

Mental Health Environmental Risk Management Policy

(Rewrite of previous AMH007 Ligature Risk Assessment Policy)

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Purpose of Agreement	To provide a safe environment in all areas where, due to the persons presenting mental health symptoms, the environment may pose a risk. To manage and mitigate these environmental risks.
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Amendments Summary:

Please fill the table below:

Amend No	Issued	Page	Subject	Action Date
1	July 2022	Various	Policy rewrite of 'Ligature Risk Assessment and Management Policy'	01 July 2022

Review Log:

Include details of when the document was last reviewed:

Version Number	Review Date	Lead Name	Ratification Process	Notes
1	July 2022	Charlotte Hope / Kevin Borrett	Mental Health Service Board, Mental Health Environmental Risk Management Group (formerly Ligature Management Group)	Rewrite of previous Policy

SUMMARY OF POLICY

Providing a safe and therapeutic environment is integral to the provision of all clinical care. Furthermore, the environment provided by mental health services, and in particular, acute services is of crucial importance to the safety of those accessing care, staff and the wider community.

This policy provides a standardised approach to the identification and management of environmental risks that could increase the likelihood of patients harming themselves within services provided by Solent NHS Trust where, as a result of mental health symptoms, the environment may pose potential risk to patients. The aim is to agree a standardised approach that allows the identification of environmental risks due to mental health within patient environments and appropriate remedial actions or mitigations that may be taken in relation to these. Environmental risks in this context are limited to the physical environment in which we provide services and do not apply to areas beyond our control.

This policy describes arrangements around providing a safe management system incorporating guidance, roles and responsibilities regarding to the safe operation and provides standards of practice through risk management system, assessments, awareness, training, adequate resources to assess the environmental risks associated with mental health symptoms, and the environment that may pose potential risk to patients.

Assessment and management of environmental risks is a combined responsibility of service leads, the estates and facilities teams and/or health and safety team.

Where the specific work tasks or activities introduce a potential risk, the policy outlines the process that should be followed to clearly establish the action that may need to be taken to ensure our staff and patients remain safe by eliminating or reducing the risk to the lowest level so far as is reasonably practicable.

This policy is a rewrite of previous AMH007 Ligature Risk Assessment and Management Policy.

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Mental Health Environmental Risk Management Policy

1. INTRODUCTION & PURPOSE

- 1.1 Patient safety is of the highest priority for Solent NHS Trust and its staff. By adopting a clear approach to managing this area of risk, in line with legislative guidance and best practice principles, enables patients and health service monitoring organisations to have confidence in the services we provide.
- 1.2 The purpose of this policy is to provide patients with safe environments in which they can receive care. This policy applies to Mental Health inpatient services (the Orchards, the Limes), Snowden Ward and the Kite Unit. The policy ensures a standardised and structured approach to the way mental health environmental risk management is practiced.
- 1.3 All staff must apply clinical judgement not only when completing mental health risk audits, but also as part of their day-to-day practice. Environmental risk reviews and action plans have the potential to give a false sense of security that all environmental risks are either known or being actively managed. Therefore, staff must maintain an active vigilance with regard to the environment and the risks individual patients may present with on a day-to-day basis.
1.4 Physical harm caused to persons either through deliberate intent or accidental harm is a significantly highly reported adverse incident within mental health services nationally, including within Solent NHS Trust Mental Health Services.
- 1.5 Death by hanging (ligature) is one of most common methods of suicide for mental health service users, whether they are in inpatient units or supported in the community. The cross-Government Suicide Prevention Workplan (Department of Health and Social Care (DHSC) 2012) recounting direction from the Secretary of State which places a duty on Mental Health Organisations to have the ambition for there to be zero mental health inpatient suicides, expanding to all patients accessing mental health services.

2. SCOPE & DEFINITIONS

- 2.1 This policy applies to locum, permanent, and fixed term contract employees (including apprentices) who hold a contract of employment or engagement with the Trust, and secondees (including students), volunteers (including Associate Hospital Managers), bank staff, Patient Safety Partners, Non-Executive Directors and those undertaking research working within the Trust, in line with Solent NHS Trust's Equality, Diversity and Human Rights Policy. It also applies to external contractors, agency workers, and other workers who are assigned to Solent NHS Trust.
- 2.2 Many of the buildings from which the Trust provides its services are within public areas, e.g., St James' Hospital site, and the surrounding grounds may contain many ligature anchors or climbing points, e.g., trees. In consideration of its duty to assess all ligature points, Solent NHS Trust's position is that to extend this duty to take into account ligature points within these public access areas would be unreasonable. It exceeds in accordance with the health and safety at work act the bounds of reasonableness (taking the degree of risk in these particular circumstances against the time, trouble, cost and physical difficulties of taking measures to avoid the risk), it's also disproportionate in nature and size, and is unmanageable because of a fluid tide of activities and individuals that the Trust has no control over, and is unable to manipulate or manage those activities or individuals' actions.

3. PROCESS/REQUIREMENTS

RISK ASSESSMENT MANAGEMENT

- 3.1 Physical Healthcare Matrons, Community /Service Line Managers, in conjunction with Clinical and Operations Directors, Heads of Quality and Professions/Service, Health and Safety team and Estates are to agree when the annual environmental risk assessment is required. The decision must be clearly recorded with a rationale as to how the decision was reached in accordance with service line governance processes.
- 3.3 In order to meet best practice guidelines, each environmental risk review must be undertaken by at least two clinical staff who are familiar with the assessment of environmental risks (one of which must not work routinely within the environment being reviewed) and a member of the Estates and Facilities team and/or Health and Safety team, whose attendance is mandatory.
- 3.4 Staff who undertake environmental risk reviews must have received appropriate training and guidance from peers and the Estates and Facilities Team and/or Health and Safety team. This training must include familiarisation with any assessment tools.
- 3.6 Assessment teams will survey the entire clinical area (excluding areas that patients or public do not have access to) to identify all potential or actual environmental risks.
- 3.6.1 The assessment must be a three-step process and will be carried out by the assessment team with recording on and completing of the
- Mental Health Environmental Risk Assessment Review Tool (Appendix B)
 - Other Identified Environmental Risks Table (Appendix C)
 - Environmental Risk Assessment Mitigation Protocol (Appendix D)
- 3.6.2 If it is not possible to survey the entire clinical area, for example if a patient is using a bedroom, the assessment team should access similar spaces and record those risks. It is then the responsibility of clinical staff to access all spaces that were not surveyed during the annual assessment to establish if there are any additional or differing environmental risks. This must be completed within a month of the original assessment.
- 3.7 The team will also be responsible for noting whether risks should be accepted, who is accountable for that decision and what actions may be necessary to address the identified hazard, e.g., removal of the hazard, replacing or protecting access to the hazard or managing the risk through a change in operational practice. The following table can be used to identify recommended courses of action:

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.
Remove and Replace	The risk is deemed to be of such a nature that to leave it would put the patients at risk. The environmental risk is removed and replaced with a 'purpose designed' similar item with improved safety design piece of equipment or materials.
Protect	A technical solution is required to hide the potential risk.
To be locally managed/mitigated	The risk is of a nature that the Audit team believe it is unnecessary to remove it OR The cost/benefit of removal is not warranted OR There is no technical solution to the problem and therefore local management practices need to be developed by the clinical team OR There is a need to acknowledge or retain the risk because the risk of another potential injury if it is removed, is greater than that associated with the presenting risk, for example, grab rails within an accessible toilet, by removing these due to ligature or weapon concerns may lead to increased falls

- 3.8 All completed assessments will be sent within 1 calendar month to the appropriate service line management or governance group, or equivalent, responsible for the clinical environment that has been reviewed
- 3.9 The above group will also be responsible for discussing and scrutinising the findings, monitoring the completion of any subsequent action plan from the assessment and resolving any contentious issues that may arise from the assessment, for example, remedial action that needs to be taken to reduce the risk posed by identified environmental risks. Failure to agree the course of action required at the meeting will require the decision making to be passed to the senior leadership team.
- 3.10 Whilst it is a requirement for services to identify and manage their environmental risks, it is important to note that risk is a fluid concept that can alter dependent upon multiple differing factors. It is essential that an individual's risk assessment and management plans are utilised in addition to this where appropriate, and environmental risk assessments can also be used to inform individual care and management plans. Environmental risk assessments should be triggered when an environment is changed, for example, doors no longer locked, screens removed from windows, furnishings changed; or following refurbishment, such as rooms knocked into one, altered access to rooms. There should be no delay waiting for the annual risk assessment. Once any work is completed, Estates will inform the service, so that a review can be completed by the established group of people who conduct the annual reviews, usually a representative each from Health & Safety, Clinical Team and Estates.
- 3.11 Matrons/Service Managers and their equivalents for clinical environments are required to include environmental risks that are subject to ongoing remedial works on their team and

service line risk registers. They must ensure that these risks are routinely monitored and reviewed as part of usual governance monitoring until such time that the risk reduces and they can be removed.

4. ROLES & RESPONSIBILITIES

4.1 The **Chief Executive Officer** has responsibility for Health and Safety throughout Solent NHS Trust and is responsible for managing health and safety and monitoring compliance with health and safety legislation, NHS directives, NHS Technical Memorandums, Healthcare Building Notes and Trust policies. The CEO will:

- Ensure that arrangements are in place so that employees are fully aware of their statutory, organisational and professional responsibilities and that they are fulfilled
- Ensure that arrangements in support of this policy are fully implemented through inclusion in service line/care group performance reviews
- Ensure that sufficient resources are provided to enable the policy to be implemented and to remain effective

4.2 **Operational Director, Head of Quality and Professionals, Governance Lead** are responsible for:

- Strategic development and implementation of policy within their areas of control
- The appropriate assessment and management of risks
- Delegation of responsibilities within their sphere of control

4.3 **Physical Healthcare Matrons, Community and Service Line Managers, and Ward Matrons** are responsible for:

- Ensuring that all staff under their management are aware of the policy regarding the management of all environmental risks.
- Ensuring their clinical area receives an environmental risk review at least on an annual basis and to undertake environmental assessments both locally and elsewhere within the Trust when requested.
- Ensuring an adequate number of staff undertake environmental assessment training to meet the needs of the care group
- Monitoring the results of environmental risk assessments and ensuring that action plans are developed and implemented
- Present environmental risk assessments and action plans at the relevant governance meetings/forums
- Communicating the results of the annual environmental assessment to clinical staff, and specifically any issues and safety risks that may be present
- Applying for funding to enable appropriate action to be taken for identified environmental risks
- Ensuring that robust processes are in place to support the local management or mitigation of environmental risks (see Appendix C)
- Liaising with Estates services to organise plans and timetables for any remedial work commissioned

4.4 The **most senior person on each shift** is responsible for:

- All staff on their span of duty, including any bank or agency staff understanding their responsibilities regarding the Mental Health Environmental Risk policy and the processes used locally to manage or mitigate environmental risk. Should the most senior person be a bank or agency staff member, this action must be covered within their site induction prior to them undertaking their first shift as most senior person

- That all incidents that occur during their span of duty relating to environmental risk are reported without delay and that all relevant documentation is completed during their span of duty
- 4.5 The **Estates and Facilities Team** is responsible for:
- Undertaking an assessment when an estates scheme/project build and/or renovation takes place, to identify whether the build has high/significant, medium or low-level environmental risks. In agreement with Environmental Risk Management Group (ERMG) the project would make provision in its budget to address this if appropriate on a case-by-case basis, taking into consideration the clinical service patient risk profile and following a cost/benefit analysis. The works would seek capital funding through the capital governance process to fund the overall scheme
 - Supporting the service through appropriately training staff to carry out environmental risk assessments in their clinical environments
 - To undertake environmental risk assessments alongside clinical staff
 - To offer appropriate technical advice and supported to clinical staff to support the management of identified environmental risks
 - To identify project managers to work alongside clinical staff in carrying out work plans and facilitating the completion of commissioned works to manage environmental risks
 - For maintenance items raised by the clinical teams, maintenance staff must ensure that remedial works are carried out to a satisfactory standard. Any residual risk from the repair must be reported to the clinical team to manage the risk until a proper repair can be effected.
- 4.6 . The **Health and Safety Manager** is responsible for:
- Supporting the service through appropriately training staff to carry out environmental risk assessments in their clinical environments and ligature cutter training
 - To undertake environmental risk assessments alongside clinical staff
 - To offer appropriate technical advice and supported to clinical staff to support the management of identified environmental risks.
- 4.7. The **Mental Health Environmental Risk Management Group** is responsible for:
- Monitoring and checking the accuracy of the results from the environmental risk assessments, other environmental risks and mitigating protocols, signing them off and ensuring that action plans are developed and implemented
 - Compile and keep up to date a tracking sheet of completed Anti - Ligature Service Line Mitigating Protocols and Ligature Assessments
 - Review any applicable Environmental Alerts submitted
 - Update: Prioritisation of Solent Anti ligature Capital Allocation for the coming year
- 4.8 **Individual Staff Members** are responsible for:
- Understanding their own responsibilities regarding this policy and guidelines for the clinical environment where they work
 - Completing all relevant documentation in relation to local environmental risk management
 - Reporting all incidents involving environmental risks including ligatures or anchor points, absconding including where there has been an environmental failure, dangerous climbing or access to heights, instances where the environment has caused harm or near misses immediately, irrespective of whether injury was sustained Inform their line management of any matter they reasonably consider represents a shortcoming in the health and safety arrangements, even when no immediate danger exists

- Report all incidents or near misses using the incident reporting system (Ulysses)
- Employees must bring to the attention of their line manager any outstanding training requirements needed to ensure they can carry out their work activities in a safe and competent manner

5. TRAINING AND GUIDANCE

- 5.1 Solent NHS Trust recognises the importance of appropriate training for staff. For training requirements and refresher frequencies in relation to this policy, the subject should be discussed and agreed with individual service line managers.
- 5.2 Staff who have been identified to undertake environmental risk assessments will undergo training with the undertaking of an onsite environmental risk assessment with a member of either the Estates and Facilities Team and/or Health and Safety team, and at least one clinical member of staff who has undertaken ligature or environmental risk assessments previously. This group can provide a degree of competency on what is being assessed due to a combination of previous training, experience, skills, knowledge and guidance in identifying relevant hazards and evaluation of the risks they pose and what options are available to mitigate these.
- 5.3 All staff working in Mental Health settings will receive Ligature Point and Ligature Cutters in a Mental Health Inpatient Settings training from the Health & Safety team. Completion of the course will upskill staff and the delegates will have a better understanding of the guidelines relating to ligatures, will gain practical knowledge and skills to enable them to safely and securely rescue an individual who has ligatured using a range of Ligature Cutters and have an understanding that it is a crime scene and what to do.
- 5.4 Through induction, all new staff to the clinical area (including bank and agency staff) must be made aware of the current environmental risk review and the main environmental risks that have been identified as needing local management AND what these local management arrangements are. These should be recorded as part of local mitigation protocols (**Appendix C**). Compliance with this requirement will be measured through audits of induction arrangements for individual services which will be undertaken by clinical managers.

6. EQUALITY IMPACT ASSESSMENT

- 6.1 An Equality Impact and Mental Capacity Assessment has been completed for this policy (**Appendix A**). No group of patients are believed to be unfairly disadvantaged as a result of the implementation of this policy.

7. SUCCESS CRITERIA / MONITORING EFFECTIVENESS

- 7.1 In order to demonstrate the success and effectiveness of this policy, the following standards will be met:
- All Mental Health inpatient clinical environments within Solent NHS Trust that require a review will undertake an annual environmental risk review. These reviews are collated on SolNet (Mental Health > Ligature Assessments). They are reviewed at the Environmental Risk Management Group, and unmitigated risks are raised at Integrated Governance meetings (monthly).
 - All environmental risk assessment reviews will be completed using the standardised assessment tool (Appendix B)
 - All environmental risk reviews will be undertaken by staff who are trained to complete them.
 - There will be evidence of action plans or local protocols to mitigate/address identified risks relating to each assessment.
 - Risks that cannot be easily addressed/mitigated will be added to team/service line risk registers.
 - There will be meeting minutes from the relevant management group of each service presenting their annual environmental risk assessment and associated action plan to evidence that this has been completed.
 - All incidents that arise that involve environmental risks – whether it be actual harm, no harm or near miss – will be reported via the incident reporting system (Ulysses)
- 7.2 Organisational learning will be highlighted through service line governance escalation arrangements.

8. REVIEW

- 8.1 This document may be reviewed at any time at the request of either staff side or management, but will automatically be reviewed 3 years from initial approval and thereafter on a triennial basis unless organisational changes, legislation, guidance or non-compliance prompt an earlier review.

9. REFERENCES AND LINKS TO OTHER DOCUMENTS

- Department of Health. *Preventing suicide in England: a cross-government outcomes strategy to save lives*. London: 2012.
- Suicide Prevention: Policy and strategy Research Briefing (January 2022)
- Preventing Suicide – A Toolkit for Mental Health Services (2003) National Patient Safety Executive. [See also Fifth Progress Report \(March 2021\)](#)
- National Suicide Prevention Strategy for England: Annual Report on Progress (2004) National Institute for Mental Health in England
- Mental Capacity Act (2005)
- Health and Safety Policy
- Incident Reporting, Investigation and Learning Policy
- Risk Management Framework

- Management of Health and Safety at Work Regulations
- Resuscitation Council (UK) Guidance for safer handling during resuscitation in healthcare settings (Nov 2009) <https://www.resus.org.uk/sites/default/files/2020-05/Guidance%20for%20safer%20handling.pdf>
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations

10. GLOSSARY

Terms and definitions for the purpose of this policy:

Ligature – any piece of cordage, clothing or other item which can be tied or fastened around the neck and when attached to an object would act as a tie or a noose for the purpose of self-harming by strangulation or hanging. It may also include ligatures which may be unattached to an object. Environmental items outside of the building infrastructure can also present as a ligature (for example curtains).

Ligature Anchor Point – a fixture or fitting found within the internal and external environment, which can be accessed by the patient that could be used to securely attach a ligature to where the whole or a significant part of the body weight could be suspended.

Anti-Ligature Fitting(s) – may be defined as any fixture or fitting which has been specifically designed in such a way as to prevent a ligature being attached to or being held by it.

Load Release Anti-Ligature - these systems are based around two patented magnetic brackets. These brackets will securely hold a range of items by powerful short-range magnetic attraction. When an abnormal load is applied the magnetic force is overcome and releases its load. Three types Multi Directional test load, Horizontal test load and Load release (C1 40Kg, C2 30Kg, C3 20 Kg, C4 10kg). Can be used time after time. no decline in performance and no mechanical restraint, nothing can jam, break or wear loose.

Ligature cutters - specially designed items that offer an effective and safe method of cutting a ligature that is tied around a person's body part, whether the ligature is tied solely to the person or attaches the person to any aspect of the environment.

Environmental Risk(s) - Risks to be considered are ligature, climbing leading to falling/jumping from height, blind spots, ability to weaponize the environment and absconding risk in inpatient services.

Weaponizing the environment – causing damage to the physical environment or using things like furniture and using them to make weapons.

Serious destruction of property – Where this is of such a nature it has the potential to cause harm to persons or could result in service closure.

Equality Analysis and Equality Impact Assessment

Equality Analysis is a way of considering the potential impact on different groups protected from discrimination by the Equality Act 2010. It is a legal requirement that places a duty on public sector organisations (The Public Sector Equality Duty) to integrate consideration of Equality, Diversity and Inclusion into their day-to-day business. The Equality Duty has 3 aims, it requires public bodies to have due regard to the need to:

- **eliminate unlawful discrimination**, harassment, victimisation and other conduct prohibited by the Equality Act of 2010.
- **advance equality of opportunity** between people who share a protected characteristic and people who do not.
- **foster good relations** between people who share a protected characteristic and people who do not.

Equality Impact Assessment (EIA) is a tool for examining the main functions and policies of an organisation to see whether they have the potential to affect people differently. Their purpose is to identify and address existing or potential inequalities, resulting from policy and practice development. Ideally, EIAs should cover all the strands of diversity and Inclusion. It will help us better understand its functions and the way decisions are made by:

- **considering the current situation**
- **deciding the aims and intended outcomes of a function or policy**
- **considering what evidence there is to support the decision and identifying any gaps**
- **ensuring it is an informed decision**

Equality Impact Assessment (EIA)

Step 1: Scoping and Identifying the Aims

Service Line / Department	Solent NHS Trust	
Title of Change:	Mental Health Environmental Risk Policy	
What are you completing this EIA for? (Please select):	Policy	<i>(If other please specify here)</i>
What are the main aims / objectives of the changes	Replacement of existing Ligature Risk Assessment Policy and to include all environmental issues that have the potential to cause risk to people accessing services due to their presenting mental health problems.	

Step 2: Assessing the Impact

Please use the drop-down feature to detail any positive or negative impacts of this document /policy on patients in the drop-down box below. If there is no impact, please select "not applicable":

Protected Characteristic	Positive Impact(s)	Negative Impact(s)	Not applicable	Action to address negative impact: (e.g. adjustment to the policy)
Sex			x	
Gender reassignment			x	
Disability			x	
Age			x	
Sexual Orientation			x	
Pregnancy and maternity			x	
Marriage and civil partnership			x	
Religion or belief			x	
Race			x	

If you answer yes to any of the following, you MUST complete the evidence column explaining what information you have considered which has led you to reach this decision.

Assessment Questions	Yes / No	Please document evidence / any mitigations
In consideration of your document development, did you consult with others, for example, external organisations, service users, carers or other voluntary sector groups?)	No	Consultation with multi-service Personnel undertaken however not patient due to the nature of risks.
Have you taken into consideration any regulations, professional standards?	No	

Step 3: Review, Risk and Action Plans

How would you rate the overall level of impact / risk to the organisation if no action taken?	Low	Medium	High
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
What action needs to be taken to reduce or eliminate the negative impact?			
Who will be responsible for monitoring and regular review of the document / policy?	Head of Unplanned Care		

Step 4: Authorisation and sign off

I am satisfied that all available evidence has been accurately assessed for any potential impact on patients and groups with protected characteristics in the scope of this project / change / policy / procedure / practice / activity. Mitigation, where appropriate has been identified and dealt with accordingly.

Equality Assessor:	Charlotte Hope	Date:	01 July 2022
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**Mental Health Environmental Risk Assessment Review
Tool, Other Identified Environmental Risks Table and
Environmental Risk Assessment Mitigation Protocol**

Directorate	
Ward	
Names of Auditors	
Version Number	
Date	

1.0 Background

The following is a report of the Mental Health Environmental Risk Audit system developed by Solent NHS Trust.

Environmental risks in this context are limited to the physical environment in which we provide services and do not apply to areas beyond our direct control.

Environmental risk concerns may pertain to a number of issues all of which could cause physical harm to all those accessing our services including patients, staff, and visitors, which may be either accidental or deliberate. Risks to be considered are such as but not limited to ligature points, climbing leading to falling/jumping from height, blind spots or poor visibility areas, ability to weaponize the environment for purposes of threat, assault or self-harm, serious destruction of property and absconding risk in inpatient services.

The Environmental Risk Audit system consist of three elements all of which will need to be completed:

- **Environmental Risk Assessment Review Tool**
- **Other Identified Environmental Risk Table**
- **Environmental Risk Assessment Mitigation Protocol Template**

STEP 1

Method of Audit

Environmental Risk Assessment Review Tool

This Environmental Risk Assessment Review Tool and Mitigating Protocol Form review tool is to be used when an environmental risk audit has been agreed to be undertaken by the individual service line. How this is decided and recorded will be different not only between service lines but also areas within same service.

- All rooms and areas accessible by patients within each service must be reviewed.
- Local Standard Operating Procedures will explicitly determine the level of acceptance of risk and will include mitigation protocols for identified risks.
- All areas where patients are unattended by staff should have mitigation protocols agreed locally due to the increased potential for harm in these areas.
- Outside areas are only applicable to gardens and courtyards etc that form part of the service and would not include carparks or hospital grounds.
- A minimum of 2 clinician's, 1 of which is senior with leadership responsibilities, 1 estates representative and 1 health and safety representative should jointly undertake the audit.
- Responsibility for writing and submitting the audit will sit with the Service Manager/Matron.

2.0 Method of Audit

The audit involved a systematic visual assessment of each room to identify the potential ligatures. These were then recorded, and the scoring system was carried out.

2.1 Scoring

There are three elements of scoring that have been developed for use in this audit.

a. Room Designation Rating

Each room has its own priority and is rated in accordance with the use a client may have of the room without direct supervision. The score for each room is recoded on the audit sheet.

Rating 3	Rating 2	Rating 1
Most clients spend period of time in private or without direct supervision. Examples <ul style="list-style-type: none">• Bedrooms• Shower/Bathroom• Toilets• Isolated areas of the ward	Most clients spend long periods of time with minimum direct supervision and are usually in the company of other clients. Examples <ul style="list-style-type: none">• Unlocked therapy rooms• TV Lounges	Areas where there is traffic from staff and clients or good observational levels (either directly or frequently). Examples <ul style="list-style-type: none">• Corridors• Lounge areas with ease of observations through windows

b. Patient Profile Rating

While mental health service users are at greater risk of suicide than the general population, some patient groups are more susceptible to suicide risk than others.

Rating 3	Rating 2	Rating 1
<p>Examples (not limited to)</p> <ul style="list-style-type: none"> • Patient with acute severe mental illness • Unpredictable clients • Depressed clients • High risk of suicide / self-harm • Chaotic behaviour 	<p>Examples (not limited to)</p> <ul style="list-style-type: none"> • Clients with Chronic or enduring mental health problems • Clients who have been assessed as NOT being an immediate suicide risk 	<p>Examples (not limited to)</p> <ul style="list-style-type: none"> • Clients in self-care groups • Clients in rehabilitation • Clients who have never been assessed as suicide risk

c. Compensating Factors

These are the factors that can reduce risk. It must be common practice or relate to the design of the room. The main examples of this would be a permanent design element or robust observational practices within the unit however examples may not be limited to these.

Rating 3	Rating 2	Rating 1
<p>Limited Observation / poor design</p> <p>Adequate staffing to meet most needs</p>	<p>Good observation</p> <p>Good staffing levels/skill mix</p>	<p>Good observation through design</p> <p>Good staffing levels / skill mix</p>

3.0 Calculating the risk

In order to determine the level of risk using this tool.

Multiply the Room Designation Score X Client Population Profile X Compensation Factor.

Example of highest risk.

Bedroom (Rating 3) x Suicide risk client (Rating 3) x reduced staffing (rating 3) = 27

$3 \times 3 \times 3 = 27$

STEP 2

Other Identified Environmental Risks Table

Complete the other Identified environmental risk table which picks up items such as climbing leading to falling/jumping from height, blind spots or poor visibility areas, ability to weaponize the environment for purposes of threat, assault or self-harm, serious destruction of property and consider absconding risk in inpatient services

STEP 3

Environmental Risk Assessment Mitigation Protocol Template

Environmental Risk Assessment Mitigation Protocol Template to be completed by the service line that identifies risks and risk areas which are listed here along with agreed actions taken by the department or service to reduce environmental risks.

This will refer to items identified from within Environmental Risk Audit tools undertaken for example, ligature risks, blind spots, climbing or falling from height.

Environmental Risk Assessment Review Tool



Location/Site:

Date:

To be locally managed justification guidance

- The ligature point is of a nature that the Audit team believe it is unnecessary to remove it
- There is no technical solution to the problem and therefore local management practices need to be developed by the clinical team.
- There is a need to acknowledge or retain the risk because the risk of another potential injury if it is removed, is greater than that associated with a ligature risk (i.e., grab rails within a disabled access toilet)

Area being Assessed:

Room/ Location	Room Rating	Patient Profile Rating	Ligature Point	Compensating Factor Rating	Total Ligature Score	Potential Remedial action	To be locally managed (Service line acceptance and justification for ligature point found)
Office Doors, Lobby Doors, Entrance door.	1	3	Top of doors Rating 3	1	9	Door top alarm system	Service mitigation: no unsupervised patient access

Appendix C - Other Identified Environmental Risks Table

Other Identified Environmental Risks Table						
Area	Blind Spots	Climbing or falling from height risks	Other identified risks (Consider absconding for inpatients, ability to make weapons with environment etc)	Overall Risk Rating (Green, Amber, Red)	Remedial action required	Mitigation for identified outstanding risks
Example area Ward Z Female Lounge (room 11.3)	Small space immediately behind the entrance door, visibility concealed by signage.	Nil identified	Inner wooden door frame coming away		Remove signage on door to illuminate blind spot	See Mitigation protocol 1 in Ward Z Standard Operating Procedure.

Appendix D

Environmental Risk Assessment Mitigation Protocol Template: Example

Identified risks and risk areas can be listed here along with agreed actions taken by the department or service to reduce environmental risks.

Environmental Risk Assessment Mitigation Protocol Service Line Mitigating Control	
Document Details	
Service	AMH Services
Area covered	1 st Floor Community Service Z
Date last reviewed	05/01/2021
Date of next review	05/01/2022
Version	2
Written by (Names and Signatures)	A Person, Community service manager Z J. Bloggs Health and Safety Manager
Approved by (Names and Signatures)	
Overview	Service Line Governance (xxxx)
Superseded documents	
Related documents	Mental Health Environmental Risk Policy

The Trust is committed to adopting and maintaining public and patient safety and the following areas have been reviewed.

Full address of Area

XXXXXXXX

Service Line Mitigating Control

This should include all areas where there is an identified risk

Entrance door (Double Door entrance A) Access to main site

Main entrance to the floor is open to all members of the public and patients. Clinical area is only accessible by staff with Net 2 access.

Prior telephone confirmation received by services if a patient is attending site. Patients are ONLY ever in this area when arriving for an appointment. Health Care Support worker is sitting, working in the reception area at all times to ensure patients are greeted and observed throughout duration of attendance.

Reception Area

- Once a patient is in the building a Health care support worker will remain with them in the reception area at all times, until a practitioner is ready to complete the assessment.
- Patients are only ever in this area when arriving to a pre-arranged appointment as they need to be let in by staff

On leaving - Staff will ensure they have visually seen a patient exit through the doors and out into the main building of the hospital.

Public Toilet

The toilet is in the main reception. Persons entering these facilities are visible from the reception area. This is always open and locked when in use via the user. The door has anti-barricade devices and can be overridden in the event of an emergency with the use of a key.

When using these facilities patients will be made aware that a member of staff will remain in the reception area outside and if we are concerned, we will access the toilet.

If staff become concerned about length of time or disturbance within the toilet, they will make verbal contact in the first instance. If there is no response, they will unlock the door and enter.

Within Consulting Rooms

Patients supervised when in use at all times by Clinical Staff, if Patient wishes to use welfare facilities, then they are escorted back out to the reception area and the practitioner would remain outside the door and use clinical judgement and known previous risk assessment to inform actions to take if concerned. .

Monitoring and Assurance

The Trust is committed to adopting and maintaining public and patient safety and the following areas have been reviewed:

[EXAMPLE LOCATION A]

[EXAMPLE LOCATION B]

END