**STAKEHOLDER(S) NAME & ADDRESS**

(DATE)

Dear (NAME)

**Notification of escalating concerns at (Insert Service Provider name + setting name / address).**

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

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

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

Prior to this meeting, we wrote to people receiving support and their relatives to ask for any other information that we should consider about the service; including what the service does well and any concerns or complaints.

Taking account of all of the available information, including information from the service provider themselves, we have concluded our risk assessment and want to inform you **that this service meets our criteria for being given ‘escalating concerns’ status.**

Our concerns relate to:

* [SUMMARISE]
* [SUMMARISE]

**This ‘status’ means that we require the service provider to take corrective action to improve standards of service.**

Please be assured that and that we are actively monitoring the standards of quality and safety that the service offers, we are safeguarding any people at risk and are working with the provider to support necessary improvements.

You will be kept informed of progress in this matter and you can contact us at any time about the service you / your relative receives.

Yours sincerely,

NAME

Designation

Contact details (address, email, phone)

**STAKEHOLDER(S) NAME & ADDRESS**

(DATE)

Dear Colleague,

**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 we intend to meet with the person responsible for this service to discuss the findings on (insert date)

(EITHER) We have met with the person responsible for this service to discuss the findings and have determined that this service meets our ‘increasing or escalating concerns’ threshold.

Recent observation / feedback from colleagues and partners has indicated that the standard of service provided at the above setting(s) may have fallen below acceptable standards.

I / we wish to collate the views of colleagues and partners who have recently visited this / these setting(s) in order to determine whether there is cause for concern and to decide upon the appropriate course of action to follow.

Please complete and return the accompanying ‘Professional Feedback Form’ to me by (DATE) so that we may determine the appropriate course of action to take.

Please note that should the feedback I / we receive indicate that there is cause for concern with this service the North Wales Escalating Concerns Procedure will be implemented and I / we will inform you of this.

Please do not hesitate to contact the undersigned if you require further information at this stage.

Thank you for your support.

Best wishes,

NAME

Designation

Full contact details & Address