

**Nursing and Midwifery Council
Fitness to Practise Committee
Substantive Order Review Hearing**

17 April 2020

Virtual Hearing

Name of registrant:	Jacqueline Catherine Blackwell
NMC PIN:	99D0005W
Part(s) of the register:	Registered Nurse – Sub part 1 Adult Nursing – April 2002
Area of Registered Address:	England
Type of Case:	Lack of Competence
Panel Members:	Mary Hattie (Chair, Registrant member) Florence Mitchell (Registrant member) Sadia Zouq (Lay member)
Legal Assessor:	Martin Goudie QC
Panel Secretary:	Roshani Wanigasinghe
Mrs Blackwell:	Not present and not represented in absence
Nursing and Midwifery Council:	Represented by Michael Bellis, NMC Case Presenter
Order being reviewed:	Suspension Order (12 months)
Fitness to Practise:	Impaired
Outcome:	Striking-off order to come into effect at the end of 23 May 2020, in accordance with Article 30 (1)

Service of Notice of Hearing

The panel was informed at the start of this hearing that Mrs Blackwell was not in virtual attendance, nor was she represented in her absence.

The panel was informed that notice of today's hearing was posted to Mrs Blackwell, at her address on the NMC register, on 24 February 2020.

Mr Bellis on behalf of the Nursing and Midwifery Council (NMC), told the panel that the notice of hearing letter listed the location of the hearing as 13a Cathedral Road in Cardiff. However, he informed the panel that following the recent events of the Covid-19 pandemic, and in line with the government advice to avoid travel and social contact, the NMC have made provision to hold this hearing virtually.

Mr Bellis submitted that Mrs Blackwell had requested all email correspondence to be sent to her daughter who was also her representative on a previous occasion. Mr Bellis referred the panel to two emails dated 19 March 2020 and 24 March 2020 in which the NMC has written to Mrs Blackwell's representative on Mrs Blackwell's behalf that the hearing would be taking place virtually, and informed her of her right to participate via video link and make submissions.

Mr Bellis submitted that the NMC had made every effort to serve notice upon Mrs Blackwell fairly and in accordance with The Nursing and Midwifery Council (Fitness to Practise) Rules Order of Council 2004 (as amended 31 March 2020) (the Rules). In light of this information, Mr Bellis invited the panel to find that notice of the hearing had been served effectively.

The panel accepted the advice of the legal assessor who referred to the emergency legislation just passed.

The panel took account of the submissions of Mr Bellis and the advice of the legal assessor. It noted that the notice of hearing sent to Mrs Blackwell on 24 February 2020

provided details of the date and time of the hearing and, amongst other things, information about her right to attend, be represented and call evidence, as well as the panel's power to proceed in her absence.

The panel had regard to the additional communications sent to Mrs Blackwell via email in relation to the current Covid-19 pandemic and the necessity of the virtual nature of today's hearing.

In view of the initial service in compliance with Rules 11 and 34, and the supplementary communication sent to Mrs Blackwell by the NMC, the panel decided that notice of today's hearing, and the fact that it would be taking place virtually, had been effectively served upon Mrs Blackwell in accordance with the Rules.

Proceeding in absence

The panel next considered proceeding in the absence of Mrs Blackwell. The panel was mindful that the discretion to proceed in absence is one which must be exercised with the utmost care and caution.

Mr Bellis submitted, on behalf of the NMC, that the panel has a discretion to proceed in the absence of a registrant, having regard to the interests of justice and fairness to all parties. He referred the panel to an email dated 24 March 2020 from the NMC to Mrs Blackwell in which she was advised of the details of the virtual hearing.

Mr Bellis submitted that Mrs Blackwell had been sent notice of today's hearing and that she was or should be aware the hearing would be going ahead. He submitted that emails had been sent to Mrs Blackwell's representative and no response had been received. He further told the panel that attempts were also made to contact her via her telephone but that was not successful. Mr Bellis submitted that there is a history of non-attendance from this registrant. He therefore requested the panel to proceed in Mrs Blackwell's absence in light of the limited engagement from her.

The panel accepted the advice of the legal assessor.

The panel bore in mind the correspondence to Mrs Blackwell of today's hearing and was satisfied that she was or should be aware of today's hearing. The panel is of the view that she had chosen not to attend. With the expiry date of the current order in mind, the panel acknowledged that a risk to the public may result if it decided not to proceed in Mrs Blackwell's absence today. The panel bore in mind its earlier findings, that notice of today's hearing had been effectively served, and it reached the view that Mrs Blackwell had voluntarily absented herself today. The panel considered that an adjournment would serve no purpose given that the current order is due to expire on 23 May 2020 and therefore decided to proceed in her absence.

Decision and reasons on review of the current order:

The panel decided to impose a striking off order. This order will come into effect at the end of 23 May 2020 in accordance with Article 30 (1) of the Nursing and Midwifery Order 2001 (as amended) (the Order).

This is the third review of a suspension order, originally imposed by a panel of the Conduct and Competence Committee on 24 April 2017. At the first review of the order on 20 April 2018, a panel of the fitness to practise committee extended the order for a further period of 12 months. The second reviewing panel on 01 May 2019 extended this suspension order for a further 12 months. The current order is due to expire at the end of 23 May 2020.

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

The charges found proved which resulted in the imposition of the substantive order were as follows:

That you, a Registered Nurse, whilst employed at Betsi Cadwaladr University Health Board, and whilst subject to the Trust's Capability Policy:

1. *During the period of approximately 22 January 2014 to April 2014, whilst on an informal capability process, failed to demonstrate the standards of knowledge, skill and judgment required to practise without supervision as a Band 5 Staff Nurse.*

2. *Your failings at charge 1 above included concerns relating, but not limited to, the following areas:*
 - a. *Administration of Medication*
 - b. *Failure to act on a patient's clinical condition*
 - c. *Competency in documentation and recording quality*
 - d. *Basic safety and manual handling of patients*

(including but not limited to one or more of the examples listed at Schedule A)

3. *During your time on Llewellyn Ward, whilst under the care and/or supervision of Colleague A and/or Colleague B, between approximately May 2014 and March/April 2015, you failed to demonstrate the standards of knowledge, skill and judgment required to practise without supervision as a Band 5 Staff Nurse.*

4. *Your failings in relation to charge 3 above, included but are not limited to one or more of the following areas of your practice:*
 - (a) *Medicines Management*
 - (b) *Medication Rounds*
 - (c) *Observations*
 - (d) *Communication and problem solving*
 - (e) *Documentation and Recording Quality*
 - (f) *Manual handling management*
 - (g) *Correct management of clinical waste in relation to the safe disposal of sharps*

- (h) Recognition of serious changes in a patients clinical condition*
- (i) Delivering handovers*
- (j) Lacked awareness of / ability to, assess Risks to Patients*
- (k) Lack of capability with being able to monitor, assess and implement a plan of care for patients*
- (l) Vital sign monitoring*

(Examples of the failings in relation to charges 3 and 4 include, but are not limited to, further information set out at Schedule B)

AND, in light of the above, your fitness to practise is impaired by reason of your lack of competence.

Schedule A

- 1. You failed to demonstrate that you could effectively manage and administer medication on one or more of the following occasions:*
 - a. On 20 May 2014 you could not explain what Tamulosin and Finasteride were used for*
 - b. On 20 May 2014 you missed out a treatment sheet of medication for Patient A*
 - c. On 22 May 2014 you missed out administering medication to Patient B during a medication round*
 - d. On 25 May 2014 you attempted to administer the wrong inhaler to Patient C*
 - e. On 25 May 2014 you attempted to administer the wrong dosage of medication to Patient D*
 - f. On 16 June 2014 you failed to administer eye-drops to Patient E*
 - g. On 16 June 2014 you attempted to administer the wrong dose of Sodium Valproate to a patient*
 - h. On 16 June 2014 you failed to administer Warfarin to Patient F, while under supervision, until prompted to do so*

- i. *On 16 June 2014, you were unable to identify what Levetiracetem is prescribed for*

2. *On or around 12 March 2014, you failed to administer a prescribed blood transfusion*

3. *On or around 10 and 11 April 2014:*
 - a. *In relation to a patient who suffers from Parkinsons:*
 - (i) *Did not recognise that this Patient was at risk, when the patient was alone in the bathroom*
 - (ii) *You failed to recognise serious changes in a patient's clinical condition in that you did not to recognise that a patient was suffering a panic attack and act upon this*
 - (iii) *You recorded the patient's respiration rate at 18rpm when it was in fact 32rpm*

4. *You were unable to demonstrate competency in documentation and recording quality in that on an unknown date in June 2014 you were unable to complete an incident form without being told what to record*

5. *You failed to demonstrate basic safety and manual handling of patients, including one or more of the following occasions:*
 - a. *On 11 April 2014, you incorrectly positioned a patient on an Ambu-lift hoist*
 - b. *On 11 April 2014, you were unable to reposition a patient in a recliner chair*
 - c. *On 26 April 2014, you were unable to utilise a Sara-Steady hoist to transfer a patient*
 - d. *On 26 April 2014, you were unable to utilise a slide sheet to reposition a patient in bed without instructions from a colleague*

Schedule B

1. *You did not meet one or more of the required standards and/or pass one or more of the assessments in relation to one or more of the following criteria:*
 - a. *The targets and action plan set on or around 8 July 2014 (exhibit BGJ/9)*
 - b. *The revised action plan following the meeting held on or around 12 August 2014 (exhibit BGJ/10)*
 - c. *The Action plan including further targets, set on or around 15 October 2015 (exhibit BGJ/11 – followed by exhibit BGJ/12)*
 - d. *The competency plan produced at exhibit KJ/1 (signed and dated by KJ on 26 October 2014)*
 - e. *The on-going action plan for the management of competencies set out at exhibit AH/1*
 - f. *The Risk Assessment produced at exhibit AH/2, dated in or around March 2015*
 - g. *The competencies listed at exhibit MO/1*

(Further and more detailed examples of the issues in relation to the competencies referred to at Schedule B, 1. Above, include but are not limited to those matters set out at Schedule B. 2, and 3 below)

2. *That in the course of the stage 1 formal capability policy of Betsi Cadwaladr University Health Board, between approximately 12 August 2014 and 17 February 2015, you failed to achieve any or all*

of the following competencies listed to a satisfactory level as set out below:

- a. Undertake a minimum of 6 drug rounds with no mistakes or interventions from your mentor including any or all of the following failings:*
 - (i) On 26 October 2014 you attempted to give Patient G 15mls of liquid paracetamol instead of liquid lactulose that was prescribed*
 - (ii) On 26 October 2014 you failed to administer Adcal D3 to Patient H, while under supervision, until prompted to do so*
 - (iii) On 27 October 2014, you were unable to identify that Doxycycline was an antibiotic when asked by Patient I*
 - (iv) On 27 October 2014, you failed to administer Adcal D3 to Patient J, while under supervision, until prompted to do so*
 - (v) On 27 October 2014, you could not explain what Cetirizine, Rasagiline, Letrozole and Spironolactone were used for*
 - (vi) On 28 October 2014 you failed to administer Adcal D3, to Patient H, while under supervision until prompted to do so*
 - (vii) On 2 November 2014, you attempted to give liquid paracetamol instead of liquid lactulose to Patient H*
 - (viii) On 2 November 2014, you missed out a treatment sheet for Patient K*
 - (ix) On 2 November 2014, you attempted to administer Clopidogrel to Patient L*
 - (x) On 2 November 2014, you were unable to calculate the amount of Diamorphine to administer subcutaneously to Patient L without guidance*
 - (xi) On 20 January 2015, you administered 50mg Ascorbic Acid to Patient M instead of 200mg Ascorbic Acid prescribed*
 - (xii) On 21 January 2015, you missed a treatment sheet of medication for Patient N*

- (xiii) *On 21 January 2015, you were unable to identify whether to administer liquid paracetamol or tablet paracetamol to Patient O*
 - (xiv) *On 23 January 2015, you failed to administer Nimodopine to Patient P until prompted to do so*
 - (xv) *On 23 January 2015, you were unable to identify what Warfarin and Clexane were prescribed for*
 - (xvi) *On 23 January 2015, you were unable to calculate how to administer a dose of 1.5mg Levetiracetem in liquid form without guidance*
 - (xvii) *On 9 February 2015, you were unable to identify that Warfarin needed to be written up on a treatment chart*
- b. *To demonstrate on 6 occasions your ability to utilize documentation and take appropriate action from information gained including any or all of the following failings:*
- (i) *On 27 October 2014 you were unable to complete new patient admission forms*
 - (ii) *On 28 October 2014 you failed to complete a referral form to social services*
 - (iii) *On 28 October 2014, recorded an incorrect diagnosis for a patient on their admission form*
- c. *Undertake 3 vital signs observation rounds and act upon any abnormal readings which included the incident on 16 November 2014 when you were unable to say what action to take with a patient scoring a high National Early Warning Score.*
- d. *Be observed taking the lead in 6 episodes of patient care relating to manual handling; or*
- e. *Undertake on 3 occasions the ward and board rounds handing over charges, utilizing frailty scores and anticipated dates of discharge.*

3. *That in the course of the stage 2 formal capability policy of Betsi Cadwaladr University Health Board, between approximately 17 / 25 February 2015 and 30 April 2015 you failed to achieve any or all of the following competencies listed to a satisfactory level:*
 - a. *Undertake a minimum of 6 drug rounds with no mistakes or interventions from your mentor including any or all of following:*
 - (i) *On 17 February 2015, you required prompting to administer Adcal D3 to Patient Q*
 - (ii) *On 21 February 2015, you failed to administer Fortisip to Patient R*
 - (iii) *On 22 February 2015, you failed to check the tablets you were administering to Patient S and gave Paracetamol instead of Domperidone*
 - (iv) *On 22 February 2015, you were unable to calculate how to administer a dose of 100mg Lacosamide in liquid form without guidance*
 - (iv) *On 22 February 2015, you identified Lacosamide as Levitrectam*
 - (v) *On 8 April 2015, during your medications assessment, you attempted to give an incorrect dosage of medication to a patient*
 - (vii) *On 15 April 2015, during your second medication assessment you were unable to confidently administer medication*
 - b. *To demonstrate on 6 occasions your ability to utilize documentation and take appropriate action from information gained including any or all the following:*
 - (i) *On 21 February 2015, you were unable to identify that a patient treatment sheet needed rewriting as it was full*
 - (ii) *On 21 February 2015, you did not complete assessment and admission protocols for a patient*
 - (iii) *On 8 March 2015, you failed to complete assessment and admission paperwork for a patient*

- (iv) *On 14 April 2015 you were unable to complete assessments for two patients*
 - (v) *On 30 April 2015, it was reported during your capability review meeting, that you were unable to understand risk assessments, falls audits, nutrition assessments or care plans*
 - (vi) *On 30 April 2015, it was reported during the capability review meeting that you had incorrectly documented that you had taken a patient for a wash when it was in fact a healthcare assistant that had bathed the patient*
- c. *Undertake 3 vital signs observation rounds and act upon any abnormal readings including either or both of these particular failings:*
- (i) *On an unknown date prior to 30 April 2015, you did not understand the difference between recording sitting and standing blood pressure*
 - (ii) *On an unknown date prior to 30 April 2015, you provided a blanket to a patient who was shivering instead of taking their observations and failed to ascertain that he was showing symptoms of sepsis.*
- d. *Be observed taking the lead in 6 episodes of patient care relating to manual handling; or*
- e. *Undertake on 3 occasions the ward and board rounds handing over charges, utilizing frailty scores and anticipated dates of discharge including either or both of these particular failings:*
- (i) *On 27 October 2014, gave wrong information about a patient during a ward round*
 - (ii) *On 14 April 2015, you were unable to give a full handover about the day's events.*

The second reviewing panel determined the following with regard to impairment:

“The panel had regard to the previous review panel’s findings and took account of the fact that Mrs Blackwell did not attend her substantive hearing in April 2017 or the first review of the order on 20 April 2018. It would appear that prior to this hearing Mrs Blackwell’s engagement with the NMC has been minimal and only occurred after the NMC contacted her daughter.

Mrs Blackwell has not submitted anything in relation to her insight into her failings or any evidence of remediation. The panel took account of the fact that Mrs Blackwell’s failings were numerous and that she was offered considerable support at the time of these incidents.

The panel concluded that, on the basis of the evidence before it, Mrs Blackwell has not remediated her failings or made any attempt to do so. It took account of what the previous panel had stated would be helpful to this panel and noted that none of this information had been provided.

The panel therefore concluded that Mrs Blackwell’s fitness to practise remains impaired on the grounds of public protection.

The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. The panel determined that, in this case, a finding of continuing impairment on public interest grounds is also required.

For these reasons, the panel finds that Mrs Blackwell’s fitness to practise remains impaired.”

The second reviewing panel determined the following with regard to sanction:

“The panel first considered whether to take no action or impose a caution order but concluded that this would be inappropriate in view of the risk of repetition identified and seriousness of the matters found proved. The panel decided that it

would be neither proportionate nor in the public interest to take no further action or impose a caution order.

The panel next went on to consider replacing the suspension order with a conditions of practice order. It had regard to the fact that Mrs Blackwell has not indicated that she would be willing to comply with conditions, despite communicating through correspondence from her daughter that she would like to return to nursing practice.

The panel was therefore of the view that no progress or effort is being made by Mrs Blackwell with regard to re-engaging with the NMC and demonstrating a willingness to comply with conditions. The panel was also of the view that the failings were so numerous and wide ranging that no workable conditions could be formulated that would protect the public. It determined that in the light of this, conditions of practice remain unworkable.

The panel next went on to consider a suspension order. The panel considered that a further period of suspension would allow Mrs Blackwell further opportunity to reflect on her failings and make a decision with regard to whether she wishes to continue practising as a Registered Nurse. The panel was of the view that Mrs Blackwell should be given another chance to re-engage with the NMC.

The panel concluded that a suspension order will adequately protect the public and address the public interest in the case. It considered that a period of 12 months would allow Mrs Blackwell the appropriate time to address her failings, initiate remediation and re-engage with the NMC.

The panel had regard to the fact that it was not within its powers to impose a striking off order at this time but that all options will be available to the next reviewing panel.

The order will be reviewed prior to expiry.

Any future panel may be assisted by evidence of:

- *Mrs Blackwell's engagement with NMC proceedings and in particular her attendance at her next substantive order review hearing;*
- *a written reflective piece addressing the shortcomings in Mrs Blackwell's nursing practice; her insight; how she would prevent these issues recurring should she return to nursing practice; and how she envisages a return could be structured;*
- *any references from employers about any work, whether paid or unpaid, that Mrs Blackwell has been undertaking, addressing any skills and knowledge she has gained."*

Decision on current fitness to practise

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

The panel had regard to all of the documentation before it. It has taken account of the submissions made by Mr Bellis on behalf of the NMC.

Mr Bellis outlined the background of the case and the findings of the substantive and the previous reviewing panels. Mr Bellis submitted that there is no new information before the panel to indicate that Mrs Blackwell's situation has changed since the previous review hearing. The previous panels have noted that Mrs Blackwell's practice was well below the standards required of a competent nurse. Mr Bellis submitted that there is no evidence before the panel to suggest that Mrs Blackwell has, in any way, remediated her practise or that the risks identified by the previous panels have been addressed. Mr Bellis submitted that the panel may find that Mrs Blackwell's fitness to practise remains impaired in light of the lack of insight and remediation.

In relation to sanction, Mr Bellis submitted that the issue of sanction was a matter for the panel's professional judgement, and invited it to take the NMC's Sanctions Guidance ("SG") into account. He informed the panel that, Mrs Blackwell's representative had indicated at a previous review that Mrs Blackwell would like to return to nursing, however no further information regarding this had been provided. Mr Bellis submitted that Mrs Blackwell had fulfilled none of the recommendations by the previous panel. He submitted that the original concerns have not been addressed and that the panel may wish to consider extending the current suspension order for a further period to allow Mrs Blackwell to address the concerns identified and evidence this to a future panel.

The panel 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 Blackwell's fitness to practise remains impaired.

The panel had regard to the previous review panel's findings and took account of the fact that Mrs Blackwell did not attend the review hearing in May 2019. It would appear that she has not meaningfully engaged with the NMC since the imposition of the original order in April 2017.

The panel noted that prior to this hearing and prior to the previous review which took place in May 2019, Mrs Blackwell has not demonstrated insight into her failings and has not provided any evidence of attempts at remediation.

The last panel determined that Mrs Blackwell remained liable to repeat matters of the kind found proved. This panel has received no information that would allow it to make a finding any different to that. This panel noted that the findings against Mrs Blackwell are significant and wide-ranging including fundamental nursing practise. It also noted that she had received lengthy periods of support by her employer in the past but was not

successful in proving her practise. The panel concluded that, due to the lack of any evidence to the contrary, Mrs Blackwell has not remediated her failings or made any attempt to do so. It took account of what the previous panel had stated would be helpful to this panel and noted that none of these documents had been provided. The panel also noted that Mrs Blackwell had not taken any steps to update her contact details which she has a duty to do in order to remain in contact with her regulator. The panel further noted that the last reviewing panel in May 2019 had indicated that this panel has the power to impose a striking off order. However, Mrs Blackwell has taken no action to evidence any insight or remediation in relation to the concerns. The panel therefore concluded that a finding of continuing impairment, due to Mrs Blackwell's lack of competence, is necessary on the grounds of public protection.

The panel had borne in mind that its primary function was to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. The panel was of the view that a member of the public would be concerned if an NMC panel were to find Mrs Blackwell's fitness to practise to no longer be impaired following her disengagement from the process. The panel determined that, in this case, a finding of continuing impairment on public interest grounds is required.

For these reasons, the panel finds that Mrs Blackwell's fitness to practise remains impaired.

Determination on sanction

Having found Mrs Blackwell's fitness to practise currently impaired, the panel then considered what, if any, sanction it should impose in this case. The panel noted that its powers are set out in Article 29 of the Order. The panel has also taken into account the NMC's Sanctions Guidance ("SG") and has borne 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 but concluded that this would be inappropriate in view of the risk of repetition identified and the seriousness of the case.

The panel decided that it would be neither proportionate nor in the public interest to take no further action.

The panel then considered whether to impose a caution order but concluded that this would be inappropriate in view of the risk of repetition identified and the seriousness of the case as this would not place any restrictions on Mrs Blackwell's nursing practice. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next went on to consider replacing the suspension order with a conditions of practice order. It had regard to the fact that Mrs Blackwell has not indicated that she would be willing to comply with conditions, despite communicating through correspondence from her representative on a previous occasion that she would like to return to nursing practice. The panel was therefore of the view that no progress or effort is being made by Mrs Blackwell with regard to re-engaging with the NMC and demonstrating a willingness to comply with conditions. The panel was also of the view that the failings were so significant and wide ranging that no workable conditions could be formulated that would protect the public. It determined that in the light of this, conditions of practice remain unworkable.

The panel next went on to consider imposing a further suspension order. It noted that Mrs Blackwell has been subject to a suspension order for a total of three years. The panel noted from its decision on impairment that Mrs Blackwell has not remediated the concerns identified, nor has she provided evidence of any insight. She has not taken the opportunity to provide suitable and applicable information which may have been of assistance to this panel. In taking account of the evidence provided, this panel was of the view that it would not be in the public interest to continue matters indefinitely, and that these proceedings should be brought to a conclusion. Therefore, in having regard to the above, whilst a further suspension order might satisfy the public protection concerns, the panel was not satisfied that it would sufficiently address the wider public interest elements of this case.

In the circumstances, the panel determined that a further period of suspension would not serve any useful purpose. Mrs Blackwell has been afforded many opportunities by

previous panels to develop full insight into her clinical failings and she has failed to do so. The panel considered that public confidence in nurses could not be maintained by allowing Mrs Blackwell to remain on the register. It considered that, in the circumstances, her failings along with the lack of insight or remediation are fundamentally incompatible with Mrs Blackwell remaining on the register. The panel determined that it was necessary to take action to prevent Mrs Blackwell from practising as a registered nurse in the future and concluded that the only sanction that would adequately protect the public and serve the wider public interest was a striking-off order. The panel therefore directs the registrar to strike Mrs Blackwell's name off the register.

In accordance with Article 30 (1) of the Nursing and Midwifery Order 2001 this striking-off order will come into effect upon the expiry of the existing suspension order, namely at the end of 23 May 2020.

This decision will be confirmed to Mrs Blackwell in writing.

That concludes this determination.