GIG CYMRU NHS WALES
Partneriaeth Cydwasanaethau
Shared Services Partnership

RLDatix

System Rheoli Pryderon Unwaith dros Gymru
Once for Wales Concerns Management System

Once for Wales Concerns Management System

Datix Cymru

Community Pharmacy

Patient Safety Incident Reporting and Management

Quick Reference User Guide

Version: 6B
Release date: 1st July 2026
Expiry Date: 30th September 2026

The screenshots and examples used in this guide are drawn from test records within the All-Wales Demonstration system and do not include identifiable information.

Contents

Introduction

Community pharmacies are required under the Clinical Governance requirements for community pharmacies in Wales to report appropriate patient safety incidents.

From the 1st of April 2023, as part of the Health and Social Care (Quality and Engagement) (Wales) Act 2020, Primary Care Contractors are also required to capture and report on occasions where the Duty of Candour is triggered. Primary Care Contractors must notify the relevant Health Board of occurrences where the Duty of Candour is triggered in respect of the health care they provide under a contract or other arrangement.

The Once for Wales Concerns Management System (Datix Cymru) provides a consistent Cloud based solution for incident reporting across NHS Wales and was launched on 1 April 2021. This revised approach to incident reporting has been agreed by Welsh Government, supported by the Once for Wales Concerns Management Central Team based in NHS Wales Shared Services Partnership (NWSSP).

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

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.

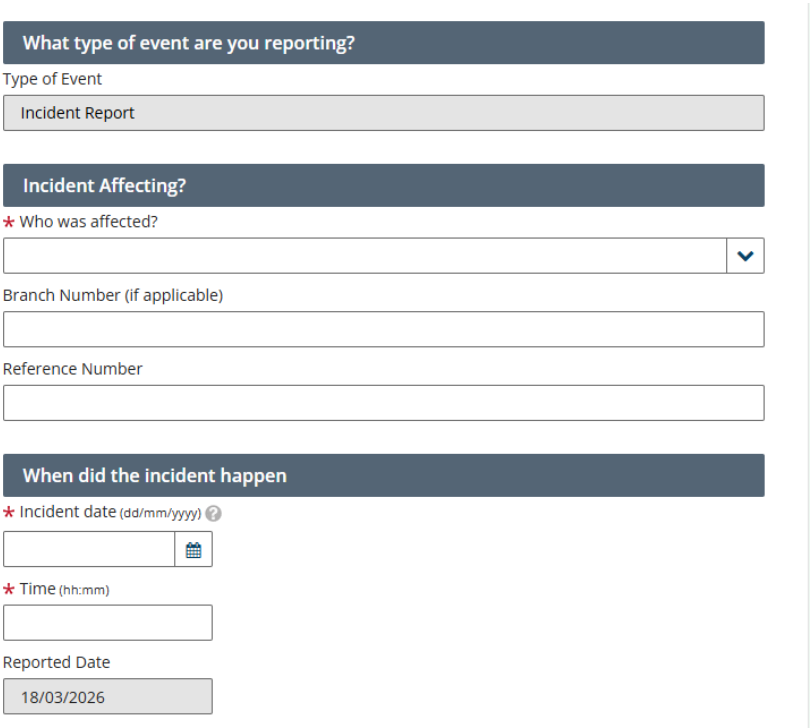
Any field that shows this icon next to it indicates that there is additional information available to help you complete it correctly. Click the icon to view the additional guidance.

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

Save button

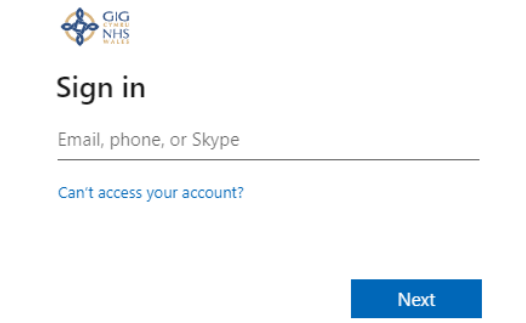
Link to logged out access

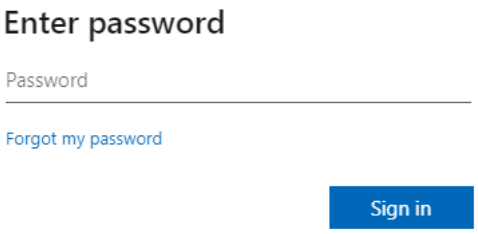
Access for colleagues with no login details/ Nadex is also via the website and link to the logged-out form. Incidents can still be reported and submitted but there is reduced functionality via this route e.g., the Master Patient Index (MPI) is not searchable, and the reporter will not be able to go back in the system and view the submitted report.



Logged in Form

Enter your email address and password when prompted





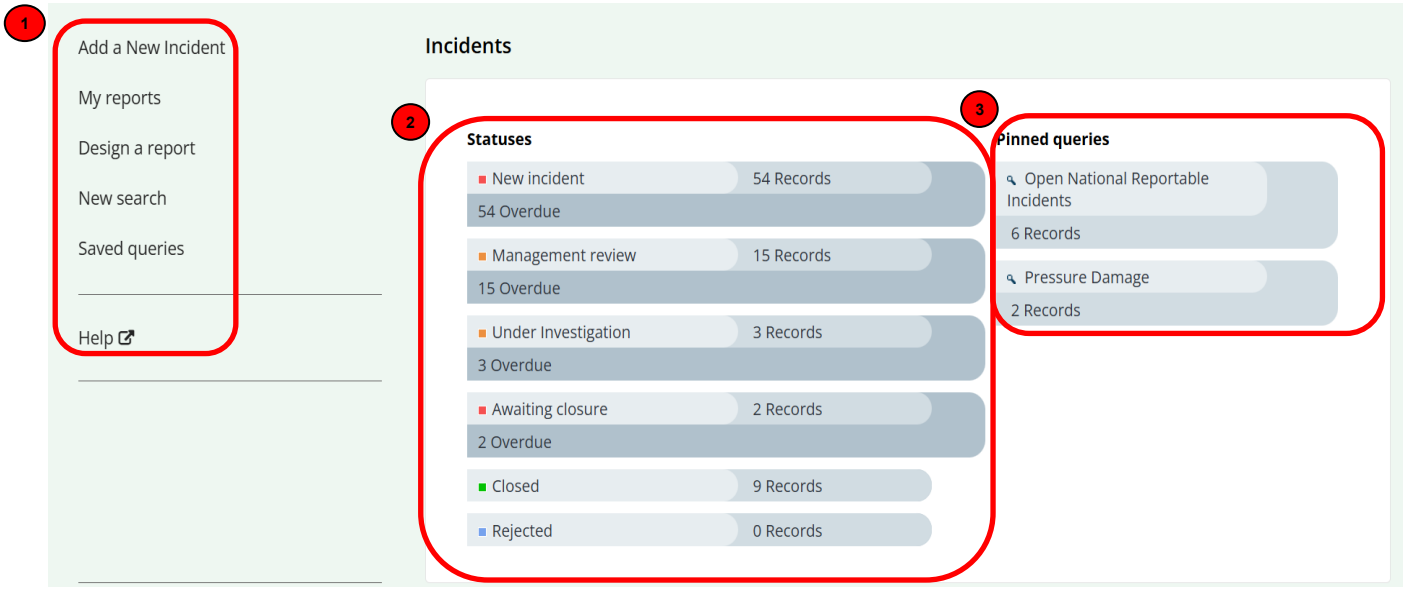
Landing Page

When you login to the Incident Reporting and Management functionality you will be presented with the landing page below, the status area contains all the tools necessary to add a new record, manage a record and produce statistical and listing reports.

1. The left-hand navigation panel contains all the tools necessary to add a new incident, manage a record and produce statistical and listing reports.

2. The status area records where the incident record sits within the workflow.

3. Pinned queries allow instant access to the most frequently used searches.



The below table provides the information that is displayed on the landing page:

Left -hand navigation panel	**Field name**	**Explanation**
	Add new Incident	If you click on this, you can add a new Incident record
	My reports	If you click on this, you can run saved custom reports
	Design a report	If you click on this, you can create a custom report
	New Search	If you click on this, you can search for records
	Saved queries	If you click on this, you can use saved queries for re-use
Statuses	New incident	This is a holding area when a new incident is reported
	Management Review	These records are awaiting a review and make it safe actions by a manager within 2 working days
	Under investigation	This status indicates that the incident has undergone a management review and initial make it safe actions and has been identified for further investigation within 25 working days
	Awaiting Closure	This status indicates that all appropriate actions have been taken and the incident is awaiting final review before closure within 30 working days
	Closed	All actions are complete, and record has been closed
	Rejected	This status is used for any rejected incidents, these can be duplicate incidents or those not identified as incidents
Pinned Queries	Pinned Queries	Pinned queries allow instant access to the most frequently used searches. If you click on any of the pinned queries it will open the records within the query

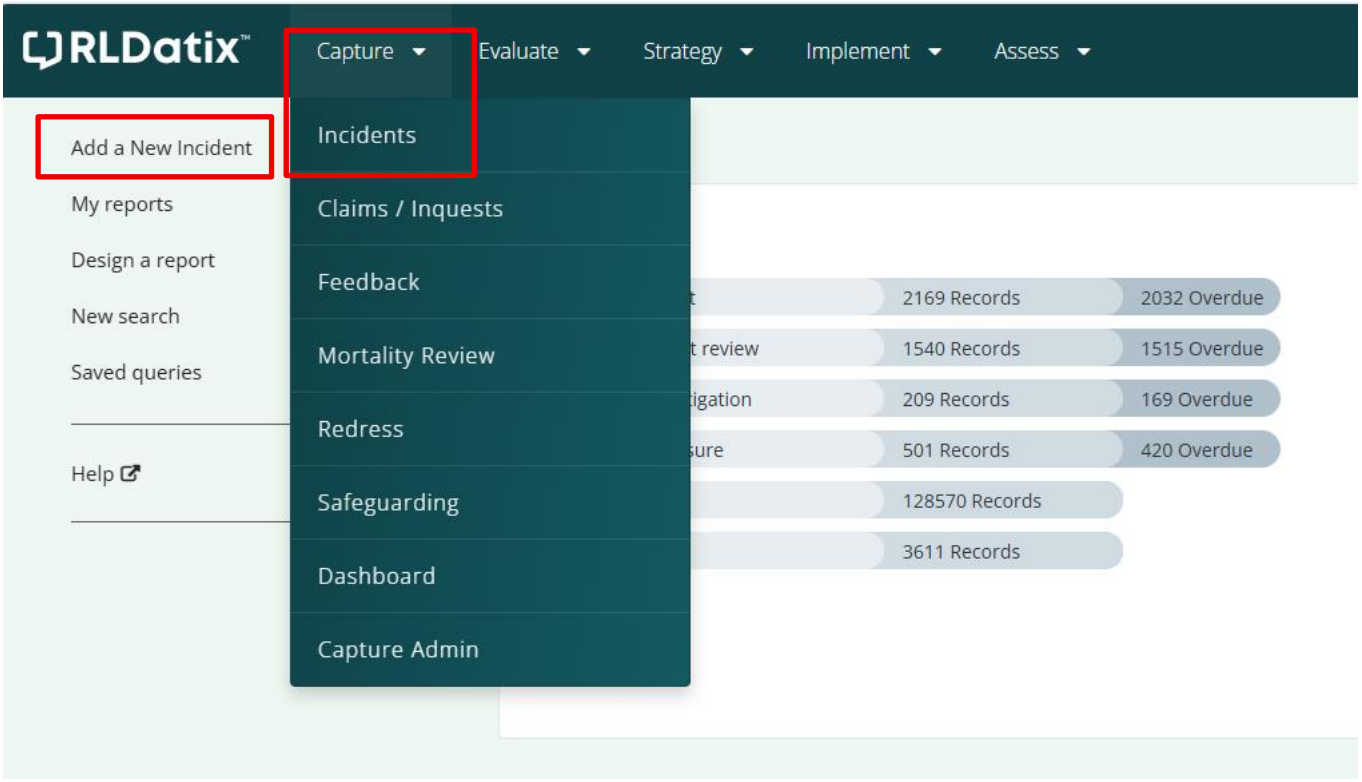
If you click on any of the status areas, it will take you to a listing page. The records displayed can be sorted by clicking on any column heading. Select the record you wish to view by clicking on any of the numbers/words.

How to Add a New Incident Record

If you are logged out of the system you can click on the link to the reporting form.

If you are logged into the system, please:

1. Click Capture > Incidents in the top application menu.
2. Click Add new Incident in the left-hand navigation menu.



Enter the information for the incident record ensuring all mandatory fields are completed.

The fields that you are required to complete to add a new Incident record are described in the table below, this includes the section names, field names, descriptors and what type of incident information will display what fields within the reporting form:

Section	Field	Description
What Event are you Reporting?	Type of Event	Select the relevant field from the drop-down menu. ONLY CHANGE THE TYPE OF EVENT IF YOU ARE REPORTING A VTE. If VTE HAT Review is selected, the below sections appear: *Incident Affecting? *Incident severity *When did the incident happen *Responsible Service *Where did the incident happen? *Incident Details/What Happened *Incident Type

		*Communication *Openness and Transparency *Documents *Reporter
Incident Affecting?	Who was affected	Select the relevant field form the drop-down menu. If Patient/Service User is selected the Openness and Transparency section will be visible on the reporting form.
People Affected	ID	Auto populated.
	Contact Role	Auto populated.
	Contact Type	If the contact type is anything other than Patient / Service User, a search of the contact module can be undertaken by entering the forename and surname of the person affected. If no record is found, the following fields relating to the person involved in the incident are available to be completed manually: Sub type Title Forenames Surname Date of Birth Date of Death Email Postcode.

	Field	**Description**
People Affected	NHS/ID Number	If the contact type is a Patient/Service User, the search function will trigger. You can select to search by NHS number.
	ID Number	Enter the appropriate number and search.
	Subtype	Select from drop-down menu.
	Title	Enter title
	Forenames	Enter forename(s)
	Surname	Enter surname
	Date of birth	Enter date of birth.
	Date of death	Enter date of death, if applicable.
	Postcode	Enter postcode
	Was the person injured in the incident?	If yes, this will trigger an Injury Details section.
Injury Details	Injury	Select type of injury form drop-down menu.
	Body part	Select which body part the injury is location on in the drop-down menu.
	Treatment	Select the relevant treatment received for the injury.
	Add another	The Add Another field allows you to capture details of other persons affected.
When did the incident happen	Incident date (dd/mm/yyyy)	The date the incident occurred.
	Time (hh:mm)	The time the incident occurred.

	Reported Date	This record auto populated at time of reporting.
Responsible Service	Incident Service	The Service under which the incident occurred. **Not visible on Primary Care Reporting Forms.**
Where did the Incident happen?	Location of incident	The Location where the incident took place.
	Exact Location	Please enter the exact location the incident took place if not available in Location field.
Incident Severity	Reporter's Initial Harm Assessment	Enter the level of harm from a drop-down menu options
	Does this Incident need external reporting?	Select yes if it needs to be reported externally
Incident Details/What Happened	Description	Enter details of the incident, enter only the facts not personal opinions and do not enter any personal identifiable information. i.e., names.
	Brief Description of actions taken	Enter details of actions taken at the time of the incident.
	Vehicle registration number	Enter details as appropriate e.g., vehicle involved.
	Booking/CAS number if applicable (WAST)	Enter details as appropriate. This is a WAST reference number.
	Laboratory specimen number	Enter details as appropriate e.g., specimen involved.

	Field	**Description**
Incident Type (Entries in this section may trigger additional questions for completion by the reporter)	Classification	Select the Classification of Incident that has occurred from the options in the drop-down menu
	Category	Enter the Category of incident that has occurred from the drop-down menu.
	Sub Category	Enter the Sub Category of incident that has occurred form the drop-down menu.
	Fire Additional Options	Please select all appropriate options if this field has been made visible.
	Fire alarm activation: Additional Options	Please select all appropriate options if this field has been made visible.
	Was a ligature used?	Please select Yes or No as appropriate if this field has been made visible.
	Method violence and aggression was received by	Please select appropriate option if this field has been made visible.
	Was absconder detained under the Mental Health Act?	Please select Yes or No as appropriate if this field has been made visible.
	Has a Perpetrator been identified?	Select 'Yes' to make the Perpetrator form visible or 'No' if you haven't got specific details and text field will be visible to capture any known details
	Please provide as much information that is known about the perpetrator	Please provide as much detail as possible in this text field to assist the case manager.
Additional Information	Was any equipment involved in the incident?	Select yes if there is any equipment involved in the incident. If yes is selected and equipment section will be visible to complete.
	Did medication have a direct impact on this incident?	Select yes if there is any medication involved in the incident. A controlled drug field will be visible if yes is selected.
	Was a controlled drug involved?	Select yes if there is any controlled drug involved in the incident.

	Is this Incident related to EPMA (Electronic Prescribing and Medicines Administration)?	Please select Yes or No as appropriate
	Does the incident have Information Governance considerations?	Select yes if there are any information governance considerations related to the incident, If yes is selected an Information Governance section will be visible.
	Does this incident have any safeguarding elements?	Select yes if any safeguarding elements relate to the incident. If yes, is selected a further text field will be visible to capture the process to be followed. If yes is answered, the below field also appears
	Is a safeguarding report required?	Please select the relevant option from the drop-down menu If yes is answered, the below field also appears
	Has the Safeguarding report been submitted?	Please select the relevant option from the drop-down menu If yes is answered, the below field also appears
	Safeguarding Report Reference(s)	Please enter reference number
	Are there any Additional Factors relating to this Incident?	Please select all relevant options from the drop-down menu.
	Date of Industrial Action	If visible please enter date of Industrial Action as appropriate
	Further Information pertinent to Industrial Action	If visible please enter any relevant information to the Industrial Action
	Is this incident about nursing care?	Select yes if the incident is related to nursing care.
	IPC antigens	Please select the IPC antigen from the list available
	Were temporary staff involved in the incident?	Please select Yes or No as appropriate
	Legal status of patient/service user?	Please select the relevant option from the drop-down menu
	Was a restrictive practice used?	Please select the relevant option from the drop-down menu
	Was a break away technique used	Please select the relevant option from the drop-down menu If yes is selected the below question appears
	Please detail break away technique used	Please enter details of the break away technique used.
	Which restrictive practices were used	Please select the relevant option(s) from the drop-down menu
	Was any other contact involved in the incident	If there were other contacts involved complete the other contact fields that will be triggered by answering yes to this question.

Information Governance	Has personal data been disclosed outside of the organisation?	Select yes if the information has been disclosed outside of the organisation. If yes is selected, please select the type of personal data that is included. This is a multi-pick option. If other is selected a further field will populate to capture

		the information.
	What type of personal data is included?	Select all that apply from drop down menu
	Has there been (or is likely to be) any impact to the individuals as a result of the incident?	This is a multi-pick option, please select all relevant options.
	Other adverse effects please specify	Enter other adverse effects.
Communication	Is this incident highly confidential (not for circulation)?	Select yes if this incident is not for wide circulation. This field should also be used in “Freedom to Speak Up Safely” cases.
	Incident Manager	Reporters should select their Line Manager or Departmental Manager.
	Who have you informed of the incident?	Select who you have informed about the incident from the drop-down list.
	Please select which 'Other NHS Body' has been informed	Select from drop down which other NHS body has been informed.
	Other NHS Body, please provide more detail	If ‘other’ is selected, please provide further details
Physical Restraint	Number of staff involved in physical restraint	Please enter number of staff involved
	What position was used during the physical restraint	Please select from drop down menu
	Was another position used during the physical restraint	Please select from drop down menu If yes is selected, the below question appears
	What position was used secondly during the physical restraint	Select from drop down menu
	Physical Restraint Start Time	Please enter relevant time as 24 hour clock
	Physical Restraint End Time	Please enter relevant time as 24 hour clock
	Location of physical restraint	Please enter location
	Did you require support from outside the ward or department	Please select from drop down menu
	Did the patient receive a medical examination following physical restraint?	Please select from drop down menu
	Was medication used?	Please select from drop down menu If yes is selected, the below question appears
	Who administered the medication?	Please enter the relevant staff member full name
	Was the Restrictive Practice used, identified in the current care plan?	Please select from drop down menu
Chemical Restraint	Chemical Restraint Start Time	Please enter relevant time as 24 hour clock
	Chemical Restraint End Time	Please enter relevant time as 24 hour clock
	Was PRN medication given?	Please select from drop down menu If yes is selected, the below question appears

		If no is selected, the question 'Was any other medication given' appears.
	Was rapid tranquilization used?	Please select from drop down menu
	Was any other medication given?	Please select from drop down menu If yes is selected to this question, the Medication section will display for completion
	Was the administration covert?	Please select from drop down menu
	Was the restrictive Practice used, identified in the current care plan?	Please select from drop down menu
Environmental Restraint	Location of environmental restraint	Please enter location
	Type of environmental restrictions	Please enter relevant details
	Was the S136 suite used?	Please select from drop down menu
	What and why is the person being prevented from accessing?	Please enter relevant details
	How is the restriction applied?	Please enter relevant details
	Start Date of Environmental Restraint	Please enter relevant date(dd/mm/yyyy)
	Environmental Restraint Start Time	Please enter relevant time as 24 hour clock
	Is this environmental restraint a blanket restriction	Please select from drop down menu If yes is selected, the below question appears
	Please provide further details on the impact of the environmental restraint	
	Was the restrictive Practice used, identified in the current care plan?	Please select from drop down menu
Mechanical Restraint	Mechanical Restraint Start Time	Please enter relevant time as 24 hour clock
	Mechanical Restraint End Time	Please enter relevant time as 24 hour clock
	Was the patient handcuffed?	Please select from drop down menu If yes is selected, the below question appears
	Why was the patient handcuffed?	Please enter relevant details
	Were handcuffs used during the use of secure NHS transport?	Please select from drop down menu
	Was the restrictive Practice used, identified in the current care plan?	Please select from drop down menu
Seclusion or enforced isolation	Start Date of Seclusion or Enforced Isolation	Please enter relevant date(dd/mm/yyyy)
	Time of seclusion or enforced isolation started	Please enter relevant time as 24 hour clock
	Was the patient searched	Please select from drop down menu
	Location of seclusion or enforced isolation restraint	Please enter location
	Was the seclusion or enforced isolation environment appropriate?	Please select from drop down menu If no is selected, the below question appears
	Were the areas risk assessed prior to the patient being moved?	Please select from drop down menu

		If no is selected, the below question appears
	Why was the patient moved to an environment without a risk assessment being carried out	Please enter relevant details
	During the use of seclusion or enforced isolation, was the patient subject to a medical review?	Please select from drop down menu If no is selected, the below question appears
	If the patient was not subject to a medical review, why not?	Please enter relevant details
	Was the patient provided with food and water during seclusion or enforced isolation	Please select from drop down menu If no is selected, the below question appears
	If the patient was not provided food and water during seclusion or enforced isolation, why not?	Please enter relevant details
	Was the restrictive Practice used, identified in the current care plan?	Please select from drop down menu
Long Term Segregation	Start Date of Long Term Segregation	Please enter relevant date(dd/mm/yyyy)
	Time of long term segregation started	Please enter relevant time as 24 hour clock
	Who made decision to implement long term segregation	Please enter staff members full name
	Location of long term segregation	Please enter location
	Was the long term segregation environment appropriate?	Please select from drop down menu If no is selected, the below question appears
	Were the areas risk assessed prior to the patient being moved in to long term segregation?	Please select from drop down menu If no is selected, the below question appears
	Why was the patient moved to a long term environment without a risk assessment being carried out	Please enter relevant details
	Was the restrictive Practice used, identified in the current care plan?	Please select from drop down menu
Coercion / Psychological Restraint	Were any clothing or personal items removed	Please select from drop down menu
	What psychological restraint was used	Please enter relevant details
	Was the restrictive Practice used, identified in the current care plan?	Please select from drop down menu
Restrictive Practice Conclusion	Did the patient consent to this restrictive practice	Please select from drop down menu If no is selected, the below question appears
	Please select which legislation was used to deliver the restrictive practice	Please select from drop down menu
	Debrief with the staff/team involved in restrictive practice	Please select from drop down menu
	What interventions were attempted prior to the decision to use restrictive practice	Please enter relevant details

	Reason for restrictive practice intervention	Please enter relevant details
	Outcome of restraint	Please enter relevant details
Violence and Aggression Incidents	Were the Police Contacted?	Please select from the drop-down menu
	Police Log Number	Please enter the Police Log Number if you have this information
	Did you receive contact from the Police?	Please select from the drop-down menu
	Time Police made contact (hh:mm)	Please enter the time Police made contact if you have this information
	Did the Police attend in person?	Please select from the drop-down menu
	Were security contacted?	Please select from the drop-down menu
	Was a Weapon or an Improvised Item used?	Please select from the drop-down menu
	Please describe Weapon/Improvised Item	Please describe the Weapon/Improvised Item
	Was NHS property damaged or stolen?	Please select from the drop-down menu

Medication Incidents

Incident Type

* Who was affected?

Patient/Service User

* Incident Type

Medication, IV Fluids

* Sub Type

Medication prescribing error

* Sub Subtype

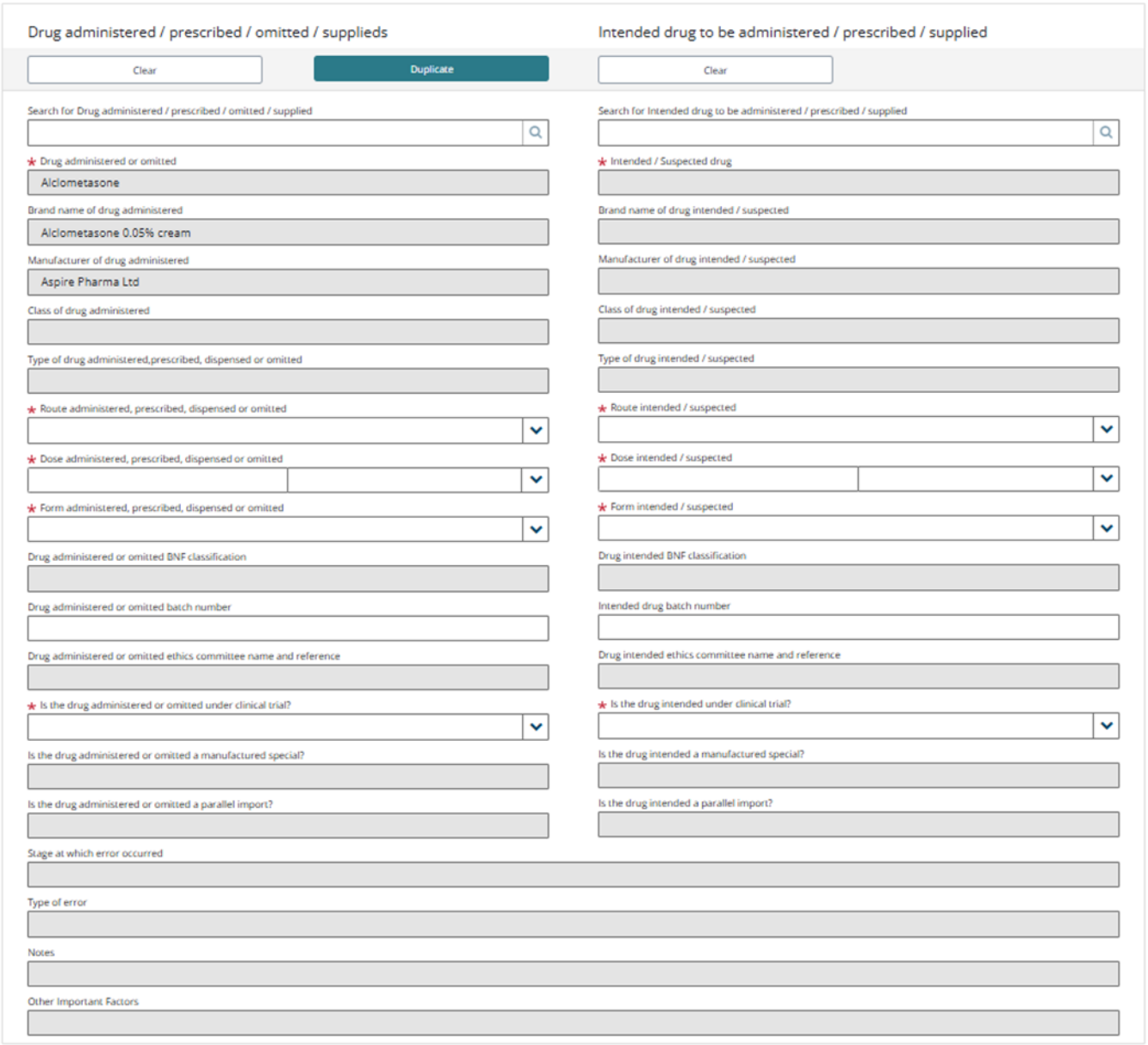
Duplication of medication

Additional Information

* Were there any medications involved?

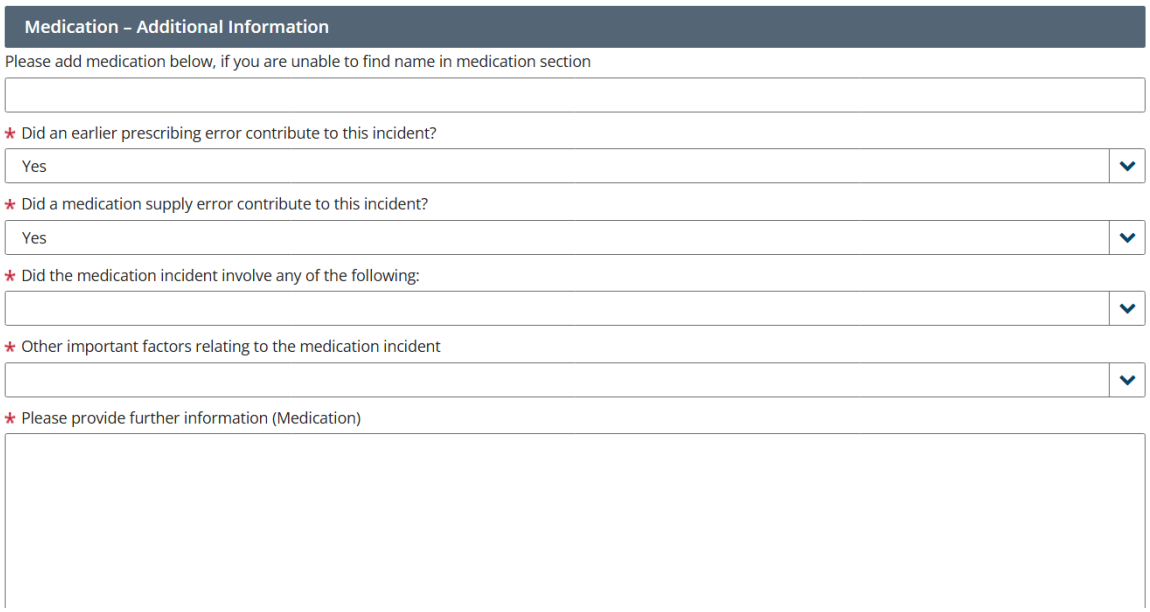
Yes

When medication has been indicated in the incident, a medication section triggers on the reporting form:



You can search for the administered medication and the intended.

If you are unable to find the medication you require to report, please complete the section below the medication table:



A radio button allows the Reporter to indicate if the medication involved is a controlled drug

Duty of Candour (DOC)

The Duty of Candour panel is triggered when Moderate, Severe or Catastrophic/Death is selected in the field ‘Manager’s Interim Harm Assessment’ and ‘Yes’ is selected in the field ’Was the healthcare provided a factor, or may it have been a factor in a Patient/Service user suffering harm?

Section	Field	Description
Duty of Candour (DoC)	Who is the Duty of Candour Point of Contact for this case?	Select the Duty of Candour Point of contact from the list of staff available
	Brief description of the circumstances in which the duty came into effect	Free text box – Please type the brief description of the circumstances in which the duty came into effect
	Has the Duty of Candour Point of Contact for this case made initial 'in person' contact with the Service User or the person acting on their behalf?	Please select from the drop-down options available No / Unable to make in person notification / Unable to obtain contact details. All 3 codes trigger text box ‘Please provide further details on attempts made to contact the service user or the person acting on their behalf’.
	Please provide further details on attempts made to contact the service user or person acting on their behalf or the reasons why a decision was made not to make contact	Enter the details of further attempts made to contact the service user or person acting on their behalf.
Duty of Candour - Initial Notification	Date of 'in person' initial notification (dd/mm/yyyy)	Enter the date of 'in person' initial notification
	Was the 'in person notification' made within 30 working days of the Date the NHS Body first became aware that DoC was triggered	Please select Yes or No as appropriate

	Please explain why the 'in person notification' was made after 30 working days of the Date the NHS Body first became aware that DoC was triggered	Text field to be completed if visible giving reason why 'in person' notification was made after 30 working days of the Date the NHS Body first became aware that DoC was triggered
	Method of initial notification	Please select the method of how the initial notification was conveyed to the Service user or the person acting on their behalf. If 'Other Method' is selected, the below question appears.
	Other method (further details)	Free text box – Please describe how the initial notification was conveyed if this option has been selected
	Following the 'in person' initial notification, has written correspondence been sent to the Service User or person acting on their behalf	Please select Yes/No/Patient did not want to receive written correspondence' from the drop down If 'Yes' is selected, the question 'Was the written correspondence sent to the service user or the person acting on their behalf in Welsh?' appears If 'No' or "Patient did not want to receive written correspondence" is selected, the question 'Please explain why written correspondence has not been sent' appears If 'Yes' is selected, the next Duty of Candour section also appears. If 'Yes' is selected 'Date written notification sent' is visible
	Was the written correspondence sent to the service user or the person acting on their behalf in Welsh?	Please select 'Yes' or 'No' from the drop down
	Date written notification sent (dd/mm/yyyy)	Enter Date written notification sent
	Please explain why written correspondence has not been sent	Please enter further details explaining why written correspondence has not been sent
	Was the 'written notification' sent within 5 working days following the in-person contact being made	Please select Yes or No as appropriate
	Please explain why the 'written notification' was sent after 5 working days following the in-person contact being made	Text field to be completed if visible giving reason why the 'written notification' was sent after 5 working days following the in-person contact being made
Duty of Candour - Investigation response	Has the investigation response been sent to the Service User or person acting on their behalf?	Please select 'Yes' or 'No' from the drop down If 'Yes' is selected, a date field will be visible to capture the date. If, 'No' is selected, a text field is visible to capture explanation of why final response has not been sent.
	Final response done date (dd/mm/yyyy)	Enter Date Final response sent

	Please explain, why no final response has been sent	Please enter explanation of why a final response has not been sent
	Type of response	Please select the type of response sent to the service user of the person acting on their behalf.
Time Chain Welsh Duty of Candour	The time chain is not a mandatory section; however, this could be used to support calculation of the essential criteria regarding the in-person contact being made within 30 working days of the organisation becoming aware that the Duty was triggered, and 5 working days to complete the written notification. This will only be triggered if the question: Was Healthcare provided a factor or may it have been a factor in a patient/service user suffering harm and answered Yes.	

Yorkshire Contributory Factors Framework

** Acknowledgement to the Yorkshire and Humber Improvement Academy**

The form contains the Yorkshire Contributory Classification Framework in 5 domains.

	Field	Description
Yorkshire Contributory Factors Framework	Domain 1 : Situational Factors	Each domain has a series of 'yes/no/maybe' questions for completion. A further narrative box will be visible to capture more detail for each question.
	Domain 2 : Local Working Conditions	
	Domain 3 : Organisational Factors	
	Domain 4 : External Factors	
	Domain 5 : Communication and Culture	
Causal Factors Framework Summary	Which are the most important contributory factors for this incident?	Text box to free type the most important contributory factors for the incident

Conclusion

Section	Field	Description
Conclusion	Is this incident related to the five harms of Covid 19?	Select from drop-down menu
	Post investigation Harm Assessment	Enter severity of incident following investigation
	Result	Enter the outcome of the incident following investigation
	Recommendations	Enter all relevant recommendations
	Conclusion	Enter text as applicable to the conclusion following investigation

	Lessons learned	Enter any lessons for learning

Details of Person reporting the incident

Details of Person reporting the Incident	Reporter	If you are logged in your details will automatically populate. If you are not logged in, you will need to add your details in this field and then submit the Incident record
Additional Reporter Details	Reporters Location	Please enter the Location of the Reporter at the time the Incident took place
	Reporters Service	Please enter the Service the Reporter was under at the time the Incident took place