

Patients Self Harming

Request

Self Harming by patients being cared for in mental health facilities:

Which aspects of the patients' bedroom and doors are safeguarded to prevent mental health patients from self harming whilst being cared for in a mental health facility?

How many patients in the last 3 years have self harmed or tried to injure themselves whilst they were being cared for in a mental health facility? From this figure, how many of these cases led to the patient being hospitalised and by which method did they self harm?

How many patients in the last 3 years have self harmed or tried to injure themselves using the door or objects/ironmongery/aspects of the door whilst they were being cared for in a mental health facility? From this figure, how many of these cases led to the patient being hospitalised and which method did they use to self harm?

Accidents

*What is the compensation figure relating to accidents where a patient has hurt themselves unintentionally whilst being cared for in a mental health facility? From this figure, breakdown the types of compensation claims and the cause of the accident. Please detail the number of cases where the patient has required hospitalisation.

What is the compensation figure relating to accidents or self harm where a patient has hurt themselves intentionally or unintentionally – in relation to the door, door ironmongery or dooset? From this figure, breakdown the type of compensation claims and detail the number of cases where the patient has required hospitalisation.

NB * - Within the last 3 years

Anti finger trap in mental health facilities:

How many mental health facilities safeguard the hinge side of the door to avoid accidental or intentional finger entrapment? The types of product used to do this would be known to the industry as 'finger protection', 'door guards' and 'hinge guards'.

When risk assessing mental health facilities, is clause 2.38 from the Department for Health's HTM58 document considered across all mental health facilities? If not, why not? If your facilities do not use finger protection, how was the risk of patients trapping fingers in the hinged reveal between the door and frame in a mental health facility assessed and then mitigated?

Our Response

1. The most serious issue in relation to self harm is ligature risk. This is dealt with in two ways;
 - Operational/Clinical. Clinical staff are aware of those patients most at risk and will instigate a control pattern where these most vulnerable of patients are checked upon much more often than others.
 - Where privacy and dignity allows, doors are removed to completely remove the risk.
2. Generally the Trust has a wide range of properties but most of these have ordinary butts on the doors. The most recently built facilities now do incorporate anti finger trap hinges (Safehinge ALU30).
3. It would not be cost effective to replace all hinges with this type when the overall risks are considered. On checking with our Risk Department we have no recorded injuries to patients from entrapment in door hinges. However, as requested, please find attached statistics of patients who have self-harmed.
4. Whilst we accommodate anti finger trap hinges in our refurbishment and new build works (where it financially feasible), it does not make economic sense to use our resources to retro fit these devices when there is no evidence to support an urgent risk, especially when other risks to life are considered in comparison.
5. Regarding compensation in relation to in-patient accidents, unfortunately, we are unable provide you with this as we do not record this information.