environment
- - The operational policies on the unit related to the assessment and management of risk
- - Individual clinical risk assessment and care planning processes
- - Therapeutic and positive risk-taking

A strict policy on the removal of ligatures in a unit may be inappropriate for a particular service user group, but necessary because the physical environment offers many ligature points and observation is difficult. Equally removal of ligature points may be inordinately expensive or physically impossible in a particular unit, which would lead to either stricter operational policies or consideration as to whether the unit was suitable for the patient group it is being used for.

This policy should be read in conjunction with 'Policy and Guidance for the Use of Risk Registers' HSC002 and 'The Workplace Policy' HSC005. These documents outline the procedure for undertaking a health and safety risk assessment and escalating an uncontrolled risk to the risk register.

This policy should also be used in conjunction with the Trust's Working with Risk Policy CLP021 to ensure a consistent approach to Risk Assessment and Risk Management with service users using the 'Working with Risk' Tools and implementation of the DH guidance 'Best Practice in Managing Risk'.

3. PURPOSE

Hanging is the most frequent method of suicide in inpatient areas (NPSA 2001). 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.

1. In 2000, the report of the Chief Medical Officer, 'An organisation with a memory', instructed Mental Health Trusts to take steps to remove all non-collapsible bed and shower curtain rails in psychiatric in-patient settings by 2005 and to reduce the number of suicides by this method to zero. Hanging incidents involving collapsible rails are now classified as 'Never Events'.

2. Department of Health (DOH) Safety Alert Bulletins (SABs) available on the DOH website have all highlighted issues related to ligature points following actual incidents in mental health inpatient units.

3. The 'Preventing Suicide: A toolkit for Mental Health Services' produced by the National Institute for Mental Health (NIMHE 2009) was used by the Healthcare Commission as a monitoring indicator against the national target for suicide prevention rates. This toolkit sets out eight standards for suicide prevention and describes a process by which audits against these standards may be carried out. The Trust has used this to inform its annual suicide audit process. Standard two: in-patient suicide prevention includes:
     i. Wards are audited at least annually to identify and minimise opportunities for hanging or other means by which patients could harm themselves.
     ii. Likely ligature points on in-patient units have been removed or adapted to reduce likelihood of use.
     iii. A protocol has been developed to allow potential ligatures to be removed from patients at high risk of suicide.
     iv. Environmental difficulties in observing patients are made explicit and remedial action is taken as far as possible.
     v. Observation policy and practice reflects current evidence about suicide risk.
     vi. Patients under any form of increased observation are not allowed leave or time off the ward without supervision.
     vii. All inpatient units have a single main exit
     viii. Staff remain more vigilant when service users are within potentially high risk areas such as bathrooms and gardens.

4. The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness report has highlighted that inpatient suicides are considered by health professionals to be the most preventable. The 2001 report Safety First showed that the use of bed and curtain rails was the commonest method of suicide amongst mental health In-patients.

Safety is the centre of all good health care, and a systematic approach to risk assessment and risk management is essential. In mental health this is particularly challenging due to the nature of some of the risks presented by service users, including the risk of suicide and self harm. The Trust is committed to patient safety and ensuring inpatient units and other Trust areas provide a safe environment.

Clinical risk assessment is complex and involves assessment of the risks an individual presents in the context of their environment. In the context of an inpatient environment this includes the buildings and fittings, the items the person has access to and other people. There is no way of creating a completely risk and ligature free environment that does not also adversely impact on other key principles of providing mental health care, including privacy and dignity, recovery and positive risk taking. Clinical risk in in-patient environments will be managed through individual risk

assessment, formulation and care planning involving the appropriate use of observation and engagement, including the use of positive risk-taking.

The organisation is committed to identifying, removing or managing potential ligature points and other risks for suicide and self harm on premises managed by the Trust and in particular in-patient areas in line with national best practice and guidance. This is supported by local risk registers and ligature point audits.

4.   DEFINITIONS

Term	Definition
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 stitching) 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 point	Anything that could be used to attach a cord, rope or other material for the purpose of strangulation.
Clinical risk	Risks which may impact on the safety or wellbeing of service users – through individual care delivery or through service delivery. The risk assessment needs to take into account a range of factors including the environment, mental state and risk history.
Environment	The external surroundings conditions in which a person interacts. This could be the physical or built environment – the actual buildings, fittings etc and the social environment. Personal possessions may also need to be taken into account including clothing.
Ligature Cutter	A hooked knife tool used to release a ligature safely.

5.   DUTIES

Directors

The Chief Operating Officer has overarching responsibility for the development, implementation and review of this policy on behalf of the Chief Executive. Ensuring that any unacceptably high risks are recorded on the appropriate service risk register/s and brought to the attention of the Trust Board for consideration.

The Director of Compliance and Governance will ensure that new safety alerts are distributed and the required actions taken within the defined timescales. This process will be delegated to the Trust officer with responsibility for distributing safety alerts and bulletins.

The Director of Nursing, AHP's & Quality will monitor the compliance with audits through the Safer Services Group.

The Head of Estates

Following the environmental assessment, the Head of Estates will:
- Advise on the practicalities of ligature point removal or other required change to buildings and structures
- Oversee the prioritised programme for ligature point removal
- Advise if the level of work such as ligature point removal is so expensive that the question arises of whether a services should be a in a particular facility or not.
- Oversee and advise on the specification of all new building works to ensure that they are appropriately ligature complaint, have stipulated single main exit and adequately consider design to enhance observation.

Safer Services Group

The Trust's Safer Hospitals and Environment Group meeting is responsible for the implementation of policies relating to self harm and suicide prevention and ensuring that they are monitored across the Trust.   A primary function of the group is to advise the Chief Operating Officer of recommendations and in particular any changes in legislation and evidence based requirements regarding suicide prevention. The group will review all ligature audits completed across the trust at a minimum of bi-annually.

Resuscitation Officer

The Resuscitation Officer will support and monitor the implementation of the Policy for the Safe Use of Ligature Cutters (CLPr008) and will provide guidance/training on the clinical management of choking and asphyxiation incidents.

Heads of Hospital North and South

For their respective area of responsibility, the Head of Hospitals will:
1. Ensure all staff are made aware of the relevant policies and procedures.
2. Commission and coordinate the bi-annual environmental assessment and audit process in the appropriate clinical areas, to ensure:
3. Ensure that all appropriate units and areas are assessed at least bi-annually
4. Approve all audits within one month of completion and sign a front sheet (Appendix 2) indicating the audit is approved as robust.
5. Ensure that safety alerts and bulletins are circulated to the appropriate staff and that these are actioned and responded to as necessary.
6. Ensure that any unit identified to have an unacceptably high level of risk is included in the relevant risk register including mitigating action being taken, and that this is brought to the attention of the Trust Board for consideration.

Senior Matron / Ward Matron

The Senior Matron / Ward Matron will ensure that:

1. All staff are made aware of relevant policies and procedures and their responsibilities in relation to them.
2. There is constant vigilance and observation to identify and assess potential risks.
3. That safety alerts relevant to suicide risks in Trust premises lead to an assessment of risk, that actions are taken as necessary and a response sent to the Trust officer with responsibility for safety alerts within the required timescales as required.
4. That all relevant staff have completed Health and Safety and Risk Register training.
5. Assessments are undertaken in all identified units and service areas at least bi-annually as required and that the assessment covers the issues identified in both past and recent safety alerts.
6. Completed risk assessments are fully completed and returned as required.
7. Actions are taken as necessary to manage the risk and/or alert the Head of Hospitals.
8. Any identified issues of immediate concern receive particular attention
9. A paper record of the audit is retained on the ward and has a completed front sheet as per appendix 2
10. Specialist advisers (such as the infection control nurse) are involved where a managing a suicide risk may impact on other safety issues.
11. Ensure that any adverse incidents or near misses, including those involving ligatures in an inpatient setting, are reported according to the Trust Incident Policy (CRM002) and recorded on Datix and investigated accordingly.
12. Approve all audits within one month of completion and sign a front sheet (Appendix 2) indicating the audit is approved as robust.

All clinical staff involved in face-to-face service user contact

1. All staff will ensure they are aware of relevant Trust policies and the impact it will have on their practice.
2. Constant vigilance and observation to identify and assess potential risks; clinical staff are expected to be alert to any other potential environmental risks for suicide that may be identified during practice potential suicide risks and if a new risk is identified to:
   - Assess the level and likelihood of risk and take action to manage this risk and make the area as safe as possible at the time; for example by managing either the environmental risk (e.g. by isolating it) or managing the person's risk (e.g. through increased observation).
   - Alert the responsible manager for advice and action as soon as possible
   - Search all property of service users in line with the 'Searching Service Users and Visitors Policy' CLP057 according to a person's risk assessment.
3. Report all adverse incidents and near misses in accordance with the Trust Incident Policy (CRM002).
4. Will access clinical risk management training that is commensurate with their role.

The Trust Health and Safety Lead

The Trusts Health and Safety lead will;
1. Ensure that new safety alerts are distributed in a timely way and those responses are monitored and recorded.

The Risk Department

The Risk Department will:
1. Collate incident reports across the Trust.
2. Identify and report on trends of incident types.
3. Monitor Serious Incident action plan implementation.
4. Fulfil any external reporting requirements.

6.   PROCESS

All in-patient wards or units, and other areas operated by the Trust which are accessed by service users who may be at risk of suicide will develop and maintain a culture of monitoring in which there is constant vigilance and observation to identify and assess potential risks

Undertaking an Environmental Suicide and Ligature Point Risk Assessment

The Trust requires that an environmental audit of ligature risks is undertaken on a bi-annual basis.

The purpose of this assessment process is to ensure that:
   a. Environmental risks for suicide and self harm are identified, taking into account a range of factors including safety alerts
   b. Identified risks can be assessed and evaluated as objectively as possible, taking into account a range of risk factors.
   c. Management actions can be agreed and implemented appropriate to the level of risk identified through the above process

This assessment will cover adjacent areas such as corridors, rest rooms, bathrooms and outdoor areas used by service users in the facility.

The assessment will undertake a review of the areas to identify:

   - Risks identified in existing safety alerts.
   - Structures or fittings which could be used in suicide by hanging or strangulation
   - Potential ligatures
   - Obstructions to observing
   - 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.

The assessment should be undertaken by the lead for Health and Safety in the environment in line with the Health and Safety policy. It is a requirement that a 'team' made up of two or more people including, at least one external from the ward area should assess the risk. The risk assessments will be entered on Datix and a ligature audit report created. Once the audit is completed in Datix, a paper copy will be retained on the ward so that it can be assessed or referred to at any time by any member of staff or for inspection purposes. A front sheet will then be completed indicating when the audit was completed and by whom. This will then be escalated to the Senior Matron / Senior Matron and the Head of Hospitals for approval. All staff should be aware of the ligature risks and they will be cascaded through induction, supervision and staff meetings. Health and Safety and Risk Register training is required by at least one member of the team undertaking the assessment.

ii. In addition to the bi-annual assessment assessments will be undertaken:
   a. When changes to an identified area are planned, consideration of the risks for suicide will be included throughout the planning process and *an environmental assessment undertaken on completion.*
   b. Following receipt of a new safety alert relating to environmental suicide risks on Trusts premises an *environmental assessment of that risk will be undertaken immediately.*

Decisions and actions to manage identified risks following an Environmental Suicide & Ligature Point Risk Assessment

i. Following the environmental assessment any uncontrolled or inadequately controlled risks will be escalated to the operational management who will review the information from the assessment process and:
   a. Assess and evaluate all identified risks as objectively as possible, taking into account a range of risk factors.
   b. Decide whether the appropriate response is a change in operational procedures on a unit and/or removal of the identified risk e.g. ligature point removal.
   c. Agree and implement management actions appropriate to the level of risk identified through the above process

ii. Decisions about actions requiring changes to buildings or fittings will be discussed in the Safer Services Group.

iii. The outcome will be communicated back to staff at ward or unit level, with an explanation as to what action will be taken and why.

iv. Coordination of the sharing of relevant learning outcomes will be shared across the organisation by the Risk Department.

Protocol to support good practice in assessing and removing personal items which could potentially be used as a ligature

Individual service users may have personal items which could present a risk for suicide - such as clothing which could be used as a ligature. The Trust has developed a protocol to support staff in taking decisions relating to assessing and removing these items (appendix 2). This protocol should be read in conjunction with the Policy for Searching of Service Users and Visitors (CLP057).

7.   TRAINING

7.1   Mandatory Training
All clinical staff that complete clinical risk assessment must have completed training in the use of the Working with Risk Assessment tools at a minimum interval of 3 years.

All registered nursing staff working within the Berrywood Hospital and Welland Centre will complete STORM training which includes modules on Suicide prevention.

All staff that complete the ligature audit and risk assessments must have completed the Health and Safety and Risk Register training.

All clinical staff working in in-patient units should be trained in line with the 'Searching Service Users and Visitors Policy' CLP057.

7.1   Specific Training not covered by Mandatory Training
Not applicable to this document

8   MONITORING COMPLIANCE WITH THIS DOCUMENT

The table below outlines the Trusts' monitoring arrangements for this document. The Trust reserves the right to commission additional work or change the monitoring arrangements to meet organisational needs.

Aspect of compliance or effectiveness being monitored	Method of monitoring	Individual responsible for the monitoring	Monitoring frequency	Group or committee who receive the findings or report	Group or committee or individual responsible for completing any actions
Duties	To be addressed by the monitoring activities below.				
Completion of environmental ligature audits	*All clinical areas/wards will complete a ligature assessment bi annually*	*Senior Matron*	*Bi-annually.*	*Safer Services Meeting*	*Chief Operating Officer*
Working With Risk Training	Training will be monitored in line with the Statutory and Mandatory Training Policy.				
Searching Service Users & Visitors	Training will be monitored in line with the Statutory and Mandatory Training Policy.				
Where a lack of compliance is found, the identified group, committee or individual will identify required actions, allocate responsible leads, target completion dates and ensure an assurance report is represented showing how any gaps have been addressed.					

9   REFERENCES AND BIBLIOGRAPHY

National Confidential Inquiry into Suicide and Homicide by People with Mental Illness Annual Report (July 2011)
http://www.medicine.manchester.ac.uk/mentalhealth/research/suicide/prevention/nci/inquiryannualreports/Annual_Report_July_2011.pdf

The National Suicide Prevention Strategy for England (DoH 2002)
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4009474

Preventing Suicide in England (September 2012)
A cross government outcome strategy to save lives

National Patient Safety Agency, Preventing suicide - A toolkit for mental health services (NPSA 2009)
http://www.nrls.npsa.nhs.uk/resources/?EntryId45=65297

National Patient Safety Agency, Preventing suicide - A toolkit for mental health services (NPSA 2009)
http://www.nrls.npsa.nhs.uk/resources/?EntryId45=65297

NICE Clinical Guideline 16: Self Harm (NICE 2004) http://www.nice.org.uk/CG16

Preventing suicide - A toolkit for community mental health (NPSA 2011)
http://www.nhsconfed.org/Documents/Preventing-suicide-toolkit-for-community-mental-health.pdf
Use of plastic bags for self harm – Signal alert (March 2011)
http://www.nrls.npsa.nhs.uk/resources/type/signals/?entryid45=130187

NPSA Signal "Wardrobes used as ligature points", (September 2009)
http://www.nrls.npsa.nhs.uk/resources/?EntryId45=62535

10   RELATED TRUST POLICY

- *Working With Risk Policy CLP021*
- *Incident Policy CRM002*
- *Observation Policy CLP008*
- *Safe use of ligature Cutters CLPr008*
- *Policy and Guidance for the use of Risk Registers HSC002*
- *Workplace Policy HSC005*
- *Searching Service Users and Visitors CLP057*
- *National Recommendations Policy CLP027*

11   AREAS EXPECTED TO HAVE A SITE WIDE LIGATURE AUDIT OF ACCESSIBLE AREAS

- St. Mary's Hospital
- Berrywood Hospital
- Campbell House
- Clarendon House
- Danetre Hospital

Areas expected to have internal ligature audits are:
1. All wards at The Welland Centre
2. All ward at the Berrywood Hospital
3. All Wards at the Forest Centre
4. The Sett

12   Other in-patient areas:

There are other in-patient areas that are not covered by this policy such as physical rehabilitation wards and hospices. These areas should undertake ligature audits annually and when work is completed. The cost and practicalities of changes to these environments may be prohibitive however areas should consider using observations in line with the CLP 008 Observation policy to manage risk when looking after a person who has mental health needs in conjunction with physical needs.

Environmental ligature audit guidance

1. Purpose

i. The purpose of this assessment and audit process is to reduce the risk of suicide and self harm in patient units and other areas managed by the Trust.

ii. Any risk assessment is only truly valid for a point in time or for a long as the risk factors remain the same:
- All staff should be alert to identifying new risks
- Repeat the assessment if changes are made to the environment

iii. Risk will change and vary depending on the circumstances. For example, public areas such as corridors and circulation space may be considered to be low risk during the day, when there are lots of people around, but at night present more of a risk when staffing levels are reduced and there is less activity or illumination.

iv. The assessment is for use in in-patient, day care, residential wards or units, and other areas operated by the Trust accessed by service users who may be at risk of suicide. It should be used with reference to the Trust Policy for environmental assessment and management of ligature and suicide risk.

v. The built environment is only one factor to be continually assessed and managed in efforts to minimise suicide risks, and it should not be viewed in isolation from other clinical risk management measures such as observation and engagement, access to items that may be a risk e.g. clothing such as belts being used as a ligature, therapeutic activity for service users, staffing levels and skill mix. (When staffing levels and skill mix are adequate, there may be particular times when the risks are heightened e.g. during ward round, handovers or during violent or other incidents.)

2. Undertaking inspection and risk assessment

2.1
i. Risk assessments will be undertaken bi-annually.

ii. Additional assessments will be undertaken:
- If changes are made to the environment (including structural work, change of room use or change to furnishings). The assessment and safety alerts should be considered both as part of the planning process and when the work is completed.
- If a new safety alert relating to suicide risks in Trust premises is received, the assessment will focus on the new risk identified with an awareness of other potential risks. Following assessment identified risks will be highlighted to the relevant service manager for action according to the timescales defined in the safety alert. The outcome of the assessment will be communicated to the Trust's safety alerts officer within the timescale defined by the alert.

iii. Assessments will be carried out by someone with Health and Safety and Risk Register training. The assessing team must comprise of at least two or more people made up from the following:

- the ward or unit manager (or another delegated experienced member of staff from the unit).
- a senior member of staff from another unit - who can assess with a 'fresh' pair of eyes
- someone with experience of the process

2.2
EXAMPLES OF LIGATURES AND LIGATURE POINT RISKS TO CONSIDER

Ligature: anything that binds or ties – and in this context used for self-strangulation or hanging by being attached to a ligature point. Examples include: chains, linen, clothing (including belts, laces, bras, ties, tights stitching) 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 point: Anything that could be used to attach or secure a ligature for the purpose of strangulation or hanging. Examples could include shower rails, coat-hooks, water pipes, window and door frames, hinges and closures – but other potential ligature points should be considered.

Potential ligatures and ligature points	Risk control/comments
Bedsteads	Should be appropriate to the environment
Brackets, picture rails, etc.	Consider brackets and fixings – remove, box in or chase into the wall
Coat hooks	Remove all hooks including behind doors, in wardrobes etc. - and consider alternatives
Curtain rails for: Beds Windows or doors Baths and showers	Must be collapsible and have a low weight bearing capacity. Avoid beams and vertical stabilisers
Curtain tracking	Avoid gaps in fixed tracking Fit tracking flush to walls/ceilings
Curtain wires for nets / cording for blinds	Avoid the use of curtain wires - consider alternatives
Doors Door closers Door Handles	Consider design, handles, hooks, hinges, any gap between door and frame Closers should be mounted on the outside of doors on the public or staff-controlled side Protruding door handles - consider alternative design
Electrical conduits/wiring	Should be 'chased' into walls, or fitted flush to wall
Exposed pipe work and fixing	Consider height and accessibility
Hinges – doors, wardrobes, cupboards	Consider type of hinge and any gap between door and frame (e.g. consider piano hinge)
Light switch cords	Should not be nylon cord
	Consider solid pull cords
	Consider infra-red automatic switches
	Consider shortening length of cord
Patient's lockers/wardrobes	Consider hinges and removal of hanging rails
Radiators	Consider boxing in if appropriate to the environment
Shelving and fixing brackets	Consider the risks
Wardrobes	Consider design, handles, internal hooks, door closing, hinges and any gap created between
Windows and window openings	Design appropriate for the environment – consider handles, trickle vents, hinges hooks and closers etc.
Window and door weatherproof seals	Consider risk of use as a ligature on both existing, and when installing new, windows and doors.

Other environmental risks to consider:

Although hanging or strangulation is the most common method of inpatient suicide there may be other risks for suicide or self-harm present in the environment, which the risk assessment needs to consider including access to plastic bags including bin liners.

Heights
Such as stair wells, access to opening windows or roof tops.

Illuminations and observation

Fires/burns/scalds
Examples are paper items, aerosols, waste materials, ignition sources, alcohol based hand rubs

Hazardous substances
Examples are adhesives, cleaning materials, batteries, clinical waste, self administered medication, building maintenance materials.

Potential asphyxiants
Examples of these are plastic bags, aprons, bin liners and wrapping materials.

Sharps
Examples are glass/glazing, knives, needles, razors, Formica, scissors and items which can be shaped to a point e.g. plastic toothbrushes, plastic picture coverings, bank or ID cards etc.

Any other risks identified in safety alerts
Although risks identified in safety alerts have been included in this checklist new risks may be identified and should be taken into account.

3. Recording the Risk Assessment

Each identified risk will be entered onto the Datix system on a risk assessment form as described in the 'Policy and Guidance for the Use of Risk Registers' HSC002. The risk identified would be a ligature risk would be a 'ligature risk'.

4. Creating a Ligature Audit Record

To create a ligature audit record a report will need to be created and either printed or saved. The ligature audit will need to be shared with the whole team, any new members and bank/temporary staff. It should be easily accessible and reviewed regularly.

4.1 How to create a ligature audit report

How to search for Ligature Audits

1. Select **New Search** from the Risk Register menu

2. In the Risk Title type in Ligature or select from the 'drop down' menu

3. Select the search symbol (as shown)

4. If any ligature risk assessments have been completed you will get a listing as below

TO CREATE A REPORT

1. From the listing screen select 'Design a Report'
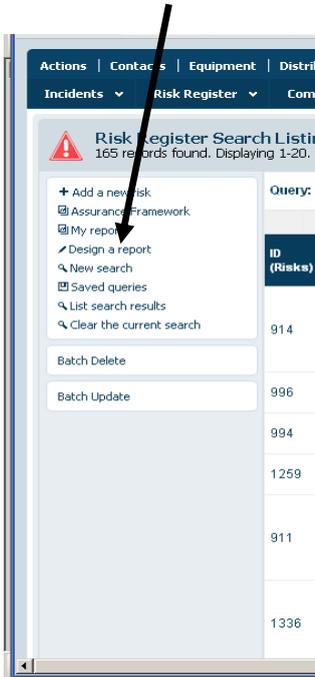
2. Complete the fields as below example, then select 'run report'
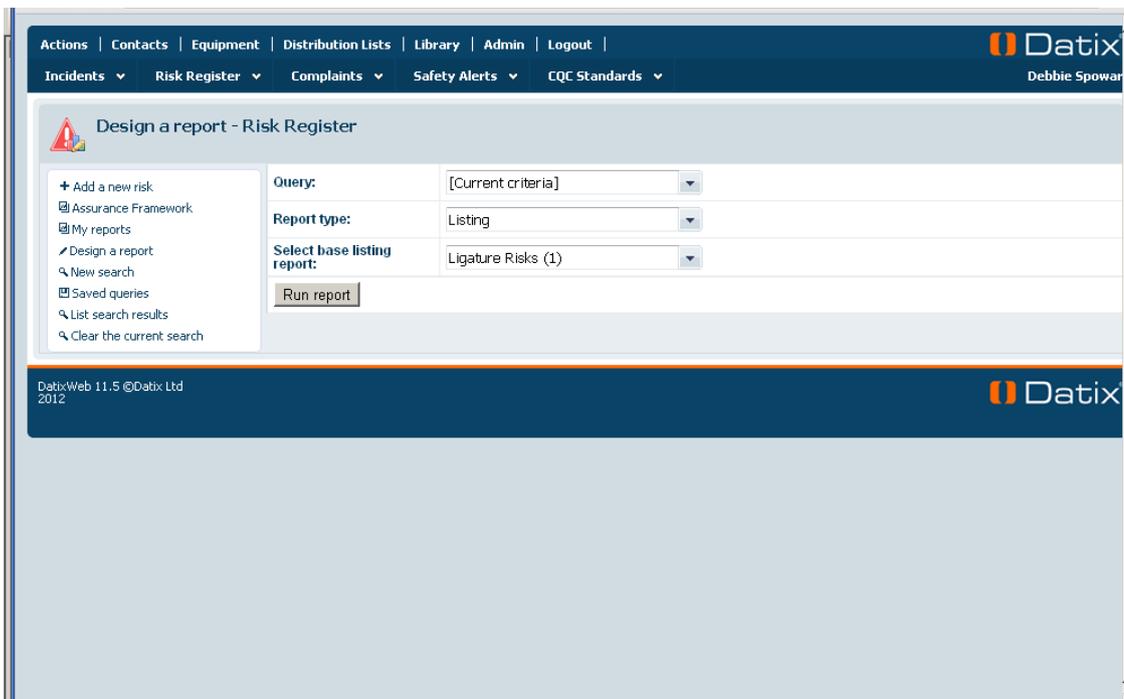
3. Once this is completed you will see the following

4. At the bottom of the screen is the option to take export the document, this will then take the information to excel.

Appendix 2: Ligature Audit Inspection Form

Ward / Unit:

Date of Current Inspection   **Date of Previous Inspection**

Current Inspection Completed by:

Name: Designation:

1. Ward Unit Personnel:

Name: Designation:

2. External Person: (ie. From another ward)

Name: Designation: Base:

3. This audit has been checked by an approved by the Senior Matron for this area:

Name: Designation: Base: Signature: Date:

4. This audit has been checked by an approved by the Head of Hospitals for this area:

Name: Designation: Base: Signature: Date:

Protocol for removing personal items which could potentially be used as a ligature

Introduction

Personal items such as clothing can be used as a ligature for hanging or self strangulation. This protocol describes the Trust's approach to assessing and managing the potential risk of self harm or suicide from personal items including clothing, such as belts, cords and laces, in inpatient environments. This includes when it will be appropriate to remove items from the person to manage the risk.

It is potentially a highly sensitive matter to remove someone's possessions. This will only be done after careful assessment and if this is to be done, it should normally be with the consent of patients and their full understanding of the rationale.

Purpose

The Trust recognises the need to balance effective clinical risk management against issues of privacy, dignity and the need to take positive therapeutic risk. This protocol is intended to clarify practice in relation to assessing and managing the risks presented by personal items. It will be considered in conjunction with related policies and procedures, and in particular:

- Observation Policy (inpatients) CLP008
- Search Policy CLP057
- Working With risk Policy CLP021
- Prevention of Suicide by Hanging and Asphyxiation Policy

Context

Clinical risk assessment involves assessment of the risks an individual presents in the context of their environment. The environment includes the buildings and fittings, other people, and the clothing and personal items to which the person has access.

There is no way of creating a completely ligature free environment that does not involve removing every potential ligature from every inpatient (or even visitor) to an inpatient unit. Attempting to ensure that all individual service users are completely "ligature free" would, in theory, require many items of clothing to be given up. This is completely unrealistic and undesirable for wide application and would adversely impact on other key principles of providing mental health care including privacy and dignity, recovery and positive risk taking.

There may be rare occasions where a clear and present clinical risk is evidenced, where it may be appropriate to remove identified ligatures from individuals e.g. where they have a clear history (or expressed intention) of using particular ligatures or personal items or have a history of using belts as ligatures etc. However, the Trust recognises that staff will need to consider and balance clinical risk management against issues of privacy, dignity and the need to take positive therapeutic risk.

Definition of a ligature

The notion of what constituted a ligature in this context has been considered. Whilst concern was raised specifically about belts, cords and laces, individuals could cite many examples of other items of clothing being utilised as ligatures, including underwear.

Principles for assessing and managing ligature risks from personal items

1. The Trust recognises the need to balance clinical risk management against issues of privacy, dignity and the need to take positive therapeutic risk.

2. Service Users and their families and carer's should be involved, wherever practicable, in managing risks.

3. The Trust does not routinely remove potential ligatures such as belts/laces from individuals admitted to its inpatient areas. Each individual will have an assessment of risk which will inform any decisions about what items they will have access to; this will include ligatures.

4. Where a clear clinical risk is evidenced, it may be appropriate to remove particular items from an individual e.g. belts, shoes laces, underwear etc.

5. The key to decision-making about these potential risks is effective clinical risk assessment, formulation and management

Privacy and dignity

Staff will need to consider and balance clinical risk management against issues of privacy, dignity and security wherever possible.

Involvement of service users and carers in managing risk

The ongoing involvement and experience of service users and carers in the management of their own (or relatives) levels of risk is crucial to effective partnerships in care delivery. Staff should be reminded not to disclose the

source of information that the service users family, friends or carers have shared with them regarding current or historical risk.

The Process

1. Where the Working with Risk 1 identifies that a service user is at risk of tying a ligature consideration should be given to means and methods identified through historical events and/or plans.

2. If the team identifies that personal items could be used then steps should be taken to remove personal items. This should be done with the service user and reassurance given that if an item is needed then it will be risk assessed and strategies put in place based upon the risk assessment.

3. Before returning items to the service user a Working with Risk 3 will be completed with the service user. If the risk persists then the decision can be taken to not return items.

4. Care Plans will be updated to address any identified risk for service users and the removal of items.

5. The service user's risks will be reviewed on a daily basis regarding removed personal items.

6. Removed personal property will be labelled, recorded as held by ward/department and kept securely.

APPENDIX 4 – NHFT EQUALITY ANALYSIS TOOL

TITLE:
PREVENTION OF SUICIDE BY HANGING AND ASPHYXIATION ENVIRONMENTAL ASSESSMENT AND MANAGEMENT

What are the intended outcomes of this work?
To describe the Trust's approach to assessing environmental safety in relation to suicide risk.

Who will be affected? All staff and service users

Evidence

What evidence have you considered?

National Confidential Inquiry into Suicide and Homicide by People with Mental Illness Annual Report (July 2011)
http://www.medicine.manchester.ac.uk/mentalhealth/research/suicide/prevention/nci/inquiryannualreports/Annual_Report_July_2011.pdf

The National Suicide Prevention Strategy for England (DoH 2002)
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4009474

National Patient Safety Agency, Preventing suicide - A toolkit for mental health services (NPSA 2009)
http://www.nrls.npsa.nhs.uk/resources/?EntryId45=65297

 National Patient Safety Agency, Preventing suicide - A toolkit for mental health services (NPSA 2009)
http://www.nrls.npsa.nhs.uk/resources/?EntryId45=65297

NICE Clinical Guideline 16: Self Harm (NICE 2004) http://www.nice.org.uk/CG16

Preventing suicide - A toolkit for community mental health (NPSA 2011)
http://www.nhsconfed.org/Documents/Preventing-suicide-toolkit-for-community-mental-health.pdf
Use of plastic bags for self harm – Signal alert (March 2011)
http://www.nrls.npsa.nhs.uk/resources/type/signals/?entryid45=130187

NPSA Signal "Wardrobes used as ligature points", (September 2009)
http://www.nrls.npsa.nhs.uk/resources/?EntryId45=62535

Disability
Policy is consistent with Equality Act 2010. People with mobility aids would require individual risk assessment.

Sex
Policy is consistent with Equality Act 2010. Consideration will be given through individual risk assessment of privacy and dignity.

Race
Policy is consistent with Equality Act 2010

Age
Policy is consistent with Equality Act 2010. Individual Risk assessment would inform implementation.

Gender reassignment (including transgender)
Policy is consistent with Equality Act 2010. Individual Risk assessment would inform implementation.

Sexual orientation
Policy is consistent with Equality Act 2010.

Religion or belief
Policy is consistent with Equality Act 2010. Individual Risk assessment would inform implementation. Consideration would be given to items of religious significance.

Pregnancy and maternity
Policy is consistent with Equality Act 2010

Other identified groups
Frail, elderly, dementia

Engagement and involvement

How have you engaged stakeholders in gathering evidence or testing the evidence available?
Trust Policy is based on findings of national research which includes qualitative data on patient experience in relation to suicide prevention.

How have you engaged stakeholders in testing the policy or programme proposals?
Policy has been shared with and approved by the Trust's Safer Services Group. It has been reviewed by the Carer & Service User Involvement Group (The Welland Centre).

For each engagements activity, please state who was involved, how and when they were engaged, and the key outputs
Not Applicable

Summary of Analysis

Policy is compliant with the Equality Act 2010. The application of the protocol to remove personal items may need individual risk assessment based on the individual factors and prevalence of behaviour.

Eliminate discrimination, harassment and victimisation

Advance equality of opportunity

Promote good relations between groups

What is the overall impact?	26
None	

Addressing the impact on equalities
None

Action planning for improvement
None
Please give an outline of your next steps based on the challenges and opportunities you have identified. Include here any or all of the following, based on your assessment

For the record
Name of person who carried out this assessment: Christian Winter
Date assessment completed: 1.3.13
Name of responsible Director: Richard McKendrick
Date assessment was signed:

ACTION PLAN TEMPLATE

This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your policy.

Category	Actions	Target date	Person responsible and their Directorate
Involvement and consultation	Service User and Carer group – Welland Safer Hospital Group		
Data collection and evidencing			
Analysis of evidence and assessment			
Monitoring, evaluating and reviewing			
Transparency (including publication)			