

# Nursing and Midwifery Council Fitness to Practise Committee

## Substantive Hearing 2- 4 February 2022

Nursing and Midwifery Council  
2 Stratford Place, Montfichet Road, London, E20 1EJ  
(2 February 2022)

Virtual Hearing  
(3-4 February 2022)

<b>Name of registrant:</b>	Oluwafemi I Adedeji
<b>NMC PIN:</b>	02K0483O
<b>Part(s) of the register:</b>	Registered Nurse Adult Nursing – November 2002
<b>Area of registered address:</b>	Northamptonshire
<b>Type of case:</b>	Misconduct
<b>Panel members:</b>	Darren Shenton (Chair, lay member) Linda Tapson (Registrant member) James Kellock (Lay member)
<b>Legal Assessor:</b>	Caroline Hartley
<b>Hearings Coordinator:</b>	Holly Girven
<b>Nursing and Midwifery Council:</b>	Represented by Beverley Da Costa, Case Presenter
<b>Mrs Adedeji:</b>	Present and represented by Neair Maqboul, instructed by the Royal College of Nursing (RCN)
<b>Facts proved by admission:</b>	Charges 1a, 1b, 1c, 2 and 3
<b>Facts not proved:</b>	None
<b>Fitness to practise:</b>	Impaired
<b>Sanction:</b>	Suspension order (12 months)
<b>Interim order:</b>	Interim suspension order (18 months)

## **Details of charge**

That you, a registered nurse,

1. On 18 May 2020, whilst attempting to de-escalate a potential altercation:
  - a. spat at Patient A on one or more occasions;
  - b. inappropriately attempted to move Patient A away from Colleague A, by pulling on Patient A's bag;
  - c. opened the door of the lounge and spat at Patient A
2. On 21 May 2020, during an investigatory interview with Colleague B, on more than one occasion you denied the fact that you spat at Patient A.
3. Your actions as set out in charge 2 were dishonest in that you attempted to cover up that you had spat at Patient A.

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

## **Decision and reasons on facts**

At the outset of the hearing, the panel heard from Ms Maqboul, who informed the panel that you made full admissions to charges 1a, 1b, 1c, 2 and 3.

The panel therefore finds charges 1a, 1b, 1c, 2 and 3 proved in their entirety, by way of your admissions.

## **Background**

The charges arose whilst you were employed as a registered nurse by St Matthews Healthcare (St Matthews), working at Broomhill Hospital (the Hospital) on Holdenby Ward (the Ward). The Hospital is a mental health hospital. You had been employed by St Matthews since May 2017.

On 18 May 2020, you were working on the Ward, which is an acute admissions ward for female patients. At around 20:00, Patient A wished to have an energy drink and became upset when she was not permitted to have one as it was against her care plan. You were present when Patient A got upset. Patient A subsequently calmed down and went to sit in the lounge of the Ward.

Around 50 minutes later you, Patient A, Colleague A and another patient were in the lounge. Patient A became aggressive, and attempted to spit at you and Colleague A. You have admitted that you spat back at Patient A more than once. You removed your face mask to do so. You have also admitted that you inappropriately pulled on Patient A's bag when attempting to move Patient A away from Colleague A, when she was acting aggressively towards her. You then left the lounge, and have admitted that you opened the door of the lounge and spat at Patient A again. These incidents were captured on CCTV which the panel has seen. The police attended the Hospital at your request, but no further action was taken against you or Patient A.

As part of St Matthews' internal investigation into the incident, you attended an interview with Colleague B on 21 May 2020. The notes of that interview record that you initially denied spitting at Patient A, but having been shown the CCTV footage, you admitted to spitting at Patient A. You have admitted that during this interview you denied spitting at Patient A and that this was dishonest.

You were dismissed from St Matthews on 2 June 2020 following a disciplinary process.

## **Fitness to practise**

Having reached its determination on the facts of this case, the panel then moved on 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 Nursing and Midwifery Council (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 then decide whether, in all the circumstances, your fitness to practise is currently impaired as a result of that misconduct.

## **Evidence on misconduct and impairment**

You gave oral evidence under affirmation.

You informed the panel that you qualified as a nurse in Nigeria in 1987 and worked there until 2000 when you came to the United Kingdom. You stated that from 2001 to 2003 you worked as a carer, and began working as a qualified nurse in the UK from 2003. You stated that you love being a nurse.

You stated that you worked at St Matthews for three years, as a staff nurse and shift coordinator, and you mainly worked night shifts. You explained you would be the nurse in charge of the Ward and also be the shift coordinator for other wards at the Hospital. You stated that the Ward was meant to be a rehabilitation unit, but that patients often had

acute psychiatric issues, and the Ward didn't have all the facilities to manage such patients.

In relation to the events of 18 May 2020, you stated that Patient A, who has a large build, could be intimidating but until 18 May 2020, you had a good relationship with her and could de-escalate if a situation arose. You said that Patient A had been a patient on the Ward for at least three months. You outlined that earlier in the evening Patient A had acted aggressively, and you had helped de-escalate this incident and allocated a carer to watch Patient A.

In relation to the incident in the lounge, you stated that Patient A became aggressive and went to attack a colleague. You stated, and it could be seen on the CCTV, that you positioned yourself between Patient A and Colleague A, who by this time was covering behind a curtain. You stated that Patient A had recently received treatment for Covid-19. You stated that when Patient A spat at you, you spat back but you do not know why you did so. You expressed that you were scared that you may get infected by Covid-19 due to Patient A spitting.

You told the panel that you have never spat at a patient before, despite being subject to spitting, threats and violence from patients before. You expressed that you would not act in the same manner again and in your work as a carer since the incident you have de-escalated similar situations and have used your experience to teach junior staff. You told the panel that if faced with a similar situation, you would use methods such as talking calmly and would wait for assistance.

You accepted that you pulled on Patient A's bag, which was inappropriate. You stated that you did so to try and protect Colleague A, as Patient A had returned her aggressive attention back towards Colleague A, who was still hiding behind the curtain. You summoned other assistance which did not arrive immediately, and you hoped you could distract Patient A, but did not intend to harm Patient A or break their bag.

You informed the panel that you were aware of the cameras on the Ward, and told the police who attended on 18 May 2020 that the incident may have been recorded. You

stated that in the investigation interview on 21 May 2020 you denied spitting, as spitting is not something you would do and you did not think that you had spat at Patient A.

You stated that you are currently working as a carer and work with patients who can be challenging and aggressive. You stated you wish to complete further training in mental health nursing and would like to return to nursing practice.

In cross-examination, you stated that you did not intentionally spit at Patient A but did do so. You stated that you do not know what you were thinking at the time, but that you didn't mean to put the other patient in the lounge at risk of harm. You stated that it was only when you were shown the CCTV footage that you realised you spat at Patient A.

### **Submissions on misconduct**

In coming to its decision, the panel had 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.*'

Ms Da Costa, on behalf of the NMC, 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.

Ms Da Costa identified the specific, relevant standards where your actions amounted to misconduct. She submitted that you engaged in conduct that could undermine confidence in the nursing profession and that breached the fundamental tenets of the profession. She stated that your actions put both Patient A and the other patient present, who were vulnerable, at risk of harm particularly due to the Covid-19 pandemic. She submitted that you were in a senior position and your actions set a bad example for junior members of staff. She submitted that your denial that you spat until shown CCTV was indicative of an attitudinal issue and you acted without honesty and integrity.

Ms Maqboul, on your behalf, stated that you accept that your actions fell below the standards expected of a registered nurse and amounted to misconduct.

### **Submissions on impairment**

Ms Da Costa 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. This included reference to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin).

Ms Da Costa submitted that all four limbs of the *Grant* test are engaged and that your fitness to practise is currently impaired. She stated that your actions undermined the respect and dignity of Patient A. She submitted that you acted dishonestly and this raises fundamental concerns about your trustworthiness, which is hard to remediate and may indicate attitudinal concerns.

Ms Da Costa submitted that you have not shown sufficient insight or remediation to demonstrate that there is no longer a risk to the public. She invited the panel to find your fitness to practise impaired on the grounds of public protection and the public interest.

Ms Maqboul stated that you accept that your fitness to practise is currently impaired.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included *Roylance* and *Grant*.

## **Decision and reasons on misconduct**

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

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. Specifically:

### ***'1 Treat people as individuals and uphold their dignity***

*To achieve this, you must:*

*1.1 treat people with kindness, respect and compassion*

### ***3 Make sure that people's physical, social and psychological needs are assessed and responded to***

*To achieve this, you must:*

*3.1 pay special attention to promoting wellbeing, preventing ill health and meeting the changing health and care needs of people during all life stages*

*3.4 act as an advocate for the vulnerable, challenging poor practice and discriminatory attitudes and behaviour relating to their care*

### ***13 Recognise and work within the limits of your competence***

*To achieve this, you must, as appropriate:*

*13.4 take account of your own personal safety as well as the safety of people in your care*

### ***20 Uphold the reputation of your profession at all times***

*To achieve this, you must:*

*20.1 keep to and uphold the standards and values set out in the Code*

*20.2 act with honesty and integrity at all times, treating people fairly and without discrimination, bullying or harassment*

*20.3 be aware at all times of how your behaviour can affect and influence the behaviour of other people*

*20.5 treat people in a way that does not take advantage of their vulnerability or cause them upset or distress*

*20.6 stay objective and have clear professional boundaries at all times with people in your care (including those who have been in your care in the past), their families and carers*

*20.8 act as a role model of professional behaviour for students and newly qualified nurses, midwives and nursing associates to aspire to*

***25 Provide leadership to make sure people's wellbeing is protected and to improve their experiences of the health and care system***

*To achieve this, you must:*

*25.1 identify priorities, manage time, staff and resources effectively and deal with risk to make sure that the quality of care or service you deliver is maintained and improved, putting the needs of those receiving care or services first'*

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. The panel considered each of the charges found proved individually. The panel considered that charges 1a and 1c were extremely serious and amounted to misconduct. The panel determined that spitting at a patient was unacceptable and fell significantly short of the standards expected of a registered nurse. The panel noted that the incident happened during the Covid-19 pandemic and considered that your actions could have frightened those present and placed Patient A and the others present in the lounge at risk of harm.

The panel considered whether charge 1b amounted to misconduct. Whilst the panel noted that you have accepted that this was inappropriate, the panel determined that this did not amount to misconduct. The panel considered your oral evidence that you wanted to distract Patient A in order to protect Colleague A, and noted that you stated that you had raised the alarm but help was not forthcoming. In the context of the incident, and when considering St Matthews' policy 'Prevention and Management of Aggression and

Violence', the panel determined that this action in and of itself was not so serious as to amount to misconduct.

The panel determined that your actions at charges 2 and 3 amounted to misconduct. The panel considered that honesty and integrity are essential requirements of nursing practice, and that being dishonest was serious.

The panel considered your actions as a whole, and determined 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. To justify that trust, nurses must be honest and open and act with integrity. 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 *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) has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

The panel finds that patients were put at risk of harm as a result of your misconduct. The panel noted that the incident occurred during the Covid-19 pandemic, and considered that spitting at a patient during such a time was especially serious. Your misconduct breached the fundamental tenets of the nursing profession, including honesty and integrity, and therefore brought its reputation into disrepute.

Regarding insight, the panel considered that you made admissions during this hearing and in your evidence demonstrated some understanding of why what you did was wrong. The panel noted that you apologised to Patient A and expressed remorse when giving your oral evidence. However, the panel considered that your reflective statement and your oral evidence was defensive in nature and focused on the events' impact on you rather than Patient A, the other patient present in the lounge and the public as a whole. The panel further determined that you were not able to explain why you spat at Patient A, and did not

find your account that you did not remember spitting at Patient A when interviewed to be credible. The panel determined therefore that your insight is currently insufficient, although it is developing.

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 sufficient steps to strengthen your practice. The panel took into account your oral evidence, the reflective statement, the training certificate and the references provided.

The panel noted that that the references include some provided by people who have worked alongside you and they express that your actions were out of character. The panel noted that you have worked in a similar setting as a carer since the incident with no repetition, but considered that you have not yet demonstrated that if you were under the same level of pressure that you would not act in the same manner. The panel considered that you were able to state how you would act differently in the future, but have demonstrated insufficient insight, and the panel is of the view that there is a risk of repetition. 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 considered that you have admitted spitting at a patient more than once and acting dishonestly. The panel concluded that public confidence in the profession would be undermined if a finding of impairment were not made in such circumstances 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 suspension order for a period of 12 months. The effect of this order is that the NMC register will show that your registration has been suspended.

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**

Ms Da Costa informed the panel that in the Notice of Hearing, dated 29 December 2021, the NMC had advised you that it would seek the imposition of a striking-off order if the panel found your fitness to practise currently impaired.

Ms Da Costa submitted that the aggravating factors include that your actions were abusive, and that you spat multiple times at a vulnerable patient. She submitted that both regulatory concerns may indicate attitudinal issues which are difficult to put right and further the panel have found that you have limited insight. She outlined the mitigating factors, including that Patient A initiated the conduct and was racially abusive towards you. She further submitted that this was a single incident in an otherwise unblemished career.

Ms Da Costa submitted that your misconduct was very serious and is difficult to remediate. She stated that your actions put both Patient A and the other patient at risk of physical and emotional harm, and it is concerning that an experienced nurse would act in such a manner. She submitted that dishonesty is always serious, and it is not clear if you would have admitted spitting at Patient A if it were not for the CCTV footage.

Ms Da Costa invited the panel to impose a striking-off order and submitted that any other order would be insufficient and inappropriate.

Ms Maqboul stated that you accept the panel's findings on impairment in their entirety, and you do not seek to diminish your behaviour. She stated that you accept that there are aggravating features present. She stated that you recognise you should have been prepared for patients to act in the way that Patient A did.

Ms Maqboul submitted that the panel should consider your conduct in the context of it being an isolated incident in an otherwise unblemished career of over 30 years. She submitted that your insight is developing, and stated that it is not unusual for a registrant to not have fully developed insight by the substantive hearing.

Ms Maqboul referred the panel to the positive testimonials provided, and submitted it is relevant that a number of people are willing to speak to your character. She submitted that it is relevant that you gave evidence and have engaged throughout the proceedings. She stated that the panel have acknowledged that you have some insight and submitted that you should be given further time to develop this.

Ms Maqboul invited the panel to impose a suspension order. She stated this would give you time to further develop your insight and provide a further reflective statement. She reminded the panel of your aspirations to return to nursing and improve your practice. She stated that a striking-off order would be available to a reviewing panel should it find such an order necessary. She submitted that a striking-off order at this stage is premature. She outlined the impact this incident has had on your financial situation, but acknowledged that this would not be the panel's main consideration.

### **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:

- You are a senior nurse with over 30 years of experience
- You spat more than once at Patient A and acted aggressively towards her
- Patient A and the other patient present were particularly vulnerable
- There was a risk of physical and emotional harm to those present, particularly due to the Covid-19 pandemic
- You acted dishonestly to your employer

The panel also took into account the following mitigating features:

- Patient A racially abused you, and then spat at you which caused you fear in light of the Covid-19 pandemic
- You made early apologies to Patient A, colleagues and St Matthews and you have continued to demonstrate deep remorse
- You made admissions to all the charges
- You have undertaken relevant training
- You have provided positive testimonials attesting to your good character, indicating the misconduct was entirely out of character

The panel particularly noted that in a witness statement provided by a senior member of staff at St Matthews, it states

*'Femi shown genuine remorse during the hearing. She wanted to apologise to the patient. She explained that she behaved out of character due to the heightened fear of Covid-19.'* [sic]

The panel went on to consider the SG as it relates to cases involving dishonesty and recognised that in such cases a registrant is always at severe risk of removal from the register. The panel considered that the dishonesty in your case was a one-off incident and was not over a prolonged period of time. Whilst you initially denied spitting at Patient A you did not cover up your actions when confronted with the CCTV evidence. The panel determined that dishonesty is always serious, but determined that your dishonesty was at the lower end of seriousness for dishonesty.

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case and the public protection issues identified. The panel decided that it would be neither proportionate nor in the public interest to take no further action, as it would not uphold standards of behaviour and confidence in the nursing profession.

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 overall 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 as it would not uphold standards of behaviour and confidence in the nursing profession.

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;*
- *Potential and willingness to respond positively to retraining;*
- *Patients will not be put in danger either directly or indirectly as a result of the conditions;*
- *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 is of the view that there are no practical or workable conditions that could be formulated, given the nature of the charges in this case. The panel further noted that Ms

Maqboul conceded that conditions of practice would not be appropriate in this case. The panel concluded that the placing of conditions on your registration would not adequately address the seriousness of this case and would not protect the public due to your insufficient insight. The panel determined that the public interest would not be satisfied should a conditions of practice order be imposed as to do so would not uphold public confidence in the nursing profession or the NMC as its regulator.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG states that suspension order may be appropriate where the following relevant factors are apparent:

- *A single instance of misconduct but where a lesser sanction is not sufficient;*
- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *No evidence of repetition of behaviour since the incident;*
- *The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour.*

The panel determined that a suspension order would ensure that the public was sufficiently protected. The panel considered that the misconduct was a single instance and determined that there is no evidence of deep-seated personality concerns or attitudinal issues. The panel noted that one of the testimonials you provided from a senior colleague who was your line manager and supervisor, and has known you for ten years, stated;

*'When Femi informed me of the Fitness to practice concerns, I felt a real surge of shock...I have always found her to act with kindness, compassion and consideration and therefore this conduct was completely out of character...During her time in three of the areas that I manage, I found Femi to be open, honest and transparent...'*

The panel noted that there is nothing to suggest that you have repeated the misconduct since the incident, despite working in a similar setting, although not as a registered nurse. The panel also noted that you stated that you have used the experience as learning and to teach other colleagues. Furthermore, you have stated you wish to have more training related to mental health nursing to support your development in the future, should you be

allowed to continue to practice. The panel considered that you have shown deep remorse for your misconduct but have only demonstrated developing insight and therefore determined that a period of suspension is the appropriate and proportionate sanction to permit you time to reflect on your actions and further develop your insight.

The panel also determined that a suspension order is the necessary and proportionate order to mark the importance of maintaining public confidence in the profession, and to send to the public and the profession a clear message about the standard of behaviour required of a registered nurse.

The panel went on to consider whether a striking-off order would be proportionate but, taking account of all the information before it, and of the mitigation provided, the panel concluded that it would be disproportionate and was not the least restrictive sanction that would protect the public and uphold the public interest. Whilst the panel acknowledges that a suspension may have a punitive effect, it would be unduly punitive in your case to impose a striking-off order.

In considering sanction, the panel also considered that it was necessary to balance your own interests with that of the public. The panel considered the permanent removal from the register of an otherwise competent nurse with an unblemished career of over 30 years, and thereby depriving the public of your service was not in the public interest.

Balancing all of these factors the panel has concluded that a suspension order is the appropriate and proportionate sanction.

The panel noted the hardship such an order will inevitably cause you, and noted your financial situation. However, this is outweighed by the public protection and public interest issues in this case.

The panel determined that a suspension order for a period of 12 months was necessary and proportionate in this case to mark the seriousness of the misconduct. The panel determined this period would give you sufficient time to further develop your insight.

Towards the end of the period of suspension, another panel will review the order. At the review hearing the panel may revoke the order, or it may confirm the order, or it may replace the order with another order.

Any future panel reviewing this case may be assisted by:

- A further reflective statement demonstrating your insight. This should address the impact of your misconduct on the patients, the public and the wider nursing profession. You may wish to further reflect on and explain the reason for your misconduct (your spitting and dishonesty).
- Further evidence of you working in a healthcare setting, for example as a carer, without repeating the kind of misconduct found proved.
- Evidence of ongoing continued professional development.
- Continued engagement with the NMC and attendance at any review hearing.

This will be confirmed to you in writing.

### **Interim order**

As the suspension 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 suspension order 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 Ms Da Costa. She invited the panel to impose an interim suspension order to cover any appeal period. She submitted that this was necessary to protect the public and uphold the public interest.

Ms Maqboul stated that she did not have any further submissions.

### **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 an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order. The panel therefore imposed an interim suspension order for a period of 18 months to cover any potential appeal period.

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

That concludes this determination.