

Board of Directors
Item number: 15
Date: 24 September 2025

Confidential/public paper:	Public
Report Title:	Ligature Anchor Point Annual Statement of Compliance 2025
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Accountable Director:	Dr Caroline Johnson - Executive Director of Nursing, Professions and Quality
Presented by:	Darren McCarthy – Clinical Risk and Patient Safety Advisor
Vision and values:	We are Inclusive We Keep Improving
Purpose:	<p>This report outlines the progress and current compliance for Ligature Anchor Point (LAP) risk assessments in the year 2024 to 2025.</p> <p>The purpose of this report is to update as to the ongoing LAP work, provide assurance that risks are being assessed, known, communicated and mitigated in line with the LAP policy and ongoing work, and to highlight ongoing risk and mitigation process.</p>
Executive summary:	<p>The report will outline the ongoing works, planned works and current stages of proposed works to reduce LAP within SHSC.</p> <p>The report will seek to provide information and assurance around the LAP processes in SHSC, and how this links into the Board Assurance Framework.</p>

Which strategic objective does the item primarily contribute to:					
Effective Use of Resources	Yes	X	No		
Deliver Outstanding Care	Yes	X	No		
Great Place to Work	Yes	X	No		
Reduce inequalities	Yes	X	No		

What is the contribution to the delivery of standards, legal obligations and/or wider system and partnership working.
<ul style="list-style-type: none"> 29a warning notice works have been addressed alongside the phased building works and LAP removal reduction programmes. CQC standards relating to LAP require services to assess and document the fixed and non-fixed LAPs on inpatient areas and to mitigate this risk. Mitigation of risks are in place in terms of knowing the risks, sharing the risk information, reacting to known/unknown risks and with compliance to CQC building standards in relation to blind spots. Continuous quality improvement through adherence to local and national guidelines and standards in relation to patient safety. Quality improvement for service users by providing a safer environment and mitigation of known risks Transformation – as part of the ongoing building works and improvements in Phase 3 the clinical inpatient areas are following the recommended transformation design processes that improve overall service user safety and reduce the risk of both Fixed and non-fixed LAP incidents. Partnerships – working collaboratively across SHSC areas, and with partner agencies both locally and nationally to share data, innovations and risk, to ensure that the risk mitigation and continuous service improvement initiatives are both shared with SHSC, and that SHSC shares this information with our

partners, stakeholders and commissioners.	
Board assurance framework (BAF) and corporate risk(s):	<p>BAF 0024 There is a risk that the organisation fails to meet fundamental standards of care, legal, regulatory, and safety requirements.</p> <p>BAF 0025 There is a risk of failure to deliver improvements to environments in the time frame required.</p> <p>BAF 0029 There is a risk that the quality and safety of patient care is negatively affected, caused by untimely access to crisis support and mental health services, resulting in poor experience of care and potential harm to service users.</p> <p>BAF 0031 There is a risk that the Trust fails to maximise its contribution to reducing inequalities.</p>
Any background papers/items previously considered:	Presented to EMT 01/05/2025 with comment and request for additional information.
Recommendation:	<p>The Board of Directors are asked to:</p> <ul style="list-style-type: none"> • Note the content of the report for assurance and compliance purposes. • Approve the report. • Comment on the report where required.



Board of Directors
Ligature Anchor Point Annual Statement of Compliance 2025
September 2025

1. Purpose of the report

- This report outlines the progress and current compliance for Ligature Anchor Point (LAP) risk assessments in the year 2024 to 2025.
- The purpose of this report is to update as to the ongoing work, provide assurance that risks are being assessed, known, communicated and mitigated in line with the LAP policy and ongoing work, and to highlight ongoing risk and mitigation process.
- The report discusses the Ligature Anchor Point and Blindspot Policy and evaluates SHSC's LAP work alongside the policy for compliance.
- The report gives a current position on LAP assessments, on-going progress and plans for future reviews.
- The report highlights where workstreams have been required in terms of LAP changes, and discusses known risk factors, mitigations and future progress planning.
- The report requires approval as assurance of the ongoing LAP work and progress within SHSC.

2. Background

2.1 In June 2021 SHSC was issued a 29a warning notice to adult working age in-patient locations at Longley Centre and Michael Carlisle Centre. The notice was because SHSC had not safely addressed all ligature anchor points and removed these or provided adequate mitigation to ensure the safety of patients. The risk was further increased by the fact that the wards had several blind spots which were not mitigated by mirrors and that the mitigation in place was not effective.

In response SHSC developed a new policy to assess all the Ligature anchor points Trust wide including community bases. The policy was based on South London and Maudsley (SLAM) procedure. The policy remains relevant and current and is due for review in October 2025.

Research shows that 92% of deaths by suicide occur in areas with the highest privacy and dignity – bedrooms/bathrooms and en-suites. The majority of ligature work has focussed on these areas to reduce the risk of ligature incidents, these include (but is not exhaustive of):

- Anti-ligature door fittings and door top alarms.
- Anti-ligature wardrobe doors.
- Anti-ligature sink operating devices (movement sensors).



- Pipe work being securely encased.
- Non-weight bearing soap dispensers, hand towel dispensers, toilet roll holders, curtain track rails, shower curtain rails.

While this work has already substantially reduced the ligature risks on Acute wards, this work is on-going as part of the building modernisation work and as part of Phase 3 building works.

This has included procurement of Anti-ligature fittings to replace older fittings, work around ligature lite fitting replacement continues and anti-ligature technologies are being used (such as anti-pick work).

Monitoring of environmental work through LAP, and staff reporting of incidents continues to drive improvements where identified, and information is shared accordingly.

3. Progress and Ongoing Works

3.1 Ligature Anchor Point (LAP) Progress

LAP assessment work has been completed across all SHSC inpatient areas. LAP assessments for other areas (other buildings/areas not managed/owned by SHSC) have also taken place.

LAP assessments are carried out on the individual inpatient areas, with the Clinical Risk and Patient Safety Advisor, a senior Estates staff member, and the designated local clinical staff member (usually Ward Manager, but Senior Practitioner or Deputies is acceptable also). Other staff may also be present if required.

Each area will have every room/area on the unit visually inspected for LAP risk. These are then noted onto the LAP assessment document for every LAP risk, including mitigation measures/risk management measures.

LAP work from the perspective of the works associated with the 29a warning notice are nearing completion with the final stages of the Phase 3 building works coming to fruition. When Maple Ward is completed in this area, the 29a driven works will have been completed.

Following sign off the LAP project will move into 'Business as Usual', and the structure of meetings will follow the monitoring of LAP in those areas. Further works are planned across the estate as part of improvement projects; however this will not sit under the 29a remit.

3.2 Ongoing LAP Works by Area

While the Acute areas have been part of the Phase 3 building works, other inpatient areas have reduced Fixed LAPs within their areas since the LAP project began.

However, due to the nature and remit of these areas (older people for example will have to retain many Fixed LAP's) for them to continue to function as per design. There have been reductions in blind spot and improvements made in other inpatient areas in line with ongoing improvement work, however fully planned work requires business plans and costings, which are part of future projects (see appendix A).

Management and mitigation of risks for other known LAP's that are not planned to be removed remain as part of the risk assessment documents, and as part of ongoing risk mitigation within the respective areas.

Within SHSC Estates and Finance manage the ongoing works/planned works. These require individualised business plans being created for each area with costing and timescales. As such these works are managed by Estates and do not form part of the LAP reporting work provided within this paper. However, the Estates summary of planned work by area has been included within the appendix of this document for reference.

See Ongoing Work by Area: Appendix A.

3.3 Clinical Environment Review Group Stepdown and Move to LAP Removal Project – Operational Group Progress

All inpatient LAP assessments had previously been reviewed at CERG to ensure they remain updated, relevant and any required works can be identified for progression/escalation within building works.

However, CERG as a meeting has been superseded with the monthly LAP updates an all areas to ensure that the LAP documents are kept 'live'. CERG in its original concept was designed to ensure works were discussed and were appropriately escalated to ensure that LAP reduction work was being conducted.

There was also set membership for the monthly CERG meetings which were not realistically achieved as the project moved forward. CERG also had no direct decision-making outcomes within the meeting, therefore it also required repetition to move forward.

As of March 2024 CQ&SG it was initially agreed that the CERG workstream would be incorporated into the proposed LAP Removal Project – Operational Group (LAP RPOG). This would continue as we embed the monthly LAP updates, and LAP RPOG group would maintain oversight of the building and improvement works. All 'Any Other Business' queries were then raised through this meeting for decisions and outcomes to be made here.

The LAP RPOG group maintains oversight of the LAP risks, the building works, proposed building works, monitoring and responses to incidents involving fixed LAP incidents, and reports and escalates as appropriate around LAP risk.

This group has now formally replaced CERG and the Terms of Reference for the group agreed at CQ&SG 29 January 2025. Escalation procedures for the LAP RPOG group feed into the Therapeutic Environment Board meetings for decision making, and into CQ&SG for assurance.

See LAP process flowchart – Appendix B.

3.4 Monthly Updates of LAP Assessments

In July 2023 commencement of the monthly updating of LAP assessment documents began. The rationale for this and agreement at CQ&SG followed the identification that updating LAP documents on an annual basis (as a minimum requirement) led to changes in LAP risk not being identified until an update occurred.

The monthly update proposal was therefore agreed to ensure inpatient area LAPs were updated and reflected all changes/works that had occurred within that area. This also gave responsibility for senior staff in those areas to ensure that clinical decisions made locally (for instance room use changes, removal of equipment, additions of notice boards) were reflected in the LAP document.

This has allowed for a more 'live' document for review, as opposed to a yearly update document that quickly became out of date and no longer reflected the changing environment.

While the documents are referred to as monthly updates, there is the awareness that this will not always be achievable for every area monthly. This does not impact on the compliance within SHSC as this remains as yearly, but the rationale is that as long as updates occur regularly the document is being maintained and updated.

The Clinical Risk and Patient Safety Advisor completes a monthly audit of updated LAP documents across all inpatient areas and in circumstances where updates are not present contacts the local area to request, and update be completed.

There are challenges to completion of these documents – staff sickness, high turnover of managers, covering/cross cover moves, and other variables have led to occasions where these documents have not been updated. However, due to the monthly audit when this has occurred processes are in place to ensure escalation procedures are followed.

While the updates occur to ensure the document is updated locally, yearly on-site physical reviews remain in place. All Acute inpatient areas have had a full physical



review to reflect the ongoing building work, and the ward moves/decants to support the improvement works. All other areas have had visits to review any changes and update the document accordingly, however, there have been only minor changes within these areas.

See Monthly LAP audit – Appendix C.

3.5 Future LAP Assessment – CQC documentation and incorporation

The CQC with Oxford Health NHS Trust have developed a standardised template for the assessment and management of ligature risk within inpatient areas. SHSC were also involved in the review of and feedback within this project and therefore were already aware of their development.

The CQC assessment documents have also been designed to incorporate in future updates the Design With People in Mind: Informed Choices Testing Guidance for Products in Mental Health Facilities. This is something SHSC were also looking to incorporate, therefore the CQC document aligns with this goal also.

At the April 2024 CQ&SG meeting the now circulated CQC assessment templates were discussed in a proposal for SHSC to adopt these templates and use them to replace our current templates. The adoption of these documents are for standardisation and natural alignment with national standards.

The templates are similar to what is currently being used. However they have additional advantages of incorporating a front sheet which details the ward area remit, and general information about the area. This had been something SHSC were looking to develop, however this document fulfils this requirement.

All inpatient areas are currently up to date and 'live' with the LAP documents and require no immediate work to ensure any compliance. The rollout of this document will be a staggered replacement approach over a period to move from SHSC current documents to CQC adoption. This will ensure that work that has already been produced will transfer across over a period for planned yearly updates of LAP assessments, as opposed to requiring significant resources to change all documents at once.

There is no set prerequisite from the CQC about adopting the CQC templates, and therefore no set period/deadline to achieve transfer, however the plan is to begin to adopt these new templates once the DRAFT policy has been agreed, and to roll out training and support for staff involved with these assessments. Once this is complete then estates colleagues and SHSC LAP lead will commence the rollout of these assessment documents to ensure a safe transition.



4. Assurance

4.1 Risk Mitigation

In SHSC inpatient areas the use of risk mitigation, awareness of risks and sharing of the risk information remains an ongoing piece of work. Within these areas we continue to see consistency in:

- Staff induction onto inpatient areas included LAP information and risks.
- Use of heatmap.
- Knowledge of ligature cutter locations and procedures.
- Good awareness of ligature risks and how to identify risks.
- Good awareness of ensuring risks are escalated and incidents are reported via the appropriate channels.
- Appropriate mitigation of risks via individualised risk management plans

However, it is noted that there can still be inconsistencies across areas, dependant on the staffing consistency, therefore work remains ongoing to ensure that standards are maintained, and staff are supported. While LAP is part of this, this is led by the local area clinical management teams.

4.2 LAP Mitigation

- LAP assessments and LAP risks are discussed at staff induction.
- Staff are inducted into what LAP risks are in their working areas and what mitigation are in place.
- Staff are updated daily within handovers and safety huddles of individual service users at risk of harm via ligature/other means, and this is included within their risk assessment document, care plan and is reflected within observation levels while on inpatient units.
- LAP risk and suicide risk pertaining to LAP/ligation are included in Suicide Awareness training.
- LAP risks and LAP ligature cutter training is now included in Basic and Intermediate Life Support training.
- LAP and ligation incidents are reported through the Daily Incident Huddle and reviewed for escalation/follow up.
- New learning is shared via the use of Blue Light reports.
- Ongoing assurance work being collated and escalated through LAP Removal Project Operational Group to ensure outstanding LAP work is known and project managed.



4.3 Moving to the CQC Templates

In incorporation the new templates there is of course the potential for risk during times of change. However, while the templates are a natural progression from our current templates, the current templates remain as a live assessments should there be unforeseen issues, with the risks being minimal in this progression.

All initial LAP assessments undertaken on the templates will be conducted with the same oversight as previously and supported through the same processes. Each individual area will have the templates shared and discussed, and the assessments will remain under the remit of the Clinical Risk and Patient Safety Advisor, in partnership with Estates and Clinical colleagues.

Local clinical areas will be given support on the use of the documents during the planned updates, and the documents will also form part of the policy.

4.4 Ongoing Improvements and Monitoring

LAP assessments, improvement works and reactivity to new risks continue to aid in improving the safety of our service users when in SHSC premises. The usage of technological improvements/LAP reduced design and risk mitigation provides greater efficiency within SHSC services in being able to reduce risk, increase responsiveness, increase staff awareness through training and workplace environmental risk assessments (LAP assessments, heat map, ligature cutter procedures).

Continuous quality improvement through adherence to local and national guidelines and standards in relation to patient safety form part of our ongoing assurance, and provide a safer environment for our service users and mitigation of known risks

As part of the ongoing building works and improvements in Phase 3 the clinical inpatient areas are following the recommended transformation design processes that improve overall service user safety and reduce the risk of both Fixed and non-fixed LAP incidents.

Partnerships – working collaboratively across SHSC areas, and with partner agencies both locally and nationally to share data, innovations and risk, to ensure that the risk mitigation and continuous service improvement initiatives are both shared with SHSC, and that SHSC shares this information with our partners, stakeholders and commissioners.

The current work across the training agenda works to support the culture of safety within SHSC. Sharing of information (Policy, Blue Light Alerts), incident reporting and training (including Suicide Awareness Training, Record Keeping Training, Basic/Intermediate Life Support Training) aids to support and promote a safe culture to the workforce.

The current ongoing build works, while reducing some bed capacity within SHSC, is known to be part of the improvement work which when complete will



positively impact on the safety and experience of the workforce and the service users we support.

4.5 Individual Area Remits

Each inpatient unit has its own individual remit for that area. This means that all Acute ward areas for instance have the highest priority for LAP removal/reduction across those areas, as the service user demographic is predominantly higher risk.

Within other areas, for instance Older People inpatient areas there is a higher number of known fixed LAP present. These are known and are mitigated against within risk management and assessment. However these areas require there to be non-ligature light fixings to support the service users within this area. This includes items such as:

- Handrails
- Sink, taps and pipework
- Door handles
- Pull cords

These items, while presenting a LAP risk, are required due to the nature of the service users and the requirement for support and physical items such as taps. As such, much of the work which occurs on Acute ward areas does not occur within Older People areas.

Equally, areas such as Rehab/Step-down do not adhere to the same standards as Acute areas. This is again due to the remit of these areas. While risk assessment is ongoing and fluidic, the nature of these areas are to reflect what a service user would similarly find when discharged back into the community, and reflect the recovery-based nature of services.

Staff continue to risk assess on each area, and should a service users risk increase then action is taken accordingly, either by increase in support or observation levels, or potentially a referral to a different area such as Acute to safely manage the risk.

Areas with higher LAPs are noted accordingly within the LAP assessments, and noted within Estates as no planned works in this area currently.

5. Recommendations

The Board of Directors are asked to:

- **Note** the content of the report for assurance and compliance purposes.
- **Approve** the report.
- Comment on the report where required.

Appendices:

Appendix A: Ongoing Work by Area

Appendix B: LAP Process Flowchart

Appendix C: Monthly LAP Audit



Appendix A: Ongoing Work by Area

Area	Remit/Purpose	Work Identified as LAP reduction	Work Planned
Beech	10 Bedded Step Down Unit	<p>Bedroom areas – including: Door, closure, Ironmongery TV and Bracket Wardrobe and draws Radiator and thermostat Curtain Tracking Window and handle Smoke detector Sink, taps and pipework Toilet roll dispenser Soap dispenser Shower rail Fan, Vent extractor Lights Toilet Art work</p> <p>Communal Areas – including: Cross beams Windows TV and Bracket Curtain rails Light fittings Radiator and thermostat Door, closures and ironmongery WIFI booster Emergency lighting</p>	<p>No work planned currently and given the remit of Beech this is considered appropriate.</p> <p>The remaining LAP's will continue to be managed under the current risk mitigations.</p>

		Fire alarm point and sounder Smoke detector Art work Fire extinguisher cabinet Fire doors and access cable Chairs	
Birch	Residential Nursing Home	Bedroom areas – including: Raiser bed and mechanism Sink and taps Exposed Pipes Toilet Shelves Soap dispenser Paper towel dispenser Cupboard and drawer units Notice board frame Shaver/sink light Chair Thermostat Communal Toilet/Bathrooms areas: Toilet Sink and taps Handrail Shelves Shower chair Exposed pipework Assisted bath and mechanism Ceiling and above Radiator and valve Garden Areas: Wooden fencing	No planned work.

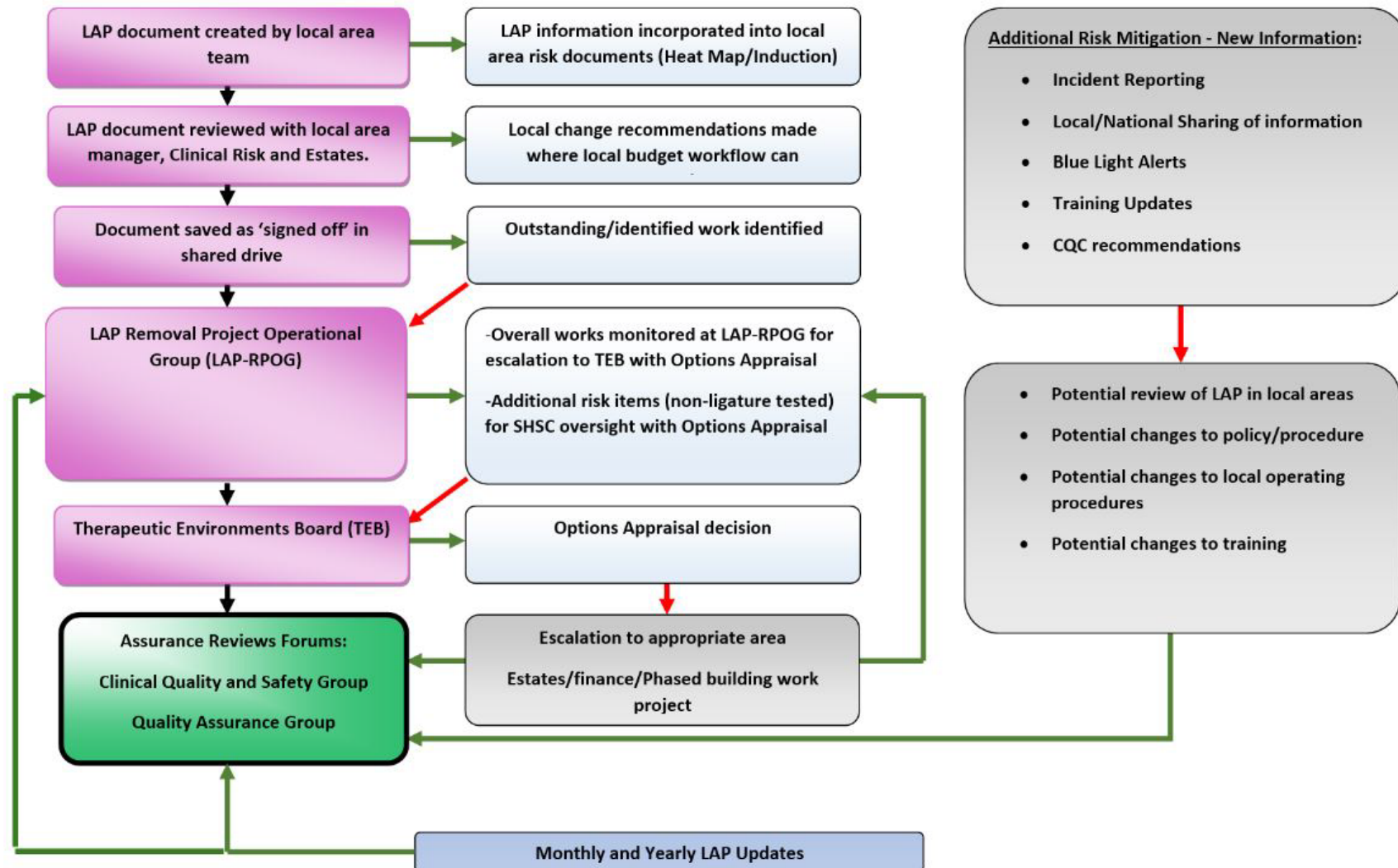
			<p>Raised planters</p> <p>Trees</p> <p>Benches</p>	
Burbage	Acute Inpatient		Phase 3 building works	Completed
DU	Urgent Assessment Unit		<p>Male/Female areas – including:</p> <p>Door (no top alarm)</p> <p>Window and restrictors</p> <p>Ceiling tiles and above services</p> <p>Cupboard doors and draws (low level)</p> <p>Chairs</p> <p>Locker Cupboard</p> <p>Communal Toilet/Bathrooms areas:</p> <p>Light fitting</p> <p>Heat detector</p> <p>Window and handle</p> <p>Door (no top alarm)</p> <p>Garden Areas:</p> <p>Bench</p> <p>Door</p> <p>Windows</p>	<p>No work planned currently and given the remit of the DU this is considered appropriate.</p> <p>The remaining LAP's will continue to be managed under the current risk mitigations.</p>
DD1	Acute People	Older	<p>Bedroom areas – including:</p> <p>Raiser bed and mechanism</p> <p>Sink and taps</p> <p>Exposed Pipes</p> <p>Toilet</p> <p>Shelves</p> <p>Soap dispenser</p> <p>Paper towel dispenser</p> <p>Cupboard and drawer units</p> <p>Notice board frame</p> <p>Shaver/sink light</p> <p>Chair</p>	<p>At present, due to the invasive nature of the works needed to remove ligature anchor points on DD1 there is a requirement to decant to complete the remaining items. There is not a plan for capital works in place. There is an agreed direction to consider moving DD1 to Grenoside. This project has not yet been scoped and at present is planned into the Capital plan to commence in 2026/27 financial year.</p> <p>However this work will not cover all the items identified in the LAP assessment, due to the nature and remit of the area, therefore works will focus on bedroom/en-suite doors and areas listed within the bedroom areas for improvement.</p>

		Thermostat Communal Toilet/Bathrooms areas: Toilet Sink and taps Handrail Shelves Shower chair Exposed pipework Assisted bath and mechanism Ceiling and above Radiator and valve Garden Areas: Metal conduit Handrail External glass door and magnetic bolt High level anti-climb metal fencing Gazebo/summer house Greenhouse Wooden fencing Raised planters Trees Benches	The remaining LAP's will continue to be managed under the current risk mitigations.
DD2	Acute Inpatient	Phase 3 building works	Completed
Endcliffe	Psychiatric Intensive Care	Phase 3 building works	Completed
Forest Close	Forensic Rehabilitation	Bedroom areas – including: Bedroom Furniture Bedroom Fittings Bedroom Radiators Bedroom Lights Quiet Room Radiator	Part of Forest Lodge considerations, however the initial plans for any work are within Forest Lodge currently.
Forest	Low Secure	Bedroom areas – including:	This requires a programme of capital works to be undertaken. Potential

Lodge	Forensic	Bedroom Furniture Bedroom Fittings Bedroom Radiators Bedroom Lights Quiet Room Radiator	works are for 2 bedrooms to be vacated at one time to have contractors in the bedrooms. At that point each rooms will have furniture, radiators, lighting replaced and decoration to make good and damage to that. However this is an invasive and disruptive scheme and other options for a potential decant is being explored and a potential programme of work is being drawn up for the EMT consideration.
G1	Specialist People Older	Bedroom areas – including: Wall lights Smoke detector Profiling bed TV and bracket Chair Pictures Radiator Drawers Ceiling light Ceiling vent Handrails Sink, taps and pipework Toilet Toilet roll holder Paper towel holder Light over bathroom mirror	At present, due to the invasive nature of the works needed to remove ligature anchor points on G1 there is no current capitol proposal. However, any capitol proposal work will not cover all the items identified in the LAP assessment, due to the nature and remit of the area, therefore works will focus on bedroom/en-suite areas listed within the bedroom areas for improvement. The remaining LAP's will continue to be managed under the current risk mitigations.
HBPoS	136 Suite	Phase 3 building works	Completed
Maple	Acute Inpatient	Phase 3 building works	Maple works ongoing.
Stanage	Acute Inpatient	Phase 3 building works	Completed
Woodland View	Residential Nursing Home	Bedroom areas – including: Raiser bed and mechanism Sink and taps Exposed Pipes	No planned work.

		Toilet Shelves Soap dispenser Paper towel dispenser Cupboard and drawer units Notice board frame Shaver/sink light Chair Thermostat Communal Toilet/Bathrooms areas: Toilet Sink and taps Handrail Shelves Shower chair Exposed pipework Assisted bath and mechanism Ceiling and above Radiator and valve Garden Areas: Wooden fencing Raised planters Trees Benches	

Appendix B: Ligature Anchor Point Assessment Process Flowchart



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