



London Ambulance Service **NHS**
NHS Trust

Procedure for the Maintenance of the Location Alert Register

DOCUMENT PROFILE and CONTROL

Purpose of the document: To specify the actions to be taken by ambulance personnel who have been physically assaulted, intimidated or verbally abused in cases where an entry in the Location Alert Register may be appropriate.

Sponsor Department: A&E Operations

Author/Reviewer: General Manager Central Operations/Head of Customer Services. To be reviewed by January 2018.

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Links to Related documents or references providing additional information		
Ref. No.	Title	Version
	LAS Staff Safety Policy	
	LAS Health & Safety Procedures	
TP /012	LAS Data Protection Policy	
	LAS Incident Reporting Procedure	
	Data Protection Act (1998)	
	MPS/ LAS Protocols (Updated Sept 2004)	
	LAS Management of 'Frequent Callers' Policy	
	LAS Procedure for responding appropriately to 999 callers who may not need an ambulance	
	The Stephen Lawrence Inquiry (the Macpherson	

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	report), the Stationary Office, 1999 http://www.archive.official-documents.co.uk/document/cm42/4262/sl-00.htm	
HS/011	Incident Reporting Procedure	
HS/012a	Violence Avoidance and Reduction Procedure	
HS/012b	Post Violence Support Procedure	

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1. Introduction

It is the policy of the London Ambulance Service NHS Trust (LAS) to collate evidence in order to establish a record of address locations where past experience suggests that the personal safety of ambulance staff may be at risk. This evidence will provide a basis for entries on a Location Alert Register, which will hold names and addresses of individuals who are reported to have physically assaulted, intimidated or verbally abused members of staff. The Location Alert Register will be referred to as 'the register'.

The LAS takes the view that staff have the right to undertake their duties free from abuse and violence, in accordance with NHS policy. The register plays a necessary and vital role in the NHS campaign against violence towards staff. It must be used accordingly. The data received must relate to addresses where there is believed to be a real threat to LAS staff.

The LAS recognises that abuse may arise from the demonstration of challenging behaviour. Challenging behaviour may stem from biological, genetic and clinical causes. It may be a sign of abuse, distress, anger, frustration, over-stimulation, discomfort or pain, or a response to a person's environment. A patient exhibiting challenging behaviour can be difficult to assess. In instances of verbal abuse, due consideration should be given to the reasons why these patients exhibit such behaviour before inclusion on the register. In addition, serious consideration should be given as to whether it is appropriate to include the address on the register or whether such behaviour falls short of abuse. This consideration should bear in mind that inappropriate entries where the patient involved does not pose a meaningful threat to staff will undermine the importance of the information held on the register.

Abuse, violence or harassment which is aggravated by virtue of being based on grounds of race, religion, disability or sexual orientation will be treated as hate crimes and should involve reporting of the incident to the police.

Notification will be sent to all patients whose address is held on the register informing them of their inclusion, so the information must be factual and relevant to that address. The notification also includes details on how to challenge the information held on the register.

All information on the register will be held in the strictest confidence and used for LAS purposes only (except where shared with other public authorities in order to protect LAS staff /other health care professionals or provide appropriate care). The information may only be disclosed to LAS employees where such disclosure is necessary to protect the safety of operational staff or to comply with the requirements of the Data Protection Act 1998. For the purposes of the Data Protection Act 1998, the data controller is the Chief Executive of the LAS.

2. Scope

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This procedure specifies the actions to be taken by ambulance personnel where an entry in the register may be appropriate. This procedure also sets out a framework for managing challenging patients by devising care management strategies.

3. Objectives

- 3.1 To capture relevant information where experience suggests that there is an increased risk of physical assault, intimidation or verbal abuse, requiring the address to be added to the register. This will contribute to the Trust's campaign to reduce violence towards staff.
- 3.2 To ensure the safety and welfare of staff through effective use of the register.
- 3.3 To support the use of care management plans arising from the needs of patients

4. Responsibilities

- 4.1 **The LAS Chief Executive** has overall responsibility for the procedure.
- 4.2 **The LAS Information Governance Group** has overall responsibility for monitoring compliance with this procedure.
- 4.3 **The Deputy Director of Operations** is responsible for ensuring that the procedure is followed in the operational environment.
- 4.4 **The Head of Customer Service** has overall responsibility for the administration of the register, and for reporting compliance to managers and committees.
- 4.5 **Operational Information and Archives Department** are responsible for the day to day administration of the register.
- 4.6 **The Medical Directorate** are responsible for providing clinical guidance.
- 4.7 **The Local Security Management Specialist** is responsible for providing guidance on Category 3 patients.
- 4.8 **The Head of Patient Experiences** is responsible for guidance and support for operational staff in developing frameworks for the development of care management strategies.
- 4.9 **Operational/Control staff** are responsible for compliance with the principles laid out in the procedure.
- 4.10 **Quality, Governance and Assurance Managers (QGAMs)** are responsible for compliance with the principles laid out in the procedure, in particular to ensure that information is accurate, timely and appropriate, and liaison with outside agencies is undertaken. Responsibilities also include ensuring

notification letters are sent to those persons whose address is being proposed for inclusion on the register.

- 4.11 **Managers throughout the Trust** are responsible for ensuring that staff are aware of, and comply with, all relevant procedural documents.
- 4.12 **All members of staff** have a responsibility to read and be aware of the content of appropriate new and revised documentation at the earliest opportunity following issue or publication.

5. Procedure

- 5.1 LAS staff experiencing physical or verbal abuse or intimidation are required to report this as an incident via Datix. If these incidents take place in a location that can be flagged then they must also be reported using the Abuse and High Risk Address Information Report Form LA277.
- 5.2 The Group Station Manager(s) (GSM) **must** review all reports submitted by operational staff and be satisfied that the information is factual and accurate. Only after careful consideration of all the facts (including further investigation where appropriate, which must be documented) will s/he make a decision whether to submit the report to the Quality, Governance and Assurance Manager (QGAM) with a recommendation to whether inclusion on the register is appropriate. Should an incident occur out of a group station catchment area, the GSM should liaise with the group station responsible for that area and jointly agree the action before submitting an LA277. The QGAM will make the final decision.
- 5.3 Reports must be factual and must declare any third party information (e.g. information received from a Police Officer that is not in the first-hand knowledge of a member of LAS staff). The content of the data is the responsibility of the person providing it, e.g. operational staff. The public have a right under The Data Protection Act 1998 for data held about them to be accurate and to view any information about them held on a database. It is therefore essential that the information held is factual and accurate. Any misinformation could lead to a complaint to the Information Commissioner. In the case of third party information the GSM will be responsible for verifying this with the source.

Only addressees that live at the incident location may be added to the register, unless there are exceptional circumstances. In the case of exceptional circumstances substantial evidence must be provided to verify that the person involved lives at the alternative address.

Particular care should be taken at addresses of multiple-occupancy to ensure that other residents living at the address are not adversely affected by calls to the location. It is not appropriate to include public places on the register.

- 5.4 Each LA277 should be allocated a category according to a scale of 1, 2, 3 or 4 by the GSM. The categories are defined in the following way.

Category	Definition
1	Is the most serious type of incident where a member of staff has actually been the subject of physical violence.
2	Is where there has been (a) a specific threat of use of a weapon or (b) where there has been verbal abuse with intimidation or (c) where there has been verbal abuse aggravated by being based on the grounds of race, religion or sexual orientation.
3	Is where a member of staff has been verbally abused.
4	Is where a medical condition was a major factor in the incident (see paragraphs 5.8 and 5.9).

This information will aid control room staff and alert them to the addresses where the most serious incidents have occurred.

- 5.5 The QGAM must approve all additions, alterations and removals from the register. The QGAM has the authority to decline to register any details. The QGAM must consider and confirm why the information falls within the designated category. The GSM should inform the referring staff of all decisions regarding an LA277.

The QGAM and GSM will work with the Stakeholder Engagement Manager (SEM) who will undertake liaison with local stakeholders to obtain intelligence about the persons involved with a view to considering whether further work needs to be undertaken. All correspondence should be sent to Operational Information and Archives Department.

- 5.6 Category 1 and 2 entries will result in the police being requested to attend although this should not exclude an action plan approach.
- 5.7 Category 3 entries on the register as a result of verbal abuse will not result in requesting the attendance of the police to the address.
- 5.8 Category 4 entries will not normally result in requesting the attendance of the police but this will be considered on a case by case basis by the QGAM in conjunction with a representative from the Medical Directorate and a relevant notation will be made on the register where the QGAM and the representative from the Medical Directorate consider that police should be requested to attend. In taking this decision, the QGAM and representative from the Medical Directorate will consider the likelihood of violence or threat to staff and any action plan which is being put in place.
Where Category 4 type violence or abuse comes about as a direct result of a medical condition (e.g. epileptic fits, diabetes or mental health) action must be taken to achieve appropriate care management, in collaboration with other health and social care providers and the Medical Directorate If the incident

results in an entry on the register the following actions should be undertaken by the QGAM:

- Inform patient using the template letter (appendix 6)
- Locate the patient's GP or main care provider.
- Write to the patient's GP or main care provider using the template letter (appendix 7) informing them of the incident and to request that they consider working with us to formulate (or sharing if already in existence) an appropriate emergency care component of the patients community care or discharge plan, advising them that the Trust is willing to hold the plan details on our systems.
- If no response received within 4 weeks then a further letter should be sent to the GP.
- In the event that no response is received within a further 2 weeks or the GP / main care provider is unwilling / unable to assist then escalation should be considered via PED, Medical Directorate or CCG contacts. The route will be case dependent.

5.9 Some incidents of aggression are as a result of mental health issues. Where a patient has a mental health issue this should be taken into account in informing the decision to include their address on the register.

5.10 Where Category 4 entries are noted as not requiring attendance of the police, LAS staff will be informed of this and the action plan that has been put in place for that patient.

5.11 When completing an LA277, consideration should be given as to whether the LA277 is the most appropriate form for the incident. In particular consideration should be given as to whether it is appropriate to complete a vulnerable adult/child referral (LA279, LA280) or if they are a frequent caller refer to Frequent Caller@lond-amb.nhs.uk in addition to or instead of an LA277.

Before inclusion of any address, consideration should also be given to the potential impact on other residents living at the address, in particular children under the age of 18 or adults at risk who may be impacted by any delay in treatment.

Others who may be at risk at an address should be clearly noted on the LA277 so that it may be included in the comment on the register.

5.12 All completed and approved LA277s are to be sent to the Operational Information and Archives Department within 10 days of the incident.

5.13 The Operational Information and Archives Department will carry out checks to ensure the address is appropriate to be added to the Register. The LA277 will be returned to the QGAM for additional information/clarification as necessary.

5.14 LA277 forms and all other related documentation should be sent to the Operational Information and Archives Department in the secure PRF bag.

- 5.15 The Operational Information and Archives Department will input all details onto the Register. Once an address has been placed on the register, it will then appear on the Business Intelligence Portal, available to all QGAMs, SEMs and GSMs.
- 6.0 Notification Letters
- 6.1 Information about the registry entry and the purposes for which it is kept must be sent to all identifiable persons and / or addresses on the register to which post is deliverable in accordance with [Appendix 4](#) (Category 1 and 2), [Appendix 5](#) (Category 3) or [Appendix 6](#) (Category 4). Notification will advise that information may be shared with the Metropolitan Police Service (MPS) and other public authorities. In all cases the recipient will be invited to contact the Patient Experiences Department to challenge any proposed entry. The right of recourse lies in using the NHS complaints procedure or via application to the Information Commissioner. This notification will help to ensure we act in accordance with the Data Protection Act.
- 6.2 QGAMs will be responsible for ensuring notification letters are sent for all categories, which will also include an LAS Equalities Monitoring Form, [Appendix 12](#) and maintaining records accordingly. The LA277 reference number must be included on both the notification letter and Equalities Monitoring Form before it is sent out. A copy of the letter should be sent to the Operational Information and Archives Department where it will be held with the original paperwork. The Operational Information and Archives Department will be responsible for inputting the details of all categories onto the register and collating any equality data returned.
- 6.3 No notification letters should be sent until appropriate checks have been made by the Operational Information and Archives Department and the address appears on the Business Intelligence Portal. This is to ensure that letters are not sent to addresses that do not meet the criteria to be added to the register.
- 6.4 The notification letters give notice that enquiries about inclusion on the register may be made to the Patient Experiences Department in the first instance. However, it remains the right of the person concerned to elect to make a formal complaint under the NHS complaints procedure. In this case the issue will also fall under the responsibility of the Patient Experiences Department who will make a recommendation and will notify the Operational Information and Archives Department of that.
- 6.5 It is anticipated that this procedure will have a direct correlation with the principles of care management outlined in Managing Frequent Callers Procedure (OP42). Local management teams will need to engage with other health and social care providers as regards issues affecting the possible inclusion of a patient on the register and to ascertain if supplementary or alternative care management can be achieved, and should establish mechanisms for the purpose.

6.6 Any addresses being removed from the register must be sent a notification letter of removal. [Appendix 11](#)

7. Audit and Control

7.1 The LAS will take all reasonable steps to keep the register current, but clearly circumstances may arise where this is not possible. The register must therefore be viewed as a guide only. The highlighting systems in Emergency Operations Centre (EOC) will alert the user to addresses where there are potential risks to operational staff and/or where there are agreed care management arrangements. Relevant information will then be passed to operational staff, including the name or description of the person concerned (if known).

7.2 To ensure the Trust complies with the requirements of the Data Protection Act 1998, the QGAM will have responsibility for reviewing records periodically, to confirm that the information is still relevant. A review must be undertaken as a minimum, every 12 months for Categories 1, 2 and 4 addresses.

A review of an address can take place at any time during the 12 months if deemed necessary by either the QGAM or the Operational Information and Archives Department.

Category 3 addresses will automatically be removed after 12 months on the register unless there have been further instances of verbal abuse. Should we receive a further report of Category 3 behaviour during that time, consideration will be given to issuing an Acknowledgement of Responsibilities Agreement. The Local Security Management Specialist should provide guidance and advice in connection with Category 3 addresses and their removal if appropriate. Should a review be undertaken before 12 months, up to date information must be requested from the Operational Information and Archives Department.

7.3 QGAMs will be notified at least 6 weeks before the review date that the record needs to be reviewed. Form LA277A, [Appendix 2](#) will be made available to the QGAM with details of the original incident and additional appropriate information. This will include any subsequent LA277s that have been submitted. Any further incidents of abuse that have taken place at the address will be highlighted. Addresses must be reviewed regardless of the original reason why the address was put on the register.

Entries will be removed from the register unless the QGAM gives a reason on the LA277A why they should be retained. The GSM will inform the crew / staff side about the decision on each address reviewed. The SEM will develop local contact networks with Social Services, Primary Care, Mental Health and Acute Trusts, the Police and any other relevant agencies with advice / support from the Patient Experiences Department. The SEM may need to share information about the patient at each address that needs reviewing, but this will be decided on a case by case basis, including consideration of how much data is shared. All reviews on Category 1 and 2 addresses must include contact with the Police. All correspondence between the LAS and other

agencies must be attached to the LA277A when it is returned to the Operational Information and Archives Department. Documentation should always be sent securely, either in the PRF delivery bags or via secure email.

- 7.4 If the entry is to remain on the register for a further 12 months, then a letter will be sent to the address explaining the reason for retention on the register, see Appendices 7, 8 and 9. A copy of any subsequent letters should be sent to the Operational Information and Archives Department. If the entry is to remain on the register then consideration should be given to an appropriate care management plan.
- 7.5 If details emerge during the course of an emergency call or during LAS attendance at an address which suggests the information held on the register is no longer relevant or needs updating as the scale of the risk has changed, the Operational Information and Archives Department should be notified as soon as possible by email or by the completion of a LA277. Information may also come from internal sources or from an external agency or person with knowledge of the address. The Operational Information and Archives Department will act on the new intelligence to either update the entry or refer it to the QGAM for immediate review. If new intelligence indicates a change of address then this will trigger a review by the QGAM where evidence of this will need to be provided.

8. Attendance at Location Alert addresses

- 8.1 As the LAS has a 'Duty of Care' to both patients and staff, clearly all requests to attend location alert addresses will require operational staff to assess the situation.
- 8.2 When a call is received from an address that is Location Alert Register highlighted, EOC will bring this to the attention of attending staff and pass on any relevant information. EOC will also follow any indicated instructions on the register entry (e.g. call the police if this is appropriate and indicated as necessary). EOC will remind staff that they should carry out a dynamic risk assessment and attempt to treat the patient if possible. Staff should only delay the treatment of the patient if they believe they are in danger - they must **not** simply sit outside awaiting the arrival of the police unless this is the case. If the staff are directly threatened then they should withdraw and call for urgent police assistance.
- 8.3 The decision to enter the address is for staff on scene to make based on the information they have available to them. This is not a decision that will be taken by EOC, although EOC operatives will make available any information they have been made aware of during the course of the call(s) to the ambulance staff in situ to help inform the decision. EOC should exercise care to pass on information that they believe to be relevant to staff safety or to enable agreed care management plans.

The police will not be requested for Category 3 entries unless deemed necessary at the time of the call. For Category 4 entries, police will not be requested unless previously agreed by the Medical Directorate or deemed

necessary at the time of call. If appropriate a Clinical Team Leader (CTL) or Incident Response Officer (IRO) will be sent to assist operational staff.

9. Dynamic Risk Assessment

- 9.1 When carrying out a dynamic risk assessment staff must always be mindful of their own safety. If staff feel that they cannot go into the address, they **MUST** contact EOC and request **urgent police assistance**.

Unless urgent police assistance is required, staff must not routinely wait for the police. The police may not be attending as an emergency and may take some time to arrive if urgent assistance is not requested.

- 9.2 En route to the call staff will be given the information held on the register, which in addition to the reason for the call will form part of their dynamic risk assessment before they arrive on scene. The decision to proceed rests with the staff on scene, **not** EOC.
- 9.3 Staff should use all information available including information on the register, call data and the live situation to inform their decision before entering an address.

An aide memoir on dynamic risk assessment is available as [Appendix 13](#).

10. Data Sharing

10.1 General

10.1.1 Information made available to other responsible bodies will be undertaken in accordance with the Data Protection Act (1998).

10.1.2 Information will be shared where this is needed to protect LAS staff or provide appropriate care.

10.2 Metropolitan Police Service (MPS)

10.2.1 In order to assist in the deployment of the police at the behest of the LAS, each agency may provide the other with staff safety information.

10.3 Sharing data - LAS to MPS

10.31 Data will be shared with the MPS for all Category 1 or Category 2 type incidents. Where an incident has occurred which falls within Category 4, information may only be shared where it has been decided that the entry should result in requesting the attendance of the police.

- 10.32 Staff safety information from the LAS must be supported by a statement from the LAS staff (Form LA277) and verified by a QGAM.
- 10.33 The information will be passed by the Operational Information and Archives Department to the responsible Support Officers of the MPS by a secure network via email, and placed on the MPS CAD system in the form of a two line special address comment with the detail held on the CAD HELP notepad. This information should not be disseminated to third parties by MPS without seeking the prior consent of LAS. The information should include a unique reference number (URN) which will be used as the reference point in all subsequent communications. Only that information which *directly* relates to safety and is necessary to protect the safety of LAS staff should be disclosed.

Points to include:

Address;

Name(s) of person(s) concerned;

If name(s) are not known then description(s) should be given;

Brief details of the incident where relevant to future safety of LAS staff;

Review date

- 10.34 Where LAS information is discovered to be inaccurate this inaccuracy will be reported to MPS and they will correct the inaccuracy in their file. Where information has been removed by LAS from the register, it will be removed by MPS from the CAD system.

10.4 Data Sharing - MPS to LAS

The MPS will disclose to the LAS only that information that directly relates to staff safety, that is, the address and type of violence involved and summary of previous incident that occurred. The information should include a URN which will be used as the reference point in all subsequent communications.

- 10.41 The information will be passed by the relevant Borough Operational Command Unit (BOCU) to the MPS support officers who will act as the liaison for the LAS and forward it on to the Operational Information and Archives Department by secure email. Entries received from MPS will be reviewed by a multi-disciplinary group encompassing representatives from Control Services, Central Operations, Customer Services, Medical Directorate, Patient Experiences, Health, Safety and Security, Legal Services and Staff side. This group will vet the information received from the MPS and will determine whether they should be included on the register or not.

- 10.42 Records of information supplied to the MPS will be retained as an audit trail for 7 years.
- 10.5 NHS Protect and Other external agencies / organisations
- 10.5.1 In cases where safeguarding notifications arise from external agencies such as NHS Protect or other emergency services, the QGAM should be notified to undertake local checks in order to identify whether the address is appropriate for entry on the register.
- 10.5.2 As part of the initial consideration of whether to include an address on the register or as part of the review process it may be appropriate to share information regarding individual addresses with other agencies including the MPS, Mental Health Trusts and Social Services. LAS can request information from other agencies.
- 10.5.3 LAS can disclose information where consent of the person on the register has been obtained. Where consent has not been obtained, LAS can disclose data to other public agencies where this is made under a duty of confidentiality and is necessary to protect LAS staff or provide appropriate care. The QGAM must consider this on a case by case basis, taking advice from the Head of Patient Experiences. Some examples illustrating appropriate disclosure are provided in [Appendix 14](#).

11. Outside Office Hours

- 11.1 Outside office hours, a temporary flag can be authorised by a senior manager in EOC. The Operational Information and Archives Department should send an email to the QGAM and GSM responsible for the area alerting them that an LA277 is required. Operational staff should complete the LA277 and submit to their Management Team in the normal way. The GSM and QGAM will update the Operational Information and Archives Department when received.. If the LA277 has not been completed by operational staff within 10 days of the incident, a reminder will be sent to them. If an LA277 is not received by the Operational Information and Archives Department within 10 days of the reminder the temporary flag will be deleted and notification of this deletion will be sent to the QGAM and GSM. Only Category 1 or 2 addresses should be highlighted out of hours.
- 11.2 Out of hours where a temporary flag has been deemed to be required, then it would be appropriate (via the Duty Incident and Delivery Manager) for an Incident Response Officer or Clinical Team Leader to attend the crew to provide support and ensure that an LA277 is processed and completed fully and submitted as required.

12. Access Control

- 12.1 Appropriate access is authorised by the Information Governance Group (IGG) according to business need. Staff may request access to view confidential information by submitting an LA416 with an Information Governance Training Certificate.

IMPLEMENTATION PLAN				
Intended Audience	For all LAS staff			
Dissemination	Available to all staff on the Pulse			
Communications	Revised Procedure to be announced in the RIB and a link provided to the document.			
Training	N/A			
Monitoring:				
Aspect to be monitored	Frequency of monitoring AND Tool used	Individual/ team responsible for carrying out monitoring AND Committee/ group where results are reported	Committee/ group responsible for monitoring outcomes/ recommendations	How learning will take place
The number of entries and categories on the register by CCG	A report will be routinely available on the MI Portal for QGAMs, SEMs and GSMs. A report is produced monthly, to include the number of LAS entries and categories on the register, the number of MPS entries and any other relevant LAR issues	QGAMs	RCAG	Learning will take place through the yearly review process. Learning will be supported by regular workshops with relevant staff. Lessons will be passed on to all staff through regular monitoring and the results being published in routine publications. One off bulletins will be published as required.

Appendix 1

LONDON AMBULANCE SERVICE		LA277 (2010)
ABUSE & HIGH RISK ADDRESS INFORMATION REPORT FORM		
Serious incidents / fatalities must be verbally reported immediately to the Safety and Risk Department or EOC		
1 Origin of report		
Station/Department	To whom in the LAS was the incident reported?	
2 Details of the member of staff involved <i>(please cross or complete boxes as appropriate)</i>		
Name	Job Title	
DoB	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Length of Service: <input type="text"/> Employee <input type="checkbox"/> Contractor <input type="checkbox"/>
Phone Number:	E-mail address:	
Do you consent to your Health and Safety representative having access to this report form? Yes <input type="checkbox"/> No <input type="checkbox"/>		
3 Type of incident <i>(please cross as appropriate)</i>		
<input type="checkbox"/> Physical Abuse	<input type="checkbox"/> Racial Abuse	<input type="checkbox"/> Verbal Abuse
<input type="checkbox"/> Verbal Abuse with Threat	<input type="checkbox"/> Sexual Abuse	<input type="checkbox"/> Attack by an animal
<input type="checkbox"/> Anti-social Behaviour	<input type="checkbox"/> Homophobic Abuse	<input type="checkbox"/> Other
4 When and where did the incident occur? <i>(please attach a photocopy of the PRF to the pink copy of this form)</i>		
Date of incident	Time of incident (24 hrs)	Call sign
		CAD Ref
Location of incident		PRF No.
		Were you pre-warned this address was on the Risk Address register? Yes <input type="checkbox"/> No <input type="checkbox"/>
5 The incident, how and what happened? <i>(please give factual details only, not opinions as to the likely cause, use a separate sheet if required)</i>		
Was the incident reported to the police? Yes <input type="checkbox"/> No <input type="checkbox"/> Did the police attend the incident? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, record shoulder number / crime reference number <input type="text"/> From which police station? <input type="text"/>		
Note the police must be advised of all physical assaults where there is an application of force without justification, resulting in physical injury or personal discomfort (this include the throwing/spitting of liquids or objects, if contact is made)		
6 Cause of abuse <i>(Please continue on a separate sheet if necessary)</i> Recording the names of people who abuse staff assists with investigating incidents and helps with providing evidence when further incidents occur.		
Name(s) or description	M/F	Home address
		DoB
Influencing factors <i>(cross as appropriate)</i>		
<input type="checkbox"/> Involvement in drugs	<input type="checkbox"/> Head injury	<input type="checkbox"/> Delay
<input type="checkbox"/> Alcohol	<input type="checkbox"/> Confused state	<input type="checkbox"/> Road traffic incident
<input type="checkbox"/> Known psychiatric disorder	<input type="checkbox"/> Medical condition	<input type="checkbox"/> Was a weapon involved?
Other: please specify <input type="text"/>		
7 Names and addresses of any witnesses to this incident		
8 Was any safety equipment / clothing in use? Stab vest <input type="checkbox"/> Other <input type="checkbox"/> if other, please specify <input type="text"/>		

9	Identify the nature of injury / ill health / disease suffered (this includes distress, emotional shock etc.) (include details of any treatment received)
----------	--

10	Crew signature		Date				
-----------	----------------	--	------	--	--	--	--

11 FOR COMPLETION BY INVESTIGATING MANAGER

The investigating manager should summarise the discussion with the staff involved highlighting any contributory factors and advice given. It is the responsibility of the investigating manager to authorise whether this address is added to the High Risk Address Register.

	Name:		Contact number:	
--	-------	--	-----------------	--

Post Incident Risk Assessment / Incident Grade	IMPACT	X	LIKELIHOOD	=	GRADING	NO	COLOUR
--	--------	---	------------	---	---------	----	--------

Confirm actions taken following the incident by crossing the appropriate boxes:

	Yes	No	Comments
Was this incident reported to the police?	<input type="checkbox"/>	<input type="checkbox"/>	
Were counselling, welfare and occupational health services offered?	<input type="checkbox"/>	<input type="checkbox"/>	
Was an investigation completed?	<input type="checkbox"/>	<input type="checkbox"/>	
Was a training need identified?	<input type="checkbox"/>	<input type="checkbox"/>	

Please categorise the incident (choose one category only)

Category 1		Where a member of staff has actually been the subject of physical violence
Category 2		Where there has been a threat of weapons or verbal abuse with specific intimidation / threat
Category 3		Where a member of staff has been verbally abused
Category 4		Where a medical condition was a major factor in the incident

Following discussion with the member of staff the line manager should confirm whether this address should be added to the High Risk register	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Reasons
--	------------------------------	-----------------------------	---------

Note The police will be requested for category 1 and 2 addresses but not for category 3 addresses.
The police will be requested for Category 4 addresses only with the agreement of the Medical Directorate

I agree / disagree with the decisions above about this incident _____ (Crew staff to sign)

Authorised by (Name & signature)		Job title	
----------------------------------	--	-----------	--

Contact Tel Number		Date completed		Crew informed of decision	
--------------------	--	----------------	--	---------------------------	--

I agree / do not agree that this incident should be placed on the register
ACM to countersign if they are not the authorising manager above _____

Specify anticipated absence from work

None	<input type="checkbox"/>	Up to 1 day	<input type="checkbox"/>	1 to 3 days	<input type="checkbox"/>	Over 3 days	<input type="checkbox"/>	Over 10 days	<input type="checkbox"/>	Over 6 weeks	<input type="checkbox"/>	Not known at time of completion	<input type="checkbox"/>
------	--------------------------	-------------	--------------------------	-------------	--------------------------	-------------	--------------------------	--------------	--------------------------	--------------	--------------------------	---------------------------------	--------------------------

REMINDER: If an employee is absent from work for a period greater than 3 days (not including the day of incident), there is a statutory requirement to notify the Health and Safety Executive.

An F2508 should be sent to the HSE, with a further copy forwarded to the Safety & Risk Department within 7 days of the incident. *Serious incidents/fatalities must be verbally reported to the Safety & Risk Department.*

REMINDER: This form holds personal and sensitive data. It must be stored securely and can be disposed of only as confidential waste.

London Ambulance Service
Location Alert Register Review Form & Checklist

PLEASE NOTE THIS FORM MUST BE FULLY COMPLETED TO KEEP AN ADDRESS ON THE LOCATION ALERT REGISTER

Location to be reviewed	Station																
Comment																	
Date of original LA277					Number of calls to location in past 12 months												
<p>Please detail below what actions have been undertaken to review the above address and attach all correspondence collated from external agencies.</p> <p>Please indicate whether any of the following sources of information have been used in the review</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Police <input type="checkbox"/></td> <td style="width: 50%;">Patient's GP <input type="checkbox"/></td> </tr> <tr> <td>Electoral Roll <input checked="" type="checkbox"/></td> <td>Mental Health Trust <input type="checkbox"/></td> </tr> <tr> <td>Social Services <input type="checkbox"/></td> <td>Other (please specify) <input style="width: 150px;" type="text"/></td> </tr> </table> <ul style="list-style-type: none"> ✓ If the review relates to a Category 1 & 2 contact must be made with MPS ✓ Has contact been made with the patient's GP in order to clarify if the patient has an underlying medical condition? ✓ Has contact been made with the appropriate agencies? ✓ Has a care management approach been taken if the review relates to a Category 4 address? 						Police <input type="checkbox"/>	Patient's GP <input type="checkbox"/>	Electoral Roll <input checked="" type="checkbox"/>	Mental Health Trust <input type="checkbox"/>	Social Services <input type="checkbox"/>	Other (please specify) <input style="width: 150px;" type="text"/>						
Police <input type="checkbox"/>	Patient's GP <input type="checkbox"/>																
Electoral Roll <input checked="" type="checkbox"/>	Mental Health Trust <input type="checkbox"/>																
Social Services <input type="checkbox"/>	Other (please specify) <input style="width: 150px;" type="text"/>																
<p>Please remove / keep this address on the Location Alert Register for the following reasons: (Circle appropriate response)</p> <p>If the address is to remain on the register please confirm the category of the address</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 15%; border: 1px solid black; padding: 2px;">Category 1</td> <td style="width: 10%; border: 1px solid black; text-align: center;"><input type="checkbox"/></td> <td style="padding-left: 10px;">Where a member of staff has actually been the subject of physical violence</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Category 2</td> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td> <td style="padding-left: 10px;">Where there has been a threat of weapons or verbal abuse with specific intimidation / threat</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Category 3</td> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td> <td style="padding-left: 10px;">Where a member of staff has been verbally abused</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Category 4</td> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td> <td style="padding-left: 10px;">Where a medical condition was a major factor in the incident</td> </tr> </table> <p>If the address is to remain on the register, please confirm if the crew have been informed <input type="checkbox"/> Y <input type="checkbox"/> N</p>						Category 1	<input type="checkbox"/>	Where a member of staff has actually been the subject of physical violence	Category 2	<input type="checkbox"/>	Where there has been a threat of weapons or verbal abuse with specific intimidation / threat	Category 3	<input type="checkbox"/>	Where a member of staff has been verbally abused	Category 4	<input type="checkbox"/>	Where a medical condition was a major factor in the incident
Category 1	<input type="checkbox"/>	Where a member of staff has actually been the subject of physical violence															
Category 2	<input type="checkbox"/>	Where there has been a threat of weapons or verbal abuse with specific intimidation / threat															
Category 3	<input type="checkbox"/>	Where a member of staff has been verbally abused															
Category 4	<input type="checkbox"/>	Where a medical condition was a major factor in the incident															
Print Name			Signature														
Job Title			Date														

Management Information Use only

Please see summary below of information compiled during a review of the above named location
(Please see original LA277, PRFs and call logs attached)

Name	
DOB	
GP details	
Illnesses	

Summary

Reviewed By

Date

Other information and helpful links

- Q. How do I contact MPS in my borough?**
- > Local Safer Neighbourhoods Team: <http://content.met.police.uk/Page/YourBorough>
- Q. How do I obtain GP details in order to ascertain if the patient has any underlying medical conditions?**
- > <http://www.royalmail.com/postcode-finder?gear=postcode>
 - > <http://www.nhs.uk/servicedirectories/Pages/ServiceSearch.aspx?ServiceType=GP>
 - > <http://www.nhs.uk/servicedirectories/Pages/PrimaryCareTrustListing.aspx>
 - > <http://www.nhs.uk/servicedirectories/Pages/CareTrustListing.aspx>
 - > <http://www.london.gov.uk/who-runs-london/london-boroughs/list-boroughs>
- Q. How do I contact the Local Community Mental Health Team to see if they are aware of this patient?**
- > <http://www.nhs.uk/servicedirectories/Pages/MentalHealthTrustListing.aspx>

Tick Box

Deleted from Location Alert Register	
Renewed and updated on Location Alert Register	
Moved to another area of locality information (specify which one)	

Date of change			Name of person making the change	
----------------	--	--	----------------------------------	--

LOCATION ALERT REGISTER - REVIEW PROCESS

To ensure the Trust complies with the requirements of the Data Protection Act 1998, the QGAM must review records periodically to confirm that the information is still relevant. The review will be undertaken every 12 months for each individual address on the register. Category 3 addresses will automatically be removed after 12 months unless there have been further instances of abuse.

- A LA277A (Review Form – Appendix 2) will be made available to the QGAM with details of the original incident, history of calls to the address and any other information regarding the particular address.
- The SEM should develop local contact networks with the MPS, Social Services, Primary Care, Mental Health and Acute Trusts in order to assist with the review process. All correspondence must be in writing and attached to the LA277A in order to prove what steps have been taken during the review.
- Contact must be made with the MPS for all Category 1 and 2 calls, this can be done through local contact networks or through the MET-Intel email address for the local borough
- Contact must be made with the GP in order to clarify if the patient has an underlying medical condition. This will also establish that this is the correct address for the patient. GP details should be noted in the LA277A if provided on the PRF. Where GP details are not known, contact the relevant CCG [www.england.nhs.uk/ccg-details /](http://www.england.nhs.uk/ccg-details/)
- Once contact has been made with the relevant agencies, depending on the information received, a reason is to be given as to why the address should be retained or removed and authorisation by the QGAM needs to be given
- All reviews should be sent back to the Operational Information and Archives Department. This must contain the LA277A and all written correspondence
- Where a review concludes that an address should be removed from the register, this will be done with immediate effect. MPS will also be notified for all Category 1 and 2 calls. All addresses being removed from the register should be sent a notification letter. See Appendix 11
- Where a review concludes that an address should be retained on the register, the address will be updated and remain flagged for a further 12 months. A notification letter should be sent to the address in question informing the occupier of the retention on the register. See Appendices 9, 10 and 11

* Paragraph 8 of Schedule 3 of the Data Protection Act (1998) states – “enables sharing of information where that is necessary for medical purposes and is carried out by medical professionals or others”

Category 1 and 2 letter template

ADDRESS ON REGISTER

DATE

Dear (Name) or Dear Sir/Madam

LA277 Reference: XXXX 999 call at XXXX on XXXX

I am writing to inform you that, further to the incident referred to above involving *abusive/violent* behaviour towards members of our staff, this address and your details have been placed on a Special Register. The information about this incident will be taken into account in the event that we receive a further request to attend the address.

Please note that the details of this incident have been passed to the Metropolitan Police, who may add it to their own records so they may support us in future visits to this address. The details of this information may also be shared with health and social care professionals and other public authorities in order to protect LAS staff or provide appropriate care.

This does not mean that you are being refused emergency treatment by the London Ambulance Service. If you require an emergency ambulance, you should continue to call 999 and ask for the Ambulance Service. However you should note that the Metropolitan Police will be called to support the LAS attendance at this address and this may result in a delay attending your address.

The register entry will be reviewed in 12 months, to decide whether this address and your details should remain on the register. You will be informed at that time if the address is to remain on the register for a further 12 months.

If you feel that this address and your details should not be on our Register or you have any other questions, or wish to pursue a complaint under the NHS complaints procedure, please contact our Patient Experiences Department at Units 1&2 Datapoint Business Centre, 6 South Crescent, London, E16 4TL.
Tel: 020 3069 0240, email patientexperiences@lond-amb.nhs.uk

Free and independent advocacy assistance is available from your local provider – for more information see <http://nhscomplaintsadvocacy.org/>

Please find enclosed the LAS Equalities Monitoring Form (07101). We would be grateful if you could complete this form and send it back to the Operational Information and Archive Department at LFB Headquarters, 169 Union Street, SE1 0LL

Yours sincerely

NAME: XXXXXXXXXXXXXXXXXXXX
Quality, Governance and Assurance Manager

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Category 3 letter template

ADDRESS ON REGISTER

DATE

Dear (Name) or Dear Sir/Madam

LA277 Reference: XXXX 999 call at XXX on XXXX

I am writing to inform you that, further to the incident referred to above, the attending ambulance staff have completed a Verbal Abuse Incident Form, which alleges that you acted in an anti-social manner to the attending ambulance staff.

Whilst we accept that we only have one account of the incident and that there may be extenuating circumstances that caused the incident, London Ambulance Service take the view that it is completely unacceptable that ambulance staff should be exposed to abuse at the hands of those they are trying to help. Such behaviour is unacceptable and will not be tolerated. I would therefore ask you to consider your behaviour on any future occasion that you may have the need to request an emergency ambulance.

We will hold a record of this notification for a period of 12 months. Should we receive a further report of anti-social behaviour on your part during that time, consideration will be given to issuing an Acknowledgement of Responsibilities Agreement with you. This will set out conditions under which we will provide a service to you.

This notice should be understood as a warning and does not mean that you are being refused emergency treatment by the London Ambulance Service. If you require an emergency ambulance, you should continue to call 999 and ask for the Ambulance Service.

If you feel that this notice is unwarranted or unfair or you have any other questions, or wish to pursue a complaint under the NHS complaints procedure, please contact our Patient Experiences Department at Units 1&2 Datapoint Business Centre, 6 South Crescent, London, E16 4TL. Tel: 020 3069 0240, email ped@londonambulance.nhs.uk Free and independent advocacy assistance is available from your local provider – for more information see <http://nhscomplaintsadvocacy.org/>

Please find enclosed the LAS Equalities Monitoring Form (07101). We would be grateful if you could complete this form and send it back to the Operational Information and Archive Department at LFB Headquarters, 169 Union Street, SE1 0LL

Yours sincerely

NAME: XXXXXXXXXXXXXXXXXXXX

Quality, Governance and Assurance Manager.

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Category 4 letter template
ADDRESS ON REGISTER

DATE

Dear (Name) or Dear Sir/Madam
LA277 Reference: XXXX 999 call at XXX on XXXX

I am writing to inform you that, further to the incident referred to above, the attending ambulance staff have completed an incident form, which alleges that you acted in an unacceptable manner. Therefore, this address and your details have been placed on a Special Register.

Whilst we accept that we only have one account of the incident and that there may be extenuating circumstances, London Ambulance Service take the view that it is completely unacceptable that ambulance staff should be exposed to such behaviour at the hands of those they are trying to help. Such behaviour is unacceptable and will not be tolerated. I would therefore ask you to consider your behaviour on any future occasion that you may have the need to request an emergency ambulance.

As an element of this incident may involve a pre-existing medical condition, it is strongly suggested that you seek an urgent consultation with your GP and or supervising clinician to ensure that your current care plan is fully up to date and that they are aware of this incident.

The register entry will be reviewed in 12 months, to decide whether this address and your details should remain on the register. You will be informed at that time if the address is to remain on the register for a further 12 months.

This notice should be understood as a warning and does not mean that you are being refused emergency treatment by the London Ambulance Service. If you require an emergency ambulance, you should continue to call 999 and ask for the Ambulance Service.

If you feel that this notice is unwarranted or unfair or you have any other questions, or wish to pursue a complaint under the NHS complaints procedure, please contact our Patient Experiences Department at Units 1&2 Datapoint Business Centre, 6 South Crescent, London, E16 4TL.
Tel: 020 3069 0240, email ped@londonambulance.nhs.uk
Free and independent advocacy assistance is available from your local provider – for more information see <http://nhscomplaintsadvocacy.org/>

Please find enclosed the LAS Equalities Monitoring Form (07101). We would be grateful if you could complete this form and send it back to the Operational Information and Archive Department at LFB Headquarters, 169 Union Street, SE1 0LL

Yours sincerely
NAME: XXXXXXXXXXXXXXXXXXXX
Quality, Governance and Assurance Manager

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Address of Clinician

XX/XX/XXXX

Dear Dr XXXX,

I am writing to you on behalf of the London Ambulance Service NHS Trust (LAS), regarding the following patient who I understand is registered with your practice.

Patient Name

Patient DOB

Patient NHS Number

Patient Address

On XX/XX/XXXX an LAS crew attended the above in response to a 999 call. (Please find enclosed a copy of the patient report form for your records). During the course of their duties, the crew have reported that the patient became abusive and/or aggressive towards them.

This unacceptable behaviour took the form of: XXXX

I understand that the patient may have an underlying medical problem which could be a contributory factor leading to this behaviour. **The crew have documented that the patient suffers with the following medical conditions: and/or that alcohol or drugs were involved in this case.** I am therefore asking if there is any current care plan for this patient, so that in the event of a further 999 call, we are able manage the patient in a manner that is safe for both them and our staff.

We are committed to working in partnership with other health and social care professionals to provide an optimum service for our patients and we feel it is essential in these types of cases to liaise with the patient's general practitioner, not only to seek their advice, but also to inform them of the incident. This should allow you as the patient's GP to undertake any additional assessment, treatment or referral to prevent a recurrence and to assist in the long term management of the patient and for us to work together so that we can manage the patient in the event of a further 999 call.

The patient's address is currently identified on our system as indicating there is a risk of the patient being abusive or aggressive towards an LAS crew, and I would value your opinion on whether you concur with that. Any attending ambulance staff will of course be expected to undertake a dynamic risk assessment on arrival at the patient's address. However, should the crew deem their safety to be at risk, they may decide to await further back-up from other LAS or police resources.

It would also be most helpful if you were able to confirm if behaviour of a similar nature has previously occurred and if you believe it to be attributable to the patient's medical condition. Given your knowledge of the patient and their medical history, it would also be useful if you were to offer advice if you feel this behaviour could reoccur and, if so, how it would be best managed or prevented. You may also feel it may be of help to provide the contact details of any other health or social care professionals responsible for the patient's care and we are amenable to participating in a case conference to discuss how the patient's emergency care needs can be best managed.

With that in mind, we are able to hold information about the patient's medical condition on our call management system which can be made available to an attending crew – we would of course make the patient aware of this. We are also able to hold a care plan with as much detail as is required to ensure the most appropriate care. This would be held securely within our system, and a crew would be able to discuss the care plan with a clinician working within our control room. Examples of care plans currently held include patients with significant mental health problems who have input from specialist services, and where it may be more appropriate for this service to be contacted instead of sending an emergency ambulance.

Thank you in advance for your time and support. Please do not hesitate to contact me if you have any queries.

Yours sincerely,

Name

Role

Contact details

Further Category 1 and 2 letter template

ADDRESS ON REGISTER

DATE

Dear (Name) or Dear Sir/Madam

LA277 Reference: XXXX 999 call at XXXX on XXXX

I write further to the letter you received informing you that this address had been placed on a Special Register in view of the above incident involving abusive/violent behaviour displayed towards members of our staff. A review has now been carried out and it has been decided that the address will remain on the register for a further 12 months.

Please note that the details of this incident have been passed to the Metropolitan Police, who may add it to their own records so they may support us in future visits to this address. The details of this information may also be shared with health professionals and other public authorities in order to protect LAS staff or provide appropriate care.

This does not mean that you are being refused emergency treatment by the London Ambulance Service. If you require an emergency ambulance, you should continue to call 999 and ask for the Ambulance Service. However you should note that the Metropolitan Police will be called to support the LAS attendance at this address and this may result in a delay attending your address.

The register entry will be reviewed in a further 12 months, to decide whether this address and your details should remain on the register. You will be informed at that time if the address is to remain on the register for a further 12 months.

If you feel that this address and your details should not be on our Register or you have any other questions, or wish to pursue a complaint under the NHS complaints procedure, please contact our Patient Experiences Department at Units 1&2 Datapoint Business Centre, 6 South Crescent, London, E16 4TL.

Tel: 020 3069 0240, email
ped@londonambulance.nhs.uk

Free and independent advocacy assistance is available from your local provider – for more information see <http://nhscomplaintsadvocacy.org/>

Yours sincerely

NAME: XXXXXXXXXXXXXXXXXXXX
Quality, Governance and Assurance Manager

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Further Category 3 letter template

ADDRESS ON REGISTER

DATE

Dear (Name) or Dear Sir/Madam

LA277 Reference: XXXX 999 call at XXX on XXXX

I write further to the letter you received informing you that this address had been placed on a Special Register in view of the above incident involving anti-social behaviour displayed towards members of our staff. A review has now been carried out and it has been decided that the address will remain on the register for a further 12 months.

Whilst we accept that we only have one account of the incident and that there may be extenuating circumstances that promoted the incident, London Ambulance Service take the view that it is completely unacceptable that ambulance staff should be exposed to abuse at the hands of those they are trying to help. Such behaviour is unacceptable and will not be tolerated. I would therefore ask you to consider your behaviour on any future occasion that you may have the need to request an emergency ambulance.

We will hold a record of this notification for a period of 12 months. Should we receive a further report of anti-social behaviour on your part during that time, consideration will be given to issuing an Acknowledgement of Responsibilities Agreement with you. This will set out conditions under which we will provide a service to you.

This notice should be understood as a warning and does not mean that you are being refused emergency treatment by the London Ambulance Service. If you require an emergency ambulance, you should continue to call 999 and ask for the Ambulance Service.

If you feel that this notice is unwarranted or unfair or you have any other questions, or wish to pursue a complaint under the NHS complaints procedure, please contact our Patient Experiences Department at Units 1&2 Datapoint Business Centre, 6 South Crescent, London, E16 4TL.

Tel: 020 3069 0240, email ped@londonambulance.nhs.uk

Free and independent advocacy assistance is available from your local provider – for more information see <http://nhscomplaintsadvocacy.org/>

Yours sincerely

NAME: XXXXXXXXXXXXXXXXX

Quality, Governance and Assurance Manager

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Further Category 4 letter template

ADDRESS ON REGISTER

DATE

Dear (Name) or Dear Sir/Madam

LA277 Reference: XXXX 999 call at XXX on XXXX

I write further to the letter you received informing you that this address had been placed on a Special Register in view of the above incident involving abusive/violent behaviour displayed towards members of our staff. A review has now been carried out and it has been decided that the address will remain on the register for a further 12 months.

Whilst we accept that we only have one account of the incident and that there may be extenuating circumstances that promoted the incident, London Ambulance Service take the view that it is completely unacceptable that ambulance staff should be exposed to such behaviour at the hands of those they are trying to help. Such behaviour is unacceptable and will not be tolerated. I would therefore ask you to consider your behaviour on any future occasion that you may have the need to request an emergency ambulance.

As an element of this incident may involve a pre-existing medical condition, it is strongly suggested that you seek an urgent consultation with your GP and or supervising clinician to ensure that your current action plan is fully up to date and that they are aware of this incident.

The register entry will be reviewed in 12 months, to decide whether this address and your details should remain on the register. You will be informed at that time if the address is to remain on the register for a further 12 months.

This notice should be understood as a warning and does not mean that you are being refused emergency treatment by the London Ambulance Service. If you require an emergency ambulance, you should continue to call 999 and ask for the Ambulance Service.

If you feel that this notice is unwarranted or unfair or you have any other questions, or wish to pursue a complaint under the NHS complaints procedure, please contact our Patient Experiences Department at Units 1&2 Datapoint Business Centre, 6 South Crescent, London, E16 4TL.

Tel: 020 3069 0240, email ped@londonambulance.nhs.uk

Free and independent advocacy assistance is available from your local provider – for more information see <http://nhscomplaintsadvocacy.org/>

Yours sincerely

NAME: XXXXXXXXXXXXXXXXXXXX

Quality, Governance and Assurance Manager

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Removal letter template for all categories

ADDRESS ON REGISTER

DATE

Dear *(Name)* or Dear *Sir/Madam*

LA277 Reference: XXXX

999 call at XXXX on XXXX

I write to confirm that following a review, your address has been removed from our Special Register.

If you have any questions about this, please contact our Patient Experiences Department at Units 1&2 Datapoint Business Centre, 6 South Crescent, London, E16 4TL.

Tel: 020 3069 0240

Email: ped@londonambulance.nhs.uk

Free and independent advocacy assistance is available from your local provider – for more information see <http://nhscomplaintsadvocacy.org/>

Yours sincerely

NAME: XXXXXXXXXXXXXXXXXXXX

Quality, Governance and Assurance Manager

LAS Equalities Monitoring Form**LAS Equalities Monitoring Form**

As an NHS Trust, London Ambulance Service is constantly striving to improve the quality of the services we offer our patients and customers. Knowing the equalities profile of the communities we serve will help us ensure our services are suitable and accessible for all. Any information you provide will be kept confidential under data protection rules and used to plan where we need to focus our resources in the future.

What is your gender?

- Female
- Male
- Other
- Prefer not to say

What is your age range?

- | | | | |
|---------|--------------------------|-------------------|--------------------------|
| 00 – 15 | <input type="checkbox"/> | 55 – 64 | <input type="checkbox"/> |
| 16 – 24 | <input type="checkbox"/> | 65 – 74 | <input type="checkbox"/> |
| 25 – 34 | <input type="checkbox"/> | 75 – 84 | <input type="checkbox"/> |
| 35 – 44 | <input type="checkbox"/> | | |
| 45 – 54 | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |

Do you have a disability?

- Yes
- No
- Prefer not to say

What is your ethnic group?**Asian or Asian British**

- Bangladeshi
- Indian
- Pakistani
- Any other Asian background, please state:
-

Black or Black British

- African
- Caribbean
- Any other black background, please state:
-

Chinese or other ethnic group

- Chinese
- Any other ethnic group, please state:
-

Mixed

- White and Asian
- White and Black African
- White and Black Caribbean
- Any other mixed background, please state:
-

White

- British
- Irish
- Any other white background, please state:
-

Prefer not to say

How would you describe your sexual orientation?

Do you have a religion or belief?

No Yes

If yes, please tick the relevant box below:

- | | | | |
|--------------|--------------------------|----------------|--------------------------|
| Baha'i | <input type="checkbox"/> | Islam | <input type="checkbox"/> |
| Buddhism | <input type="checkbox"/> | Jainism | <input type="checkbox"/> |
| Christianity | <input type="checkbox"/> | Judaism | <input type="checkbox"/> |
| Hinduism | <input type="checkbox"/> | Rastafarianism | <input type="checkbox"/> |
| Humanism | <input type="checkbox"/> | Sikhism | <input type="checkbox"/> |
| | | Zoroastrianism | <input type="checkbox"/> |

Any other religion or belief, please state:

Prefer not to say

- | | |
|------------------------------|--------------------------|
| Bisexual person | <input type="checkbox"/> |
| Gay man | <input type="checkbox"/> |
| Heterosexual/straight person | <input type="checkbox"/> |
| Lesbian/Gay woman | <input type="checkbox"/> |

Other sexual orientation, please state:

Prefer not to say

LA277 Ref Number: _____

Thank you for completing this form

Location Alert Address Dynamic Risk Assessment Quick Guide

The Location Alert Register provides information relating to incidents of previous aggression to LAS staff. When attending these addresses consider the following:

- ~ Category of Alert1 - History of physical violence
- ~ 2 - Previous direct threat of violence or specific intimidation
- ~ 3 - History of verbal abuse
- ~ 4 - Medical condition contributes to aggression

- Obtain Location Alert address information from EOC
- Arrive on scene
- Identify the current threat

Consider the information presented on the current call. Ask EOC for clarification of the nature of the call and to identify if the subject of the Location Alert Register is present

Is there a direct threat to you now? What is that threat? Check the scene request information from neighbours or family members. Find out what is occurring.

Make a judgement based upon all this information whether it is wise to approach

- Describe the nature of the threat

Pass this information to EOC. This must be based on what is actually happening on scene and not what was on the locality information.

- Evaluate the risks

Is there is a direct threat to you now? Withdraw and seek urgent Police assistance. If there is no direct threat. Approach with caution and attempt to make contact with and treat the patient.

- Constantly review the risk at each step

*If there is no evidence of risk following your assessment patient treatment **MUST NOT** be delayed. Do not wait for the police before treating the patient. Keep EOC informed of your actions.*

Staff safety is paramount and staff should not put themselves at risk. It is very important that if you are directly threatened, you do not put yourself in danger but withdraw and call the police. However we do need to balance this against the need to maintain timely and appropriate care to patients and we must take each case on its own merits. We must ensure that decisions to withhold service are reasonable, necessary and proportionate in the circumstances. Any decisions may need to be justified at a later date but ultimately it is the decision of staff on scene to make, as to whether to proceed with caution or to await the arrival of police.

Examples of scenarios in which data sharing would be acceptable are:

- The LAS has a routine meeting with the MPS to discuss Location Alert Addresses in general

The MPS already have the Location Alert Register data so it is acceptable to provide a list of Category 1 and 2 addresses (and addresses in category 4 which have been notified to the MPS).

- The LAS has a routine meeting with Social Services, a Mental Health Trust or another public authority to discuss Location Alert Addresses in general

It is acceptable to provide details of Location Alert Addresses in Categories 1, 2 or 4 where the discussion is such that it relates to protecting LAS staff or to providing appropriate care. The public authority must understand that the information is being provided to them in confidence.

- The LAS attend a meeting with the MPS, Social Services, healthcare professionals and/ or other public authorities where specific problems of crime or health in a defined area are being discussed

It is acceptable to provide details of Location Alert Addresses in categories 1, 2 or 4 where the discussion is such that it relates to protecting LAS staff or to providing appropriate care. The public authority must understand that the information is being provided to them in confidence.

- The LAS attend a meeting with the MPS, social services, healthcare professionals and/ or other public authorities to discuss specific addresses to review whether these should remain on the register

This is envisaged within this Location Alert Address Register policy and is appropriate.