

ELFT Peer Review
Actions from site visits undertaken May 2021

Lead Key					
Name	Initials	Name	Initials	Name	Initials
[I/S]	[I/]	[I/S]	[I/]	[I/S]	[I/]
[I/S]	[I/]	[I/S]	[I/]		
[I/S]	[I/]	[I/S]	[I/]		

RAG Rating Key	
Outstanding action	
Ongoing Action	
Action completed/closed	
Future Action	

Ref	Issue Identified/ Recommendation	Action	Lead	Deadline	Outcome	R A G
1. Governance and working practice						
1.1	The governance structures of the Trust are appropriate and largely effective an improvement can be made to support the pathway from board to ward and communicating to staff. This can include wards having local risk registers that hold ligature risk and have an established link to corporate risk registers.	To ensure all staff, at all levels, are aware of the Ligature inspection process and have lines of communication available to find out information.	[I/S] [I/S] [I/]	March 2022	Update 10.11.21 Agreed at LRRG that this could be tested with staff at safety walk rounds in addition to at the 6 monthly reviews. Ligature inspection process discussed with staff during 6 month review. Topic included in the EPUT ligature forum to ensure that staff are aware of the process. Update Lines of communication to find out information are included on the front page of each inspection report that is available for all staff on the wards.	
		Consider development of local risk registers and establish corporate risk register for Ligature	[I/]	March 2022	Update 10.11.21 Ligature BAF now part of Corporate Risk Register (CRR81). Consideration to be given to local risk registers Update 29.08.22: Ligature corporate risk well established with robust action plan. Local risk registers are part of a wider Trust risk register project.	
1.2	The document produced following ward ligature point risk assessments is large, this increases the risk of the document being made redundant and not	Undertake a review of the Ligature Risk Assessment tool to ensure simplified for effective implementation and use by clinical staff	[I/]	Sept 2021	A new ligature risk assessment tool has been developed and approved for immediate implementation of use. The new tool has been developed in a printer friendly format.	

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	effectively used by clinical staff who are working in environments of high acuity.					
1.3	The Policy is in place, it states the 'What' but need to help staff operationalise by stating the 'How'.	Undertake a full policy and procedure review to ensure informs staff on how to manage ligature risks and mitigation.	[I/S]	March 2022	Update 10.11.21 Policy currently under review to include recommendation Update 03.03.2022 Policy reviewed and undergoing ratification. Policy updated and approved.	
1.4	The ligature hot spot gallery which is part of the assessments risks being a collection of pictures if not maintained through regular checking and removal of old pictures. However, there is a plan update the way the photos are managed which could contribute to making the gallery more useful (ELFT appendix 3)	Consider adoption of ELFT Appendix 3 hot spot photo sheet	[I/S]	October 2021	Update 10.11.21 Photo sheet has been adopted and implemented going forward for all future ligature risk assessments. To be included as part of policy review.	
	There were several issues found in regards to the Hot Spot Gallery and Heat maps i.e. <ul style="list-style-type: none"> Sticky red dots falling off heat map Too many dots on the heat map to be able to figure out where the exact risks were Hotspot gallery photos not clear 	Ensure there is a robust and consistent solution for identifying and reviewing hotspots on the heat maps.	[I/S]	February 2022 March 2022 May 2022	Update 10.11.21 Discussed at LRRG use of updated and colour rated rooms on the floor plans to reduce need for red dots on heat map. Update 09.02.2022 T&F group set up to discuss heat maps and appropriate representation of identified hotspots. Meeting arranged for 04.03.2022 Update 03.2022 [I/S] leading further discussions on heat-maps. Awaiting outcome of T&F group. Update 05.2022 LRRG discussed depiction of risks on the heatmaps. Estates looking to enable wards to update this depiction of risks on their own maps based on their inspection reports via appropriate software. Update 10.2022 This is ongoing work that is being monitored by the EERG to completion and brought to LRRG for final approval. Solution identified and process of monitoring in place. Action to be closed here.	

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	<ul style="list-style-type: none"> Hotspot gallery not well maintained Not linked to the inspection 					
2. Environment						
2.1	An updated timeline of completion of works would assist clinicians in managing risks and expectations. This is currently held by the Estates Expert Reference Group who oversees the improvement works identified in the ligature risk assessments and shared at the LRRG. Given the volume of the work the Trust has undertaken to reduce risk it would be recommended that there is a clearer triangulation process between estates, findings from ward risk assessments and the LRRG.	EERG to share planned programme of works to assist clinicians in managing risks and expectations	I/	April 2022	Update 04.2022 Outstanding and capital works reviewed at EERG meetings which have clinical representation. Update 06.2022 Restratisation Gantt Chart, 5 Year Plan, Project Capital Report and the Spotlight report are all shared at a number of committee meetings, including LRRG, where there is clinical representation in the form of Service Managers, Matrons and Associate Directors. Clinical representatives expected to provide feedback to their areas on the planned program of works following LRRG.	
3. Workforce						
3.1	Consider strengthening the system to ensure bank and agency staff are given the same orientation to risks as	Undertake a scoping exercise of ward local induction processes to identify if includes risk orientation and ligature processes.	I/ / I/S I/	March 2022	Update 10.11.21 Agreed at LRRG that this could be tested with staff at safety walk around in addition to at the 6 monthly reviews.	

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	regular staff across all wards. It is recommended that the wards have a locally held system of assurance that all staff that work on the ward have been inducted to the ligature process				Update 03.2022 From 6 month reviews, all staff new to wards are inducted to local risks and orientated to the ligature wallet that contains known hotspots and latest inspection report. Local ligature induction reviewed and updated as part of policy review.	
		Consider if further action required on induction process based on result of scoping exercise			Update 03.03.2022 Larger piece of work being undertaken by [I/S] to look at the induction process. Update This action is part of work that continues as part of the work streams in the culture of learning projects under the Lessons Team. There will be a working group that will review the entire induction process within the organization focusing on induction for our substantive colleagues, the temporary workers and medical staffing as part of that culture of learning project.	
4. Training and Learning						
4.1	The Trust to consider enhancing staff awareness of suicide prevention strategy by conducting a series of ligature process workshops that involve key stake holders including ward managers and matrons.	Ensure that there is a standardisation of key aspects of the process and to improve the effectiveness and triangulation of systems, processes, and practices to keep people safe.	[I/S]	August 2022	Update 2022 Ligature Prospectus agreed at LRRG. Agreed at LRRG to extend Tidal Training to at least Band 4 staff to increase. Update 03.03.2022 EPUT Staff Ligature Forum proposal to be presented to LRRG for discussion and approval. Update 04.2022 Ligature Forum approved at LRRG. Program to be finalised and shared with all key stakeholders to ensure that all staff are aware. Update 06.2022 Monthly ligature forum for all EPUT staff established as part of efforts to enhance awareness. Project Group looking at bringing Ligature risk management in-house. Update 08.2022 Staff awareness strategy now in place as follows: Monthly Staff Forum discussing the ligature process and key issues; 6 Month Ligature Support Visits; Annual OLM preventing of suicide by Ligature Training; Tidal Training open to at least Band 4 Staff.	

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4.2	With regards to training provision, where the common narrative during the review was the lack of specific training on the use of ligature cutters, the Trust to consider reviewing this and ensuring that staff are clear about the training provision available and the purpose.	To provide clear training for all staff in the use of each type of ligature cutter wider than that contained within the TIDAL and Emergency Skills training.	[I/S] [I/]	January 2022 March 2022 June 2022	<p>Update 10.11.21 Ligature cutter training has been developed and photos/ filming of use of each has been undertaken. Requires some editing and bringing back to next LRRG for approval to roll out.</p> <p>Update 03.03.2022 LRRG approved video now with the Training department to be incorporated to the current OLM training.</p> <p>Update 04.2022 Issues with quality and length of video. Training department to support in re-shooting the video.</p> <p>Update 06.2022 Video recorded. With training department for editing.</p> <p>Update 09.2022 Reviewed and updated training that includes showing staff how to use each type of ligature cutter is now available to all staff as part of the OLM training</p>	
Additional Comments/ Common themes for action						
1	There were a few issues identified with the competency checklist; <ul style="list-style-type: none"> On incorrect form Out dated Not consistently signed 	Ensure checking of the competency checklist is undertaken at each 6 monthly ward review and part of ligature wallet audit.	[I/]	March 2022	Update 03.03.2022 Ongoing checking for compliancy at 6 month reviews. 6 monthly audits to be undertaken and reported to the LRRG.	
2	Essential information, such as learning from incidents and implementing action plans was not consistently shared at ward level.	Ensure that all learnings are cascaded consistently across the Trust.	[I/]	March 2022	<p>Safety Alerts and Learning discussed during 6 month reviews with staff at ward level confirming that learning is shared with them via email, supervision, discussed in "huddles" and team meetings.</p> <p>Recent Safety Alerts are put in the ligature wallets and accessible to staff</p>	

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	Staff reported that they were not always sure what happens to ligature inspections beyond the ward.	Ensure the implementation of action plans is consistently shared at ward level	[I/	April 2022	Ward manager's give assurance on accepting final report and during the 6 month inspections that Inspection reports are discussed with their teams along with any identified new risks and actions.	
3	There was a variation found in the number and the type of ligature cutter in the ligature wallets.	Ensure all wards across the Trust have a uniform number and type of cutters in the ligature wallet.	[I/	August 2022	Update 04.2022 Policy updated and sets out clearly the Trust approved ligature cutters and the recommended numbers to have. Update 06.2022 All ligature wallet checked for consistency as part of the annual inspection and 6 month reviews. 6 monthly audit results reported to LRRG for review and assurance.	
		Review ligature policy/procedure to ensure guidelines are definitive in number and type of cutters that should be in the ligature wallet	[I/	March 2022	Update 10.11.21 Policy currently under review to include recommendation and clear definition of requirements Update 03.03.2022 Policy reviewed and undergoing ratification. Update 04.2022 Policy updated and sets out clearly the Trust approved ligature cutters and the recommended numbers to have.	
		Undertake 6 monthly audit of all ligature wallets to offer assurance of compliance with Trust policy.	[I/	August 2022	Update 06.2022 6 Month audit undertaken. Overall compliance of 88%, with feedback from wards of rectification where wallets were not compliant.	