Elysium Children and Education

RHODES WOOD HOSPTIAL SCHOOL

PROMOTING POSITIVE BEHAVIOUR POLICY

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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.

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1. **Rationale**

We believe that every student at Rhodes Wood Hospital 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 students' sense of responsibility and independence for their own actions, ensuring that the behaviour of all students maximises learning.

Each member of staff is responsible for upholding standards of behaviour in school, both within their classroom, around the school site, and on hospital wards, and for implementing this policy fairly and consistently. Our core values ensure we provide a safe and happy learning and working environment, with the right conditions for academic, emotional, and behavioural development for our school.

Staff members and students are to abide by this policy at all times, which will be reviewed at regular intervals and monitored to assess its impact.

2. Core Values

At Rhodes Wood Hospital School, we generally believe that our students' education journey is as important as their final destination. We are a highly responsive, student-centred and listening school that aims to make each young person's stay with us, short or long, a positive experience. Our core value is ensuring that everyone (irrespectively of their mental health illness and other attributes) can access education and feel a sense of belonging in our school whilst away from their enrolled school, community and home.

Kindness
Kindness in everything we say and do. It is great to talk and even better to listen. We create a nurturing space where kindness and respect underpin everything we do. We want everyone to feel supported. We know that children and young people learn best through positive messages and acts of kindness. It often leads to trust, feeling safe and happiness.

Integrity
Integrity is being honest and doing the right thing, even though it can be difficult at times. We value a culture of trust and inclusion. Integrity helps students develop a strong sense of self-respect and self-worth. When we act with integrity, we are more likely to make decisions that align with our values and beliefs, leading to personal growth and a sense of fulfilment.

Teamwork
Teamwork is working together, enjoying and achieving safety. We want everyone to feel involved and included and participate in group activities that may take them out of their comfort zone. Teamwork teaches students that their voices are respected and valued. Knowing that they will be heard helps build a student's self-confidence while encouraging further participation in group activities.

Excellence
We are ambitious for every student and want everyone to love learning and achieve their best, whatever that may be. We want everyone to be able to make mistakes and learn from them.

3. Links with other policies:

This policy does not stand in isolation and links directly to the following policies:

- Curriculum, Quality of Teaching, Learning and Assessment
- Physical Restraint and use of reasonable force
- Rhodes Wood Hospital School Agreement
- SEND and Inclusion
- Safeguarding
- Preventing bullying
- Equal Opportunities

4. 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 Head Teacher and management committee. The frequency for review of this policy is determined by the Head Teacher. This policy is reviewed if and when new guidance is issued by the Department for Education (DFE). It is the responsibility of RWHS to ensure that all steps within the policy are adhered to.

4.1 Staff members will:

- Implement the school's **Promoting Positive Behaviour Policy** at all times.
- Maintain a positive and well-managed learning environment.
- Acknowledge and reward positive behaviour.
- Establish and maintain a safe and stable environment for students to learn and socialise in.
- Be positive ambassadors of the school at all times, through 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 students 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 students.
- 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 **Cause for Concern** proforma.
- Support other members of staff with behavioural issues involving individuals or groups of students.
- Liaise with other members of staff and the senior leadership team (SLT) in order to implement effective behaviour management.
- Involve students in discussions about their behaviour, so that they can understand any concerns there may be about their conduct and choices.

- Model appropriate behaviour and respect for the school environment and resources, so that students understand what is expected of them.
- Immediately contact the head teacher/SLT when there has been a serious breach of the school's Code of Conduct.
- Contact parents/carers regarding their child's behaviour where necessary, whether with praise or concern.
- Continuously keep parents/carers informed of any behavioural management issues concerning their child.
- 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.

4.2 SLT & Inclusion Lead will:

- Ensure that all records are kept up to date, such as Cause for Concern logs.
- Consistently develop staff understanding of behaviour for learning and relevant techniques as part of their CPD.
- Share good practice in all matters related to personal development, behaviour and welfare.

4.3 The Head Teacher will:

- Ensure that the school environment encourages positive behaviour and that staff deal effectively with poor behaviour, in addition to monitoring how staff implement this policy to ensure rewards and sanctions are applied consistently.
- Bring their school's Behaviour Policy to the attention of students, parents and staff at least once a year.

4.4 The Management Committee will:

- 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.

4.5 Parents/carers will:

- support their child in order to fulfil their responsibilities as a student, including through attendance at relevant parental meetings.
- communicate politely with the school through telephone, email, or letter.
- fulfil their commitment as a parent/carer to the Home-School agreement, including supporting decisions made by the school in relation to promoting high expectations and good behaviour.

4.6 Students will:

- Abide by the Rhodes Wood Hospital School agreement 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 students and members of staff in order to create a positive learning environment that demonstrates good team spirit.
- Be ready to learn by ensuring regular attendance to all lessons.
- 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 yourself, other students 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 young people's possessions.

You must NOT:

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

5. Rewards and praise

Praise plays an important part in improving behaviour. Rhodes Wood Hospital School recognises that students should be rewarded for displaying consistently good behaviour. Praise will be used to help raise a student's achievement and will be given for progress, not simply for high quality work.

5.1 Praise will:

- be given in relation to a specific task or action.
- be given in the form of formative feedback through marking, classroom interaction and reports.
- be earned, ensuring that the recipient is clear about what they are being praised for.
- reinforce Rhodes Wood Hospital 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 students and help them to feel valued.

5.2 Rhodes Wood Hospital has a reward system in place which rewards students for displaying good behaviour and progressing their learning, through the following methods:

- Certificates and/or prizes
- Head Teacher awards
- Verbal praise
- Written praise
- Post cards home
- Telephone or email communication with parents/carers

6. Sanctions

Rhodes Wood Hospital School works in partnership with Rhodes Wood Hospital in implementing any sanctions for unacceptable/inappropriate behaviour. Sanctions will be applied fairly and consistently and none of the school's punishments will be disproportionate, degrading or humiliating. If a student behaves unacceptably, the teacher should criticise the action and not the child. At all times the child should be treated with respect.

In light of our school values and the nature of our students attending our school, every effort will be made to discuss and resolve difficulties by understanding and working out strategies without imposing sanctions. Sanctions are only applied when rewards have failed, or where it is necessary in the circumstances to show appropriate disapproval. All staff must seek to ensure that punishments are proportionate to the offence and should enable students to make reparation where appropriate. Wherever possible, the sanction applied should be a constructive one. Non-trivial sanctions will be recorded in the school's behaviour log.

Items of property which are brought to school in contravention of the school rules or which are used inappropriately will be confiscated, following which it will be passed on to ward staff or parents. 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 students are having difficulty conforming to the expected standards of behaviour various strategies and systems may be employed to help them improve.

6.1 Recording incidents

All behaviour incidents must be written up on a **Cause for Concern referral** form (appendix C).

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 form i.e., serious incident form appendix D. The behaviour log must also be updated. If anyone is injured an accident/incident report must also be completed. Records of incidents must be given to the Head teacher as soon as possible, and by the end of the school day at the latest. After the review of the incident, a copy of the details will be placed on the student's file as part of their educational record.

6.2 Reporting incidents

All incidents recorded on the appropriate form and entered into the behaviour log will be reported to parents. This may be by telephone or face to face, depending on the nature of the incident and the procedure agreed with parents when their child's support and intervention plan/risk assessment is devised/reviewed.

Where there is any concern over the appropriateness of a response the Head teacher may refer the incident to the relevant Local Authorities Safeguarding Board for clarification and/or investigation. If the incident involves the Head teacher, then the Chair of the Management Committee may seek advice as described in this paragraph.

6.3 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 Head teacher 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. To support the Head teacher and school and to ensure objectivity the Head teacher and a representative from the Management Committee will be involved in the monitoring process.

The Head teacher will present an annual summary of incidents that have involved the use of force to the, the Management Committee.

7 Exclusions

Rhodes Wood Hospital School reserves the right to exclude students from the school who consistently do not adhere to RWHS expectations.

8 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. Support and intervention plan/risk assessments at the school are a plan for the positive management of student's challenging behaviour. They are based on a risk assessment and identify positive prevention strategies and how a student may need to be supported in a crisis.

9. Physical Contact

There are situations in which proper physical contact occurs between staff and children e.g., in the care of children and in order to support their access to a broad and balanced curriculum.

9.1 Physical Intervention (PI)

This is considered as **passive physical contact** i.e., blocking a child's path or standing between children to defuse a situation or **active physical contact** i.e., guiding or leading a child by the arm where the student is compliant. These approaches may be used to divert a child from a destructive or disruptive action. This technique cannot be emphasised enough and in the hands of a skilful practitioner many children 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.

9.2 Physical Control/Restraint/Restrictive Physical Intervention (RPI)

When 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 child, to others (including adults) or the property.

All such incidents must be recorded using the appropriate form and recorded on the serious incident log. This must happen on the day of the incident and the Head teacher informed (see sanctions).

9.3 Staff Training

Training will be available for **all** staff at the site. It is the responsibility of the School Business Manager and Head Teacher to ensure this training is kept up to date. No member of staff will be expected to use restraint techniques without appropriate training and 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.

Elysium Children and Education 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.

All staff working directly with young people who exhibit challenging behaviours receive, as a minimum, the basic "breakaway" training, as the schools are considered to be a low risk setting. This level of training is required for most staff as they are expected to be able to actively support each other, and children, if an incident occurs and a child needs physical intervention to keep themselves and/or others safe, enlisting the assistance of further trained staff if required.

9.4 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 children 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.

9.5 Authorised staff

All teachers and staff whom the Head teacher has authorised to have control or charge of children, 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'.

10. 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 who has a Support and intervention plan / risk assessment. Due consideration should be given to the following:

- Is the child 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?

11. Collaboration with the Hospital

Rhodes Wood Hospital School works in collaboration with the hospital, sharing feedback on any incidents and/or concerns on a daily basis. Any behaviour concerns are communicated to hospital staff and/or are discussed in further detail in MDT meetings on a weekly basis. This allows all professionals involved in the care of the students to discuss and act on the information of each student accordingly.

12. Safeguarding

The school recognises that changes in behaviour may be an indicator that a student is in need of help or protection.

We will consider whether a student's misbehaviour may be linked to them suffering, or being likely to suffer, significant harm.

Where this may be the case, we will follow our child protection and safeguarding policy, and consider whether pastoral support, an early help intervention or a referral to children's social care is appropriate.

Please refer to our child protection and safeguarding policy for more information

13. Suspected criminal behaviour

If a student is suspected of criminal behaviour, the school will make an initial assessment of whether to report the incident to the police.

When establishing the facts, the school will endeavour to preserve any relevant evidence to hand over to the police.

If a decision is made to report the matter to the police, the headteacher will make the report.

The school will not interfere with any police action taken. However, the school may continue to follow its own investigation procedure and enforce sanctions, as long as it does not conflict with police action.

If a report to the police is made, the designated safeguarding lead (DSL) will make a tandem report to children's social care, if appropriate.

14. Zero-tolerance approach to sexual harassment and sexual violence

The school will ensure that all incidents of sexual harassment and/or violence are met with a suitable response, and never ignored.

Students are encouraged to report anything that makes them uncomfortable, no matter how 'small' they feel it might be.

The school's response will be:

- Proportionate
- Considered
- Supportive
- Decided on a case-by-case basis

The school has procedures in place to respond to any allegations or concerns regarding a child's safety or wellbeing. These include clear processes for:

- Responding to a report
- Carrying out risk assessments, where appropriate, to help determine whether to:
    - Manage the incident internally
    - Refer to early help
    - Refer to children's social care
    - Report to the police

Please refer to our child protection and safeguarding policy for more information.

15. Malicious allegations

Where a student makes an allegation against a member of staff and that allegation is shown to have been deliberately invented or malicious, the school will consider whether to discipline the student in accordance with this policy.

Where a student makes an allegation of sexual violence or sexual harassment against another student and that allegation is shown to have been deliberately invented or malicious, the school will consider whether to discipline the student in accordance with this policy.

In all cases where an allegation is determined to be unsubstantiated, unfounded, false or malicious, the school (in collaboration with the local authority designated officer (LADO), where relevant) will consider whether the student who made the allegation is in need of help, or the allegation may have been a cry for help. If so, a referral to children's social care may be appropriate.

The school will also consider the pastoral needs of staff and student accused of misconduct.

Please refer to our child protection and safeguarding policy.

16. Responding to misbehaviour from pupils with SEND

16.1 Recognising the impact of SEND on behaviour

The school recognises that students' behaviour may be impacted by a special educational need or disability (SEND).

When incidents of misbehaviour arise, we will consider them in relation to a student's SEND, although we recognise that not every incident of misbehaviour will be connected to their SEND. Decisions on whether a student's SEND had an impact on an incident of misbehaviour will be made on a case-by-case basis.

When dealing with misbehaviour from students with SEND, especially where their SEND affects their behaviour, the school will take its legal duties into account when making decisions about enforcing the behaviour policy. The legal duties include:

- Taking reasonable steps to avoid any substantial disadvantage to a disabled student being caused by the school's policies or practices (Equality Act 2010)
- Using our best endeavours to meet the needs of students with SEND (Children and Families Act 2014)
- If a student has an education, health and care (EHC) plan, the provisions set out in that plan must be secured and the school must co-operate with the local authority and other bodies

As part of meeting these duties, the school will anticipate, as far as possible, all likely triggers of misbehaviour, and put in place support to prevent these from occurring.

Any preventative measures will take into account the specific circumstances and requirements of the student concerned.

16.2 Adapting sanctions for pupils with SEND

When considering a behavioural sanction for a student with SEND, the school will consider whether:

- The student was unable to understand the rule or instruction
- The student was unable to act differently at the time as a result of their SEND
- The student was likely to behave aggressively due to their particular SEND

If the answer to any of these is 'yes', it may be unlawful for the school to sanction the student for the behaviour.

The school will then assess whether it is appropriate to use a sanction and if so, whether any reasonable adjustments need to be made to the sanction.

16.3 Considering whether a pupil displaying challenging behaviour may have unidentified SEND

The school's special educational needs co-ordinator (SENCO) may evaluate a student who exhibits challenging behaviour to determine whether they have any underlying needs that are not currently being met.

Where necessary, support and advice will also be sought from specialist teachers, an educational psychologist, medical practitioners and/or others, to identify or support specific needs.

When acute needs are identified in a student, we will liaise with external agencies and plan support programmes for that child. We will work with parents/carers to create the plan and review it on a regular basis.

16.4 Pupils with an education, health and care (EHC) plan

The provisions set out in the EHC plan must be secured and the school will co-operate with the local authority and other bodies.

If the school has a concern about the behaviour of a student with an EHC plan, it will make contact with the local authority to discuss the matter. If appropriate, the school may request an emergency review of the EHC plan.

17. Monitoring for impact and quality assurance.

- 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.
- The Head teacher is responsible for reviewing and approving this behaviour policy.
- The Management Committee is responsible for monitoring this behaviour policy's effectiveness and holding the Head Teacher to account for its implementation.

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Appendix A

Promoting Positive Behaviour for the Eating Disorder Provision

Examples of strategies (not exhaustive) that staff might use for correcting behaviour.

Strategies	**Details**
Relaxed Vigilance	Tackles inappropriate behaviour by using the least intrusive approach but does not ignore this behaviour. e.g., Adult sees student talking about their illness opening to others 'We *all know how important your health and well-being is but now is not the appropriate time to about it. Thank you'.* We notice, then describe, then reaffirm the rules (if all staff do this for all situations it led to consistency)
Focus on the Primary Behaviour	Focus on the primary behaviour and ignore the secondary behaviour that might follow. e.g., Adults asks student to move seats, the student does this but with a negative attitude and mutters. Adults should ignore mutter/negative attitude and thank the student for moving.
Choice **(The dignified 'get out clause)**	Gives student some control over the situation which is less likely to initiate point-blank refusal. Examples include: *"Close down that website and sit over here or next to me'*
Take up Time	Allows students not to lose face. As adults we need to be clear and confident about expressing expectations. Follow an instruction with a pause to allow student time to comply: Example: '*Open your book and start work now, Jenny. I'll be back in 2 minutes to see if you need help.*' Watching and waiting could be viewed as a way of issuing a challenge.
Partial Agreement	Deflects confrontation with student by acknowledging their concerns, feelings, and actions. Examples include*: 'I can see that you're upset and angry, but I would like you to…'* *'Yes, it may seem unfair but…'*
Describe and Direct	Avoids using judgements and enables focus on desired behaviour. Describe the behaviour, tell them what you see them do- don't ask. Examples: *'You are talking about things that should not be discussed in this lesson. Stop and focus on your task'* *'You're talking, focus this way now, Thanks'.*

When/Then	Avoids using the negative by expressing the situation positively. Examples: *'When you have finished your work, then you can go out'* rather than *'No you cannot go out because you have not finished you work'*
Privately Understood Non- verbal signals	Avoids confrontation and interruption to learning by using non-verbal signals, e.g. Clapping your hands, raising your hand for silence. Individual students may recognise a gesture from adults as a reminder to change behaviour. Example: A TA may just tap fingers on their head, while looking at a student with their hat on to remind them to take off their cap.
Redirect Behaviour	Reminds the student what they should be doing and avoids getting drawn into discussions about what students have done wrong i.e. on the eating programme to cut into valuable learning time. e.g., Use deferred consequences instead of spending time outside the room with one student.

Appendix B

Version 2023-2024

Cause for Concern Referral Form

Student name: **Referring Teacher:**

Date: **Room:** **Time:**

Staff(s) involved, including HCAs:

Tick the box	√	Tick the box	√
Not able to engage in the lesson		Leaving room without permission	
Fixation to details impacting on learning and well-being		Emotional distress e.g., anxiety	
Refusal to attend school		Defiant	
Repeat refusal to cooperate		Exercising during lesson	
Bullying incident - perpetrator		Bullying incident – victim	
Equalities incident		Damage to property	
Fighting		Self- harming	
Physical aggression toward staff		Physical aggression toward student	
Other –		Medical	
1:1 then return to the lesson		1:1 then withdrawal from the lesson	
Contact made with clinical staff/HCA		Informed Key Teacher	
Contact made with parent/person with parental responsibility.		Emailed to Ward Manager/Hospital staff	

For: Referral staff to complete details of referral. If you need to write a fuller account of an incident, please attach it to this form. Copy of this form must be sent to SLT and key teacher on the day of the incident and recorded on the relevant log.

Was Physical Restraint used NO **(If YES then SLT to be informed on the day and the incident recorded in the Restraint Incident log)**

Detailed description of the incident by referral teacher which includes follow-up action taken on the day.
Inform key teacher and SLT

Follow up action taken by key teacher:
Action taken by SLT if required ***Date:*** NA

Please send the cause for concern to the grouped staff by ward.

Cheshunt Ward Student	**Shepherd Ward Student**	**Rainbow Ward Student**
Kiron – Inclusion Lead	Kiron – Inclusion Lead	Kiron – Inclusion Lead
Tanya link teacher	Liz - link teacher	Michelle – link teacher
Michelle	Michelle	Michelle
Key Teachers	Key Teachers	Key Teachers

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Appendix C - Elysium Healthcare Severity Matrix

1. Aggression & Violence

Impact: / Nature or	Security Subsections	Level 1 - No Harm	Level 2 - Low	Level 3 - Moderate	Level 4 - High	Level 5 - Severe
		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.
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	Level 2 - Low	Level 3 - Moderate	Level 4 - High	Level 5 - Severe
		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.
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.

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3. Health

Impact: / Nature or	Security Subsections	Level 1 - No Harm	Level 2 - Low	Level 3 - Moderate	Level 4 - High	Level 5 - Severe
		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.
Health	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

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4. Security

Impact: / Nature or	Security Subsections	Level 1 - No Harm	Level 2 - Low	Level 3 - Moderate	Level 4 - High	Level 5 - Severe
		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.

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Student Incident Form				
PART A (to be completed for all incidents involving unruly or unacceptable behaviour by young people)				
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)				
Signature of Report Compiler:				
Date:				

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Student Incident Form			
PART B (to be completed if the use of "restraining" physical controls has occurred)			
What de-escalation techniques were used prior to physical controls: (tick appropriate box below)			
Defusing		**Time out**	
Deflection		**Changes of task**	
Distraction		**Choices**	
Humour		**Limits**	
Proximity control		**Consequences**	
Planned to ignore		**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) None			
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:			
Head Teacher comments:			
Signature of Head Teacher:			
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" occurring)
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: