



## Datix Cymru

# SUBMITTING A SAFEGUARDING REPORT

### Functionality User Guide

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**Contents**

**Introduction**..... 3

**Aspects of the Form**..... 3

**How to Access the System**..... 4

**Landing Page**..... 4

**How to Add a New Safeguarding Record**..... 5

**Contact Matching** ..... 11

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## Introduction


This document provides you with a guide on how to use the Safeguarding Functionality in the Datix Cymru system.


The Safeguarding functionality offers a single system to report and manage safeguarding concerns by the organisation.


Safeguarding records allow you to capture all details relating to any safeguarding concerns, for reporting to the local authority and managing those relating to health.


## 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 appropriate 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.

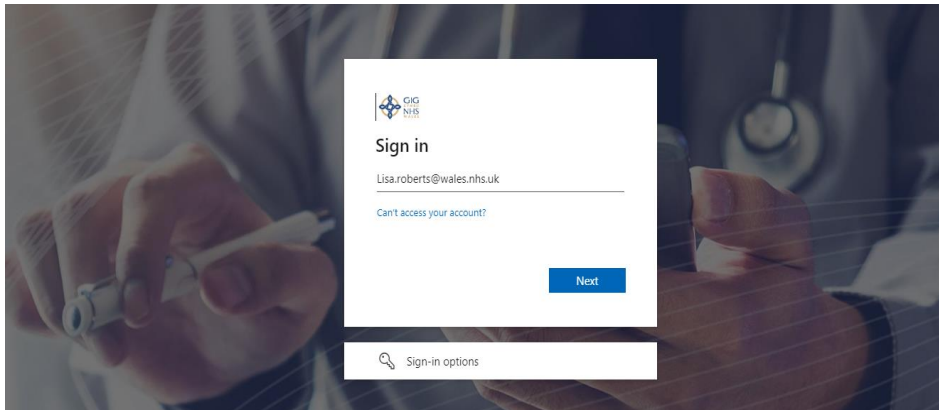
 In a multi-select field, where you can choose more than one option from a dropdown, clicking this icon will remove the currently selected value(s).

 Save button

## How to Access the System

You can record a Safeguarding concern by clicking on the URL link and entering your username and password. This will be the same email and password you use to login to your PC.

If you encounter any issues, then please contact your Local System Lead.



## Landing Page

When you login to the system you will be presented with the landing page below:  
(This will depend on your organisations/user set up)



To Access the Safeguarding function:

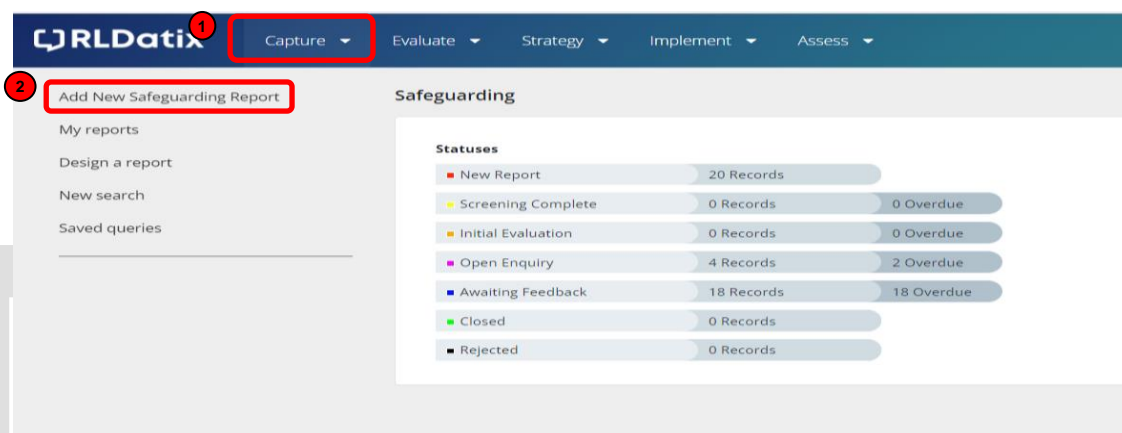
1. Click on Capture and a drop-down menu will be displayed (only the functions you have access to will appear in the menu)
2. Click on Safeguarding

## How to Add a New Safeguarding Record

If you are not logged in to the system you can click on the link to the Logged-Out Reporting Form.

If you are logged into the system, please:

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



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

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

Reporting Form			
Section Header	Field name	Description	Type of Safeguarding
Details of Report	Type of Safeguarding record	Please select the type of Record you wish to report. Note: Please do not use the Corporate Safeguarding Team Only option unless you are a member of that Team	All Safeguarding
	Date Concern Reported to Health Board/Trust (dd/mm/yyyy)	Enter date safeguarding concern was raised.	All Safeguarding
	Is this Report in relation to a Child or Adult?	Select the relevant option from the drop-down menu which identifies who the safeguarding issue relates to.	All Safeguarding
Reason for Report	What is the Reason for this Report?	Please select relevant reason form options available	Child Safeguarding Only
	Type of alleged abuse	Select all relevant options from the drop-down option the type of alleged abuse that has been raised.  Multi Choice options can be selected	All Safeguarding
	Is this current or historical?	Please select relevant option from drop-down menu	All Safeguarding

Reason for Report	Does this involve a concern about a Person in a Position of Trust?	Select Yes or No from the drop-down options.	All Safeguarding
	Job Role	Please select relevant Job Role from drop-down menu options. If other is selected and plain text field will be visible to capture details	All Safeguarding
	Please specify the reason why you are reporting a concern and what the risks are	Please enter the reason for raising safeguarding concern ensuring no identifiable information e.g. names, specific locations, are entered in this field.	All Safeguarding
	Additional Factors	Please select all relevant factors from the options available. This is a multi-choice field.	Child Safeguarding Only
	What action has been taken to safeguard the individual, including – 'What is working well? What are the strengths?'	Please enter any relevant details as to any action taken to safeguard in this free text field	Child Safeguarding Only
	Did you discuss the views and wishes?	If Yes/ No Select Yes or No from the drop-down options. field selected further questions are triggered:  (Shown next if Yes selected)	All Safeguarding
	What are their views and wishes and what would they like the outcome to be?	You are able to capture their views and wishes in this text field.	All Safeguarding
	If not, why not?	If 'no' was selected please expand on the reason why.	All Safeguarding
	Where did the alleged abuse occur?	Please select the relevant option from the drop-down menu.	Adult Safeguarding
	Other - Please State:	If 'Other' selected in previous field, please state other location the alleged abuse occurred.	Adult Safeguarding
	If address where abuse occurred is not Home/Hospital please state	Please state here address of location of abuse if not the person affected home or a hospital.	Adult Safeguarding
	Has consent for report been obtained from the person with the parental responsibility?	Select Yes or No from the drop-down options.  If 'yes' is selected the section ' <b>Name of person with parental responsibility giving consent and relationship to child</b> ' is triggered and can be written via free text  If 'no' is selected the section ' <b>Has consent been obtained from the child/young person?</b> ' is triggered.  If 'no' is selected the section ' <b>Is there an overriding reason to share this concern without consent?</b> ' is triggered.  If 'yes' is selected 'the section ' <b>if yes, please explain why:</b> ' is triggered.	Child Safeguarding Only
	Views of the person with parental responsibility about making this report	Enter details of the views of the person with parental responsibility in this text field.	Child Safeguarding Only

Reason for Report	Views of the Child / Young Person about making this report:	Enter details of the views of the Child / Young person in this text field.	Child Safeguarding Only
	What outcome would you like to see from this report?	Enter details on the outcome you would like from raising this report, in the free text field.	Child Safeguarding Only
	Does the adult at risk have/need an advocate?	Select Yes or No from the drop-down options. If 'yes' is selected ' <b>Adult at risk advocate details</b> ' is triggered. If 'no' is selected ' <b>Adult at risk does not need advocate because:</b> ' is triggered.	Adult Safeguarding
	Adult at risk advocate details	Please enter the advocate details.	Adult Safeguarding
	Adult at risk does not need advocate because:	Please enter the reason an advocate is not needed in this field.	Adult Safeguarding
	Is the adult at risk subject legislative powers, such as DoLS, MHA or Power of Attorney?	Select Yes or No from the drop-down options. If 'yes' is selected the section ' <b>Is the adult at risk subject to legislative powers, such as DoLS, MHA or Power of Attorney?</b> ' is triggered. If 'no' is selected the section ' <b>Is the adult at risk aware of the report?</b> ' is triggered	Adult Safeguarding
	Is the adult at risk subject to legislative powers, such as DoLS, MHA or Power of Attorney? If yes, please provide details	Please provide any relevant details regarding relevant legislative powers in this field.	Adult Safeguarding
	Is the adult at risk aware of the report?	Select Yes or No from the drop-down options. If 'no' is selected the field 'If not, please explain why:' is triggered.	Adult Safeguarding
	If not, please explain why:	Please enter the reason that the Adult at risk is not aware of the report in this field.	Adult Safeguarding
	Is there any evidence to suggest that the adult at risk lacks mental capacity to consent to this report?	Select Yes or No from the drop-down options. If 'no' is selected the Section ' <b>Do they consent to their information being shared with other agencies</b> ' is triggered?	Adult Safeguarding
	Do they consent to their information being shared with other agencies?	Select Yes or No from the drop-down options. If 'no' is selected ' <b>Has the adult at risk been informed that their information will be shared without consent, where necessary?</b> ' is triggered	Adult Safeguarding
	Has the adult at risk been informed that their information will be shared without consent, where necessary?	Select Yes or No from the drop-down options.	Adult Safeguarding
	Is there an overriding reason to share the concern when consent not given?	Select Yes, No or N/A from the drop-down options.	Adult Safeguarding

<b>Location</b>	Location where Incident Occurred	You will need to record here the Location where the Safeguarding Incident occurred.	All Safeguarding
	Location Submitting Report	You will need to record here the Location where the report was submitted	All Safeguarding
<b>Service</b>	Service where Incident Occurred	You will need to record here the Service under which the Safeguarding Incident Occurred.	All Safeguarding
	Service Submitting Report	You will need to record here the Service Responsible for submitting the report.	All Safeguarding
<b>Person Affected</b>	Contact Type	Please select the relevant option from the drop-down menu.  For further details on adding contacts please see relevant section in this user guide	All Safeguarding
	Who is the subject of the Report?	Please select the relevant option from the drop-down menu.	All Safeguarding
	Was the person injured in the incident?	Select Yes or No from the drop-down options.  If 'yes' is selected then you have to enter the Injury details/ Body part in drop down fields provided.	All Safeguarding
<b>Care and Support</b>	Does the individual have care and support needs and as a result of those needs are they unable to protect themselves against the abuse, neglect or harm or the risk of it?	Select Yes or No from the drop-down options.  If 'yes' is selected the field <b>'What are those care needs and how are they met?'</b> is triggered.  If 'yes' is selected the field <b>'Why are they not able to protect themselves?'</b>	Adult Safeguarding
<b>Other Person(s) Affected</b>	Are there adults or children at the property?	Select Yes or No from the drop-down options.  If 'yes' is selected the section <b>'Are they also considered at risk?'</b> is triggered  If 'yes' is selected the section <b>'if yes – what is the risk?'</b> is triggered.  If 'yes' is selected the section <b>'Please select how many other household members are living at the property?'</b> is triggered.	All Safeguarding
	Please select how many other household members are living at the property?	Please select number of household members.  Depending on number selected, Details of Household Member section will be visible. Up to a maximum of 4	All Safeguarding
<b>Details of Household Member</b>	Name of Household Member	Please enter Name of household member	All Safeguarding (when visible)
	Relationship	Short free text field to capture relationship details	
	Gender	Please select relevant gender from drop-down menu	
	Telephone Number	Enter telephone number as appropriate	
	Date of Birth/EDD	Enter Date of Birth	
	Ethnicity	Enter Ethnicity from relevant options	
	Religion	Enter Religion from relevant options	
Any other relevant factors	Please use the free text fields to capture any other relevant details that would need to be considered		
<b>Details of Significant Person(s) who are</b>	Are there any other significant person(s) known who are NOT a	Please enter the number of significant persons. Give consideration to Grandparents and half/step siblings living elsewhere.	All Safeguarding (when visible)

<b>NOT Members of the Household</b>	member of the household?		
	Please select how many significant persons who are NOT members of the household	Please select number of significant person(s).  Depending on number selected, Details of Significant Person section will be visible. Up to a maximum of 4	
<b>Details of Significant Person</b>	Name of Significant person not a member of the household	Please enter Name of household member	All Safeguarding (when visible)
	Address	Please enter details of address	
	Relationship	Short free text field to capture relationship details	
	Gender	Please select relevant gender form drop-down menu	
	Telephone Number	Enter telephone number as appropriate	
	Date of Birth/EDD	Enter Date of Birth	
<b>Associated Person Details</b>	Any relevant risk factors	Please use the free text fields to capture any other relevant details that would need to be considered	All Safeguarding (when visible, not visible if Person in a Position of Trust is allegedly responsible)
	Have you identified an individual Person(s) allegedly responsible for the abuse/neglect?	Please select yes or no if you know the details of the person alleged to be responsible.  If you select 'Yes' an Associated Persons contact form will be visible.  If you select 'No' a free text field will become visible to capture any details that you do know which could help identify.	
<b>Associated Persons</b>	Contact Type	This section identifies if the contact is any of the following: <ul style="list-style-type: none"> <li>- Patient/ Service User</li> <li>- Employee/ Member of Staff</li> <li>- Other Type of Contact</li> </ul> If contact is a Patient/Service User, A search using the NHS/ ID Number can be used.  If an Employee/Member of staff or Other Contact is selected, the following details are to be provided: <ul style="list-style-type: none"> <li>- Subtype (Employee/Member of Staff only)</li> <li>- Forenames</li> <li>- Surname</li> <li>- Email</li> <li>- Primary Contact Number</li> <li>- Secondary Contact Number</li> <li>- Any other relevant factors</li> </ul>	All Safeguarding
	Is the Associated Person a member of the same household?	Select Yes or No from the drop-down options.	
<b>Key Agency</b>	Is there any Key Agency Connected?	Please select Yes or No as appropriate.  If 'Yes' is selected a Key Agency Involvement with the Person and their Family section will be visible to capture details	All Safeguarding
<b>Key Agency involvement with the person and their Family</b>	Agency Type	Please select the relevant option.	All Safeguarding
	Agency Details	Please enter details of the relevant agency in this field.	All Safeguarding
	Contact Name	Please enter details of contact name in this field.	All Safeguarding
	Contact Number	Please enter details of contact number in this field.	All Safeguarding
	Contact Email	Please enter details of contact Email in this field.	All Safeguarding

	Any other relevant details of Agency Involvement	Please capture any relevant supporting details of any other Agency involvement.	All Safeguarding
<b>Additional Information</b>	Are there any documents to be attached to this record?	Select Yes or No from the drop-down options. If 'yes' is selected, the Documents Section is triggered allowing the user to add documents to the record	All Safeguarding
	Were there any witnesses to the incident?	Select Yes or No from the drop-down options. If 'yes' is selected, the Witnesses Section is triggered allowing the user to add witness contacts to the record	All Safeguarding
	Local Authority	Please select the relevant Local Authority that the report will be sent to from the drop-down menu. If 'Other' is selected a free text field will be visible to capture the details	All Safeguarding
<b>Witnesses</b>	Contact Role	This field is read only and defaulted to populate 'Witness'	All Safeguarding
	Type	This section identifies if the contact is any of the following: <ul style="list-style-type: none"> <li>- Patient/ Service User</li> <li>- Employee/ Member of Staff</li> <li>- Other Type of Contact</li> </ul> <p>If contact is a Patient/Service User, A search using the NHS/ ID Number can be used.</p> <p>If an Employee/Member of staff or Other Contact is selected, the following details are to be provided:</p> <ul style="list-style-type: none"> <li>- Subtype (Employee/Member of Staff only)</li> <li>- Forenames</li> <li>- Surname</li> <li>- Address Line 1</li> <li>- Address Line 2</li> <li>- Address Line 3</li> <li>- Postcode</li> <li>- Telephone Number</li> <li>- Relationship to victim</li> <li>- Is witness a child?</li> <li>- Is witness aware of report?</li> <li>- Details of any other relevant witnesses</li> </ul>	All Safeguarding
<b>Details of person making this report</b>	Report Maker	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 Safeguarding record	All Safeguarding

**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'.

When a new Safeguarding report is recorded an email notification can be set up and sent to the relevant staff.

## Contact Matching

The system not only integrates with the Master Patient 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 Patients

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

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

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

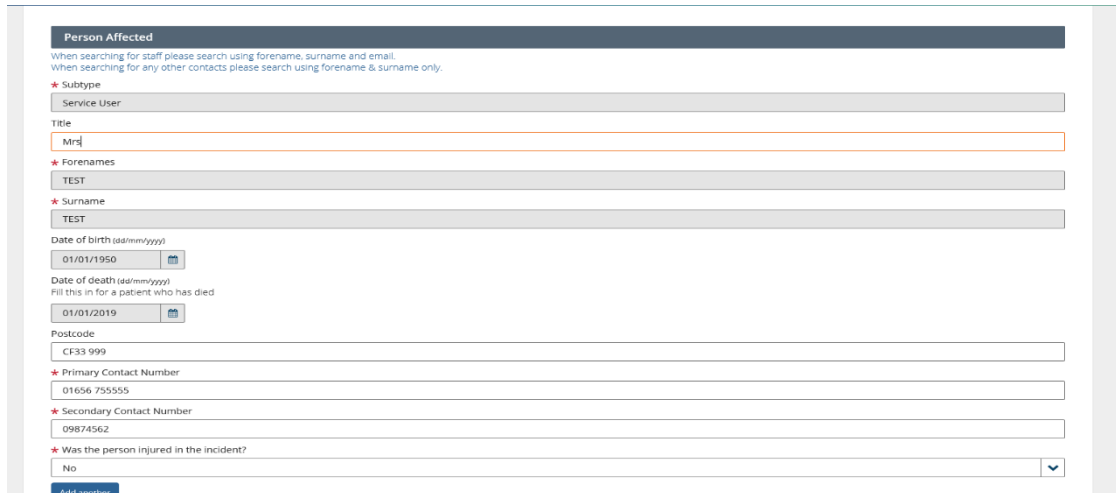
Once you confirm this is the correct Patient, select choose, if it is not, please click clear section. A further search will need to be carried out or manually add the patient’s details in.

The screenshot shows a web interface for contact matching. It features several sections:

- Type:** A dropdown menu set to 'Patient'.
- Contact Role:** A dropdown menu set to 'Person Affected'.
- NHS/ID Number:** A section with a dropdown for 'ID Number Type' set to 'NHS number' and a text input for 'ID Number' containing '12345678'.
- Matching contacts:** A table with the following data:

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 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 screenshot shows a form titled "Person Affected" with the following fields and values:

- Service User**: (Greyed out)
- Title**: Mrs
- Forenames**: TEST
- Surname**: TEST
- Date of birth (dd/mm/yyyy)**: 01/01/1950
- Date of death (dd/mm/yyyy)**: 01/01/2019
- Postcode**: CF33 999
- Primary Contact Number**: 01656 755555
- Secondary Contact Number**: 09874562
- Was the person injured in the incident?**: No

There is an "Add another" button at the bottom left of the form.

### For Employee/Member of Staff

For best search results when searching for staff then please add in 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 with RLDatix to relocate this field to more suitable place on the form.

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