



---

# Acacium Group

# Ligature Management Policy

Policy Reference | CLIN 44

Version | V2.1

<b>Policy Name</b>	Ligature Management Policy
<b>Purpose of Document</b>	This Policy sets out Acacium Group's approach to ensuring, where required, that ligature points are identified, assessed for level of risk and managed by all staff.
<b>Target Audience</b>	All Acacium Group workers.
<b>Version</b>	V2.1
<b>Author</b>	S Jolley
<b>Date of Approval</b>	June 2017
<b>Published Date</b>	June 2017
<b>Lead Director</b>	Karen Matthews-Shard
<b>Review Frequency</b>	4 yearly
<b>Last Reviewed</b>	November 2024
<b>Next Review Date</b>	November 2028
<b>Risk and Resource Implications</b>	Risk of client /service user injury Training resource
<b>Associated Strategies and SOPs</b>	CORP 10 Policy on Policies CLIN 27 Death and Last Offices Policy CLIN 01 Clinical Risk Management Policy CORP 06 Environmental Policy CORP 05 Health and Safety Policy ORG 04 Incidents Reporting Policy CLIN 18 Manual Handling policy CLIN 19 Resuscitation Policy SOP RESUS 01 Resuscitation Adult Basic Life Support SOP RESUS 02 Resuscitation Paediatric Life Support SOP RESUS 03 Recovery Position SOP GEN 16 Death and Last Offices
<b>Equality Impact Assessment (EIA) Form</b>	Acacium Group is committed to Equality, Diversity and Inclusion and in line with our values, we strive to ensure that everyone that is part of the Acacium community is not disadvantaged or discriminated against given their individual need or characteristics. To support this, an Equality Impact Assessment has been undertaken on this policy/procedure. This information is held centrally and can be requested from the Clinical Governance Team.
<b>About Acacium Group</b>	Details of all Acacium Group trading companies that this policy applies to are detailed within Appendix A

<b>Legislation</b>	Legislation and Guidance pertinent to this policy can be found within Appendix B
--------------------	--

Document History			
Version	Date	Changes made/comments	By whom
V1	June 2017	Draft V1	KNF/SJ
V1	Nov 2017	Updated to include new TCS bio brand description page.	LB/MS
V1	Mar 2018	Updated front sheet to include new review frequency date.	KMS/MS
V1.1	Apr 2019	Implementation of new policy template	SJ
V1.2	Dec 2020	4 yearly review	Clinical Advisory Group
V1.3	Oct 2020	Update re Rebrand	CCR/CC
V1.4	Jan 2021	Update re Rebrand 2	CC
V1.5	Apr 2021	Added CHS brand	CC
V1.6	May 2021	Review	Clare Metcalfe and Clinical Advisory Group
V2.0	Jan 2024	Rebrand	Clinical Advisory Group
V2.1	Nov 2024	Reviewed and updated	Clinical Advisory Group

## Table of Contents

1. Introduction .....	6
2. Purpose and Policy Statement.....	6
3. Definitions .....	7
4. Roles & Responsibilities .....	7
5. Risk Management .....	9
6. Risk Reduction Strategy .....	9
7. Ligature Point Assessment.....	10
8. Ligature Point Rating.....	11
9. Training .....	11
10. Implementation Plan.....	11
11. Associated Policies / SOPs.....	12
12. References.....	13
Appendix A: About Acacium Group.....	14
Appendix B: Legislation .....	15
Appendix C: Ligature Risk Assessment .....	18

## 1. Introduction

- 1.1 Ligaturing is the most frequently used method of suicide and/or attempted suicide for mental health service users, whether in-patient or community based. This policy is intended to address the environmental issues.
- 1.2 Ligaturing may involve suspending the body from a high ligature point e.g. Hanging although many deaths also occur through asphyxiation or strangulation, without suspension of the body, using a ligature point below head height or the use of a ligature which is not attached to a fixed point.
- 1.3 A significant proportion of suicides are believed to occur through impulsive acts, using what may be seen as reasonably obvious ligature points. Because of this data, the Cross-Government Suicide Prevention Workplan Jan 2019 states that likely ligature points in mental health service environments should be removed or covered.
- 1.4 Where it is not possible to remove structures identified as ligature points such as in a client's home or where obstructions to the observation of clients have been identified, the Company will adopt other risk controls including advising on changes to buildings, fittings, operational management and clinical management of the client where possible.
- 1.5 Death by hanging from non-collapsible rails as an inpatient in a hospital setting is a National Patient Safety Agency (NPSA) "never event". Never events are serious, largely preventable patient/client safety incidents that should not occur if the available preventative resources have been implemented.
- 1.6 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 must be made about the likelihood of something being used as a ligature point.
- 1.7 Equally, there may be some potential ligature points that need to remain, as removing them will create a greater risk to the client e.g. grab rails in disability accessible rooms. Operational management systems need to be in place for these areas / equipment / clients at risk.
- 1.8 This policy should be seen as an integral part of other measures to reduce the risk of suicide. Clinical risk assessment, observation and engagement form part of the overall strategy for managing ligature risk and client safety.

## 2. Purpose and Policy Statement

- 2.1 This policy intends to address the environmental and clinical risks posed within a service that could assist a client attempting suicide using a ligature.
- 2.2 This policy does not cover other risk factors in suicide prevention. This policy includes guidance, plus a risk assessment for assessing potential ligature points and ligature risks in a person's environment. The person completing this can record the assessment findings and add in the document an action plan.
- 2.3 Where ligature points are identified action must be taken. Actions can include management/operational/clinical solutions or physical solutions that will be funded through planned preventative maintenance (PPM) or the CCG.

- 2.4 The policy aims to ensure that the appropriate level of operational management of ligature risk is maintained for the safety of clients/service users and prevention of suicide; and that appropriate technical advice is sought and action taken regarding the specification of anti-ligature fixtures and fittings within the community.
- 2.5 Acacium Group values its workers and will take all reasonable steps to secure the health and safety of workers.
- 2.6 Acacium Group is committed to identifying, removing or managing potential ligature points and other risks for suicide and self-harm where possible.
- 2.7 This policy should be seen as an integral part of other measures to reduce the risk of suicide. Risk assessment, observation and engagement form part of the overall strategy for managing ligature risk and worker safety.

### 3. Definitions

Definition	Explanation
Ligature Point	A ligature point is any point which is load bearing (for the purposes of this policy able to support over 40 kg plus any height) that can be used to tie or secure a cord, sheet or other tether that can then be used as a means of hanging. Collapsible fittings are typically designed to collapse when weights in excess of 40 Kg are applied.
Ligature (noun)	An item that can be used for tying or binding something tightly. Any item that when placed around the neck can restrict the airway. The item can be used with a ligature point or independently.
Ligature (verb)	To use an item placed around the neck to restrict the airway or to restrict blood flow with the intention of causing bodily (self)-harm.
Risk Assessment	A careful examination of what in the practice and areas, could cause harm to people or the organisation so that the individual or organisation can weigh up whether they have taken enough precautions or they should do more.
Ligature Cutter	Purpose specific and single use items for cutting ligatures. They must not be used for any other purpose than dealing with emergency situations involving ligatures

### 4. Roles & Responsibilities

- 4.1 The overall organisational roles and responsibilities are set out in the policy document, CORP 10 Policy on Policies Policy for drafting, approval and review of policies and SOPs.
- 4.2 The following table outlines the responsibilities of the key people involved in the effective reporting of ligatures and management.

4.3 The responsibility lies with the end client for the environment for all staff in the staffing divisions as they must adhere to and follow the Trust/organisational policy and Trust/organisational documentation.

Job Title	Responsibilities
<b>Global Clinical Director/Group Chief Nurses</b>	<ul style="list-style-type: none"> <li>• Ensure environmental and client risk assessments are undertaken by the respective teams, which identify potential ligature points, risk of self-harm using a ligature and the adequacy of the systems and clinical practices that manage these risks.</li> <li>• Ensure that ligature risk assessment findings are reported and recorded and should be entered onto the specific risk register if the risk cannot be managed. Action should be taken to rectify any significant risks in line with the risk management guidance.</li> <li>• Ensure that environmental ligature risk assessments are reviewed at least annually and on significant change (e.g. change of use, modification of the building, following a serious incident involving suicide or attempted suicide using a ligature)</li> <li>• Ensure control measures and safe systems of work are developed and implemented in accordance with this policy and related suicide prevention strategies.</li> <li>• Ensure that the process is monitored, and adequate support is provided to enable line managers to ensure they meet their responsibilities</li> <li>• Ensure that arrangements to implement this policy are devised, and reviewed</li> <li>• Play a key leadership role in developing and sustaining a pro-active culture, personal and professional responsibility for issues</li> </ul>
<b>Clinical Leads and Managers</b>	<ul style="list-style-type: none"> <li>• Managers will bring this policy to the attention of all their staff and ensure that these are observed.</li> <li>• Ensure that this policy and suicide prevention strategies are implemented within the service area of their responsibility.</li> <li>• Ensure where appropriate environmental and worker/client risk assessments are undertaken, which identify potential ligature points and potential ligature incidents of self-harm and ensuring the adequacy of the systems and non-clinical/clinical practices/ that manage these risks</li> <li>• Environmental ligature risk assessments must be reviewed annually or on significant change (e.g. change of use, modification of the building or following a serious incident involving suicide or attempted suicide using a ligature)</li> <li>• Managers should communicate any risks via their Company Director</li> <li>• Ensure control measures and safe systems of work including non-clinical/clinical practice (e.g. observations, searches etc) as necessary are developed and implemented in accordance with this policy and related suicide prevention strategies</li> <li>• Ensure ligature cutters are available and stored safely. 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</li> </ul>

	<ul style="list-style-type: none"> <li>• Ensure that all staff working with people who are a ligature risk are appropriately trained</li> <li>• To ensure that after any ligature incident a full after action review is completed to understand the reasons and any immediate actions that need to take place</li> </ul>
<b>Individual workers</b>	<p>The Health and Safety at Work Act etc 1974 states all Individual Workers have the following duties:</p> <ul style="list-style-type: none"> <li>• Every worker 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</li> <li>• Workers must take care of themselves and others at work and cooperate with the implementation of health and safety systems</li> <li>• Workers must fully understand where the ligature risks are within the environment and the observation levels documented within the behaviour support plan/care plan so risks can be managed effectively</li> <li>• Workers must ensure that they fully understand the risk assessment in place and that should there be any changes then they inform the clinical lead so a review can take place</li> </ul>
<b>Clinical Advisory Group - CAG</b>	Review policies and clinical documents for the Group in order to safeguard and improve quality in line with the Group's vision, strategic aims and in a context in which diversity is recognised and widely celebrated

## 5. Risk Management

- 5.1 Once the ligature risk rating is determined, any existing controls should be considered, and these recorded on the assessment form. The Risk Assessment Document can be found in Appendix D. These compensating actions may be sufficient to reduce the risk of the ligature to an acceptable level – this is called the residual risk.
- 5.2 Managers should consider the strategies in the table at section 8 for controlling ligature points. 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.
- 5.3 The risk assessment 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.
- 5.4 It may be possible that action is taken within the team (e.g. simply by removing a particular item that could be used as a 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, immediate escalation must be undertaken to the next tier in line with the Risk Management Policy.

## 6. Risk Reduction Strategy

- 6.1 One of more of the strategies may be employed but it is important to consider elimination is the best risk management solution.

Remedial Action	Description/Definition		
Document title: CLIN 44 Ligature Management Policy	Issue date: November 2024	Review date: November 2028	Version: 2.1

Eliminate	The risk is deemed to be of such a nature that to leave it would put the service user/client at risk. The ligature point is removed and the surface finishes made good, as it is either no longer needed or that there is no suitable alternative
Eliminate or Substitute	The risk is deemed to be of such a nature that to leave it would put the service user/client at risk. The ligature point is removed and replaced with anti-ligature equipment or materials
Substitute and Renew	The risk is deemed to be of such a nature that to leave it would put the service user/client at risk. The ligature point is engineered out and alternative innovative equipment or materials are installed
Protect	Provide materials that hide or encapsulate the potential ligature point
Operational Management	The ligature is of a nature that the manager believes it is unnecessary to remove OR There is no technical solution to the problem e.g. doors OR The need to keep the risk because of potential injury is greater than the potential of an attempted suicide, e.g. grab rails within an elderly service user's/client's toilet, collapsible curtain tracking falling down when pulled on
Clinical Management	The service user/client is managed in accordance with assessment need and risk assessment documented in the care plan

## 7. Ligature Point Assessment

7.1 Check all the areas to which service user/client has access, check all rooms systematically:

- Working each time from an identified / defined point in the room
- Check the room in the same way (up – down/ left-right) each time and adopt a systematic approach to observation of the room and checking and noting each ligature point identified

7.2 When a ligature point has been identified:

- Check if the ligature is weight bearing and not collapsible (if unsure assume it is weight bearing until tested).
- Note the designation of the room
- Note and rate the ligature point rating – see section 10
- Rate the room designation rating
- Identify the level of design observation etc
- Calculate the risk rating by multiplying the risk factors
- Consider what controls, procedures etc are utilised within the area to mitigate the risk (such as special observations, security arrangements etc). These may be sufficient and no further action is necessary. Grade the residual risk as low (managed) medium (cause for concern) or high (requiring immediate action)

- Determine if action is possible or warranted and if so, make recommendations for follow up after the initial assessment is complete to ensure they are complete and that they have been effective

## 8. Ligature Point Rating

8.1 This rating scale requires the assessor to identify potential ligature points in relation to their position in the room. As the assessor, they will be able to visualise the room as comprising of three levels of potential risks, 1, 2 and 3 (see table below):

Low Risk: 1 4.0m & above (unless accessible)
High Risk: 3 Between 1700 mm & 4 metres
Medium Risk: 2 Between 700 & 1700 mm
Low Risk: 1 Below 700 mm

## 9. Training

9.1 Acacium Group will enable their workers to participate in training in effective general care. This will be backed up in local induction programmes. The training will be proportionate and relevant to the roles and responsibilities of each worker.

9.2 The delivery of training is the responsibility of the line managers/appropriate others. It is the responsibility of the central training team to organise and publicise educational sessions and keep records of attendance.

## 10. Implementation Plan

10.1 For consultation, ratification and dissemination of this policy see CORP 10 Policy on Policies.

10.2 This policy will be implemented through:

- communication of the policy to all relevant workers
- communication of the policy to all stakeholders
- raising awareness and understanding of the policy and related processes throughout the organisation through committee meetings, Acacium Group worker's meetings, SharePoint, the website and general communication
- through Acacium Group induction programmes and related training

10.3 This policy will be implemented as part of the review of governance mechanisms and policies in Acacium Group. The Clinical Director will ensure the dissemination of this policy across the organisation.

10.4 Audit and monitoring

10.4.1 The Clinical Director will monitor compliance with this policy. See also the policy author's responsibilities in Table 2 in the Acacium Group Corp 10 Policy on Policies.

10.4.2 Processes for monitoring the effectiveness of this policy include:

- audits of specific areas of practice
- evidence of learning across the organisation
- appraisal and Personal Development Plans (PDPs)

10.4.3 The audit will:

- identify areas of operation that are covered by this policy
- set and maintain standards by implementing new procedures, including obtaining feedback where the procedures do not match the desired levels of performance
- highlight where non-conformance to procedures has occurred and suggest a tightening of controls and adjustment to related procedures
- report the results to the Senior Clinical Team and escalate to Group Chief Nurse if need be.

10.4.4 Specific elements for audit and monitoring are the:

- investigation of incidents via the Datix database in a manner appropriate to their severity
- standard of documentation
- completion of relevant action plans
- aggregation of incidents and claims
- frequency and appropriateness of logging incidents
- management of incidents according to timescales
- evidence of structured learning across Acacium Group

10.5 This policy replaces all other Acacium Group general care policies.

## 11. Associated Policies / SOPs

### Policies

- CLIN 01 Clinical Risk Management Policy
- CLIN 18 Manual Handling Policy
- CLIN 19 Resuscitation Policy
- CLIN 27 Death and Last Offices Policy
- CLIN 61 Positive Behaviour Support Policy
- CORP 05 Health and Safety Policy
- CORP 06 Environmental Policy
- CORP 10 Policy on Policies
- ORG 04 Incidents Reporting Policy

### SOPs

- SOP RESUS 01 Resuscitation Adult Basic Life Support
- SOP RESUS 02 Resuscitation Paediatric Life Support
- SOP RESUS 03 Recovery Position
- SOP GEN 16 Death and Last Offices

## 12. References

- The epidemiology and prevention of suicide by hanging: a systematic review April 2005 David Gunnell,<sup>1\*</sup> Olive Bennewith,<sup>1</sup> Keith Hawton,<sup>2</sup> Sue Simkin<sup>2</sup> and Nav Kapur<sup>3</sup> International Journal of Epidemiology 2005;34:433–442
- Care Services Improvement Partnership (CSIP) 2006  
[http://www.mentalhealthlaw.co.uk/Care\\_Services\\_Improvement\\_Partnership](http://www.mentalhealthlaw.co.uk/Care_Services_Improvement_Partnership)
- National Suicide Prevention Strategy for England, Preventing suicide in England A cross-government outcomes strategy to save lives September 2012
- Care Services Improvement Partnership (CSIP) 2006
- HQIP - NATIONAL CONFIDENTIAL INQUIRY into Suicide and Safety in Mental Health Annual Report 2018
- Preventing Suicide by Hanging and Asphyxiation: Ligature Audit Tool (Greater Manchester West NHS Foundation Trust) 2009
- National Patient Safety Agency (NPSA) National Reporting and Learning Service (NRLS) Preventing Suicide – A Toolkit for Mental Health Services: 2009
- Health and Safety at Work etc Act 1974
- Management of Health and safety at Work Regulations, 1999
- Care Quality Commission March 20 CQC Brief guide: Ligature points
- The Office for National Statistics (2015) Suicides in the United Kingdom, 2013
- Registrations. London: The Office for National Statistics  
DoH Cross-Government Suicide Prevention Workplan Jan 2019 -  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/772210/national-suicide-prevention-strategy-workplan.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/772210/national-suicide-prevention-strategy-workplan.pdf)
- NPSA Preventing suicide A toolkit for community mental health 2011
- NICE Self-harm **Quality standard [QS34] Published date: 28 June 2013**
- NICE Self-harm: longer-term management Updated March 20
- NMC Code of Conduct

## Appendix A: About Acacium Group

Acacium Group consists of a number of trading companies, each providing services within core niche areas of the health and social care industries. Therefore, as this document is a Group Policy, the Policy herein applies to all trading companies detailed below:

 Part of Acacium Group	 Part of Acacium Group	 Part of Acacium Group
		 multistaffing   one solution
 Part of Acacium Group	 Part of Acacium Group	 Part of Acacium Group
 Part of Acacium Group	 Part of Acacium Group	 Part of Acacium Group
 Part of Acacium Group	 Part of Acacium Group	 Part of Acacium Group
 Part of Acacium Group		

## Appendix B: Legislation

- This policy is supported by the following legislation and national guidance as set below.

### National policies, guidance and legislation supporting reporting and managing Ligature incidents

Act, policy, guidance	Explanation
<b>Human Rights Act 1998</b>	Under the European Convention on Human Rights (ECHR), everyone has a number of rights, which the Human Rights Act 1998 makes directly enforceable in the UK Courts
<b>Data Protection Act 2018</b>	Covers all recording, storage and sharing of personal information held on paper files or computer. All personal data must be recorded and shared lawfully. Investigating, assessing and responding to risk to adults are multidisciplinary, joint agency activities. They depend on the selective sharing of information which is normally confidential. Information sharing should comply with the Data Protection Act 2018
<b>Health and Safety at Work Act 1974 (England, Scotland and Wales)</b>	<p>Places general duties that are applicable to both employers and employees. The three primary examples are:</p> <p><b>Section 2 (1):</b> It shall be the duty of every employer to ensure, so far as is reasonably practicable, the health, safety and welfare at work of all his employees</p> <p><b>Section 2 (2)(c):</b> Employers must provide adequate information, instruction, training and supervision to ensure, so far as is reasonably practicable, the health, safety and welfare of their employees</p> <p><b>Section 7:</b> Employees must take reasonable care of their own safety and that of others and must cooperate with employers so far as it is necessary to enable them to meet their own obligations</p>
<b>Health and Safety at Work (Amendment) Northern Ireland 1998</b>	As above
<b>Management of Health and Safety at Work Regulations, 1999. England, Scotland and Wales</b>	<p>Employers must assess the risks to employees and make arrangements for their health and safety by effective planning, organisation, control, monitoring and review.</p> <p>Regulation 3 of the Management of Health and Safety at Work Regulations 1999 requires risk assessments to be undertaken. Any personal safety issues must be taken into consideration</p>

	when conducting such assessments and, where any significant hazards are identified, specific risk assessments should be initiated
<b>The Health &amp; Safety at Work (Northern Ireland) Order 1978</b>	As above
<b>Data Protection Act 2018 (DPA)</b>	<p>Exemptions from certain provisions of the DPA have been created for a variety of purposes and the main ones appear in part IV of the act. Each of the exemptions authorises non-compliance with various parts of the act's provisions. For the purpose of this policy the most likely exemptions would come under the following categories:</p> <ul style="list-style-type: none"> <li>• The investigation of crime</li> <li>• For the purpose of obtaining legal advice</li> </ul> <p>If the exemption is otherwise necessary for the purposes of establishing, exercising or defending legal rights</p>
<b>Care Quality Commission CQC Brief guide: V5 March 2020–Ligature points</b>	Guide to the identifying and assessing of ligature points and how to risk grade and reduce them
<b>Care Quality Commission (CQC) Essential standards of quality and safety 2017</b>	Regulatory standards
<b>Regulation and Quality Improvement Authority (RQIA) 2005,2009</b>	'The Regulation and Quality Improvement Authority (RQIA) is the independent body responsible for monitoring and inspecting the availability and quality of health and social care Clients in Northern Ireland, and encouraging improvements in the quality of those Clients.' The reviews undertaken by RQIA are based on the 2006 'Quality standards for health and social care'. In 2009 the duties of the Mental Health Commission were also transferred to RQIA
<b>Health and Social Care Act 2008 – updated 2014 – now the Care Act 2014</b>	The relevant part of this act to this policy is introduction of the Care Quality Commission which is an integrated regulator for health and adult social care bringing together existing health and social care regulators into one regulatory body, with new powers to ensure safe and high quality Clients
<b>Social Care and Social Work Improvement Scotland (SCSWIS) September 2011 (Known as the Care Inspectorate)</b>	The independent regulator of social care and social work Clients across Scotland. They regulate, inspect and support improvement of care, social work and child protection Clients for the benefit of the people who use them
<b>Department of Health (2002) National suicide prevention strategy for England</b>	This document sets out a suicide prevention strategy for England

<b>The Office for National Statistics (2015) Suicides in the United Kingdom, 2013</b> <b>Registrations. London: The Office for National Statistics</b>	Produces information on the registered deaths from suicide analysed by sex, age, area of usual residence of the deceased and the suicide method
<b>Mental Health Act 1983</b>	Is the main piece of legislation that covers the assessment, treatment and rights of people with a mental health disorder
<b>Control of Substances Hazardous to Health (COSHH) Regulations 2002</b>	Latex is classed as a hazardous substance which is covered by the Health and Safety Executive's Control of Substances Hazardous to Health (COSHH) Regulations 2002. Under the regulations, organisations have a duty to assess the risk, eliminate, substitute, and limit and control exposure to latex, unless there is a need to use it.
<b>RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurrences) Regulations 1995.</b>	There is a requirement to report diagnosed cases of Occupational dermatitis (schedule 3) to RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurrences) Regulations 1995.

## 2. Equality and diversity

Under the Race Relation (Amendment) Act 2000 Acacium Group has a statutory duty to 'set out arrangements to assess and consult on how their policies and functions impact on race equality', in effect to undertake Equality Impact Assessments (EIA) on all policies and SOPs. The Equality Act October 2010 demands a similar process of Equality Impact Assessment in relation to disability. An EAI must be completed by the author of this policy using the checklist provided in Appendix A. See also Acacium Group Equality and Diversity policy.

## Appendix C: Ligature Risk Assessment

### Learning Disability, Autism and Mental Health Service

### Acacium Group Ligature Risk Assessment Form and Guidance

Client Name:

D.O.B:

Date of Assessment:

Address of environment being assessed:

#### Introduction:

The following risk assessment is to be completed as part of the care planning and risk assessment process for any commissioned care package where the client has presented with actual or threatened use of ligatures. This risk assessment has been developed from information and guidance contained within the Manchester Ligature Audit Tool (Greater Manchester West NHS Foundation Trust 2009).

A risk assessment of every room within a client's home and any area within the community where a client can be alone i.e. college toilets, clinical therapeutic rooms etc must be conducted

The ligature risk rating will be calculated using 4 areas of consideration:

- **Room Designation Rating (RDR):** This is based on the level of isolation a client will have within that environment

<b>Room Designation Rating 3 – (High isolation)</b>	<b>Room Designation Rating 2 – (Medium isolation)</b>	<b>Room Designation Rating 1- (Low isolation)</b>
<p>Most clients spend periods of time, in private, without direct supervision of staff: i.e.</p> <ul style="list-style-type: none"> <li>▪ All bedrooms</li> <li>▪ Toilets and bathrooms in all environments the client accesses</li> <li>▪ Time out rooms (within school/ college)</li> </ul>	<p>Some clients can spend long periods of time with minimum direct supervision of staff and are usually in company of peers: i.e.</p> <ul style="list-style-type: none"> <li>▪ Day centres</li> <li>▪ School playgrounds</li> <li>▪ Dining rooms (if a client wishes to dine alone)</li> <li>▪ Garden areas</li> </ul>	<p>Areas where client isolation is unlikely: i.e.</p> <ul style="list-style-type: none"> <li>▪ Commonly shared rooms within a client's home i.e. kitchen, living room, corridors</li> <li>▪ School/ college classrooms, corridors</li> </ul>

- **Patient Profile Rating (PPR):** This identifies the level of potential risk a client has of using ligatures i.e. high, medium or low potential

High Risk Client Group 3	Medium Risk Client Group 2	Low Risk Client Group 1
<ul style="list-style-type: none"> <li>• Clients who are impulsive</li> <li>• Clients who are depressed</li> <li>• Client/s who are, or have been, of high risk of suicide or severe self-harm</li> <li>• Young people</li> <li>• Clients with chaotic behaviour</li> <li>• Clients with concurrent substance misuse issues</li> <li>• Clients with concurrent severe life events e.g. marital / family breakup, financial concerns, bereavement, recently moved home etc</li> <li>• Clients receiving mixed service staff support</li> </ul>	<ul style="list-style-type: none"> <li>• Clients with chronic or enduring mental health problems</li> <li>• Clients who are susceptible to periodic relapses of mental health conditions</li> <li>• Clients who are not symptom free (e.g. delusions/hallucinations, pervasive low mood)</li> <li>• Clients who have self-harmed and required hospital/ A+E treatment and observation but risk of death from presented behaviour was low.</li> <li>• Clients receiving mixed service staff support</li> </ul>	<ul style="list-style-type: none"> <li>• Clients receiving 24/7 care provision</li> <li>• Clients actively engaged in working with community-based health care teams and professionals and have regular contact and review with these teams.</li> <li>• Clients presenting with little or no mental ill health symptomology</li> <li>• Clients presenting with little or greatly reduced levels of self-harming behaviour.</li> </ul>

- **Ligature Point Rating (LPR):** This identifies the level of risk a particular ligature point presents based on its height position in an environment.

TOP AREA OF ROOM	LOW RISK: SCORE RATING 1 4.0 m AND ABOVE (unless accessible)
MIDDLE AREA OF ROOM	HIGH RISK: SCORE RATING 3 BETWEEN 1700mm AND 4.0m IN HEIGHT
	MEDIUM RISK: SCORE RATING 2 BETWEEN 700mm AND 1700mm
BOTTOM AREA OF ROOM	LOW RISK: SCORE RATING 1 BELOW 700mm

- **Compensating Factors Rating (CFR):** This identifies the level of risk in relation to the environmental layout and design allowing good level of observation and staffing levels and skill mix.

High Risk Remains 3	Medium Risk Remains: 2	Medium Risk Remains: 2	Medium to Low Risk Remains: 1
Limited observation through poor design	Good observation through good design but compromised with limited staffing levels	Limited observation through poor design but with good staff levels/ skill mix	Good observation through good design with good staff levels/ skill mix
Limited staff			

i.e. A client's bedroom with the door closed at night for privacy combined with irregular staff with a lower level of clinical knowledge/ experience with the client would be rated as a **3**.

- To calculate a ligature point's risk rating the following calculation needs to be completed:

**RDR x PPR x LPR x CFR = Ligature Risk Rating Score**

i.e. Bedroom (RDR), client presenting verbal threats of ligature use (PPR), weight-bearing coat hooks at head height (LPR), no permanent staff supervision (CFR):  $3 \times 3 \times 3 \times 3 \times 3 = 81$  (high risk rating)

Score between 1 – 27 Low risk	Score between 28-54 Medium risk	Score between 55-81 High Risk

- The Ligature Risk Rating Score needs to be entered onto the risk form along with the existing control measures and risk reducing factors to give a Residual Risk Level: low, medium or high. This Residual Risk Level is a clinical judgment that the assessor makes taking into consideration all factors.
- Any Residual Risk level assessed as being a **Medium** must be fed back to the Senior Clinical Team, Registered Manager and Clinical Governance Team to identify if further actions can be taken to mitigate the risk or whether this need escalating to the Clinical Commissioning Group, Clinical Health Teams etc.
- Any Residual Risk Level assessed as being a **High** must go through the same process as a **Medium** and must be escalated to the Clinical Commissioning Group etc. immediately for remedial action as the risk posed by that ligature is too high a risk to the client's health and well-being.
- Examples of potential ligature points: **Remember: Is a ligature point weight bearing (40kg or greater) or is it collapsible? If this is unknown or untestable, assume it is a potential point a ligature could be tied to successfully and assess accordingly.**



Bedrooms	Bathrooms/ Toilets/ Showers	Lounges/ Quiet/ Therapy Rooms	Corridors
<ul style="list-style-type: none"> <li>▪ Windows – frames, catches</li> <li>▪ Doors – handles, hinges door closers</li> <li>▪ Curtain / blind rails</li> <li>▪ Exposed pipe work</li> <li>▪ Radiators</li> <li>▪ Suspended ceilings</li> <li>▪ Lights</li> <li>▪ Wardrobes- handles, locks, doors, rails, coat hooks</li> <li>▪ Sinks – taps, soap dishes, waste pipes</li> <li>▪ Beds e.g. can they turned on end?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Doors – handles, catches, hinges, Closing device</li> <li>▪ Hooks e.g. for clothes</li> <li>▪ Bath / sink taps, grab rails, waste pipes</li> <li>▪ Suspended ceilings</li> <li>▪ Extractor fans</li> <li>▪ Toilet, cistern handles</li> <li>▪ Toilet Roll / Soap / Paper Towel dispensers</li> <li>▪ Radiators</li> <li>▪ Shower Rose or control knob</li> <li>▪ Open pipe work</li> <li>▪ Shower cubicle doors/curtain rail</li> </ul>	<ul style="list-style-type: none"> <li>▪ Windows – frames, handles, catches</li> <li>▪ Exposed pipe work</li> <li>▪ Rails for curtains / blinds</li> <li>▪ Doors – handles, hinges, closers</li> <li>▪ Radiators</li> <li>▪ Light fittings</li> <li>▪ Suspended ceilings</li> </ul>	<ul style="list-style-type: none"> <li>▪ Cupboards</li> <li>▪ Fire Extinguisher (brackets)</li> <li>▪ Fire Bells</li> <li>▪ Doors – handles, hinges</li> <li>▪ Exposed pipe work</li> <li>▪ Handrails</li> </ul>

- When conducting a Ligature Risk Assessment, the assessor will need a tape measure to assess each room individually and will need to adopt a systematic process for each room i.e. top to bottom, left to right, walls then windows then doors then light fittings etc.

#### Room Being Assessed:

<u>Ligature point identified</u>	<u>Room Designation Rating (1,2,3)</u>	<u>Patient Profile Rating (1,2,3)</u>	<u>Ligature Point Rating (1,2,3)</u>	<u>Compensating Factor Rating (1,2,3)</u>	<u>Ligature Risk Rating Score</u> Number and risk level (Low, Medium, High)	<u>Additional control factors and risk reducing interventions</u>	<u>Residual Risk Rating (Low, Medium, High)</u>

--	--	--	--	--	--	--	--

**Room being Assessed:**

<u>Ligature point identified</u>	<u>Room Designation Rating (1,2,3)</u>	<u>Patient Profile Rating (1,2,3)</u>	<u>Ligature Point Rating (1,2,3)</u>	<u>Compensating Factor Rating (1,2,3)</u>	<u>Ligature Risk Rating Score</u> Number and risk level (Low, Medium, High)	<u>Additional control factors and risk reducing interventions</u>	<u>Residual Risk Rating (Low, Medium, High)</u>

**Room being Assessed:**

<u>Ligature point identified</u>	<u>Room Designation Rating (1,2,3)</u>	<u>Patient Profile Rating (1,2,3)</u>	<u>Ligature Point Rating (1,2,3)</u>	<u>Compensating Factor Rating (1,2,3)</u>	<u>Ligature Risk Rating Score</u> Number and risk level (Low, Medium, High)	<u>Additional control factors and risk reducing interventions</u>	<u>Residual Risk Rating (Low, Medium, High)</u>

**Room being Assessed:**

<u>Ligature point identified</u>	<u>Room Designation Rating (1,2,3)</u>	<u>Patient Profile Rating (1,2,3)</u>	<u>Ligature Point Rating (1,2,3)</u>	<u>Compensating Factor Rating (1,2,3)</u>	<u>Ligature Risk Rating Score</u> Number and risk level (Low, Medium, High)	<u>Additional control factors and risk reducing interventions</u>	<u>Residual Risk Rating (Low, Medium, High)</u>


**Room being Assessed:**

<u>Ligature point identified</u>	<u>Room Designation Rating (1,2,3)</u>	<u>Patient Profile Rating (1,2,3)</u>	<u>Ligature Point Rating (1,2,3)</u>	<u>Compensating Factor Rating (1,2,3)</u>	<u>Ligature Risk Rating Score</u> Number and risk level ( <b>Low</b> , <b>Medium</b> , <b>High</b> )	<u>Additional control factors and risk reducing interventions</u>	<u>Residual Risk Rating</u> ( <b>Low</b> , <b>Medium</b> , <b>High</b> )

**General Summary of Environment:**

<u>Number of Ligatures assessed with a <b>LOW</b> Residual Risk Rating</u>	<u>Number of Ligatures assessed with a <b>MEDIUM</b> Residual Risk Rating</u>	<u>Number of Ligatures assessed with a <b>HIGH</b> Residual Risk Rating</u>

**Actions required from assessment:****Assessment completed by:**

Assessment developed by Ian Gentry RNLD, TCS LD+A service June 2019

Reviewed by Clare Metcalfe, Chief Nurse June 2021

Reference: Preventing Suicide by Hanging and Asphyxiation: Ligature Audit Tool (Greater Manchester West NHS Foundation Trust) 2009