

# **Nursing and Midwifery Council**

## **Voluntary Removal Decision**

**Registrar – 23 February 2021**

**Registrant:** Margaret Millsom

**PIN:** 85K0153S

**Part(s) of the register:** Registered Nurse - Mental Health Nursing

**Area of Registered Address:** Scotland

**Type of case:** Misconduct

### **REGISTRAR'S DECISION**

A decision has been made by the Registrar to approve the application for voluntary removal based on the assessment of the relevant criteria. The reasons for the decision to grant voluntary removal from the Register are below.

#### **Details of charge**

*That you, a Registered Nurse, whilst employed by Greater Glasgow & Clyde NHS Trust:*

1. On 19 November 2011 you:
  - a) Incorrectly recorded the administration of medication on one or more of the patient kardexes set out at Schedule 1
  - b) Copied Colleague A's signature on one or more of the patient kardexes you had completed
2. On 20 November 2011 you failed to securely store diazepam in that you left an upturned bottle of diazepam on top of the drugs trolley
3. On 13 and/or 14 and/or 15 August 2014 in respect of Patient A, you incorrectly administered Diazepam and Stalevo (coded "B" and "D") when he was prescribed Procyclidine and Stalevo (coded "A" and "D"), or alternatively you incorrectly recorded the administration on Patient A's Kardex
4. You failed to co-operate with the NMC's investigation into your fitness to practise in that:

- a) Between 17 January 2018 and 23 February 2018 you did not return signed medical testing and examination consent forms when requested to do so
- b) Between 24 May 2018 and 31 May 2018 you did not provide the NMC with contact details for your GP and/or consent for the NMC to access your GP records

*AND, in light of the above, your fitness to practise is impaired by reason of your misconduct*

## **SCHEDULE 1**

Kardex 1  
Kardex 2  
Kardex 3  
~~Kardex 3~~  
Kardex 4  
Kardex 5  
Kardex 6  
Kardex 7  
Kardex 8  
Kardex 9  
Kardex 10  
Kardex 11

## **REGISTRAR'S REASONS**

The following documents were considered when assessing this voluntary removal application:

- Voluntary removal application form dated 21 February 2021;
- Email correspondence between Mrs Millsom and the NMC (between 16 and 22 February 2021);
- The charges;
- Response from the maker of the allegation, dated 22 February 2021;
- Panel's determination on facts, misconduct and impairment;
- Proceeding in absence and registrant's response bundle.

### **Background**

Margaret Millsom was first entered onto the NMC register in 1985. She commenced working at NHS Greater Glasgow and Clyde ("the Trust") in 1989 and worked as a Band 5 nurse specialising in mental health within the rehabilitation wards at the Trust. Her role involved general psychiatric duties, including being a key worker for a group of patients.

On 8 November 2017, the Lead Nurse in Inpatient Mental Health Services at Gartnavel Royal Hospital submitted a referral about Mrs Millsom's fitness to practise.

The Case Examiners considered the concerns on 27 July 2018 and decided there was a case to answer. They decided to refer the case to the Fitness to Practise Committee.

A panel of the Fitness to Practise Committee (the panel) has considered the case at a substantive hearing, which commenced on 15 February 2021, and which remains ongoing. During the hearing, the panel amended the charges to correct a typographical error, removing 'Kardex 3' from Schedule 1, which had been duplicated.

The panel found charges 1a), 2, 3 and 4 proved. Charge 3 was found proved insofar as it related to the incorrect recording of medication administration, but not proved insofar as it related to the incorrect administration of medication. Charge 1b) was found not proved. The panel decided that the charges found proved amounted to misconduct, and that Mrs Millsom's fitness to practise is currently impaired.

Mrs Millsom's voluntary removal application form was received on 22 February 2021. The application was provided to the panel to consider, prior to commencing the sanction stage of the hearing. The panel have recommended that Mrs Millsom's application for voluntary removal be approved.

### **Acceptance of the regulatory concerns**

In Mrs Millsom's application for voluntary removal form dated 21 February 2021, she has signed a declaration admitting the facts of the allegation and that her fitness to practise is impaired.

In their determination on impairment and recommendation, the panel have highlighted that there was some acceptance by Mrs Millsom of the issues at the time.

Having considered Mrs Millsom's responses, the facts found proved and her signed declaration dated 21 February 2021, I'm satisfied Mrs Millsom does accept the fitness to practise concerns that have been raised.

### **Public interest considerations**

Our guidance says, when deciding whether to grant an application for voluntary removal, we must take into account the public interest. One of the key factors in weighing up the public interest of a case is the seriousness of the concerns. I've therefore considered the seriousness of the allegations by referring to our guidance on seriousness. I've also consider the panel's determination on impairment and the panel's assessment of the public interest concerns in their recommendation.

The failings found proved by the panel in charges 1 to 3 are the kinds of concerns that could result in harm to patients if not put right. They involve record keeping failings and a failure to securely store prescription medication. They aren't isolated and put patients at risk of harm. In their recommendation, the panel have highlighted there was no evidence to suggest any deliberate or wilful acts on Mrs Millsom's part. In their view, these failings could be better described as clinical errors, with no motive or intention behind them to cause harm to patients. While these errors were serious and involved vulnerable patients, they don't involve the kind of conduct that's more difficult to put right

and don't suggest an underlying issue with Mrs Millsom's attitude to the people in her care.

In addition, there are also charges involving a failure to cooperate with the NMC's investigation. These relate to the provision of and consent to obtain information about Mrs Millsom's health. All registered nurses have a duty to engage with the NMC and to cooperate with its investigations. These failures are serious and hindered the NMC's attempts to obtain evidence that Mrs Millsom's health doesn't present a risk to the people in her care. However, these charges relate to specific time periods and there were also periods during the NMC's investigation where Mrs Millsom was in contact with the NMC and indicated a willingness to cooperate. In their recommendation, the panel's view is that these matters paint a picture of a registrant who did remain in contact with the NMC, and did indicate an overall willingness to provide information and assist the NMC. While the panel determined that these charges would be difficult to remediate, they said it's not impossible and identified steps that could be taken to remedy these failings.

Our fitness to practise principles say that, taking action solely to maintain public confidence or uphold standards is only likely to be needed if the concerns can't be remedied or raise fundamental questions about the trustworthiness of a nurse, midwife or nursing associate as a professional. Having considered the seriousness of the charges, I don't consider they would require us to act solely to maintain public confidence or uphold standards. While Mrs Millsom hasn't taken steps to remedy the concerns, they are remediable and don't raise fundamental questions about her trustworthiness as a registered professional.

I've considered our guidance on sanctions for serious cases, the panel's determination on impairment and their recommendation in relation to the voluntary removal application. Considering that information, I don't consider the charges found proved are likely to result in Mrs Millsom's being permanently removed from the register. While the charges are the kinds of concerns that could result in harm to patients, they're not fundamentally incompatible with continued registration.

### **Interests of the nurse, midwife or nursing associate and future plans**

In her voluntary removal application, Mrs Millsom indicated that she retired in November 2017 and said she's not worked as a nurse since March 2017. In her email correspondence with the NMC dated 17 February 2021, Mrs Millsom said she's not well enough to work and would not work as a nurse again.

Mrs Millsom said her future plans include working a small number of shifts in unregistered roles in the private sector.

### **Comments from the maker of the allegation**

As the person who made the fitness to practise referral, the Lead Nurse at the Trust has been invited to comment on Mrs Millsom's application. In their response dated 22 February 2021, they don't raise any objections and are supportive of voluntary removal as the most appropriate conclusion to the case.

### **Registrar's decision**

I'm satisfied that Mrs Millsom accepts the concerns and doesn't intend to work as a registered nurse again in the future. The maker of the allegation doesn't object to Mrs Millsom being removed from the register voluntarily. The charges have been considered by the Fitness to Practise Committee at a substantive hearing, where the panel made determinations on the charges, misconduct and impairment in a public setting. The panel made a finding that Mrs Millsom's fitness to practise is impaired on both public protection and public interest grounds. Approving Mrs Millsom's application would immediately remove any future risk and address the public protection issues. The panel's finding of impairment, Mrs Millsom's immediate removal from the register and the publication of this decision is a proportionate means of maintaining public confidence in the profession and upholding standards.

I've therefore decided to approve Mrs Millsom's application for voluntary removal from the NMC register.