

## Equality Impact Assessments (EqIA) Screening Tool to decide if an EqIA is needed

### 1. What is your Service Area and Directorate?

Service area: Health and Safety

Directorate: Nursing Directorate

Name of Initiative: Incident Reporting & Investigation Procedure

### 2. What initiative are you screening for relevance to equality?

New Service ☐

Service Review ☐

Service change ☐

Strategy ☐

Policy ☒

Other

*Please write in:*

Project ☐

Care pathway ☐

Financial decision/

Efficiency saving ☐

### 3. Please give a brief description of the initiative including the aims, objectives, who will be affected and what you are trying to achieve

*Please write in*

This Procedure has been introduced to ensure that all incidents, near misses are reported, recorded and an appropriate investigation undertaken. The reporting of incidents is the first important step in ensuring that actions are identified and lessons learnt/shared to avoid reoccurrence.

The primary purpose of incident reporting is to provide an opportunity for learning for the individual and for the Health Board, which will contribute to continuous improvement.

### 4. What does the initiative mainly relate to?

Direct frontline service delivery e.g. face to face contact with service users



*Please explain why*

Incident reporting is a key aspect of the process of the identification of risks and is the responsibility of all staff. Accurate and concise completion of forms is essential to ensure the effectiveness of the system.

The Health Board seeks to promote an open reporting culture with a focus that encourages staff to look critically at their own action and those of their teams, with an emphasis on learning and not blame. However, serious breaches of professional practice, raised as part of an incident report cannot be ignored, but every effort will be made following an investigation, to utilise counselling and/or capability process rather than the disciplinary procedure.

Indirect front line service delivery e.g. support service provided at a distance ☒

*Please explain why*

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Indirect back room service delivery e.g. support service with no patient contact ☒

*Please explain why*

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**5. Would this initiative be delivered in partnership with other public sector partner organisations or contractors?**

Yes ☐

No ☒

**6. What is the potential impact on the following groups of people including patients or the wider community?**

Group	High Negative	Medium Negative	Low negative	Neutral	Positive	Unknown
Different racial groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Please describe what existing evidence you have for your assessment</i>					
Different age groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Please describe what existing evidence you have for your assessment</i>					
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Please describe what existing evidence you have for your assessment</i>					
Men, women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Please describe what existing evidence you have for your assessment</i>					

Group	High Negative	Medium Negative	Low negative	Neutral	Positive	Unknown
People with disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Please describe what existing evidence you have for your assessment</i>					
Different religions or beliefs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Please describe what existing evidence you have for your assessment</i>					
Different sexual orientations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Please describe what existing evidence you have for your assessment</i>					
Gender reassignment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Please describe what existing evidence you have for your assessment</i>					
Welsh language speakers	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Please describe what existing evidence you have for your assessment</i>					
Pregnant women/women who have recently given birth to children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Please describe what existing evidence you have for your assessment</i>					

Group	High Negative	Medium Negative	Low negative	Neutral	Positive	Unknown
Marital or civil partnership status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Please describe what existing evidence you have for your assessment</i>					
Carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Please describe what existing evidence you have for your assessment</i>					
Different socio-economic groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Please describe what existing evidence you have for your assessment</i>					

### 7. What is the potential impact on staff?

Staff Group	High Negative	Medium Negative	Low negative	Neutral	Positive	Unknown
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Please describe what existing evidence you have for your assessment</i>					

### 8. What is the potential impact on the Human Rights of individuals and in particular to the principles of:

Principle	High Negative	Medium Negative	Low negative	Neutral	Positive	Unknown
Dignity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Please describe what existing evidence you have for your assessment</i>					
Respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Please describe what existing evidence you have for your assessment</i>					
Fairness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Please describe what existing evidence you have for your assessment</i>					
Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Please describe what existing evidence you have for your assessment</i>					

**9. How visible is this initiative to the general public?**

High visibility to general public ☐  
Medium visibility to general public ☐  
Low visibility to general public ☒

**10. Does this proposal identify potential negative impacts?**

Yes ☐ No ☒ Unable to decide ☐

If yes

*Please explain why. Have you fully mitigated these in your plans? If there are residual issues, you will need to proceed to a full EqIA*

If no

*Please explain why and attach an action plan, **if necessary**, indicating how you will ensure that you will have enough information to review this decision in the future.*

Incident reporting is a core element of quality performance management and is included as a standing item on the agenda for the Health and Safety Operational group.

If unable to decide

*Please explain why and indicate what steps you are going to take to be able to reach a conclusion either way.*

**11. Decision**

Full EqIA required ☐ Full EqIA not required ☒

**12. Sign off**

Assessment team

- a. Mark Parsons
- b.
- c.
- d.

Lead for the initiative: Mark Parsons

Signature:

Date: 27 January 2020