

## Report on PSA13 Ligature risks



PSA13 Ligature  
Ligature assess...

Action 1. Remove from publicly accessible websites all policies, protocols, guidelines, tools or similar documents that describe detail of ligature points, ligatures, or detail of any other means of Self-harm. These can be provided on internal websites that are not accessible by the public.

Confirmation of a search of the HB web site via google and not documents identified referencing the identification of ligature points 10/01/2022.

Action 2.

2. Revise local publication procedures to include positive confirmation that the content does not risk the safety of patients or the public, prior to upload to public-facing websites.

PSA13 shared with communications team. 10/01/2022

3. Ensure all relevant staff are fully aware of WG EFA 2018 005 1 and remain compliant with its content.

Mark Parsons comments: To the best of my knowledge this was circulated, and staff are aware and ligature is raised in various; local meetings

Anti-ligature risks audits are undertaken in all wards and staff are made aware of the risks and outcomes of the audits. Findings are shared with staff teams and estates. If ligatures are identified immediate and longer term risk assessments are put in place.

4. Review local policies, guidance or tools for ligature risk assessment to ensure they are up to date and reflect all Estates and Facilities Alerts related to ligature risk. Risk assessment reviews are in place and updated

Ligature risks are managed via Health and Safety committee in the service group. Risks are shared with local teams and escalated to Service Group Board and Health Board: Health and Safety if required. Controls and assurances are reported in the risk register.

5. Review local policy and ensure the following requirements are included as a minimum, for inpatient mental health services:–

- Staff must undertake a comprehensive assessment on admission that considers risk of suicide
- Individual risks to be identified with the client wherever possible and an appropriate risk management/safety plan must be put in place
- A risk assessment of premises must be undertaken to identify potential ligature and anchor points which must be removed where possible and where it is safe to do so – assessment must be made about the balance risks including the therapeutic environment, the level of supervision in the area and to ensure a greater hazard is NOT created eg removal of handrails in OAMH and ligature free taps in dementia wards etc. A judgment must be made

about the likelihood of something being used as a ligature point and the control measures required for that area

- Ensure a risk management plan is in place for the premises to reduce the number of potential ligature and anchor points and monitor those that remain
- Ensure staff are aware of ligature and anchor points within the premises and any outdoor areas and understand the risks they pose
- Ensure staff understand actions to be taken to respond to any ligature incidents
- Ensure relevant staff have easy access to ligature cutters.

All actions in this list are monitored via the Health and Safety Committee via ligature risk audits and KPI reports identifying ligature incidents for monitoring.

All of the above are in place, with works identified that require capital have been and will continue to be raised and scheduled programmes either in place or put in place. There are several capital programmes being completed this financial year.

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Presented to Quality and Safety Committee 18<sup>th</sup> January 2022