

7. Concerns about putting patients at risk and falsification of records – immediate referral required

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Background

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Nurse A works on a part-time basis for Agency X and has recently been contracted to work a number of shifts in a mental health setting at Hospital Y.

Nurse A was responsible for carrying out hourly observations of patient B. A colleague reported that Nurse A falsified the patient's record to show that hourly observations were carried out when Nurse A was in fact, in the office, playing on the computer.

There wasn't any harm to the patient. However, Hospital Y reported the concerns to the agency and has told the agency that they don't want Nurse A to work for them again.

What the employer did

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In response to the concerns, Agency X and Hospital Y took the following actions.

- Hospital Y shared information with Agency X about the incident. Both organisations committed to work closely together so that the issues could be investigated.
- Hospital Y agreed to take the lead in the investigation and engagement with Patient B's family in line with the professional duty of candour. Agency X contacted Nurse A to offer support and to encourage Nurse A to engage with the investigation.
- Agency X carried out detailed checks of their files to see if there were any previous concerns raised about Nurse A's practice from different placements and other agencies with whom Nurse A might have been registered.
- Hospital Y and Agency X shared information and updates as the investigation progressed to ensure they were both aware of the issues and risks.
- Hospital Y took witness statements from the member of staff who reported the concern as well as others on shift that day. CCTV had also been reviewed. Nurse A was seen going into the office at 01:00 and not coming out until 04:30. Nurse A had signed the patient's record to show hourly observations during this time.
- Agency X tried to contact Nurse A several times but their calls and emails weren't returned.
- Hospital Y and Agency X agreed that a regulatory referral was needed due to the seriousness of the concerns and the lack of engagement from Nurse A. Agency X agreed to lead on making the referral immediately. They gave Hospital Y as a point of contact when making the referral so we could also engage with them immediately to avoid any delay in progressing our enquiries.

What happened next

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There's a serious concern that Nurse A deliberately put patients at risk of harm and acted dishonestly in so doing. The agency wasn't able to manage the patient safety risk in this case. It was appropriate that the matter should be referred to us so that we could engage with Nurse A and make enquiries to assess the extent to which Nurse A posed a future risk of harm to people who use services.

What should the employer have considered?

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1. What's the risk?

Nurse A put someone at direct risk of harm by failing to carry out observations as required and by falsely signing the patient record to suggest they had been observed and was alright. This is a serious concern that's difficult to put right as it calls into question the trustworthiness of Nurse A as a professional.

Nurse A has acted dishonestly and without integrity, which raises a public protection concern. The agency may take steps to suspend Nurse A. However, we know that nurse A only worked part-time for the agency, so it's possible they may work through other agencies. Based on what we know, there's a risk of future harm to people who use services if this behaviour is repeated.

2. Can you effectively manage the risk to patient safety

Our [approach to fitness to practise](#) says:

“Employers should act first to deal with concerns about a registrant's practice, unless the risk to patients or the public is so serious that we need to take immediate action”.

We also state:

“Some regulatory concerns, particularly if they raise fundamental concerns about the registrant's professionalism, can't be addressed and require restrictive regulatory action”.

A small number of concerns are so serious that it may be less easy for a nurse, midwife or nursing associate to put right their conduct, the problems in their practice, or the aspect of their attitude which led to the incidents happening. This includes situations where there's dishonesty directly linked to the nurse, midwife or nursing associate's clinical practice.

In this case, the concerns raised questions regarding Nurse A's trustworthiness as a professional. This isn't something Agency X can effectively manage.

In such cases, it's important the organisation in which the concerns arise and the agency, take suitable steps to investigate the concern and to work together to ensure there's sufficient evidence available at the point of referral so we deal with the concern swiftly ensuring the safety of people who use services.

3. Has the nurse/midwife/nursing associate shown insight and willingness to put the concerns right?

Even if Nurse A provides an explanation for their actions, this is a serious concern that's more difficult to put right. We'll want a lot more information, including whether the individual has worked elsewhere and we'll need to make enquiries to find out if this was an isolated incident or whether there are wider concerns.