

# **PPP escalation report template**

#### Laboratory

Head of department	
Position	
Hospital	
Address 1	
Address 2	
Address 3	
Postcode	
Email address	
Telephone	
Laboratory identifier(s)	

#### EQA provider details

External quality assessment (EQA) provider	
Organisations	
Address 1	
Address 2	
Address 3	
Postcode	
Organiser name	
Email address	
Telephone	
EQA provider UK Accreditation Service (UKAS) number	



280923

PG

**INVESTORS IN PEOPLE®** 1 V11 Final We invest in people Standard

Programme / analyte	
Date of escalation	
Situation	
Destaurant	
Background	
Actions and responses	
Recommendations	

# EQA provider report to National Quality Assurance Advisory Panel (NQAAP)



# NQAAP report

NQAAP name	
NQAAP chair	
Date received	
Date reviewed	
NQAAP members involved	
NQAAP member responsible	
UKAS number	
Background	
Actions and responses	
Recommendations and outcomes Escalated to Quality Assurance in	
Pathology Committee (QAPC)	



# QAPC report

QAPC chair	
Date received	
Date reviewed	
QAPC members involved	
Other areas of concern for this lab	
Situation	
Background	
Actions and responses	
Recommendations and outcomes	



Date notified to UKAS	
Date escalated to Medicines & Healthcare products Regulatory Agency (MHRA)	
Date escalated to Care Quality Commission (CQC)/ Healthcare Inspectorate Wales (HIW)/ Healthcare Infection Society (HIS)/ Regulation and Quality Improvement Authority (RQIA) (circle appropriate)	

# CQC report - item subject to discussion and agreement with CQC

CQC chair	
Date received	
Date reviewed	
CQC members involved	
Other areas of concern for this organisation	
Situation	
Background	



Actions and responses	
Actions and responses	
December detions and extension	
Recommendations and outcomes	

# Outcome and lookback review led by NQAAP

Review chair	
Stakeholders involved	
Date of review	
Outcome	
Lookback	



Patient safety concerns	
Lessons learnt and their dissemination	

# Closure of investigation by NQAAP

Date of outcome feedback to EQA provider	
EQA provider comments	
Any further actions required prior to closure?	
Date of closure	
Signature	
Name	
Position	



#### Attachments

Number	Provided by	Description
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		



8