**Incident Form NE3a: Allegation of staff**[[1]](#footnote-1) **misconduct**

**resulting in actual or potential harm to a patient**

**The Private Dentistry (Wales) Regulations 2017**

Guidance on completing and submitting statutory notifications forms is available on our website

**Part 1: The establishment**

|  |  |
| --- | --- |
| **Establishment name** |  |
| **Registration number**  (taken from certificate of registration) |  |

**Part 2: The person making the allegation**

|  |  |  |
| --- | --- | --- |
| **Unique Identifier**  (Do not use name) | **Date of Birth**  (dd/mm/yyyy) | **Gender**  (male/ female) |
|  |  |  |

**Part 3: The allegation of staff misconduct**

|  |  |
| --- | --- |
| **Date(s) of the alleged misconduct** (dd/mm/yyyy) |  |
| **Description of the alleged misconduct**  Please provide details such as:   * What was alleged to have happened * Who was alleged to have been involved (please use designated job roles but do not use names) * Where it was alleged to have taken place |  |
| **When was the allegation made?** (dd/mm/yyyy) |  |
| **Who was the allegation made by?** (Role, e.g. the patient/ staff/ relative; please do not use name) |  |
| **Who was the allegation made to?** (Designated role e.g. Registered Manager, Principal Dentist ; please do not use name) |  |

**Part 4: Actions taken**

|  |  |
| --- | --- |
| **Immediate action taken** |  |
| **If an internal investigation has been undertaken or is planned, the date when the investigation report will be submitted to HIW**  (dd/mm/yyyy) |  |
| **Details of disciplinary action taken** (where appropriate) |  |

**Part 5: Others informed** (where applicable)

|  |  |
| --- | --- |
| **Organisation / Individual** | **Date informed** (dd/mm/yyyy) |
| **Relative / Carer** |  |
| **Local Health Board** |  |
| **Patient’s Local Social Services Authority** |  |
| **Safeguarding Adults** (POVA) / **Safeguarding Children** (POVC) |  |
| **Police** |  |
| **Professional organisation** (e.g. GDC) |  |

**Part 6: Form completed by**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Email address** | **Job title** | **Date** (dd/mm/yyyy) |
|  |  |  |  |

**Please return completed forms to Healthcare Inspectorate Wales via Objective Connect or via recorded delivery to Healthcare Inspectorate Wales, Welsh Government Buildings, Rhydycar Business Park, Merthyr Tydfil, CF48 1UZ.**

**If you do not have an Objective Connect account please contact HIW on**

**0300 062 8163.**

**General Data Protection Regulation 2016**

HIW, on behalf of the Welsh Government uses this information to process the notification and will share your information with other regulatory bodies, law enforcement agencies and with others within the Welsh Government if needed.

The information provided on the notifiable event forms enables HIW to assess the conduct of health care establishments and agencies in light of the regulatory requirements imposed by the Regulations and what, if any, action is required from a regulatory perspective to ensure ultimately that patients are being appropriately safeguarded.

The Welsh Government will hold your data for 10 years following closure in line with audit requirements.

You have the right to access the personal data we are processing about you, rectify inaccuracies, in certain circumstances object to processing or erasure of your data and lodge a complaint.

For further details and the full Privacy Notice is available at [www.hiw.org.uk](http://www.hiw.org.uk)

1. This includes allegations relating to a registered provider, registered manager, any employee, agency staff, or medical practitioner with practicing privileges or there for the establishments purpose. Incidents should be reported at time the allegation is first made. [↑](#footnote-ref-1)