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**Appendix 1**

**Escalation Procedure – Monitoring Form**

**Form to record decisions and to monitor the effectiveness of the Escalation Policy**

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| **Occasionally disputes arise within and between agencies that require a mechanism to ensure timely resolution and the needs of adults at risk are met. Problem resolution is an integral part of working together effectively. Disagreements should be resolved at the lowest possible stage, and resolution should be sought within the shortest timescale possible to ensure that the safety of the adult is paramount and the adult is our focus. If there is an immediate risk, discretion should be used as to which stage is initiated.** |

This form to be used at **stage one, two and three** of the Escalation Policy.

**Checklist**

[ ]  Have you consulted a manager/named lead for Safeguarding Adults, to seek advice about resolving your concern?

[ ]  Have you made clear initial attempts to resolve the problem at the lowest possible level?

[ ]  Did the manager/named lead for safeguarding adults raise the concerns with relevant manager or their equivalent lead officer in the other agency?

[ ]  If this did not resolve the concerns, has the Manager/Professional/Designated Safeguarding representatives attempt to resolve the professional differences through discussion?

[ ]  If this did not resolve the concerns, has the Manager/Professional/Designated Safeguarding representatives addressed the concerns at a senior manager level?

[ ]  If concerns continue, has the Designated Lead for Safeguarding Adults informed the Service manager for Safeguarding Adults?

[ ]  If unresolved is the Service Manager for Safeguarding Adults referring the concerns to the Independent Chair of BSAB for mediation

**Action:** A copy of this form is to be held on the Adult at Risk’s file and all agencies involved in resolution of professional difficulties. Please send a copy to the BSAB Business Unit on completion to bsab@bristol.gcsx.gov.uk **via** **secure email only** (pnn, gsi,nhs.net or gsx) or telephone 0117 3576257 to arrange secure transfer of the data.

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| **Adult at Risk** **Name** | Click here to enter text. |
| **Summary of reason for dispute – include views of *all* agencies concerned.** | Click here to enter text. |
| **Agreed outcomes or actions if satisfactorily resolved – includes escalation to next stage if unresolved**  | Click here to enter text. |
| **Signature of manager challenging** | **…………………………..****Sign** | **Print Name**Click here to enter text. |
| **Role**Click here to enter text. |
| **Agency**Click here to enter text. |
| **Date**Click here to enter text. |
| **Signature of challenged manger**  | **…………………………..****Sign** | **Print Name**Click here to enter text. |
| **Role**Click here to enter text. |
| **Agency**Click here to enter text. |
| **Date**Click here to enter text. |
| **Stage at which resolution achieved.** | Click here to enter text. |
| **How effective was the Escalation Procedure in resolving the issue?** | Click here to enter text. |
| **Any Further comments** | Click here to enter text. |