### ENVIRONMENTAL SUICIDE RISK ASSESSMENT (ESRA)

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<th>Policy Number:</th>
<th>HS8</th>
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</thead>
<tbody>
<tr>
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<td>Recommending Committee:</td>
<td>N/A</td>
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<tr>
<td>Approving Committee:</td>
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<td>Executive Director of Communications and Corporate Governance</td>
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<tr>
<td>Lead Author(s):</td>
<td>Head of Health Safety &amp; Security</td>
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ENVIRONMENTAL SUICIDE RISK ASSESSMENT (ESRA)

Further information about this document:

<table>
<thead>
<tr>
<th>Document name</th>
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<tr>
<td>Document summary</td>
<td>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.</td>
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<td>Carlton Brooks</td>
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<td>Mersey Care NHS Foundation Trust</td>
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<td>Kings Business Park</td>
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<td>Copies of this document are available from the Author(s) and via the trust’s website</td>
<td>HS1- Risk Assessment Policy</td>
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<tr>
<td></td>
<td>HS5 Workpace Inspection Policy</td>
</tr>
<tr>
<td>To be read in conjunction with</td>
<td>This document can be made available in a range of alternative formats including various languages, large print and braille etc</td>
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<tr>
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Version Control:

<table>
<thead>
<tr>
<th>Version</th>
<th>History</th>
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<td>2017 Version 3 October 2017</td>
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<td>Draft</td>
<td>2019 Version 4 July 2019</td>
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SUPPORTING STATEMENTS—this document should be read in conjunction with the following statements:

SAFEGUARDING IS EVERYBODY’S BUSINESS

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

- being alert to the possibility of child/adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/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/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 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 Foundation 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 Foundation Trust is committed to carrying out its functions and service delivery in line the with a Human Rights based approach and the FREDA principles of Fairness, Respect, Equality, Dignity, and Autonomy.
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1.0 PURPOSE AND RATIONALE

1.1 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.

1.2 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.

1.3 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.

1.4 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:

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

2. OUTCOME FOCUSED AIMS AND OBJECTIVES

2.1 The aim 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. SCOPE

3.1 This document sets out the Trust’s approach to managing environmental risks for suicide and self-harm within all inpatient mental health wards. It forms a component part of managing overall clinical risk and includes undertaking a review of the area to identify:

- Structures or fittings which could be used in suicide by hanging or strangulation
- Obstructions to observing high-risk patients
- Identifying potential ligatures
- Identifying other risks for self-harm or suicide in the environment.

4.0 DEFINITIONS

| Ligature Anchor Point | Anchor points can include:
|-----------------------|---------------------------------------------------------------
| 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. | - 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 |

<table>
<thead>
<tr>
<th>Ligatures are</th>
<th>Examples include chains, linen, clothing (including belts, laces, bras, ties, tights stitching) plastic bags, bag straps, pull cords, medical and non-medical tubing, cables or wires, phone chargers, TV cables etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Something which binds or ties and could potentially be used or has been used for self strangulation</td>
<td>Clinical risk</td>
</tr>
<tr>
<td>Risks which may impact on the safety or wellbeing of service users – through individual care delivery or through service delivery. The risk assessment needs to take into account a range of factors including the environment, mental state and risk history.</td>
<td></td>
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</tbody>
</table>

| Environment including outside areas | The external surroundings conditions in which a person interacts. This could be the physical or built environment – the actual buildings, fittings such as fencing, drain pipes, trees and windows which could a risk and needs to be taken into account including clothing. |

<table>
<thead>
<tr>
<th>Ligature Cutter</th>
<th>A hooked knife tool used to release a ligature safely.</th>
</tr>
</thead>
</table>
| Reduced Ligature Fittings | An anti-ligature fitting should:
- Cause the ligature to slip off, or
- The fitting should break away from its mount when placed under pressure of weight.
- Anti-ligature curtain tracking using collapsible curtain gliders. Gliders must be of yellow type with a weight limit of 4-6 kg and a maximum of 3 gliders per curtain fitted giving a maximum weight tolerance of 18kg per curtain. |
however this does not mean it is not a risk, it is reduced risk.

5.0 DUTIES

5.1 Chief Executive

While ultimate responsibility is vested in the Trust Board, executive responsibility is delegated to the Executive Director of Communications and Corporate Governance for managing health and safety, including compliance with relevant legislation and Trust policies.

5.2 Estates and Facilities

The Estates Team and Estates Officers will:

- Ensure that new builds and refurbishments and other projects shall include risk assessments of potential ligature points.
- As part of this process, consideration will be given to minimise the risk of ligature points by referring to Section 6 of this policy.
- The Estates Team will source (where it is reasonably practicable to do so) with the assistance of the Health & Safety Department, appropriate fixtures and fittings suitable for the project. Such building specifications will need to carefully balance the needs of providing a safe environment with a therapeutic environment. Consideration will be based on the needs of the service users who will be using the building and reference to relevant DH guidance, safety alerts etc.
- To facilitate this, the Estates Team must ensure that appropriate representation is sought for all project steering groups and this must include appropriate representation from the Senior Nursing Team including the Health and Safety team.

5.3 Divisional Directors and Chief Operating Officers, will

Bring this policy to the attention of all their staff, including new and temporary staff, and management team and ensure that it is observed at all times and will also require each team to:

- Ensure environmental risk assessments are undertaken by their respective teams, which identify potential ligatures and the adequacy of the systems that manage these risks.
- Record ligature risk assessment findings. Significant risks should be recorded and should be entered on the appropriate risk registers. Action should be
taken to rectify any significant risks in line with good risk management process.

- Ensure environmental risk assessments are reviewed annually or on significant change (i.e. change of use, modification of the building or after a serious adverse incident involving suicide or attempted suicide using a ligature).
- Ensure control measures and appropriate clinical interventions (i.e. engagement observations, searches, etc.) as necessary are developed and implemented in accordance with this policy and related suicide prevention strategies.
- Ensure that the process is monitored and adequate support is provided for line managers to ensure that their responsibilities are met.
- Ensure arrangements which implement this policy are devised, and reviewed.
- Provide leadership to colleagues in developing and sustaining a patient safety culture.

5.4 **Divisional Risk Lead**, will

- With ward managers commission and coordinate the annual environmental assessment process in the appropriate clinical areas between April and March of each reporting year.
- Ensure that their allocated health and safety advisor, Estates Officer and ward managers are notified of when assessments will be carried out and following assessments agree remedial works i.e. remove or replace potential items assessed as being a ligature risk.
- Attend and escalated ligature risks to the Environmental Safety Review Group.
- Ensure that safety alerts and bulletins are circulated to the appropriate staff and that these are actioned and responded to as necessary.
- Collate incident reports across own service area and identify and report on trends of incident types.
- Monitor Serious Incident action plan implementation and fulfil any external reporting requirements.
- Ensure any uncontrolled risks are escalated to the Head of Health and Safety and Estates for action.

5.5 **Service/ Ward Managers**, will

- Ensure that this policy is implemented within building area of their responsibility and that all staff are made aware of policies and procedures and their responsibilities in relation to them.
- Ensure assessments are undertaken annually in all identified rooms and service areas annually and that the assessment covers the issues identified
in both past and recent safety alerts. It will be good practice to have available photographs of identified ligature risks for staff on wards to refer to.

- Retain a paper record of the assessment on the ward.
- Ensure control measures and safe systems of work (i.e. Safe ward Interventions, engagement observations, searches etc.) as necessary are developed and implemented in accordance with this policy and related suicide prevention strategies.
- Ensure that any room identified to have an unacceptably high level of risk is included in the relevant risk register including mitigating action being taken, and that this is brought to the attention of the appropriate risk manager for consideration.
- Ensure there is constant vigilance and observation to identify and assess potential risks.
- Review the findings of environmental ligature risk assessments annually or on significant change (i.e. change of use, modification of the building or after a serious adverse incident involving suicide or attempted suicide using a ligature). This will include the completion of a visual heat map of the ward identifying locations where incidents have occurred.
- Ensure sufficient ligature packs and cutters are available with detailed Procedure for the Safe Use and Access to Ligature Cutters
- That safety alerts relevant to suicide risks in Trust premises lead to an assessment of risk, that actions are taken as necessary and a response sent to the Trust officer with responsibility for safety alerts within the required timescales as required.
- That all relevant staff have completed mandatory training in suicide risk
- Specialist advisers (such as the infection control nurse) are involved where managing a suicide risk may impact on other safety issues
- Ensure that any adverse incidents or near misses, including those involving ligatures in an inpatient setting, are reported according to the Trust Incident Policy and recorded on Datix and investigated accordingly.
- Approve all audits within one week of completion indicating the audit is approved as robust.
- The policy also requires that a daily safety walk is carried out in each inpatient setting to ensure that risks are controlled as far as is reasonably practicable. The purpose of these daily safety walk is to check for any new ligature points, risks, or loss of safety controls. This duty is not to repeat the risk assessment but to identify any damage, tampering with fittings or changes that could lead to increased risk of suicide. Such checks should be noted and any issues acted upon without delay.

5.6 All clinical staff involved in face-to-face contact with service users
• All staff will ensure they are aware of relevant Trust policies and the impact it will have on their practice.
• All staff will ensure they understand what and where the identified ligature risks are on their wards.
• Constant vigilance and observation to identify and assess potential risks; clinical staff are expected to be alert to any other potential environmental risks for suicide that may be identified during practice potential suicide risks and if a new risk is identified to:
  o Assess the level and likelihood of risk and take action to manage this risk and make the area as safe as possible at the time; for example by managing either the environmental risk (e.g. by isolating it) or managing the person’s risk (e.g. through increased observation).
  o Alert the responsible manager for advice and action as soon as possible.
  o Report all adverse incidents and near misses in accordance with the Trust Incident Policy

5.7 Head of Health Safety Fire and Security, will

• Establish and lead the duties of the Anti-ligature Environmental Safety Group.
• Ensure that all patient service areas complete the environmental risk assessment and report to the Corporate Health and Safety Committee on areas of non compliance.
• Review outcomes of ligature assessments and with divisional risk leads agree the annual ligature risk reduction plan.
• Identify the potential costs of reducing ligature risks and submit a business to case to the Capital Investment Group in October of each reporting year.
• Ensure that any adverse incidents or near misses, including those involving ligatures in an inpatient setting, are reported according to the Trust Incident Policy and recorded on Datix and investigated accordingly
• Providing advice and guidance to nursing staff on the requirements of this Policy and health and safety support to nursing staff during completion of the risk assessment.
• Ensure that annual load bearing tests and examinations are carried by competent persons.

5.8 Health and Safety Department

• The Health and Safety Department will provide advice to the Anti-ligature Environmental Safety Group and to clinical and corporate services staff on the standard of anti-ligature devices being proposed within a new building or refurbishment and assist in producing a risk assessment for any new building.
• The Health and Safety Department will also advise and support clinical staff as necessary when they are conducting environmental risk assessments.
• The Health and Safety Department will also conduct random inspections to assess the standard of anti-ligature fixtures and review assessments.
• The H&S Department will maintain effective communication with relevant external networks so as to aid and inform learning.

6.0 PROCESS
Ward/Risk Manager instigates risk assessment

Is there an unacceptable risk?

Yes

Can the risk be eliminated or removed by physical works?

No

Can risk be managed operationally via procedures and practice until works are completed?

No

Escalate to Health and Safety
Seek urgent advice

Yes

What type of works is required?

Urgent Repairs

Significant Project

Risk Lead to request urgent ligature be removed via Safety Manager

Safety Manager to issue job request

Estates to correct the issue

Ward Manager to review the work done to assess current risk

Document risk assessment. Review annually or when there is significant change

Can risk be managed operationally via procedures and practice?

Review on an annual basis or

Can risk be managed operationally via procedures and practice until works are completed?

Yes

Division to agree work-plan with Estates

Estates to specify and cost work

Funding to be agreed by Capital Investment Group

Anti-ligature Review Group reviews recommendation of works based on priority of risk.

Estates to instigate & project manage works

Record on Divisional risk register

Anti-ligature Review Group reviews recommendation of works based on priority of risk.
6.1 **Environmental Risk Factors to Consider**

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

- 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.
- 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.
- Risks identified in existing safety alerts.
- Structures or fittings which could be used in suicide by hanging or strangulation
- Potential ligatures and ligature anchor points
- Obstructions to observation or staff infrequent areas
- Other risks for self-harm or suicide in the environment including access to heights, hazardous substances, wiring, fires, burns, scalds, items of asphyxiation, plastic bags, alcohol hand gel, aerosol, cleaning materials blades and other sharps.
- 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.
- If there has been a ‘new build’ or major refurbishment an assessment must be undertaken prior to service users occupying the building.
- 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.

6.3 **Examples of Ligature Points**

6.4 The following table is intended to assist assessment teams in the identification of likely ligature points. It must be noted that these lists are NOT EXHAUSTIVE.

<table>
<thead>
<tr>
<th>Bedrooms</th>
<th>Bathrooms/Toilets/Showers</th>
<th>Lounges/Quiet/Therapy Rooms</th>
<th>Corridors</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Windows – frames, catches</td>
<td>- Doors – handles, catches, hinges,</td>
<td>- Windows – frames, handles, catches</td>
<td>- Cupboards</td>
</tr>
<tr>
<td>- Doors – handles, hinges, closing device</td>
<td>- Hook e.g. for clothes</td>
<td>- Exposed pipe work</td>
<td>- Fire</td>
</tr>
<tr>
<td>- Curtain / blind rails</td>
<td>- Bath / sink taps,</td>
<td>- Rails for curtains / blinds</td>
<td>- Extinguisher (brackets)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Fire Bells</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Doors – handles, hinges</td>
</tr>
</tbody>
</table>
6.5 Conducting Assessments

6.6 (Adapted from the Manchester Ligature Audit Tool)

6.7 Although no special training is required to spot hazards, anyone undertaking the assessment should be briefed on the process. Identifying hazards will become easier the more experience is gained. The risk assessment can be found at Appendix 2.

6.8 The ward Managers from each ward/clinical will study the assessment tool and how to implement the assessment. In terms of good practice, one or more clinical staff from another area, or service will reduce the effects of over-familiarity with the environment.

6.9 Ward managers will identify with details of the layout of the clinical area, including all areas to which service users have access. Some caution should be exercised when excluding an area on the ward from assessment on the grounds of it being secured and inaccessible to service users.

6.10 Ward managers will be accompanied by their respective Safety Advisor, an Estates Officer and the Divisional Risk Lead who will visit the clinical area designated and check all parts for what they consider to be likely ligature points.

6.11 The assessors will then list all identified likely ligature points on the assessment data sheets. A form for recording these works is attached as Appendix 2.

6.12 Completing the Ligature Point Assessment

⇒ Check all the areas to which service users 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.

⇒ 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 room number and designation of the room (see 6.16)
  • Note the patient profile rating (see 6.17)
  • Note and rate the ligature point rating (see 6.12)
  • Rate the room designation rating (see 6.16)
  • Identify the level of design observation et (see compensating Factors rating below in section (see 6.27)
  • Calculate the risk rating by multiplying the risk factors as described in 6.30.
  • 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.

6.13 Ligature Point Rating

6.14 This rating scale requires the assessor to identify potential ligature points in relation to their position in the room, using the list of possible ligatures in section 6.4 the assessors, will be able to visualize the room as comprising of three levels of potential risks, 1, 2 and 3 (see table below):
6.15 **Key to ratings**

- Any ligature point identified in the area between 1700mm & 4 metres of the room must be scored at 3, given that it is the most obvious area in which a patient could hang himself or herself.
- However above 4 metres access to the very top of the room is greatly restricted unless ladders or other items to stand on are available and is to be scored as level 1.
- Anything in the middle section of the room (700mm – 1700mm) is rated at 2
- Anything in the bottom area (below 700mm) of the room at 1.
- **Please note that height in itself is not the most important factor as 50% of suicides by hanging do not involve full suspension.**

6.16 **Risk profiling of rooms /environment**

6.17 The risk profiling of a room is an assessment of opportunity a patient could have to use a ligature point and are split into the following groups. (See table below)

6.18 Each room in the clinical area will have its own priority. This is rated according to the amount of time most service users will spend in the room without direct supervision from staff or those with unobserved opportunity. For example: most service users will spend periods of time unsupervised in their bedroom or in their ensuite or shower. This rating is an assessment of the opportunity a service user could have to use a ligature point. Assessors are expected to rate the room designation according to usual staff supervision practices in the clinical area being assessed. The ratings are to be in three groups (1, 2, and 3) as follows:

6.19 Note the examples are illustrative only and individual wards may vary on this depending on the design of the building, line of sight and distance of the room from main staff areas. Use the descriptors at the top of each risk column to make your conclusions.

<table>
<thead>
<tr>
<th>Room Designation Rating 3 – (High isolation)</th>
<th>Room Designation Rating 2 – (Medium isolation)</th>
<th>Room Designation Rating 1- (Low isolation)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most service users spend periods of time,</td>
<td>Most service users spend long periods of time with</td>
<td>Areas where there is traffic from staff and service users</td>
</tr>
</tbody>
</table>
in private, without direct supervision of staff: i.e.
- All bedrooms
- Toilet areas
- Shower / Bathroom areas
- Single Sex sitting rooms
- Other isolated areas of the ward

minimum direct supervision of staff and are usually in company of peers: i.e.
- Day rooms
- Dining rooms
- Unlocked therapy rooms
- Unlocked offices
- Unlocked Kitchens
- Garden areas

moving through and isolation is unlikely: i.e.
- General circulation spaces
- Corridors

### 6.20 Patient Risk Profiling and Rating

6.21 While mental health service users are at greater risk of suicide than the general population, some patient groups are more vulnerable and susceptible to suicide risk than others. Clinical areas cater for different functional groups of patients who can, therefore, be profiled into groups who could have a significant, moderate or low **Potential** to use ligature points.

6.22 Each Ward Manager/ Risk Lead should prioritise their patient groups in each clinical area to determine the nature of the risk they present. Where a clinical area cannot be defined in terms of patient group, then the rating must be based on the most vulnerable patient within the group. It is not possible to individualise a room to a patient due to movement of patients within services. The following table suggests a risk rating with associated scale. Please note that the ratings are in three groups (1, 2, 3)

<table>
<thead>
<tr>
<th>High Risk Patient Group</th>
<th>Medium Risk Patient Group</th>
<th>Low Risk Patient Group</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3</strong></td>
<td><strong>2</strong></td>
<td><strong>1</strong></td>
</tr>
<tr>
<td>- Patients with acute severe mental illness</td>
<td>- Patients with chronic or enduring mental health problems</td>
<td>- Patients in self care groups</td>
</tr>
<tr>
<td>- Patients who are unpredictable</td>
<td>- Patients who are susceptible to periodic relapses or sub acute episodes</td>
<td>- Patients in rehabilitation</td>
</tr>
<tr>
<td>- Patients who are depressed</td>
<td>- Patients who are not symptom free (e.g. delusions/hallucinations)</td>
<td>- Patients who have never been assessed as being at risk of suicide</td>
</tr>
<tr>
<td>- Patient/s who are, or have been, of high risk of suicide or severe self harm</td>
<td>- Patients in initial recovery stage following suicide risk or on 1 to 1 observations</td>
<td></td>
</tr>
</tbody>
</table>
- Young people
- Patients with challenging behaviour
- Patients with chaotic behaviour
- Patients with concurrent substance misuse issues
- Patients with concurrent severe social need e.g. (marital / family breakup, financial concerns etc)

been assessed as NOT being an immediate risk of suicide

<table>
<thead>
<tr>
<th>High Risk Remains</th>
<th>Medium Risk Remains: 2</th>
<th>Medium Risk Remains: 2</th>
<th>Medium to Low Risk Remains: 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Limited observation</td>
<td>Limited observation</td>
<td>Good observation through good</td>
</tr>
<tr>
<td></td>
<td>Good observation through good</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6.23 **Compensating Factors Rating**

6.24 Good observation will mitigate some of the risk posed by areas with any degree of isolation. In order to qualify as an compensating factor the item must be either a design element (e.g. one which allows for good observation, such as glazed walls, good line of sight, well positioned staff areas affording good observation etc) or a permanent procedure (e.g. general observation practices, baseline observation standards of staff, zoning tool etc).

6.25 A compensating factor must be common practice or relate to the design of the room and must be permanent. For example, a patient placed on continuous observation whilst in their bedroom at the time of the assessment will not count as a compensating Factor because this is a temporary clinical management strategy and not a permanent or consistent element (albeit that it is a good management strategy). Continuous observations may compensate for poorly designed observation factors in a building and clinical risk.

6.26 Appropriate staffing levels may vary from day to day and the assessment should be based on typical working conditions based on perhaps the last 3 months. If staffing numbers have been made up with inexperienced or irregular bank staff then consider staffing levels to be limited staffing. There is good evidence that irregular staff will not have knowledge of the patients behaviour and risk factors that a regular member of staff will have.

6.27 The following table of examples is NOT EXHAUSTIVE and local variations may also apply:
6.28 **Assigning a Risk Rating**

6.29 In order to determine the level of risk a prioritisation score is given to each location.

6.30 Multiply the Room Designation Score x Patient Population Profile x Ligature Point Rating x Compensation factor, e.g.:

*Bedroom (room designation), acute inpatient (patient population profile), weight-bearing coat hooks at head height (ligature point), no permanent staff supervision (no compensatory factor):*

\[ 3 \times 3 \times 3 \times 3 = 81. \]

6.31 The maximum score for any ligature point is 81.

6.32 *Exposed pipes* at just above floor level (below 700 mm) rather than coat hooks in such a room would mean a score of:

\[ 3 \times 3 \times 1 \times 3 = 27. \]

6.33 Once the ligature risk rating is determined, any existing controls should be considered and these recorded on the assessment form. These compensating actions may be sufficient to reduce the risk of the ligature to an acceptable level – this is called the residual risk. The residual risk should be graded as:

- Low (generally adequate),
- Medium (generally a cause for concern) or
- High (necessitating immediate or rapid action).

6.34 Where risks are identified and score highly (i.e. a higher numerical value) and also score medium or high on residual risk once mitigating actions have been considered, these situations warrant particular scrutiny.

6.36 **Following the assessment**
6.37 Once the assessment is completed the Lead Person will sign off the risk assessment which includes the ESRA Management plan and identify risks to be removed based on the findings.

6.38 The assessor should consider the following strategies for controlling ligatures. 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.

<table>
<thead>
<tr>
<th>Remedial Action</th>
<th>Description Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remove</td>
<td>The risk is deemed to be of such a nature that to leave it would put the service users 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.</td>
</tr>
<tr>
<td>Remove &amp; Replace</td>
<td>The risk is deemed to be of such a nature that to leave it would put the service users at risk. The ligature point is removed and replaced with a purposely-designed similar anti-ligature piece of equipment or materials.</td>
</tr>
<tr>
<td>Remove and Renew</td>
<td>The risk is deemed to be of such a nature that to leave it would put the service users at risk. The ligature point is removed and new alternative equipment or materials are installed.</td>
</tr>
<tr>
<td>Protect</td>
<td>Provide materials that hide the potential ligature point.</td>
</tr>
</tbody>
</table>
| 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 i.e. doors  
                          OR  
                          The need to keep the risk because of potential injury is greater than the potential of an attempted suicide, i.e. grab rails within an elderly service user’s toilet, collapsible curtain tracking falling down when pulled on an organic older adults ward. |

6.36 **Taking Action**

6.37 Where risks are identified and existing mitigations are inadequate, or temporary, it is likely there will be a need to take some action. Action may be taken locally if it is within the remit or control of the Division or ward. However in many situations, particularly where there are fixtures and fittings to be replaced, there
may be significant investment to make the change. It is acceptable to make a recommendation or link a proposed action to a Trust wide work plan. This will help inform the work-plan and priorities.

6.38 A bi-monthly Anti Ligature Review Group will collate the findings and 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.

6.39 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.

7.0 CONSULTATION

7.1 The Trust will ensure that all members of staff are provided with the information that they require to work safely and without risk to their health. This will include information, such as the results of assessments and the appointment of various categories of competent persons, required under various pieces of legislation.

7.2 Consultation on health and safety matters with employees who are members of a recognized trade union will take place through the agreed channels. However; employees who are not members of a recognized trade union will be consulted with either directly or through a representative whom they have elected. This will enable the trust to meet its obligations under the Consultation with Employees Regulations 1996.

8.0 TRAINING AND SUPPORT

8.1 Although no special training is required to spot hazards, anyone undertaking the assessment should be briefed on the process. Identifying hazards will become easier the more experience is gained

9.0 MONITORING

<table>
<thead>
<tr>
<th>What part of the policy will be monitored</th>
<th>Where in the policy is this referenced</th>
<th>Monitored by</th>
<th>How</th>
<th>Frequency of monitoring</th>
<th>Monitored by which committee</th>
<th>Completion / Exception reported to</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completion of Environmental Ligature Risk</td>
<td>6.5 Appendix</td>
<td>Head of Health</td>
<td>Audit of SPA</td>
<td>6 monthly</td>
<td>Health and Safety</td>
<td>Risk Management</td>
</tr>
</tbody>
</table>
10 EQUALITY AND HUMAN RIGHTS ANALYSIS

Title: Environmental Suicide Risk Assessment

Area covered: Trust wide inpatient services

What are the intended outcomes of this work? Include outline of objectives and function aims:
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, patients, service users

Evidence

What evidence have you considered?
CQC and National guidance on suicide prevent

Disability (including learning disability)
All persons at risk covered in this policy
<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sex</strong></td>
<td>No impact</td>
</tr>
</tbody>
</table>
| **Race**                  | Consider and detail (including the source of any evidence) on difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers.  
No impact                                      |
| **Age**                   | Consider and detail (including the source of any evidence) across age ranges on old and younger people. This can include safeguarding, consent and child welfare.  
Policy considers all age groups who may be at risk |
| **Gender reassignment (including transgender)** | Consider and detail (including the source of any evidence) on transgender and transsexual people. This can include issues such as privacy of data and harassment  
No impact                                      |
| **Sexual orientation**    | Consider and detail (including the source of any evidence) on heterosexual people as well as lesbian, gay and bi-sexual people.  
No impact                                      |
| **Religion or belief**    | Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief.  
No impact                                      |
| **Pregnancy and maternity** | Consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities.  
No impact                                      |
| **Carers**                | Consider and detail (including the source of any evidence) on part-time working, shift-patterns, general caring responsibilities.  
No impact                                      |
| **Other identified groups** | Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access.  
Policy considers all groups of people who may vulnerable |
**Cross Cutting implications to more than 1 protected characteristic**

No impact

<table>
<thead>
<tr>
<th>Human Rights</th>
<th>Is there an impact?</th>
<th>How this right could be protected?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right to life (Article 2)</td>
<td>Use not engaged if Not applicable</td>
<td></td>
</tr>
<tr>
<td>Right of freedom from inhuman and degrading treatment (Article 3)</td>
<td>Use not engaged if Not applicable</td>
<td></td>
</tr>
<tr>
<td>Right to liberty (Article 5)</td>
<td>Use not engaged if Not applicable</td>
<td></td>
</tr>
<tr>
<td>Right to a fair trial (Article 6)</td>
<td>Use not engaged if Not applicable</td>
<td></td>
</tr>
<tr>
<td>Right to private and family life (Article 8)</td>
<td>Use not engaged if Not applicable</td>
<td></td>
</tr>
<tr>
<td>Right of freedom of religion or belief (Article 9)</td>
<td>Use not engaged if Not applicable</td>
<td></td>
</tr>
<tr>
<td>Right to freedom of expression Note: this does not include insulting language such as racism (Article 10)</td>
<td>Use not engaged if Not applicable</td>
<td></td>
</tr>
<tr>
<td>Right freedom from discrimination (Article 14)</td>
<td>Use not engaged if Not applicable</td>
<td></td>
</tr>
</tbody>
</table>

Engagement and Involvement *detail any engagement and involvement that was completed inputting this together.*
Consultation with ward managers, risk leads and safety advisors

Summary of Analysis  This highlights specific areas which indicate whether the whole of the document supports the trust to meet general duties of the Equality Act 2010

Eliminate discrimination, harassment and victimisation
- No impact

Advance equality of opportunity
- No impact

Promote good relations between groups
- No impact

What is the overall impact?
- Low

Addressing the impact on equalities

There needs to be greater consideration re health inequalities and the impact of each individual development /change in relation to the protected characteristics and vulnerable groups

Action planning for improvement

Detail in the action plan below the challenges and opportunities you have identified. Include here any or all of the following, based on your assessment

- Plans already under way or in development to address the challenges and priorities identified.
• Arrangements for continued engagement of stakeholders.
• Arrangements for continued monitoring and evaluating the policy for its impact on different groups as the policy is implemented (or pilot activity progresses)
• Arrangements for embedding findings of the assessment within the wider system, OGDs, other agencies, local service providers and regulatory bodies
• Arrangements for publishing the assessment and ensuring relevant colleagues are informed of the results
• Arrangements for making information accessible to staff, patients, service users and the public
• Arrangements to make sure the assessment contributes to reviews of DH strategic equality objectives.

For the record

Name of persons who carried out this assessment:
Carlton Brooks

Date assessment completed:
July 10 2019

Name of responsible Director:
Elaine Darbyshire

Date assessment was signed:
July 2019

11. APPENDICES

Appendix 1: CQC Ligature Point Guidance
Appendix 2: Ligature Risk Assessment
Appendix 3: Pictures of Ligature Risks identified on ward
Appendix 1: CQC brief guidance on Ligature Points

Ligature points

Context

Three-quarters of people who kill themselves while on a psychiatric ward do so by hanging or strangulation. A ligature point is anything which could be used to attach a cord, rope or other material for the purpose of hanging or strangulation. Ligature points include shower rails, coat hooks, pipes and radiators, bedsteads, window and door frames, ceiling fittings, handles, hinges and closures.

The risk posed by a ligature point is greater if:
1. It is in a room in which patients spend time in private without direct supervision by staff (e.g. bedroom, toilet, bathroom).
2. It is in a ward/area used by high-risk patients (e.g. acute mental illness; high risk of suicide; challenging or chaotic behaviour; comorbid substance misuse).
3. The ligature point is between 0.7 metres and 4 metres from the ground.
4. Nursing staff cannot easily observe all areas of the ward because of poor ward design or because there are too few nurses on duty.
## Appendix 2: Environmental Suicide Risk Assessment

<table>
<thead>
<tr>
<th>Location</th>
<th>Item /Description of Hazard</th>
<th>Ligature point Rating (refer to 6.11)</th>
<th>Room Designation (Refer to 6.16)</th>
<th>Patient Risk Profile (refer to 6.17)</th>
<th>Compensating Factors (refer to 6.27)</th>
<th>Risk Rating $c \times d \times e \times f$</th>
<th>Action required i.e. Remove or Replace or Protect or Remain</th>
<th>Immediate clinical action i.e. increased observations</th>
<th>Date item removed / replaced</th>
<th>Residual Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example bedroom</td>
<td>Non collapsible curtain rail</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>81</td>
<td>Replace with collapsible rail</td>
<td>1:1 observation eye contact at all times</td>
<td>01 May 2019</td>
<td>Low</td>
</tr>
<tr>
<td>Example Corridor</td>
<td>Non-anti-ligature door handle</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>9</td>
<td>Remain</td>
<td>Item in area of high staff observation</td>
<td>No further action</td>
<td>Low</td>
</tr>
<tr>
<td>Inspected by insert names below</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Example bedroom

- **Non collapsible curtain rail**
  - **Location:** Example bedroom
  - **Room type and door number:**
  - **Item /Description of Hazard:** Non collapsible curtain rail
  - **Ligature point Rating (refer to 6.11):** Low =1, Med =2, high =3
  - **Room Designation (Refer to 6.16):** (Low =1), (Med =2), (high =3)
  - **Patient Risk Profile (refer to 6.17):** (Low =1), (Med =2), (high =3)
  - **Compensating Factors (refer to 6.27):** (Low =1), (Med =2), (high =3)
  - **Risk Rating $c \times d \times e \times f$:** 81
  - **Action required i.e. Remove or Replace or Protect or Remain:** Replace with collapsible rail
  - **Immediate clinical action i.e. increased observations:** 1:1 observation eye contact at all times
  - **Date item removed / replaced:** 01 May 2019
  - **Residual Risk:** Low

### Example Corridor

- **Non-anti-ligature door handle**
  - **Location:** Example Corridor
  - **Room type and door number:**
  - **Item /Description of Hazard:** Non-anti-ligature door handle
  - **Ligature point Rating (refer to 6.11):** Low =1, Med =2, high =3
  - **Room Designation (Refer to 6.16):** (Low =1), (Med =2), (high =3)
  - **Patient Risk Profile (refer to 6.17):** (Low =1), (Med =2), (high =3)
  - **Compensating Factors (refer to 6.27):** (Low =1), (Med =2), (high =3)
  - **Risk Rating $c \times d \times e \times f$:** 9
  - **Action required i.e. Remove or Replace or Protect or Remain:** Remain
  - **Immediate clinical action i.e. increased observations:** Item in area of high staff observation
  - **Date item removed / replaced:** No further action
  - **Residual Risk:** Low
<table>
<thead>
<tr>
<th>Location Room type and door number</th>
<th>Item /Description of Hazard</th>
<th>Ligature point Rating (refer to 6.11)</th>
<th>Room Designation (Refer to 6.16)</th>
<th>Patient Risk Profile (refer to 6.17)</th>
<th>Compensating Factors (refer to 6.27)</th>
<th>Risk Rating (c \times d \times e \times f)</th>
<th>Action required i.e. Remove or Replace or Protect or Remain</th>
<th>Immediate clinical action i.e. increased observations</th>
<th>Date item removed / replaced</th>
<th>Residual Risk High Med Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>a)</td>
<td>b)</td>
<td>c)</td>
<td>d)</td>
<td>e)</td>
<td>f)</td>
<td>g)</td>
<td>h)</td>
<td>i)</td>
<td>j)</td>
<td>k)</td>
</tr>
</tbody>
</table>

**Annual Review**

<table>
<thead>
<tr>
<th>Date</th>
<th>Completed by</th>
<th>Role</th>
<th>Comments</th>
</tr>
</thead>
</table>

HS8 – Environmental Suicide Risk Assessment – Version 4, 2019
Note: Reviews should also be undertaken immediately following a NEVER Event, changes to the environment, on failure of any safety device or if the assessment becomes no longer valid
Appendix 3: Pictures of Ligature Risks Identified on Ward

(add photographs of relevant unit, fittings etc.)

Bathroom/Toilet/Showers:

Sinks and Taps

<table>
<thead>
<tr>
<th>Latest generation Anti Ligature sinks</th>
</tr>
</thead>
<tbody>
<tr>
<td>All potential ligature anchor points are removed including pipework, drainage holes and taps. The bowl is shaped so that ligatures will slip off if attempts are made to tie ligatures around it.</td>
</tr>
</tbody>
</table>

Shower Unit/Controls

| Push to activate shower controls can protrude enough for a non full body weight suspension. Non full body weight suspensions account for half of ligature usages. |

Toilets

| Toilet seats and flush handles can both be used as ligature anchor points. Whilst toilet flush handles can be replaced for button flushes, anti ligature toilet seats are met by service user resistance. |

Consider replacing with anti ligature fitments

<table>
<thead>
<tr>
<th>Anti Ligature Bathroom Equipment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anti ligature soap, toilet paper and hand towel dispensers are specifically designed to break from their mounts if sufficient pressure is applied to them. These dispensers usually have white backing plates (as in this picture) however; some are mounted on sticky pads.</td>
</tr>
</tbody>
</table>

Check to ensure that anti ligature items are in good condition and not damaged.
Bedroom:

**Door Closer Mechanisms**

Can be internal/external or flush mounted: Easily identified and will support full body weight.

**Window Fitments**

Ligature can be inserted behind sliding window and when closed can support full body weight.

*Must be locked either open or closed to avoid risk*

**Door Tops**

Items regularly placed over door tops can hide ligatures and when done on a regular basis can desensitise the perception of risk. Door top and bottom alarms can be fitted however, they can be countermanded.

*Items on top of doors should not be permitted and removed immediately.*

Common/Lounge Areas

**Trailing Leads**

Electrical cables including power leads and control cables are often un-audited can be taken from one area to another without being noticed.

*Audit the number of cables you have and check regularly*
**Corridors**

Exposed Wiring

Ligatures can be threaded through gaps between electrical trunking/pipework and wall surfaces and can support full body weight suspensions.

Wiring should be secured in trunking channels which should run fully flush against walls.

Door handles

Door handles including the one in the accompanying picture provide a good ligature anchor points.

Wherever possible remove and replace with anti ligature handles.

Exposed and over length Cabling

Extension leads should be avoided wherever possible by using permanently hard wired in sockets.

Wires should be secured in trunking whenever possible if not they should be securely fixed to walls with no visible loops or gaps behind

**Garden (including access):**

External doorway and doorways leading to enclosed courtyard

Door poses potential ligature point from door furniture and the side, bottom and top of door. Door handles can be replaced by anti-ligature fittings.

Replace with anti-ligature fittings.

Staff need to risk assess service user before allowing access.

Garden Structures

Selection of new garden structures should take into account both the type and style together with their location in order to avoid both potential ligature points and absconding risks.
Plants & Vegetation

All plants and vegetation should be checked for their toxicity and have regular up-keeping completed. Any soil should be screened for sharp and large items on a regular basis.

Selection and maintenance of plants should be undertaken regularly.

**Appendix 4: Significant Ligature Incident Reports**

<table>
<thead>
<tr>
<th>Web Number</th>
<th>Date</th>
<th>Incident Description</th>
<th>Risks</th>
<th>Actions Taken</th>
</tr>
</thead>
<tbody>
<tr>
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</table>
Appendix 5: Staff Signature List

Ward name ESRA

SIGNATURE LIST TO CONFIRM STAFF HAVE READ AND UNDERSTOOD THE WARD ENVIRONMENTAL SUICIDE RISK ASSESSMENT AND MANAGEMENT PLAN

<table>
<thead>
<tr>
<th>Staff Name</th>
<th>Signature</th>
<th>Date</th>
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