



Bere Clinic 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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Rationale

We believe that every student at Bere Clinic 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 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 the classroom and in the hospital, as well as implementing this policy both 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 at our school.

This policy will be adhered to 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
- Behaviour Policy
- Equal Opportunities

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 the head teacher 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 Daily Thread.
- 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 head teacher or 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 nursing team by receiving feedback prior to handover in the morning and sending daily feedback each afternoon.
- Consistently update the multi-disciplinary team on students' behaviour and presentation via daily handover meetings, weekly ward rounds, half termly CPAs and communication via weekly school briefings.
- Monitor the Mental Health Functioning in Education levels and effort and quality of the individuals' work.
- Ensure that all records are kept up to date, such as the incident logs (RecordMy and IRIS).
- Consistently develop staff understanding of behaviour for learning and relevant techniques as part of their CPD.

Young people will:

- Abide by Bere Clinic 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 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, particularly when they 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 themselves or 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 students' possessions.

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. Bere Clinic Hospital 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, and reports.
- Be earned, ensuring that the recipient is clear about what they are being praised for.
- Reinforce Bere Clinic 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 pupils and help them to feel valued.
- Be recognised for student facing a challenge which they previously were not able to face, demonstrating resilience.

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

- Certificates
- Verbal praise
- Written praise
- Comments to parents at CPA meeting, emails home or positive calls
- Community Meeting feedback
- Small prizes, such as stationery or stickers (as permitted safe)
- Feedback in care planning meetings
- Feedback to Responsible Clinicians

Sanctions

Bere Clinic Hospital School work in partnership with Bere Clinic Hospital in implementing sanctions for unacceptable/inappropriate behaviour. Expectations for behaviour which is conducive to learning are displayed within the classroom and an agreement to said expectations is signed by each student when they are admitted to the school's roll. 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.

Restorative Practice

Bere Clinic Hospital School has a restorative approach to managing behaviour.

Our young people at Bere Clinic Hospital School may present as young people who are challenged with flashbacks, the urge 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 sometimes 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.

Bere Clinic Hospital 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.

Bere Clinic Hospital 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 careplanning and CPAs 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. If young people are having difficulty conforming to the expected standards of behaviour various strategies and systems may be employed to help them address this.

If a young person is displaying particularly risky behaviour in school, then this will be discussed with the MDT team and in rare cases they may be provided independent work to complete on the ward until this risk reduces. This is not a punitive act, but a temporary one 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 Deputy Headteacher.

Recording and Reporting Incidents

If information pertaining to an incident or behaviour on the hospital ward comes to light during the school session, then it will be reported via the daily feedback to nursing or recorded on the hospital system on the Care Note system. However, it will not be recorded on the school behaviour system as it happened on the ward and is not a behaviour incident within school.

All incidents that occur within school are to be recorded on the school behaviour log.

Recordable 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 hospital incident reporting system, IRIS, and the school reporting system – behaviour log.

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.

Serious Incidents

An incident during a school session could cause serious disruption and distress and may result in injury or damage to property. Serious incidents include for example:

- Physical assault of young person or staff member
- Young person requiring physical intervention
- Behaviour which results in the environment becoming unsafe
- Young person being asked to leave an area but refusing to comply with request
- Serious or sustained verbal assault of young person or staff member
- Young person seeking to take, not give back or misuse items
- Damage caused deliberately to property or equipment
- Inappropriate use of IT/access to internet

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 Head teacher and Deputy Head teacher, 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 with support from 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).

The serious incident log must also be updated, and the Head of Education and Proprietor informed via the daily thread 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 ten 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 person's file as part of their educational record.

Where there is any concern over the appropriateness of a response the head teacher may refer the incident to the relevant Local Authority's 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.

Monitoring incidents

Whenever a member of teaching staff has occasion to use reasonable force within school, 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 Management Committee.

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 is case by case and involves personal behaviour, diversion, diffusion, and de-escalation. Targets on Individual Learning Plans and risk assessments at Bere Clinic Hospital 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 skillful 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, assistance will be sought from a healthcare support worker or by activating the emergency nurse call button.

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 head teacher 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 Conflict Resolution and 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 are 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?

Authorised staff

All teachers and staff whom the head teacher 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'. However, due to the nature of our service, teachers leave such interventions to the care staff who are appropriately trained in MVA.

Collaboration with the Hospital

The school works 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 Head Teacher:

- 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 bring this policy to the attention of young people, parents, and staff at least once a year.

The Management Committee:

- Is responsible for monitoring this policy's effectiveness and holding the head teacher 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:	Security Subsections	Level 1 - No Harm	Level 2 - Low	Level 3 - Moderate	Level 4 - High	Level 5 - Severe
Nature or		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:	Security Subsections	Level 1 - No Harm	Level 2 - Low	Level 3 - Moderate	Level 4 - High	Level 5 - Severe
Nature or		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.	Elysium's whole online system hacked. Crypto malware aka Ransomware when the computer unusable and is being held to ransom.
	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	Level 2 - Low	Level 3 - Moderate	Level 4 - High	Level 5 - Severe
Nature or		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 or 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.	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 Mol 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 drugs 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

Impact:	Security Subsections	Level 1 - No Harm	Level 2 - Low	Level 3 - Moderate	Level 4 - High	Level 5 - Severe
Nature of		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 absconson 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. Affecting numerous 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 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 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:	
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")
Date:
Description of incident: (include location, those involved, witnesses)
Notification of incident: (e.g., meeting, email, verbal, cause for concern form)
Immediate actions taken: <input type="checkbox"/>
Subsequent actions taken: <input type="checkbox"/>
Summary of incident and actions: (was the response appropriate, timely, dealt with efficiently, could the event have been prevented) <input type="checkbox"/>
Actions to prevent incident occurring again / lessons learnt <input type="checkbox"/>
Dissemination of information / record keeping: (who have you informed and how, where are associated records stored) <input type="checkbox"/>
Name of SLT Member:
Signature of SLT member:
Date:



Document History	Amendments
Document issued: November 2021	
Document reviewed: November 2022	
Document reviewed: November 2024	Addition of restorative practice
	Addition of recording on hospital systems