Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Hearing
28 March 2022 – 1 April 2022

Virtual Hearing

Name of registrant:	Kim Louise Ramsay
NMC PIN:	15I1079S
Part(s) of the register:	Registered Nurse – Sub Part 1 Adult Nursing (30 September 2018)
Area of registered address:	Ayrshire
Type of case:	Misconduct
Panel members:	Adrian Smith (Chair, Lay member) Esther Craddock (Registrant member) Robert Fish (Lay member)
Legal Assessor:	Angus Macpherson
Hearings Coordinator:	Opeyemi Lawal
Nursing and Midwifery Council:	Represented by Stuart Dingle, Case Presenter
Ms Ramsay:	Not present but represented by Adam Black, instructed by Anderson Strathern (28, 30 and 31 March and 1 April 2022) Present and represented (29 March 2022)
No case to answer:	Charge 8
Facts proved by admission:	Charges 1 and 2 (in relation to recording), 3, 4, 5, 6, 7, 9 and 10
Facts proved:	Charge 2c and 2d
Facts not proved:	Charge 1, 2a and 2b (in relation to undertaking)
Fitness to practise:	Impaired

Sanction:	Conditions of Practice Order (12 months)
Interim order:	Interim Conditions of Practice Order (18 months)

Decision and reasons on application to amend the charge

The panel heard an application made by Mr Dingle, on behalf of the Nursing and Midwifery Council (NMC), to amend the wording of charge 6.

The proposed amendment was to eliminate a duplication within the charges. It was submitted by Mr Dingle that the proposed amendment would provide clarity and more accurately reflect the evidence. It read as follows:

> 'That you, a registered nurse:
>
> 6) ~~Did not complete an accident/incident form~~ **Did not complete a daily record of care.**'

Mr Black, on your behalf, indicated that he did not oppose the proposed amendments.

The panel accepted the advice of the legal assessor and had regard to Rule 28 of 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The panel was of the view that such an amendment, as applied for, was in the interest of justice. The panel was satisfied that there would be no prejudice to you and no injustice would be caused to either party by the proposed amendment being allowed. It therefore determined to allow the proposed amendment.

Details of charge as amended

That you, a registered nurse, whilst employed at Crossgate Care Home ("the Home") on or around 26/27 July 2019, following Resident A's fall:

1) Did not undertake/record clinical observations/Glasgow Coma Scale, including;

a) Temperature
b) Blood pressure
c) Pulse
d) Respirational readings
e) Oxygen readings

2) Did not undertake/record neurological observations, including;
a) Pupil checks
b) Voice response check
c) Touch response check
d) Pain response check

3) Did not complete a Falls Risk Record

4) Did not complete a Risk Assessment

5) Did not fully/adequately complete an accident/incident form in that you;
a) Did not fully complete Section 1of the form.
b) Did not fully complete Section 2 of the form
c) Did not fully complete Section 5 of the form.
d) Did not fully complete Section 6 of the form

6) Did not complete a daily record of care

7) Did not complete a separate Body Map/Evaluation of Injury form

8) Did not complete/record a handover sheet

9) Did not notify Resident A's family/next of kin

10) On 5 January 2019 when admitting Resident B to the Home;

a) Did not complete Resident B's admissions records.
b) Did not undertake adequate observations.
c) Did not notify Resident B's family/next of kin.

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

Decision and reasons on application of no case to answer

At the close of the NMC's case and following the evidence of Ms 1, the panel considered an application from Mr Black that there is no case to answer in respect of charge 8. This application was made under Rule 24(7) which states:

> *'24(7) Except where all the facts have been admitted and found proved under paragraph (5), at the close of the Council's case, and—*
> *(i) either upon the application of the registrant, or*
> *(ii) of its own volition,*
> *the Committee may hear submissions from the parties as to whether sufficient evidence has been presented to find the facts proved and shall make a determination as to whether the registrant has a case to answer.'*

In relation to this application, Mr Black submitted that the NMC had not adduced sufficient evidence upon which the panel could find the charge proved. He submitted that this was because Ms 1 stated in evidence that the handover record cannot be found. In these circumstances, he submitted that this charge should not be allowed to remain before the panel.

Mr Dingle acknowledged the logic behind the application, and did not oppose it.

The panel took account of the submissions made and heard and accepted the advice of the legal assessor.

In reaching its decision, the panel has made an initial assessment of all the evidence that had been presented to it at this stage. The panel was solely considering whether sufficient evidence had been presented, such that it could find the charge proved and whether you had a case to answer.

The panel concluded that it had not heard any direct evidence to support the allegation that you did not complete or record a handover sheet. The panel were told by Ms 1 that she could not find the handover sheet and she stated that whether it may or may not have been completed cannot be proven. The panel noted that Ms 1 stated that there would have been a handover document in existence, completed by the staff on a previous shift. The panel further considered that the NMC did not bring any further evidence to find charge 8 proved. As the panel had not been provided with the handover document, it was not satisfied that there was sufficient evidence that you did not complete or record the hand over sheet.

The panel was of the view that, taking account of all the evidence before it, there was not a realistic prospect that it would find the facts of charge 8 proved. The panel was therefore of the view that, taking account of all the information before it, the evidence presented by the NMC was not sufficient to find a case to answer in respect of this charge.

Decision and reasons on application to amend the charge

The panel heard an application made by Mr Dingle to amend the wording of charge 7.

The proposed amendment was for the charge to reflect the witness statement of Ms 1, and your oral evidence. It was submitted by Mr Dingle that the proposed amendment would also provide clarity. It read as follows:

‘That you, a registered nurse:

7) ~~Did not complete a Body Map~~ **Did not complete a separate Body Map/Evaluation of Injury form**’

Mr Black, on your behalf, indicated that he did not oppose the proposed amendments.

The panel accepted the advice of the legal assessor and had regard to Rule 28 of the Rules.

The panel considered that it was clear from the evidence provided to you in advance of the hearing that the charge was intended to refer to a separate body map form as opposed to the body map contained in the accident form. The panel was of the view that such an amendment, as applied for, was in the interest of justice. The panel was satisfied that there would be no prejudice to you and no injustice would be caused to either party by the proposed amendment being allowed. It therefore determined to allow the proposed amendment. The panel considered that it was clear from the evidence provided to you that the charge was intended to cover a separate form as opposed to the one contained in the accident form.

Background

The NMC received a referral from Crossgate Care Home (the Home) on 12 September 2019. It is alleged that on 26 July 2019 you failed to carry out clinical or neurological observations, on Resident A who had been found on the floor with a laceration to the back of her head. It is alleged that you then failed to complete the falls log or update the mobility care plan to evidence the fall and did not update Resident A’s care file, nor complete a body map. It is further alleged that the next of kin were not notified of the incident.

You were the nurse in charge of the Home at the time of the incident.

It was also alleged that on 5 January 2019, you did not complete appropriate admission documentation in respect of Patient B, nor undertake adequate observations, nor notify Resident B's next of kin.

You resigned from your position at the Home when the disciplinary process in respect of the incident in July 2019 was about to commence.

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor. It considered the witness and documentary evidence provided by both the NMC and Mr Black.

Decision and reasons on facts

At the outset of the hearing, the panel heard from Mr Black, who informed the panel that you made admissions to charges 1 and 2 but on the basis that the observations were completed but not recorded. You also made full admissions to charges 3, 4, 5, 6, 9 and 10. You admitted charge 7 as amended later in the hearing.

The panel finds charges 3, 4, 5, 6, 7, 9 and 10 proved in their entirety, by way of your admissions. The panel also found charges 1 and 2 proved in relation to recording the observations, but it went on to determine whether you undertook the observations.

In reaching its decisions on the disputed facts, the panel took into account all the oral and documentary evidence in this case together with the submissions made by Mr Dingle on behalf of the NMC and by Mr Black, on your behalf.

The panel was aware that the burden of proof rests on the NMC, and that the standard of proof is the civil standard, namely the balance of probabilities. This means that a fact will be proved if a panel is satisfied that it is more likely than not that the incident occurred as alleged.

The panel heard live evidence from the following witness called on behalf of the NMC:

- Ms 1: Deputy Home Manager at the Home at the time of the incident

The panel also heard evidence from you under affirmation.

The panel then considered each of the disputed charges and made the following findings.

Charge 1

1) Did not undertake/record clinical observations/Glasgow Coma Scale, including;
    a) Temperature
    b) Blood pressure
    c) Pulse
    d) Respirational readings
    e) Oxygen readings

This charge is found proved by admission in relation to recording the observations but not proved in relation to undertaking the clinical observations.

The panel noted that the wording of charge includes a reference to the Glasgow Coma Scale. However it considered that this more properly related to the neurological observations outlined at charge 2. It would be inappropriate to determine the same charge twice. It therefore, determined to concentrate on the particulars set out in this charge, rather than the Glasgow Coma Scale.

In reaching this decision, the panel took into account the evidence of Ms 1 and your oral evidence and the documentary evidence provided.

The panel recognised that you made admissions to the other charges, and that you did acknowledge errors. The panel found you to be credible and consistent in giving evidence. The panel noted that in your evidence you explained how you retrieved the equipment to carry out the clinical observations outlined in the charge.

The panel considered that whilst Ms 1 was able to provide evidence as to what information you recorded, she was not able to confirm whether you undertook the checks as she was not present at the Home at the time. Further, the panel noted that the NMC adduced no evidence from the Care Assistants on duty at the time who attended Resident A.

The panel further noted that in the first investigatory meeting at the Home, you stated that you '*checked [Resident A] over'*, and that in your oral evidence you stated that this meant you did the clinical observations outlined in the charge. Whilst the panel noted that in the second investigatory meeting you only stated you took Resident A's pulse and not the other observations, it accepted your evidence that you had completed the clinical observations.

In light of this, the panel was satisfied that you did undertake all the observations set out in the charge, but failed to record them.

Charge 2 a and b

Did not undertake/record neurological observations, including;

a) Pupil checks

b) Voice response check

This charge is found proved by admissions in relation to recording the observations but found not proved in relation to undertaking the neurological observations.

In reaching this decision, the panel took into account the evidence of Ms 1, your oral evidence and the documentary evidence provided.

The panel noted that you stated in your evidence that you undertook the pupil and voice response check, with Resident A responding. The panel considered that you provided a credible and consistent account that you performed these checks.

The panel considered that whilst Ms 1 was able to provide evidence as to what information you recorded, she was not able to confirm whether you undertook the checks as she was not present at the Home at the time.

The panel noted that during the second investigatory meeting at the Home, in response to the question *'Did you carry out neuro observations when Resident A fell and had a laceration to her head?'* you stated, *'I cleaned up the blood'* and was asked *'But no neuro observations?'* you responded '*No'*. Whilst the panel noted this statement it was satisfied that you undertook pupil checks and a voice response check, but failed to record them. The panel accepted your oral evidence that you did not properly understand the questions asked of you at this investigatory meeting.

In light of this, the panel was satisfied that you did undertake the pupil and voice response check, but failed to record them.

Charge 2 c and d

c) Touch response check

d) Pain response check

This charge is found proved by admission in relation to recording and found proved in relation to undertaking the neurological observations.

In reaching this decision, the panel took into account your oral and documentary evidence. The panel noted that you stated in your evidence that it was not necessary to carry out the touch response and pain response checks considering the outcome of the first two checks, and so you did not carry out these checks.

The panel was satisfied that you did not undertake the touch or pain response check and did not record them.

Fitness to practise

Having reached its determination on the facts of this case, the panel then moved to consider, whether the facts found proved amount to misconduct and, if so, whether your fitness to practise is currently impaired. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's suitability to remain on the register unrestricted.

The panel, in reaching its decision, has recognised its statutory duty to protect the public and maintain public confidence in the profession. Further, it bore in mind that there is no burden or standard of proof at this stage and it has therefore exercised its own professional judgement.

The panel adopted a two-stage process in its consideration. First, the panel must determine whether the facts found proved amount to misconduct. Secondly, only if the facts found proved amount to misconduct, the panel must decide whether, in all the circumstances, your fitness to practise is currently impaired as a result of that misconduct.

Submissions on misconduct and Impairment

In coming to its decision, the panel should have regard to the case of *Roylance v General Medical Council (No. 2)* [2000] 1 AC 311 which defines misconduct as a *'word of general effect, involving some act or omission which falls short of what would be proper in the circumstances.'*

Mr Dingle invited the panel to take the view that the facts found proved amount to misconduct. The panel had regard to the terms of ''The Code: Professional standards of practice and behaviour for nurses and midwives (2015' (the Code) in making its decision.

Mr Dingle identified the specific, relevant standards where your actions amounted to misconduct.

Mr Dingle referred the panel to the contents of your job description and submitted that you did not discharge your role during the time of the incidents. Therefore, Mr Dingle submitted that the panel should consider an alternative route to find impairment, namely your lack of competence. He submitted that you accepted that you should have carried out tasks you knew you had to do, but did not complete them. Mr Dingle submitted the charges found proved amount to misconduct. He referred the panel to the case of *Holton v GMC* [2006] EWHC 2960 (Admin).

Mr Dingle moved on to the issue of impairment and addressed the panel on the need to have regard to protecting the public and the wider public interest. This included the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body. He referred to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin).

Mr Dingle invited the panel to find that your fitness to practise is impaired both on the grounds of public protection, and also in the public interest. He submitted that your failure to record and carry out observations put residents at real risk of harm. He further submitted that during your oral evidence you stated that you felt that you did not have sufficient training and that, if you were put in this situation again, you would not know what to do. Mr Dingle submitted that there remains a risk of repetition, and a risk of harm to the public should you be permitted to practise unrestricted.

At the outset of Mr Black's submissions he stated that he does not dispute the submissions made by Mr Dingle. Mr Black informed the panel that you accept your fitness to practise is currently impaired on the basis of lack of competence. Mr Black submitted

that Mr Dingle was correct to refer the panel to your job description but highlighted to the panel that you were a newly qualified nurse in a new role at the time of the incident.

Mr Black submitted that you have shown insight via your reflective piece and oral evidence. He stated that whilst your conduct is capable of remediation, it has not yet been remediated.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Roylance v General Medical Council* (No 2) [2000] 1 A.C. 311. He cautioned the panel about making a finding of lack of competence when that was not alleged in the charge. He advised that it would be appropriate for the panel to confine its deliberations to misconduct.

Decision and reasons on misconduct

The panel first gave consideration to the proposal in Mr Dingle's and Mr Black's submissions that it should consider that your fitness to practise is impaired due to lack of competence. The panel noted that the charges state that your fitness to practise is impaired by reason of your misconduct, and not on any other ground. The panel was of the view that it would be unfair to you to change the basis on which impairment is alleged at such a late stage of the hearing and noted that no reference has been made to lack of competence until this point. The panel therefore only considered whether your fitness to practise is impaired by way of misconduct.

When determining whether the facts found proved amount to misconduct, the panel had regard to the terms of the Code.
Specifically:

> *'**1 Treat people as individuals and uphold their dignity***
> *To achieve this, you must:*
> *1.2 make sure you deliver the fundamentals of care effectively*

10 Keep clear and accurate records relevant to your practice

This applies to the records that are relevant to your scope of practice. It includes but is not limited to patient records.

To achieve this, you must:

10.1 complete records at the time or as soon as possible after an event, recording if the notes are written sometime after the event

10.2 identify any risks or problems that have arisen and the steps taken to deal with them, so that colleagues who use the records have all the information they need.'

The panel was of the view that your actions did fall significantly short of the standards expected of a registered nurse, and that your actions amounted to a breach of the Code.

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct.

The panel considered that charges 1, 2a and 2b did amount to misconduct as your failure to record the observations put Resident A at risk of harm. The panel considered that accurate record keeping is a vital part of effective communication in nursing and integral to promoting the safety and continuity of care for patients. The panel determined was a serious failure.

However, the panel determined that charges 2c and 2d do not amount to misconduct because it accepted your evidence that it was not necessary to conduct the touch response and pain response check following Resident A's response to the pupil and voice response checks.

The panel considered that charges 3 and 4 did amount to misconduct as your failure to record Resident A's fall and update the risk assessment put Resident A at risk of harm and was serious.

The panel considered whether your conduct within charge 5 amounted to misconduct as you did complete certain sections of the form. The panel determined that taking the charge as a whole, the failures do amount to misconduct.

The panel considered that charge 6 amounted to misconduct because your failure to complete a daily record of care, put Resident A at risk of harm as colleagues may not have had accurate information for the evaluation and planning of care.

The panel considered that charge 7 amounted to misconduct. The panel noted that you misunderstood the use of the separate body map or evaluation of injury form, and determined that your failure was serious and put Resident A at risk of harm.

The panel determined that your failure at charge 9 was not sufficiently serious as to amount to misconduct. The panel accepted your evidence that it was not necessary to contact Resident A's next of kin straight away due to the time of the incident, and that it was sufficient for you to ask the staff working on the day shift to contact Resident A's next of kin.

The panel considered that charge 10a and 10b amounted to misconduct and determined that the failures were serious. Failing to complete admissions records and undertake adequate observations would prevent staff at the home from understanding Resident B's nursing needs and placed them at risk of harm.

However, in relation to charge 10c the panel determined that it was not sufficiently serious to amount to misconduct. The panel determined that it is not clear from the evidence why it was necessary for you to contact Resident B's next of kin. Indeed, based on the information given, the panel was unable to discern any compelling reason why it was incumbent upon you to undertake this action.

In conclusion, the panel found that your actions did fall seriously short of the conduct and standards expected of a nurse and amounted to misconduct.

Decision and reasons on impairment

The panel next went on to decide if as a result of the misconduct, your fitness to practise is currently impaired.

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. They must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

In this regard the panel considered the judgment of Mrs Justice Cox in the case of *CHRE v NMC and Grant* in reaching its decision. In paragraph 74, she said:

> *'In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.'*

In paragraph 76, Mrs Justice Cox referred to Dame Janet Smith's "test" which reads as follows:

> *'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her fitness to practise is impaired in the sense that s/he:*
>
> *a) has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*

b) has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or

c) has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or

d) …'

The panel finds that Resident A and Resident B were put at risk of serious harm as a result of your misconduct. The panel did not find that your conduct brought the nursing profession into disrepute nor breached any fundamental tenets of the profession.

Regarding insight, the panel considered that within your reflective piece and oral evidence you made admissions to making errors and you have taken some steps to strengthen your practice by carrying out record keeping training. The panel acknowledge that you recognised that you needed further support and you are willing to go back to university or complete further training. It did acknowledged that you have demonstrated some understanding of how your actions put residents at risk of harm. However, the panel determined you have not demonstrated an understanding of how your actions could have impacted the residents' families, your colleagues and the profession.

The panel noted that you admitted that your fitness to practise is currently impaired. The panel was satisfied that the misconduct in this case is capable of being addressed. Therefore, the panel carefully considered the evidence before it in determining whether or not you have taken steps to strengthen your practice. The panel took into account the training certificates provided, and your reflective account, and acknowledged that the training certificates are relevant to record keeping.

The panel is of the view that there remains a risk of repetition should you be in a similar situation again. The panel noted that you resigned from your most recent post, due to the

demands of the role. While this reflects well on your level of insight, it also serves to confirm that you do not yet believe you have fully strengthened your practice. The panel therefore determined you have demonstrated developing, but insufficient, insight. The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind that the overarching objectives of the NMC; to protect, promote and maintain the health, safety, and well-being of the public and patients, and to uphold and protect the wider public interest. This 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 concluded that public confidence in the profession would be undermined if a finding of impairment were not made in this case and therefore also finds your fitness to practise impaired on the grounds of public interest.

Having regard to all of the above, the panel was satisfied that your fitness to practise is currently impaired.

Sanction

The panel has considered this case very carefully and has decided to make a conditions of practice order for a period of 12 months. The effect of this order is that your name on the NMC register will show that you are subject to a conditions of practice order and anyone who enquires about your registration will be informed of this order.

In reaching this decision, the panel has had regard to all the evidence that has been adduced in this case and had careful regard to the Sanctions Guidance (SG) published by the NMC. The panel accepted the advice of the legal assessor.

Submissions on sanction

Mr Dingle informed the panel that in the Notice of Hearing, dated 21 February 2022, the NMC had advised you that it would seek the imposition of a conditions of practice order if the panel found your fitness to practise currently impaired.

Mr Dingle submitted a conditions of practice order is appropriate in light of the panel's finding of impairment on both public protection and public interest grounds. He submitted that during your oral evidence you accepted that being subject to conditions of practice will be useful for when you return to nursing practice.

Mr Dingle outlined the aggravating and mitigating factors. He submitted that the aggravating factors include that multiple residents were placed at risk, which is illustrated by the multiple charges. He also submitted that you had significant record keeping failures as the nurse in charge. Mr Dingle submitted that mitigating factors are that you have engaged throughout the proceedings, you partially accepted the charges and have demonstrated significant insight.

Mr Dingle submitted that taking no action was not appropriate in light of the panel finding impairment. He submitted a caution order was not appropriate as the misconduct is not at the lower end of the spectrum. He submitted that a suspension order was not appropriate and is disproportionate.

Mr Dingle submitted that a conditions of practice order would be appropriate and it is possible to formulate conditions that address the failures as they are remediable. He highlighted to the panel that you have shown motivation to remedy the failings.

The panel also bore in mind Mr Black's submissions that a conditions of practice order would be appropriate. He submitted to the panel that you accept that you have yet to remedy the deficiencies in your practice and that you need support upon your return to practice. Mr Black submitted that at the time of the incident, you were in the early stages of your nursing career.

Mr Black suggested that the conditions should be the same as the interim conditions of practice currently in place.

Decision and reasons on sanction

Having found your fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose in this case. The panel has borne in mind that any sanction imposed must be appropriate and proportionate and, although not intended to be punitive in its effect, may have such consequences. The panel had careful regard to the SG. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- Your failure to keep accurate records put residents at risk of serious harm.

The panel also took into account the following mitigating features:

- You have demonstrated a good level of insight into your failings and understanding of the problem.
- In relation to Resident A, your personal circumstances at the time may have affected your decision making.
- You had to resolve an issue as to the accuracy of the accounts given by the two care assistants as to the circumstances and timing of Resident A being found on the floor of her room.

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case. The panel decided that it would be neither proportionate nor in the public interest to take no further action.

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict your practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'* The panel considered that your misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

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 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;*
- *No evidence of general incompetence;*
- *Potential and willingness to respond positively to retraining;*
- *The conditions will protect patients during the period they are in force; and*
- *Conditions can be created that can be monitored and assessed.*

The panel determined that it would be possible to formulate appropriate and practical conditions which would address the failings highlighted in this case. The panel accepted your evidence that you would be willing to comply with conditions of practice.

The panel had regard to the fact that these incidents happened two years ago and that you have shown insight and accepted that your fitness to practise is currently impaired.

Balancing all of these factors, the panel determined that that the appropriate and proportionate sanction is that of a conditions of practice order.

The panel was of the view that to impose a suspension order or a striking-off order would be wholly disproportionate and would not be a reasonable response in the circumstances of your case because it is possible to manage the risk to the public with a conditions of practice order.

Having regard to the matters it has identified, the panel has concluded that a conditions of practice order will mark the importance of maintaining public confidence in the profession, and will send to the public and the profession a clear message about the standards of practice required of a registered nurse.

The panel determined that the following conditions are appropriate and proportionate in this case:

‘For the purposes of these conditions, ‘employment’ and ‘work’ mean any paid or unpaid post in a nursing, midwifery or nursing associate role. Also, ‘course of study’ and ‘course’ mean any course of educational study connected to nursing, midwifery or nursing associates.’

1. You must not be the nurse in charge on any shift.

2. You must ensure that you are supervised by a registered nurse any time you are working. Your supervision must consist of working at all times on the same shift as, but not always directly observed by, a registered nurse.

3. You must work with your line manager, mentor or supervisor to create a personal development plan (PDP). Your PDP must address the concerns about completing observations and your record keeping. You must:

a. Send your case officer a copy of your PDP within a month of commencing any employment.
b. Meet with your line manager, mentor or supervisor at least once a month to discuss your progress towards achieving the aims set out in your PDP.
c. Send your case officer a report before any review hearing. This report must be written by your line manager, mentor or supervisor and show your progress towards achieving the aims set out in your PDP.

4. You must meet with your line manager, mentor or supervisor at least every month to discuss your clinical practice with particular reference to clinical observations, documentation and record keeping.

5. You must keep us informed about anywhere you are working by:
    a. Telling your case officer within seven days of accepting or leaving any employment.
    b. Giving your case officer your employer's contact details.

6. You must keep us informed about anywhere you are studying by:
    a. Telling your case officer within seven days of accepting any course of study.
    b. Giving your case officer the name and contact details of the organisation offering that course of study.

7. You must immediately give a copy of these conditions to:
    a. Any organisation or person you work for.
    b. Any agency you apply to or are registered with for work.
    c. Any employers you apply to for work (at the time of application).
    d. Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.

8. You must tell your case officer, within seven days of your becoming aware of:
    a. Any clinical incident you are involved in.

b. Any investigation started against you.
c. Any disciplinary proceedings taken against you.

9. You must allow your case officer to share, as necessary, details about your performance, your compliance with and / or progress under these conditions with:
    a. Any current or future employer.
    b. Any educational establishment.
    c. Any other person(s) involved in your training and/or supervision required by these conditions.

The period of this order is for 12 months. The panel determined that this would be sufficient time for you to obtain employment and to continue to develop your insight and strengthen your practice.

Before the order expires, a panel will hold a review hearing to see how well you have complied with the order. At the review hearing the panel may revoke the order or any condition of it, it may confirm the order or vary any condition of it, or it may replace the order for another order.

Any future panel reviewing this case would be assisted by:

- Your attendance at the review hearing.
- Testimonials from a current or recent employer whether paid or voluntary.
- Evidence of any further training which addresses the misconduct found proved.
- Evidence of an updated reflective piece, reflecting on how your actions impacted on the wider profession and colleagues and details of your progress and learning.

This will be confirmed to you in writing.

Interim order

As the conditions of practice order cannot take effect until the end of the 28-day appeal period, the panel has considered whether an interim order is required in the specific circumstances of this case. It may only make an interim order if it is satisfied that it is necessary for the protection of the public, is otherwise in the public interest or in your own interest until the conditions of practice sanction takes effect. The panel heard and accepted the advice of the legal assessor.

Submissions on interim order

The panel took account of the submissions made by Mr Dingle. He invited the panel to make an interim conditions of practice order for 12 months to cover the appeal period. He submitted that this was necessary to protect the public and was in the public interest in light of the panel's findings.

The panel also took into account the submissions of Mr Black. He stated that he is content for an interim order to be put in place.

Decision and reasons on interim order

The panel was satisfied that an interim order is necessary for the protection of the public and is otherwise in the public interest. The panel had regard to the seriousness of the facts found proved and the reasons set out in its decision for the substantive order in reaching the decision to impose an interim order.

The panel concluded that the only suitable interim order would be that of a conditions of practice order, as to do otherwise would be incompatible with its earlier findings. The conditions for the interim order will be the same as those detailed in the substantive order for a period of 18 months to cover any appeal period.

If no appeal is made, then the interim conditions of practice order will be replaced by the substantive conditions of practice order 28 days after you are sent the decision of this hearing in writing.

That concludes this determination.