**LSAB Escalation of professional disputes Template Stages 1 - 4**

**Appendix One: Template for Recording Escalation/Resolution which should be used to record an escalation/resolution on the on Vulnerable Adult’s Record at Stage 1.**

|  |  |
| --- | --- |
| **Name of Adult** |  |
| **Date of Birth** |  |
| **Address** |  |
| **Escalation Raised by (practitioner)** |  |
| **Practitioner’s Agency** |  |
| **Escalation Raised with (agency and team)** |  |
| **Date Escalation Raised**  |  |
| **Circumstances of Escalation (include the reason for the escalation, the nature of the disagreement, what is was about, whether it stemmed from a meeting or referral etc.)** |  |
| **How was the Escalation resolved?** |  |
| **Date Escalation Resolved*****If the escalation is unresolved, refer to*** [Escalation Guidance](https://bedfordscb.proceduresonline.com/files/escalation_procedure.pdf?zoom_highlight=escalation#search=%22escalation%22) |  |

**The form must be completed by the agency raising the escalation. Please email a copy of the form to** **LutonSafeguardingAdultsBoard@luton.gov.uk**

**Appendix Two: Triggering of Escalation: Notification to Luton Safeguarding Adults Board (Stage 2)**

**This form should be used to notify the LSAB that the escalation process has been triggered and the escalation is moving to Stage 2.**

|  |  |
| --- | --- |
| **Name of Adult** |  |
| **Date of Birth** |  |
| **Address** |  |
| **Escalation Raised by (practitioner)** |  |
| **Practitioner’s Agency** |  |
| **Escalation Raised with (agency and team)** |  |
| **Date Escalation Raised**  |  |
| **Circumstances of Escalation (include the reason for the escalation, the nature of the disagreement, what is was about, whether it stemmed from a meeting or referral etc.)** |  |
| **Why was the Escalation not resolved at Stage 1?**  |  |
| **Date Escalation moved to Stage 2** |  |

**The form must be completed by the agency raising the escalation.** **Please email a copy of the form to** **LutonSafeguardingAdultsBoard@luton.gov.uk**

**Appendix Three: Triggering of Escalation: Notification to Luton Safeguarding Adults Board (Stage 3)**

**This form should be used to notify the LSAB that the escalation process has been triggered and the escalation is moving to Stage 3.**

|  |  |
| --- | --- |
| **Name of Adult** |  |
| **Date of Birth** |  |
| **Address** |  |
| **Escalation Raised by (practitioner)** |  |
| **Practitioner’s Agency** |  |
| **Escalation Raised with (agency and team)** |  |
| **Date Escalation Raised**  |  |
| **Circumstances of Escalation (include the reason for the escalation, the nature of the disagreement, what is was about, whether it stemmed from a meeting or referral etc.)** |  |
| **Why was the Escalation not resolved at Stage 1?**  |  |
| **Date Escalation moved to Stage 2** |  |

**The form must be completed by the agency raising the escalation. Please email a copy of the form to** **LutonSafeguardingAdultsBoard@luton.gov.uk**

**Appendix Four: Informing Luton Safeguarding Adult Board about Escalation to the LSAB Independent Chair (Stage 4)**

**This referral is not a substitute for raising a safeguarding concern and should only be used if attempts to resolve the practitioner’s disagreement at Stage 3 have failed.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |
| --- |
| **Referrer details** |
| **Date of referral:** |  |
| **Name of referrer:**  |  |
| **Position/Role of referrer:** |  |
| **Agency and team:**  |  |
| **Contact number:**  |  |
| **Email address:**  |  |
| **Your manager:** *Please Note: a referral must be made with the support and awareness of your manager/ agency.* |  |

|  |
| --- |
| **Adult subject of escalation** |
| **Last name:**  |  |
| **First name:**  |  |
| **Date of birth & age:**  |  |
| **Current Address:**  |  |
| **Post Code:**  |  |
| **Telephone:**  |  |
| **Current level of risk:** |  |

**KEY:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **High Risk of Harm** | **RED** | **Medium Risk of Harm** | **AMBER** | **Low Risk of Harm** | **GREEN** |
| **Please provide a pen picture of the adult, agency intervention /involvement and a summary of your concerns, risk /barriers.** |  |

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|  |

|  |  |
| --- | --- |
| **Circumstances of Escalation (include the reason for the escalation, the nature of the disagreement, what is was about, whether it stemmed from a meeting or referral etc.)** |  |

|  |  |
| --- | --- |
| **What attempts have been made to resolve this escalation at Stages 1-3?** |  |

|  |
| --- |
| **Disclosure:**  |
| **Is the adult/carer aware a meeting is taking place and information may be shared as part of the multi-agency safeguarding approach to the resolution of escalations?**  | **Please confirm****Yes / No** |
| **The LSABs, with their partners are working to understand if what they do makes a difference. They therefore may wish to ask the adult/carer for their views. Please can you confirm if they have agreed to do this?**  | **Please confirm****Yes / No** |

**The form must be completed by the agency raising the allegation. Please email a copy of the form to** **LutonSafeguardingAdultsBoard@luton.gov.uk**

**Appendix Five: Informing the Luton Safeguarding Adults Board About Successful Resolution of Escalation at Stages 1-3**

This form should be used to notify the LSAB that the escalation process has reached a resolution.

|  |  |
| --- | --- |
| **Name of Adult** |  |
| **Date of Birth** |  |
| **Address** |  |
| **Escalation Raised by (practitioner)** |  |
| **Practitioner’s Agency** |  |
| **Escalation Raised with (agency and team)** |  |
| **Date Escalation Raised**  |  |
| **Circumstances of Escalation (include the reason for the escalation, the nature of the disagreement, what is was about, whether it stemmed from a meeting or referral etc.)** |  |
| **How was the Escalation resolved?** |  |
| **At was stage of the procedure was it resolved?** (Stage 2 or 3?) |  |
| **Has the escalation been recorded on the adult’s file?**  |  |
| **Has there been learning for you/your agency from the escalation?** |  |
| **Name and Position of Person Completing Form**  |  |

**The form must be completed by the agency raising the allegation. Please email a copy of the form to** **LutonSafeguardingAdultsBoard@luton.gov.uk**