**NAME & ADDRESS OF SERVICE PROVIDER**

(DATE)

Dear XXXX

**RE: Escalating Concerns Procedure at: (Insert Service Provider name + Setting name / address).**

Further to the Service Provider Escalating Concerns meeting/s held on (**insert date / s);** weagreed that all significant and/or substantial risks to the safety and wellbeing of people receiving a service and / or their quality of life have been adequately mitigated.

We have recorded the actions in your (**insert DAP / CAP / DAP&CAP**) ***as completed / or having sufficiently mitigated the identified risk(s)***.

We therefore have pleasure in confirming that the escalating concerns procedure has formally been closed.

As discussed within our meeting, additional monitoring may still be required in the short term (***timescale to be advised*)** to ensure sustainability of the changes you have successfully brought about following our risk assessment and your action plan

If you experience any further dificulties in maintaining standards of quality and / or safety, it is imperative that as commissioners we hear directly from you. This enables us to work together in partnership in an effort to minimise increasing / escalating concerns as we would want to avoid your service meetimng the Escalating Concerns threshold again in the future.

We would like to take the opportunity to thank you for working with us to ameliorate the concerns raised. We hope that this has been a posiotive experience for you as we work together to achieve the best possible care for people receiving care and support

Please don’t hesitate to contact me on the details below should you require any additional information

Yours sincerely,

NAME

**Designation**

***Address:***