The Melbourne Clinic

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A Healthscope Hospital

3rd April 2014

Claire Coate
Coroners Registrar
Coroners Court of Victoria
Level 11
222 Exhibition Street
Melbourne 3000

Dear Ms Coate,

Re: Court Ref: COR 2011 003855

I refer to your letter dated 28 January 2014 and recommendations pursuant to Section 72(2) of the ***Coroners Act 2008***, Recommendation 1.

> **"That TMC undertake a ligature audit of the wards in which any psychiatric patient is admitted using the PERT amended to incorporate the Ligature Point Rating from the Worcestershire Mental Health partnership NHS Trust Policy for assessing, addressing and managing ligature risk in inpatient areas, 24-hour off site nursed units and other clinical treatment areas."**

The Melbourne Clinic undertook a review of its current policies and audit tool with particular reference to the recommendations of the Coroner. The following changes have been made:

- New TMC Policy has been developed in 2014. This was developed based on Worcestershire Mental Health Partnership NHS Trust; Policy for Assessing, addressing and Managing Ligature risks in in-patient areas,24hour(offsite)nursed units and other clinical treatment areas.
- The Melbourne Clinic Policy 1.1.24 Assessing, Addressing Managing. Environmental Risks in a MH Environment - NEW
  Policy was developed in consultation with Medical Director / General Manager/ DON / WHS team / Quality Team / TMC Clinicians/ Quality Committee
- PERT audit tool and process raised at February Quality Meeting 2014
- Final Draft Policy reviewed and discussed at 28th March 2014 at Quality Meeting
- PERT Education package reviewed by WHS and Quality team with reference to the new policy
- Copies of education package- pp presentation rollout for April 2014 – not able to be emailed due to photograph content/ size restrictions- hard copy distribution and saved on Ldrive for staff access
- Risk Register review to include NEW policy requirements
- New Environmental Ligature risk Audit Tool developed by Quality & Safety team based on policy.
- NEW Audit tool tabled at quality meeting 28th March 2014
- PERT – 6 monthly RA tool includes new rating requirements for ligature risks – Quality & Safety Team

A copy of ***"The Melbourne Clinic Policy 1.1.24 "Assessing, Addressing Managing Environmental Risks in a Mental Health Environment"***, and, ***"The Melbourne Clinic – Environmental Ligature Risks Audit Tool – (TMC ELRAT – V1)"*** are attached.

Yours sincerely

Andrew McKenzie
General Manager

The Melbourne Clinic

Manual:	**Policy and Procedure**	**Ref. No.:**	**1.1.24**
Section:	**Clinical**	**Issue Date:**	**Feb 2014**
		Page:	**1 of 16**
Subject:	**Assessing, Addressing and Managing; Environmental Risks in patient areas including Ligature risks.**		

PURPOSE

Hanging is the main method of suicide for mental health service users in in-patient units. Hanging may involve suspending the body from a high ligature point although many deaths also occur through asphyxiation or strangulation, without suspension of the body, using a ligature point below head height.
A significant proportion of suicides are believed to occur through impulsive acts, using what may be seen as reasonably obvious ligature points.

Because of this data, The Melbourne Clinic has a policy for the assessment and management of ligature risks in in-patient areas that includes regular Environmental Ligature Risks Audits

This Policy addresses the environmental risks posed within a health service that could assist a patient/consumer to attempt Suicide or Self Harm.

Environmental Fittings: This policy is to focus on environmental fittings in patient areas **NOT** on patient belongings. (*Patient belongings are covered in The Melbourne Clinics Policy HARMFUL **OBJECTS- "items of risk")***

Risk Controls: Where it is not possible to remove structures identified as a ligature point or where obstructions to the observation of the consumers have been identified, The Melbourne Clinic must adopt other risk controls, including changes to buildings, fittings and operational management.

Patient Safety: Managing patient safety must always be in accordance with current policies that detail protocols for good clinical practice including risk assessment, patient zoning and patient observation

If due to human ingenuity and /or a lack of technical solution it is not possible for all ligature points to be addressed a judgement must be made about the likelihood of something being used as a ligature point. Equally there may be some potential ligature points that need to remain, as removing them will create a greater risk to the Patient/consumer e.g. Grab rails in elderly units and in specified disability rooms/toilets. Operational Management systems need to be in place for these areas

It is important to note that there may be clinical units where patients are of low weight (e.g. eating disorder units) whereby collapsible anti-ligature fittings may not always manage the risk of suicide or self-harm from hanging as they may not necessarily collapse under the loads imposed on them.

This policy should be seen as an integral part of other measures to reduce suicide and self-harm such as clinical risk assessment, observation and consumer engagement by clinicians.

This policy must be used in conjunction with TMC policy **HARMFUL OBJECTS- "items of risk" and Corporate policies relating to clinical Risk assessment and observation,** *listed in the reference section of this policy*

SCOPE

The following areas are required to be included in the PERT;

Approved	Andrew McKenzie	Approved	Fiona Langley
Designation:	General Manager	Designation:	Director Of Nursing
Signature		Signature	

Patient Areas: All patient areas including patient bedrooms, patient bathrooms, and Communal areas such as patient lounge, dining and group rooms, enclosed gardens and outdoor courtyards on the premises.

Areas such as ECT Procedural rooms whereby a patient s is constantly supervised are only included in the PERT if there is a risk of unsupervised accessed by patients. This must be included on facility risk register.

NON Patient areas: Non patient areas are not included in the PERT e.g. The Melbourne Clinic Kitchen

Frequency: The PERT is to be conducted 6 monthly and action plan reviewed 3 monthly

Significant Changes: The PERT must be also completed when there has been a significant change or event i.e. a change of consumer use of an area, a modification of the building or after a sentinel event involving suicide or attempted suicide or Self Harm using a ligature

This policy applies to The Melbourne Clinic.

POLICY

The Melbourne Clinic policy on Assessing, Addressing and Managing; Environmental Risks in patient areas including Ligature risks is:

- **Patient Safety: Managing patient safety must always be in accordance with current policies that detail protocols for good clinical practice including risk assessment, patient zoning and patient observation**
- **Environment: this policy is to focus on environmental fittings in patient areas NOT on patient belongings**
- **PERT Frequency: The PERT (Risk Assessment/Audit)– TMC hospital wide is to be conducted 6 monthly and action plan reviewed 3 monthly**
- **Significant Changes: The PERT must be also completed when there has been a significant change or event i.e. a change of consumer use of an area, a modification of the building or after a sentinel event involving suicide or attempted suicide or Self Harm using a ligature**
- ***Clinical Managers are to undertake regular inspections of patient areas and check for any new ligature points, risks, or loss of safety controls.* This must be recorded on the items of Risk Observation Check form, as a riskman entry and on the kwicklook system if a maintenance follow-up is required.**

Approved	Andrew McKenzie	Approved	Fiona Langley
Designation:	General Manager	Designation:	Director Of Nursing
Signature		Signature	

- **Ligature Risk Audits: Nurse Unit Managers in all inpatient units and Therapy Managers maintaining a group room are required to carry out regular; minimum - monthly *Environmental Ligature Risks Audit* of all patient areas including clinical treatment areas, and therapy group rooms. Nurse Unit Managers are required to do this environmental Ligature risk audit in addition to their weekly Harmful object Item of Risk audit.**
- **This policy must be used in conjunction with TMC policy HARMFUL OBJECTS- "items of risk" and Corporate policies relating to clinical Risk assessment and observation, *listed in the reference section of this policy***
- **If maintenance works for any reported ligature risk are not able to be acted on promptly the Maintenance Manager must report the status of the works required to their line Manager and General Manager.**
- ***Reporting: It is important that any ligature risk identified that cannot be controlled effectively are recorded and brought to the immediate attention of the Director of nursing and General Manager***
- ***Where reduction or removal of a ligature anchor point requires significant investment this must be reported to the General Manager, a risk assessment should be completed and the identified risk added to the Risk Register.***

DEFINITION:

Ligature

A ligature could be defined as any piece of clothing, cordage, other tether or any item that can be tied or fastened around the neck, which could be used when, tied to an object as a tie or noose for the purpose of self- harming by strangulation or hanging .

A ligature can include:

Plastic bags, belts, shoelaces, electrical cable, torn strips of bedding or phone charger leads.
This is not an exhaustive list and additional information can be found in appendix1 of the TMC **HARMFUL OBJECTS- "items of risk" policy** and **healthscope** shared learnings.

Anchor Points;

A ligature anchor point is a fitting that can be found within an internal or external environment that can be accesses by a patient
This could be used to secure a ligature to, where the whole, or significant part of the body's weight can be suspended *over* the weight of 15k g.

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Designation:	General Manager	Designation:	Director Of Nursing
Signature		Signature	

Anchor points can include, *but not limited to:*

- A Gap between a window or door and its frame
- Window, cupboard or door handles
- Coat and towel hook
- Window curtain, bed curtain shower rails
- Showerhead and controls
- Sink taps, plug & waste pipes
- Door hinges, self-closers
- Ventilation Grills , ceiling vents

PERT: Psychiatric Environmental Risk Assessment tool - Audit

RESPONSIBILITY:

General Manager:

It is the responsibility of the General Manager to ensure that this policy is implemented within the hospital and all levels of management fulfill their level of responsibilities.

Director of Nursing (and or delegate)

It is the responsibility of the Director of Nursing for ensuring that nursing practice in relation to the management of consumers/patients who are presenting with a risk of suicide or Self harm is appropriate and in accordance with best practice, TMC policies and corporate policies for the management of risk

Nurse Unit Managers, Therapy Managers & Department Managers
The managers will bring this policy to the attention of their staff and ensure that the following is observed:

- Ensure the policy is implemented within their department
- Communicate any risks identified during the PERT & any other time on Riskman
- Ensure control measures and safe systems of work e.g. (observations, searches, item of risk checks, maintenance etc.) as necessary are carried out in accordance with related policies and procedures and related suicide/self-harm prevention management strategies.
- Ensure that all safety equipment is available and in working order including unit Ligature scissors/cutters stored in each unit's Emergency cupboard
- ***Clinical Managers*** *are to undertake regular inspections of patient areas and check for any new ligature points, risks, or loss of safety controls.* This must be recorded on the items of Risk Observation Check form, as a riskman entry and on the kwicklook system if a maintenance follow-up is required.
- Nurse Unit Managers in all inpatient units and Therapy Managers maintaining group rooms are required to carry out regular; minimum – monthly, an Environmental Ligature Risks Audit of all patient areas including clinical treatment areasand therapy group rooms. Nurse Unit Managers are required to do this environmental Ligature risk audit in addition to their weekly Harmful object Item of Risk audit.

Clinical –Managers
Clinical Managers & Nurses in charge of the unit/area are responsible for the care and protection of Consumers/patients and staff and the maintenance of a Safe Environment.

Nurse Managers are to undertake regular inspections of the inpatient areas and check for any new ligature points, risks, loss of safety controls and Harmful Objects and determine if any of these items are present and their elimination or minimisation management as appropriate.
This inspection is not to repeat a full PERT risk assessment but only to identify damage, tampering with fittings or fixtures or changes that could lead to increased suicide.

Any defects or risks are to be acted on immediately and reported as an incident on riskman and on Kwicklook if relevant

Weekly Audits: Regular Environmental Ligature Risk Audits, using the TMC "*Environmental Ligature Risk Audit tool*" will be regularly carried out by Nurse Unit Managers.
This audit is in addition to their Harmful Objects. –"items of risk" weekly audit, in accordance with TMC Harmful Objects. –"items of risk" policy

Individual employee – staff member
- Staff have a duty to follow all safe systems of work , policy and procedures and management plans in place to control the risk to suicide and self-harm
- All staff are to remain vigilant in the identification of potential risks or **ligature,**
- On identification report any hazard/incident that could give rise to an increased risk of suicide on Riskman and Kwicklook if maintenance is required. Such hazards may include broken or improperly fitted curtain track, improperly fitted collapsible rail or an unlocked door to a secure non – patient area, which may contain ligature points.

- Clinical Staff should be familiar with the location unit/department s ligature cutter and how to access and use it.

Clinical - Nursing Staff are to remain vigilant in the identification of potential risks or **ligature points as part of the daily visual check** of patient rooms, This is in order to identify if there are any additional ligature risks or anchor point which may be of risk.
Example: *additional stick on hooks that may have been stuck on the walls or inside wardrobe doors*

Medical Staff
Healthscope and The Melbourne Clinic Policies must be complied with in relation to patient safety, clinical risk assessment and management.

Healthscope policies:
- Risk Assessment and Levels of observations – patient & related risk assessment tools
- Leave form a MH facility
- Absconding and missing patient

The Melbourne Clinic Polices
- **HARMFUL OBJECTS- "items of risk"**

Maintenance Manager

General Maintenance: Maintenance works for any reported ligature risk must be carried out in a timely fashion.

If maintenance works for any reported ligature risk are not able to be acted on promptly the Maintenance Manager must report the status of the works required to their line Manager and General Manager.

Maintenance works, Development Projects, New Build or Refurbishments:

Maintenance must ensure that consultation with Management, Clinical staff, Quality and WHS staff and consumer consultant occurs in order to ensure a detailed risk assessment is completed for the environment, prior to new works being completed. This is to ascertain the potential for the creation of NEW ligature or anchor points which could lead to patient harm or death

Late assessments will inevitably lead to additional problems and additional costs for rectification

The assessment should consider such items and areas as building layout, building fabric, choice of furnishings, fixtures and fittings, equipment and hardware relating to maintenance.
The assessment should also consider the potential for the creation of ligature /anchor points by the consumer/patient themselves.

Environmental Services
***Non* Clinical / Housekeeping Staff** are to complete a **daily visual check** of patient rooms as part of daily room cleaning, (**NOT** physically search any patient's belongings) in order to identify if there are any additional ligature risks or anchor point which may be of risk. An example may be additional stick-on hooks that may have been stuck on the walls or inside wardrobe doors without authorisation.

Discharge Checklist: In addition this check must be completed for each discharge and recorded on the Housekeeping Discharge Checklist

PROCEDURE:

PERT Audit team - *6 monthly*

The PERT risk assessment team should include, as a minimum, two members of clinical staff, with all hospital units/areas/wards being represented,

Core members of the team are to include WHS Manager, Quality Manager, Maintenance & Environmental Services representation, and finally the GM and /or DON/ADON, executive representative, (who have the authority to approve urgent minor works).

In terms of good practice, two or more clinical staff, from an area (or service) other than the one in which they work, should audit each clinical area. This will reduce the effects of over-familiarity with the environment

Consideration may also involve an external appropriate person e.g. a staff member from another Healthscope site.

The General Manager must be made aware of this invitation and approve their membership to the team.

Audit Teams will be expected to survey the entire clinical area (excluding those parts to which patients do not have access), to identify all potential or actual ligature risks.

All these likely ligature points will then be recorded on the PERT audit data sheet Audit Teams will also be responsible for noting what actions may be necessary to address the identified hazard(s) e.g removal of the hazard, the "engineering out" of the hazard or, following local agreement, managing the risk through a change in operational practice

Facility Departmental Audits: **Maintenance audits** and **Housekeeping audits** should be undertaken regularly, but not less than quarterly, to include identification of broken fittings and fixtures and storage practices of laundry and cleaning items

PERT- Action Plan- Hospital 6 monthly audit

- After completion of the 6 monthly PERT audit an action plan is to be developed with all identified outliers/risks.
- All outliers need to be risk rated on the PERT audit spreadsheet ACTION PLAN
- General Manager and Director of Nursing should be alerted to any issues rated as a high risk.
- PERT audit results action plan is developed in consultation with the PERT team.
- PERT Action plan is reviewed quarterly or as deemed necessary (e.g. sited will building programs may need to review more often)
- PERT action plan must be reviewed and approved by the General Manager Maintenance items added to kwiklook
- **Reporting:** Results to be discussed and tabled at the relevant site committees (e.g. Quality)

Education- PERT

An Education Power point package is available, with a focus on assisting staff & Audit teams identify Ligature Risks. It includes photographs of acceptable and not acceptable fixture and fittings e.g. tap ware in bathrooms.

In addition the Mental Health eLearning program includes harmful objects items of risk section

GUIDANCE ON HOW TO COMPLETE A LIGATURE AUDIT

Managing risk is neither, a discrete activity or precise science. It is also unlikely that risk can be entirely removed. The most effective approach entails a whole system approach and this audit aims to capture the salient points and therefore provide local managers, Quality and Safety teams and executive with a policy and tool kit *(Environmental Ligature Risk Audit tool & PERT Audit Tool)* that makes clinical environments as safe as possible.

Furthermore, it must be remembered that **risk is dynamic**, environments change, service users and staff change and the way in which the environment is used changes through each and every day.

The audit focuses upon FIVE dimensions;

1. **Room Designation Rating** (Score from 1 to 3);
2. **Patient Population Profile Rating** (Score from 1 to 3);
3. **Ligature Point Rating** (Score from 1 to 3);
4. **Type of Ligature Point** and
5. **Compensating Factors** (Score from 1 to 3).

The following example given to illustrate how the audit works & should be scored.

Process: *MULTIPLY* the **"Room Designation rating/score"** x **"Patient Population Profile rating/score"** x **"Ligature Point Rating/score"** x **Compensation Factors rating/score"** = **Final Aggregate Score.**

Example:
Bedroom *(room designation)* **of an adult in-patient,** *(patient population profile)* **with weight bearing coat hooks in situ at head height ,** *(ligature anchor point)* **and with a positive culture of risk management amongst staff /team** (*compensatory factors),*
Would attract scores of 3x3x3x1 = 27

APPLYING THE LIGATURE RISK TOOLS & PERT AUDIT TOOL
When undertaking audits a systematic approach to the task should be adopted

Establish all areas to which patients have access.
Check all rooms in a similar and structured manner, working each time from an identified point in the room, and moving left-right and up-down from that point.

Adopt a systematic approach to the identification of observation points into, and within a room, checking and noting all ligature points which are seen.
When a ligature point has been identified, the details should be noted on the audit data sheets. All sections should be completed, including (where appropriate) the section headed "recommended/remedial action".

It is acknowledged that there will be some risks, the evaluation of which will require specialist

knowledge and advice from the facilities department head, or alternatively (or GM/DON). An initial assessment of the risk identified should still be made on the audit data sheet.

In addition to the rooms being assessed, the audit also requires the unit /ward staff to consider the use of the internal and external environment, the quality of the fixtures and fittings and how it is managed.

This is best considered by the full clinical care team as each individual may have different contributions to make.

1 ROOM DESIGNATION RATING

The audit process entails a review of each room , corridor, stairwell, garden, etc. across all FIVE dimensions.
Each room in the clinical area will be given its own rating. This rating will depend upon the amount of time most patients will spend in a particular room, without direct supervision from staff, or those patients who have "unobserved opportunity". For example, most patients will spend periods of time unsupervised in their bedroom, or in the shower/bathroom.

This rating is an assessment of **Opportunity** a patient could have to use a ligature point. Auditing teams are expected to rate the room designation according to usual staff supervision practices in the clinical area being audited. The ratings are split between three groups (A, B and C) as follows **see table ROOM DESIGNATION RATING**

ROOM DESIGNATION RATING

Room Designation Rating "A" – where most patients spend periods of time, in private, without direct supervision by staff	**Room Designation Rating "B" – where most patients spend long periods of time with minimum direct supervision by staff and are usually in the company of peers**	**Room Designation Rating "C" – applicable to areas where there is traffic from staff and patients moving through, or areas which are closed to patients other than when they are eing directly supervised.**
All bedrooms	Lounge Areas	General circulation spaces
Toilet areas	Dining rooms	Corridors
Shower / Bathroom areas	Unlocked therapy rooms	Locked Therapy rooms
Private sitting rooms	Smoking courtyard	Locked offices/store/utility
Other isolated areas of the unit	Unlocked offices/store/utility	
(score of 3 to be recorded)	**(score of 2 to be recorded)**	**(score of 1 to be recorded)**

- Where risks have been identified these should be recorded on the audit form
- Once a risk has been identified, local unit/department management team must take the appropriate action and timely action to manage any uncontrolled risks and make sure staff are made aware of it.

2 PATIENT PROFILE RATING (A, B & C).

Patients may be profiled as presenting a significant, moderate or low **Potential** to use ligature points. Where a clinical area cannot be defined in terms of patient group, (TMC In-patient group) then the rating must be based on the most vulnerable patient within the group.
The following table suggests a risk rating with associated scale.
Please note that the ratings are in three groups **(A, B & C).see table PATIENT PROFILE RATING**

PATIENT POPULATION PROFILE RATING

High Risk Patient Group – Rating "A" Inpatient setting *(All TMC inpatients are to be rated = "A ")*	**Medium Risk Patient Group -Rating "B" Day Program Outreach** *(All TMC inpatients are to be rated = "A ")*	**Low Risk Patient Group – Rating "C" Low;** NOT relevant at TMC
Patients with acute severe mental illness	Patients with chronic or enduring mental health problems	Patients in self-care groups-
Patients who are unpredictable	Patients who are susceptible to periodic relapses, or sub-acute episodes	Patients in rehabilitation
Patients who are depressed	Patients who are not symptom free (e.g. having delusions/hallucinations)	Patients who have never been assessed as being at risk of suicide
Patients who are, or have been, at high risk of suicide, or severe self-harm	Patients who have been assessed as NOT being an immediate risk of suicide	
Patients in initial recovery stage following suicide risk, or on 1 to 1 observations		
Patients with challenging behaviour		
Patients with chaotic behaviour		
Patients with concurrent substance misuse issues		
Patients with concurrent severe social needs (e.g. marital / family break-up, financial concerns etc.)		
Young people		
(score of 3 to be recorded)	**(score of 2 to be recorded)**	**(score of 1 to be recorded)**

- Where risks have been identified these should be recorded on the audit form

3 LIGATURE POINT RATING

This rating scale requires the Audit Team to identify and consider each **potential** ligature point in relation to its position in each particular room. As the Audit Team visit each room, they will be asked to regard the room as being comprised of three levels of potential risk, **A. B and C**. (see table below), depending upon the height of the potential ligature risk seen. See table **LIGATURE POINT RATING**

LIGATURE POINT RATING Room Height (or range) within which ligature risks might present	Likelihood of presenting physical risk	Risk Rating	Risk Score
ROOMHEIGHT			
	LOW RISK : 1 **4.0 meters and above**	**C**	**1**
Top area of room	**High Risk :3** **Between 2.0 meters & 4.0 meters**	**A**	**3**
Middle area of room	**MEDIUM RISK: 2** **Between 1 meters & 2.0 meters**	**B**	**2**
Lowest area of room	**LOW RISK: 1** **Below 1.0 meter**	**C**	**1**

- Any ligature anchor point identified in the area between 2.0 metres and 4.0 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 4.0 metres, access to the very top of the room is greatly restricted, unless ladders are available and is to be scored as level 1.
- Anything in the middle section of the room (1.0 metres to 2.0 metres) is rated at 2, and anything in the bottom area (below 1.0 metres) of the room, at 1.
- Where risk(s) have been identified these should be recorded on the audit tool

4 TYPE OF LIGATURE POINT/ANCHOR POINT TO BE IDENTIFIED

The following table is intended to assist auditing teams in the identification of **likely** ligature /anchor points. It must be noted that the following ligature points list is **NOT an EXHAUSTIVE LIST**

Bedrooms	Bathrooms/ Toilets/ Showers	Lounges/ Quiet/Therapy Rooms	Corridors
Windows (inc.frames, handles, catches etc.)	Doors (inc. handles, catches, hinges, door closers, hooks e.g. for clothes)	Windows (inc. frames, handles, catches etc.)	Cupboards
Doors (inc. handles, hinges, catches. door closers, coat hooks etc.)	Shower fittings & showerhead, Shower hose, sink taps, grab rails , Shower curtain fittings grab rails	Exposed pipe work	Fire Extinguisher (brackets)
Curtains, blinds and associated rails	Ceilings- False ceiling panels, hatches., light fittings	Curtains, blinds and associated rails/tracks	Fire Bells & Fire Alarms
Exposed pipe work	Extractor fans, vents	Doors (inc. handles, catches, hinges, door closures, hooks etc.)	Doors (inc. handles, catches, hinges, door closers, hooks etc.)
Radiators	Toilet, cistern and handles	Radiators	Exposed pipe work,
Ceilings- False ceiling panels , air vents , and diffusers , light fittings, alarm receivers,hatches	Toilet Roll / Soap / Paper Towel Dispensers, hooks , shelves	Light fittings	Ceilings- False ceiling panels , air vents , and diffusers , light fittings, alarm receivers, Hatches
Walls – wall lights , pictures ,mirrors, light switches, plug sockets, vents & extractor fans	Radiators	Ceilings- False ceiling panels , air vents , and diffusers , light fittings, alarm receivers, Hatches	Walls – wall lights , pictures ,mirrors, light switches, plug sockets, vents
Wardrobes (inc.handles, locks, doors, rails, coat hooks)	Shower Rose or control knob	Walls – wall lights , pictures ,mirrors, light switches, plug sockets, vents	Rails/track- Curtains , Blinds, Grab Rails
Sinks – (inc.taps, soap dishes etc.)	Open or exposed pipe work	Cupboards - including .handles, locks, doors, rails hooks	
Beds e.g. can they be turned on their end? Headboard and footboard, controls, any cables	Shower cubicle doors/curtain rail		
Wardrobe - Doors , Handles ,Hinges , rails, coat hooks ,shelves			

5 COMPENSATION FACTORS

An element of moderation in terms of **Compensating Factors** should then be taken into account in determining the priority of risk. **Compensating Factors** are those elements and situations, which would cause an identified ligature point to remain as a high or low risk, providing certain physical or operational criteria were sustained. In this regard, a **Compensating Factor** must be common practice, or relate to the design of the room and must be permanent. For example, a patient on special observations, whilst in their bedroom at the time of the audit will not count as a **Compensating Factor** because this is a temporary clinical management strategy and not a permanent or consistent element. In order to qualify as a **Compensating Factor,** the item must be either a design element (e.g. one which allows for good observation) or be part of an established procedure (e.g. general observation practices of staff) or design of equipment. The following table of examples is not intended to be exhaustive and local variations may also apply:

High Risk Remains - rating "A"	Medium Risk remains – rating "B"	Medium Risk remains – rating "B"	Medium – Low Risk - rating "C"
Limited observation due to poor design	Good observation through good design	Limited observation due to poor design	Good observation through good design
Limited numbers of staff	Limited Staff	Good Staff Levels / Skill Mix	Good staff levels / skill mix
Poor culture of risk management amongst staff team.	Reasonable culture of risk management amongst staff team.	Reasonable culture of risk management amongst staff team	Positive culture of risk management amongst staff team
Low level of commitment to staff training and support in managing risk	Commitment to staff training, but low staffing levels conflict with its delivery	Commitment to staff training and support in managing risk	Commitment to staff training and support in managing risk
(score of 3 to be recorded)	**(score of 2 to be recorded)**	**(score of 2 to be recorded)**	**(score of 1 to be recorded)**

DETERMINING AND PRIORITISING LIGATURE RISKS

Having undertaken the audit the Audit Team will have completed the Audit and recorded the ratings, using the Environmental Ligature Risks/PERT Audit Form (*attached as Appendix 1.*)
This process will result in an overall score being assigned to all ligature risks, which can then be ranked in priority order, in terms of "degree of risk" posed by each ligature point in a particular place (and associated with a particular set of prevailing circumstances). The audit form also carries additional information in relation to a recommended course of action which may be required of Unit/department Managers, and their staff, such as "managing" (operationally) an identified risk.

The following example given to illustrate how the audit works & should be scored.

Process: *MULTIPLY* the **"Room Designation rating/score"** x **"Patient Population Profile rating/score"** x **"Ligature Point Rating/score"** x **Compensation Factors rating/score"** = **Final Aggregate Score.**

Example:
Bedroom *(room designation)* **of an adult in-patient,** *(patient population profile)* **with weight bearing coat hooks in situ at head height** , *(ligature anchor point)* **and with a positive culture of risk management amongst staff /team** (*compensatory factors),*
Would attract scores of 3x3x3x1 = 27

RECOMMENDED COURSE OF ACTION IN RESPECT OF ALL LIGATURE RISKS IDENTIFIED

The Audit Team should assign a "recommended course of action" for all identified ligature risks in accordance with the description given below

Recommended course of action	Description/Definition
Remove	The risk is deemed to be of such a nature that to leave it would put the patients at risk. The ligature point needs to be removed and the surface finishes made good, as the item is no longer needed, or there is no suitable alternative.
Remove & Replace	The risk is deemed to be of such a nature that to leave it would put the patients at risk. The ligature point is removed and replaced with a "purpose-designed" similar anti-ligature piece of equipment (or materials). *Example Replace high risk hooks with 3M Hooks or magnetic or detention style hooks*
Remove and renew	The risk is deemed to be of such a nature that to leave it would put the patients at risk. The ligature point is removed and new alternative equipment or materials are installed. *Example replacement of wardrobe rails for hanging clothes with shelves as an alternative*
Protect	A technical solution is required to hide the potential ligature point. *Example Hooks discovered in patients wardrobe to be removed immediately- or if not possible wardrobe to be locked*
To be locally managed	The ligature point is of a nature that the Audit Team, supported by the General Manager, believe it is unnecessary to remove it. **OR** There is no technical solution to the problem i.e. Door hinges, **OR** There is a need to acknowledge (and retain) the risk because the risk of another potential injury is greater, if it is removed, than that associated with a ligature risk i.e. grab rails within an elderly patients toilet, fire hydrant.

ACTION FOLLING THE AUDIT - REPORTING

It is important that any ligature risk identified that cannot be controlled effectively are recorded and brought to the immediate attention of the Director of nursing and General Manager

It is also essential for the department/unit manager to inform staff working in the area /unit in order that are made aware of the identified risk in the environment; in order to control the risk through therapeutic engagement and observation of consumers/patients until such a point that measures can be put in place to reduce or eliminate the risk.

Where a ligature anchor point can be removed easily by Maintenance staff, the unit/department manager should add the issue to Kwicklook and contact maintenance to alert them to follow-up stating that it is a safety priority.

Where reduction or removal of a ligature anchor point requires significant investment this must be reported to the General Manager, a risk assessment should be completed and the identified risk added to the Risk Register.

Approved	Andrew McKenzie	Approved	Fiona Langley
Designation:	General Manager	Designation:	Director Of Nursing
Signature		Signature	

The final outcome will improve the safety for consumer/patient who are at risk from self-harming and could be seen as a further opportunity to physically improve the safety of patient's' environments and by raising staff awareness and reviewing the use of the clinical areas.

KEY PERFORMANCE INDICATOR
Incidents using an unidentified anchor point/ ligature point

REFERENCES
Author: Quality Manager TMC

- HSP Policy 9.07 Risk Assessments and Observation-Patient
- HSP Policy 9.13 Search of Patient room and Belongings
- HSP Policy 9.01 Leave from Mental Health Facilities -Patient
- HSP Policy 9.14 Patient Agreement

- **TMC Policy** Harmful Objects. –"items of risk"
- Appendix 1 –Information Sheet-–Information Sheet- HARMFUL OBJECTS - "ITEMS OF RISK"
- "Quality & Safety shared learning report" - Healthscope quarterly report (National Clinical Risk Manager)
- **Worcestershire Mental Health Partnership NHS Trust ;** Policy for Assessing, addressing and Managing Ligature risks in in-patient areas,24hour(offsite)nursed units and other clinical treatment areas.

Forms:

- Environment Ligature Risk Audit Tool
- PERT Audit tool PERT audit data sheet
- Daily checklist for nurse – HARMFUL OBJECTS - "items of risk"
- Weekly Audit for NUM - –Information Sheet- HARMFUL OBJECTS - "ITEMS OF RISK"
- Housekeeping Discharge Checklist

REVIEW / CONSULTATION		
Quality Manager	General Manager	Director of Nursing
Deputy Director of Nursing	Maintenance Manager	WHS Committee
Non Clinical Services Manager	Environmental Services Manager	Quality Committee

Approved	Andrew McKenzie	Approved	Fiona Langley
Designation:	General Manager	Designation:	Director Of Nursing
Signature		Signature	

The Melbourne Clinic

ENVIRONMENTAL LIGATURE RISKS AUDIT TOOL – *(TMC ELRAT- V 1)*

National Standard		**Audit Leader Name** **Signature**
Ward/Department/Area		**Date Reported:** *(committee/ staff meeting)*
Audit Team/staff members		**WHS /QM signature**
Date of Audit / /		**GM/DON/ADON signature**

(This audit tool must be used in conjunction with TMC policy Assessing, Addressing and Managing Environmental Risks in patient areas including Ligature risks.)

Room No.	Room Type	Room Designation Rating	Patient Population Profile rating	Ligature/Anchor Point Identified (brief description)	Ligature Point Rating	Compensatory Factors Rating	Aggregated score	Recommended/ Remedial action *Immediate action taken by ward manager to protect patients*				
		(score) A Private areas=3 B Communal =2 C High Traffic Areas =1	(score) A Inpatient = 3	A 2-4 mtrs =High = 3 B 1 -2 mtrs = Mod = 2 C 1mtrs or below = Low=1 C 4 mtrs or above = Low=1	(score) A High =3 B Med =2 C Low=1	(score) A High =3 B Med =2 C Low=1	*Example* 3x3x3x1=27	Remove	Remove/ replace	Remove/ renew	Protect/ cover	To be locally managed byunit

The Melbourne Clinic
ENVIRONMENTAL LIGATURE RISKS AUDIT TOOL – *(TMC ELRAT- V 1)*

Recommended course of action in respect of all ligature risks identified

The Audit Team should assign a "recommended course of action" for all identified ligature risks in accordance with the description given below

Recommended course of action	Description/Definition
Remove	The risk is deemed to be of such a nature that to leave it would put the patients at risk. The ligature point needs to be removed and the surface finishes made good, as the item is no longer needed, or there is no suitable alternative.
Remove & Replace	The risk is deemed to be of such a nature that to leave it would put the patients at risk. The ligature point is removed and replaced with a "purpose-designed" similar anti-ligature piece of equipment (or materials). *Example Replace high risk hooks with 3M Hooks or magnetic or detention style hooks*
Remove and renew	The risk is deemed to be of such a nature that to leave it would put the patients at risk. The ligature point is removed and new alternative equipment or materials are installed. *Example replacement of wardrobe rails for hanging clothes with shelves as an alternative*
Protect	A technical solution is required to hide the potential ligature Point. *Example Hooks discovered in patients wardrobe to be removed immediately- or if not possible wardrobe to be locked*
To be locally managed	The ligature point is of a nature that the Audit Team, supported by the General Manager, believe it is unnecessary to remove it. **OR** There is no technical solution to the problem i.e. Door hinges, **OR** There is a need to acknowledge (and retain) the risk because the risk of another potential injury is greater, if it is removed, than that associated with a ligature risk i.e. grab rails within an elderly patients toilet, fire hydrant for safety.

PURPOSE: Hanging is the main method of suicide for mental health service users, whether they are in in-patient units. Hanging may involve suspending the body from a high ligature point although many deaths also occur through asphyxiation or strangulation, without suspension of the body, using a ligature point below head height. A significant proportion of suicides are believed to occur through impulsive acts, using what may be seen as reasonably obvious ligature points. Because of this data, The Melbourne Clinic has a policy for the assessment and management of ligature risks in in-patient areas that includes regular Environmental Ligature Risks Audits

PERT Frequency: The PERT is to be conducted 6 monthly and action plan reviewed 3 monthly

ENVIRONMENTAL LIGATURE RISKS AUDIT – Regular All in-patient areas / units including clinical treatment areas are required to carry out regular/weekly Environmental Ligature Risks Audits. The outcome of the audit will result in a mixture of management/operational solutions (e.g. improved risk analysis, increased staffing etc.) or physical solutions for the environment.