

## Serious concerns which could result in harm if not put right

Reference: FTP-3b Last Updated: 27/02/2024

Assessing the risks presented by an individual nurse, midwife or nursing associate's practice means carefully considering the evidence about those risks.

Our evidence will need to explain clearly whether people using health or care services were put at risk by the nurse, midwife or nursing associate's conduct or failings in the past, and what harm did or could have happened to other users of services because of those failings.

We will need to assess how likely the nurse, midwife or nursing associate is to repeat similar conduct or failings in the future, and if they do, if it is likely that people who use services would come to harm, and in what way.

We wouldn't usually need to take regulatory action for an isolated incident (for example, a clinical error) unless it suggests that there may be an attitudinal issue. Examples could include cruelty to service users or a serious failure to prioritise their safety, discrimination or sexual misconduct. Such behaviours may indicate a deep-seated problem even if there is only one reported incident which will typically be harder to address and rectify. A pattern of incidents is usually more likely to show risk to people who use services, requiring us to act. Conduct or failings that put people receiving care at risk of harm will usually involve a serious departure from the standards set out in our Code. These standards are intended to ensure that nurses, midwives or nursing associates practise safely and effectively.

### Prioritise people

The evidence shows that the nurse, midwife or nursing associate has failed to:

- uphold people's dignity, treat them with kindness, respect and compassion, deliver treatment care or assistance without undue delay, or deliver the fundamentals of care (including hydration, nutrition, bladder and bowel care and ensuring people receiving care are kept in clean and hygienic conditions).
- make sure the physical, social and psychological needs of people receiving care are responded to.
- respect people's right to privacy and confidentiality.

### Practise effectively

The evidence shows that the nurse, midwife or nursing associate:

- has not maintained the knowledge and skills for safe and effective practice.
- is unable to communicate clearly, work cooperatively, keep clear and accurate records, without falsification.
- failed to be accountable for decisions to delegate tasks and duties to other people and/or failed to ensure they are adequately supported.

### Preserve safety

The evidence shows that the nurse, midwife or nursing associate has failed to:

- recognise and work within the limits of competence, accurately assess signs of normal or worsening physical or mental health, or make timely and appropriate referrals where needed.
- be open and candid with people in their care, or act immediately to put right, explain and apologise when any mistakes or harm have taken place.
- offer help if an emergency arises in practice.
- act without delay if they believe there is a risk to the safety of people in their care or to public protection.

- raise or escalate concerns.
- advise, prescribe or administer medicines in line with training, law and guidance.
- be aware of, or reduce as far as possible, any potential for harm associated with practice, including controlling and preventing infection, taking precautions to avoid potential health risks to colleagues, or people receiving care and the public.

### Promote professionalism and trust

The evidence shows that the nurse, midwife or nursing associate has:

- failed to uphold the reputation of the profession, by not acting with honesty and integrity, treating people fairly, without discrimination, bullying or harassment, in a way that does not take advantage of their vulnerability or cause them upset or distress.
- failed to maintain the level of health needed for safe and effective practice.
- asked for or accepted a loan from someone in their care (or anyone close to a person in their care).
- failed to cooperate with investigations and audits, including requests to act as a witness.
- failed to tell us as soon as they could have about cautions or charges, conditional discharges or convictions for criminal offences.

Concerns do not need to have occurred within professional practice to indicate a risk to people using services in future. In some circumstances, the way a nurse, midwife or nursing associate conducts themselves outside their professional practice could indicate deep-seated attitudinal issues which could pose a risk to people receiving care or to colleagues. This will include discrimination of any kind, harassment, sexual misconduct, violence and the abuse or neglect of children or vulnerable adults. We will look closely at the particular circumstances of the concern raised with us to determine whether such attitudes and risks are present.