

Reference Number: UHB 138 Version Number: 3	Date of Next Review: 18 th Sep 2021 Previous Trust/LHB Reference Number:
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INCIDENT, HAZARD AND NEAR MISS REPORTING POLICY

Policy Statement

To ensure the Health Board delivers its aims, objectives, responsibilities and legal requirements transparently and consistently, we are committed to the health, safety and welfare of its staff, patients, visitors and all users of its premises and services, and its impact on the environment by being pro-active in its approach to reduce the number of untoward incidents.

We consider that it is essential that all incidents, near misses and hazards are reported so that appropriate action can be taken to try to prevent their reoccurrence, improve the environment, patient experience and services where appropriate action can be taken to reduce risk of recurrence.

The Policy defines Incidents, Hazards and Near misses:-

- **Incident**

An *Adverse Incident* is defined as “any unplanned event that resulted in, or had the potential to result in, an injury or the ill health of any person, or the loss of, or damage to, property”

A patient safety incident is defined as “any unintended or unexpected incident which could have or did lead to harm for one or more patients receiving NHS funded care”. (National Patient Safety Agency, 2011).

- **Hazard**

A hazard is a source of potential harm or damage or a situation with potential for harm or damage.

- **Near Miss**

A *near miss* is an occurrence, which but for the luck or skilful management would in all probability have become an incident.

- **Serious Incident**

A serious incident is defined as an incident that occurred during NHS funded healthcare (including in the community), which resulted in one or more of the following:

- unexpected or avoidable death or severe harm of one or more patients, staff or members of the public;

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- a Never Event – all Never Events are defined as Serious Incidents although not all Never Events necessarily result in severe harm or death;
- a scenario that prevents, or threatens to prevent, an organisation's ability to continue to deliver healthcare services, including data loss, property damage or incidents in population programmes like screening and immunisation where harm potentially may extend to a large population;
- allegations or incidents, of physical abuse and sexual assault or abuse; and/or
- loss of confidence in the service, adverse media coverage or public concern about healthcare or an organisation.

We encourage an open and just culture. The aim of reporting and investigating incidents, near misses and hazards is not to blame but rather learn from the event and to minimise risk of reoccurrence.

Policy Commitment

To ensure that all adverse incidents, near misses and hazards are reported and managed appropriately and effectively within a supportive sound governance-framework.

To promote a culture in which incidents are reported and investigated appropriately and to ensure that lessons can be learnt from adverse incidents and near misses to promote the continued improvement of staff and patient safety and well-being.

To enable the UHB to comply fully with legislation and mandatory requirements in relation to incident reporting

Supporting Procedures and Written Control Documents

- Incident, Hazard and Near Miss Reporting Procedure
- Health and Safety Policy
- Policy for Reporting Research Related Events
- Being Open Policy
- Records Management Policy
- Risk Management Policy

Other supporting documents are:

- Procedure on Reporting Research Related Adverse Events
- Risk Assessment and Risk Register Procedure
- Investigation Procedure

Scope

This policy applies to all staff employed by the UHB, including those with honorary contracts. It also applies to students and locum/agency staff working within UHB

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facilities/under contract to the UHB.

This Policy also applies to contractors who have a statutory responsibility to report accidents that have occurred on UHB sites.

Equality and Health Impact Assessment	An Equality and Health Impact Assessment (EHIA) has been completed and this found there to be no impact
Policy Approved by	Health and Safety Committee
Group with authority to approve procedures written to explain how this policy will be implemented	Operational Health and Safety Group Clinical Board Health and Safety Groups and Patient Quality and Safety Groups
Accountable Executive or Clinical Board Director	Director of Corporate Governance Executive Director of Nursing

Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the [Governance Directorate](#).

Summary of reviews/amendments			
Version Number	Date Review Approved	Date Published	Summary of Amendments
1	18/09/12	26/09/12	Trust Incident Reporting and Investigation Procedure reviewed and updated. Replaces previous Trust document reference no: 108
1.1	09/04/13	14/06/13	New Appendix 9 added – Internal Management of HM Coroner Rule 43 Reports by Patient Safety Team
2	18/07/17		To reflect changes as a result of the introduction of E Datix and to simplify by segregating the policy from the procedure
3	18/09/18	20/09/18	Definitions of patient safety incidents updated. Fair culture updated to reflect just culture in line with recent guidance. Policy and procedure separated into two documents.

Equality & Health Impact Assessment for INCIDENT, HAZARD AND NEAR MISS REPORTING POLICY

Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Incident, Hazard and Near Miss Reporting Policy
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Executive Services – Director of Corporate Governance Author- Head of Health and Safety – 43751
3.	Objectives of strategy/ policy/ plan/ procedure/ service	<ul style="list-style-type: none"> • To ensure that all adverse incidents, near misses and hazards are reported and managed appropriately and effectively within a supportive framework. • To promote a culture in which incidents are reported and investigated appropriately and to ensure that lessons can be learnt from adverse incidents and near misses to promote the continued improvement of staff safety and patient well-being. • To enable the UHB to comply fully with legislation and mandatory requirements in relation to incident reporting
4.	Evidence and background information considered. For example	

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	<ul style="list-style-type: none"> • population data • staff and service users data, as applicable • needs assessment • engagement and involvement findings • research • good practice guidelines • participant knowledge • list of stakeholders and how stakeholders have engaged in the development stages • comments from those involved in the designing and development stages <p>Population pyramids are available from Public Health Wales Observatory¹ and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need².</p>	
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	All Staff and Patients

¹ <http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf>

² <http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face>

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6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.1 Age For most purposes, the main categories are: <ul style="list-style-type: none"> • under 18; • between 18 and 65; and • over 65 	The incident reporting database details age of victim, which allows for subsequent analysis.		
6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	No Impact		

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6.3 People of different genders: Consider men, women, people undergoing gender reassignment NB Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender	The incident reporting database details gender of victims, which allows for subsequent analysis.		
6.4 People who are married or who have a civil partner.	No Impact		

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6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether or not they are on maternity leave.	No Impact		
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	The incident reporting database records incidents which are related to racial aspects.		
6.7 People with a religion or belief or with no religion or belief.	As above		

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The term 'religion' includes a religious or philosophical belief			
6.8 People who are attracted to other people of: <ul style="list-style-type: none"> the opposite sex (heterosexual); the same sex (lesbian or gay); both sexes (bisexual) 	The incident reporting database covers homophobic and sexual related incidents.		
6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design Well-being Goal – A Wales of vibrant culture and thriving	The database includes a racial aspect, which has included Welsh.		

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
Welsh language			
6.10 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	No Impact		
6.11 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	No Impact		
6.12 Consider any other groups and risk factors relevant to this strategy,	Incident reporting is available to all staff, through all UHB electronic outlets i.e.		

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
policy, plan, procedure and/or service	computers.		

7. HIA / How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
7.1 People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities			

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
Well-being Goal - A more equal Wales			
7.2 People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc	The incident reporting database allows for analysis of events with a clear aim to improve patient care and staff working conditions.		

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
Well-being Goal – A healthier Wales			
7.3 People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions Well-being Goal – A prosperous Wales	No Impact		
7.4 People in terms of their use of the physical environment: Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green	The incident reporting database collects data in relation to environmental events, which allows for analysis and appropriate resolution.		

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces Well-being Goal – A resilient Wales			
7.5 People in terms of social and community influences on their health: Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer	No Impact		

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
pressure; community identity; cultural and spiritual ethos Well-being Goal – A Wales of cohesive communities			
7.6 People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate Well-being Goal – A globally responsible Wales	No Impact		

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Please answer question 8.1 following the completion of the EHIA and complete the action plan

8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service	Positively supports equality issues, through facilitating reporting of related events and requires managers to progress actions, towards resolution.
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Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.2 What are the key actions identified as a result of completing the EHIA?	To ensure the Health Board delivers its aims, objectives, responsibilities and legal requirements transparently and consistently, we are committed to the health, safety and welfare of its staff, patients, visitors and all users of its premises and services, and its impact on the environment by being pro-active in its approach to reduce the number of untoward incidents.			

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	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.3Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required? This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?	N/A			

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	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.4 What are the next steps? Some suggestions:- <ul style="list-style-type: none"> Decide whether the strategy, policy, plan, procedure and/or service proposal: <ul style="list-style-type: none"> continues unchanged as there are no significant negative impacts adjusts to account for the negative impacts continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so) stops. Have your strategy, policy, plan, procedure and/or service proposal approved Publish your report of this impact assessment Monitor and review 	N/A			

