

Once for Wales Concerns Management System

Datix Cymru

Primary Care Wales National Incident Reporting

Quick Reference User Guide

Introduction

Primary Care Contractors in NHS Wales are required to report incidents that have occurred within their organisations.

This form replaces the previous NRLS process that was discontinued in April 2022. This is an interim solution for 2022/23. Primary Care contractors will have full access to the Datix Cymru systems around Wales as part of the roll out of the Duties of Quality and Candour.

Website Access:

Access to the system is via a dedicated website, which contains the link to the system.

All primary care contractors should use the following link and ensure that the practice and commissioning Health Board are identified.

nwssp.nhs.wales/a-wp/primary-care-wales-incident-reporting

The Primary Care Wales National Incident Reporting form uses the power of the Once for Wales Concerns Management System (Datix Cymru) and operates using a cloud-based platform that is accessible throughout Wales.

This approach has been agreed by Welsh Government and data provided into the system will be shared with Health Boards in the relevant localities as part of their commissioning duties. The Health Boards teams will establish if any incident meets the threshold for national reporting and will advise the NHS Wales Delivery Unit through the standard reporting process in keeping with the national policy.

Help with Reporting

The Once for Wales Concerns Management Central Team are based in NHS Wales Shared Services Partnership (NWSSP) and will host the website. If you have any queries regarding the reporting process or any technical issues, please contact:

OnceForWales.CMS@wales.nhs.uk – this inbox is monitored Monday to Friday 0900-1700.

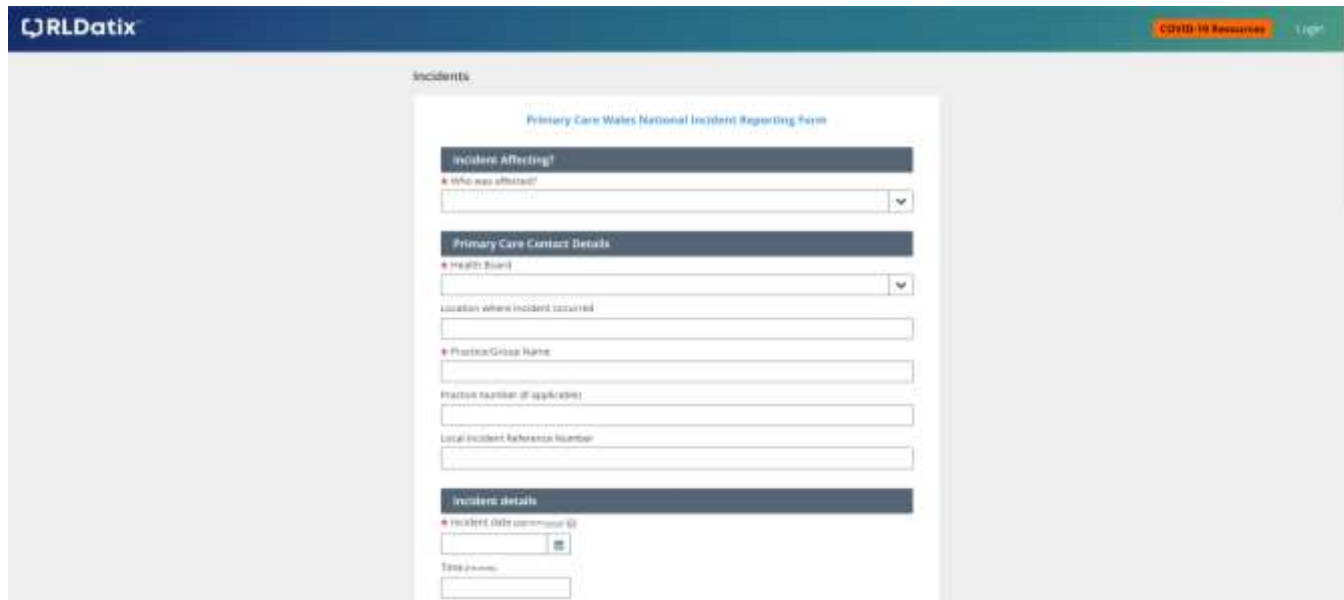
User Feedback

We would be pleased to receive any feedback on the reporting process to inform improvements please email the Once for Wales Concerns Management Central Team:

OnceForWales.CMS@wales.nhs.uk

Accessing the Form

The website contains the link to Datix Cymru System. The bespoke Incident Reporting Form will require no password or user login details as this is a logged out form.



Aspects of the Form

★ This icon indicates that a field is mandatory, and you are required to complete it before saving or submitting the form.



This icon indicates that the field you are completing is a dropdown list. Clicking this icon will allow you to select the relevant option(s).



This icon indicates a date field. Clicking the icon will allow you to select a date from a calendar, or you can simply type the date in using the dd/mm/yyyy format.



Any field that shows this icon next to it indicates that there is additional information available to help you complete it correctly. Click the icon to view the additional guidance.



In a multi-select field, where you can choose more than one option from a drop down, clicking this icon will remove the currently selected value(s)

Submit

Selecting the submit button will send a copy of your completed form to Datix Cymru system

How to add a new Incident Record

Enter the information for the incident record ensuring all mandatory fields★ are completed. Additional fields will appear to complete depending on your responses.

Incidents

Primary Care Wales National Incident Reporting Form

Incident Affecting?

★ Who was affected? Please select who was affected as appropriate from the options.

Patient/Service User

Person Affected

NHS Number

Forename

Surname

Date of Birth

If a person is affected the 'Person Affected' section is triggered. Please complete with appropriate details.

Primary Care Contact Details

★ Health Board Please ensure the correct Health Body and Practice Group are identified.

Location where incident occurred

★ Practice/Group Name

Practice Number (if applicable)

Local Incident Reference Number

Incident details

★ Incident date (dd/mm/yyyy) 📅

Time (hh:mm)

Reported Date

14/04/2022

★ Description

Please provide a brief description of the incident ensuring that **no identifiable information** is included in this box.
 Please **DO NOT** put: Names, Hospital/NHS Number, Date of Birth, Acronyms eg (GP, HV, DN, BP)

Actual Harm

Actual harm is a drop down to select as appropriate.

Incident Type

* Incident Type

* Sub Type

* Sub Subtype

Please select the most appropriate options to relate to the type of Incident. The coding spans three levels and will self-populate to the next level depending on the selection.

Additional Information

* Was any equipment involved in the incident?

If Yes is selected an equipment list triggers to search and complete.

* Were there any medications involved?

If Yes is selected a medication list triggers to search and complete.

* Are there any documents to be attached to this record?

Documents can be uploaded on the system if required.

Conclusion

* Is this incident related to the five harms of Covid 19?

* Severity of Incident Post Investigation

* Result

Drop down selection boxes.

Lessons learned

Details of Person Reporting the Incident

Forename

Surname

Email

Work Telephone Number

Person Reporting the Incident is to complete their details.

Cancel

Submit and print

Submit

Once all the fields have been completed submit the incident.