Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Hearing
15 March 2022

Virtual Hearing

Name of registrant:	Elizabeth Nhau
NMC PIN:	01C2088E
Part(s) of the register:	Nursing Sub Part – 1 RNA – Nursing, Level 1 18 February 2005
Area of registered address:	Gloucester
Type of case:	Misconduct
Panel members:	Rachel Forster (Chair, Lay member) Dorothy Keates (Registrant member) Alison Hayle (Lay member)
Legal Assessor:	Charles Conway
Hearings Coordinator:	Sophie Cubillo-Barsi
Nursing and Midwifery Council:	Represented by Yusuf Segovia, Case Presenter
Elizabeth Nhau:	Not present and unrepresented
Consensual Panel Determination:	Accepted
Facts proved:	All charges
Fitness to practise:	Impaired
Sanction:	**Condition of practice order – 9 months**
Interim order:	**Interim conditions of practice order – 18 months**

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Ms Nhau was not in attendance and that the Notice of Hearing letter had been sent to Ms Nhau's registered email address on 15 February 2022. This Notice of Hearing letter indicated that the hearing was to be listed for nine days. On 1 March 2022, a further email was sent by the NMC to Ms Nhau, informing her that the matter had now been listed to be heard on 15 March 2022, for one day only, in order for a panel to consider the CPD agreement.

A Notice of Hearing email was also sent to Ms Nhau's representative on 15 February 2022.

Mr Segovia, on behalf of the Nursing and Midwifery Council (NMC), submitted that it had complied with the requirements of Rules 11 and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Hearing provided details of the allegation, the time, date and link to the hearing and, amongst other things, information about Ms Nhau's right to attend, be represented and call evidence, as well as the panel's power to proceed in her absence.

In the light of all of the information available, the panel was satisfied that Ms Nhau has been served with the Notice of Hearing in accordance with the requirements of Rules 11 and 34.

Decision and reasons on proceeding in the absence of Ms Nhau

The panel next considered whether it should proceed in the absence of Ms Nhau. It had regard to Rule 21 and heard the submissions of Mr Segovia. He referred the panel to an email from Ms Nhau's General Manager, dated 23 February 2022, which states:

> *"I have spoken to Elizabeth and explained the situation, she is happy for the matter to be considered by the panel without her presence."*

Mr Segovia further informed the panel that within the CPD agreement, there is a paragraph which states:

> *"Ms Nhau is content for her case to be dealt with by way of a CPD hearing. Ms Nhau is aware of the CPD hearing. She does not intend to attend the hearing and is content for it to proceed in her and her representative's absence. She will endeavour to be available by telephone should any clarification on any point be required, or should the panel wish to make any amendment to the provisional agreement."*

Mr Segovia informed the panel that a provisional Consensual Panel Determination (CPD) agreement had been reached and signed by Ms Nhau on 15 February 2022. In light of this information, Mr Segovia invited the panel to continue in the absence of Ms Nhau on the basis that she has voluntarily absented herself.

The panel accepted the advice of the legal assessor.

The panel noted that its discretionary power to proceed in the absence of a registrant under the provisions of Rule 21 is not absolute and is one that should be exercised "with the utmost care and caution"

The panel has decided to proceed in the absence of Ms Nhau. In reaching this decision, the panel has considered the submissions of Mr Segovia, the representations made of behalf of Ms Nhau, and the advice of the legal assessor. It has had particular regard to the factors set out in the decision of *R v. Jones (Anthony William)* (No.2) [2002] UKHL 5 and *General Medical Council v Adeogba* [2016] EWCA Civ and had regard to the overall interests of justice and fairness to all parties. It noted that:

- Ms Nhau has engaged with the NMC and has signed a provisional CPD agreement which is before the panel today;
- There is no reason to suppose that adjourning would secure her attendance at some future date; and
- There is a strong public interest in the expeditious disposal of the case.

In these circumstances, the panel has decided that it is fair, appropriate and proportionate to proceed in the absence of Ms Nhau.

Details of charge

That you, registered nurse:

1. *On 16 October 2013 whilst working a shift at Lincoln County Hospital:*
    a. *did not administer insulin to an unknown patient;*
    b. *did not administer medication to a number of unknown patients;*

2. *On 24 June 2016, whilst working at Derriford Hospital, Sharp Ward:*
    a. *did not administer insulin to an unknown patient;*

3. *On 24 February 2017, whilst working at Derriford Hospital, Merrivale Ward, in respect of one or more unknown patients:*
    a. *did not administer eye drops to a patient;*
    b. *did not administer medication to one or more patients;*
    c. *did not record that a patient suffered a fall;*

d. *did not carry out neurological observations and/or in the alternative did not record that observations were undertaken;*
e. *did not complete a neurological observation chart;*
f. *did not put a falls sticker in the patient/medical notes;*

4. *On 23 April 2017, whilst working at Westgate Care Home, in respect of Patient A:*
   a. *administered 4 units of Novarapid insulin, when you ought to have administered 12 units of Novarapid insulin;*
   b. *did not handover that Patient A had a high blood glucose reading and should be monitored;*
   c. *upon noting that Patient A had a high blood glucose reading you did not monitor the patient during the shift;*

5. *On 29 April 2017, whilst working at Westgate Care Home, in respect of Patient B:*
   a. *did not administer their 10:30am dose of co-careldopa and/or in the alternative did not record the administration of co-careldopa in the MAR chart;*
   b. *incorrectly signed the MAR chart at 13:30 to record that you administered co-careldopa on time when you administered the medication at 13:56;*
   c. *incorrectly signed the MAR chart at 16:30 to record that you administered co-careldopa on time when you administered the medication at 19:30;*

6. *On 2 May 2017, when questioned about your actions in charge 4a above, informed Colleague A that you "just followed what everyone else had done" or words to that effect;*

7. *On 14 September 2017, whilst working a shift at York Hospital*
   a. *did not set an unknown patient's IV fusion pump at the correct rate;*
   b. *attempted to flush the IV line without cleaning the cannula port;*

8. *Whilst working at Royal Shrewsbury Hospital:*
   a. *on 25 May 2018, did not add acetylcysteine to a IV bag of dextrose which delayed medication to a patient who had taken an overdose;*

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

Consensual Panel Determination

At the outset of this hearing, Mr Segovia informed the panel that a provisional agreement of a Consensual Panel Determination (CPD) had been reached with regard to this case between the NMC and Ms Nhau.

The agreement, which was put before the panel, sets out Ms Nhau's full admissions to the facts alleged in the charges, that her actions amounted to misconduct, and that her fitness to practise is currently impaired by reason of that misconduct. It is further stated in the agreement that an appropriate sanction in this case would be a conditions of practice order for a period of nine months.

The panel has considered the provisional CPD agreement reached by the parties.

That provisional CPD agreement reads as follows:

"Fitness to Practise Committee
Consensual panel determination: provisional agreement

The Nursing & Midwifery Council and Elizabeth Nhau, PIN 01C2088E ("the Parties") agree as follows:

1. *Ms Nhau is content for her case to be dealt with by way of a CPD hearing. Ms Nhau is aware of the CPD hearing. She does not intend to attend the hearing and is content for it to proceed in her and her representative's absence. She will endeavour to be available by telephone should any clarification on any point be required, or should the panel wish to make any amendment to the provisional agreement.*

2. *Ms Nhau understands that if the panel wishes to make amendments to the provisional agreement that she doesn't agree with, the panel will reject the CPD and refer the matter to a substantive hearing.*

The charge

Ms Nhau admits the following charges:

That you, registered nurse:

1. *On 16 October 2013 whilst working a shift at Lincoln County Hospital:*
    a. *did not administer insulin to an unknown patient;*
    b. *did not administer medication to a number of unknown patients;*

2. *On 24 June 2016, whilst working at Derriford Hospital, Sharp Ward:*
    a. *did not administer insulin to an unknown patient;*

3. *On 24 February 2017, whilst working at Derriford Hospital, Merrivale Ward, in respect of one or more unknown patients:*
    a. *did not administer eye drops to a patient;*
    b. *did not administer medication to one or more patients;*
    c. *did not record that a patient suffered a fall;*
    d. *did not carry out neurological observations and/or in the alternative did not record that observations were undertaken;*
    e. *did not complete a neurological observation chart;*
    f. *did not put a falls sticker in the patient/medical notes;*

4. *On 23 April 2017, whilst working at Westgate Care Home, in respect of Patient A:*
    a. *administered 4 units of Novarapid insulin, when you ought to have administered 12 units of Novarapid insulin;*
    b. *did not handover that Patient A had a high blood glucose reading and should be monitored;*

c. *upon noting that Patient A had a high blood glucose reading you did not monitor the patient during the shift;*

5. *On 29 April 2017, whilst working at Westgate Care Home, in respect of Patient B:*
    a. *did not administer their 10:30am dose of co-careldopa and/or in the alternative did not record the administration of co-careldopa in the MAR chart;*
    b. *incorrectly signed the MAR chart at 13:30 to record that you administered co-careldopa on time when you administered the medication at 13:56;*
    c. *incorrectly signed the MAR chart at 16:30 to record that you administered co-careldopa on time when you administered the medication at 19:30;*

6. *On 2 May 2017, when questioned about your actions in charge 4a above, informed Colleague A that you "just followed what everyone else had done" or words to that effect;*

7. *On 14 September 2017, whilst working a shift at York Hospital*
    a. *did not set an unknown patient's IV fusion pump at the correct rate;*
    b. *attempted to flush the IV line without cleaning the cannula port;*

8. *Whilst working at Royal Shrewsbury Hospital:*
    a. *on 25 May 2018, did not add acetylcysteine to a IV bag of dextrose which delayed medication to a patient who had taken an overdose;*

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

The facts

3. *Ms Nhau appears on the register of nurses, midwives and nursing associates maintained by the NMC as a nurse, specialising in adult nursing and has been a registered nurse since 9 March 2005.*

4. *On 22 September 2017, the NMC received a referral from Sparkle Care Agency ('Sparkle'), following 2 separate incidents of medication error. In the course of the NMC's investigation, further concerns came to light.*

Charge 1, 2, and 3

5. *At the material time, Ms Nhau was employed as a registered nurse by Plan B Healthcare ('Plan B'), a recruitment agency specialising in healthcare recruitment and had been working for Plan B since September 2012.*

Charge 1

6. *On 16 October 2013, Ms Nhau was working on the Waddington Ward at Lincoln County Hospital. She did not give insulin to a patient and also failed to administer several medications to a number of patients. On 25 October 2013, Plan B received a complaint regarding this incident. Ms Nhau provided a statement admitting and apologising for the error. Ms Nhau also explained that she did not have access to the blood sugar testing devices, which was only accessible to the staff members of the ward, and as such she was unable to administer insulin at teatime. Following this incident, an exclusion was put in place, which would be lifted if Ms Nhau completed training in medicines management.*

Charge 2

7. *On 24 June 2016, Ms Nhau was working on the Sharp Ward at Derriford Hospital. A patient was due to receive insulin twice a day on Thursdays and Fridays, which was highlighted during a handover from a registered nurse to a diabetic specialist nurse. Ms Nhau did not administer insulin to this patient. This error was brought to Ms Nhau's attention while she was on duty. On 27 June 2016, Plan B received a complaint regarding this incident. Ms Nhau provided a reflective statement accounting for the patients she looked after and indicated that it was not clear which patient the incident related to. Following this, the complaint was closed with no further action but Ms Nhau was restricted from working on the Sharp ward.*

Charge 3

8. *On 24 February 2017, Ms Nhau worked on the Merrivale Ward at Derriford Hospital from 7:30am in the morning. During the shift, there were a number of medication errors and poor recording.*

9. *On 24 February 2017, Nurse 1 started her shift at 7:30pm and Ms Nhau provided a handover for bays D, E1, E, E3, I cubicle and J cubicle. During the handover, it was noted that Ms Nhau failed to give 4 patients their 6:00pm medication. Nurse 1 questioned Ms Nhau about the missed medication round and Ms Nhau explained that one of the patient's drug chart had been missing. However, the drug chart was on the wrong clipboard. Ms Nhau did not provide an explanation for the missed medication round for the other 3 patients. Nurse 1 asked Ms Nhau to stay back to work to complete the 6:00pm medication round. These patients did not receive their medication until the time between 8:00pm and 8:45pm.*

10. *On the same day of 24 February 2017, a patient had fallen and a datix had been completed. However, when Ms Nhau completed her handover with Nurse 1, Nurse 1 noted that this patient had not received their medications, Ms Nhau did not update the patient's record to show that the patient had fallen, there were no falls stickers in the patient's notes, neurological observations had not been recorded, and a neurological observation chart had not been prepared or completed.*

11. *At 9:45pm on 24 February 2017, another patient informed Nurse 1 that he had not received his eye drops, which he should have received at 6:00pm. Nurse 1 explained to the patient that he had received his eye drops at 6:00pm, as Ms Nhau had signed for it. However, the patient was adamant that he had not received his medication. The patient eventually received his eye drops at 10:00pm.*

12. *On 27 February 2017, Plan B received a complaint regarding the issues noted from the shift of 24 February 2017. Plan B asked Ms Nhau to provide a reflective statement and complete a course in medication management through a standardise system, socialcare.tv, which Plan B used for nurses' training and refresher courses. Ms Nhau*

provided a reflective statement accounting for the patients she looked after during the shift. As part of Plan B's investigation process, they sought updates from Derrifold Hospital but Plan B did not receive further updates. Consequently, the complaint was closed and no further action was taken.

Charge 4 and Charge 6

13. *At the material time, Ms Nhau was employed by Sparkle and was working on the Primrose Unit, at Westgate Care Home.*

Charge 4

14. *Patient A, an elderly patient, was diabetic and had advanced dementia. He also could not communicate properly and whenever he felt unwell, would often go to bed and not inform staff members that he was unwell.*

15. *Patient A had been prescribed Novarapid insulin on a sliding scale, such that the dosage of insulin was to correlate with his blood glucose level ('BGL'). In the month of April 2017, Patient A's BGL was on average about 10. However, on 23 April 2017, Patient A's diabetic chart showed that their BGL was 19.1. Since Patient A's BGL was high, he should have been given 12 units of insulin. At 5pm, Ms Nhau gave Patient A 4 units of insulin instead of the 12 units.*

16. *Due to Patient A's BGL being high, it should have been noted in the handover that Patient A's BGL should be monitored during the night to ensure that the insulin was having an effect. However, Ms Nhau did not record in the handover that Patient A's BGL was high and should be monitored throughout the night. In addition, Ms Nhau did not monitor Patient A's BGL throughout the night. As a result, Patient A's BGL was not checked until 7:20am the next day. Patient A did not suffer any harm there was no harm caused to Patient A. Patient A's GP and family were informed of the incident and a safeguarding alert was also raised.*

Charge 6

17. *This incident was reported to Colleague A. On 2 May 2017, Colleague A held a meeting with Ms Nhau to discuss the medication errors. When Ms Nhau was asked about the medication error that took place on 23 April 2017, she admitted the error. Ms Nhau explained that she had not noticed the sliding scale and gave Patient A 4 units of insulin according to what had been given by the nurses on the previous days. When Ms Nhau was asked about her failure to monitor Patient A, she was unable to provide an explanation. Ms Nhau was nevertheless apologetic about her mistakes. Person 1 asked Ms Nhau to provide a reflective statement but Ms Nhau did not provide one.*

Charge 5

18. *At the material time, Ms Nhau was employed by Sparkle, and was working at Westgate Care Home.*

19. *Patient B, an elderly patient, had Parkinson's disease and had been prescribed co-careldopa to be taken at 10:30am, 1:30pm, 4:30pm and 7:30pm.*

20. *On 29 April 2017, Ms Nhau did not administer the 10:30am dosage of co-careldopa. Ms Nhau also did not create a separate entry for the 10:30am dosage on Patient B's medication administration records ('MAR') chart to show that the medication was not given at the required time. At 1:56pm, Ms Nhau gave Patient B her co-careldopa, when she should have administered Patient B's medication at 1:30pm. Ms Nhau signed for the 1:30pm dosage and recorded on Patient B's MAR chart that she did not know of the 10:30am dosage, and also acknowledged that the 1:30pm dosage was given late. At 7:30pm, Ms Nhau gave Patient B her co-careldopa, when she should have administered Patient B's medication at 4:30pm. At 8:56pm, Ms Nhau signed for the 4:30pm dosage on Patient B's MAR chart and recorded that the 4:30pm dosage was given at 7:30pm because she was running late. Patient B did not suffer any harm.*

21. *Ms Nhau informed Patient B's family about the medication error. The Head of Clinical Services and Patient B's GP were also informed of the incident. It was decided that no further action would be taken.*

Charge 7

22. *At the material time, Ms Nhau was employed by Plan B.*

23. *On 14 September 2017, Ms Nhau worked at the Coronary Care Unit at York Hospital and was caring for a patient who needed intravenous fluid at 83ml/hr. Ms Nhau had set the patient's intravenous fluid to 100ml/hr, which resulted in the pump becoming alarmed. Colleague B went over to the patient's bed and noticed that the wrong infusion rate had been set. Colleague A pointed the issue out to Ms Nhau and then stayed behind to observe Ms Nhau connect the fluids. Ms Nhau connected the extension line to flush the patient's cannula but did not clean the injection port on the cannula. Colleague B again pointed out the issue to Ms Nhau, and the problem was averted.*

24. *Colleague B reported the incident to Colleague C and also completed a datix incident review form. On 15 September 2017, the matter was also reported to Plan B. On 19 September 2019, Ms Nhau provided a reflective statement, outlining the details of the incident and explaining that was new to at the hospital and did not have good support on the ward. York Hospital asked that Ms Nhau be restricted from working at York and Scarborough Hospital. They also asked Ms Nhau provided evidence of her IV competency training. Ms Nhau provided evidence of an American based training course. York Hospital requested an English based training course instead. In February 2018, Ms Nhau completed an English based course in IV. Consequently, the restrictions on Ms Nhau was lifted, the complaint with Plan B was closed and no further action was taken.*

Charge 8

25. *At the material time, Ms Nhau was employed by Plan B.*

26. *On 25 May 2018, Ms Nhau worked at Royal Shrewsbury Hospital ('RSH') and was caring for a 27 year old patient, who had been admitted for an overdose of cocodamoal*

tablets, and was prescribed 200ml of intravenous infusion of 5% dextrose. When caring for this patient, Ms Nhau did not add Parvolex to the bag of 5% dextrose. On 30 May 2018, RSH reported the incident to Plan B, and requested a restriction on Ms Nhau. On the same day, Plan B permanently excluded Ms Nhau from the agency due to the high number of complaints they received regarding Ms Nhau; and notified Ms Nhau of RSH's complaint via email. On 4 June 2018, Ms Nhau provided a reflective statement detailing the incident. Ms Nhau admitted her mistakes and outlined what she could do in the future to prevent similar issues arising again. Ms Nhau was subsequently restricted from working at RSH and permanently excluded from working at Plan B.

Misconduct

27. The Parties agree that the facts amount misconduct.

28. In the case of Roylance v General Medical Council (No.2) [2000] 1 AC 311, Lord Clyde defined misconduct as follows:

> *'Misconduct is a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rules and standards ordinarily required to be followed by the medical practitioner in the particular circumstances'*

29. Where the acts or omissions of a registered nurse are in question, what would be proper in the circumstances (per Roylance) is to be answered by reference to the NMC's Code of Conduct.

30. The Parties agree that Ms Nhau's conduct breached the following paragraph of the NMC's Code of Conduct (effective May 2008):

> ***Make the care of people your first concern, treating them as individuals and respecting their dignity***
>
> ***Uphold the reputation of your profession***
>
> *61 You must uphold the reputation of your profession at all times.*

31. *The Parties agree that Nhau's conduct breached the following paragraph of the NMC's Code of Conduct (effective March 2015):*

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

1.4 make sure that any treatment, assistance or care for which you are responsible is delivered without undue delay

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

8 Work cooperatively

To achieve this, you must:

8.6 share information to identify and reduce risk

10 Keep clear and accurate records relevant to your practice

To achieve this, you must:

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

10.3 complete all records accurately and without any falsification, taking immediate and appropriate action if you become aware that someone has not kept to these requirements

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.

32. *The Parties agree that Ms Nhau's conduct in all charges fell short of what would be reasonably expected of a registered nurse in the circumstances. Ms Nhau's failings are serious and wide ranging relating to the administration of medication and record keeping, which were basic in nature, and involve vulnerable patients. Accurate administration of medications, record keeping, and undertaking appropriate medication checks could be said to be a basic essential nursing skills, and failures in this regard have the potential to cause serious patient harm.*

33. *Ms Nhau's failings occurred in multiple settings over an extended period of time. Her actions show a pattern of behaviour in which she departed from the standard expected of a registered nurse. Omissions and failures in administering medication, monitoring vulnerable patients, and inaccurate medication records all have the potential to place patients at serious risk of harm, and is conduct which individually and cumulatively, amounts to misconduct.*

Impairment

34. *The Parties agree that Ms Nhau's fitness to practise is currently impaired by reason of her misconduct.*

35. *In line with rule 31(7)(b) of the Nursing and Midwifery Council (Fitness to Practise) Rules 2004, a departure from the Code is not of itself sufficient to establish impairment of fitness to practise, that question, like misconduct is a matter for the panel's professional judgment.*

36. *In considering the questing of impairment, the Parties have considered the case of Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin), in which Mrs Justice Cox adopted the matters*

outlined by Dame Janet Smith in the Fifth Shipman report which invites panels to ask in the particular circumstances of this case:

> *Do our findings of fact show that the Registrant's 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 professions 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 professions; and/or*
>
> d) *Has in the past acted dishonestly and/or is liable to act dishonestly in the future?*

37. *The Parties agree that the first three limbs outlined by Mrs Justice Cox are engaged in this case.*

38. *Ms Nhau's conduct relates to a series of medication errors, which has placed patients at risk of harm and also has the potential to cause harm in the future.*

39. *The public, quite rightly, expects nurses to provide safe and effective care, and conduct themselves in ways that promotes trust in the nursing profession. Hearing about Ms Nhau's actions would cause patients and members of the public to be concerned about their safety and feel unnecessarily anxious about their healthcare treatment. This could result in patients, and members of the public feeling deterred from seeking medical assistance when they should. Therefore, the Parties agree that Ms Nhau's conduct is liable in the future to bring the medical profession into disrepute.*

40. *Ms Nhau's actions breached the fundamental tenets of the nursing profession, to prioritise people, practise effectively, and preserve safety.*

Remediation, reflection, training, insight and remorse

41. *The Parties have also considered the case of Cohen v General Medical Council [2008] EWHC 581 (Admin), in which the court set out three matters which it described as being 'highly relevant' to the determination of the question of current impairment, namely:*

    a) *Whether the conduct that led to the charge(s) is easily remediable?*

    b) *Whether it has been remedied?*

    c) *Whether it is highly unlikely to be repeated?*

42. *Ms Nhau's conduct relate to a series of medication errors and poor record keeping, which can be remedied through training and supervision.*

43. *Before effective steps can be taken to remedy the concerns, the nurse must recognise the problem that needs to be addressed, and particularly demonstrate sufficient insight.*

44. *Ms Nhau has provided a response to the allegation, showing some insight by way of admission to the charges and acceptance of some the regulatory concerns, however this is limited. Ms Nhau has also provided training certificates for safe administration of medicines dated 8 March 2017 and intravenous therapy dated 26 February 2018, but these training certificates predate some of the medication errors.*

45. *In relation to the medication errors, Ms Nhau explained:*

> *…the medication administration errors that occurred were not due to reckless behaviour, but occurred as a result of the speed and complexity of the medication-use cycle. As I was working in pressured environments as an agency or a temporary worker it also escalated the risk of errors as I would have to be orientated to a lot and the likelihood of errors became high at that time.*

a) *I have since adapted to identify more stable work environments that help me deliver a good quality of care and safe service to my patients. Hence the last incident mentioned is over a year ago in May 2018. I have since stayed up to date with training on medication and ensuring that patient safety is even more paramount than I had previously held that value.*

b) *I have also stayed up to date with eye tests and wearing correct glasses for my eye needs. I have maintained good health in having check-ups and prioritising my own health status.*

c) *(CLINICAL SUPERVISION) I have also adopted the mentorship on a regular consultation on matters regarding clinical skills with an identified clinical supervisor to monitor and challenge on my skills as a way of professional development. This also allows me on the basis of at least monthly to engage in reflective practise over my nursing capabilities and on an on going basis, improve on these nursing skills I have and becoming a better practitioner.*

46. *In relation to poor record keeping, Ms Nhau explained:*

a) *Once again the pressures of working as an agency nurse and in highly pressured work places without the adequate resources on the ground were a contributory factor to my failings in being the good nurse that I am. I have since selected carefully were I work and have improved on my training, and ensuring that I am the best nurse I can be. I continue to stay committed in staying up to date with training, and furthering my evidence based care.*

b) *I now have a consistent clinical supervisor which has helped a lot in my reflective practise and avoidance of errors and bettering my nursing as with that I am able to deal with any emerging issues as they will be happening, which would be also a reason you would note the complaints cease from May 2018, even though I have continued to practise. This is evident I am improving and the matters were adequately addressed and as a nurse who is only human I have made the correct measures in improving myself.*

47. *On 10 December 2021, Ms Nhau provided a reflective statement on caring for a diabetic patient. Ms Nhau explained:*

> *The knowledge of understanding diabetic condition is of paramount importance in looking after diabetic patients and careering for those individuals with diabetic conditions.*
>
> *[…]*
>
> *The knowledge through discussions with the supervisor also highlights on the importance of the weekly calibration of the glucometer as they sometimes fail and gives wrong readings. Wrong readings is a risk in better treatment and could result in wrong doses administered to those patient on insulin sliding scale for example.*
>
> *There are so many types of insulin and it is important to counter check with the BNF so as to have an overview as some are long acting and others have an immediate effect. The knowledge will assist the person administering to lookout on whether the person has eaten or whether they are well in case they have got an underlying infection.*

48. *In her reflective statement, Ms Nhau also explained how she would change or improve as a result:*

> 1) *Continue learning development makes me a safe practitioner to the people which I care for. The knowledge around diabetic managements give me an insight on the implications of poor practice and therefore makes me to strive to provide good care.*
>
> 2) *Safe practice promotes trust from both the people I care for, their families and my work colleagues.*
>
> 3) *When my work colleagues trusts me, professionalism is promoted and therefore there is respect in one another.*

According to the NMC code of practice, I will thrive to prioritise people, both the patients which I would look after, their families and the work colleagues which I could work with. I will continue to study and research on updated skills so that I could be effective in my job. I will do risk assessment before I do a nursing task. This will enable me to have insight of my limitation to seek help so as to enhance safety. I would ask my mentor or supervisors for guidance. I adhere to act professional by respecting the people which I care for and my colleagues which I work with in all my work conducts.

49. *On 20 December 2021, Ms Nhau provided three additional reflective statements, one on working in different environments as an agency worker, a second statement on the administration of IV medications and subcutaneous medication, and a third statement on the prevention of falls.*

50. *In her reflective statement on her previous experience as an agency worker, Ms Nhau explained:*

    Before I joined my current employer [Barchester Group of Nursing Homes ('Barchester Group') at Lakeside Care Home], I was working as an agency worker as a transient member but not necessarily part of a team. This type of work style has resulted into many disadvantages which could have been a result to poor practice. The other areas which were looked into was the area for infection control and also that of the dignity of the people we look after.

    The thoughts and feeling resulted in me to reflect and desire to do the right things when areas of poor practice were highlighted to me.

    I thereby started by realising that moving from area of practice now and again, was not working for me as I continuously received little if any induction, historic and opaque feedback of practice issues but with limited support to address such matters hence I sought to work in a fulltime employment with an employer.

51. *Ms Nhau has also explained what she is doing to ensure that she is a safe practitioner:*

1) *I have realised I work more effectively in a team building environment hence I secured a full time employment with [Barchester Group].*

2) *I have since engaged on an on-going learning programme with a mentor. We have discussed about all the errors on case No 063552. The learning programme is helping me to build my confidence as a nurse hence be an effective team member and colleague. For people in my care, I am striving to always be the safe practitioner. This includes understanding my accountabilities when things do not always go right in clinical practise:*

    a. *Before I joined this company, I was working as an agency worker as a transient member but not necessarily part of a team.*

    b. *I identified agency working is a disadvantage to me due to various changes of working environments which do not allow you to work and integrate into a team.*

    c. *I have also identified that errors could occur and they need to be reported with candour then followed up. At all times I must be transparent and be open to report myself and others and participate positively so as to maintain safety. You don't get this opportunity as an agency worker.*

    d. *The full-time employment provides for safe practice because of the support systems which are in place.*

3) *I have stopped feeling nervous of reporting myself if I make an error in my practice.*

4) *In terms of medication administrations and management, I have undertaken further medication training in respect of essential principles of safe medication administration and continue to do so in my supervisions.*

5) *I have also stopped to be defensive and realised the benefit of error management principles.*

6) *I have adhered to the code of practice and fully understand the benefit of being proactive in learning and development and continuing to stay up to date in my knowledge.*

7) *I have benefitted in my practise from being proactive on medication scrutiny and I see this as an opportunity to discuss practise and learn.*

52. *Ms Nhau has also explained that she 'will continue to practice safely in regard to medication administration and all aspects of care management by periodic meetings with my mentor.'*

53. *Although Ms Nhau has explained what she has been doing and will do to ensure that the same or similar misconduct does not happen again, she has not accounted for what she could have done differently or shown insight into the potential harm and impact on patients, her colleagues, the public and the nursing profession as a result of her actions.*

Public protection impairment

54. *The Parties agree that there remains a significant risk of repetition, and a real risk of significant harm to patients, if the same or similar conduct occurred again. As such, a finding of current impairment is therefore necessary on the grounds of public protection.*

Public interest impairment

55. *The Parties agree that a finding of impairment is necessary on public interest grounds.*

56. *In Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin) at paragraph 74 Mrs Justice Cox commented that:*

"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."

57. *The Parties agree that the misconduct in this case is so serious, that a finding of impairment on the basis of public interest is required. Such a public declaration would assist in repairing the damage to the reputation of the profession caused by Ms Nhau's misconduct. Therefore, in accordance with the comments of Mrs Justice Cox, this is a case where a finding of current impairment is required to declare and uphold proper professional standards and public confidence, and protect the reputation of the nursing profession.*

58. *The Parties agree that Ms Nhau's fitness to practice is impaired on public protection and public interest grounds.*

Sanction

59. *The Parties have considered all sanction options open to the panel, starting with the least restrictive sanction, and agree that the appropriate sanction in this case is 9 months conditions of practice order with a review, prior to expiry.*

60. *In determining sanction the panel should have regard to the NMC's published sanctions guidance. The panel will be aware that the purpose of sanctions is not to be punitive but to protect the public interest it follows, as in the case of Bolton v Law Society [1993] EWCA Civ 32, that 'since the professional body is not primarily concerned with matters of punishment, considerations which would normally weigh in mitigation of punishment have less effect on the exercise of this kind of jurisdiction'.*

Aggravating and mitigating features

61. *The panel may consider the aggravating features in this case are:*

- *Repetition of conduct over a sustained period of time;*

- *Conduct which put patients at risk of suffering harm; and*
- *Lack of full insight into failings and lack of remediation.*

62. *The panel may consider the mitigating factors in this case are as follows:*

- *Ms Nhau accepted some of the allegations at the time of the incident.*
- *There is no evidence of a repeat of the misconduct. Ms Nhau has worked for 3 years since the incidents without any concerns or issues raised.*

Type of sanction

63. *Taking no further action or imposing a Caution Order would not be an appropriate disposal as neither would mark the serious nature of the misconduct. Furthermore, action is warranted in order to maintain trust in nurses and promote and maintain proper professional standards and conduct.*

64. *The Parties agree that a Conditions of Practice Order is appropriate in this case. There is identifiable areas of practice to remediate, no evidence of harmful deep-seated personality or attitudinal problems, and patients would not be put in danger as a result of the conditions and it would sufficiently protect the public in this case.*

65. *The Parties agree and recommends the following conditions:*

1) *You must not work or otherwise providing nursing services:*

   a) *as the sole nurse on duty;*

   b) *through an agency or as a bank nurse.*

2) *At any time that you are employed or otherwise providing nursing services, to place yourself and remain under the supervision of a workplace line manager or supervisor nominated by your employer. Such supervision must consist of*

   a) *working at all times on the same shift as, but not necessarily under the direct observation of a registered nurse;*

b) *to complete medication rounds only when under the direct supervision of another registered nurse until such time that you are deemed competent by a nurse of grade 6 or above, to undertake them independently;*

3) *You must keep a personal development log every time you undertake medication administration and management. The log must:*

   a) *Contain the dates that you carried out medication administration and management;*

   b) *Be signed by the nurse who directly supervised you each time;*

   c) *Contain feedback from the nurse who directly supervised you each time;*

4) *Within 14 days of being deemed competent, you will provide to the NMC evidence that your medication competency has been achieved by:*

   a) *sending a report from your line manager or supervisor setting out the standard of your supervised medication rounds;*

   b) *Send a copy of the personal development log;*

5) *Within 14 days of commencing your employment, to work with your line manager or supervisor (or their nominated deputy) to create a personal development plan ('PDP') designed to address the concerns relating to medicines management in the following areas of your practice:*

   a) *Medication administration;*

   b) *Use of Controlled Drugs;*

   c) *Safe storage and disposal of medication;*

   d) *Record keeping.*

6) *To forward to the NMC a copy of your PDP within 14 days from the date on which your PDP is created.*

7) *To meet every month of your employment with your workplace line manager or supervisor to discuss your performance and progress towards your PDP;*

8) *To send an overall report from your line manager or supervisor setting out the standard of your performance and your progress towards achieving the aims set out in your PDP:*

   a) *every six months;*

   b) *14 days before any review hearing.*

9) *To write a reflective statement commenting on each charge, including its impact on patients, colleagues, the public and the profession, outlining what about your conduct was exactly wrong and what you would do differently in the future. You must provide a copy of this reflection to the NMC 14 days prior to any review hearing.*

10) *Keeping us informed about where you are working by:*

   a) *telling us within seven days of accepting any nursing appointments and providing us with contact details of the employer.*

   b) *telling us within seven days when you leave or stop working for an employer.*

   c) *giving us the name and contact details of the individual or organisation offering the post, employment or course of study within seven days of accepting any post or employment requiring registration with us, or any course of study connected with nursing or midwifery.*

   d) *giving us the name and contact details of the individual or organisation within seven days of entering into any arrangements required by these conditions.*

11) *Immediately telling the following parties that you have agreed to these conditions under the NMC fitness to practise procedures, and disclosing the conditions to them:*

a) *any organisation or person employing, contracting with, or using you to undertake nursing work;*

b) *any agency you are registered with or apply to be registered with (at the time of application) to provide nursing services;*

c) *any prospective employer (at the time of application) where you are applying for any nursing appointment;*

d) *any educational establishment where you are undertaking a course of study connected with nursing or midwifery, or any such establishment to which you apply to take such a course (at the time of application).*

12) *Telling us about any clinical incidents you are involved in, any investigations started against you and/or any disciplinary proceedings taken against you within seven days of you being made aware of them.*

13) *Allowing us to share, as necessary, information about the standard of your performance, your compliance with and progress towards completing these conditions with any employer, prospective employer, any educational establishment and any other person who is or will be involved in your retraining and supervision.*

66. *A 9 months conditions of practice order with a review will provide Ms Nhau the opportunity to remediate her actions and evidence a period of safe and effective practice. There are identifiable areas of Ms Nhau's practice which can be remedied with training, reflection and relevant supervision, and 9 months will provide sufficient time for Ms Nhau demonstrate the she has remediated her actions and can consistently practise safely as a registered nurse. A review prior to the expiry of the sanction will allow the panel consider whether the order remains necessary.*

67. *The Parties agree that suspension order or a striking off order would not be appropriate at this time given the mitigating features identified in this case and the concerns are not so serious to require a more serious sanction.*

68. *In these circumstances, the Parties agree that a 9 months conditions of practice order with review, is both proportionate and appropriate to mark the serious nature of the misconduct and to protect the public.*

Interim order

69. *An interim order is required in this case. The interim order is necessary for the protection of the public and is otherwise in the public interest for the reasons given above. The interim order should be for a period of 18 months in the event Ms Nhau seeks to appeal against the panel's decision. The interim order should take the form of an interim conditions of practice order and should mirror the sanction imposed by the panel.*

70. *The parties understand that this provisional agreement cannot bind a panel, and that the final decision on findings impairment and sanction is a matter for the panel. The parties understand that, in the event that a panel does not agree with this provisional agreement, the admissions to the charges and the agreed statement of facts set out above, may be placed before a differently constituted panel that is determining the allegation, provided that it would be relevant and fair to do so.*

71. *I Elizabeth Nhau I am happy to agree to receive short notice of the hearing that has been scheduled. Thank you in advance and said previously my General Manager [Ms 1] will attend and represent me with the planned CPD."*

Here ends the provisional CPD agreement between the NMC and Ms Nhau. The provisional CPD agreement was signed by Ms Nhau on 15 February 2022 and the NMC on 23 February 2022.

Decision and reasons on the CPD

The panel decided to accept the CPD.

The panel heard and accepted the legal assessor's advice. Mr Segovia referred the panel to the 'NMC Sanctions Guidance' (SG) and to the 'NMC's guidance on Consensual Panel Determinations'. He reminded the panel that they could accept, amend or reject the provisional CPD agreement reached between the NMC and Ms Nhau. Further, the panel should consider whether the provisional CPD agreement would be in the public interest. This means that the agreement must ensure that there is an appropriate level of public protection, that public confidence in the professions and the regulatory body is maintained, and that proper standards of conduct and behaviour are declared and upheld.

The panel noted that Ms Nhau admitted the facts of the charges. Accordingly the panel was satisfied that the charges are found proved by way of Ms Nhau's admissions, as set out in the signed provisional CPD agreement and that those admissions amounted to misconduct.

Decision and reasons on misconduct and impairment

In making its decision on misconduct, the panel had regard to the specific sections of The Code: Professional standards of practice and behaviour for nurses and midwives (2015) ('the Code'). It determined that the sections of the Code as set out in the CPD agreement were applicable in this case, 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

1.4 make sure that any treatment, assistance or care for which you are responsible is delivered without undue delay

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

8 Work cooperatively

To achieve this, you must:

8.6 share information to identify and reduce risk

10 Keep clear and accurate records relevant to your practice

To achieve this, you must:

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

10.3 complete all records accurately and without any falsification, taking immediate and appropriate action if you become aware that someone has not kept to these requirements

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."

Whilst the panel noted that breaches of the Code do not automatically warrant a finding of misconduct, it considered that Ms Nhau's actions fell far below the standards expected of

a registered nurse. They were sufficiently serious to amount to misconduct as they were wide ranging, involving breaches of fundamental aspects of nursing, occurred over an extended period of time, involved multiple patients and had the potential to cause serious patient harm. In this respect the panel endorsed paragraphs 28 to 34 of the provisional CPD agreement.

The panel then went on to consider whether Ms Nhau's fitness to practise is currently impaired. Whilst acknowledging the agreement between the NMC and Ms Nhau, the panel has exercised its own independent judgement in reaching its decision on impairment.

In its consideration of impairment, the panel had regard to Dame Janet Smith's Fifth Shipman Report:

> *'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 was of the view that the first three limbs of this test were engaged. It considered that Ms Nhau's misconduct, which involved serious medication errors, put patients at an

unwarranted risk of harm and has the potential to cause harm in the future. Furthermore, the panel determined that Ms Nhau's actions in this regard brought the profession into disrepute and breached fundamental tenets of the nursing profession, to prioritise people, practise effectively, and preserve safety.

The panel also had regard to the case of *Cohen v General Medical Council* [2008] EWHC 581 (Admin), in which the court set out three matters which it described as being '*highly relevant'* to the determination of current impairment:

> *'(a) Whether the conduct that led to the charge(s) is easily remediable?*
> *(b) Whether it has been remedied?*
> *(c) Whether it is highly unlikely to be repeated?'*

It was the view of the panel that Ms Nhau's conduct is capable of remediation. It noted that the concerns in this case relate to medication errors which can be addressed by training and supervision.

In respect of whether Ms Nhau's conduct has been remediated, the panel had regard to the training certificates for safe administration of medicines dated 8 March 2017 and intravenous therapy dated 26 February 2018. However, the panel noted that these training certificates predate some of the medication errors.

Further, the panel was of the view that whilst Ms Nhau explains her actions and does accept that she made mistakes, her insight is incomplete. It noted that Ms Nhau has not demonstrated what she could have done differently, nor has she shown insight into the potential harm and impact her actions could have had on patients, her colleagues, the public and the nursing profession.

The panel did bear in mind however, that Ms Nhau has engaged with the NMC and has made full admissions to the charges against her. She also accepts that her fitness to practise is impaired by reason of her misconduct.

Nevertheless, in light of her lack of full remediation and insight, the panel concluded that there is a risk of repetition in this case and that a finding of impairment is necessary on the grounds of public protection.

The panel was also of the view that a finding of impairment was in the public interest. It had regard to the need to uphold proper professional standards and public confidence in the profession, which would be undermined if a finding of current impairment were not made at this time.

As such, the panel endorsed paragraphs 35 to 59 of the provisional CPD agreement.

Decision and reasons on sanction

Having found Ms Nhau'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, it may have such consequences. The panel had careful regard to the Sanctions Guidance ('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:

- Repetition of conduct over a sustained period of time;
- Conduct which put patients at risk of suffering harm; and
- Lack of full insight into failings and lack of remediation.

The panel also took into account the following mitigating features:

- Ms Nhau accepted some of the allegations at the time of the incident.
- Ms Nhau has worked for 3 years since the incidents without any concerns or issues raised.

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case.

It then considered the imposition of a caution order but again determined that due to the seriousness of the case as well as the public protection issues identified, an order that does not restrict Ms Nhau's practice would not be appropriate in the circumstances. 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 Ms Nhau's registration would be a sufficient and appropriate response. The panel was mindful that any conditions imposed must be proportionate, measurable and workable. It had regard to the Sanctions Guidance which sets out that a conditions of practice order may be suitable where there is:

- *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;*
- *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 determined that it would be possible to formulate appropriate and practical conditions which would address the failings highlighted in this case. It noted that Ms Nhau's misconduct relates to medication errors which can be addressed through retraining and supervision. In addition, whilst Ms Nhau's insight is incomplete, she has demonstrated a willingness to remediate the concerns in her practice. The panel was therefore satisfied that a conditions of practice order would adequately protect the public.

The panel was also of the view that it was in the public interest that, with appropriate safeguards, Ms Nhau should be able to return to practise as a nurse.

Balancing all of these factors, the panel agreed with the CPD 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 would be unduly punitive and would not be a reasonable response in the circumstances of this case.

It noted that Ms Nhau has engaged with the NMC, has admitted to all of the facts and that her fitness to practice is impaired, and has made some efforts to remediate her practice. Further, the panel noted that Ms Nhau's current employer appears to be supporting her in her practice.

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

The panel agreed with the CPD that the following conditions are appropriate and proportionate in this case:

1) You must not work or otherwise providing nursing services:

    a) as the sole nurse on duty;

    b) through an agency or as a bank nurse.

2) At any time that you are employed or otherwise providing nursing services, to place yourself and remain under the supervision of a workplace line manager or supervisor nominated by your employer. Such supervision must consist of

    a) working at all times on the same shift as, but not necessarily under the direct observation of a registered nurse;

    b) to complete medication rounds only when under the direct supervision of another registered nurse until such time that you are deemed competent by a nurse of grade 6 or above, to undertake them independently;

3) You must keep a personal development log every time you undertake medication administration and management. The log must:

    a) Contain the dates that you carried out medication administration and management;

    b) Be signed by the nurse who directly supervised you each time;

    c) Contain feedback from the nurse who directly supervised you each time;

4) Within 14 days of being deemed competent, you will provide to the NMC evidence that your medication competency has been achieved by:

    a) sending a report from your line manager or supervisor setting out the standard of your supervised medication rounds;

    b) Send a copy of the personal development log;

5) Within 14 days of commencing your employment, to work with your line manager or supervisor (or their nominated deputy) to create a personal

development plan ('PDP') designed to address the concerns relating to medicines management in the following areas of your practice:

a) Medication administration;

b) Use of Controlled Drugs;

c) Safe storage and disposal of medication;

d) Record keeping.

6) To forward to the NMC a copy of your PDP within 14 days from the date on which your PDP is created.

7) To meet every month of your employment with your workplace line manager or supervisor to discuss your performance and progress towards your PDP;

8) To send an overall report from your line manager or supervisor setting out the standard of your performance and your progress towards achieving the aims set out in your PDP:

a) every six months;

b) 14 days before any review hearing.

9) To write a reflective statement commenting on each charge, including its impact on patients, colleagues, the public and the profession, outlining what about your conduct was exactly wrong and what you would do differently in the future. You must provide a copy of this reflection to the NMC 14 days prior to any review hearing.

10) Keeping us informed about where you are working by:

a) telling us within seven days of accepting any nursing appointments and providing us with contact details of the employer.

b) telling us within seven days when you leave or stop working for an employer.

c) giving us the name and contact details of the individual or organisation offering the post, employment or course of study within seven days of accepting any post or employment requiring registration with us, or any course of study connected with nursing or midwifery.

d) giving us the name and contact details of the individual or organisation within seven days of entering into any arrangements required by these conditions.

11) Immediately telling the following parties that you have agreed to these conditions under the NMC fitness to practise procedures, and disclosing the conditions to them:

a) any organisation or person employing, contracting with, or using you to undertake nursing work;

b) any agency you are registered with or apply to be registered with (at the time of application) to provide nursing services;

c) any prospective employer (at the time of application) where you are applying for any nursing appointment;

d) any educational establishment where you are undertaking a course of study connected with nursing or midwifery, or any such establishment to which you apply to take such a course (at the time of application).

12) Telling us about any clinical incidents you are involved in, any investigations started against you and/or any disciplinary proceedings taken against you within seven days of you being made aware of them.

13) Allowing us to share, as necessary, information about the standard of your performance, your compliance with and progress towards completing these conditions with any employer, prospective employer, any educational establishment and any other person who is or will be involved in your retraining and supervision.

The period of this order is for nine months.

Before the end of the period of the order, a panel will hold a review hearing to see how well Ms Nhau has 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.

This will be confirmed to Ms Nhau in writing.

Decision and reasons on 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 Ms Nhau's own interests until the conditions of practice sanction takes effect.

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 agreed with the CPD 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 in order to cover the 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 Ms Nhau is sent the decision of this hearing in writing.

That concludes this determination.