**HSE National Patient Safety Alert (NPSA) Action Plan Template**

|  |  |  |  |
| --- | --- | --- | --- |
| **Local Service:** |  | | |
| **HSE NPSA Officer** |  | **HSE Responsible Person** |  |
| **HSE NPSA Title:** |  | **HSE NPSA Reference number:** |  |
| **Date HSE NPSA issued** |  | **Area(s) / Speciality(ies) HSE NPSA applies to**  **(list all)**  **e.g. Obstetric Services, Stores, Pharmacy** |  |
| **HSE NPSA Priority** |  |
| **HSE NPSA Deadline** |  |
| **Date HSE NPSA closed on QPS e-Alert system** |  |
| **Date HSE NPSA notified to local QPS Committee** |  |

**\*\*Where the HSE NPSA requires an action please complete the following table and monitor at QPS committee until completion of all actions\*\***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Action Required** | 1. **Evidence for compliance**   **or**   1. **Reason(s) for non-compliance** | **Responsible person(s)** | **Completion date** | **How was change communicated to relevant stakeholders?** |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  | . |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Governance and Assurance sign-off** | **Outcome** | **Further recommendations** | **Date Completed and Signed Off** |
| Local Quality & Patient Safety Committee |  |  |  |
| Additional Committee oversight/lead  (Medication Safety, Occupational Safety, etc.)  Include Local and Regional Committees |  |  |  |
|  | | | |
| Has this HSE NPSA been added to a Risk Register? | Yes □ | No □ |  |
| If Yes; please give details | Local Risk Register Yes □ Reference No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Risk Rating: \_\_\_\_\_\_\_\_\_\_\_  Area Risk Register Yes □ Reference No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Risk Rating: \_\_\_\_\_\_\_\_\_\_\_ | | |

Closed Out – Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_