Policy Title: **PROMOTING POSITIVE BEHAVIOUR**

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Elysium Children and Education (a division of Elysium Healthcare) is committed to promoting equality in all its activities. We aim to provide an environment free from discrimination and unfair treatment.

Contents

Rationale

We believe that every student at Potters Bar Clinic School has the right to feel safe in a calm environment for effective teaching and learning to take place. Our positive behaviour policy and practice underpin this right as it aims to develop young people's sense of responsibility and independence for their own actions, ensuring that the behaviour of all young people maximises learning.

Each member of staff has responsibility for upholding standards of behaviour in school, both within their classroom, around the school site and on hospital wards, as well as implementing this policy both fairly and consistently. Our core values (collaboration, compassion, empowerment, resilience innovation and integrity) ensure we provide a safe and happy learning and working environment, with the right conditions for academic, emotional and behavioural development at our school.

This policy will be abided by staff members and young people at all times, reviewed at regular intervals and monitored to assess its impact.

Links with other policies:

This policy does not stand in isolation and can be directly linked to the following policies:

- SEND
- Curriculum
- Child Protection and Safeguarding
- Preventing Bullying
- Equal Opportunities
- BRIDGES

Responsibilities, roles and rights

It is the responsibility of the proprietor that there is a statutory policy in place for Positive Behaviour. This policy will be approved by the Headteacher and management committee. The frequency for review of this policy is determined by the Headteacher. This policy is reviewed if and when new guidance is issued by the Department for Education (DFE). It is the responsibility of the Headteacher to ensure that all steps within the policy are adhered to.

Staff will:

- Implement the school's Promoting Positive Behaviour Policy at all times.
- Maintain a positive and well-managed learning environment.

- Be positive ambassadors of the school at all times, through their professional behaviour and conduct.
- Use the school's reward system and hierarchy of sanctions to promote good behaviour.
- Use the rules and consequences outlined in this policy clearly and consistently.
- Treat all young people fairly and equally, seeking to raise their self-esteem and develop to their full potential.
- Undertake comprehensive planning to provide challenging, interesting and relevant lessons, which are appropriate to the age, ability and individual needs of young people.
- Raise any concerns regarding a young person's behaviour with the relevant senior leadership team (SLT) and Key Teacher and record all behaviour events on the Behaviour Log.
- Support other members of staff with behavioural issues involving individuals or groups of young people.
- Liaise with other members of staff and the senior leadership team (SLT) in order to implement effective behaviour management.
- Immediately contact the Headteacher and the rest of the SLT when there has been a serious breach of the school's Code of Conduct, or a Serious Incident has taken place.
- Contact parents/carers regarding their child's behaviour where necessary, and inform the Responsible Clinician of a pupil's behaviour where necessary.
- Continuously keep parents/carers informed of any behavioural management issues concerning their child (as appropriate)
- Consistently update the multi-disciplinary team on student's behaviour using the opportunities of Morning Meetings, CPA's and communication via weekly Ward Round.
- Act in accordance with the school's Exclusion Policy when dealing with more serious breaches of school conduct.
- Monitor the attitude, effort and quality of the individuals' work.
- Ensure that all records are kept up-to-date, such as the behaviour and restraint incident logs.
- Consistently develop staff understanding of behaviour for learning and relevant techniques as part of their CPD.
- Be aware and follow the steps of the consequence ladder. All students should be made aware of the ladder during their induction to school, by the key teacher.
- The consequence ladder is as follows:
    1. Incident recorded by staff member in the behaviour log. This should be discussed with the young person at the time in accordance to all staff promoting positive behaviour.
    2. Key teacher, informed by reporting staff, to raise the incident during key time and discuss the lessons learnt with the young person
    3. If repeated incidents occur then the key teacher to inform parents/carers of the young person's behaviour
    4. If this pattern continues then the headteacher to have a meeting with the young person and to call parents regarding their behaviour

5. To inform the hospital, through morning handover, of the behaviour incidents occurring, to be spoken about in ward round with all MDT and young person.

Young people will:

- Abide by the Potters Bar Clinic School agreement, as reflected in the Young People Expectations document in key folders, and the school's Positive Behaviour Policy at all times.
- Work to the best of their ability, accept praise, tolerate mistakes and derive satisfaction from their own experience.
- Cooperate with other young people and members of staff in order to create a positive learning environment that demonstrates good team spirit.
- Be willing to engage in learning when their mental health is not a barrier to learning.
- Engage with strategies put in place to support them through school by staff, where many young people have not been in education for an extended period of time.
- Respect and value the environment and their surroundings, as well as each other.
- Not act in a manner which is disruptive to the learning of others.
- Under no circumstances put the health and safety of others at risk.
- Avoid behaviour that will be harmful for themselves, other young people and staff in school.
- Follow reasonable requests given by the teaching and support staff to enable learning to take place.
- Demonstrate the ability to proceed from one learning task to another with a reasonable level of independence.
- Make decisions that will respect the school's property and other student's possessions.
- Engage with the BRIDGES personal development process in dialogue with dialogue key teacher meetings and termly presentation to the headteachers, describing their progress against previously identified dispositions of needed improvement and future dispositions of focus.

Young People must not:

- Bring into school any items which are inappropriate.
- Use school resources to harm themselves or others.

Rewards and praise

Praise plays an important part in improving behaviour. Potter Bar Clinic School recognises that young people should be rewarded for displaying consistently good behaviour, progress

and effort in school. Praise will be used to help raise a student's achievement and will be given for progress, not simply for high quality work.

Praise will:

- Be given in relation to a specific task or action.
- Be given in the form of formative feedback through marking, classroom interaction, certificates, reports and through the awarding of BRIDGES merits as per the policy (4.3).
- Be earned, ensuring that the recipient is clear about what they are being praised for.
- Reinforce Potters Bar Clinic School's core values and ethos.
- Not be awarded for vague accomplishments or be given too easily and spread too widely.
- Not be in a manner which is selective, exclusive or causes the recipient embarrassment.
- Always have a positive effect upon others as well as the recipient.
- Be used to motivate pupils and help them to feel valued.
- Be recognised for student facing a challenge which they previously were not able to face, demonstrating resilience.

Potters Bar Clinic School has a reward system in place which rewards pupils for displaying good behaviour and progressing their learning, through the following methods:

- Certificates
- Merits
- Commendations
- Headteacher awards
- Verbal praise
- Written praise
- Post cards home/to their home "unit"/social workers (or other responsible staff members agreed by the MDT)
- Comments to parents at CPA meeting
- Community Meeting feedback
- Small prizes, such as stationary or stickers (as permitted safe)
- Feedback in Ward Rounds
- Feedback to Responsible Clinicians
- Vouchers (refer to the BRIDGES policy)

Sanctions

Potters Bar Clinic School work in partnership with Potters Bar Clinic in implementing sanctions for unacceptable/inappropriate behaviour. Expectations for behaviour which is conducive to learning is displayed in the school corridor, and is signed by each student when they are admitted to the clinic and begin engaging in education. It sets out the basic expectations required from all young people.

In light of our school values and the nature of our young people attending school, every effort will be made to discuss and resolve difficulties by understanding and working out strategies without imposing sanctions.

The sanctions in place are all of restorative nature. The sanction ladder looks like the following:

1. After an incident- meeting with the key teacher, to reflecting on what happened and facilitating a conversation with the staff member present during the incident, if appropriate.
2. Multiple incidents- Key teacher has conversation with student and with parents, reflecting on the incident and steps going forward
3. Continuing multiple incidents- The head teacher has a meeting with the YP to discuss their education and engagement, looking at their goals and the steps to get there.
4. Continuing presentation of behaviours- MDT meeting, ward managers, care-co meet with SLT to discuss the behaviour of the young person and plans that need to be put in place.

Restorative Practice

Potters Bar Clinic School has a restorative approach to managing behaviour.

Our young people at Potters Bar Clinic School present as young people who are challenged with flashbacks, the need to self-harm, suicidal thoughts and complex traumatic histories of physical, emotional and sexual abuse – at times from their peers within schools or their home communities. Young people have often been out of school for many years, and will find it a daily challenge to enter a school environment because of this history, and so may present as challenging to resist the requirement of entering education.

Elysium Children and Education's Health and Safety Policy for Potters Bar Clinic School, and the Curriculum Policy for Potters Bar Clinic School outlines the ward-based working procedures that take place to support young people who are refusing to attend school.

Potters Bar Clinic School and all its staff within are dedicated to promoting positive behaviour, and due to young people's mental health, will avoid punitive decisions at all costs.

Potters Bar Clinic School recognises the importance, however, of challenging unacceptable behaviour by young people, including rudeness, swearing and non-compliance, amongst other unacceptable behaviours.

A young person will be expected to make appropriate reparation for unacceptable behaviour, including making an apology, clearing up any mess, or replacing a broken object, following a behaviour or serious incident.

Parents, Responsible Clinicians, psychologists and ward staff may be used to help support Restorative Practice take place, and Ward Round and CPA's also provide a basis for asking the MDT, family and community teams to be able to support with Restorative Practice

In exceptional circumstances parents will be involved in agreeing a sanction in addition to the decisions taken by the multi-disciplinary team at the Hospital.

There are a variety of mechanisms available with early intervention always our aim. Where young people are having difficulty conforming to the expected standards of behaviour various strategies and systems may be employed to help them address this.

When a young person is displaying particularly risky behaviour in school, the student may be temporarily educated on the ward. This is not a punitive act, but to keep a young person safe until their risk decreases. This will be updated on the young person's risk assessment as appropriate by the key teacher.

Recording and Reporting Incidents

Where a low level behaviour incident has taken place (the incident does not meet the criteria for the Level 1 – no harm – on the Severity Matrix (Appendix 1)), the incident must be recorded on the behaviour log, found on the staff-shared area. Any follow up action points must also then be reviewed by the staff member entering the log, with whom they have spoken to and what actions have been carried out/lessons learned.

A member of SLT and the key teacher will check the behaviour log at the end of any behaviour incidents, and follow up as necessary with relevant school staff/young people/hospital staff. Any incidents that have been incorrectly recorded will be followed up with the staff member entering the incident.

The responsibility of the behaviour log lies with the Headteacher.

The following should still be recorded on the behaviour log. In certain instances where it crosses over to safeguarding, the DSL (David Wilson) should be made aware and both the safeguarding and behaviour log should be filled out accordingly, using the following information to help you. Serious Incidents are ones where the threshold has been met on the Severity Matrix at Level 1 – No Harm. The level of Impact and type of incident is to be

recorded on the Serious Incident Form. The type of Incident is classed under the following headings:

- • Aggression and Violence
- • Environmental
- • Health
- • Security

The Severity Matrix is recognised as a way of categorising serious incidents, and measuring the level of impact. It is also recognised as a tool to distinguish between a behaviour incident and a serious incident.

Although incidents that meet the "no harm" level whilst on the ward will not be classed as a Serious Incident, due to the levels of high expectations and the safe environment that is nurtured and fostered within Potters Bar Clinic School, the categories for "no harm" will be the threshold level at which serious incidents are classified within the school.

All serious Incidents, regardless of what level, must be recorded appropriately on the Serious Incident Form as soon as possible after the event, and before the end of the working day, sent to the Headteacher and Deputy Headteacher, and forwarded to the Ward Manager and Responsible Clinician of the young person. It is the staff member(s) whom the incident has occurred with that have the responsibility of completing this process. The Head of Education and Proprietor informed via the Daily Reporting Log by a member of SLT.

Where physical control or restraint has been used a record of the incident will be kept. **All such incidents must be recorded** on the appropriate Serious Incident Form – Part B (Appendix 2).

Any physical interventions that have occurred will be entered onto the RPI log by a member of SLT.

Part C – the overview of the Serious Incident – must be completed by a member of SLT within 5 days of the incident occurring, and shared with the Head of Education and the Proprietor.

Reflection of any serious incidents and actions to prevent the incident occurring again will be disseminated to the rest of the teaching team via a Reflective Practice within 10 working days of the incident occurring.

If anyone is injured an accident/incident report must also be completed. After the review of the incident, a copy of the details will be placed on the young people's file as part of their educational record.

Where there is any concern over the appropriateness of a response the Headteacher may refer the incident to the relevant Local Authorities Safeguarding Board for clarification and/or investigation.

If the incident involves the Headteacher, then the Chair of the Management Committee may seek advice as described in this paragraph.

Monitoring incidents

Whenever a member of staff has occasion to use reasonable force, this will always be recorded and documented following agreed procedures.

Monitoring of incidents will help to ensure that staff are following the correct procedures and will alert the Headteacher to the needs of any child whose behaviour may require the use of reasonable force.

Monitoring of incidents will take place on a regular basis (at least half-termly) and the results used to inform planning to meet individual children's and school needs. The headteacher will make a termly report to the Management Committee on the number of behaviour breaches over the course of a term and include any adaptations to practice as a result of serious incidents.

Exclusions

Potters Bar Clinic School reserves the right to exclude young people from the school who consistently do not adhere to PBCS expectations.

Positive Handling

Positive Handling describes a broad spectrum of risk reduction strategies.

Positive handling is a holistic approach involving policy, guidance, management of the environment, and deployment of staff. It also involves personal behaviour, diversion, diffusion, and de-escalation. Targets on Individual Education Plans and risk assessments at Potters Bar Clinic School are used for the positive management of young people's challenging behaviour. They are based on a risk assessment and identify positive prevention strategies and how a young person may need to be supported in a crisis.

Physical Contact: These are situations in which proper physical contact occurs between staff and young people's e.g. in the care of young people and in order to support their access to a broad and balanced curriculum.

Physical Intervention (PI): This is considered as passive physical contact i.e. standing between young people to defuse a situation or active physical contact i.e. guiding or leading a young person by the arm where the young person is compliant.

These approaches may be used to divert a young person from a destructive or disruptive action.

This technique cannot be emphasised enough and in the hands of a skilful practitioner many young people can be deflected from a potentially volatile situation into a less confrontational situation i.e. it may be possible to "defuse" a situation by a timely intervention.

Physical Control/Restraint/Restrictive Physical Intervention (RPI): When hospital members of staff use 'restraint' they physically prevent a child from continuing what they were doing after they have been told to stop and it is only applied in exceptional circumstances where physical intervention reduces the risk of immediate harm to the young people, to others (including adults) or the property.

No school members of staff are to carry out physical interventions unless their safety or that of others is at immediate risk, but instead, where a student is deemed to be presenting in a way that will be harmful to themselves, other young people or staff members, or environment, radio assistance can be called for by using the command "Emergency assistance in school" twice, with urgency.

Hospital staff may then physically intervene as necessary if all de-escalation techniques have been used as outlined above.

Staff Training

Training at some level will be available for all staff at the site. It is the responsibility of the Headteacher to ensure this training is kept up to date for staff members within the school.

No member of staff will be expected to use physical intervention techniques without appropriate training. Prior to the provision of training, guidance will be given on action to be taken.

Arrangements will be made clear as part of the induction of staff and training will be provided as part of on-going staff development.

All staff will receive Breakaway training, and it is their responsibility to not to complete any lone working with a young person unless they have completed their Breakaway training.

Both the school and hospital is committed to using recognised physical intervention techniques from an approved and regulated provider in this area. We acknowledge that physical techniques are only a part of a whole setting approach to behaviour management.

Support Following Incidents

Physical techniques are not used in isolation and the service is committed to ensuring that as a result of incidents learning opportunities are created for young people that allow them to 'own' and take responsibility for their behaviour at a level appropriate to their stage of development.

Whilst the physical techniques are intended to reduce risk, there is always risk when two or more people engage to use force to protect, release or restrain. The techniques seek to avoid injury to the young person, but it is possible that bruising or scratching may occur accidentally, and these are not to be seen necessarily as a failure of professional technique, but a regrettable and infrequent side effect of ensuring that the young person remains safe.

Any such injury will be reported using the appropriate form. Any injuries to young people as a result of incidents involving restraint will be reported in line with locally agreed LADO procedures.

In addition, procedures are in place to ensure that appropriate support is provided for staff and that following an incident student/staff relationships are rebuilt and repaired to ensure that a positive environment is maintained.

Visits off site

Health and Safety remains a priority when young people are invited to participate in an offsite visit and staff should carry out risk assessments for any child with the hospital team's guidance. Due consideration should be given to the following:

- Is the student able to cope with the demands of the proposed visit?
- Are there sufficient, suitably trained staff - particularly if there should be an incident?
- How will you contact the site to get extra help if necessary and how will you get back?

Appropriate Section 17 leave must also be organised with the Responsible Clinician, and a Community Evaluation Form completed after the event which is also sent to the ward manager, Responsible Clinician and Nurse in Charge (Appendix 3).

Authorised staff

All teachers and staff whom the Headteacher has authorised to have control or charge of young people, automatically have the statutory power to use reasonable force within the context of The Education and Inspections Act 2006 and the subsequent guidance 'The Use of Reasonable Force to Control and Restrain Young people'.

Collaboration with the Hospital

The school work in collaboration with the hospital and feedback incidents and/or concerns on a daily basis. Any behaviour concerns are communicated to hospital staff and/or discussed in MDT meetings to act upon, as previously mentioned in this policy.

This allows all professional to discuss and act on the information of each student accordingly.

Monitoring for impact and quality assurance.

The Senior Leadership Team:

- A member of the Senior Leadership Team will have oversight of 'Promoting Positive Behaviour' and is responsible for all related matters at an operational and strategic level. The SLT member is responsible for reporting the impact of the policy to the Management Committee on all related matters.
- Will share good practice in all matters related to personal development, behaviour and welfare.

The Headteacher:

- Is responsible for reviewing and approving this behaviour policy.
- Will ensure that the school environment encourages positive behaviour and that staff deal effectively with poor behaviour, and will monitor how staff implement this policy to ensure rewards and sanctions are applied consistently.
- Will to bring their school's Behaviour policy to the attention of young people, parents and staff at least once a year.

The Management Committee:

- Is responsible for monitoring this behaviour policy's effectiveness and holding the Headteacher to account for its implementation.
- Must take a close and regular interest in behaviour issues and should ensure that responsible staff are taking appropriate and timely action to tackle poor behaviour and are supported in their roles to do so.

Appendix A - Elysium Healthcare Severity Matrix

1. Aggression & Violence

Impact: Nature or	Security Subsections	Level 1 - No Harm Potential to cause harm, damage or loss, with none resulting. Includes: impact prevented - e.g. attempted events, intervening actions prevented harm occurring impact not prevented - e.g. event ran to completion but no harm caused	Level 2 - Low Minimal harm, damage or loss, i.e. may require first aid. Damage to an individual's or team's reputation; possible local media interest	Level 3 - Moderate Moderate harm i.e. requiring medical attention or precautionary visit to GP / general hospital (e.g. for stitches); non-emergency hospital admission that may be care planned. Moderate damage or loss. Damage to Service's reputation; possible local media interest	Level 4 - High Severe or permanent injury or harm i.e. requires emergency medical treatment in A&E or hospitalisation which is unpredicted/not care planned. High level of damage or loss. Damage to Elysium's reputation; local media interest	Level 5 - Severe Serious events resulting in life threatening harm or death, substantial service disruption, damage or loss. Damage to Elysium's reputation; national media coverage. Never events.
Aggression & Violence	**Abuse/Aggression - Verbal** Including sexist, homophobic, racist remarks or harassment, hate crimes, bullying	General verbal abuse.	Verbal abuse / bullying targeted at 1 individual	Verbal abuse of threats to damage or harm. Incidents of bullying involving more than 1 perpetrator	Verbal abuse where the person has demonstrated intent to harm or kill	Verbal abuse with credible threat to seriously harm or kill individuals. There is serious risk to others
	Abuse/Aggression - Physical Including shoving, pinching, slapping, punching, biting, objects thrown; includes hate crimes	Attempted assault but no contact. Attempted assault, contact made but no harm. No treatment required.	Assault causing injury or harm which can be managed on the ward. Minor treatment required.	Injury sustained – Emergency services contacted - 999. RIDDOR reportable.	Injury sustained – emergency treatment off-site	Assault resulting in life threatening injury, harm or death. Homicide (including attempted).
	Abuse - Sexual Including harassment & hate crimes	Inappropriate sexual remarks	Sexual comments targeted at 1 individual	Uninvited physical contact. Indecent exposure	Sexual assault – including allegations of rape	Evidence of rape. Police involvement.
	Abuse - Neglect / Omission			Breach in care and treatment plan resulting in degradation or minor harm	Hospitalisation of patient due to neglect	Patient death / permanent injury due to neglect
	Hostage Taking & Disturbance Includes riots (if 12 persons or more), violent disorder, rooftop protests / incidents at height, barricades, concerted indiscipline, gaining entry	Planned/attempted but prevented	Does not involve violence and is easily defused by staff. Minimal impact on ward	Involves barricading, any violence is low level. Moderate impact on ward. All disorder incidents involving 2 or more people	Resulting in harm - emergency offsite medical treatment. High level damage - Ward/area suspended or severely disrupted. Rooftop protest /incident at height. Police involvement	Life threatening injury, harm or death - emergency treatment off-site. Significant damage not confined to 1 Ward – Service suspended/ major disruption. Rooftop protest / incident at height. Police involvement
	Weapons Includes making and use. Includes conventional, made and adapted	Weapon (or potential weapon) found outside of / before entering ward / secure area. Room/personal search – nothing found	Items with potential for use as weapons found in a secure area, e.g. maintenance or kitchen items. Restricted items found by	Deliberate fashioning of a weapon. Item intended for use as a weapon found in secure area.	Serious injury/harm from a weapon - Attended A&E for treatment then discharged. Firearm or illegal weapon found in a secure area	Life-threatening injury/harm from the weapon – attended A&E additional treatment required in hospital. Firearm or illegal weapon used in secure area.

2. Environmental

Impact: Nature or	Security Subsections	Level 1 - No Harm Potential to cause harm, damage or loss, with none resulting. Includes: impact prevented - e.g. attempted events, intervening actions prevented harm occurring impact not prevented - e.g. event ran to completion but no harm caused	Level 2 - Low Minimal harm, damage or loss, i.e. may require first aid. Damage to an individual's or team's reputation; possible local media interest	Level 3 - Moderate Moderate harm i.e. requiring medical attention or precautionary visit to GP / general hospital (e.g. for stitches); non-emergency hospital admission that may be care planned. Moderate damage or loss. Damage to Service's reputation; possible local media interest	Level 4 - High Severe or permanent injury or harm i.e. requires emergency medical treatment in A&E or hospitalisation which is unpredicted/not care planned. High level of damage or loss. Damage to Elysium's reputation; local media interest	Level 5 - Severe Serious events resulting in life threatening harm or death, substantial service disruption, damage or loss. Damage to Elysium's reputation; national media coverage. Never events.
Environmental	**Loss of Service** Includes buildings, fixtures and fittings, exposure to hazardous substances, industrial action, inclement weather, external demonstration	Minimal cost to Organisation or no harm caused	Low cost or loss to Organisation or resulting in minimal injury or harm	Moderate cost to Organisation or resulting in moderate injury or harm requiring medical attention, hospital investigations or assessments. Localised service disruption	Resulting in severe injury. High cost to Organisation, High level service disruption	Resulting in life threatening injury/death, Significant cost to Organisation. Significant service disruption
	Fire Includes attempted ignition	Alarm activated but no fire detected.	Insignificant damage with no loss of service. Not necessitating any action from the Fire Service (even emergency call placed)	That requires action from the Fire Service. May cause some disruption to service provision but not requiring the removal of patients.	Fire resulting in severe or permanent injury, harm requiring emergency offsite medical treatment. Ward requires evacuation off site and allowed to return within 24 hours	Fire resulting in life threatening injury, harm or death, ward requires evacuation off site and cannot return within 24 hours. RIDDOR reportable.
	Property / Equipment Includes accidental and intentional damage	Attempts to damage property but prevented or damage limited	Minor damage to items of Organisation or personal property	Damage which requires maintenance or item to be destroyed but the area is made safe and can continue to be used. Identified fault in item resulting in reportable medical device alert.	Damage which results in severe service disruption (e.g. to a room or area)	Damage which results in significant service disruption (e.g. to a ward)

	Cyber Breaches	fraudulent emails or being directed to a fraudulent websites - emails being deleted straight away no harm caused. Suspicious phone call – external provider trying to access computers but unsuccessful.	fraudulent emails or being directed to a fraudulent website – staff member clicked on link unsure if any harm caused.	Data was targeted.
				  Elysium Device Lost.
				  NHS Email - Elysium email hacked Malicious and insider attacks. This level or above will need investigating further and HO Informed.
					Elysium device stolen - password protected.	Elysiums whole online system hacked. Crypto malware aka Randsomware when the computer unusable and is being held to randsom.

	System Outage	individual user unable to log onto system, isolated to individual user as other staff are able to gain access.	Whole ward unable to access electronic systems. Other wards within the site are able to gain access.	Whole Site is affected no systems are accessible at all.	More than one service is unable to access systems within the region.	Whole Elysium Network down. No services are able to connect to the network.

3. Health

Impact: Security Subsections	Level 1 - No Harm Potential to cause harm, damage or loss, with none resulting. Includes: impact prevented - e.g. attempted events, intervening actions prevented harm occurring impact not prevented - e.g. event ran to completion but no harm caused	Level 2 - Low Minimal harm, damage or loss, i.e. may require first aid. Damage to an individual's or team's reputation; possible local media interest	Level 3 - Moderate Moderate harm i.e. requiring medical attention or precautionary visit to GP / general hospital (e.g. for stitches); non-emergency hospital admission that may be care planned. Moderate damage or loss. Damage to Service's reputation; possible local media interest	Level 4 - High Severe or permanent injury or harm i.e. requires emergency medical treatment in A&E or hospitalisation which is unpredicted/not care planned. High level of damage or loss. Damage to Elysium's reputation; local media interest	Level 5 - Severe Serious events resulting in life threatening harm or death, substantial service disruption, damage or loss. Damage to Elysium's reputation; national media coverage. Never events.
Infection Control Includes needle stick / sharps injury, outbreaks of infection	Needlestick injury – near miss resulting from equipment failure or procedure breach - no injury sustained.		An outbreak of infection where 2 or more people are experiencing similar illness single case of Varicella (chickenpox) - cases in HCWs. Influenza; Scabies; Viral diarrhoea / vomiting; C. difficile diarrhoea - 2 or more cases.	A notifiable disease; Suspected bacterial Meningitis, Acute infectious hepatitis. A cluster/outbreak of food poisoning, Infectious bloody diarrhoea, Invasive group A streptococcal disease (IGAS) and scarlet fever, Legionnaires disease, Measles, Meningococcal septicaemia, Rubella, Cluster of cases of Tuberculosis - single case if HCW. Needlestick injury – skin penetrated, emergency treatment administered resulting in no BBV infection.	Death or serious physical illness where the primary cause is: related to a HCAI, an infectious disease. An outbreak of infection resulting from a suspected, anticipated or actual event involving microbial or chemical contamination of food or water. Needlestick injury – skin penetrated resulting in BBV infection
Medication Includes errors, includes loss/theft, found/hidden	Incorrect medication prescribed / dispensed, but not administered.	Error in administration or omission of medication with few or minimal adverse effects. Medication not stored at correct temperature but not administered.	Error in administration or omission of medication with effect on patient, requiring medical attention. Medication not stored at correct temperature and administered	Error in administration of medication requiring emergency offsite medical attention. Event involves a controlled drug.	Resulting in life threatening injury, harm or death, including incorrect administration of medication
Physical Health Includes injury sustained during restraint, accidents and falls, choking and poisoning, sudden deterioration in physical health, allergies		Injury/illness that can be managed in the hospital	Injury/illness requiring treatment at A & E - person returns after treatment.	Injury/illness requiring treatment at A & E - person stays in General hospital. Any patient moved to General Hospital without MoJ permission. Pressure ulcer of grade 3 or above	Life-threatening injury/illness resulting in permanent damage or death. Include all incidents of Anaphylactic shock and Neuroleptic Malignant Syndrome (NMS)
Self-harm Includes attempts or threats to self-harm	Threats or attempts to self-harm, no injury	Injury sustained requiring nursing intervention	Injury sustained – Emergency services contacted - 999	Injury sustained – emergency treatment off-site	Patient death
Suicide Includes unsuccessful suicide attempts that had the potential to cause death			Evidence that patient intends to take their own life – e.g. letter of intent to commit suicide found, no physical harm.	Patient requires emergency medical treatment due to attempted suicide.	Patient death
Substance Use Includes alcohol, herbal, legal and illegal drugs and substances, includes possession and supply	Suspected possession or supply of alcohol, drugs or substances, but no evidence. Items found outside of / before entering ward or secure area.	Evidence of alcohol, legal drug or substance consumption, possession or supply on ward or within secure area.	Moderate harm arising from use of alcohol, legal dugs or substances.	Severe or permanent harm requiring emergency offsite medical treatment arising from use of alcohol, drugs or substances. Evidence of illegal drug use, possession or supply.	Use of alcohol, drugs or substances resulting in life threatening injury, harm or death

4. Security

Nature or	Security Subsections	Level 1 - No Harm	Level 2 - Low	Level 3 - Moderate	Level 4 - High	Level 5 - Severe
Impact:		Potential to cause harm, damage or loss, with none resulting. Includes: impact prevented - e.g. attempted events, intervening actions prevented harm occurring impact not prevented - e.g. event ran to completion but no harm caused	Minimal harm, damage or loss, i.e. may require first aid. Damage to an individual's or team's reputation; possible local media interest	Moderate harm i.e. requiring medical attention or precautionary visit to GP / general hospital (e.g. for stitches); non-emergency hospital admission that may be care planned. Moderate damage or loss. Damage to Service's reputation; possible local media interest	Severe or permanent injury or harm i.e. requires emergency medical treatment in A&E or hospitalisation which is unpredicted/not care planned. High level of damage or loss. Damage to Elysium's reputation; local media interest	Serious events resulting in life threatening harm or death, substantial service disruption, damage or loss. Damage to Elysium's reputation; national media coverage. Never events.
Security	**Escape** Includes attempted escapes				Evidence that building has been tampered with. No escape.	Perimeter is breached resulting in break out of patient
	Abscond / Failure to Return From Leave Includes attempted absconsions	Failure to return overnight of informal patient.	Attempted absconsion prevented by staff	Detained patient returned of own accord	Patient returned by police or Elysium staff. No media coverage.	Patient returned by police. Media coverage.
	Data - Breach of confidentiality and data loss	No Harm - eg email sent to wrong address but deleted by recipient straight away. Information found in unsecure area which included minimal identifiers.	Breach including patient or staff information affects 1 - 5 people. Confirmed as an IG Breach. Eg - CPA documents found on wards or patient areas, conversations being over heard,	Breach within the service. 5 - 10 staff or patients involved. Staff allowing other staff members use their log in. This incident will need investigating further and HO Informed. Spreadsheet sent via email which include identifiable information not password protect sent outside the company to an unsecure email.	Breach involving 10-15 staff patients. Information leaked to third party.	more than 15 staff or patients Involved. Effecting numourous people and could have adverse effect on the reputation of the company.
	MHA Implementation Includes errors in MHA administration that lead to illegal detention, breaches in S17 reporting etc				Form T2/T3 is incorrect. Breach in S17 leave resulting in internal reporting.	Error in MHA administration resulting in patient being illegally detained. Breach in S17 leave resulting in MoJ reporting.
	Security Compromise or Breach Includes loss of keys	Potential security breach identified – no adverse outcome	Security breach contained within the Ward. Concerns of inappropriate staff/patient relationships	Damage to secure perimeter. Key loss or compromise. Security breach not contained within the ward but contained within the hospital. Security breach resulting in moderate service disruption	Security door or perimeter gate opened. Secure keys lost or compromised. Security breach resulting in severe service disruption	Serious breach of secure perimeter resulting in the potential for high profile media coverage and/or high cost the organisation e.g. keys compromised resulting in changes to locks in a secure area; loss of electronic ID etc. Attempted/breakout of patient
	Loss and Theft Includes both organisational and personal	Organisation - Suspected very low cost or loss	Organisation - Suspected cost or loss £2,000-10,000. Personal - Allegation / suspicion of theft (no hard evidence).	Organisation - Suspected cost or loss £10,000-250,000. Reported loss of a patient's money (whilst in patient's control). Personal - Reported loss of item, item	Organisation - Suspected cost or loss £250,000-£1m. Loss of a patient's money (whilst in Elysium Healthcare control). Personal - Loss of item, not found, no	Organisation - Suspected cost or loss >£1m. Personal - Evidence of stolen item following police investigation.
	Contraband (including alcohol) Includes items found on search or taken whilst on leave	Suspicion of the possession of one or more contraband items but without evidence.	Possession or consumption one or more contraband items with evidence.	Harm to a patient requiring medical treatment or monitoring resulting from the use of one or more contraband items.	Illegal item found. Severe or permanent harm to a patient requiring Offsite Medical Treatment resulting from the use of one or more contraband items.	Death or Life Threatening Harm to a patient resulting from the use of one or more contraband items.

Appendix 2 – Serious Incident Form

Student Incident Form

PART A (to be completed for all incidents that meet the threshold for an incident being classed as "Serious" according to the Elysium Severity Matrix)

Name of Site:	
Young Person Name:	
Staff Name and Status:	
Incident Date/Time/Place:	

Vandalism	**Physical Control**		
Bullying	**Absconding**		
Assault	**Substance Abuse**		
Diversion	**Non-Compliance**		
Isolation	**Serious Disruption**		
Time Out	**Other (please state)**		

Type of Serious Incident and Level of Impact according to Severity Matrix:
Antecedents: (events leading up to the incident)
Behaviour: (how did the student respond, describe what actually happened)
Consequences: (how did the staff intervene, how did the child respond, and how was the situation resolved)
Names of those involved: (staff and young people)
Names of witnesses: (staff and young people)
Signature of Report Compiler:
Date:

Student Incident Form

PART B (to be completed if the use of "restraining" physical controls has occurred)

What de-escalation techniques where used prior to physical controls: (tick appropriate box below)

Defusing		**Time out**	
Deflection		**Changes of task**	
Distraction		**Choices**	
Humour		**Limits**	
Proximity control		**Consequences**	
Planned ignoring		**Another member of staff**	
Other (please state)			

Justification for use of physical controls: (tick the appropriate box below)

To prevent/interrupt:	
A criminal offence	
Injury to student/staff/others	
Serious damage to property	
Disruptive behaviour	
Student absconding	
Other (please state)	

Nature of physical controls used: (include estimate of duration of physical controls) (please tick)

Standing	
Sitting	
Kneeling	
Prone	
Duration	

Response and view of the student: (this field **must** be completed)
Details of any resulting injury: (injury to whom and action taken as a result, e.g. first aid, medical treatment)
Names of those involved in Physical Intervention: (staff and young people)
Names of witnesses: (staff and young people)
Any other relevant information:
Name of senior person notified:
Name of staff member email forwarded information to:

Time/Date:	
Headteacher comments:	
Signature of Headteacher:	
Date:	

Serious Incident Form
PART C (to be completed within 5 days of the Incident Occurring by a member of SLT and sent to Management Committee or in the event of a "Near Miss")
Date:
Description of incident: (include location, those involved, witnesses)
Notification of incident: (e.g. meeting, email, verbal, cause for concern form)
Immediate actions taken: •
Subsequent actions taken: •
Summary of incident and actions: (was the response appropriate, timely, dealt with efficiently, could the event have been prevented) •
Actions to prevent incident occurring again / lessons learnt •
Dissemination of information / record keeping: (who have you informed and how, where are associated records stored) •
Name of SLT Member:
Signature of SLT member:
Date:

Appendix 3 – Education Community Leave Form

Elysium
Children and Education

Potters Bar Clinic School

Educational Community Leave Feedback Form

Name:

Date:

How long was the education community leave?

Target from previous educational visit (if applicable):

How did the person spend their time?

Contact with others (i.e. friends, family, people in the community etc.):

What worked well?

What did not work well?

Areas to focus on for further educational work:

Other comments:

Staff Name: _____

Designation: _____