SOP36
Review and Implementation of National Patients Safety Alerts (NatPSA) Procedure

Appendices

Appendix	Details
Appendix 1	Review and Implementation of National Patients Safety Alerts (NatPSA) Procedure
Appendix 2	Gap analysis / action plan template

1.0 Procedure Statement

The purpose of this procedure is to ensure that there are robust processes in place for the review and implementation of National Patients Safety Alerts (NatPSA) to satisfy the following requirements.

- The Trust database is kept up to date and monitored appropriately.
- The Trust can provide assurance to commissioners of due process.
- There will be a standardised approach to the review, implementation, and compliance of NatPSA recommendations.
- All other safety notices will be managed via specialist leads processes i.e. MHRA, Field Safety Notices, Drug Supply Issues.

2.0 Definitions

2.1 CAS (The Central Alerting System)

The Central Alerting System (CAS) is a web-based cascading system for issuing patient safety alerts to healthcare providers.

2.2 National Patient Safety Alert (NatPSA)

NatPSAs are official notices giving instructions to NHS bodies on how to prevent risks which might cause serious harm or death.

3.0 Accountabilities

3.1 Trust Board

The Trust Board is responsible for ensuring that the Trust complies with relevant national best practice and mandatory standards published as NatPSA.

3.2 The Chief Executive (CEO)

The CEO is responsible for ensuring that NatPSA recommendations are effectively and efficiently managed.

3.3 Chief Medical Officer is responsible for assessing the relevance of the NatPSA to the Trust and ensuring that there is an appropriate nominated lead/s as applicable.

3.4 The Nominated Lead/s are responsible for reviewing the NatPSA submitting a response within timescales and for providing timely updates for any gaps identified to completion.

3.5 The Assurance Team Officer will be alerted to or will search the Central Alert System (CAS) for new publications and must disseminate the NatPSA and relevant documents to nominated lead/s for a response.

3.6 Quality and Safety Advisory Group (QSAG) is responsible for the monitoring and review of compliance with NatPSAs relevant to the Trust including gap analysis reports and progress against action plan.

Directorate to ensure any applicable actions identified are undertaken within the timescales.

Divisional Management Teams to ensure oversight on implementation of applicable NatPSAs.

4.0 Procedure Detail / Actions

This procedure refers to central monitoring of all NatPSA in line with appendix 1.

A regular report on compliance with NatPSAs will be taken to Quality and Safety Advisory Group.

Directorates will escalate any local guidance that may require review by Divisional Management Team, and, if required, the Divisional Management Team will escalate to Quality and Safety Advisory Group

4.1 Assessing the financial implications

Where there is a financial impact regarding implementation of the **NatPSA** the relevant lead/service management team will follow the Trust Business case approval process.

5.0 Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources	No
2	Does the implementation of this policy require additional revenue resources	No
3	Does the implementation of this policy require additional manpower	No
4	Does the implementation of this policy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff	No

6.0 Equality Impact Assessment

This Procedure has been assessed as not affecting the equality and diversity of any one group or person. Implementation of accountabilities and responsibilities applies to all staff.

7.0 Maintenance

The NatPSA Procedure will be reviewed every 3 years.

8.0 Communication and Training

Communication of this Procedure will be through the following routes:

- Trust Intranet policies and procedures available to staff.

9.0 Audit Process

NatPSA status will remain open until the necessary actions have been completed and approval of closure has been made by the CMO.

Criterion	Lead	Monitoring	Frequency	Committee / Group
NatPSA compliance	Assurance Team Officer	Central database system	6 monthly	Quality & Safety Advisory Group

10.0 References

NHS England » Our National Patient Safety Alerts

CQC Key Question Safe – We Statement – Learning Culture

Part A - Document Control

Operational Procedure reference: Previously Appendix 23 of HS01 Management of Health & Safety SOP36 Version 1.0	**Operational Procedure Title:** Review and Implementation of National Patient Safety Alerts Procedure		**Status:** Final	**Author:** **Group Deputy Director of Assurance – Cody Long** **Chief Officer Sponsor:** Group Director of Assurance
Version / Amendment story	**Version**	**Date**	**Author**	**Reason**
	1.	August 2025	Group Deputy Director of Assurance	National Patient Safety Alerts procedure update (Appendix 1) and now a standalone SOP Previously Appendix 23 of HS01 Management of Health & Safety

Intended Recipients: All staff	
Consultation Group / Role Titles and Date: July 2025 Cody Long, Deputy Director of Assurance Maria Arthur, Deputy Director of Assurance Michelle Metcalfe, Deputy Director of Assurance Tajender Athwal, Quality Assurance Lead Sue Hickman, Compliance Manager	
Name and date of Trust level committee where reviewed	Trust Policy Group - September 2025
Name and date of final approval committee	Trust Policy Group - September 2025
Date of Procedure issue	September 2025
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated)	September 2028 (3 years)

Training and Dissemination:

Communication of this procedure will be through the following routes:

Management Team Members: to agree and advise all Directorates and Departments of its implementation.

Trust Intranet Policies – Available to staff.

Publishing Requirements: Can this document be published on the Trust's public page:

Yes

If yes you must ensure that you have read and have fully considered it meets the requirements outlined in sections 1.9, 3.7 and 3.9 of OP01, Governance of Trust-wide Strategy/Policy/Procedure/Guidelines and Local Procedure and Guidelines, as well as considering any redactions that will be required prior to publication.

To be read in conjunction with:

ST_Governance_and_Risk_Management_Enabling_Strategy .pdf

OP10 Risk Management and Patient Safety Reporting Policy

Initial Equality Impact Assessment (All policies): Completed Yes

Full Equality Impact Assessment (as required): Completed Yes

If you require this document in an alternative format e.g., larger print please contact Central Governance Department on Ext 5114.

Contact for Review	Group Deputy Group Director of Assurance
Implementation plan / arrangements (Name implementation lead)	Group Deputy Director of Assurance
Monitoring arrangements and Committee	Quality and Safety Advisory Group (QSAG)

Document summary / key issues covered:

This procedure document states the Royal Wolverhampton NHS Trust requirements for review and implementation of NatPSA

Key words for intranet searching purposes	NatPSA

High Risk Policy? **Definition:** • Contains information in the public domain that may present additional risk to the public e.g., contains detailed images of means of strangulation. • References to individually identifiable cases. • References to commercially sensitive or confidential systems. If a policy is considered to be high risk, it will be the responsibility of the author and chief officer sponsor to ensure it is redacted to the requestee	**No**

VALIDITY STATEMENT

This document is due for review on the latest date shown above. After this date, policy and process documents may become invalid. The electronic copy of this document is the only version that is maintained. Printed copies must not be relied upon to contain the latest updates and amendments.

The Royal Wolverhampton NHS Trust

Central Alert System (CAS) Process

Emails received to Safety-Alert-Notifications inbox

REQUIRES ACTION ON CAS WEBSITE & DATABASE

National Patient Safety Alert (NatPSA) or Serious Hazards of Transfusion (SHOT)
full details published on CAS website

Admin updates response status to 'Acknowledged' on CAS website (*within 3 days*)
then forwards to CMO to nominate Trust Lead(s)
Upon response, update status as per below on 3rd day.

'Assessed – not relevant to organisation's services'

Admin updates CAS Response status & InPhase as above

'Assessed - relevant to organisation's services'

Admin creates action plan (Appendix 2), forwards with alert to email **address where relevant & allocates on InPhase** Lead(s), cc Governance Officer (GO), **MSO & Pharmacy email address where applicable** and **updates CAS response status** as above

Monitored by Directorate Governance Officer (GO), overseen by Division to ensure Lead responds within timescales

Admin asks Comms to publish alert on intranet

Lead(s) forwards completed action plan within CAS timescales to rwh-tr.safety-alert-notifications@nhs.net for scrutiny

Admin requests authorisation of closure from CMO

CMO approves closure of alert on CAS

Admin updates CAS Response status to 'Action Completed'

ADMIN FOLLOW UP WITH GO 2 WEEKS PRIOR TO DEADLINE IF NO RESPONSE RECEIVED (*depending on timescales*)

Lead(s) forwards incomplete action plan providing actions required and timescales to **rwh-tr.safety-alert-notifications@nhs.net**

Admin escalates to CMO on breach of CAS and updates CAS. Exception Report to QSAG if unable to complete actions, please contact the alert issuer. *(NatSPAs to be discussed on relevant committees where the appropriate executive sits on/chairs)*
CAS Response status to remain as 'Assessed relevant to organisation services'. Update Response notes with actions not met and timescale for closure.

Outstanding actions added to Data system by Admin - monitored by GO to **completion and Divisional sign off**

Governance Officer updates Data system

CAS ALERT		**ISSUE DATE**	
REFERENCE		**CAS DEADLINE**	
TRUST LEAD(S)		**INTERNAL DEADLINE**	

This alert is for action by:

ACTIONS (FROM ALERT)	ACTION LEAD/S	ACTION UPDATE	ACTION DEADLINE