

TRUST-WIDE NON-CLINICAL POLICY DOCUMENT

ENVIRONMENTAL SUICIDE RISK ASSESSMENT (ESRA)

Policy Number:	HS8
Scope of this Document:	All Staff, patients/service users, visitors and contractors
Recommending Committee:	N/A
Approving Committee:	Health and Safety Committee
Date Ratified:	October 2016
Next Review Date (by):	October 2017
Version Number:	2016 – Version 2
Lead Executive Director:	Director of Finance (Deputy Chief Executive)
Lead Author(s):	Head of Safety & Security

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2016 – Version 2

Quality, recovery and wellbeing at the heart of everything we do

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**ENVIRONMENTAL SUICIDE RISK
ASSESSMENT (ESRA)**

Further information about this document:

Document name	ENVIRONMENTAL SUICIDE RISK ASSESSMENT (HS8)
Document summary	The purpose of this procedure is to describe how the organisation assesses and manages environmental risks for suicide and self harm, including ligatures and ligature points, in in-patient and other areas managed by the Trust. It is intended to support Trust staff in discharging their duty of care to service users, and to provide consistency and assurance of processes for the Trust.
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To be read in conjunction with	SD38 - POLICY AND PROCEDURE FOR SUICIDE PREVENTION SD31- POLICY AND PROCEDURE FOR THE REMOVAL OF LIGATURES
This document can be made available in a range of alternative formats including various languages, large print and braille etc	
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Version Control:

			Version History:
Approved		2015 Version 1	October 2015
Approved		2016 Version 2	October 2016

SUPPORTING STATEMENTS – this document should be read in conjunction with the following statements:

SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Trust employees have a statutory duty to safeguard and promote the welfare of children and vulnerable adults, including:

- being alert to the possibility of child/vulnerable adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/vulnerable adult;
- knowing how to deal with a disclosure or allegation of child/adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child/vulnerable adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- participating in multi-agency working to safeguard the child or vulnerable adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Trust is committed to carrying out its functions and service delivery in line with a Human Rights based approach and the FREDA principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy

HS8. Environmental Suicide Risk Assessment (ESRA)

1. Introduction

It is almost impossible to eliminate all potential ligatures, since articles of clothing as well as material from everyday items such as bedding can be used. However, a significant proportion of suicides occur through impulsive acts using the first means to hand and without time for reflection.

An obvious ligature anchor point would then present a significant risk and because of this risk, the *National Suicide Prevention Strategy for England (DoH 2002)* sets the standard that likely ligature anchor points in mental health service inpatient environments must be removed or covered.

Preventing Suicide in England – (DoH 2012) notes that new kinds of ligatures and ligature points are always being found and that this requires ward/unit staff to be constantly alert to potential risks.

Specific Guidance:

NHS England provides an annual list of events that should not occur in NHS settings known as 'Never Events'. Item 9 states that the following event should not happen:

- Failure of collapsible curtain or shower rails to collapse when an inpatient suicide is attempted.
- Failure to install collapsible rails and an inpatient suicide is attempted using these non-collapsible rails.

It is not possible for all potential ligature points to be eliminated, and a judgment therefore has to be made about the likelihood of something being used as a ligature anchor point.

Equally, there may be some potential ligature anchor points that need to remain, as removing these will create a greater risk to the patient group, e.g. grab rails in elderly units or disability accessible rooms. In such cases a balance has to be sought between the relative risks involved.

Anti-ligature fittings often reduce ligature risks rather than eliminate them, many anti-ligature fittings do not fully eliminate the risk of ligature (e.g. sink spouts) or have been found to be defective over time (e.g. older type anti ligature windows). This highlights the need to further check the risk from anti ligature fittings during the annual ESRA assessment.

2. Purpose

The purpose of this procedure is to describe how the organisation assesses and manages environmental risks for suicide and self harm, including ligatures and ligature

points, in in-patient and other areas managed by the Trust. It is intended to support Trust staff in discharging their duty of care to service users, and to provide consistency and assurance of processes for the Trust.

3. Ligature Anchor Points

A ligature anchor point is a fixture or fitting that can be found within an internal or external environment that can be accessed by a patient. This could be used to secure a ligature to; where the whole or significant part of the bodies' weight can be suspended.

Anchor points can include:

- The gaps between a window or door and its frame,
- Window, cupboard or door handles,
- Coat and towel hooks,
- Window curtain, bed curtain and shower rails,
- Shower heads and shower controls,
- Sink taps, plug and waste,
- Window, door or cupboard edges and frames,
- Door tops, hinges, pivots and self closers, handles / hardware
- Ventilation grills, suspended ceilings, ceiling vents and ducts.
- Radiators and heating controls
- Light fittings and smoke detectors
- Electrical sockets from which a ligature can be attached
- Fixtures and fittings including wardrobes, beds, chairs and chest of drawers

This list is not exhaustive

Outside areas present a risk dependent on control of access and the levels of supervision provided. Anchor points in garden areas include windows, drainpipes, fencing as well as trees. Good housekeeping is also important (putting away hoses, gardening equipment etc. (NB: Gardens also present risks from other hazards e.g. ingestion of poisonous plants)

4. Undertaking the assessment

The person with responsibility for Risk within each Division or the lead within each area (hereafter called the Lead Person) is responsible for ensuring that an environmental suicide and ligature point risk assessment (ESRA) is undertaken on an annual basis.

The assessment must be completed by 1st September of each year so that any actions requiring capital expenditure can be considered and tendered. The assessment should be issued within 2 weeks from it being undertaken. However, where there are critical risks identified e.g. scoring of 25 these should be flagged up immediately to the Head Of Safety & Security and placed on the divisional risk register as a high risk.

To obtain consistency across the Trust, the Lead Person (or other delegated experienced member of staff) must undertake the assessment with a Safety Advisor from the Estates and Facilities Department and a senior member of the ward or team to

provide a local perspective. To increase reliability and validity the scoring must be agreed by all assessors to reflect a consistent approach and will only be signed off at that point.

In most circumstances the assessment date will be determined by the Quality Review Visits arranged by the Head of Nursing. Additional visits may be required due to changes in the ward environment, patient group or staffing. No special training is required, but Identifying hazards will become easier the more experience is gained.

Step 1 Begin the assessment by identifying a starting point. Fully floor-walk each internal and external area in a systematic way and note any items which you consider to be a risk (see below for examples of risks). Cover **all** internal floor space (observing ceiling walls and floor) accessible to service users, including corridors and circulation routes. Cover any external areas and the immediate external environment. All rooms and corridors must be identified by their MCT room number e.g. G-005.

Step 2 Scoring - For each ligature point/other method, consider the following factors:

Likelihood of Suicide Attempt

The Lead Person (or their senior clinical representative) will determine the likelihood of the ligature point/other method being used, taking into account the following points:

- a. The suicide risk of the client group in general (individuals deemed to be of a higher risk will be managed through their care plans), taking into account statistical and local history;
- b. Availability of methods e.g. ligature points, fire, poisoning, electrocution, and contact with sharp objects.
- c. Poor observation/line of sight

Allocate the following as appropriate:

- A score of 5 - if all 3 factors present (i.e. a+b+c);
- A score of 3 - if b plus 1 other factor present (i.e. b+a, or b+c);
- A score of 1 - if only b present.

Impact/Outcome

The team guided by the Lead Person (or their senior clinical representative) will determine the likely impact if the ligature point/other method was to be used. Allocate the following as appropriate:

- A score of 5 - if death is likely;
- A score of 3 - if medical care necessary;
- A score of 1 - if first aid required

Step 3 Determine the overall Risk Rating

Likelihood of suicide attempt x Impact/Outcome = Overall Risk Rating

Step 4 Record the assessment and the identified action on the ESRA form.

5. Risk factors to consider

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

- a) Issues identified in safety alerts
- b) Height of potential ligature points – It would ill-advised to stipulate minimum and maximum heights but any protuberance or device that is reachable may be considered a potential risk.
- c) Weight bearing capacity of potential ligature points – most adults weigh well above 30kg (4½ stones). *Note: service users with eating disorders 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).* At this stage the consolidated opinion of the assessment team will suffice in determining the risk rating of the weight bearing capacity of potential ligature points.
- d) Isolation of areas such as single bedrooms, toilets, bathrooms and showers tend to be higher risk than more communal areas such as lounges, reception areas or corridors.
- e) Obstructions to observation or staff infrequent areas

6. 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, phone chargers, toilet rolls, paper towel rolls, self adhesive leaflet backing paper, wallpaper borders etc.

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:

- a) Plastic bags including bin liners.
- b) Heights, such as:
Stair wells, access to opening windows or roof tops.
- c) Illuminations and observation
- d) Fires/burns/scalds examples are:
Paper items, aerosols, waste materials, ignition sources, alcohol based hand rubs
- e) Hazardous substances examples are:
Adhesives, cleaning materials, batteries, clinical waste, self administered medication, building maintenance materials.

- f) Potential asphyxiants examples of these are;
 Plastic bags, aprons, bin liners and wrapping materials.
- g) 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. poisonous garden plants

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
Beds	Should be appropriate to the environment. (Fixed anti ligature beds in acute settings)
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: <ul style="list-style-type: none"> - Beds - Windows or doors - Baths and showers 	<i>Must</i> have a low weight bearing capacity i.e. be collapsible or fitted flush to the ceiling
Curtain tracking	Avoid gaps in fixed tracking Fit tracking flush to walls/ceilings
Curtain wires for nets	Avoid the use of curtain wires - consider alternatives
Doors Door closers Door handles	Consider design, handles, hooks, hinges, any gap between door and frame Protruding door handles - consider alternative design Closers should be mounted on the outside of doors on the public or staff-controlled side
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 weather-proof seals	Consider risk of use as a ligature on both existing, and when installing new, windows and doors.
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7. Following the assessment

Once the assessment is completed the Lead Person will sign off the risk assessment and develop an ESRA Management plan. And identify risks to be removed based on the findings.

The Head of Safety and Security will develop and submit a Capital Programme of Work based on risk to be approved at the Trust Capital Investment Group (CIG) away day.

Variations may occur as new risks are found which may take priority. In this circumstance a variation will be submitted to the CIG.

All outstanding risks will be identified on an ESRA management plan. The purpose of the plan is to familiarise staff to the existing risks and where possible to identify additional controls e.g. supervision, locking off areas when not in use etc.

The completed assessment and management plan is to be held at ward level and all staff including bank and agency staff are to be made aware of the ligatures/environmental issues raised in the assessment and how they will manage the risks. A copy of the completed assessment and management plan will be forwarded to the the Trust Safety Team.

Outstanding risks will be considered for inclusion on the Local / Secure Divisions risk register Once work has been completed the ESRA management plan will be amended, communicated and the risk register adjusted.

8. On completion of work identified in the Risk Assessment

Any Capital work completed as part of the ESRA action plan must be signed off by the assessment team (see sign off form below). Sign off means that the work identified in the risk assessment has been completed to a satisfactory standard.

9. Undertaking additional assessments

Additional assessments will be undertaken:

- a) If changes are made to the environment (including structural work, change of room use or change to furnishings) and/or the ward/unit changes its role/function and service user group it cares for.

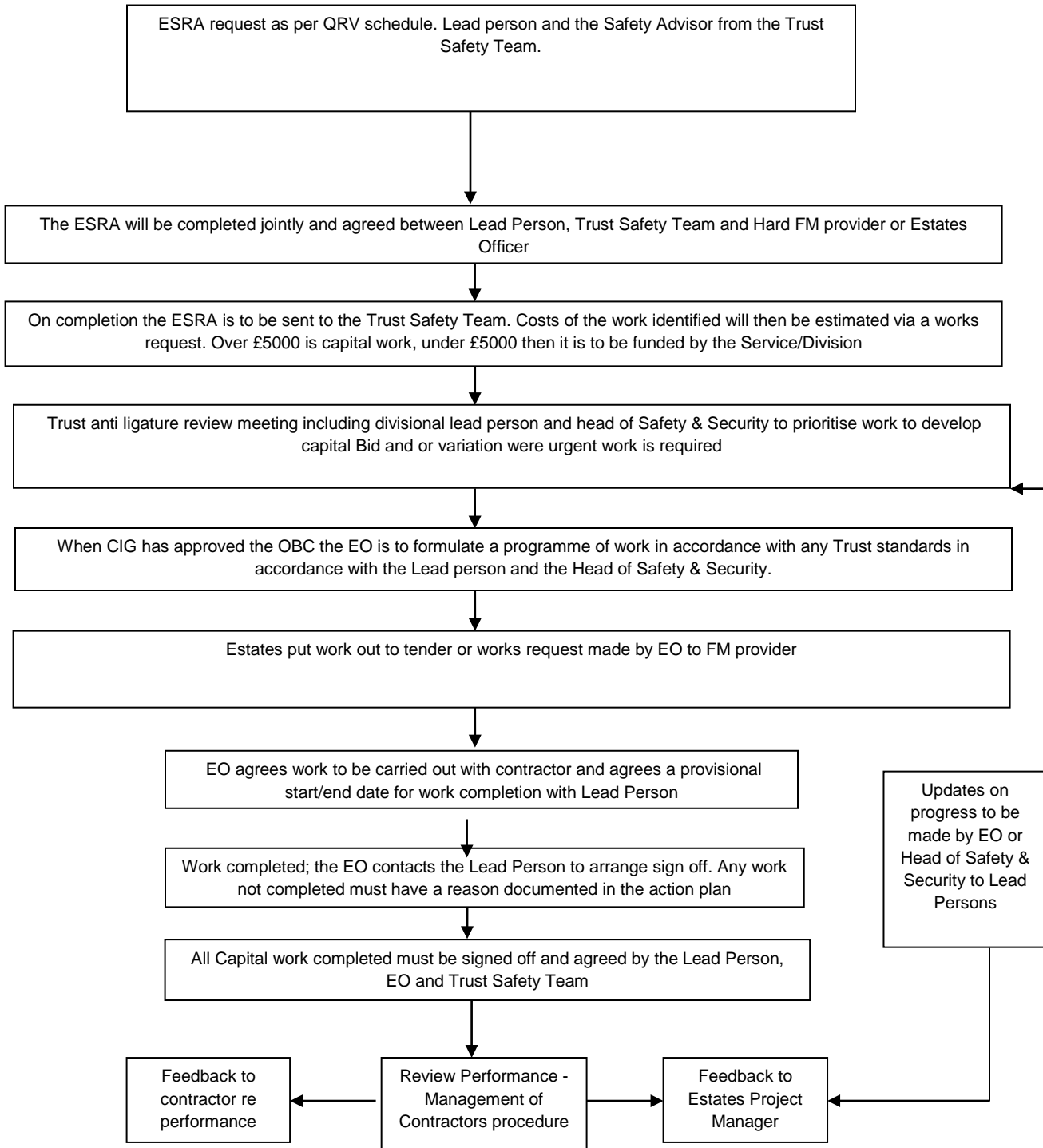
Health & Safety Procedure HS8
Environmental Suicide Risk Assessment
Rev October 2016
Review Date October 2017

- b) If there has been a 'new build' or major refurbishment an assessment must be undertaken prior to service users occupying the building.
- c) 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.
- d) 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. Following assessment highlighted risks will be identified to the relevant service/general manager for action according to the timescales defined in the safety alert.

Reference: SD38 - POLICY AND PROCEDURE FOR SUICIDE PREVENTION – Mersey Care NHS Trust- July 2011

Reference SD31- POLICY AND PROCEDURE FOR THE REMOVAL OF LIGATURES - Mersey Care NHS Trust – Oct 2013

Process for Request, Authorisation and Sign Off of remedial work in relation to Environmental Suicide Risk Assessments (ESRA).



- Notes**
- Joint working is key.
 - Budget allocation needs to be built into capital programme.
 - CIG Involvement for larger projects.
 - Facilities/MITIE's involvement will still follow the same process as above.

Health & Safety Procedure HS8
 Environmental Suicide Risk Assessment
 Rev October 2016
 Review Date October 2017

Environmental Suicide Risk Assessment Form						
No	Description of Hazard	Location(s)	Number	Risk Rating Likelihood x Impact	Action(s) to Reduce Risk	Revised Risk Rating
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						

Ligature Risk Management Action Plan

Ward Name:

Prepared by:

Date completed:

Review

Date:

Location	Hazard/Risk	Additional Controls/Actions to manage identified risk	Who	When

Communication of Plan

How would you manage a service user exhibiting high risk of suicide / self harm? (NB: in some cases this may mean non-admission / referral)

Staff Groups	Date Discussed / Comments
Care Team	
Ward Staff (Including Induction)	
Bank Staff	

Health & Safety Procedure HS8
Environmental Suicide Risk Assessment
Rev October 2016
Review Date October 2017

Instructions for use

This document should be completed by a regular member of the ward team in conjunction with a Health and Safety / Risk Manager.

The aim of the document is to demonstrate how we will manage the hazards Identified in the ESRA i.e. those ligature points which have not been removed via capital work. Hazards can be generic (i.e. found everywhere or specific i.e. found only in certain areas of the ward / unit):

1. General: These refer to hazards found across the unit areas (e.g. wardrobes / curtain tracks not anti lig / taps etc.
2. Area Specific: places which present a single risk / hazard
3. Communal areas: Generally observed / supervised areas however there may be blind spot and at times of high activity supervision may not be constant
4. Non patient areas : Not listed as service user has no access

Additional Controls: What measures are required to manage the risks within the existing population?

(NB: This plan draws on information within the ESRA for the designated population)

Sign-off Table

Date:	
Description of work completed:	
Signed (Divisional Risk Lead)	
Name and designation	
Signed (Safety Advisor)	
Name and designation	
Signed (Estates Officer)	
Name and designation	
Signed (Professional/clinical lead/other senior person completing assessment)	
Name and designation	
By signing the above I agree that the work undertaken is complete and to a satisfactory standard	

Equality and Human Rights Analysis

Title: HS8 Environmental Suicide Risk Assessment

Area covered: Trust wide.

What are the intended outcomes of this work?

The purpose of this procedure is to describe how the organisation assesses and manages environmental risks for suicide and self harm, including ligatures and ligature points, in in-patient and other areas managed by the Trust. It is intended to support Trust staff in discharging their duty of care to service users, and to provide consistency and assurance of processes for the Trust.

Who will be affected?

Staff

Evidence

What evidence have you considered?

Procedure only.

Disability inc. learning disability

Mersey Care NHS Trust provides a wide range of Mental Health and Learning Disability Services. This procedure relates to patients and service users within the services and seeks to identify environmental risks.

Sex

No issues identified within discussions.

Please note the Trust Zero Suicide policy takes account of issues related to sex/Gender.

Race Please see cross cutting.
Age Please see cross cutting.
Gender reassignment (including transgender) Please see cross cutting.
Sexual orientation Please see cross cutting.
Religion or belief Please see cross cutting.
Pregnancy and maternity Please see cross cutting.
Carers Please see cross cutting.
Other identified groups Please see cross cutting.
Cross cutting Please note the Trust Zero Suicide policy takes account of issues related to the above groups.

Human Rights	Is there an impact? How this right could be protected?
This section must not be left blank. If the Article is not engaged then this must be stated.	
Right to life (Article 2)	Human Rights Based Approach supported. This procedure links directly into the Trust Zero Suicide policy. The aim is to protect life by identifying environmental suicide risk factors and reducing the risk of suicide.

Right of freedom from inhuman and degrading treatment (Article 3)	Human Rights Based Approach supported.
Right to liberty (Article 5)	No Issues identified within discussions.
Right to a fair trial (Article 6)	No Issues identified within discussions.
Right to private and family life (Article 8)	Human Rights Based Approach supported. Suicide risk will be conducted in all service users/patient areas of the taking into account privacy and dignity issues.
Right of freedom of religion or belief (Article 9)	No Issues identified within discussions.
Right to freedom of expression Note: this does not include insulting language such as racism (Article 10)	No Issues identified within discussions
Right freedom from discrimination (Article 14)	No Issues identified within discussions

Engagement and involvement

HR, Staff Side Senior Managers were consulted.

Summary of Analysis

Eliminate discrimination, harassment and victimisation

This procedure is aimed to provide the procedure for the Trust to manage risk in relation the assessment and management of suicide risk. No direct equality issues have been identified however the Trust Zero suicide policy addresses these issues in detail.

Human rights issues have been identified and in particular article 2 the right the life. A Human Rights Based Approach is supported by this procedure.

Advance equality of opportunity

N/A

Promote good relations between groups

N/A

What is the overall impact?

This procedure is intended to have a positive impact on all groups.

Addressing the impact on equalities

N/A

Action planning for improvement

N/A

For the record

Name of persons who carried out this assessment (Min of 3):

George Sullivan

George Shield

Anthony Crumpton

Date assessment completed:

09.November.2015

Reviewed: 06/09/2016

Name of responsible Director: Executive Director Finance (Deputy CEO)

Date assessment was signed: November 2015

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			
Data collection and evidencing			
Analysis of evidence and assessment			
Monitoring, evaluating and reviewing			
Transparency (including publication)	Policy should be placed on Trust /staff folder with this assessment.	November 2015	