**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**](mailto: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**](mailto: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**](mailto: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.** | |  | | | | | |
|  |

|  |  |
| --- | --- |
| **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**](mailto: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**](mailto:LutonSafeguardingAdultsBoard@luton.gov.uk)