

Once for Wales Concerns Management System

---

## Datix Cymru

# INCIDENTS MODULE

## Full Reporter / Investigator / Handler Guide

A guide to the reporting, investigating, and handling of the Incidents Module.

### Functionality User Guide

**V6A** Released 1<sup>st</sup> April 2026  
Expires 30<sup>th</sup> June 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 .....	3
Logged in Users .....	3
Aspects of the Form .....	3
How to Access the System.....	4
Landing Page .....	4
How to Add a New Incident Record .....	5
People Involved.....	12
Contact Matching.....	12
To Generate a Record (left hand side panel).....	15
Incident Investigation/Managing an Incident.....	19
Radiotherapy .....	22
Duty of Candour .....	25
Radiology.....	28
Information Governance Management Review Section .....	29
Corporate Review (left hand side panel) .....	32
External Reporting (left hand side panel).....	34
Case Management (left hand side panel) .....	36
Progress Notes (left hand side panel) .....	37
Linked Records (left hand side panel).....	38
Documents and Templates (left hand side panel) .....	38
Notifications, Communication and Feedback (left hand side panel).....	39
Actions (left hand side panel) .....	40
Final Check list before closing down the Incident Record.....	40
Basic Search and Reporting.....	41
Appendix One.....	42
Medication Incidents.....	42
Equipment Incidents.....	44
Focused Review Incidents .....	45
In Patient Falls Incidents .....	46
Pressure Damage Incidents .....	47
Manual Handling Incidents.....	48
Sharps Incidents .....	48
Extravasation .....	49
Focused Review Additional Information .....	51
Appendix Two – Additional Information.....	52
National Once for Wales Code Set.....	52
Dictionary of Medications and Devices .....	52

## Introduction

This document provides you with a guide for how to use the Incident Reporting and Management Functionality. Incident records allow you to capture and manage all details relating to an incident record and any relevant external reporting. You can also capture and manage actions that have been assigned.

You can review a full notification and message history for the record, information about and the response, also save attachments or reports with additional information.

The information entered into the system is also used for reporting and analysis purposes and so it is vital that the data is accurate and useful.

For additional information on features such as reporting and other functionality common across the Capture module, there will be a separate guide developed.






Appendix One contains more detailed information on the focus reviews required for incidents relating to patient falls, medication, equipment, sharps injuries, manual handling, and pressure damage. There is also a focused review additional information section that requires completion following a focused review.

Appendix Two provides details on the Once for Wales Code Set and further information regarding the Dictionary of Medication and Devices.

## Logged in Users

Before you add a new incident record to the system you must do a full search using the contacts module to establish if the person affected or anyone else involved is already a contact in the system. If an incident record is found you will need to click on the 'generate from' key to create a new record, this will also link the records together. More information on how to generate from can be found under 'How to add a new incident record'.

## 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

## How to Access the System

You can record an incident record by clicking on the URL link.

If you are sent an email notifying you of the incident, the email will contain the URL link that will take you directly to the incident record once you login.

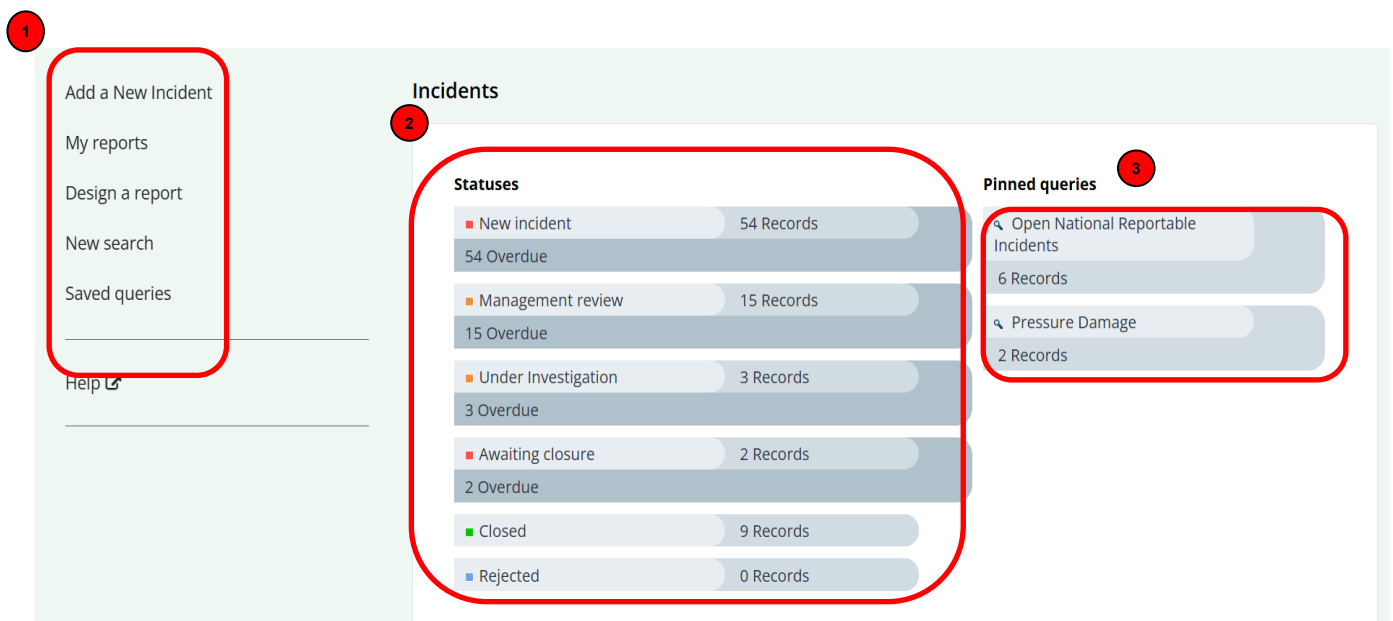
If you are an authorised user and need to login to the system, you can do this by using your Active Directory account. This is the same login name and password you use to login to your PC.

If you encounter any issues, then please contact your Local System Lead at the Health Board / Trust.

## 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
Left -hand navigation panel	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 by a manager within 2 working days.
	Under investigation	This status indicates that the incident has undergone a management review 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 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 classification of incident information will display what fields within the reporting form:

Section	Field	Description
<b>What Event are you Reporting?</b>	Type of Event	<p>Select the relevant field from the drop-down menu. ONLY CHANGE THE TYPE OF EVENT IF YOU ARE REPORTING A VTE.</p> <p>If VTE HAT Review is selected, the below sections appear:</p> <ul style="list-style-type: none"> <li>*Incident Affecting?</li> <li>*Incident severity</li> <li>*When did the incident happen</li> <li>*Responsible Service</li> <li>*Where did the incident happen?</li> <li>*Incident Details/What Happened</li> <li>*Incident Type</li> <li>*Communication</li> <li>*Openness and Transparency</li> <li>*Documents</li> <li>*Reporter</li> </ul>
<b>Incident Affecting?</b>	Who was affected	<p>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.</p>
<b>People Affected</b>	ID	Auto populated.
	Contact Role	Auto populated.
	Contact Type	<p>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.</p> <p>If no record is found, the following fields relating to the person involved in the incident are available to be completed manually:</p> <ul style="list-style-type: none"> <li>Sub type</li> <li>Title</li> <li>Forenames</li> <li>Surname</li> <li>Date of Birth</li> <li>Date of Death</li> <li>Email</li> <li>Postcode.</li> </ul>

	Field	Description
<b>People Affected</b>	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.
	<b>Injury Details</b>	Injury
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.
<b>When did the incident happen</b>	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.
<b>Responsible Service</b>	Incident Service	The Service under which the incident occurred. <b>Not visible on Primary Care Reporting Forms.</b>
<b>Where did the Incident happen?</b>	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.
<b>Incident Severity</b>	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
<b>Incident Details/What Happened</b>	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.

	<b>Field</b>	<b>Description</b>
<b>Incident Type</b> (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 from 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.
<b>Restrictive Practice</b> (Triggered for Physical Restraint event – Care planned and Physical restraint event – Not care planned incidents).	What model of physical intervention (training) used?	Please select all appropriate options from list.
	What technique was used?	Please select appropriate option from list.
	Who took the lead in the intervention	Please select appropriate staff from options from list.
	What other staff were involved in intervention?	Please select appropriate staff from options from list.
	Time physical intervention commenced	Please end the time in the physical intervention commenced.
	Time physical intervention concluded	Please end the time in the physical intervention concluded.
	Legal status of patient / service user?	Please select appropriate option from list.
	Why was intervention used?	Please select appropriate option from list.
	Was medication used?	Please select Yes or No from drop down
	Who administered the medication?	Please enter the information of the person who administered the medication in this field.
	Was any other person injured during the intervention?	Please select appropriate option from list.
	What was the outcome for the patient / service user	Please select appropriate option from list.
	Was there a post incident welfare debrief with staff?	Please select Yes or No from drop down
<b>Additional Information</b>	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	Please select Yes or No as appropriate

	(Electronic Prescribing and Medicines Administration)?	
	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.
	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
	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.

<b>Information Governance</b>	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.
<b>Communication</b>	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
<b>Violence and Aggression Incidents</b>	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

<b>Medications Drug administered / prescribed / omitted / supplied</b>	Search for drug administered or omitted	
	Brand name of drug administered	Auto populated by search.
	Manufacturer of drug administered	Auto populated by search.
	Route administered, prescribed, dispensed or omitted	Select from drop-down menu.
	Dose administered, prescribed, dispensed or omitted	Select from drop-down menu.
	Form administered, prescribed, dispensed or omitted	Select from drop-down menu.
	Drug administered or omitted batch number	Enter batch number.
	Is the drug administered or omitted under clinical trial?	Select from drop-down menu.
<b>Medications Intended drug to be administered / prescribed / supplied</b>	Search for intended / suspected drug	
	Brand name of drug intended / suspected	Auto populated by search.
	Manufacturer of drug intended / suspected	Auto populated by search.
	Route intended / suspected	Select from drop-down menu.
	Dose intended / suspected	Select from drop-down menu.
	Form intended / suspected	Select from drop-down menu.
	Intended drug batch number	Enter batch number.
	Is the drug intended under clinical trial?	Select from drop-down menu.
<b>Medication – Additional Information</b>	Please add medication below, if you are unable to find name in medication section	Please enter the name of the medication not found in this field
	Did an earlier prescribing error contribute to this incident?	Select from drop-down menu. (Only visible for incidents with Category 'Administration errors')
	Did a medication supply error contribute to this incident?	Select from drop-down menu. (Only visible for incidents with Category 'Administration errors')
	Did the medication incident involve any of the following	Select from drop-down menu.
	Other important factors relating to the medication incident:	Select from drop-down menu.
<b>Equipment</b>	Type of product	Select from drop-down menu.
	Manufacturer name	Enter name of manufacturer
	ID/Asset/Serial/Batch Number	Enter serial number.
	Equipment ID	Enter equipment ID number
	Description and location of the defect/problem	Provide details of defect/problem.

<b>Contact (triggered from question in Additional Information)</b>	Contact Type	Select the contact type from a drop-down list.
<b>Other Contact</b>	Role (Persons)	<p>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.</p> <p>If no record is found, the following fields relating to the person providing feedback are available to be completed manually:  Email:  Address Line 1  Address Line 2  Address Line 3  Postcode  Primary Contact number  Secondary Contact number  Notes  Was the person injured in the incident? If yes, this will trigger an Injury detail section.</p>
<b>Injury Details</b>	Injury	Select type of injury form drop-down menu
	Body part	Select which body part the injury is located 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 another injury.
<b>Openness and Transparency (Triggered for Patient/Service User incidents).</b>	Was the patient/appropriate person informed that an incident occurred?	If yes, this discloses additional questions relating to this subject (further details below)
	When was the Patient/Service User /appropriate person informed? (dd/mm/yyyy)	Enter date the discussion took place
	Name and job role of staff that informed patient/appropriate person	Enter details of staff who were involved
	Name of person(s) who was informed	Enter details of the Patient/Service User/appropriate person who was informed
	<b>Field</b>	<b>Description</b>
<b>Documents</b>	Are there any documents to be attached to this record	Select yes if you have any documents to attach on submission, this will trigger fields at the bottom of the form. You will also be able to attach documents after submission.
<b>Documents (triggered from question in Additional Information)</b>	Link as	Select from drop down
<b>Details of Person reporting the Incident</b>	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
<b>Additional Reporter Details</b>	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.

Note: For the Details of person affected section the Reporter section and any other contact section, you can clear the information that may be automatically populated by clicking Clear section, within the section. When a new Incident Record is recorded an email notification can be sent to the relevant Handler/Investigator.

## People Involved

It is important that anyone that is involved in the Incident is linked as a contact. To add any other contacts to a record, click as appropriate one of the following links:

- Create a new Person Affected link
- Create a new Other contact link

Complete all mandatory fields and click Check for Matching Contacts to ensure that the contact does not already exist. If a record exists, click Choose and complete any incident specific information as appropriate.

If a record does not exist, click Cancel and complete the Contact Details and any Link Details. Click Create New Link > Save.

## Contact Matching

The system not only integrates with the Master Patient/Service user Index but also contains a large contact database in the background which provides you with incredibly useful information. This will enable you to search on how many times an individual has been involved in an incident, complaint etc. If you need to manually enter a contact then the person responsible for managing the record will need to perform an “approval” process on each contact submitted to ensure that duplicate contact records are not created, the new contact will initially be marked as ‘unapproved’ and they will need to approve or reject them.

It is extremely important that you always search for contacts before creating any new contact records. If new contacts are created the person responsible for handling/managing the record must ensure they follow the correct process when they approve the contact. **It is extremely important that we do not create duplicate contacts in Datix Cymru wherever possible.**

In the contact type field, you must select the Type of Contact that you are searching for.

### For Patient/Service User

When the Contact Type of Patient/Service User is selected, you will need to select NHS number in the ID number Type field, in the ID number field enter the Patient/Service Users NHS number and select search, the system is integrated with the Master Patient Index and will pull the demographic details of the Patient/Service User into the system.

If you do not have the NHS number and the Patient/Service User’s contact information is already in the database, you can also search using the Hospital number.

If you do not have the Patient/Service User's NHS number, you will need to look this information up in your Patient/Service User Information system (e.g. Myrddin).

Once you confirm this is the correct Patient/Service User, select choose, if it is not please click clear section. A further search will need to be carried out or manually add the Patient/Service User's details in.

The screenshot shows a search interface with the following elements:

- Type** section: "Person Affected" selected, "Clear section" button.
- Contact Role** dropdown: "Person Affected".
- Contact Type** dropdown: "Patient".
- Search** button.
- NHS/ID Number** section: "When searching for patient's details please search by NHS number".
- ID Number Type** dropdown: "NHS number".
- ID Number** text input: "12345678".
- Search** button.
- Matching contacts** popup window with a table:

Choose	ID	Surname	Forenames	Type	Subtype
Choose	1	TEST	TEST	Patient	Service User

Basic demographic information will be returned at this point, however additional Patient/Service User's demographic information will be available in the contacts database. If any data is missing from visible fields and you have this information, then please add it to the record e.g., e-mail address. The data that has been populated will be greyed out and read only on the form.

The form contains the following fields:

- \* Subtype**: Patient/Service User
- Title**: Mr
- \* Forenames**: ABRAHAM
- \* Surname**: SIMPSON
- Date of birth (dd/mm/yyyy)**: 10/01/1940
- Date of death (dd/mm/yyyy)**: 27/08/2024
- Postcode**: CF34 9PP
- \* Was the person injured in the incident?**: [Dropdown menu]
- Add another** button.

### For Employee/Member of Staff

For best search results when searching for staff then please add the forename, surname and email address. If you do not select all of these fields prior to searching you may be

presented with a large number of contacts on your list to choose. If the employee/member of staff is not presented to you then you can manually input the staff details, however, this will then need to be checked and approved by the person responsible for managing the record.

### Any Other Contacts

When searching for any other contacts please search using forename & surname only. If the contact is not presented to you then you can manually input the staff details, however, this will then need to be checked and approved by the person responsible for managing the record.

\*Please note the search button is currently in the Type section of the form – we are working to relocate this field to more suitable place on the form.

### Approval of Contacts

The person responsible for managing the record will need to check all contacts are approved:

- Click 'People Involved' to confirm their contact details. This brings up a list of staff/people involved
- If the contact shows as unapproved (red) in the approval status – click on the name to confirm the contact details

People Involved											
Approval status	ID	Contact Type	Role (Persons)	ID Number Type	ID Numbers	Subtype	Surname	Forenames	Tel 1	Body part (primary)	Injury (primary)
Unapproved	395	Named Consultant	Person Affected				McAvoy	James			
<a href="#">Create a new Person Affected link</a>											
Other Contacts											
Approval status	ID	Contact Type	ID Number Type	ID Numbers	Subtype	Surname	Forenames	Date of birth	Age (Persons)	Language	Tel 1
Approved	394	Employee/Member of Staff			Additional Clinical Services	Crompton	Rachel				
<a href="#">Create a new Other Contact link</a>											

Check the contact details are correct and add any additional information you may have - At the bottom of form Click on the 'Check for matching contacts' button to confirm if there is already an approved contact for the contact.

**Contact Details**

\* Subtype  
Service User

\* Title  
Mrs

Gender

Date of birth (dd/mm/yyyy)

Date of death (dd/mm/yyyy)

Tel 1

Tel 2

Disabilities

Nationality

Ethnicity

Religion

Marital status

Current approval status  
Unapproved

\* Approval status  
Unapproved

Back to record   Unlink contact   Check for matching contacts   Save

If you find the correct contact, please select choose. This contact record will then replace the contact record of the unapproved contact.

If no matching contacts are found the user needs to amend the 'Approval status' field. This is done by clicking on the drop-down arrow at the side of the field – the user should then select 'Approved' from the drop-down list.

The 'Approval status' field will then be updated. The user then needs to click the 'save' button – this will link the record to the user.

The contacts that have been searched for correctly and are available in the system will automatically be approved.

## To Generate a Record (left hand side panel)

1. Click Capture in the top application menu.
2. Select the module you want to generate a record from.
3. Find and select the appropriate record.
4. Click Generate from the left-hand navigation menu.
5. Select Incident in the Module to generate record in drop-down field.
6. Select the desired workflow status in the Approval status drop-down field.
7. Select the appropriate checkboxes as needed:
  - Copy links to contacts?
  - Copy documents?
  - Copy respondents?
  - Link generated record to master record.

8. Click Generate. The new feedback record is generated and linked to the existing record.

RLDatix™ 1 Capture Evaluate Strategy Implement Assess COVID-19 Resources 11 + ? CB

### Claims

Generate from selected records

Generate options

5 \* Module to generate record in:  
Incidents

6 \* Approval status  
New Incident

7  Copy links to contacts?  
 Copy documents?  
 Copy causal factors?  
 Link generated record to master record?

8 Cancel Generate

## Incident Details

The information submitted from the reporting form will automatically pull through to the incident details, it is important to undertake data validation to ensure this information is correct. Additional questions are also available in incident details following the incident submission.

	Field	Description
<b>Incident Details</b>	Type of Event	Please select from the Drop-Down menu
	Was this a VTE Event?	<p>If 'Confirmed HAT' is selected, the record follows the standard incident process.</p> <p>If 'HAT excluded' is selected, only these panels and sections (including changes noted above) will display:</p> <ul style="list-style-type: none"> <li>* Incident Details (Panel)</li> <li>* Incident Details</li> <li>* Incident Severity</li> <li>* Details</li> <li>* Incident Type</li> <li>* Responsible Service</li> <li>* Where did the incident happen?</li> <li>* Communication</li> <li>* Openness and Transparency</li> <li>* People Involved (panel)</li> <li>* Incident Investigation (panel)</li> <li>* Does this incident need external reporting?</li> <li>* Outcome of Review</li> <li>* Approval status</li> <li>* Progress notes (panel)</li> <li>* Actions (panel)</li> <li>* Notifications, Communication and Feedback (panel)</li> <li>* Documents and templates (panel)</li> <li>* Linked records</li> </ul> <p>If 'Under Review' is selected, no further fields are triggered.</p>
	Current approval status	This displays the current approval status
	<b>Name and reference</b>	ID
	Date Reported (dd/mm/yyyy)	This is auto populated from reporting the incident
	DWEB Reference Number (If applicable)	Enter a Datix Web reference number if applicable
	Vehicle Registration Number	Enter a vehicle registration where a vehicle was involved in the incident
	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.
	Name of Person Affected	This is auto populated when a person affected is entered as a contact in the reporting form.
	Incident Manager	Please select the Line Manager or the person responsible for the management of the incident.
	Date Reported (dd/mm/yyyy)	This is auto populated from reporting the incident
<b>Incident Severity</b>	Reporters Initial harm	Enter the level of harm from a drop-down menu options

	assessment	
<b>Details</b>	Incident date (dd/mm/yyyy)	The date the incident occurred.
	Time (hh:mm)	The time the incident occurred.
	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.
<b>Responsible Service</b>	Incident Service	The Service under which the incident occurred. <b>Not visible on Primary Care Reporting Forms.</b>
<b>Incident Type</b> (Entries in this section may trigger additional questions for completion by the reporter)	Who was affected?	Select who was affected by the incident from the options in the drop-down menu
	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 from the drop-down menu.
<b>Additional Information</b>	Are there any Additional Factors relating to this Incident?	Please select all relevant options as appropriate
	Date of Industrial Action	If visible, please enter date of the industrial action
	Further information pertinent to Industrial Action	If visible, please type in any information pertinent to the industrial action
	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 Team Initial Triage section will be visible.
	Does this incident have any safeguarding elements?	Select yes if there are any safeguarding elements related to the incident. If yes, is selected a further text field will be visible to capture the process to be followed.
	Was any equipment involved in the incident?	Select yes if there are any equipment involved in the incident.
	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 there any 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
	Were temporary staff involved in the incident?	Select the appropriate radio button.
<b>Information Governance Team Initial Triage</b>	IG reviewed by	Please select user who has reviewed the incident for IG
	Date IG reviewed	Please enter date IG reviewed the incident
	Confirmed IG issue	Please select Yes or No.  If 'Yes' is selected, the Information Governance Management Review section and Information Governance Team Review section become visible.

<b>Responsible Service</b>	Incident Service	Select the appropriate service if applicable (reporting form will complete the service field)
<b>Where did the Incident happen?</b>	Location of Incident	Select the appropriate location if applicable (reporting form will complete the location field)
<b>Communication</b>	Is this incident highly confidential (not for circulation)?	Please select Yes or No from the drop-down menu
	Who else needs access to this Incident?	Please select users from the drop-down menu who will need access to this incident.
	Who have you informed of the incident?	Please select who have you informed of the incident if applicable (reporting form will populate information)
<b>Openness and Transparency (Triggered for Patient/Service User incidents).</b>	Was the patient/appropriate person informed that an incident occurred?	If yes, this discloses additional questions relating to this subject (further details below)
	When was the patient/ /appropriate person informed? (dd/mm/yyyy)	Enter date the discussion took place
	Name and Job role of staff that informed patient/appropriate person	Enter details of staff who were involved
	Name of person(s) who was informed.	Enter details of the Patient/appropriate person who was informed

## Incident Investigation/Managing an Incident

When an incident has been reported onto the system, it initially sits within the New Incident Status.

Reviewers must go into the new incident check the information is correct and complete any missing fields.

Before you make any changes, save the record in the Management Review status, the fields for the Management Review will now be visible for completion. You will be unable to save any changes you make if the record is left as a New Incident. If you do not enter the name of the Incident Manager, the system will input your name. The approval status should stay as 'Management Review' until the Management Review has been completed.

### Incident Investigation

**★ Does this incident need external reporting?**

Certain incidents and events are reportable to external agencies or other NHS bodies, NHS Wales Executive Welsh Government, Health and Safety Executive (HSE) Including RIDDOR, Medicines Healthcare Regulatory Agency (MHRA), Never Events and SMTL.

Yes

### Management Review

**★ Investigator(s)**

Please add all the staff that will be reviewing or investigating this incident in this field

### Management Review

**★ Date Management Review started (dd/mm/yyyy)**

**★ Manager's Interim Harm Assessment**

This incident is graded on potential harm caused by the Health Body

The All Wales Grading Framework is part of the PTR Regs. For a copy of the framework please right click over the underlined text and select 'open link in new window.' [Grading Framework](#)

You are able and encouraged to add progress notes at this stage as you can add these without having to complete all mandatory fields.

It is the responsibility of the allocated manager to review the incident record and complete the management review section.

This involves checking the information included in the incident record, to ensure that it is accurate, complete, relevant, reliable and timely.

Section	Field	Description
<b>Management Review</b>	Investigator(s)	Enter the reviewer/investigator.
<b>Management Review</b>	Date management review started (dd/mm/yyyy)	Enter the date that the management review started.
	Manager's Interim Assessment	Select from drop-down menu
	Following the initial review, has the grading changed	Yes/No drop down.
	Please explain why the grading has changed since the record was submitted	Enter reason for grading change.
	Was the healthcare provided a factor or may it have been a factor in a Patient/Service user suffering harm?	Please choose Yes or No from the drop-down options. Only visible for Moderate, Severe or Catastrophic graded incidents from Managers Interim Harm Assessment. If 'Yes' is selected in this field the 'Duty of Candour' section is visible for completion.
	Date NHS Body first became aware that DoC was triggered	Select date.
	Is this incident connected to the nursing care?	Yes/No drop down. If 'Yes' is selected the Nurse Staffing Act' panel is visible
	What were the findings of the management review?	Enter findings of the review.
Are further immediate actions required at this time?	Enter all further actions required to prevent recurrence.	

	Is there any early learning identified for sharing internally and externally?	
	Staff Absence	Visible if person affected is type 'Staff/Contractor'. If there was a staff absence, further date fields are visible to capture the start and end date of absence.
	Does this require a focused review?	Selected the appropriate radio button (Focused Review appears in the Side Panel). If yes, please ensure you complete the focused review e.g., Inpatient Falls, Pressure Ulcer, Sharps, Manual Handling.
	Does this patient safety event (including near misses) involve radiation or MRI?	Select Yes or No as appropriate. If 'Yes' is selected a further field will be visible to select radiation service.
	Please select which Service	Please select appropriate service from the radio button options. A further section/panel will be visible depending on the option that is selected
	Management review completed by	Select the appropriate user from the list
	Date Management review completed	Enter date the management review was completed
	Further investigations following management review?	Select close or proportionate investigation required.
	Are you ready to complete the Investigation?	Yes/No drop-down menu. Select yes to trigger Proportionate Investigation Following the Management Review section.

## Radiotherapy

The Radiotherapy section will be visible if the service '**Radiotherapy**' is selected in the field '**Please select which Service**' in the Management Review section. This is only relevant for certain organisations.

Section	Field	Description
Radiotherapy	Radiotherapy Classification Level	Please select the appropriate options(s) from the drop-down menu. This is a multi-pick field
	Radiotherapy Pathway Coding	Please select the appropriate options(s) from the drop-down menu. This is a multi-pick field
	Radiotherapy Contributory Factors	Please select the appropriate options(s) from the drop-down menu. This is a multi-pick field
	Radiotherapy Modality	Please select the appropriate options(s) from the drop-down menu. This is a multi-pick field

If following Management Review, it is felt the actions undertaken are sufficient to close the record, select 'Management Actions Sufficient – Close' from the option available. The Yorkshire Contributory Classification Framework\* and Conclusion section will appear and **must** be completed.

Further investigations following management review?

Management Actions Sufficient-Close



### Yorkshire Contributory Factors Framework

#### Domain 1: Situational Factors

★ Team Factors: Was there any failure or team function?

For example; Conflicting Team Goals, Poor Delegation, Lack of respect for colleagues, Absence of feedback

- Yes  
 No  
 Maybe

★ Individual Staff Factors: Were there any reasons this incident was more likely to occur with the particular staff involved?

For example; fatigue, stress, rushed, distraction, inexperience

- Yes  
 No  
 Maybe

★ Task characteristics: Did the task features make the incident more likely?

For example; unfamiliar task, monotonous task, difficult task

- Yes

Complete all required fields. You will also be required to complete the below sections:

Section	Field	Description
Conclusion	Is this incident related to the five harms of Covid 19?	Select from drop-down menu.
	Conclusion.	Enter conclusion following review/investigation.
	Post Investigation Harm Assessment	Enter the harm of the Incident <b>following the</b> investigation. This should be the severity of harm caused by the organisation. Help text is provided in a link on the field. If Moderate, Severe, Catastrophic / Death is selected you will need to answer a further Duty of Candour question if not already completed.

Result	Enter the outcome of the incident following investigation.
Recommendations	Enter recommendations.
Lessons learned.	Enter any lessons for learning.
Feedback to incident reporter.	Enter narrative which will be sent to the reporter.
Date review/investigation completed.	Enter date review completed dd/mm/yyyy.
Is this death confirmed as a suicide by the coroner?	Please select Yes or No as applicable. Only visible when Catastrophic / Death is selected in Post Investigation Harm Assessment.

\* Acknowledgement to the Yorkshire and Humber Improvement Academy.

If following Management Review, it is identified a proportionate investigation is required, the form will ask the user to select one of proportionate investigation options.

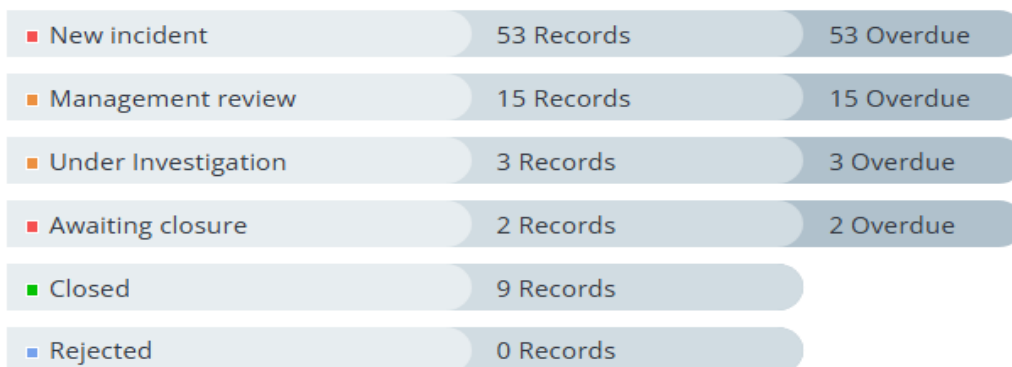
\* Further investigations following management review?

Management Actions Sufficient-Close

Proportionate Investigation Required

When you are ready to complete a Proportionate Investigation, you can access this by clicking on the status area below and selecting the appropriate record.

**Statuses**



You will then need to click on the Incident Investigation Side Panel.

☰ Incident Details
☰ People Involved
☰ <b>Incident Investigation</b>
Corporate Review
External Reporting
Progress notes
Actions

Section	Field	Description
<b>Proportionate Investigation Following the Management Review</b>	Date review started	Enter the date that the investigation was started
	Narrative of Patient/Person Affected Journey/Timeline/Key Issues	Enter details of the Patient/Service User journey
	Incident consequences	Enter incident consequences
	Narrative of Findings	Enter findings
	Responsible Monitoring Committee	Enter responsible monitoring committee
	Just culture tool considered	Select from drop-down box
	Following the Investigation, are any further investigations required?	Select from drop down box
	What is the chance of this incident re-occurring	Drop down of matrix Consequence Likelihood Grade
	Responsible Directorate/Unit	Enter responsible directorate
	Further Duty of Candour Discussion Undertaken	Select Yes or No from drop down box

If the incident is ready to close following the Proportionate Investigation, the Yorkshire Contributory Classification Framework and Conclusion will appear for completion, as noted above.

## Duty of Candour

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?'

<b>Management Review</b>	Managers Interim Harm Assessment	Enter the potential harm of the incident from the drop-down menu
	Following the initial review, has the grading changed	Please select Yes or No from the drop-down menu
	Please explain why the grading has changed since the record was submitted.	Please enter a reason why the grading has changed since the incident was submitted
	Was the healthcare provided a factor or may have been a factor in a Patient/Service User	Please select Yes or No as appropriate. If Yes is chosen the following narrative box is visible
	Please explain why the grading has changed since the record was submitted	Complete narrative box with full explanation to cover the reason for change.

You can access the Duty of Candour panel by clicking onto this on the left-hand side.



It is the responsibility of the allocated manager to review the incident record and complete the Duty of Candour section. This involves checking the information included in the incident record, to ensure that it is accurate, complete, relevant, reliable, and timely.

Section	Field	Description
<b>Duty of Candour (DoC)</b>	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.
<b>Duty of Candour - Initial Notification</b>	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, Duty of Candour - Investigation Response 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 and another field 'Type of Response' will also be visible  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 an 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.

## Radiology

This section is visible when **'MRI', 'Nuclear Medicine' or 'X-Ray'** is selected in the field **'Please select which Service'** in the Management Review section.

Section	Field	Description
<b>Radiology</b>	Radiology Severity Level	Please select the appropriate option from the drop-down options.
	Exposure Type	Please select the appropriate option from the drop-down options.
	Intended Modality	Please select the appropriate option from the drop-down options.
	Performed Modality	Please select the appropriate option from the drop-down options.
<b>Patient Pathway</b>	Primary Point of Failure in the Pathway	Please select the Primary Point of Failure from the drop-down options. This will make the appropriate section visible to complete.
<b>Referral Process</b>	Referral Information	If visible, please select the appropriate option from the drop-down options.
	Appointment Process	If visible, please select the appropriate option from the drop-down options.
	Patient Preparation	If visible, please select the appropriate option from the drop-down options.
<b>Justification and Authorisation Process</b>	Safety Checks	If visible, please select the appropriate option from the drop-down options.
<b>Practical Aspects</b>	Patient Safety Checks	If visible, please select the appropriate option from the drop-down options.
	Exposure Safety Checks	If visible, please select the appropriate option from the drop-down options.
	Radiopharmaceutical Administration	If visible, please select the appropriate option from the drop-down options.
	Contrast or Pharmaceutical Administration	If visible, please select the appropriate option from the drop-down options.
	Radiological Equipment	If visible, please select the appropriate option from the drop-down options.
	Image Acquisition and Management	If visible, please select the appropriate option from the drop-down options.
	Clinical Evaluation	If visible, please select the appropriate option from the drop-down options.
<b>Secondary Points of Failures in the Patient Pathway</b>	Were there additional failures identified within the pathway?	Please select Yes or No as appropriate. If 'Yes' is selected a further field will be available to capture additional points.
	Additional points of failure identified	Please select all available options from the drop-down menu. This is a multi-pick field.
<b>Radiology Contributory Factors</b>	CF1 Individual	Please select all available options from the drop-down menu. This is a multi-pick field.
	CF2 Procedural	Please select all available options from the drop-down menu. This is a multi-pick field.

	CF3 Technical (Equipment)	Please select all available options from the drop-down menu. This is a multi-pick field.
	CF4 Patient Related	Please select all available options from the drop-down menu. This is a multi-pick field.
	CF5 Teamwork, Management and Organisational	Please select all available options from the drop-down menu. This is a multi-pick field.
	CF6 Environmental	Please select all available options from the drop-down menu. This is a multi-pick field.
	CF7 Other	If other is selected a text field will be visible to capture details

## Information Governance Management Review Section

The Information Governance section is triggered when the reporter selects **YES** to the question "Does this Incident have Information Governance considerations?". The Information Governance Management Review Section is then visible in the left hand panel

The screenshot shows a software interface with a top navigation bar (Capture, Evaluate, Strategy, Implement, Assess) and a right-hand 'COVID-19 Resources' button. On the left, a navigation menu includes 'Incident Details', 'People Involved', 'Incident Investigation', 'Information Governance Management Review' (highlighted with a red box and a circled '1'), 'Corporate Review', 'Progress notes', and 'Actions'. The main content area shows a form for 'Additional Information' with questions like 'Is there any factor relating to Emergency Planning for this incident?' and 'Does this Incident have Information Governance considerations?'.

Section	Field	Description
Information Governance Management Review	IG Reference number	Enter IG ref number
	Has personal data been disclosed outside of the organization?	None/Yes/No/Don't know radio buttons
	What type of personal data is included?	Select all that apply from drop down menu
	Has there been (or is there likely to be) any impact to the individuals as a result of the incident?	Please select the relevant impact. This is a multi-pick option
	Who does this incident relate to?	Please select who the incident relates to. This is a multi-pick option. If 'other' is selected please see box below
	Who does this incident relate to? Other, please specify	Please type who the incident relates to
	Where has the data been disclosed accidentally or deliberately?	Please select where the data has been disclosed to. This is a multi-pick option. If 'other' is selected please see box below
	Where has the data been disclosed accidentally or deliberately? Other, please specify	Please type where the data has been disclosed to

	How many personal data records are concerned?	Please type the number of personal data records that are concerned with the incident
	How many individuals are affected by this incident?	Please type the number of individuals that are affected by this incident
	Is the recipient aware of the breach?	Yes/No/Don't know drop down
	Is the data subject(s) aware of the breach?	Yes/No/Don't know drop down
	Is it likely that the recipient knows the data subject(s)?	Yes/No/Don't know drop down
	Has a complaint been received by the organisation?	Yes/No/Don't know drop down If yes is selected, an alert message pops up reminding the reviewer to link the complaint to the record
	Has the data been recovered?	Yes/No/Don't know drop down
	Has any inaccurate data been removed/updated/corrected to avoid further incidents?	Yes/No/Don't know drop down
	Has there been or is there likely to be press or media interest relating to the breach?	Yes/No/Don't know drop down If yes is selected, an alert message pops up reminding the reviewer to complete and Early Warning Notification for submission
	Has there been or is there likely to be social media activity relating to the breach?	Yes/No/Don't know drop down
	Have individuals directly involved with the incident completed their statutory and mandatory information governance training within the last 2 years?	Yes/No/Don't know drop down

**The information Governance Team Review section will only show to those users who have permitted access**

Section	Field	Description
Information Governance Team Initial Triage	IG Reviewed by	Please select from drop down menu
	Date IG reviewed	Please enter date IG was reviewed
	Confirmed IG issue	Yes/No option. If yes is selected, Information Governance Team Review section is visible.
Information Governance Team Review	What is the type of Information Governance Incident?	Please select what type of information governance the incident relates to
	What are the potential consequences of the incident?	Please type what the potential consequences of the incident are
	What preventative measures are in place?	Please type what preventative measures are in place
	Does this personal data breach require notification to the ICO?	None/Yes/No If yes is selected please see boxes below

Date ICO notified	Please enter date ICO was notified of the IG breach
ICO reference number	Please type ICO reference number
Where notification exceeds the 72-hour timescale, please explain why?	Please type reasons for notifications exceeding 72-hour timescale
ICO Status	Open/Closed drop down
Recommendations/actions provided by ICO	Please type recommendations/actions provided by ICO
Record of correspondence with ICO	Please type any record of correspondence with ICO
Does this personal data breach require notification to the data subject(s)?	None/Yes/No If yes is selected please see boxes below
Date data subject notified	Please enter date that the data subject was notified
Record of correspondence with data subjects	Please type any record of correspondence with the data subjects
Summary of IG actions taken	Please type the summary of IG actions taken
IG Team Review Closed by	Please select from user list
Date IG Team Review Closed	Enter closed date

## Corporate Review (left hand side panel)

The Corporate Review panel has been added for corporate teams (including Health & Safety, Patient Safety, Tissue Viability Nurses, RRails Review and other corporate specialist teams) to keep track of the corporate management of various incidents.

Corporate Review

Type of Corporate Specialist Review

---

- Health and Safety
- Other
- Patient Safety
- RRails Review
- Specialist Palliative Care (SPC)
- TVN Corporate Review

Section	Field	Description
<b>Corporate Specialist Reviews for: Health &amp; Safety</b>	Reviewer	Enter the reviewer
	Actions taken	Enter actions taken
	Who has been informed	Enter communication information
	Date Closed	Enter date the incident is closed
	Reviewer Notes	Enter any notes in relation to the management of the incident
<b>Patient Safety Review</b>	Patient Safety Reviewer	Select reviewer from drop-down menu
	Date Initial Review by Corporate Patient Safety Team undertaken	Enter date
	Type of Patient Safety Review	Select from drop down
	Corporate Patient Safety Team Status	Select from drop down
	Patient Safety Initial Review	Please describe initial review
	Patient Safety Actions Taken	Please describe actions taken
	Outcome of Initial Review	Select from drop down. This is a multi-choice field.
	Date of Safeguarding Panel	Enter date (if visible)

	Date of Control Group / Incident Management Group (if visible)	Enter date
	Date of Strategy Meeting / Rapid Review (If visible)	Enter date
	Date Review Completed by Patient Safety Team (visible when closed selected in 'Corporate Patient Safety Team Status')	Enter date
	Patient Safety - Closure Notes (visible when closed selected in 'Corporate Patient Safety Team Status')	Please describe closure notes
	Linked to other process	Select from drop down
<b>TVN Corporate Specialist Review</b>	TVN actions taken	Enter actions taken
	Date Closed	Enter date the incident is closed
<b>Other Corporate Specialist Review</b>	Other - actions taken	Enter actions taken
<b>RRAILS Review</b>	Resus Issue Confirmed	Select from drop down
	RRAILS Review: Reviewed by	Enter reviewer information
	RRAILS Review: Reviewed date	Enter review date (dd/mm/yyyy)
	Was there failure to follow the NEWS protocol	Select from drop down
<b>Specialist Palliative Care (SPC)</b>	Reviewed by (SPC)	Please select from drop-down menu
	Review Date (SPC)	Enter review date (dd/mm/yyyy)
	Does this incident relate to the Specialist Palliative Care Team?	Please select from drop-down menu
	SPC Incident relates to the following Themes	Please select from drop-down menu. This field can select multiple options.
	Feedback to Department	Please enter text
	Date closed (SPC)	Enter closed date (dd/mm/yyyy)
<b>The Datix Cymru LSL panel is read only by default</b>		
<b>Datix Cymru LSL</b>	Was a review undertaken within 72 hours?	Select from drop down
	Corrections made to records?	Select Yes or No. If yes is selected a further 3 fields are visible to capture the information changed and the member of staff making the changes
	What corrections were made to the record?	Select from drop-down menu.
	Supporting information on what corrections were made	Enter corrections made.
	Local System Lead making correction(s)	Select from drop-down menu.

## External Reporting (left hand side panel)

The External Reporting Panel has been added for corporate teams to keep track of the management of various incidents that require reporting to external bodies.

External Reporting

To whom are you externally reporting?

---

Counterfraud  
 HIW  
 HSE  
 HTA  
 Information Commissioner  
 MHRA  
 Natural Resource Wales (NRW)

Section	Field	Description
<b>External Reporting</b>	To whom are you externally reporting?	Multi pick selection: Counter fraud NHS Wales Performance and Improvement HIW HSE HTA Information Commissioner MHRA MHRA Yellow Card Public Health Wales SABRE SHOT Welsh Government WHSSC Other Health Body Natural Resources Wales
	What is being externally reported?	Multi pick selection from the following: Adverse reaction Early Warning Notification Fatal Drug Poisoning HTA Breach IG Breach IRMER Breach NRI RIDDOR Originated in other Health Body License Breach
	Is a joint review required?	Select 'Yes' or 'No' from the drop-down menu If 'Yes' is selected, the below question appears

	If yes, please specify which organisation(s)	Aneurin Bevan University Health Board Welsh Ambulance Service NHS Trust Other NHS Organisation Betsi Cadwaladr University Health Board Cardiff & Vale University Health Board Cwm Taf Morgannwg University Health Board Hywel Dda University Health Board Powys Teaching Health Board Public Health Wales Swansea Bay University Health Board Velindre University NHS Trust
	If yes, brief description of action taken in relation to joint investigation	Free text – Please type a brief description of action taken in relation to joint investigation
	Are you the lead Organisation for Duty of Candour?	Select 'Yes' or 'No' from the drop-down menu

Depending on what is being reported externally various extra questions trigger for completion.

*Note: The NHS Wales Performance and Improvement reporting forms are currently under review*

## HAT Investigation

The HAT Investigation Panel is available when 'HAT Confirmed' is selected from the field 'Was this a VTE Event'. This will assist Organisations with HAT investigations.

<b>Section</b>	<b>Field</b>	<b>Description</b>
<b>HAT Investigation</b>	Date Range to Diagnosis	Please select from the Drop-Down Menu below
	Type of Admission	Please select from the Drop-Down Menu below
	Admission Length of Stay	Please enter the number in days, numbers 1-90 then up in groups of 7 days
	Day of admission when VTE diagnosed	Please enter the day of admission when VTE diagnosed
	Patient received OPTIMAL thromboprophylaxis?	Please select from the Drop-Down Menu below
	SUB OPTIMAL thromboprophylaxis	Please select from the Drop-Down Menu below.
	Which stage of pregnancy did the VTE occur?	Please select from the Drop-Down Menu below
	HAT Outcome	Please select from the Drop-Down Menu below
	Outcome of investigation	Please select from the Drop-Down Menu below  This field will eventually be moved to the Incident Investigation panel
	Failures	Please select from the Drop-

		Down Menu below  This field will eventually be moved to the Incident Investigation panel
	Sub Failures	Please select from the Drop-Down Menu below  This field will eventually be moved to the Incident Investigation panel
	Lessons Learnt	Please select from the Drop-Down Menu below  This field will eventually be moved to the Incident Investigation panel

## Case Management (left hand side panel)

The Case Management Panel is available as required for Case Managers to assist with the management of violence and aggression incidents in the NHS.

Section	Field	Description
<b>Case Management</b>	Were the Police Contacted?	Select Yes/No as appropriate
	Did you receive contact from the Police?	Select Yes/No as appropriate
	Did the Police attend in person?	Select Yes/No as appropriate
	Were security in contacted?	Select Yes/No as appropriate
	Was a Weapon or an Improvised Item used?	Select from drop down options
	Please describe Weapon/Improvised Item	Please describe Weapon/Improvised Item
	Is there Case Management Involvement	Select from drop down options
	Case Manager	Select the Case Manager from drop down options
	Immediate action taken by the Case Manager	Enter any action taken by the Case Manager in the free text field
	Case Manager's updates	Enter any relevant updates in free text field
	Exact Category of Behaviour	Select from drop down options
	Repeat offender	Select Yes/No as appropriate
	Was this a hate incident?	Select Yes/No as appropriate
	Type of hate crime?	Select all appropriate options from drop down list
	Was Restrictive Physical Intervention used during	Select Yes/No as appropriate

this incident?	
Was NHS property damaged or stolen?	Select Yes/No as appropriate
Relevant factors	Select all appropriate options from drop down list
Contact made with	Select all appropriate options from drop down list
Has a risk assessment been completed or updated	Select Yes/No as appropriate
Case Manager status of case	Select from drop down options
Outcome	Select all appropriate options from drop down list
Action Taken?	Enter action taken in the free text field (This is now a read only field for historical data)
Feedback given to	Select all appropriate options from drop down list (This is now a read only field for historical data)
If Annex G Completed, what was the outcome?	Select from drop down options (This is now a read only field for historical data)

## Progress Notes (left hand side panel)

Progress notes are a way of adding notes to records that will be given a time stamp.

Users can be given rights to edit all progress notes or just their own by their administrator.

1. Click Progress notes in the left-hand navigation menu.
2. Type into the Notepad field
3. Click Save.

The screenshot displays the RLDatix interface for a record titled '179 | Bloggs Joe'. The left-hand navigation menu includes 'Progress notes', which is highlighted with a red box and a circled '1'. The main content area shows a 'Progress notes' section with a 'New note' button highlighted by a red box and a circled '2'. Below this is a text input field containing 'yyyy'. Underneath the input field is a table listing existing progress notes:

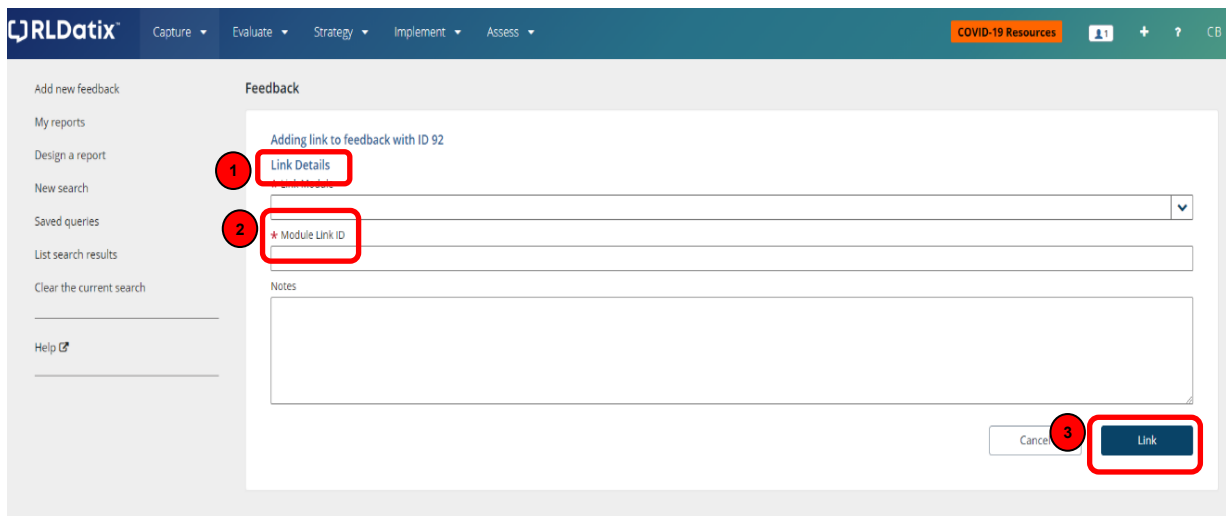
Author and date	Note	Edit
Mr Michael Simpson - Complaints Corporate Lead 17/02/2021 15:09:16	This is another progress note to check ordering	
Mr Michael Simpson - Complaints Corporate Lead 17/02/2021 15:09:00	This is a test progress note	

At the bottom right of the interface, the 'Save' button is highlighted with a red box and a circled '3'.

## Linked Records (left hand side panel)

This gives you the ability to link records together, e.g. where a feedback record is linked to an incident. Make a note of the Function (Module) and Record ID number you want to link to the record.

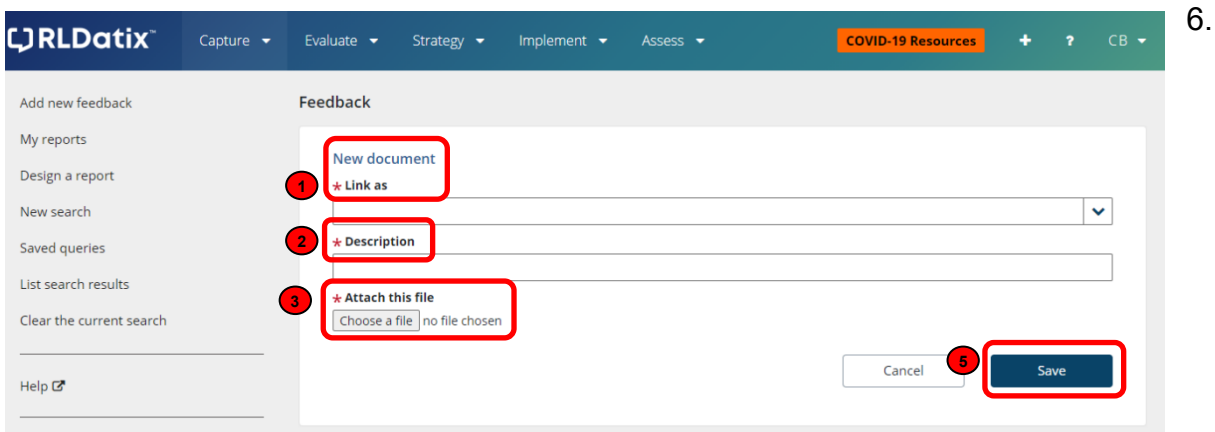
1. From the Link Module drop-down list, select the module.
2. In the Module Link ID enter the Record ID to link to this feedback record.
3. Click Link.
4. Click Save



## Documents and Templates (left hand side panel)

To add a new document Click Attach a new document

1. Select a format from the Link as drop-down list.
2. Type a description of the document in the Description field.
3. Click Browse from the Attach this file field and navigate to the file on your computer.
4. Select the file and click Open.
5. Click Save



To add a new template

1. Select the document template you want to merge from the Word Document drop-down list.
2. Click Merge into a template. The relevant field values from the feedback record are merged into the document template.

## Notifications, Communication and Feedback (left hand side panel)

The Notification, Communication and feedback section is used to send emails directly from Datix Cymru.

When you send an email from Datix Cymru, the system logs the email directly in the record as message history. Responses to the email will be sent to the sender's usual email account and will need to be added to the record as a document.

In addition to sending an email, you can include a document that has already been saved to the record.

To do this, please select a document (or multiple documents if necessary) from the drop-down list in the '**Communication & Feedback Document Attachment**' of the Communication and Feedback section, amend the title and body of the email message as appropriate and click send.

The screenshot shows the 'Communication and feedback' interface. It includes a 'Recipients' section with 'All users' and 'Additional recipients' fields. The 'Message' section has a 'Subject' field containing 'Datix Cloud IQ feedback message' and a 'Body of Message' field with a rich text editor. The body contains a feedback message from Maria Stolzenberg with a URL. Below the message is a 'Send message' button. At the bottom is a 'Message history' table with columns for Date/Time, Sender, Recipient, Body of Message, and Attachments.

If you select notifications, it will show you a list of staff that were notified at the time the Incident was reported.

## Actions (left hand side panel)

The Actions module will need to be completed where any issues/failures have been identified. All actions must be added to the record separately. Example of two actions have been identified

- The need to update a policy
- The need to deliver training

You will need to add these actions in one at a time and ensure you assign the correct staff member responsible for managing the action through to the completion against the record. You can do this by:

1. Click Create a new action.
2. Complete all the required fields.
3. In the Assigned To section, click Search.
4. In the Forename and Surname fields, enter a name.
5. Click Search.
6. Select a contact. You can add multiple contacts.
7. Click Save Action.

## Final Check list before closing down the Incident Record

- All the fields have been completed accurately
- All relevant panels have been completed and reflects the outcome of the Incident
- All actions that have been identified from the Investigation have been added to the record and closed if possible
- All relevant documentation has been uploaded.
- Any Unapproved Contacts highlighted in RED will need to be approved or updated
- All staff involved will need to be added as a contact, including the completion of their role they undertook within the incident, i.e., witness, provided comments, etc.

## Basic Search and Reporting

When performing a search, you will be shown a copy of your incident form. You can select any values from a field in order to search for them. For example, if you wanted to see a specific record and you had the ID number you could enter this into the ID field and Click on Search. If it is relating to a particular type and service, you would simply select that Incident Classification and the service in the drop down and Click Search.

Below are some handy hints for searching:

Symbol	Explanation
*	Wildcard searches are particularly useful for searching within text boxes. For example, to show all complaints where the word "Needle" appears in the description, you would search for*needle*. This would locate the word where any text can come before it, or after it.
=	Searches for all records where a particular field has no value recorded in it. For example, an = sign in the "Closed Date" field would return all records where there is no recorded closed date.
==	Searches for all records where a particular field has a value recorded in it, regardless of what it is. For example, == in the "Closed Date" field would return all records where a closed date has been recorded.

For additional information on features such as reporting and other functionality common across the Capture module, a separate guide will be produced. Alternatively, contact your Local System Lead in the Health Board / Trust.

## Appendix One

### Medication Incidents

You can record incidents that involve medication in two ways. Either via incident Classification

Incident Type
* Who was affected?
Patient/Service User
* Classification
Medication, IV Fluids
* Category
Medication prescribing error
* Sub Category
Duplication of medication

or by indicating medication was involved.

Additional Information
* Were there any medications involved?
Yes

When medication has been indicated in the incident a medication form triggers on the reporting form (overleaf).

Drug administered / prescribed / omitted / supplied	Intended drug to be administered / prescribed / supplied
<input type="text" value="Clear"/>	<input type="text" value="Clear"/>
<input type="button" value="Duplicate"/>	
Search for Drug administered / prescribed / omitted / supplied <input type="text"/>	Search for Intended drug to be administered / prescribed / supplied <input type="text"/>
* Drug administered or omitted <input type="text" value="Alclometasone"/>	* Intended / Suspected drug <input type="text"/>
Brand name of drug administered <input type="text" value="Alclometasone 0.05% cream"/>	Brand name of drug intended / suspected <input type="text"/>
Manufacturer of drug administered <input type="text" value="Aspire Pharma Ltd"/>	Manufacturer of drug intended / suspected <input type="text"/>
Class of drug administered <input type="text"/>	Class of drug intended / suspected <input type="text"/>
Type of drug administered,prescribed, dispensed or omitted <input type="text"/>	Type of drug intended / suspected <input type="text"/>
* Route administered, prescribed, dispensed or omitted <input type="text"/>	* Route intended / suspected <input type="text"/>
* Dose administered, prescribed, dispensed or omitted <input type="text"/>	* Dose intended / suspected <input type="text"/>
* Form administered, prescribed, dispensed or omitted <input type="text"/>	* Form intended / suspected <input type="text"/>
Drug administered or omitted BNF classification <input type="text"/>	Drug intended BNF classification <input type="text"/>
Drug administered or omitted batch number <input type="text"/>	Intended drug batch number <input type="text"/>
Drug administered or omitted ethics committee name and reference <input type="text"/>	Drug intended ethics committee name and reference <input type="text"/>
* Is the drug administered or omitted under clinical trial? <input type="text"/>	* Is the drug intended under clinical trial? <input type="text"/>
Is the drug administered or omitted a manufactured special? <input type="text"/>	Is the drug intended a manufactured special? <input type="text"/>
Is the drug administered or omitted a parallel import? <input type="text"/>	Is the drug intended a parallel import? <input type="text"/>
Stage at which error occurred <input type="text"/>	
Type of error <input type="text"/>	
Notes <input type="text"/>	
Other Important Factors <input type="text"/>	

You can search for the administered medication and the intended. You should complete all required fields.

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

### Medication – Additional Information

Please add medication below, if you are unable to find name in medication section

\* Did an earlier prescribing error contribute to this incident?

\* Did a medication supply error contribute to this incident?

\* Did the medication incident involve any of the following:

\* Other important factors relating to the medication incident

\* Please provide further information (Medication)

## Equipment Incidents

You can record incidents that involve equipment in two ways. Either via incident Classification or by indicating equipment was involved.

### Incident Type

\* Who was affected?

\* Classification

\* Category

\* Sub Category

### Additional Information

\* Was any equipment involved in the incident?

When equipment has been indicated in the incident, an equipment section is visible. You should complete all required fields.

**Equipment**

\* Type of product

Manufacturer name

Serial Number

Equipment ID

Description and location of the defect/problem

## Focused Review Incidents

Some Incidents may require a focused review as part of the proportionate investigation.

Within the Management Review section there is a question asking if a Focused Review is required (select Yes).

\* Does this require a focused review?

If yes, please ensure you complete the focused review panel  
e.g Falls, Pressure Ulcer, Sharps, Manual Handling

- Yes  
 No

This will then trigger the Focused Review option in the side panel and a selection of Focused Reviews will appear.



The question ‘What type of Focused Review is this?’ is now visible in this panel. Please select the type of review to be conducted.

## Focused Review

★ What type of Focused Review is this?

- Extravasation
- In Patient Falls
- Manual Handling
- Pressure Damage
- Sharps

Please select the type of review that is to be conducted and the appropriate Investigation tool will be triggered for completion. You should complete all the required fields.

## In Patient Falls Incidents

You can record incidents that involve falls under the incident Category on the reporting form. The Falls Investigation Tool is to be completed as part of the proportionate investigation. You should complete all the required fields, the section is visible following selection at Focused Review

### Falls

Was there anything particular about the time of day that might have contributed to this fall?

What were the available staff on the ward doing at the time of the fall / where were they?

## Pressure Damage Incidents

You can record incidents that involve pressure damage under the incident Classification on the reporting form this includes device related and non-device related pressure damage.

Incident Type	
* <b>Who was affected?</b>	Patient/Service User <span>▼</span>
* <b>Classification</b>	Pressure Damage, Moisture Damage <span>▼</span>
* <b>Category</b>	Pressure ulcer developed or worsened during care in this clinical care area/caseload <span>▼</span>
* <b>Sub Category</b>	<div style="border: 1px solid #ccc; padding: 5px;"><p>Pressure ulcer category 1 <span>▼</span></p><p>Pressure ulcer category 1</p><p>Pressure ulcer category 2</p><p>Pressure ulcer category 3</p><p>Pressure ulcer category 4</p><p>Suspected deep tissue injury</p><p>Unstageable pressure ulcer</p></div>

Please complete all required fields in the Pressure Damage tool as part of the proportionate investigation, following selection at Focused Review.

Pressure Damage
<b>Details of the pressure damage you are investigating</b>
* How long has the individual been in this care environment
<input type="text"/>
* Reason why the individual is receiving care? <span>?</span>
<input type="text"/>

## Manual Handling Incidents

You can record incidents that involve manual handling under the incident category on the reporting form.

Incident Type	
* Who was affected?	Patient/Service User
* Classification	Equipment, Devices
* Category	Manual Handling - Patient/service user handling
* Sub Category	Bed mobility patient/service user

Please complete all required fields in the Manual Handling tool as part of the proportionate investigation, following selection at Focused Review.

Manual Handling
* Description of Activity (e.g. what was being done, method/technique used, how many staff involved etc.)
<input type="text"/>
* Load / Patient Factors (e.g. weight, size, shape, contents, compliance etc.)
<input type="text"/>

## Sharps Incidents

You can record incidents that involve sharps under the incident category on the reporting form.

Incident Type	
* Who was affected?	Staff/Contractor
* Classification	Accident, Injury
* Category	Contact with needles or medical sharps
* Sub Category	During disposal - No safety fitting on sharp contaminated/used

Please complete all required fields in the Sharps Incident tool as part of the proportionate investigation, following selection at Focused Review.

## Sharps

1. What was the risk from the sharps injury?

(\*) Where a patient or the source of blood or body fluids is known this will be reportable to the Health and Safety Executive, contact the H&S team and Occupational Health for advise VIRUS

- Clean medical sharp (no blood, body fluid or drugs/chemical contamination)
- Contaminated with body fluids (patient does not have a blood bourne virus)
- Contaminated with drugs/chemical
- Patient has or suspected to have a blood Bourne virus (\*)
- Were bloods taken from the staff member and patient?

2. What type of medical sharp was involved?

Describe device type

## Extravasation

You can record incidents that involve Extravasation under the incident category on the reporting form.

### Incident Type

\* Who was affected?

Patient/Service User

\* Classification

Treatment, Procedure

\* Category

Treatment or procedure issues

\* Sub Category

Extravasation (infusion injury)

Please complete all required fields in the Extravasation tool as part of the proportionate investigation, following selection at Focused Review

## Extravasation

What type of extravasation is this?

Size of Extravasation

Is this a late presentation of Extravasation?

What Extravasation symptoms are present?

If you have a photograph of the Extravasation site, please upload in the document panel

Does this meet the criteria for a plastic surgeon?

As a general guideline, advice should be obtained from a plastic surgeon for: Extravasation of vesicant involving an area greater than 2cm

Name of drug causing Extravasation

Vesicants are designated with (V)

Type of IV access?

Drug used to treat the Extravasation?

What treatment was applied to the Extravasation?

Any other information regarding the Extravasation and its treatment?

Was the IV flushed before use?

Rate of Injection

Estimated volume of extravasation

Was a peripheral vascular/intravenous cannula care bundle in place and completed to establish if checks have been undertaken?

Was an infusion device in use at the time of the extravasation?

Was the extravasation avoidable?

## Focused Review Additional Information

Please complete all required fields in the focused review additional information as part of the proportionate investigation, following selection of the appropriate Focused Review

### Focused Review Additional Information

Name and designation of Focused Review investigator

Name and Designation of Senior Person approving the Focused Review investigation & outcome decision

Date focused review investigation completed

## Appendix Two – Additional Information

### National Once for Wales Code Set

The current version of the code set is held in the Coding Workstream shared folder in the Once For Wales Resource Library. This is accessible via your Local System Lead in the Health Board / Trust.

### Dictionary of Medications and Devices

Datix Cymru utilises a database table of medications for all users. This is known as the Medications List.

RLDatix obtain this information automatically from the Dictionary of Medications & Devices (DM&D) list provided by the NHS Business Services Authority.

Following upload of the DM&D list, the NHS Wales Central Team will be required to identify which medications need to be visible within NHS Wales. It is currently the intention of the central team to initially include all available medications and will liaise with the Chief Pharmaceutical Officer and the All-Wales Medicines Management Network to determine which medications are appropriate to be hidden.

The NHS Wales Central Team will provide a full summary of the DM&D list once it has been successful imported and highlight the additions and amendments.