

TRUST-WIDE CLINICAL

Removal of Ligatures from Individuals at Risk of Suicide or Self Harm

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2016 – Version 3

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

TRUST-WIDE CLINICAL POLICY DOCUMENT

Policy and Procedure for the Removal of Ligatures from Individuals at Risk of Suicide or Self Harm

Further information about this document:

Document name	Policy and Procedure for the Removal of Ligatures from Individuals at Risk of Suicide or Self Harm SD31
Document summary	This policy and procedure will provide clear guidance to staff in relation to why and how items that could be used as ligatures can be removed from service users. The procedures outlined are in accordance with Human Rights Legislation and other legal frameworks. This policy clearly identifies the need to inform service users of all procedures being carried out and the importance of clear and precise documentation.
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To be read in conjunction with	The policy and procedure links with other Trust's policies: SD20 Searching of service users, their rooms, possessions, personal property and ward area, SD38 Zero Suicide Policy
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:

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Submitted Policy Version 2	Document finalised with additional notes from members of the Zero Suicide Programme Board	12.02.2016
Submitted Policy Version 3	Document updated for policy renewal and review	08.12.2016

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 Foundation 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 Foundation 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

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1. PURPOSE AND RATIONALE

- 1.1 Hanging is the main method of suicide for mental health service users, whether they are in in-patient units or in the Community.
- 1.2 Mersey Care NHS Foundation Trust (“the Trust”) has a duty to provide treatment in conditions which are safe and secure.
- 1.3 There is a need to protect vulnerable service users who are at risk from using potential ligatures to harm them and to minimise their access to items which could be used as a ligature.
- 1.4 There is a balance to be maintained between the interests of treatment, care, the security/safety of the environment, and the human rights of service users. On occasion these issues may be in conflict with each other. This policy will give guidance regarding resolution.
- 1.5 Goal 3 of S-Kit, Suicide Prevention Toolkit – CSIP clearly states that Trusts ‘should have a Policy and Procedure to allow potential ligatures to be removed from service users at risk of suicide and self harm’. Staff should use this Policy and Procedure in conjunction with Policies and Procedures on searching and clinical risk assessment (e.g. Policy SA10 on the Use of Clinical Risk Assessment Tools, Policy and Procedure on Supportive Observation and Policy SD38 Zero Suicide Policy).
- 1.6 Reduction of access to means of suicide is one of the most effective interventions to reduce suicide risk.
- 1.7 The policy and procedure also outlines the legal authority that staff have to remove potential ligatures. The document considers the role of the Human Rights Act (1998) and Mental Health Act (1983). The different articles of the Human Rights Act (1998) are outlined with Article 2 being given supremacy. The document does show how the different articles can conflict with each other and how staff can seek legal guidance when making decisions.

2. OUTCOME FOCUSED AIMS AND OBJECTIVES

- 2.1 To provide service users with an environment where care and treatment is given in a safe, secure and therapeutic way.
- 2.2 To ensure all Trust personnel understand why and when ligatures should be removed from service users, the procedures to be followed, justification needed and the legal basis/authority for undertaking this activity.
- 2.3 To ensure that staff act in accordance with the Trust’s procedures, and at all times act professionally, in good faith, and for the benefit of service users, visitors, staff and public, as far as possible.

3. SCOPE

- 3.1 This Policy and Procedure relates to all service users being provided with care from Mersey Care NHS Foundation Trust whether as an inpatient or in the community. The ability to implement fully will be minimised if the service user is in the community. Nevertheless consideration as to how to minimise the risk of ligatures should be included within the assessment process that is undertaken by staff. This is particularly appropriate when considering the Stepped Up Care Service and A & E Liaison Service. Both these Teams should take into account the service user’s safety and therefore management of ligatures, particularly if a service user has been deemed to be a suicidal risk and is awaiting admission to hospital.
- 3.2 Ligatures do not have to be removed either constantly or entirely. It is acceptable to identify a risk management plan that would allow access to potential ligatures whilst under observation. Many items

particularly dangerous to individuals at risk can be deemed by Service Users as being essential for the performance of day to day activities. Therefore flexibility is required regarding implementation of this policy, where the safety of the individual allows.

- 3.3 The removal of potential ligatures needs to be considered as one of several options that can be used therapeutically to enhance safety. It should always be used in conjunction with supportive observation, therapeutic engagement and social interaction.
- 3.4 Service users may be required to undergo both personal and possession searches to implement this Policy and Procedure. The procedures by which searches are performed are set out in separate Policies and Procedures (see page 10, Section 14).

4. DEFINITIONS

4.1 Definition of a Ligature

This is an item or a series of items that can be used to cause compression of airways, resulting in asphyxiation and death. The ligatures could be attached to ligature points i.e. from a window/door hinge. They also could be used manually by the individual. Examples of ligatures could include belts, laces, torn sheets, flex and wires. It is important to note that this list is not exhaustive and articles such as socks, handkerchiefs etc can be linked together to create a robust ligature.

5. DUTIES

5.1 Medical Director

The Medical Director must ensure that staff professionally accountable to him to undertake and develop Clinical Risk Assessments and Care Plans as required, and that reasonable and appropriate consideration is given to potential ligature risks within the patient environment.

The Medical Director is responsible for the zero suicide policy and its implementation, and reporting to the trust board on all suicide related activity, this includes serious untoward incidents including ligature incidents in in-patient settings. The Medical Director through the Zero Suicide Programme Board will oversee the implementation of the zero suicide programme within the Centre for Perfect Care.

5.2 Director of Patient Safety

Responsible for supporting the clinical divisions in the post incident reviews as set out in the Adverse Incident Policy. This includes ensuring high quality incident reporting in the Datix system, the high level safety check at 72 hours post incident, and overseeing progress on the level 3 review. Will also lead liaison with family and carers, ensuring that the duty of candour and culture of transparency and openness are met. Responsible for quality assuring the terms of reference and management of level 3 reviews across both clinical divisions.

5.3 Associate Medical Director for Suicide Prevention

Operational responsibility for the quality of care related to any service user with suicidal thinking or death by suicide. They provide assurance to the Medical Director that the zero suicide programme is being implemented safely and all possible interventions are used to prevent suicide. They will also be responsible for the training and management of staff who provide care and treatment to service users with suicidal thinking. They will ensure that the zero suicide learning strategy including robust risk assessments are implemented.

5.4 Chief Operating Officers (local, secure and specialist learning disabilities divisions)

Responsible for ensuring that all staff receive training and induction to their working areas, including awareness of the relevant policies. Will ensure that adequate resources are available readily as a priority to support all attempts to avoid ligature incidents.

5.5 Consultant Psychiatrists (Accountable Clinicians)

It is a requirement that every service user who receives care from Mersey Care has an accountable clinician. This is the named Consultant Psychiatrist (who may in addition undertake the Mental Health

Act

(1983) statutory role of Responsible Clinician). With this accountability comes the overall care and treatment delivered to service users with suicidal thinking and those who may be at risk of acts of deliberate self harm by ligature.

5.6 **Matrons, Ward and Team Managers**

They will ensure appropriate staff attend training and induction at an appropriate level for their role, this includes local induction and awareness of relevant local policies.

5.7 **Care Co-ordinator/Named Nurse**

They are responsible for undertaking the standard suicide prevention assessment with all service users and recognise when more advanced assessments are required. They will seek supervision and guidance when there are any concerns regarding the presentation of service users, and specifically when there are concerns regarding acts of deliberate self harm or suicide attempts involving ligatures. They will ensure that the service user's assessed needs are assessed in relation to the prevention of ligatures.

5.8 **All qualified staff**

Follow identified risk management plan and CPA documents, follow suicide prevention policy and procedure for the removal of ligatures from individuals at risk of suicide or self harm, and communicate concerns relating to a service user's risk to the Care Co-ordinator or team manager.

6. **PROCESS**

6.1 **Communication with Service Users/Carers**

Each ward/department needs to ensure that all service users and visitors are aware that this document is in place. It is important that they are aware that where there is an identified risk that items which could be used as a ligature will be removed from their possession.

Where possible, agreement of the service user must be gained, if this is refused, consideration should be given to the use of Mental Health Act in order to enhance the safety of the individual (see Section 12).

6.2 **Assessment of Risk**

It is essential that the implementation of this Policy and Procedure is based on an ongoing assessment of the service users' needs and presentation. The issues to be considered include but are not limited to the following:

- Previous history of suicide attempts
- Previous history of using ligatures
- Previous history of self injury
- Sibling/family history of suicide
- Anniversary of a significant event
- Level of mood, hopelessness
- Symptoms of acute mental illness causing fluctuations in clinical presentation
- Suicidal intent, impulsivity control and expression of suicidal thoughts
- Changes in family, employment or financial factors
- Each service user should have an initial assessment in accordance with the Trust's Zero Suicide Policy. Such assessments will include a suicide risk assessment, risk formulation, and a thorough assessment of the service user's mental state (section 5.2-5.5 of Policy SD38). Those service users felt at risk of suicide should have an additional safety plan. Important to note is that these assessments should be reviewed on a regular basis, and when the service user, carers, or staff feel the risk level may have changed.

It is the duty of all staff to clearly document in the clinical records which items have been removed, providing a clear rationale for this and including a plan for ongoing monitoring of the situation. The use of this Procedure should clearly be identified within the suicide risk assessment, risk formulation, and

safety plan. A decision to return a potential ligature must also be clearly recorded with evidence of the risk having changed being documented.

Staff should be aware of any ligature points that the service user could attach to within the in-patient wards. This can be done by reference to the environmental suicide risk assessments (ESRAs) and mitigation plans attached to the ESRAs. These documents can be obtained by the ward manager for their respective areas of work within the Division. These documents should be reviewed annually or earlier if significant changes occur.

6.3 Procedure

Once the risk has been identified, actions to be taken should be, wherever possible, agreed by Multi-Disciplinary Team members.

Work with the service user to devise a safety plan will include:

- Implementation of the Supportive Observation Policy
- Review of medical intervention and levels of therapeutic engagement
- Use of Search Policy to identify secreted or observable risk materials / objects
- Removal of potential ligatures, either on a continual or intermittent basis
- Rationale for review and re-grading

6.4 Advanced Statement

It is important that staff recognise that if the service user is known to the Service and has a history of self injurious behaviour/use of ligatures, the use of an advanced statement should be considered. That is a plan of action should be agreed with the service user that will allow ligature removal, if a specific, and agreed risk is identified.

It is important to note that the removal of ligatures should be seen as part of an ongoing assessment and package of care. Other actions that could be commenced and developed will include: -

- Increased social and therapeutic engagement
- Increased observation levels etc.

Clinical considerations:

- Staff should consider and monitor whether an increased level of observation could result in an increase in deliberate self harm by the service user.
- Staff should be mindful of the potential for “copy-cat” self harm acts on an in-patient setting including ligaturing and how to manage this (e.g. by separating the service users).
- Staff should read this policy in conjunction with the Borderline Personality Disorder guidelines which offers specific guidance regarding the management of self harm behaviour including ligaturing for this service user group.

6.5 Storage of Property

- Where possible, any property received from the service user should be taken away for safe keeping by family / friends.
- Any property removed with the purpose of enhancing safety must be recorded in a property book.
- A receipt must be given to the service user and a copy stored in the notes.
- Property must be returned within the shortest possible timescale.
- The service user should be informed of where and how their property will be stored.
- Full explanation of the reason for removal must be provided and together with the location where the items will be stored. Receipts will be provided for the items removed and criteria identified as to when and how they will be returned and agreement and co-operation of the service user is sought.

6.6 Dignity

The implementation of this procedure should be undertaken whilst respecting the service users' need to feel respected and involved in their care. Where possible any items removed should be replaced with ones that are safer. Discussions should take place where possible with staff of the same gender and with due respect to the service users ethnicity and spiritual needs. Where there is a potential for comprising a service user's ethnicity and spiritual needs / advice should be sought from the Ethnicity and Diversity Leads/Head of Interfaith & Spiritual Care.

6.7 Levels of Intervention

Three levels of intervention for ligature safety have been identified the least restrictive should be used and for the shortest timescale possible. Decisions made should be based on a risk assessment.

Staff will need to search a service user to implement this Policy and Procedure and at all times should seek to engage the service user and ascertain which is the most appropriate way to keep them safe.

6.8 General Ligature Safety

General Safety of the Ward

Any articles stored on the ward should be documented via the use of the procedures for managing service users' property.

It is important that the general safety of the ward is managed at all times, therefore if service users bring in items that could clearly act as ligatures, then advice and guidance should be given as to their safe storage. Where service users have access to lockable cabinets, they should be encouraged to use them to store items such as hairdryers, belts etc. Where lockable cabinets are not available and the items are not required continuously during the day, the service user should be asked to give them to staff for safe keeping.

Intermittent Removal

This level will be used when the individual has been assessed as being at increased risk to themselves but is sufficiently stable and co-operative for staff to manage the service user (through the use of supportive observation) having access to potentially dangerous items.

Items are removed from the service user:

- During specific periods of the day
- When in specific areas such as the bathroom etc
- When in an unobserved area – i.e. bedroom

Access to ligatures should be limited not only through removal from the individual's person, but also by limiting the person's access to their personal possessions. Clear documentation should be available which outlines what is removed, when and for how long.

Property brought into the service user should be searched.

The use of this level of intervention should be reviewed and documented on a daily basis.

Total Removal

This level can be used when the individual has been assessed as being a severe and active risk to themselves. This level is likely to be needed when there has also been an associated history of violence or forceful absconsion with the aim of committing self injury.

This level will require all potential ligatures to be removed from the individual, and will be undertaken based upon the individual being considered to be at the highest level of risk to themselves.

Access to potential ligatures must also be stopped.

The procedure should be undertaken in association with implementation of appropriate levels of observation.

It must be recognised that removal of personal items, may affect an individual's ability to care for their own hygiene, wear ordinary clothes and cope with distressing symptoms (e.g. removal of personal headphones).

Remedial action must be implemented and documented to ensure the service user's dignity is kept. Alternative clothes may be required and could include tracksuits and slip-on foot wear.

The use of this level must be documented with the suicide risk assessment and safety plan and reviewed twice a day.

Property brought in for the service user should be searched.

6.9 Incident reporting of ligature events

Incident reporting of ligature events should be in accordance with policy SA03: Policy and Procedure for the Reporting, Management and Review of Adverse Incidents. This policy highlights that reporting should be via the Datix risk management system (PACIS in high secure services) in a timely manner. Additionally within this document advice is given with regards to how to categorise the severity of the ligature event (Appendix 2).

6.10 Legal Issues – Authority to Remove Items from Service Users

Service User Status

Detained service users

Paragraph 25 of the Act (MHA 1983) Code of Practice, sets out the position regarding detained service users who have capacity to give consent. If the service user refuses to give their consent to be searched for the purpose of ligature removal, the RMO can give permission if risk to the service user of suicide or self harm is judged to be high and imminent. The RMO should therefore be consulted in the event that the service user refuses consent. For service users who are detained but lack capacity to give consent, or whose capacity is in question, the treating RMO should equally be consulted as to whether it is appropriate to carry out the search.

Informal service users

For service users who are not detained under the Act and who lack capacity, the advice of the treating clinician should be sought as to whether there are grounds to proceed with a search and removal of ligatures under common law i.e. whether it may be deemed to be in the service user's "best interests". It is important to ensure that sufficient justification exists, particularly if the use of force will be necessary. Force should only be used in an emergency situation to ensure a service user's safety. At this point, assessment under the Mental Health Act should be undertaken. It may be difficult to justify the use of force where the procedure does not form a necessary part of the delivery of care and treatment for that individual service user. It may be appropriate to seek specific legal advice in cases where force is likely to be necessary.

If the above example occurs during out of hours, the On-Call management and clinical system need to be used.

Authority to search and remove a service user's property

The basis for and appropriateness of any search and/or removal of a service user's property must be determined following reference to the Trust's policy on 'Searching Service Users, their Room, Possessions, Personal Property and Ward Area' (SD 20) and with due regard to the Human Rights Act 1998.

The reasons for a search and removal of property should be discussed by the service users Multi-

Disciplinary Team and recorded in the service user's clinical records.

If there is any doubt as to the appropriateness or legality of any search or removal of property the Trust's Legal Management Team should be contacted for advice.

Human Rights Act 1998

It is important to maintain an environment that respects the human rights of a service user to a private life and their right to enjoy their property whilst considering the measures required preventing incidents involving ligatures. The Trust recognises that efforts should always be made to respect the privacy and physical integrity of service users whilst providing safe accommodation in accordance with Convention rights. It is recognised that some service users will require access to potential ligatures for the practice of their faith i.e. wearing of turbans, crosses and amulets etc. Wherever possible efforts should be made to allow them to wear these items. If risk assessment dictates otherwise, then discussion should take place with spiritual advisers to ascertain the availability of alternatives or use of the items during specific time periods or activities (i.e. during pray time). All these considerations/discussions need to be clearly documented within the clinical records.

The relevant Articles and Protocols here are:

Article 1

This protocol requires the Trust to appreciate that every person is entitled to the peaceful enjoyment of their possessions and no one shall be deprived of their possessions except in the public interest and subject to the conditions provided by law. Therefore, to remove an article belonging to a service user will interfere the service user's rights protected under **Article 8** (below). However, this interference e.g. removing a belt which may be used to inflict self-harm may be justified and legal if the legitimate aim of removing the belt is to protect another fundamental right, here **Article 2** (Right to Life) below.

To ensure any removal of an article will not fall foul of human rights scrutiny it must be documented that by removing the article it is in pursuit of a legitimate aim, was not an arbitrary decision or measure but in the service user's best interests, proportionate to the aim and in accordance with **Article 2**.

Article 2 Right to Life

1. Everyone's right to life shall be protected by law. No one shall be deprived of his life intentionally save in the execution of a sentence of a court following his conviction of a crime for which this penalty is provided by law.

2. Deprivation of life shall not be regarded as inflicted in contravention of this Article when it results from the use of force which is no more than absolutely necessary:

(a) in defence of any person from unlawful violence;

(b) in order to effect a lawful arrest or to prevent the escape of a person lawfully detained;

(c) in action lawfully taken for the purpose of quelling a riot or insurrection.

Article 2 imposes a positive obligation on the Trust to protect life and here requires the Trust to take all reasonable measures to protect service users who are vulnerable to ligature abuse. However, this positive obligation to protect life must be balanced with the other Convention rights which aim to protect the quality of life of a service user. The relevant Articles are Article 3 which respects a service user's freedom from inhuman or degrading treatment and Article 8 which looks to respect the private life and personal autonomy of a service user. The European Court of Human Rights stressed in *Keenan v UK*, the protection of the Article 2 right to life must be conducted in a manner compatible with the other Convention rights of a person and in particular the principle of personal autonomy.

Article 3 Prohibition of Torture

No one shall be subjected to torture or to inhuman or degrading treatment or punishment.

Article 8 Right to Respect for Private and Family Life

1. *Everyone has the right to respect for his private and family life, his home and his correspondence.*
2. *There shall be no interference by a public authority with the exercise of this right except such as in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others.*

It is important that staff consider a service user's privacy and dignity at all time as per Articles 3 & 8 when conducting a search which results in property being removed or if the perceived risk of self-harm necessitates removal without a search being undertaken.

Article 14 Prohibition of Discrimination

The enjoyment of the rights and freedoms set forth in this Convention shall be secured without discrimination on any ground such as sex, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status.

Article 14 is particularly applicable in relation to personal searches and the removal of property as interference with a human right must not be arbitrary and have a clear rationale for being undertaken. Any removal of property should not be undertaken, based on an individual's gender, sexual orientation, race or class. The rationale should always be documented.

In some situations there will be competing human rights at stake. These rights should be carefully weighed in the balance, along with other relevant considerations, to determine whether the search / removal of property can be justified, on human rights grounds.

By contrast, the rationale for searching and removing of property from an individual could be based on one of the basic human rights, including:

- **Right to Life** –to protect the right to life of the individual service user and the right to life of others that may come into contact with them.
- **Right to Liberty and Security** – service users must be kept safe, as far as possible, on Trust premises and yet should not be deprived of their liberty, unless it is lawful and justifiable to do so.

Some human rights are qualified e.g. Article 8, which means interference with it, can only be justified where what is done:

- A.** has its basis in law; and
- B.** is done to secure a permissible aim set out in the Article, for example for the prevention of crime, or for the protection of public order or health; and
- C.** is necessary in a democratic society, which means it must fulfill a pressing social need, pursue a legitimate aim and be proportionate to the aims being pursued.

7 CONSULTATION

This policy has been consulted upon across the divisions and professional groups, individuals and groups include:

- (a) Zero Suicide Programme Board
- (b) Director of Patient Safety
- (c) Borderline Personality Disorder Guideline group

8 TRAINING AND SUPPORT

Ward managers, supported by Matrons and Clinical Leads will ensure that this policy is disseminated and implemented within ward teams. Community Team managers will ensure that community staff have an understanding of this policy and its implications for community based settings.

This policy will be included within local inductions via the team managers and through on the job training, to ensure all staff understand their role in implementing this policy.

Specific training on risk assessment will be provided through the Trust wide implementation of the Zero Suicide learning strategy.

9 MONITORING

The compliance and effectiveness of this policy will be monitored as follows:

1. All identified areas will complete the annual environmental suicide risk assessment ESRA. A ligature point risk assessment and mitigation action plans to be identified and communicated to the managers of the clinical area.
2. All incidents within environments that are managed by the Trust in relation to suicide, attempted suicide and self harm will be reported on Datix Web in line with the incident reporting and management policy and reviewed appropriately as set out in the Adverse incident policy.
3. All Trust staff are encouraged to report any adverse incident or near miss (see incident management policies and procedures). Each incident is reviewed locally to ensure any actions are taken to improve safety and prevent recurrence. Serious incidents will be the subject of an internal review using root cause analysis principles to identify learning. All recorded incidents are aggregated, analysed and reviewed through the Trust mortality group and the Zero Suicide Programme Board.

10 EQUALITY AND HUMAN RIGHTS ANALYSIS

Equality impact assessment has been completed.

11 SUPPORTING DOCUMENTS

This Policy should be read and implemented in association with other Trust's Policies and Procedures:

- SA10: Use of clinical risk assessment tools
- SD20: Searching of service users, their rooms, possessions, personal property and ward area
- SD21: Policy and Procedure for the Care Programme Approach
- SD04: Management of clinical risk through supportive observation
- SD38 Zero Suicide Policy

12 BIBLIOGRAPHY

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Suicide Prevention Local Implementation Framework - Care Service Improvement Partnership (CSIP) 2006

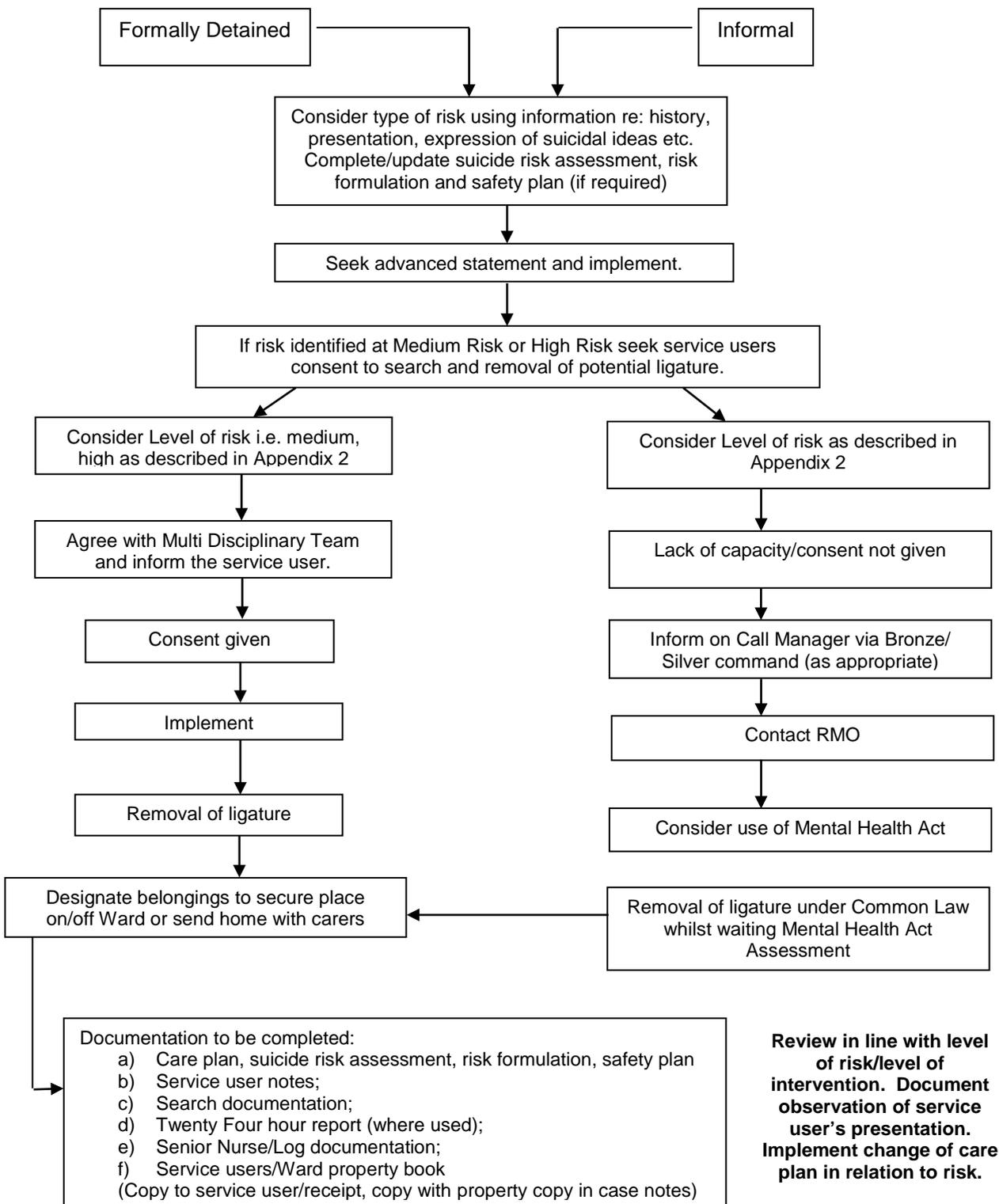
National Suicide Prevention Strategy - DOH 2002

13 APPENDICES

- Appendix 1 Ligature Removal Flow Chart
- Appendix 2 Levels to be considered

Ligature Removal Flow Chart

The Admission Procedure should include routine checking of belongings and Level 1/General removal of unnecessary items. More specific searches i.e. Search of service users' property should be considered in relation to their assessed level of risk). If during assessment a risk of self injury or suicide, the following actions should be undertaken.



Levels to be considered**General Removal – Low Risk**

Removal of unnecessary items not required for general or daily living, or required only once a day and potentially that could be used for inappropriate purposes. These should be stored on the Ward and be subject to controlled use. Monitoring of safe return of the potential ligature should be undertaken.

Intermediate Removal – Medium Risk

Where increased risk is assessed, items should be limited: –

- During specific periods of day;
- When in specific areas eg. bathroom;
- Clear documentation in care plan providing an outline of what is to be removed when, why and for how long and management when in use by service user.

Total Removal – High Risk

Service user identified as actively suicidal, manifested by recent attempts and pre-occupation with suicidal ideation.

In association with appropriate level of observation should be undertaken, preservation of service user's dignity, support of personal hygiene and provision of alternative clothing.

Equality and Human Rights Analysis

Title: SD31: Policy and Procedure for the Removal of Ligatures from Individuals at Risk of Suicide or Self Harm.

Area covered: Trust Wide

What are the intended outcomes of this work?

This policy and procedure will provide clear guidance to staff in relation to why and how items that could be used as ligatures can be removed from service users. The procedures outlined are in accordance with Human Rights Legislation and other legal frameworks.

Who will be affected?

Service Users /Patients and staff

Evidence

What evidence have you considered?

The Policy.

Disability inc. learning disability

See cross cutting below.

The use and consideration of Advance statements is promoted.

Sex

Gender considered in relation to searching.

Race Culture considered in relation to searching

Age

See cross cutting.

Gender reassignment (including transgender)

See cross cutting.

Sexual orientation

See cross cutting.

Religion or belief

Considered in relation to searching.

Pregnancy and maternity

See cross cutting.

Carers

No issues identified within discussions.

Other identified groups

Cross cutting

This policy clearly identifies the need to inform service users of all procedures being carried out.

This Policy and Procedure relates to all service users being provided with care from Mersey Care NHS Trust whether as an inpatient or in the community.

Human Rights

Is there an impact?

How this right could be protected?

1.8 The document does show how the different articles can conflict with each other and how staff can seek legal guidance when making decisions.

The full relevant Human Rights Articles and Protocols that are engaged in this policy are listed and detailed on page 14-16.

This section must not be left blank. If the Article is not engaged then this must be stated.

<p>Right to life (Article 2)</p>	<p>Human Rights based approach supported. The policy states</p> <p>The policy and procedure also outlines the legal authority that staff have to remove potential ligatures. The document considers the role of the Human Rights Act (1998) and Mental Health Act (1983). The different articles of the Human Rights Act (1998) are outlined with Article 2 being given supremacy.</p> <p>5.6 Hanging is the main method of suicide for mental health service users, whether they are in in-patient units or in the Community.</p> <p>5.7 Mersey Care NHS Trust (“the Trust”) has a duty to provide treatment in conditions which are safe and secure.</p> <p>5.8 There is a need to protect vulnerable service users who are at risk from using potential ligatures to harm them and to minimise their access to items which could be used as a ligature.</p> <p>5.9 There is a balance to be maintained between the interests of treatment, care, the security/safety of the environment, and the human rights of service users. On occasion these issues may be in conflict with each other. This policy will give guidance regarding resolution.</p>
<p>Right of freedom from inhuman and degrading treatment (Article 3)</p>	<p>Service users may be required to undergo both personal and possession searches to implement this Policy and Procedure. The procedures by which searches are performed are set out in separate Policies and Procedures (see page 10, Section 14).</p>
<p>Right to liberty (Article 5)</p>	

<p>Right to a fair trial (Article 6)</p>	<p>13.9 Legal Issues – Authority to Remove Items from Service Users</p> <p><u>Service User Status</u></p> <p>Detained service users Paragraph 25 of the Act (MHA 1983) Code of Practice, sets out the position regarding detained service users who have capacity to give consent. If the service user refuses to give their consent to be searched for the purpose of ligature removal, the RMO can give permission if risk to the service user of suicide or self harm is judged to be high and imminent. The RMO should therefore be consulted in the event that the service user refuses consent. For service users who are detained but lack capacity to give consent, or whose capacity is in question, the treating RMO should equally be consulted as to whether it is appropriate to carry out the search.</p> <p>Informal service users For service users who are not detained under the Act and who lack capacity, the advice of the treating clinician should be sought as to whether there are grounds to proceed with a search and removal of ligatures under common law i.e. whether it may be deemed to be in the service user’s “best interests”. It is important to ensure that sufficient justification exists, particularly if the use of force will be necessary. Force should only be used in an emergency situation to ensure a service user’s safety. At this point, assessment under the Mental Health Act should be undertaken. It may be difficult to justify the use of force where the procedure does not form a necessary part of the delivery of care and treatment for that individual service user. It may be appropriate to seek specific legal advice in cases where force is likely to be necessary.</p>
<p>Right to private and family life (Article 8)</p>	<p>Human Rights Based Approach Supported. Authority to search and remove a service user’s property The basis for and appropriateness of any search and/or removal of a service user’s property must be determined following reference to the Trust’s policy on ‘Searching Service Users, their Room, Possessions, Personal Property and Ward Area’ (SD 20) and with due regard to the Human Rights Act 1998.</p>

<p>Right of freedom of religion or belief (Article 9)</p>	<p>6.8 Dignity The implementation of this procedure should be undertaken whilst respecting the service users' need to feel respected and involved in their care. Where possible any items removed should be replaced with ones that are safer. Discussions should take place where possible with staff of the same gender and with due respect to the service users ethnicity and spiritual needs. Where there is a potential for comprising a service user's ethnicity and spiritual needs / advice should be sought from the Ethnicity and Diversity Leads/Head of Interfaith & Spiritual Care.</p>
<p>Right to freedom of expression Note: this does not include insulting language such as racism (Article 10)</p>	<p>No issues identified within discussions.</p>
<p>Right freedom from discrimination (Article 14)</p>	<p>No issues identified within discussions.</p>

<p>Engagement and involvement</p>
<p>Zero Suicide Programme Board</p>
<p>Director Of Patient Safety</p>
<p>Borderline Personality Disorder Guideline Group</p>

<p>Summary of Analysis</p>
<p>Eliminate discrimination, harassment and victimisation</p> <p>This is a policy that cuts across all of the protected groups. It is clear that there are pertinent Human Rights issues within the policy. Human Rights are clearly identified and the decision making process is advanced through out. The policy supports a Human Rights Based Approach with the least restrictive approaches supported.</p>
<p>Advance equality of opportunity No issues identified.</p>
<p>Promote good relations between groups No issues identified.</p>

What is the overall impact?

This policy is aimed at ensuring that patients/service users are safe and risks of suicide and self harm are reduced. Article 2 The right to life is advanced throughout.

Addressing the impact on equalities

No issues identified.

Action planning for improvement

See below.

For the record

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

Dr. R. Martinez

Collette Irving

George Sullivan

Date assessment completed:21/02/2016

Name of responsible Director: Medical Director

Date assessment was signed: February 2016

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
Section 6.7 Searching Does not state at this point of reference -	Please add immediately after 6.7 Dignity The implementation of this procedure should be undertaken whilst respecting the service users' need to feel respected and involved in their care. Where possible any items removed should be replaced with ones that are safer. Discussions should take place where possible with staff of the same gender and with due respect to the service users ethnicity and spiritual needs. Where there is a potential for comprising a service user's ethnicity and spiritual needs / advice should be sought from the Ethnicity and Diversity Leads/Head of Interfaith & Spiritual Care.		Done – 23.02.16
Transparency	Place this policy and the impact assessment on the Trust website.		