

Environmental Clinical Risk Assessment Policy

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Type of document	Policy
Target audience	All CWP staff
Document purpose	To provide staff with a framework to identify likely environmental clinical risks including ligature points.

Approving meeting	Clinical Practice and Standards Sub Committee	Date 21/02/2019
Implementation date	March 2019	

CWP documents to be read in conjunction with	
CP25	Therapeutic observation policy for inpatients
CP5	Clinical risk assessment policy

Document change history	
What is different?	Updated to reflect changes to ligature management processes.
Appendices / electronic forms	Yes - updated templates to reflect changes to ligature management processes.
What is the impact of change?	N/A – low.

Training requirements	No - Training requirements for this policy are in accordance with the CWP Training Needs Analysis (TNA) with Education CWP.
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Document consultation	
Clinical Services	Modern Matrons and via Clinical Practice and Standards Sub Committee
Corporate services	Via Clinical Practice and Standards Sub Committee
External agencies	N/A

Financial resource implications	Yes
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External references
1. N/A

Equality Impact Assessment (EIA) - Initial assessment	Yes/No	Comments
Does this document affect one group less or more favourably than another on the basis of:		
- Race	No	
- Ethnic origins (including gypsies and travellers)	No	
- Nationality	No	
- Gender	No	
- Culture	No	

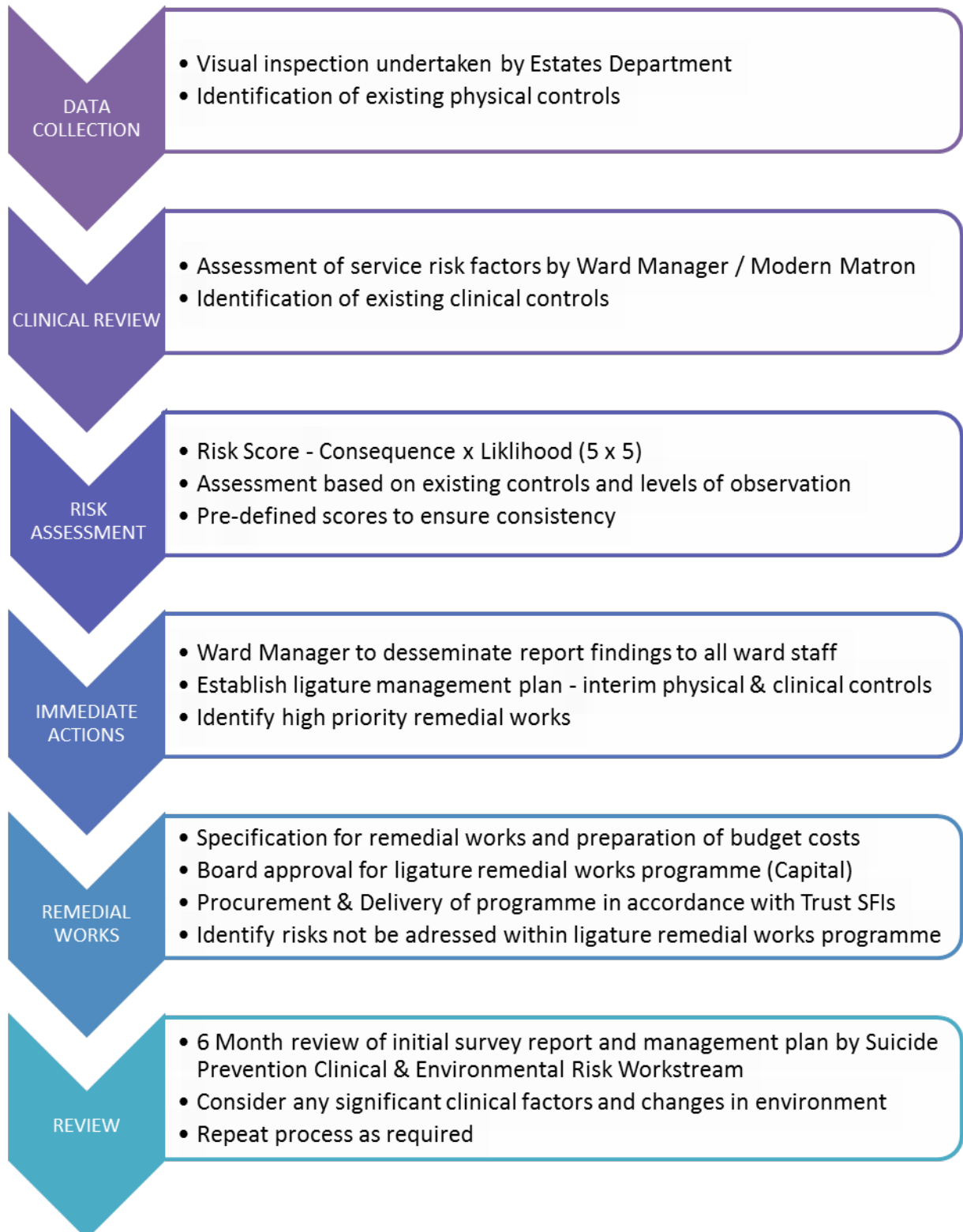
Equality Impact Assessment (EIA) - Initial assessment	Yes/No	Comments
- Religion or belief	No	
- Sexual orientation including lesbian, gay and bisexual people	No	
- Age	No	
- Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? N/A		
Is the impact of the document likely to be negative?	No	
- If so can the impact be avoided?	No	
- What alternatives are there to achieving the document without the impact?	No	
- Can we reduce the impact by taking different action?	No	
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted.		
If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact. For advice in respect of answering the above questions, please contact the human resource department.		
Was a full impact assessment required?	No	
What is the level of impact?	Low	

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Quick reference flowchart

For quick reference the guide below is a summary the Trust's ligature management process.



1.1 Introduction

Cheshire and Wirral Partnership NHS Foundation Trust (CWP) is fully committed to developing, maintaining and promoting the highest standards of health and safety practice. CWP also acknowledges its obligations to comply with the statutory responsibilities laid down in the Health and Safety at Work etc. Act 1974 (HASAW) and other subsequent legislation relevant to the activities of our Trust and its employees.

It is the duty of the Trust to ensure so far as is reasonably practicable, the health, safety and welfare of its employees, service users, contractors and members of the public.

CWP acknowledges it has a responsibility to identify all likely ligature points in patient accessible areas within inpatient units within the trust. Where ligature points are identified, CWP will develop suitable and sufficient measures to manage, mitigate and eliminate the risks.

Ligature points are risk assessed by a process involving the systematic examination of identified areas. Risk assessments are undertaken in partnership between Estate and Clinicians in order to provide a report that forms a basis for a structured, prioritised and costed rolling programme of building works and policy changes that can be implemented to significantly reduce incidents of self harm and ligature attempts.

The policy should be implemented alongside robust clinical management protocols as part of an overarching strategy for reducing the incidents of self harm and ligature;

- [CP25](#) - Therapeutic observation policy for inpatients
- [CP5](#) – Clinical risk assessment policy

1.2 Purpose

This policy intends to address the environmental risks present in all patient accessible areas within inpatient units that could assist in a self-harm incident or ligature attempt. It includes guidance on the methods for assessing potential ligature points and recording the assessment.

The aim of the policy is to ensure that the correct levels of clinical/operational management of ligatures are correctly maintained for the safety of service users and that the appropriate physical measures are prioritised and implemented accordingly.

2. Approach to Ligature Management

The Trust's ligature management process is summarised in the following sub sections.

2.1 Data collection

The initial visual inspection of the inpatient environment, in order to identify all potential ligature points, will be undertaken by the estates department. It is intended that an environmental risk assessment schedule will be completed for each room / space within inpatient ward areas.

The scope of the risk assessment encompasses the following key areas:

- Access/ Cross Corridor Doors
- Ceiling Finishes
- Windows
- Sanitary ware & Accessories
- Bedroom Accommodation
- Fixtures & Fittings

- Services
- External Areas

2.2 Clinical Review

Upon completion of the initial data collection exercise it is the responsibility of the relevant Ward Manager (with support of Modern Matron as required) to identify existing controls measures and to complete the clinical risk assessment.

To ensure that clinical risk assessments are broadly consistent for all inpatient ward areas, the risk assessment should consider the following:

- Risk classification of the room – low, medium or high;
- Basic scoring methodology;
- Mitigation factors – physical, clinical / operational;
- Consequential factors.

2.2.1 Risk Classification by observation

Each room / area that has been surveyed must be assigned a risk classification of either low, medium or high in order to calculate the clinical risk in accordance with the basic scoring principles. The rationale for the risk classification is as follows:

High Risk – areas of the inpatient ward where a service user may spend extended periods of time with limited observation e.g. bedrooms, bathrooms, en suites etc.

Medium Risk – areas of the inpatient ward that are generally not well occupied and are under moderate levels of observation e.g. quiet lounges, corridor areas leading to bedrooms etc

Low Risk - areas of the inpatient ward that are fully occupied and are subject to almost constant staff observation e.g. day rooms, main corridors etc.

2.2.2 Clinical Risk Assessment Methodology

The scoring principles for the risk assessment have been established by the suicide prevention clinical and environmental risk work stream. The group has established the following principles in terms of potential impact and likelihood:

Impact

- All ligature points identified will score 5 (catastrophic).

Likelihood

- All high risk areas e.g. bedrooms and en suites etc. will score 3 (possible);
- All medium risk areas e.g. lounges will score 2 (unlikely);
- All low risk areas e.g. corridors will score 1 (rare).

2.2.3 Mitigation factors

In addition to the basic agreed scoring principles, the clinical risk assessment exercise should consider what control measures are available that may affect the likelihood of the identified risk of occurring.

- What physical controls are present that could isolate or eliminate the potential ligature point? For example; controlled access to certain rooms, locking of windows / doors etc;

- What clinical / operational control measures are available to ensure that a service user does not have the opportunity to utilise the ligature point? For example; risk assessment, observation policy etc.

2.2.4 Consequential factors

The clinical risk assessment must also consider the consequential factors of any proposed works to remove ligature risks. In some instances the removal of the ligature may cause greater risk / issues for service users; in terms of:

- Privacy and dignity;
- Manual handling;
- Slips, trips and falls;
- Disabled access.

2.3 Reports Findings and Supporting Information

2.3.1 Ligature Risk Assessment Report (see [appendix 1](#))

The Environmental Risk Assessment Report is split out into two sections.

The first section is a written summary identifying and analysing the key Issues relevant to that particular section.

The second section provides a full collection of the environmental risk assessment schedules completed for each room / space within inpatient ward areas.

The report is intended as a full reference document for the ward manager, modern matron and estate department.

2.3.2 Ligature Management Plan (see [appendix 2](#))

The ligature management plan provides a summary of the Trusts Clinical Environmental Risk Policy and to guide the overall management of ligature risks identified on an individual ward.

The document is intended to assist clinicians at ward level.

2.3.3 Ligature 'Snap-Shot' Report (see [appendix 3](#))

The 'snap-shot' report provides a one page tabular format reference of all risks identified in the full risk assessment report.

The document is intended to assist clinicians at ward level.

2.3.4 Ligature Risk Dash-board (see [appendix 4](#))

The dash-board provides an illustrative reference of the risk ratings of all the surveyed categories by ward, building, locality or trust-wide.

The document is intended to provide a benchmarking and forecasting tool for locality clinical management teams, Trust Board etc.

2.4 Immediate Actions & Communications

It is the responsibility of the ward manager to ensure that all relevant personal should be made aware of any significant findings and these should be communicated at the earliest opportunity. In particular,

any high risk issues should be immediately communicated with advice on any immediate precautions required. Full details of remedial actions with timescales should also be communicated.

If the action plan identified as a result of the survey cannot be immediately implemented then a risk management system should be followed utilising known clinical and physical controls.

2.5 Remedial Works Programme

The reports and supporting information will provide a basis for a structured, prioritised and costed rolling programme of remedial works and policy changes that can be implemented to significantly reduce incidents of self harm and ligature attempts within the Trust.

2.6 Review Process

The risk assessment for each ward / inpatient unit is a live document and will be reappraised by the Suicide Prevention Clinical & Environmental Risk Work stream on a 6 monthly basis and also when there is reason to believe that there are changes that may affect the original / current assessment.

The reappraisal will consider the following:

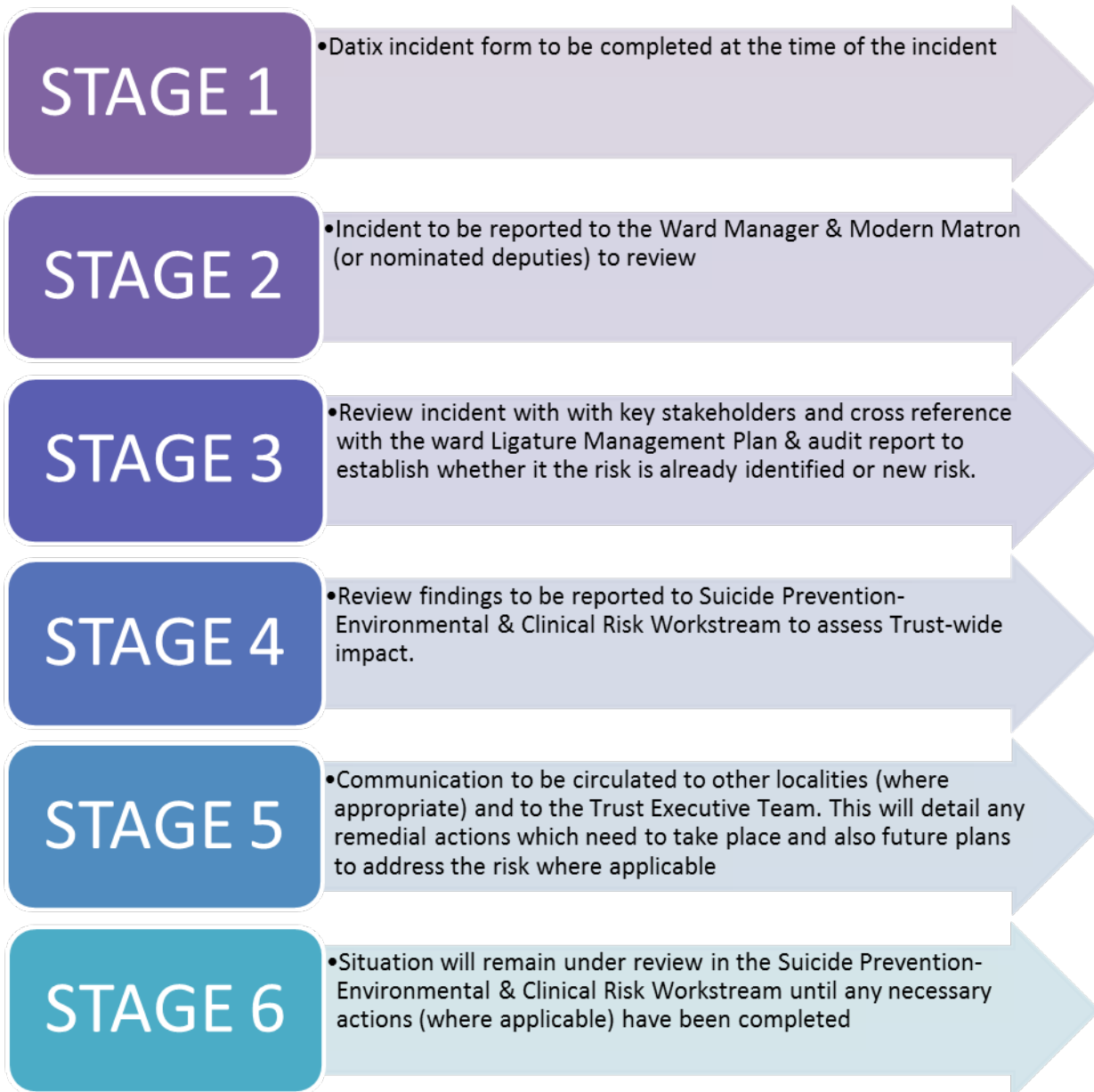
- Has there been a change in the clinical patient group?
- Have any remedial works been carried out since the assessment?
- Have any incidents occurred that may affect the current risk score?

Where it is identified that there are material changes to any of the above, it may be necessary to undertake a new inspection and risk assessment exercise (repeating the process as required).

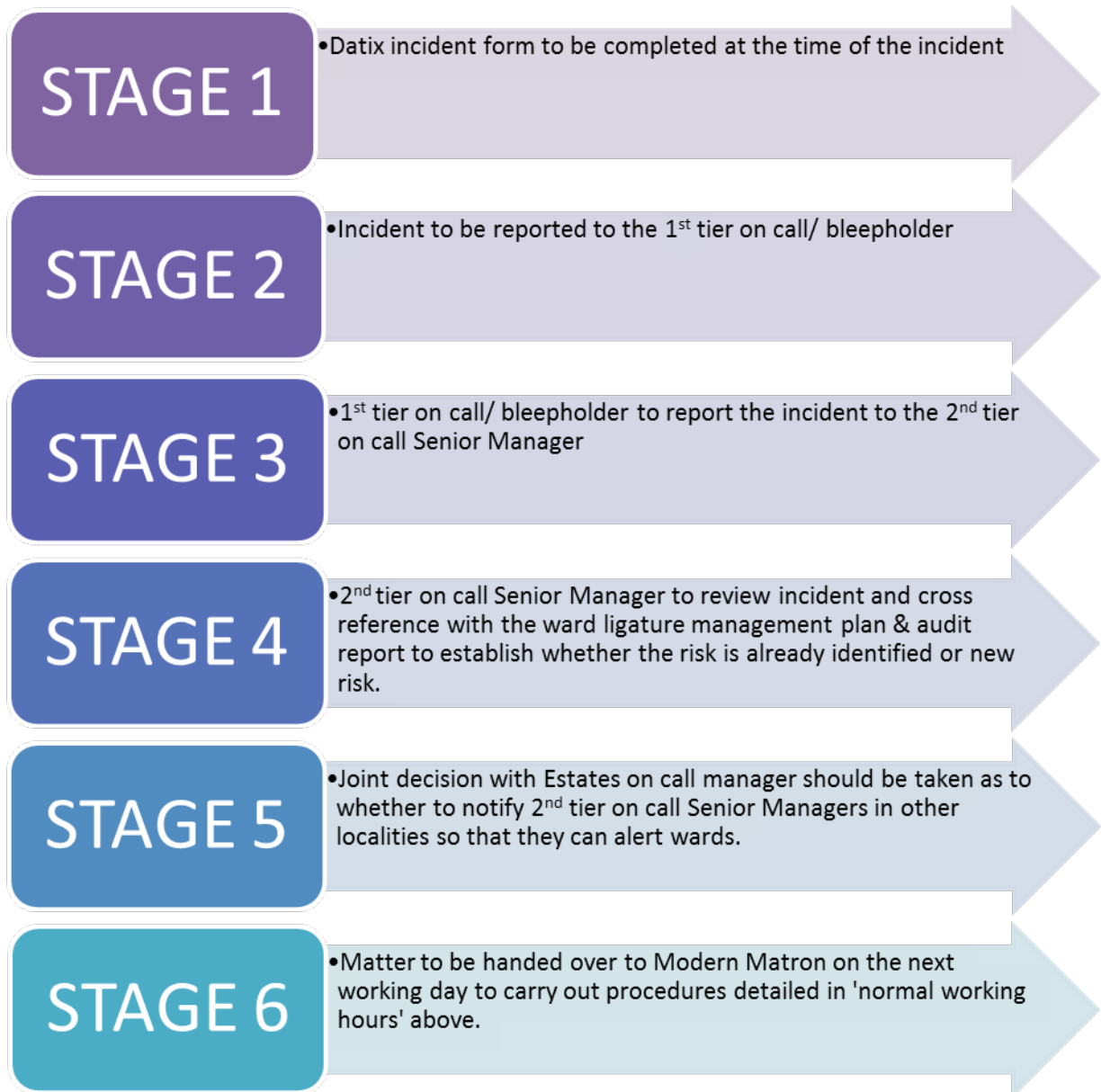
3.0 Ligature Incident Reporting Process

The following actions should be taken in response to an incident which takes place involving an environmental risk e.g. ligature attempt:

During normal working hours:



Out of hours:



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BACKGROUND INFORMATION

Confirmation of Instructions
The scope and purpose of the report Report
Categories
Limitations as to the nature of the inspection Use of the
results
Directions

MAIN ISSUES SUMMARY

Doors & Ironmongery Ceiling
Finishes Windows
Sanitary ware & Accessories Fixtures,
Fittings & Equipment Services

BACKGROUND INFORMATION

CONFIRMATION OF INSTRUCTIONS

The Environmental Risk Assessment of **SAMPLE WARD** was undertaken on **5th November 2014** as part of a larger study of in-patient facilities for and on behalf of Cheshire & Wirral Partnership NHS Foundation Trust.

THE SCOPE AND PURPOSE OF THE REPORT

The scope of the risk assessment encompasses the following key areas:

- Access/ Cross Corridor Doors
- Ceiling Finishes
- Windows
- Sanitaryware & Accessories
- Bedroom Accommodation
- Fixtures & Fittings
- Services
- External Areas

The purpose of the report is to provide a basis for a structured, prioritised and costed rolling programme of building works and policy changes that can be implemented to significantly reduce incidents of self harm and ligature attempts.

REPORT CATEGORIES

The Environmental Risk Assessment Report is split out into two sections.

The first section is a written summary identifying and analysing the key Issues relevant to that particular section.

The second section provides a simple recommendations table listing the following items:

- **Item:** This relates to specific elements of the categories identified above. This takes a logical path through each room/ area and considers each element in detail.
- **Criteria:** A brief description of the required performance standard/ specification.
- **Assessment:** This questions whether the provision on site meets the relevant criteria.

- **Risk Assessment:** An evaluation of the risk, based on the likelihood of an incident occurring and the resulting consequences. The assessment is based upon a generic risk matrix (below).

To ensure a level of consistency in the risk assessments, each room/ area that is surveyed must be assigned one of the following **Risk Levels**.

- **Low** - Communal rooms/ areas that are continually observed by Staff i.e. corridors, art room (Likelihood Score: 1).
- **Medium** - Communal rooms/ areas that regularly observed by Staff i.e. lounges, dining rooms (Likelihood Score: 2).
- **High** - Individual rooms/ areas where service users may be left unobserved for a sustained period of time i.e. bedrooms, bathrooms (Likelihood Score 3).

The impact score will always be recorded as 5 (Catastrophic)

LIKELIHOOD OF OCCURRENCE	CONSEQUENCE				
	Catastrophic A (5)	Major B (4)	Moderate C (3)	Low D (2)	Minimal E (1)
Almost Certain (5)	25	20	15	10	5
Likely (4)	20	16	12	8	4
Possible (3)	15	12	9	6	3
Unlikely (2)	10	8	6	4	2
Rare (1)	5	4	3	2	1

RISK LEVEL	RISK WEIGHTING	CONSEQUENCES	DETAIL/ DESCRIPTION
A - Red	5	Catastrophic	<ul style="list-style-type: none"> International/ National adverse publicity Severe loss of confidence in the organisation Death Extensive Injuries Substantial disruption of service provision
B – Red	4	Major	<ul style="list-style-type: none"> National adverse publicity Major loss of confidence in the organisation Attempted Suicide Serious Injuries Serious property damage Litigation
C- Amber	3	Moderate	<ul style="list-style-type: none"> Local adverse publicity Moderate loss of confidence in the organisation Medical treatment required Reduce capacity to deliver service Litigation
D - Amber	2	Low	<ul style="list-style-type: none"> No medical treatment or intervention required First Aid treatment delivered Minimal or no disruption to service delivery Litigation
E - Green	1	Minimal	<ul style="list-style-type: none"> No service disruption No Injury Minimal financial impact

- **Cost:** Where appropriate, the provision of an approximate total cost of the work needed to improve that particular feature will be given.

Costs are based upon industry pricing books and recently obtained quotes for similar works.

Accurate prices can only be obtained following a competitive tendering process.

It should be noted that the reports only highlight elements where a recommendation for improvement has been made. Elements not shown within a printed report have been inspected, but have not had any work recommended.

LIMITATIONS AS TO THE NATURE AND EXTENT OF THE INSPECTION

The survey was carried out on **5th November 2014** and was believed to provide a reasonably accurate representation of the running and day-to-day activities of the ward.

This report describes the areas of potential concern regarding the physical status of the ward when assessing incidents of self harm and ligature attempts. Although these issues were identified when the survey was carried out, it must be noted that this was only a snapshot in time rather than a long-term study of the ward.

In addition to this, there may be certain access issues not detailed in these schedules because they are not applicable to the building and its operation and management at present. Further investigations may be required if the ward is to be upgraded or refurbished again, or if employment levels or service provision procedures are changed.

This Environmental Risk Assessment report in no way certifies or 'signs off' the ward with regards to meeting the requirements of reducing incidents of self harm and ligature attempts.

USE OF THE RESULTS

The findings in the schedules should be used as a tool to provide information on the key issues relating to the reduction of incidents of self harm and ligature attempts. These should be prioritised and incorporated into a long-term strategy for the ward, alongside other initiatives that will need to be in operation.

DIRECTIONS

Please note that where possible, room numbers have been used in accordance with the appended plans. Where room numbers are not available or are not applicable, narrative descriptions have been used.

MAIN ISSUES SUMMARY

GENERAL INFORMATION

Ward Name:	SAMPLE WARD
Service:	SAMPLE SERVICE
Ward Type:	Assessment & Treatment
No of beds:	10 Beds
Gender:	Mixed
Date of Inspection:	5 th November 2014

DOORS & IRONMONGERY

Background Information:

Doors can present a range of potential suspension or anchor points for improvised ligatures. It is possible for a person who has the motive to cause themselves self-harm to attach a ligature either around door furniture (e.g. handles, door closers etc), around butt hinges or alternatively over the top of a closed door.

Survey Findings:

Noted that the bedroom and en-suite doors were still fitted with 3nr 100mm butt hinges. In addition, no specific allowance has been made to any of the inspected high risk areas to remove the risk of attaching ligatures over the tops of closed doors.

Ironmongery in medium and low risk areas was noted as being of traditional specification and represents and low to medium risk.

CEILING FINISHES

Background Information:

Where ceilings finishes consist of suspended metal grid and lay-in mineral fibre tiles; it is possible for a person who has the motive to cause themselves harm to remove the tiles and gain access to service pipes or structural members in order to create a ligature point.

Survey Findings:

The ceiling finishes in most areas comprised of solid plasterboard and was deemed a suitable specification.

WINDOWS

Background Information:

Windows can present a range of potential ligature risks to those who wish to cause themselves

harm. Suspension or anchor points for improvised ligatures can be created by around window catches, stays and levers, or by insertion through the window opening and closing the casement shut.

Survey Findings:

The window specification at **SAMPLE WARD** comprises of a top hung opening casement with lockable / removable handles. When the window was open it was evident that a number of potential suspension or anchor points for improvised ligatures were present.

It should be noted that the window specification was considered the most appropriate at the time of construction and that physical controls measures were available by the fact that the windows were lockable or the handle was removable. It was felt that the windows still presented a risk in bedrooms and bathrooms due to the limited levels of observation in these areas and the fact that the control measure had the potential for user error. The clinical assessments of these findings were rated as High Risk

SANITARYWARE & ACCESSORIES

Background Information:

Sanitary appliances and accessories can create a number of ligature issues, particularly when located in high risk rooms such as bedrooms and en suites. Typical ligature points can comprise of the following:

- Taps (pillar and wall mounted lever)
- Toilet seats and lever flush handles
- WHB including exposed pipe work and waste outlets

Survey Findings:

It was evident that the sanitary appliances throughout the unit presented a number of ligature points around the taps, grab rails, pipework and drainage. It was also noted that in most instances the IPS access panels had the potential for a ligature to be passed behind or fixed on top corners. The clinical assessments of these findings were rated as High Risk

In general it was noted that soap and paper dispensers were fixed to walls via screw fixings. The clinical assessments of these findings were rated as High Risk

Consideration should be given to the reduced ligature risk and manual dexterity of the service users, in addition to the increased falls risks.

FIXTURES FITTINGS & EQUIPMENT

Background Information:

As Bedroom accommodation offers the patient the opportunity to be left unsupervised for extended periods of time (depending upon the level of observation), it is clear that any furniture and or fixtures that presents a ligature point carries a significant risk.

Typical ligature points associated to bedroom furniture and fixtures comprise of:

- Patient wardrobes/cabinets; comprising of doors, hinges, handles, shelves, rails and the abutment between the wall/ceiling.
- Patient beds; comprising of bed heads, bases and side rails.
- Wall mounted pictures and notice-boards

Survey Findings:

Wardrobes were found to be a built in specification and whilst considered anti ligature at the time of purchase they are now deemed to fall short of the best practice standard.

Consideration should be given to the reduced ligature risk and manual dexterity of the service users, in addition to the increased falls risks.

The specification of patient beds was broadly consistent with that found throughout the Trust. Potential anchor points for ligatures were identified on the majority of beds; in particular bed heads and side mounted scuff guards. The clinical assessments of these findings were rated as **High Risk**.

The majority of areas were found to have wall mounted notice-boards or white-boards secured with anti-tamper screw fixings. If determined to do so, it would be possible in numerous instances for a thin ligature to be passed behind the board and secured on the fixings. The clinical assessments of these findings were rated as **High Risk – Low Risk** subject to the levels of observation.

SERVICES

Background Information:

Services and outlets can create a number of ligature issues, particularly when located in high risk rooms such as bedrooms and en suites. Typical ligature points can comprise of the following:

- Radiators and pipework
- Detectors and sounders

Survey Findings:

The specification of fire alarm detectors was broadly consistent with that found throughout the Trust. Potential anchor points for ligatures were identified on the detector heads. The clinical assessments of these findings were rated as **High Risk – Low Risk** subject to the levels of observation.

Ligature Management Plan (2017-2018)

Ward Name:	SAMPLE WARD
Service:	SAMPLE SERVICE
Ward Type:	Assessment & Treatment
Ligature Risk Classification:	Low
No of beds:	10 Beds
Gender:	Mixed
Date of Initial inspection:	November 2014
Date of Management Plan	September 2017

Scope of Plan

This document is designed to guide the overall management of Ligature Risks identified on **SAMPLE WARD**.

It is important to note that the environmental risk assessment audit should not replace the individual clinical risk assessment of the service user and the use of appropriate observation levels to maintain an individual's safety.

Additional Documentation

This management plan should be read in conjunction with:

- Suicide Prevention Environmental Risk Assessment Report
- GR 15 – Environmental Clinical Risk Assessment Policy
- CP 25 – Therapeutic observation policy for inpatients

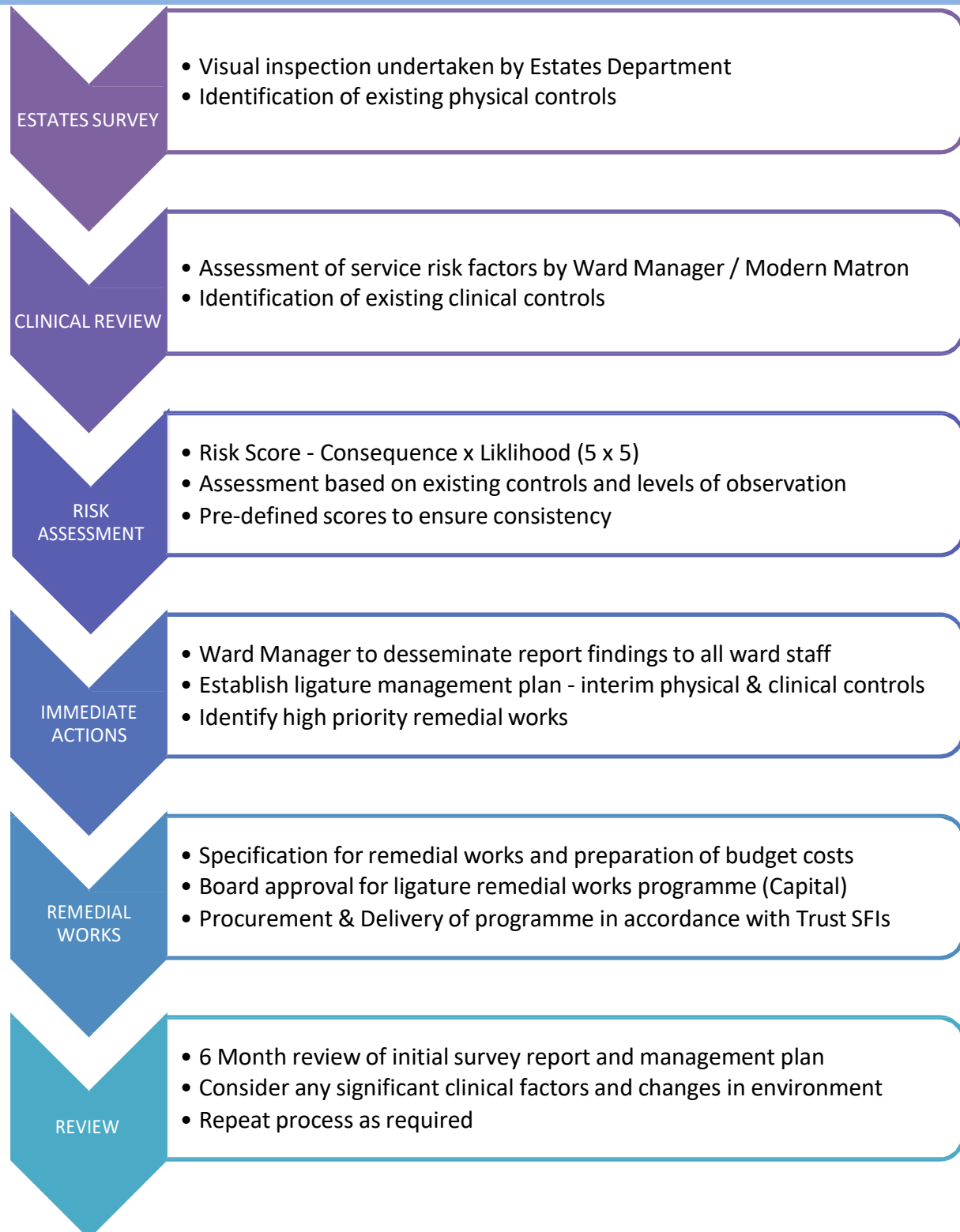
Risk Management System

If the action plan identified as a result of the survey cannot be immediately implemented then a risk management system should be followed utilising known clinical and physical controls.

Communication

All relevant personal should be made aware of any significant findings and these should be communicated at the earliest opportunity. In particular, any high risk issues should be immediately communicated with advice on any immediate precautions required. Full details of remedial actions with timescales should also be communicated.

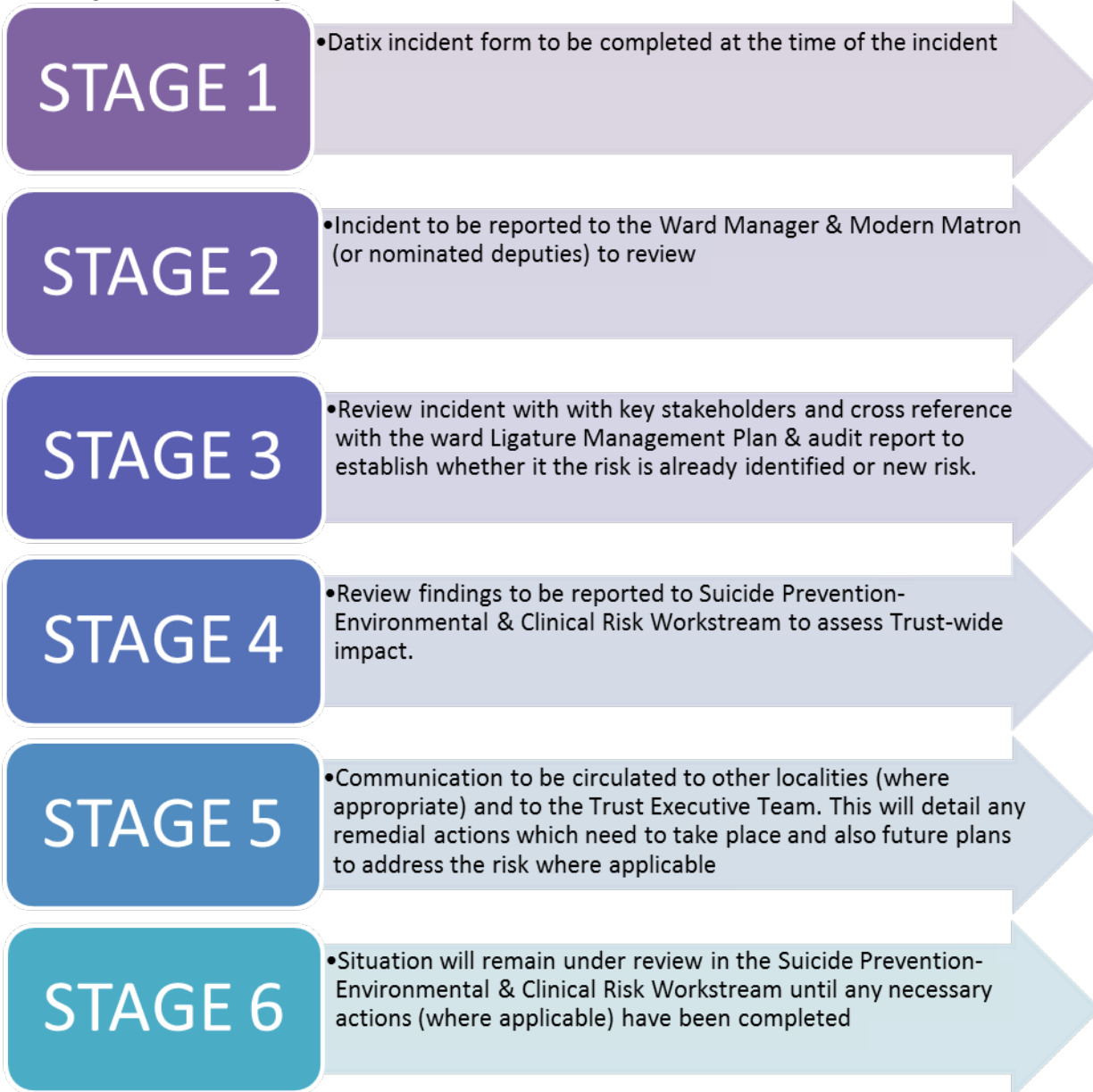
Ligature Management Process - Flowchart



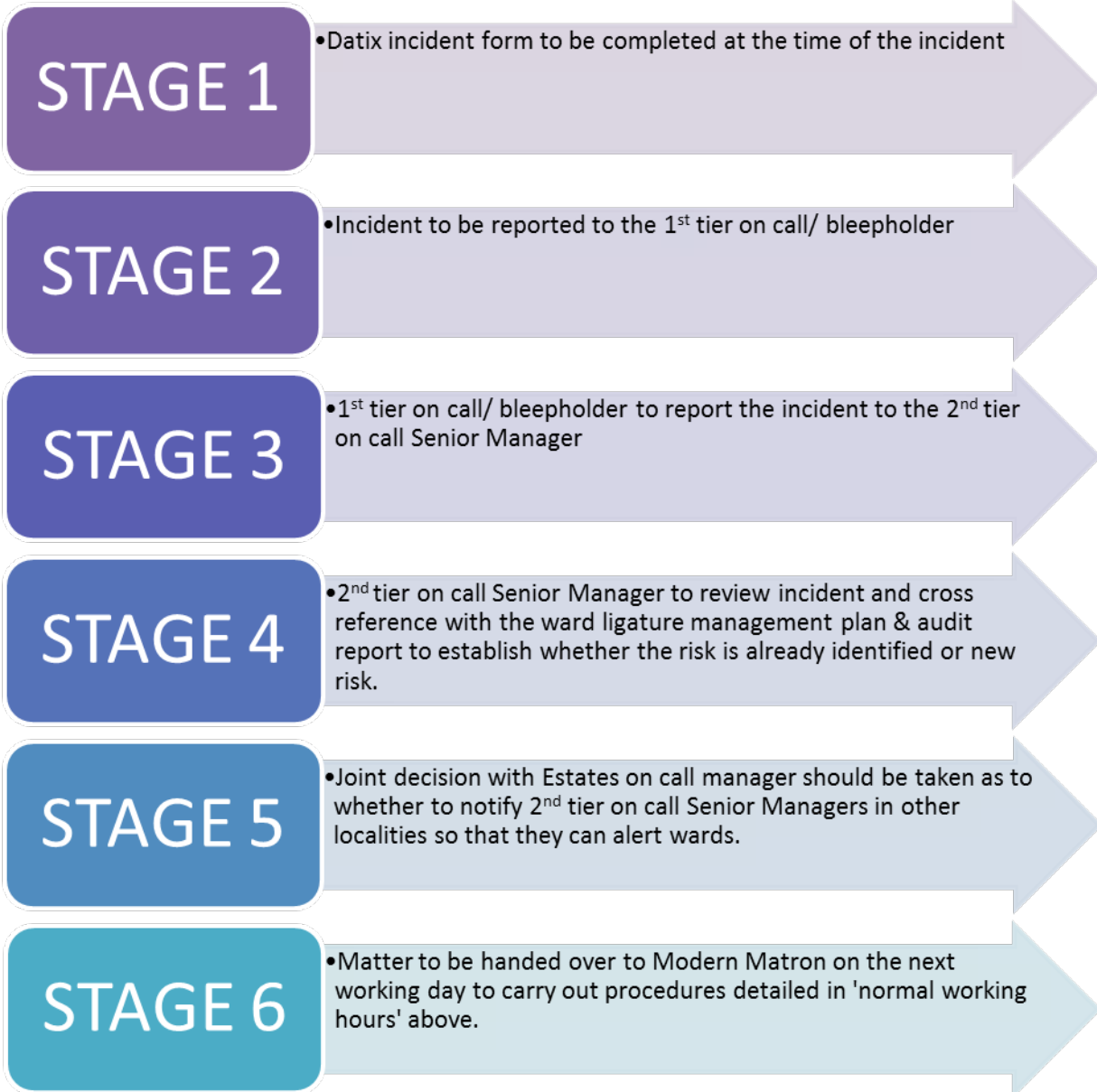
Ligature Incident Reporting Process

The following actions should be taken in response to an incident which takes place involving an environmental risk e.g. ligature attempt:


During normal working hours:



Out of hours:



Appendix 3 - Sample Ligature 'Snap-Shot' Report

SAMPLE WARD: SUICIDE PREVENTION ENVIRONMENTAL RISK ASSESSMENT SCHEDULE																		 Cheshire and Wirral Partnership <small>NHS Foundation Trust</small>																												
KEY: IDENTIFIED RISK		DOORS			CEILING		WINDOWS			SANITARYWARE & ACCESSORIES						FIXTURES & FITTINGS								SERVICES																						
ROOM NAME	DATE UPDATED	DOORS			CEILING		WINDOWS			SANITARYWARE & ACCESSORIES						FIXTURES & FITTINGS								SERVICES																						
		Ironmongery	Hinges	Overhead Closers	Door Head	Finishes	Access Hatches	Ironmongery	Hinges / Restrictions	Wash Hand Basin - General	Wash Hand Basin - Taps	Bath - General	Bath - Taps	WC	Shower	IPS Service Panelling	Shower Curtain Rails	Grab Rails	Soap / Paper Dispensers etc	Holds and Tracking Systems	Bedside / Grab Rails	Beds / Bed Heads	Cabinet / Wardrobe Ironmongery	Cabinet / Wardrobe Doors	Cabinet / Wardrobe Rails	Cubicle Tracking System	Coat Hooks	Mirrors	Wall Mounted Items	Blinds and Curtain Tracks	Televisions / AV / Game Systems	Radiators	Thermostats	Pipework	Lighting	Electrical Outlets	Electrical Cables	Ventilation / Extract Grilles	Nurse Call	Fire Alarm	Fire Alarm Call Points	Miscellaneous				
Corridor	13/10/2016	●	●	★	●	★																	●				●			★	●	★	★	★	●	★	★	●								
Clinic	13/10/2016	●	●		●	★			●	●				●					●				★	●	●			●	●		★	●	★	★	★	●	★	★	●	★	●					
Lounge	13/10/2016	●	●		●	★			★	★					●								●	●				●	●		★	●	★	★	★	●	★	★	●	★	●					
Dining Room	13/10/2016	●	●		●	★			★	★													●	●				●	●		★	●	★	★	★	●	★	★	●	★	●					
WC	13/10/2016	●	★		●	★			●	●			●		●				●								★	●		★		●	★	★	★		★	★	●	●	★	★				
Corridor	13/10/2016	●	●	★	●	★		●																●				●			★	●	★	★	★	●	★	★	●	★	●					
Assisted Bathroom	13/10/2016	●	★		●	★			●	●	●	●	●	●	★	★	●										★	●	●		★	●	★	★	★		★	★	●	★	★	●	★			
Bedroom 1	13/10/2016	●	★		●	★			●	●											●	★	●	★			●	●	★	●	★	★	★		★	★	●	★	★	●	★	●				
En Suite 1	13/10/2016	●	●	★	●	★			●	●			●	●	●	●	●	●	●								★	●	●		★	●	★	★		★	★	●	★	★	●	★	●			
Assisted WC	13/10/2016	●	★		●	★			●	●	●	●	●	●	●	●		●									★	●	●		★	●	★	★		★	★	●	★	★	●	★	●			
Bedroom 2	13/10/2016	●	★		●	★			●	●	★						★				●	★	●	★			★	●	★		★	●	★	★		★	★	●	★	★	●	★	●			
Bedroom 3	13/10/2016	●	★		●	★			●	●	★										●	★	●	★			★	●	★		★	●	★	★		★	★	●	★	★	●	★	●			
Corridor	13/10/2016	●	●	★	●	★		●																●				●	●		★	●	★	★	★	★	●	★	★	●	★	●				
Bedroom 4	13/10/2016	●	★		●	★			●	●											●	★	●	★			●	●	★	●	★	★	★		★	★	●	★	★	●	★	●				
En Suite 4	13/10/2016	●	●	★	●	★			●	●			●	●	●	●	●	●								★	●	●		★	●	★	★		★	★	●	★	★	●	★	●				
Corridor	13/10/2016	●	●	★	●	★		●																●				●	●		★	●	★	★	★	★	●	★	★	●	★	●				
Activity Room	13/10/2016	●	●		●	★			●	★													★	●			●	●	●	★	★	★	★		★	★	●	★	★	●	★	●		●		
Therapy Room	13/10/2016	●	●		●	★			●	★														●			★	●	●		★	★	★	★		★	★	●	★	★	●	★	●			
Corridor	13/10/2016	●	●	★	●	★		●																●				●	●		★	●	★	★	★	★	●	★	★	●	★	●				
Bedroom 5	13/10/2016	●	★		●	★			●	●											●	★	●	★			●	●	★	●	★	★		★	★	●	★	★	●	★	●					
En Suite 5	13/10/2016	●	●	★	●	★			●	●			●	●	●	●	●	●								★	●	●		★	●	★	★		★	★	●	★	★	●	★	●				
Bedroom 6	13/10/2016	●	★		●	★			●	●											●	★	●	★			●	●	★	●	★	★		★	★	●	★	★	●	★	●					
En Suite 6	13/10/2016	●	●	★	●	★			●	●			●	●	●	●	●	●								★	●	●		★	●	★	★		★	★	●	★	★	●	★	●				
Interview Room	13/10/2016	●	★		●	★			●	★																	★	●	★		★	★	★		★	★	●	★	★	●	★	●				
ADL Kitchen	13/10/2016	●	★		●	★			●	●	●												★	●			★	●	★		★	★	★		★	★	●	★	★	●	★	●				
Corridor	13/10/2016	●	●	★	●	★		●																			●			★	●	★	★	★	★	★	●	★	★	●	★	●				
Lounge	13/10/2016	●	★	★	●	★		●	●															★				●	●		★	★	★		★	★	●	★	★	●	★	●				
Bedroom 7	13/10/2016	●	★		●	★			●	●	★										●	★	●	★			●	●	★	●	★	★		★	★	●	★	★	●	★	●					
Assisted WC	13/10/2016	●	★		●	★			●	●			●		●												★	●	●		★	★	★		★	★	●	★	★	●	★	●				
Bedroom 8	13/10/2016	●	★		●	★			●	●											●	★	●	★			●	●	★	●	★	★		★	★	●	★	★	●	★	●					
En Suite 8	13/10/2016	●	●	★	●	★			●	●			●	●	●	●	●	●								★	●	●		★	★	★		★	★	●	★	★	●	★	●					
Corridor	13/10/2016	●	●	★	●	★		●																			●			★	●	★	★	★	★	★	●	★	★	●	★	●				
Kitchen	13/10/2016	●	★		●	★			●	●	●													★	●		★	●	★		★	★	★		★	★	●	★	★	●	★	●				
Lounge	13/10/2016	●	★	★	●	★		●	●																	★	●	●		★	★	★		★	★	●	★	★	●	★	●					
Bedroom 9	13/10/2016	●	★		●	★			●	●											●	★	●	★			●	●	★	●	★	★		★	★	●	★	★	●	★	●					
En Suite 9	13/10/2016	●	●	★	●	★			●	●			●	●	●	●	●	●								★	●	●		★	★	★		★	★	●	★	★	●	★	●					

		<ul style="list-style-type: none"> ● LOW RISK ● MODERATE RISK ● HIGH RISK ★ COMPLIANT 																																										
ROOM NAME	DATE UPDATED	Ironmongery	Hinges	Overhead Closers	Door Head	Finishes	Access Hardware	Ironmongery	Hinges / Restrictors	Wash Hand Basin - General	Wash Hand Basin - Taps	Bath - General	Bath - Taps	WC	Shower	PS Service Panelling	Shower Curtain Rails	Grab Rails	Soup / Paper Dispensers etc	Hoists and Tractling Systems	Bedside / Grab Rails	Beds / Bed Heads	Cabinet / Wardrobe Ironmongery	Cabinet / Wardrobe Doors	Cabinet / Wardrobe Rails	Cubicle Tractling System	Coat Hooks	Mirrors	Wall Mounted Items	Blinds and Curtain Tracks	Televisions / AV / Game Systems	Radiators	Thermostats	Pipework	Lighting	Electrical Outlets	Electrical Cables	Ventilation / Extract Grilles	Nurse Call	Fire Alarm	Fire Alarm Call Points	Miscellaneous		
Bathroom	13/10/2016	●	★		●	★				●	●	●	●	●		●		★	●								★		●		★	★		●	★			★		●	●			
Seclusion Corridor	13/10/2016	●	●	★	●	★		●																●				●		★	★	●	★	★	★	●			★					
Seclusion Room	13/10/2016		★		●	★															★							★		★								★	★					
Seclusion En Suite	13/10/2016		★		●	★	★			★	★			★	★																★							★	★					

TOTALS	★	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	★	0	21	16	0	40	1	0	2	4	6	0	0	1	1	0	1	5	0	0	0	1	15	0	9	0	0	16	0	13	9	40	0	7	40	38	0	25	25	0	0	0	0			
	●	8	6	0	10	0	0	3	3	3	4	0	0	0	0	0	1	0	0	4	0	0	1	8	0	0	1	8	3	0	0	6	3	0	0	8	2	2	8	0	1					
	●	10	7	0	10	0	0	7	3	0	0	0	0	0	0	0	0	0	0	0	0	2	9	0	0	0	10	2	0	0	9	0	0	0	7	2	1	10	0	0						
	●	20	6	0	20	0	0	0	7	14	11	2	2	11	6	11	0	6	11	2	0	9	0	9	0	0	6	12	2	6	0	0	14	0	0	6	0	11	20	0	0					

LIGATURE MANAGEMENT: RISK DASHBOARD 2017-2018

SAMPLE WARD

