Nursing and Midwifery Council

Fitness to Practise Committee

Substantive Order Review Hearing

4 July 2019

NMC, Temple Court, 13a, Cathedral Road, Cardiff, CF11 9HA

Name of registrant: Mrs Maddalena Altafini

NMC PIN: 16C0213C

Part(s) of the register: Registered Nurse – Sub Part 1

Adult Nursing – March 2016

Area of Registered Address: England

Type of Case: Lack of competence

Panel Members: Andrew Harvey (Chair, lay member)
Kathryn Smith (Registrant member)
Claire Corrigan (Lay member)

Legal Assessor: Juliet Gibbon

Panel Secretary: Calvin Ngwenya

Nursing and Midwifery Council: Represented by Richard Webb, Case Presenter

Mrs Altafini: Not present at the hearing but attended via telephone

Order being reviewed: Suspension Order – (6 months)

Outcome: Suspension Order extended for a period of (6 months), to come into effect at the expiry of the current order on 26 August 2019, in accordance with Article 30 (1).
Decision and reasons on review of the current order:

The panel decided to extend the suspension order for a further period of 6 months. This order will come into effect at the end of 26 August 2019 in accordance with Article 30 (1) of the Nursing and Midwifery Order 2001 (as amended) (the Order).

This is the first review of a suspension order, originally imposed by a Fitness to Practise Committee (FtPC) panel on 25 January 2019 for a period of 6 months. The current order is due to expire at the end of 26 August 2019.

The panel is reviewing the order pursuant to Article 30(1) of the Order.

The FtPC substantive hearing panel on 25 June 2019, made the following findings in relation to the facts:

That you, while employed as a registered nurse at Royal Devon and Exeter Hospital, between March 2016 and October 2016 failed to demonstrate the standard of knowledge, skill and judgment required to practise without supervision as a Band 5 nurse in that you, but not limited to:

1. On 15 March 2016 whilst being supervised during a medication round you:

   a) Had to be prompted to check patients identification before medication was administered [Proved]

   b) Had to be prompted to maintain good hand hygiene between seeing patients [Proved]

2. On 12 April 2016 whilst being supervised during morning and lunchtime medication rounds you:
a) Had to be prompted to check patients identification before medication was administered [Proved]

b) Had to be prompted not to sign the medication record until medication had been given [Proved]

c) Did not appropriately consider the clinical needs of the patients you were tasked with administering medication to [Not Proved]

3. On 11 May 2016, took too long, namely two hours, to complete the morning medication round [Admitted]

4. On 23 May 2016 you:

   a) Did not prioritise the need to assess and/or escalate the condition of an unknown cardiology patient who was having chest pains, above that of a patient who was being difficult in respect of his medication [Proved]

5. On 14 June 2016, despite not being familiar with the subcutaneous administration of diamorphine, you did not consider the need to seek further information about the safe administration of this drug before going to administer it [Not Proved]

6. On 7 July 2016, you administered the wrong prescribed dose of warfarin to Patient A, in that he should have been administered 2mg of warfarin but you administered the dose intended for 8th July, namely 3mg warfarin [Admitted]

7. On 8 July 2016:

   a) You did not administer Bisoprolol to an unknown patient or alternatively, you did not record on the medication administration record that you had administered the Bisoprolol [Proved]
b) You did not document on an unknown patient’s fluid balance chart that the catheter bag had been emptied [Proved]

c) In respect of Patient B who had not been able to urinate and looked unwell you:

   i. Failed to escalate your concerns to the Nurse in Charge or a Doctor [Proved]
   ii. Failed to carry out sufficient observations in light of his presentation [Proved]
   iii. Failed to carry out a EWS assessment [Proved]
   iv. Failed to document any of your concerns in the patient’s clinical notes [Proved]

8. On 2 August 2016 during a supervised drug round, you:

   a) Did not check patients’ early warning scores (“EWS”) prior to administering medication [Proved]
   
   b) Did not check the expiry date of medication [Proved]
   
   c) Did not check patients identification prior to administering medication [Proved]
   
   d) Had to be prompted to maintain good hand hygiene between seeing patients [Proved]

9. On 16 August 2016, during a supervised medication round, you:

   a) Did not check the expiry date of medication [Proved]
   
   b) Demonstrated poor general knowledge of drugs [Proved]
10. On 17 August 2016 during supervised morning and afternoon medication rounds, you were observed to not be considering the specific needs of the patients prior to administering medication [Not Proved]

11. On 25 August 2016, you inappropriately administered an injection of Fragmin when another registered nurse needed to be present to supervise your administration of medication as your permission to do so unsupervised had been rescinded [Proved]

12. On 7 September 2016 during a formal assessment of competence in medicines management you:
   a) Administered a lunchtime dose of medication to an unknown patient at 8am [Admitted]
   b) Demonstrated poor general knowledge of drugs [Proved]

13. On 9 September 2016, during a morning drug round, you:
   a) Had to be prompted that an unknown patient’s medication had been missed [Proved]
   b) Had to be prompted not to use a leftover half tablet for an unknown patient which had been left in the pill cutter [Not Proved]
   c) Did not check the expiry date on two medications which were to be administered [Proved]
   d) Did not ensure you looked up information on a drug which was required to be administered, in circumstances where you had no knowledge of the particular drug [Proved]
14. On 12 October 2016 during a medication round, you had to be prompted to check a patient’s identification prior to administering medication [Proved]

15. On 19 October 2016 during a formal assessment of competence in medicines management you:

   a) Did not consistently sign the medication administration record after you had administered medication [Proved]

   b) Demonstrated poor general knowledge of drugs [Proved]

   c) Did not appreciate that an unknown patient required a reduction in the dosage of Carbocysteine [Proved]

   d) Took too long, namely two hours, to complete the medication round [Admitted]

16. On an unknown date/s, you were unable to complete records in a timely manner [Admitted]

The FtPC substantive hearing panel on 25 January 2019 determined the following with regard to impairment:

“Regarding insight, the panel formed the view that you have demonstrated very limited insight into the risks posed to patients when a nurse’s practice is not at the required standard. The panel considered that you overestimate your abilities, including the ability to understand that feedback and constructive criticism is a means to improving your practice. The panel acknowledged your acceptance that you need some retraining and would need to practice under direct supervision. However, it bore in mind that you were unable to specify the areas of your practice you should focus on in your retraining. Furthermore, the panel considered the continued pattern of repetition, despite feedback, as identified by the facts found proved indicative of a lack of insight.”
In its consideration of whether you have remedied your practice, the panel had no evidence of remediation before it. The panel considered that the areas of concern in your practice are remedial. However, it formed the view that you have not seriously considered the steps you can take to remediate your practice.

The panel acknowledged that all of the NMC witnesses had remarked on your kindness and caring manner towards patients. Mrs 1, in her written statement had said, ‘…[Mrs 1] had also noticed that [you] had a lovely caring manner with patients…’ Nevertheless, the panel determined that a potential risk to the public would arise should you be allowed to practice unrestricted. The panel therefore decided that a finding of impairment was necessary on the grounds of public protection.

The panel bore in mind that the overarching objectives of the NMC are to protect, promote and maintain the health safety and well-being of the public and patients, and to uphold/protect the wider public interest, which includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

The panel formed the view that a member of the public would expect a nurse to understand and adhere to good practice around medicines administration, the importance of hand hygiene, the importance of record keeping, and escalation of concerns. These are fundamental nursing skills. The panel determined that, in this case, a finding of impairment on public interest grounds was required.”

The FtPC substantive hearing panel on 25 January 2019 determined the following with regard to sanction:

“The panel next considered whether placing conditions of practice on your registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel took into account the Sanctions Guidance (SG), in particular:

- No evidence of harmful deep-seated personality or attitudinal problems
- Identifiable areas of the nurse or midwife’s practice in need of assessment and/or retraining
- Potential and willingness to respond positively to retraining
- The conditions will protect patients during the period they are in force
- Conditions can be created that can be monitored and assessed

The panel was mindful of your attitude in response to constructive feedback, your ongoing denial of some of the facts found proved, as well as your persistent lack of insight. The panel had concerns that this could be indicative of deep-seated attitudinal problems. Although the panel considered your submission that you would be willing to undertake retraining, it was not satisfied that at this time you are able to identify the areas of your practice in which you should retrain.

The panel considered Mr Zeitlin’s submission that a conditions of practice order would not be workable as you would require a significant period of direct supervision which could impact on your ability to secure employment. Therefore, you would be suspended “by the back door”. Although there are practical or workable conditions that could be formulated, given the persistent lack of insight and risk of repetition, the panel was not satisfied that the public would be adequately protected by such conditions.

Furthermore the panel concluded that the placing of conditions on your registration would not adequately address the seriousness of this case. The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG indicates that a suspension order would be appropriate where (but not limited to):

- No evidence of harmful deep-seated personality or attitudinal problems
- No evidence of repetition of behaviour since the incidents
- In cases where the only issues relates to the nurse or midwife’s lack of competence, there is a risk to patient safety if they were allowed to continue to practise even with conditions.
An aggravating factor that the panel took into account, in particular, is the persistent lack of insight into your failings raising the issue of potential repetition. It considered that the ward environment was extremely busy which may have contributed to your failures. However, the panel formed the view that you have not accepted your responsibility in your failings and continue to deny some of the allegations found proved.

The panel had regard to the references provided by you from the former Matron on the Ward, and a colleague of yours on the Ward who was newly qualified. The panel noted the dates that the referees worked with you on the Ward. Although the references informed the panel of times when you displayed safe practice, given the evidence the panel has heard, it was not reassured.

While the panel did have evidence before it of repetition of behaviours at the time of the incidents, it noted that it did not have further evidence following the incidents to demonstrate that the concerns are no longer present.

The panel considered imposing a short period of suspension to allow you time to reflect on your future in nursing. It was mindful that the areas identified in your practice are remediable. However, the panel was not satisfied that your practice could be remediated until you have developed full insight into your failings. The panel therefore determined that a short period of suspension was the appropriate and proportionate response.

The panel was of the view that a future reviewing panel would be assisted by:

- A written reflective piece from you addressing the facts found proved, specifically in light of:
  - The impact of unsafe practice on patients, colleagues, and the reputation of the profession;
  - How you would ensure safety while working in a stressful environment in the future;
  - How you would deal with constructive feedback in the future in order to improve your practice
• References from any employers including paid or unpaid work;
• Evidence of any training or updating you have undertaken regarding current nursing practices.”

Decision on current fitness to practise:

This panel carefully considered whether Mrs Altafini’s fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as a registrant’s suitability to remain on the register without restriction. In considering this case, the panel has carried out a comprehensive review of the order in light of the information before it. It has noted the decision of the previous panel. However, it has exercised its own judgment as to current impairment.

The panel had regard to all of the documentation before it and took into account the submissions made by Mr Webb on behalf of the NMC, and those made by Mrs Altafini.

The panel heard the submissions of Mr Webb who explained the background to the case and guided the panel to the relevant elements of the previous panel’s decision with regard to lack of competence, impairment and sanction. Mr Webb referred the panel to the recommendations made by the substantive hearing panel as to how Mrs Altafini could assist a future reviewing panel. He noted that the recommendations were for Mrs Altafini to write a reflective statement addressing the findings of the substantive hearing panel and to provide employment references and evidence of any training.

Mr Webb submitted that Mrs Altafini is not working in the clinical field at the moment but noted that her hope is to return to nursing. Mr Webb referred the panel to the email from Mrs Altafini dated 3 July 2019, highlighting the difficulties she has had with meeting the recommendations of the substantive hearing panel. He acknowledged that Mrs Altafini has demonstrated some insight by engaging with the regulatory process and by accepting that her fitness to practise remains impaired as she has not remediated. Mr Webb submitted that in those circumstances, Mrs Altafini’s unrestricted practice would present a risk of harm to patients. Therefore her fitness to practise remains impaired on the grounds of her lack of competence.
With regard to the question of sanction, Mr Webb referred the panel to the NMC’s Sanctions Guidance (SG) and submitted that an order preventing Mrs Altafini from unrestricted nursing practice remains necessary and the panel may take the view that a further period of suspension, with a review prior to expiry, would be appropriate in the circumstances of Mrs Altafini’s case.

Mrs Altafini told the panel that she had not had sufficient time to obtain evidence of her remediation or comply with the recommendations made by the previous panel as to how she could assist a future reviewing panel. She told the panel about difficult personal and financial circumstances that have prevented her from preparing for this review hearing, including not being able to afford legal representation. She told the panel that she has been working in a non-clinical role and has found it difficult to undertake online training due to time restraints and because she has no computer.

Mrs Altafini stated her hope is to return to nursing and asked the panel to give her the opportunity to undertake some training and provide evidence of remediation. Mrs Altafini apologised to this panel for not complying with the recommendations of the substantive hearing panel. She also apologised for coming across as confrontational at the substantive hearing and put it down to her cultural background. She told the panel that she has since reflected on the findings of the substantive hearing panel and accepts that her past mistakes placed patients at risk of harm. She also said that she takes full responsibility for her past failings and should have asked for more support at the time of the incidents.

Mrs Altafini accepted that her fitness to practise remains impaired as she has not provided evidence of remediation. She said that she would require at least six months to provide evidence of remediation and meet the recommendations of the substantive hearing panel.

The panel heard and accepted the advice of the legal assessor.
In reaching its decision, the panel was mindful of the need to protect the public, maintain public confidence in the profession and to declare and uphold proper standards of conduct and performance.

The panel considered whether Mrs Altafini’s fitness to practise remains impaired. In making its decision, the panel had careful regard to what, if anything, had changed since the original finding of impairment which might enable it to conclude that Mrs Altafini’s fitness to practise is no longer impaired.

The panel noted that the charges found proved at the substantive hearing which specifically related to areas of medicines administration, escalating concerns, the ability to prioritise her workload, and hand hygiene, were serious. The panel also noted the previous panel’s concerns in relation to Mrs Altafini’s very limited insight into the risks she posed to patients as a result of her lack of competence. It had regard to the recommendations made as to how Mrs Altafini could assist a future reviewing panel. These included a reflective statement; up to date employment references and evidence of keeping up to date with nursing practices. The panel determined that Mrs Altafini has not provided any evidence of remediation or met the recommendations as to how she could assist a review hearing panel. However, despite her lack of remediation, the panel found that Mrs Altafini demonstrated developing insight into her past failings and that she accepted that her fitness to practise remains impaired. The panel also considered that Mrs Altafini has shown a willingness to remediate and address the concerns highlighted in her practice, however, she been unable to do so due to difficult personal and financial circumstances.

In all the circumstances, the panel determined that it had insufficient evidence of insight and remediation addressing the concerns previously identified in Mrs Altafini’s practice. In the absence of a satisfactory level of insight and remediation which addresses the wide ranging concerns identified, the panel concluded that there remains a risk of repetition. The panel determined that Mrs Altafini’s fitness to practise remains impaired. It therefore concluded that a finding of impairment continued to be necessary on the grounds of both public protection and the wider public interest, in order to uphold proper
professional standards and maintain public confidence in the profession and the NMC as its regulator.

**Determination on sanction:**

Having found Mrs Altafini’s fitness to practise currently impaired, the panel then considered what, if any, sanction it should impose in this case. The panel had careful regard to the Sanctions Guidance (SG) published by the NMC and bore in mind that the purpose of a sanction is not to be punitive, though any sanction imposed may have a punitive effect.

The panel first considered whether to take no action and allow the order to lapse but concluded that this would be inappropriate in view of the risk of repetition identified and the fact that this would not place restrictions on her practice. To take no action would be inadequate to protect the public or address the public interest considerations.

For the same reasons the panel considered that replacing the existing order with a caution order would not be appropriate in the circumstances of this case.

The panel considered whether substituting the current suspension order with a conditions of practice order would be a sufficient and appropriate response. The panel was mindful that any conditions imposed must be proportionate, measurable and workable. However, the panel determined that Mrs Altafini is yet to demonstrate full insight into her lack of competence. The panel was also of the view that it would be difficult to formulate conditions which would address the wide ranging concerns emanating from Mrs Altafini’s lack of competence at this stage. The panel concluded that placing conditions on Mrs Altafini’s registration would not adequately address public safety or the public interest considerations of her case.

The panel considered extending the current suspension order. It was of the view that a suspension order would give Mrs Altafini a further opportunity to address and remediate the concerns arising from her original substantive hearing.
The panel also bore in mind that it has not been presented with sufficient evidence from Mrs Altafini to demonstrate that she has developed the requisite level of insight into the seriousness and impact of her lack of competence and its impact on public safety and public perception of the nursing profession. The panel concluded that Mrs Altafini would benefit from a further period of time in which to fully reflect, undertake training and develop a clear understanding of her actions and demonstrate the necessary insight into her lack of competence.

The panel therefore concluded that an extension of the suspension order for a further period of 6 months would provide sufficient public protection, and maintain confidence in the profession whilst affording Mrs Altafini a further opportunity to provide evidence of insight and remediation. In all the circumstances, the panel has concluded that a suspension order remains necessary and proportionate.

The panel noted that it did not have the power to impose a striking off order at this stage in a lack of competence case.

The panel was of the view that a future reviewing panel would be assisted by:

- A written reflective piece from Mrs Altafini addressing the facts found proved at the substantive hearing, specifically in light of:
  - The impact of unsafe practice on patients, colleagues, and the reputation of the profession;
  - How Mrs Altafini would ensure safety while working in a stressful environment in the future;
  - How Mrs Altafini would deal with constructive feedback in the future in order to improve her practice
- References from any employers including paid or unpaid work;
- Evidence of any training or updating Mrs Altafini has undertaken regarding current nursing practices.”
The extension of this order will come into effect at the expiry of the current order and will be reviewed prior to its subsequent expiry. Either Mrs Altafini or the NMC may call for an early review of the order at any time.

The panel’s decision will be confirmed in writing.

That concludes this determination.