**STAKEHOLDER(S) NAME & ADDRESS**

(DATE)

Dear (NAME)

**RE: (Insert Service Provider name + setting name / address).**

We have received information that the standard of service provided at the above service / setting(s) may be below expectations.

A group of professionals have met to discuss this information and to put in place any initial actions to ensure that people are safe.

We intend to meet with the person responsible for this service to discuss our findings on (DATE).

At this meeting, we will look at all of the available information, hear what the service provider has to say and make a decision whether this service meets our criteria for being given ‘escalating concerns’ status. This means that we will require the service provider to take action to improve standards of service. It is also possible that immediate action will remedy any concerns, so that the service will not be placed within the ‘escalating concerns’ process.

**We would like to give you an opportunity to provide us with any information from your perspective, about what the service is doing well and / or any concerns that you may have.** This will inform our discussions with the provider and our decision about the status of the service.

Whatever the outcome of the meeting, please be assured that you can contact us at any time about the service you / your relative receives and that we will continue to monitor the standards of quality and safety that the service offers. You will be kept informed in the event of any further concerns

Please contact us to share any infromation via:

[NAME, EMAIL, PHONE, WEBADDRESS OF POINTCONTACT]

Please do not heistate to inform us if you experience any concerns, complaints or dificulties with this service. This enables us to respond quickly and effectively to increasing concerns in an effort to work with the service provider to maintain service sdtandards

I would like to take the opportunity to thank you for working with us

Yours sincerely,

NAME

Designation

Address