

**Nursing and Midwifery Council
Fitness to Practise Committee**

**Substantive Meeting
Wednesday 20 & Thursday 21 July 2022**

Virtual Meeting

Name of registrant:	Karen Theresa Longhurst-Prior
NMC PIN:	14E0208E
Part(s) of the register:	Registered Nurse – Sub Part 1 RNA: Adult Nurse – 15 September 2014
Relevant location:	Devon
Type of case:	Misconduct
Panel members:	Richard Youds (Chair, Lay member) Angela O'Brien (Registrant member) Anne Phillimore (Lay member)
Legal Assessor:	Oliver Wise
Hearings Coordinator:	Sherica Dosunmu
Facts proved by admission:	All Charges
Facts not proved:	N/A
Fitness to practise:	Impaired
Sanction:	Striking-off order
Interim order:	Interim suspension order (18 months)

Decision and reasons on service of Notice of Meeting

The panel was informed at the start of this meeting that the Notice of Meeting had been sent to Mrs Longhurst-Prior's registered email address by secure email on 9 June 2022.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Meeting provided details of the allegations, it included all of the evidence relied on by the Nursing and Midwifery Council (NMC), and it informed Mrs Longhurst-Prior that this meeting would take place on a date on or after 14 July 2022.

In the light of all of the information available, the panel was satisfied that Mrs Longhurst-Prior has been served with notice of this meeting in accordance with the requirements of Rules 11A and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Details of charge

That you, a Registered Nurse:

1. On 11 July 2018 accessed the medical records of Person 1 which had no connection to your nursing responsibilities.
2. Your conduct at Charge 1 lacked integrity in that:
 - a) You used Colleague A's training opportunity on 'Trackcare' to inappropriately access the records of Person 1.
 - b) You did so in front of a student nurse.
3. Shared, without clinical justification, the information you had accessed at Charge 1 with one or more of the following people:
 - a) Colleague A.
 - b) Student Nurse.

- c) Your partner.
4. On 11 July 2018, did not properly check a prescription before starting a blood transfusion which led to the start of an infusion of a second unit when the prescription had only stated one unit.
 5. In relation to the incident at Charge 4 above failed to complete a DATIX.
 6. On 12 March 2019:
 - a) Failed to follow a prescription in that you administered a magnesium sulphate infusion to Person 2 over a period of approximately 3 hours when the prescription stated 6 hours.
 - b) Did not contact the prescriber or an appropriately qualified person before deciding to reduce the duration of the infusion from 6 hours to 3 hours.
 - c) Did not carry out a sufficient number of observations on the Person 2.
 - d) Did not make sufficient records of your clinical decision making.
 7. On or around 24 May 2019: removed a canister of Entonox from Holsworthy Hospital to use in the course of your own private business.
 - a) Asked Colleague B to request a cylinder of Entonox without explaining that you intended to use it in the course of your own private business.
 - b) Removed the cylinder of Entonox that Colleague B retrieved for you from Holsworthy Hospital to use in the course of your own private business.
 8. Your actions in Charge 7 demonstrated a lack of integrity in that you did not make it clear to Colleague B, when requesting the Entonox that it was for use in your own private business and not for use in the course of your duties in Northern Devon Healthcare NHS Trust.
 9. On 21 June 2019, made more than 2 attempts to cannulate a patient attending for Prednisolone.

10. On 26 June 2019 in relation to a blood transfusion procedure being given to Person 3:

- a) Halted the blood transfusion procedure to introduce platelets against clinical protocol.
- b) Did not conduct or record observations of Person 3
 - i. at regular intervals.
 - ii. as frequently as required.
- c) Did not record the rationale as to why the blood transfusion procedure was stopped to introduce the platelets.
- d) Did not clearly record how the red blood cells were stored while the platelets were being transfused to Person 3.

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

Background

The NMC received a referral from Northern Devon Healthcare NHS Trust (the Trust) on 14 October 2019. At the time of the concerns raised in the referral, Mrs Longhurst-Prior was working in the Day Treatment Unit (DTU) at Holsworthy Community Hospital (Holsworthy). Mrs Longhurst-Prior commenced employment at the Trust in 2014 and took on the role of a Day Unit Manager at Holsworthy in 2017.

Holsworthy is an outpatient community hospital where patients do not stay overnight, which is opened for patients from 09:00 to 17:00. Consultants from acute hospitals meet with their patients and review their care at Holsworthy, due to its distance from different acute hospitals.

The referral alleges that in July 2018, Mrs Longhurst-Prior inappropriately accessed the records of a member of the public, which had no connection to her nursing responsibilities. As a result, the Trust initiated a local investigation. Mr 1, HR Adviser at the Trust who was involved in the investigation, stated that Mrs Longhurst-Prior admitted to the access and explained that she did so due to safeguarding concerns. It is alleged that Mrs Longhurst-

Prior breached the Trust's values and Information Security Policy (ISP) by using healthcare assistant (HCA), Colleague A's, card to access the data and it was further alleged that this took place in the presence of a student nurse.

As part of the investigation, the Trust also looked into concerns that Mrs Longhurst-Prior administered blood products to a patient without appropriate prescription in place on 11 July 2018. It is alleged that Mrs Longhurst-Prior did not properly check a prescription before starting a blood transfusion, which led to the start of an infusion of a second unit when the prescription had only stated one unit.

On 2 October 2018, following the Trust's investigation, Mrs Longhurst-Prior was issued a final written warning in relation to the concerns.

In March 2019, Mrs Longhurst-Prior administered a magnesium infusion to Person 2. Concerns were raised in relation to this matter, which resulted in another investigation by the Trust at a local level. The referral alleges that Mrs Longhurst-Prior administered the medication over three hours rather than the prescribed six hours, Mrs Longhurst-Prior confirmed that she did not check with the doctor what the recommended length of the infusion was and, admitted to this being an oversight.

The referral alleges that in May 2019 another incident occurred, whereby Mrs Longhurst-Prior removed Entonox from the Trust. It is alleged Mrs Longhurst-Prior was witnessed, by Colleague A, leaving the Trust with a cylinder in her hand. Mr 1, who was involved in the Trust's local investigation of this incident, stated that the cylinders in use were not interchangeable and could only be used for Trust purposes. It is further alleged that Mrs Longhurst-Prior demonstrated a lack of integrity in that she did not make it clear to Colleague B when requesting the Entonox that it was for use in her own private business and not for use in the course of her duties in the Trust.

The referral alleges that in June 2019, Mrs Longhurst-Prior stopped the blood transfusion she was administering to Person 3, to introduce platelets against clinical protocol. Concerns were raised regarding this incident and Mrs Longhurst-Prior provided the Trust with a written statement in which she explained her reasoning for stopping the transfusion to administer platelets. In the written statement, Mrs Longhurst-Prior broadly indicated that

she made a clinical decision for her patient to ensure the best outcome and did not believe that what she did was against the Trust's blood transfusion policy. Mr 1 who was involved in the Trust's local investigation of this incident, stated that clinical matron, Colleague E confirmed that Mrs Longhurst-Prior should not have stopped the procedure and that it was unclear from the records how the red blood cells were stored while the platelets were being transfused.

A disciplinary hearing was held on 19 October 2019, as a result of the further concerns raised in relation to Mrs Longhurst-Prior's practice. The outcome of the disciplinary hearing resulted in Mrs Longhurst-Prior's dismissal, with immediate effect, on the grounds of gross misconduct.

Decision and reasons on facts

At the outset of the meeting, the panel noted Mrs Longhurst-Prior's response to the charges, signed and dated 1 November 2021. In this response form, Mrs Longhurst-Prior indicated that she admitted to all of the charges.

The panel therefore finds all the charges proved, by way of Mrs Longhurst-Prior's admissions.

The panel identified that, in the evidence presented, the terms cannulation, venepuncture and venesection have been interlinked. The panel noted that cannulation is the insertion of a tube into the vein usually for the purpose of injecting medication into the vein, whilst venepuncture/venesection is the use of a needle being placed in the vein to take a blood sample out of the vein. Whilst not usual practice the panel recognised that in some circumstances a cannula might be inserted for the purpose of taking multiple blood samples. It also noted that the patient had attended Holsworthy DTU for a prednisolone absorbency test, which according to Mrs Longhurst-Prior's written statement to the Trust stated that *'the patient would require a blood sample to be taken prior to taking oral prednisolone and then drawing blood every 30 minutes until the 3 hour point had been reached'*. The panel identified that in the witness statements, meeting summary letter from HR and Mrs Longhurst-Prior's written statement, the terms cannulation, venepuncture and venesection have been used interchangeably. As there are limits to the number of times

both procedures should be tried to prevent distress to the patient, vein damage and the risk of infection to the patient, the panel was satisfied that the word cannulation in charge 9 was intended to cover both procedures.

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 Mrs Longhurst-Prior's 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, Mrs Longhurst-Prior's fitness to practise is currently impaired as a result of that misconduct.

Representations on misconduct and impairment

In coming to its decision, the panel had regard to the following written submissions contained within the NMC's Statement of Case:

'Misconduct

13. The NMC consider the following provision(s) of the Code have been breached in this case:

5 Respect people's right to privacy and confidentiality

As a nurse, midwife or nursing associate, you owe a duty of confidentiality to all those who are receiving care. This includes making sure that they are informed about their care and that information about them is shared appropriately.

To achieve this, you must:

5.1 respect a person's right to privacy in all aspects of their care

5.2 make sure that people are informed about how and why information is used and shared by those who will be providing care

6 Always practice in line with the best available evidence

To achieve this, you must:

6.2 maintain the knowledge and skills you need for safe and effective practice

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 some time 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

10.5 take all steps to make sure that records are kept securely

10.6 collect, treat and store all data and research findings appropriately

13 Recognise and work within the limits of your competence

13.2 make a timely referral to another practitioner when any action, care or treatment is required

13.3 ask for help from a suitably qualified and experienced professional to carry out any action or procedure that is beyond the limits of your competence

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 2*
- 0.2 act with honesty and integrity at all times...*
- 20.3 be aware at all times of how your behaviour can affect and influence the behaviour of other people*
- 20.4 keep to the laws of the country in which you are practising*
- 20.6 stay objective and have clear professional boundaries at all times...'*
- 20.8 act as a role model of professional behaviour for students and newly qualified nurses, midwives and nursing associates to aspire to*

14. The NMC consider that the conduct in this case falls seriously short of the conduct and standards expected of a registered nurse and is sufficiently serious to amount to professional misconduct.

15. Accessing medical records without clinical justification falls below the standards expected of a registered nurse. The public rightly expects that their private and sensitive data will only be used/accessed by medical staff to enable them to effectively provide the care the patient needs. While the NMC note Ms Longhurst-Prior's motivation behind accessing the information this does not, it is submitted, excuse the misconduct when there are other channels through which to report safeguarding concerns. The seriousness of the conduct at charge 1 was compounded by Ms Longhurst-Prior's actions at Charge 3 to share the information with others without clinical justification. Collectively these actions are a deplorable breach of Ms Longhurst-Prior's duty of confidentiality and it is submitted amounts to serious misconduct.

16. It is a basic nursing requirement to properly check and apply prescriptions as well as to follow established procedures and guidelines as there is a high risk of patient harm if nurses deviate from procedure or alter the treatment prescribed without authority, especially where they do not hold the required qualifications or level of competency (Charges 4, 6a-b, 9 and 10a).

17. In addition to this not carrying out regular observations of patients where the nurse has altered the prescribed treatment heightens the risk of harm to the patient

(Charge 6c and 10b). This is not acceptable and falls below the standards of care expected of a registered nurse.

18. Charges 5, 6d, 10c and 10d relate to record keeping. Good record keeping is a fundamental nursing skill integral to promoting safety and continuity of care for patients and is a vital part of effective communication in nursing. Where records are not kept or are inadequate medical practitioners may have to rely on the patient to inform them of what happened at a previous appointment. This risks the patient forgetting something of importance while reflecting poorly on the profession. Medical records should always contain enough information to enable another clinician to easily take over the patient's care and understand the possible diagnosis, investigations and treatment recommended or provided. This minimises the risk to patients as it promotes continuity of effective care.

*19. Two of the charges allege a lack of integrity (charge 2 and charge 8). In *Wingate & Evans v the Solicitors Regulatory Authority* [2018] EWCA Civ 366 the Court of Appeal gave guidance on 'integrity':*

*95. Let me now turn to integrity. As a matter of common parlance and as a matter of law, integrity is a broader concept than honesty. In this regard, I agree with the observations of the Divisional Court in *Williams* and I disagree with the observations of Mostyn J in *Malins*.*

96. Integrity is a more nebulous concept than honesty. Hence it is less easy to define, as a number of judges have noted.

*97. In professional codes of conduct, the term "integrity" is a useful shorthand to express the higher standards which society expects from professional persons and which the professions expect from their own members. See the judgment of Sir Brian Leveson P in *Williams* at [130]. The underlying rationale is that the professions have a privileged and trusted role in society. In return they are required to live up to their own professional standards...*

100. ... Integrity connotes adherence to the ethical standards of one's own profession. That involves more than mere honesty. To take one example, a solicitor conducting negotiations or a barrister making submissions to a judge or arbitrator will take particular care not to mislead. Such a professional person is expected to be even more scrupulous about accuracy than a member of the general public in daily discourse.

101. The duty to act with integrity applies not only to what professional persons say, but also to what they do...

102. Obviously, neither courts nor professional tribunals must set unrealistically high standards, as was observed during argument. The duty of integrity does not require professional people to be paragons of virtue. In every instance, professional integrity is linked to the manner in which that particular profession professes to serve the public...

103. ... A professional disciplinary tribunal has specialist knowledge of the profession to which the respondent belongs and of the ethical standards of that profession. Accordingly such a body is well placed to identify want of integrity. The decisions of such a body must be respected, unless it has erred in law.

20. It is submitted that where a nurse demonstrates a lack of integrity in a clinical setting and in the course of their role as a nurse that conduct will amount to serious professional misconduct as it falls far below the standards expected of a registered nurse. Impairment

21. We consider the following questions from the case of Grant can be answered in the affirmative both in respect of past conduct and future risk:

- a. has [the Registrant] in the past acted and/or is liable in the future to act as so to put a patient or patients at unwarranted risk of harm; and/or
- b. has [the Registrant] in the past brought and/or is liable in the future to bring the [nursing] profession into disrepute; and/or

c. has [the Registrant] in the past committed a breach of one of the fundamental tenets of the [nursing] profession and/or is liable to do so in the future

d. has [the Registrant] in the past acted dishonestly and/or is liable to act dishonestly in the future.

22. The areas of regulatory concern covered by the charges are: medication administration concerns; poor record keeping, inappropriate access of medical records; removal of Entonox from the workplace for private use; and lack of integrity.

23. The conduct relating to amending prescriptions/treatment undoubtedly put patients at an unwarranted risk of harm and in particular accessing medical records without clinical justification and demonstrating a lack of integrity brought the profession into disrepute.

24. The fundamental tenets of the nursing profession are often cited as the four sections of The Code: prioritise people; practice effectively; preserve safety; and promote professionalism and trust. It is submitted that all four sections are engaged in this case and Ms Longhurst-Prior's has breached the fundamental tenets of the profession.

25. We consider the Registrant has displayed some insight.

26. We take this view because she has admitted all the charges and has produced a reflective piece which talks to some of the concerns. The reflective piece that has been submitted does not however demonstrate insight into the concerns relating to integrity surrounding removal of the equinox or her premediated access to private and confidential patient information. While she acknowledges some of the concerns and that she has let colleagues and patients down she does not go into detail about how the various incidents would have effected patients and colleagues, the extent or the seriousness, of the risk to patients, nor does she comment on the effect on public confidence. Ms Longhurst-Prior does not show an understanding as to how the regulatory concern of integrity affects her trustworthiness as a registered nurse.

The NMC acknowledge that the reflective piece was prepared before the charges were prepared, but Ms Longhurst-Prior has not produced an up to date reflective piece since full admission of the charges despite an invitation to do so.

27. The Registrant has not undertaken any training relevant to the concerns in this case. This is undoubtedly because the Registrant has changed careers and now works in the equine industry away from nursing.

28. We consider there is a continuing risk to the public due to the registrant's lack of full and sufficient insight, her failure to undertake relevant training and the fact that having now left the nursing profession she has been unable to demonstrate strengthened practice in the clinical areas of concern.

29. We consider there is a public interest in a finding of impairment being made in this case to declare and uphold proper standards of conduct and behavior. The registrant's conduct engages the public interest because a nurse occupies a position of privilege and trust in society and are expected at all times to behave professionally and act in such a way that justifies both their patients' and the public's trust in the profession. In this case the Registrant's lack of integrity; her conduct, in particular which went beyond her professional qualifications/competence and breached patient's confidentiality, needs to be marked as falling below the standards expected of a registered nurse.

30. For the reasons given above the NMC submits that Ms Longhurst-Prior is currently impaired on the grounds of public protection and public interest.'

The panel accepted the advice of the legal assessor, who advised that a breach of professional duty must be serious if it is to amount to misconduct.

Decision and reasons on misconduct

When determining whether the facts found proved amount to misconduct, the panel had regard to the terms of 'The NMC code of professional conduct: standards for conduct, performance and ethics (2015)' (the Code).

The panel was of the view that Mrs Longhurst-Prior's actions did fall significantly short of the standards expected of a registered nurse, and that Mrs Longhurst-Prior's actions amounted to a breach of the Code. Specifically:

'5 Respect people's right to privacy and confidentiality

As a nurse, midwife or nursing associate, you owe a duty of confidentiality to all those who are receiving care. This includes making sure that they are informed about their care and that information about them is shared appropriately.

To achieve this, you must:

5.1 respect a person's right to privacy in all aspects of their care

5.2 make sure that people are informed about how and why information is used and shared by those who will be providing care

6 Always practice in line with the best available evidence

To achieve this, you must:

6.2 maintain the knowledge and skills you need for safe and effective practice

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 some time 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

10.5 take all steps to make sure that records are kept securely

10.6 collect, treat and store all data and research findings appropriately

13 Recognise and work within the limits of your competence

13.2 make a timely referral to another practitioner when any action, care or treatment is required

13.3 ask for help from a suitably qualified and experienced professional to carry out any action or procedure that is beyond the limits of your competence

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 2

0.2 act with honesty and integrity at all times...

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

20.4 keep to the laws of the country in which you are practising

20.6 stay objective and have clear professional boundaries at all times...'

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

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. In assessing whether the charges amounted to misconduct, the panel considered the charges individually and collectively. It took account of all the evidence before it and the circumstances of the case as a whole.

The panel considered that charges 1 – 3 related to Mrs Longhurst-Prior accessing medical records without clinical justification. The panel determined that Mrs Longhurst failed to maintain professional boundaries in this regard, which raises fundamental safeguarding concerns about her practice. It was of the view that Mrs Longhurst's actions were sufficiently serious so as to amount to misconduct.

The panel next considered Mrs Longhurst-Prior's actions in charges 4, 5, 6, 9,10, which it found related to a failure to maintain appropriate health and safety procedures. The panel was of the view that following established clinical procedures and guidelines to ensure the safety of patients are fundamental aspects of nursing. The panel determined that the incidents in these charges exposed patients to unwarranted risk of harm and amounted to misconduct.

In relation to charges 7 and 8, the panel determined that Mrs Longhurst-Prior's actions amounted to misconduct. The panel is of the view that these charges in their context related to the misuse of the Trust's equipment, which Mrs Longhurst intended to use for her private business. The panel had regard to Mrs Longhurst-Prior's reflective account, in which she mentions previous experience as a First Aider with St. John Ambulance, where

she was able to ask to swap empty cylinders for a full one. However, the panel bore in mind that there are robust contractual agreements between St. John Ambulance and the NHS that provides relevant safeguard for such instances, which it considered was not the case for Mrs Longhurst-Prior's actions in these charges.

The panel determined that Mrs Longhurst-Prior's actions were not isolated incidents, rather that they collectively demonstrate a pattern of behaviour that fails to acknowledge professional and clinical protocols, and which leads to unsafe practice.

The panel therefore concluded that Mrs Longhurst-Prior's 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, Mrs Longhurst-Prior's 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 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. At 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.'

At 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 considered this test and found that limbs a, b and c were engaged in this case. The panel found that patients were put at unwarranted risk of harm as a result of Mrs Longhurst-Prior's misconduct. Mrs Longhurst-Prior's misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute.

The panel next went on to consider the matter of insight. It took into account Mrs Longhurst-Prior's reflective statement in response to the regulatory concerns. The panel found that Mrs Longhurst-Prior did not fully address all the concerns about her practice in her reflection. It also found that where Mrs Longhurst-Prior did reflect on some of the concerns raised, it was in a defensive manner, with a lack of recognition of the risks and impact of her actions. The panel was of the view Mrs Longhurst-Prior has not demonstrated a real understanding of how her actions put patients at a risk of harm or how this impacted negatively on the reputation of the nursing profession. The panel determined that Mrs Longhurst-Prior demonstrated limited insight and remorse.

The panel was satisfied that the misconduct in this case is attitudinal and therefore more difficult to remediate. The panel carefully considered the evidence before it in determining whether or not Mrs Longhurst-Prior has taken steps to strengthen her practice. However, the panel has not received any information to suggest that Mrs Longhurst-Prior has taken steps to address the specific concerns raised about her practice, such as relevant training. The panel bore in mind that Mrs Longhurst-Prior indicated that she has changed her career and does not appear to have worked in a clinical setting since the referral.

The panel was of the view that due to the limited insight, remorse and evidence of strengthened practice, there remains a real risk of repetition. The panel considered that Mrs Longhurst-Prior's actions set out in the charges found proved demonstrated a pattern of behaviour that fails to acknowledge professional and clinical protocols, which leads to unsafe practice. The panel determined that there was insufficient evidence to allay its concerns that Mrs Longhurst-Prior currently poses a risk to patients. On the basis of all the information before it, the panel decided that there is a risk to the public, if Mrs Longhurst-Prior was allowed to practise without restriction. The panel therefore determined that a finding of current impairment on public protection grounds is necessary.

The panel bore in mind that the overarching objectives of the NMC are to protect, promote and maintain the health, safety, and well-being of the public and patients, and to uphold 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 finds Mrs Longhurst-Prior's fitness to practise is also impaired on the grounds of public interest.

Having regard to all of the above, the panel was satisfied that Mrs Longhurst-Prior's fitness to practise is currently impaired.

Sanction

The panel has considered this case very carefully and has decided to make a striking-off order. It directs the registrar to strike Mrs Longhurst-Prior off the register. The effect of this order is that the NMC register will show that Mrs Longhurst-Prior has been struck-off the register.

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.

Representations on sanction

The panel noted that in the Statement of Case attached to the Notice of Meeting, dated 9 June 2022, the NMC had advised Mrs Longhurst-Prior that it would seek the imposition of a striking-off order if it found Mrs Longhurst-Prior's fitness to practise currently impaired.

The panel also bore in mind written representations from the Royal College of Nursing (RCN), on behalf of Mrs Longhurst-Prior, which stated:

'We note the previous sanction bid of a suspension order, and would be grateful for consideration of a sanction short of dismissal. At conclusion of any suspension or review, the registrant would allow her registration to lapse, having made the decision to retire from nursing whatever the outcome of her case.'

Decision and reasons on sanction

Having found Mrs Longhurst-Prior's 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:

- Abuse of position of trust;
- Lack of insight;
- Risk of harm to patients;
- Pattern of misconduct over time, which continued even after she had been subject to disciplinary action by the Trust.

The panel also took into account the following mitigating features:

- Early admission of the facts;
- Described as passionate and committed nurse by line manager.

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 Mrs Longhurst-Prior's 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 Mrs Longhurst-Prior's misconduct was not at the lower end of the spectrum and that a caution order 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 impose a caution order.

The panel next considered whether placing conditions of practice on Mrs Longhurst-Prior's registration would be a sufficient and appropriate response. The panel considered that the concerns in this matter related Mrs Longhurst-Prior demonstrating a pattern of behaviour that fails to acknowledge professional and clinical protocols, which is indicative of attitudinal problems. In these circumstances the panel concluded that workable conditions

could not be formulated, which would adequately protect the public and meet the public interest.

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 some of the following 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 considered that the concerns in this case do not relate to an isolated incident and found that there was a pattern of misconduct over a sustained period. The panel was of the view that this was indicative of attitudinal problems. It found limited insight and remorse, and a consequent risk of repetition.

The conduct, as highlighted by the facts found proved, was a significant departure from the standards expected of a registered nurse. The panel concluded that the serious breach of the fundamental tenets of the profession evidenced by Mrs Longhurst-Prior's actions is fundamentally incompatible with Mrs Longhurst-Prior remaining on the register. In this particular case, the panel determined that a suspension order would not be a sufficient, appropriate or proportionate sanction.

Finally, in looking at a striking-off order, the panel took note of the following paragraphs of the SG:

- *Do the regulatory concerns about the nurse or midwife raise fundamental questions about their professionalism?*
- *Can public confidence in nurses and midwives be maintained if the nurse or midwife is not removed from the register?*

- *Is striking-off the only sanction which will be sufficient to protect patients, members of the public, or maintain professional standards?*

The panel determined that the evidence demonstrated that Mrs Longhurst-Prior has not developed meaningful insight or remorse into her misconduct. In addition, the panel has had no information to indicate that Mrs Longhurst-Prior has done anything to strengthen her practice. The panel was of the view that members of the public would be concerned if a registered nurse who breached professional and clinical protocols as done in the circumstances of this case, was allowed to remain on the register.

Mrs Longhurst-Prior's repeated misconduct, taken with her lack of insight, is fundamentally incompatible with her remaining on the register.

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel determined that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the matters it identified, in particular the effect of Mrs Longhurst-Prior's actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct herself, the panel has concluded that nothing short of this would be sufficient in this case.

The panel considered that this order was necessary 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.

This will be confirmed to Mrs Longhurst-Prior in writing.

Interim order

As the striking-off 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 is in Mrs Longhurst-Prior's own interests until the striking-off sanction takes effect. The panel accepted the advice of the legal assessor.

Representations on interim order

The panel took account of the written representations made by the NMC that it is also necessary for the protection of the public and otherwise in the public interest for there to be an interim suspension order of 18 months to cover the appeal period.

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 in order to allow for any possible appeal period.

If no appeal is made, then the interim suspension order will be replaced by the striking off order 28 days after Mrs Longhurst-Prior is sent the decision of this hearing in writing.

That concludes this determination.