

Ligature points

Context

Three-quarters of people who kill themselves while on a psychiatric ward do so by hanging or strangulation.¹ 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.

Evidence required

The activities inspection teams will carry out include, but are not limited to, the following:

1. Request and examine provider ligature risk reduction policy and procedure.
2. When touring the ward area, check for ligature points. Are these high risk ie.:
 - in rooms where patients spend time unsupervised?
 - in areas of the ward that are difficult to observe because of the ward design?
 - between 0.7 metres and 4 metres from the floor?
3. Ask the ward manager to show you a copy of the last ligature audit. Check that:
 - this was conducted less than 12 months ago or since any alterations were made to the ward (whichever was sooner).
 - it involved a structured approach to assessment that assigned weights to the severity of risk posed by the various ligature points identified.
 - it identified obvious ligature points observed during the tour of the ward area.
 - the audit resulted in a clear plan to reduce the risk posed by the ligature points that were identified.
 - staff have acted on the plan².
4. When interviewing staff, examining care records or observing care check that:
 - patients who are assessed as being at high risk of suicide are asked to hand in any potential ligature;
 - patients who are assessed as being at high risk of suicide are not assigned bedrooms that have ligature points and are kept under close observation when in other areas of the ward that have ligature points; and
 - observed or recorded practice accords with actions identified in care plans and risk assessments.

¹ Hunt, I., Windfuhr, K., Shaw, J., Appleby, L. & Kapur, N (2012). Ligature points and ligature types used by psychiatric in-patients who die by hanging. *Crisis*, 33, 87-94.

² Where this includes tasks in the plan allocated to responsible individuals with a timescale for completion and effective monitoring of the plan to ensure that action is taken, it is also likely to link to Reg 17 (1) (2) (a) and (b).

Reporting

In the **Safe and clean ward environment** section of **SAFE** comment on the presence/absence of ligature points and the quality of any ligature audit and how recently it was carried out.

In the **Assessing and managing risk to patients and staff** section of **SAFE** comment on the extent to which staff make individual patient assessments and management plans that take account of known ligature points.

Policy position

Official bodies have issued a series of alerts to warn of the dangers of a range of potential ligature points on mental health wards. In 2000, the report of the Chief Medical Officer, *An organisation with a memory*,³ instructed mental health trusts to remove all non-collapsible bed and shower curtain rails by March 2002. Since 2009, suicide using non-collapsible rails has been a 'never event' which applies to all mental health inpatient settings.⁴

In 2012, the cross-Government strategy for preventing suicide in England called on mental health services to make "regular assessments of ward areas to identify and remove potential risks i.e. ligatures and ligature points".⁵

It is unlikely that a service can remove every potential ligature point from every ward area. However, whenever possible they should be made safe or replaced by 'anti-ligature' fittings that cause a ligature to fall off or which collapse when a certain weight is applied.

There are no specific requirements over the management of ligature risks in hospital facilities outside of the mental health sector, although services that may deal with mentally disordered patients (such as A&E departments) should be aware of the risks and have management plans to meet them.

See the appendix for guidance about specific ward types.

Link to regulations

Regulations 12⁶ and 15⁷ are relevant.

CQC has previously taken action under the equivalent of Regulations 12 and 15 in the 2014 Regulations when:

- there are high-risk ligature points that the provider had not itself identified.
- a provider has not taken prompt action to make safe high-risk ligature points that it had identified.

and also when:

- staff did not consider the presence of high-risk ligature points when assigning patients at high risk of suicide to bedrooms or deciding on level of observation.

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http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Publicationsandstatistics/publications/publicationspolicyandguidance/browsable/dh_4098184

4 <http://www.england.nhs.uk/wp-content/uploads/2013/12/nev-ev-list-1314-clar.pdf>

5 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216928/Preventing-Suicide-in-England-A-cross-government-outcomes-strategy-to-save-lives.pdf

6 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, **Regulation 12**: Safe Care & Treatment. Providers must make sure that the premises and any equipment used is safe. See in particular Reg 12 (1) (s) (a) (b) (d) and (e)

7 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, **Regulation 15**: Premises & Equipment. The premises where care and treatment are delivered must be clean, secure, suitable for the intended purpose, properly used, properly maintained maintained and where required, appropriately located for the purposes for which they are being used. See in particular Reg 15(1) (c) and (e)

Appendix: Guidance on ligature points on specific ward types

General inpatient wards

Potential ligature points should be managed as part of individual and ward risk assessments. Guidance from the Royal College of Psychiatrists classifies this as a 'Type 1' standard: if a service did not do this, there would be a significant threat to patient safety, rights or dignity.

www.rcpsych.ac.uk/pdf/Standards%20for%20Inpatient%20Wards%20-%20Working%20Age%20Adults%20-%20Fourth%20Edition.pdf

Psychiatric Intensive Care Units (PICU)

The same Type 1 standard as for general inpatient wards applies. For a service to be accredited with the Royal College it would be expected to have undertaken an assessment of the necessity of any fitting that could be a potential ligature point. Where such fittings were unavoidable, they should not be able to bear a load of more than 20 kilos.

www.rcpsych.ac.uk/pdf/AIMS-PICU%20Standards%20-%20Second%20Edition%20-%20FINAL%20new%20template.pdf

Low secure services

NHS England's standard contract for low secure services states that services "will meet" the best practice guidance from the Royal College. This states that in low service wards:

- There is a system in place for staff to report any ligature points identified with prompt follow up action.
- Furnishings minimise the potential for fixtures and fittings being used as weapons, barriers or ligature points.

www.rcpsych.ac.uk/PDF/Standards%20for%20Low%20Secure%20Services.pdf

Medium secure services

NHS England's standard contract for medium secure services states that services "will meet" the best practice guidance from the Royal College. This states that in medium secure wards:

- Bathroom and shower areas are free of ligature points.
- There is a system in place to formally assess the clinical environment at least six monthly to ensure that ligature points are identified and appropriate action taken.
- There is a system in place for staff to report any ligature points identified with prompt follow up action.

www.rcpsych.ac.uk/pdf/lmp%20Criteria%20with%20Standards%20for%20Women%20Final.pdf

For medium-secure units built since 2011, the Department of Health secure services policy team expects that "all fixtures and fittings in the service such as window and door furniture, door closers and hinges, taps, showerheads, and coat hooks should be anti-ligature and meet national safety requirements".

www.gov.uk/government/uploads/system/uploads/attachment_data/file/147340/dh_126177.pdf.pdf

High secure services

The Department of Health high secure building design guide specifies that building interiors, furniture and fittings should be designed to ensure that they minimise the possibility for use for self-harm or as a ligature. Doors, frames and associated furniture should minimise the opportunity for ligature risk. This is best practice guidance and should be followed.

www.gov.uk/government/uploads/system/uploads/attachment_data/file/147584/dh_122964.pdf.pdf

Section 136 assessment facilities (places of safety)

Assessment rooms in psychiatric facilities must have no ligature points. This standard is from the Royal College's standards on the use of section 136. The standards are considered to be essential for psychiatric assessment facilities, where the majority of assessments should take place, but may be used to inform provision in the emergency departments and custody suites.

www.rcpsych.ac.uk/usefulresources/publications/collegereports/cr/cr159.aspx