Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Hearing
Tuesday 9 May 2023 – 2 June 2023
Monday 10 July 2023 to Friday 14 July 2023
Thursday 28 September 2023

Virtual Hearing

Name of Registrant:	**Sandra Wilson**
NMC PIN	82G0022S
Part(s) of the register:	Registered Nurse General (Level 2) – February 1984
Relevant Location:	Fife
Type of case:	Misconduct
Panel members:	Alan Greenwood (Chair, Lay member) Des McMorrow (Registrant member) Jan Bilton (Lay member)
Legal Assessor:	Robin Hay
Hearings Coordinator:	Amanda Ansah (9 – 12 May 2023) Xenia Menzl (23 – 26 May 2023) (30 – 2 June 2023) Deen Adedipe (10-14 July 2023) Renee Melton Klein (28 September 2023)
Nursing and Midwifery Council:	Represented by Alex Radley, Case Presenter (9 – 12, 23 – 26 May 2023) (May 30 – 2 June 2023) (10-14 July 2023) Mary Kyriacou (28 September 2023)
Mrs Wilson:	Present and unrepresented at the hearing
No Case to Answer:	Charge 22 (in its entirety)

Facts proved by admission:	Charges 2b(i), 3a(i & ii)), 4a, 4d, 4f (in part), 6, 7, 8a, 13,17 a, 17 b,18, 19, 20, 21.
Facts proved:	Charges 1a,b,c, 2 a, 2b(ii),2c, 3a(iii),3b, 4b,4c,4e, 5 a,5b, 9 a, 9b, 10 a,10b(i-v), 10c, 11 a,11b , 12, 14a,14b, 15 a,15b, 16 a-d
Facts not proved:	8 b
Fitness to practise:	**Impaired**
Sanction:	**Striking-Off Order**
Interim order:	**Interim Suspension Order (18 months)**

Details of charges

That you, a registered nurse:

1) On or around October 2020 in respect of Resident F;

    a) Put your face close to their face.

    b) On one or more occasions told them to “shut up “or words to that effect.

    c) Grabbed their arms.

2) Between 9 and 10 February 2021 in respect of Resident A:

    a) on one or more occasions you failed to examine them when requested to do so by Colleague A.

    b) told Colleague A;

        i) to “keep an eye on him” or words to that effect.

        ii) “the day staff would sort it” or words to that effect.

    c) Delayed contacting NHS24 and/or a doctor.

3) On 10 February 2021;

    a) stated to Colleague D;

        i) “for fucks sake” or words to that effect

ii) “I’m fucking knackered, I fucking stayed behind yesterday” or words to that effect.

iii) “I’m not fucking staying” or words to that effect.

b) Swore in the presence of residents.

4) On 15 February 2021 in respect of Resident D;

a) On one or more occasions failed to contact an ambulance when requested to do.

b) Replied “he will be fine” or words to that effect when concerns were raised by Colleague A and B that he was unwell and not breathing properly.

c) Did not assist Colleague B move him to a chair.

d) Went for a cigarette prior to taking his temperature.

e) Failed to complete clinical observations.

f) Stated “he looks okay now” or words to that effect or “he is better now” words to that effect.

5) On or around 16 February 2021 on one or more occasions;

a) failed to provide continence care to one or more unknown residents.

b) Failed to provide repositioning care to one or more unknown residents.

6) On dates unknown on one or more occasions pre-potted medication.

7) On a date unknown administered to Resident I a supplement drink which was not prescribed.

8) On unknown dates on one or more occasions administered medication covertly without an agreed covert pathway in place to;

   a) Resident C

   b) unknown resident/s.

9) Between February 2021 and July 2021 on unknown dates on one or more occasions;

   a) Did not know residents' names.

   b) Failed to remember residents' names.

10) On unknown dates:

   a) Said "the quicker we get rid of these blacks and get our own people in the better" or words to that effect.

   b) In respect of members of staff you perceived were not White;

      i) Called them "it" or words to that effect.

      ii) Called them "that thing" or words to that effect.

      iii) Made them sit in another room.

      iv) Said "they should stay in their own country".

v) Refused to work with them.

c) Called agency staff a “waste of time”.

11) Your actions at charge 10 above were;

a) Racially motivated.
b) Discriminatory.

12) On one or more occasions in the presence of residents stated “For fucks sake” when requested to assist colleagues.

13) On one or more occasions slept whilst on duty.

14) On one or more occasions refused to basin wash;

a) unknown residents.

b) Resident E.

15) On a date unknown in the presence of Resident E shouted at Colleague C that she was;

a) “slow” or words to that effect

b) “wasting time by changing the sheet” or words to that effect.

16) On one or more occasions;

a) Did not use equipment to move and/or handle unknown resident/s.

b) Put your arms around unknown resident/s to lift them whilst trying assist them to walk and/or stand.

c) Dragged unknown resident/s to the bathroom.

d) Did not assist Colleague E to wash unknown residents when two people were required.

17) On 11 May 2021 in respect of Resident G;

a) Called them the wrong name.

b) Attempted to give them medication intended for Resident H.

18) On an unknown date attempted to give the wrong dosage of medication to an unknown resident.

19) On an unknown dated asked if you could “pre pot medication to make it quicker and easier” or words to that effect.

20) On unknown dates on one or more occasions miscounted drugs.

21) On 7 May 2021 administered to Resident L paracetamol at the wrong time.

22) On 18 May 2021 in respect of Resident A; **[no case to answer, in its entirety]**

a) Caused Resident A to hit his head when you were moving him.

b) Did not ask him how he was.

c) Failed to examine him.

d) Prevented him from answering by stating “that he was fine” or words to that effect.

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

Decision and reasons on application for hearing to be held in private

At the outset of the hearing, you made an application that this case be held in private in parts on the basis that your case involves reference to [PRIVATE].

The application was made pursuant to Rule 19 of the ‘Nursing and Midwifery Council (Fitness to Practise) Rules 2004’, as amended (the Rules).

The application you made was not opposed by Mr Radley on behalf of the Nursing and Midwifery Council (NMC).

The legal assessor reminded the panel that while Rule 19(1) provides, as a starting point, that hearings shall be conducted in public, Rule 19(3) states that the panel may hold hearings partly or wholly in private if it is satisfied that this is justified by the interests of any party or by the public interest.

The panel determined to hold those parts of the hearing that relate to [PRIVATE].

Decision and reasons on application to admit the hearsay evidence of Witness 9

The panel heard an application made by Mr Radley, on behalf of the NMC , under Rule 31 to allow the written statement of Witness 9 into evidence as hearsay. Witness 9 was not

present at this hearing and, whilst the NMC had made sufficient efforts to ensure that this witness was present, the NMC was unable to secure Witness 9's attendance.

Mr Radley referred the panel to the cases of *El-Karout v NMC* [2019] EWHC 28 Admin and *Thorneycroft v NMC* [2014] EWHC 1565 (Admin).

Mr Radley submitted that Witness 9's evidence relates to charges 22 a, b, c and d. He submitted that:

- Witness 9 was a new starter at the Home and appears be a reluctant witness;
- Witness 9 has not contacted the NMC beyond providing a signed statement;
- Witness 9's evidence relates to one matter alone at charge 22 a – d; and
- This is similar to other treatment that the panel have heard Mrs Wilson demonstrate;

Mr Radley submitted that in this case the test set out in *Thorneycroft* was fulfilled and it would be fair and relevant to admit Witness 9's written statement to the NMC into evidence.

You opposed the NMC application. You stated that letting Witness 9's statement into evidence would not be fair. You are not in agreement with the statement Witness 9 has provided and you would be put at a disadvantage as you would not have the opportunity to question their statement.

The panel accepted the legal assessor's advice on the issues it should take into consideration in respect of this application. This included that Rule 31 provides that, so far as it is 'fair and relevant', a panel may accept evidence in a range of forms and circumstances, whether or not it is admissible in civil proceedings.

The panel concluded that Witness 9's evidence was sole and decisive in respect of charges 22 a, b, c and d. These were serious charges. The panel was satisfied that the NMC did everything to contact Witness 9 but failed to secure his attendance.

In the absence of the witness you would not have the opportunity to cross examine Witness 9 and explore the discrepancies between the witness's and your own recollection of the events. There was public interest in the issues being explored fully. However, the panel was satisfied that you would be disadvantaged by not being able to cross examine and explore Witness 9's evidence fully.

It was clear to the panel that Witness 9's evidence was relevant to charges 22 a, b, c and d, for the above reasons. However, the panel concluded that allowing Witness 9's written statement into evidence was not fair under the circumstances.

The panel therefore refused the application.

At a later stage the panel considered an application by you to adduce the evidence from this witness that he never witnessed any racist conduct by you. Your application was opposed by Mr Radley but the panel decided to admit the evidence on the ground that in all the circumstances this was the fairest course the panel could take.

Decision and reasons on no case to answer with regard to charge 22 in its entirety

Having heard all the evidence presented by the NMC and in the light of your not being represented the panel did consider whether there was sufficient evidence before it to determine whether the charges should be allowed to remain before the panel. The panel considered this under Rule 24(7).

The panel invited Mr Radley to make submissions with regard to no case to answer. He submitted that at this stage the NMC was not opposing a consideration of no case to

answer in relation to charge 22. Mr Radley made detailed submissions on the evidence which supports the other charges.

You were also given an opportunity to be heard on these matters.

The panel accepted the legal assessor's advice.

The panel has made an initial assessment of all the evidence that had been presented to it at this stage and was satisfied that sufficient evidence had been presented, in order that it could find the facts proved in relation to charges 1 to 21. However, the panel was satisfied that this did not apply to charge 22, and therefore decided that in respect of charge 22 there was no case to answer.

The panel considered that charge 22 was reliant on Witness 9's statement. The NMC was not able to secure Witness 9's attendance at this hearing. The panel reminded itself that it had previously found that due to this, Witness 9's evidence was not admitted into evidence as hearsay.

In consequence the panel did not have any evidence before it in relation to charge 22. There was therefore not a realistic prospect that it could find the facts alleged in charge 22 in its entirety proved.

The panel determined that in respect of charge 22, in its entirety, you have no case to answer.

Background

On 5 July 2021 the NMC received a referral from Four Seasons Health Care Group (FSHC) about you. At the time of the alleged events, you were employed at the Lunardi Court Care Home (the Home).

It is said that you resigned from your post prior to an investigation that the Home had planned to undertake in regard to multiple concerns about your alleged medication administration, treatment of residents, record keeping and professionalism.

Furthermore, you had been given a final written warning in March 2021 for concerns relating to medication administration and not appropriately acting upon or assisting residents who were unwell.

Decision and reasons on facts

At the outset and during the course of the hearing, and later during the course of the hearings you made some admissions in respect of the charges 2b(i), 3a(i & ii)), 4a, 4d, 4f (in part) , 6, 7, 8a, 13,17 a, 17 b,18, 19, 20, 21.

After considering all the evidence as well as the admissions that you made the panel found charges 1a,b,c, 2 a, 2b(ii),2c, 3a(iii),3b, 4b,4c,4e, 5 a,5b, 9 a, 9b, 10 a,10b(i-v), 10c, 11 a,11b , 12, 14a,14b, 15 a,15b, 16 a-d proved in their entirety.

In reaching its decisions on the disputed facts, the panel took into account all the oral and documentary evidence before it together with the submissions made by Mr Radley and by you.

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

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

- Witness 1: Staff Nurse [PRIVATE];

- Witness 2: Care Assistant [PRIVATE];
- Witness 3: Senior Nursing Care Assistant, [PRIVATE];
- Witness 4: Senior Nursing Assistant, [PRIVATE];
- Witness 5: Regional Support Manager, [PRIVATE].
- Witness 6: Health Care Assistant, [PRIVATE];
- Witness 7: Care Assistant, [PRIVATE];
- Witness 8: Staff Nurse, [PRIVATE];
- Witness 9: Health Care Assistant, [PRIVATE].

Before making any findings on the facts, the panel accepted the advice of the legal assessor.

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

Charge 1

That you, a registered nurse:

1 On or around October 2020 in respect of Resident F;

a) Put your face close to their face.

b) On one or more occasions told them to “shut up “or words to that effect.

c) Grabbed their arms.

This charge and sub charges are found proved.

The panel considered each of these sub-charges separately.

In reaching this decision, the panel took into account the evidence before it, including that of Witness 2 as well as your evidence. You admitted holding Resident F by both arms but denied grabbing her. The panel concluded that this would involve your being in close proximity to her. The panel found Witness 2 to be reliable and consistent in her evidence. She said you were hostile towards Resident F and could find no reason why Witness 2 would make up the allegations. The panel determined that it is more likely than not that the events took place as described by Witness 2 including you telling Resident F to *‘shut up’* or words to that effect.

Charge 2)

Between 9 and 10 February 2021 in respect of Resident A:

a) on one or more occasions you failed to examine them when requested to do so by Colleague A.

b) told Colleague A;

ii) “the day staff would sort it” or words to that effect.

c) Delayed contacting NHS24 and/or a doctor.

This charge and sub charges are found proved.

In reaching this decision, the panel took into account the evidence of Witness 7 who had noticed Resident A appeared unwell and had a high temperature at 20:30 on the night shift of 9 February 2021. Witness 7, who is a care assistant reported this to you, but you said that the resident was alright, and you had just given him his medication. Witness 7 said:

> *'I checked on him again at 22:00 and he seemed worse, he was flushed and had sweat on his forehead. I was attaching a new night bag to his catheter and I noticed that there was a lot of blood in the one I was taking off. I again raised my concerns to Sandy and she said he was okay and to keep an eye on him, I took his temperature a number of times, it went from 37.6 to 40.4. She continued to say to keep an eye on him and the day staff will sort it out. I insisted again and again that she should call NHS 111 and consider having a Res D Res D A 24 doctor come out to see him. She finally did but not for a number of hours after I had first highlighted the problem.'*

Temperature observations for Resident A rose from 37.6 to 40.4 degrees but this did not prompt any action by you, except to tell Witness 7 to keep monitoring the resident. You did not call a doctor as suggested by Witness 7 until 22:50, a number of hours later.

The panel determined that you did not take the appropriate action given the deteriorating health of Resident A when you were prompted by Witness 7. The panel found her contemporaneous local statement dated 16 February 2021 of Witness 7 to be consistent with her evidence.

Charge 3)

3) On 10 February 2021;

a) stated to Colleague D;

iii) "I'm not fucking staying" or words to that effect.

b) Swore in the presence of residents.

This charge and sub charges are found proved.

The panel took into consideration that when you were asked to stay on later at work due to snowy weather conditions, and after working for 14.5 hours, you may have been tired. You admitted to swearing in annoyance saying that you were *'fucking knackered'* and *'fucking stayed behind yesterday'*. Your evidence was that you were *'pretty annoyed'*.
The panel determined that whilst you did remain on shift longer, you did say to Colleague D *' I'm not fucking staying'.*

The panel found on the basis of the evidence of Witness 6 and Witness 7 that you did swear in the course of your work. In particular that you did swear when you were standing at the doorway of the dining room on 10 February 2021 within hearing of residents. Your evidence was that you were not screaming or shouting. However the panel preferred the evidence of Witness 6 and Witness 7 that there were 2 residents in the dining room and that you were standing at the doorway, shouting and swearing.

Charge 4)

4) On 15 February 2021 in respect of Resident D;

b) Replied "he will be fine" or words to that effect when concerns were raised by Colleague A and B that he was unwell and not breathing properly.

c) Did not assist Colleague B move him to a chair.

e) Failed to complete clinical observations.

f) Stated “he looks okay now” or words to that effect or “he is better now” words to that effect

The disputed sub charges are found proved.

The panel took into account the evidence of Witness 7 who clearly described how she had assisted Witness 6 to help Resident D into a chair. Both witnesses were concerned about his breathing and colour. The condition of Resident D was clearly serious. The witnesses said that you appeared to be more concerned about changing the resident’s bed rather than attending to his deteriorating condition.

Witness 6 in her evidence said:

> ‘*I could see that he was not breathing properly and he was an awful colour. I asked Staff nurse Wilson to call an ambulance but she just said he was fine and seemed more interested in changing the soiled bed, I asked her to do his observations, but she didn’t. The resident needed to be in a chair but she did not help, I was holding him upright and it wasn’t until another care assistant… joined us that I was able to get him more comfortable in a chair. [The other care assistant] asked Staff nurse Wilson to do his observations but she just left the room. She returned a short while later and again we asked that she complete observations on the resident, to which she replied ‘he looks okay now’.’*

Witness 7 gave evidence that you failed to take appropriate action. She said:

> *‘I said to Sandy that he needed an ambulance as to me he was aspirating. She refused saying he is better now. I asked her if she had done his observations and she said she hadn’t, I asked her to do them, she just left the room.’*

At the investigation meeting of 18 February 2021 you said:

'he was flat on his back in his bed, and he is usually up. He had been sick, and he was blue. I got him of (sic) the bed and I was going to call NHS24 but his colour came back. I tried to take his OBS but he kept going like this (Sandy was shivery in her action). He normally moves about a lot and makes noises. I got his temperature, but not his blood pressure as he clenched his hands. I tried to take the 02 Saturation, but he ripped the monitor off.

I took him to the lounge to observe him, and covered him with a blanket, but he got up & about, and was back to his usual self.'

'I was going to call the NHS24 but he went back to normal. His temp was 36.4 initially at night, and 36.1 in the morning once he was in the lounge, and up & about. He appeared fine.'

The panel concluded that you did not assist colleagues in the movement of Resident D who was unwell and needed assistance. You were not diligent in carrying out clinical observations.

Charge 5)

5) On or around 16 February 2021 on one or more occasions;

   a) failed to provide continence care to one or more unknown residents.

   b) Failed to provide repositioning care to one or more unknown residents.

This charge and sub charges are found proved.

The panel took into account the evidence of Witness 2, who said as follows:

‘The night shift mainly involved ensuring the residents were comfortable as they slept. We completed rounds every couple of hours to reposition and look after their continence needs. Sandy was always in a great rush, there was no quality of care. On the first round of the night we would go together and move the resident and check they were fine and comfortable. All subsequent checks were completed by Sandy going into the room alone and me standing at the door shinning a torch into the room. She would reposition them simply by removing the pillow that had been securing their position. I challenged this a few times but she was always so hostile towards me. What we should have been doing was to go into the room together put the light on and check together, repositioning takes two people. But no way would she let me into the room. It was very difficult to challenge as it was only me and her.’

Witness 7 stated as follows:

‘On the 16 February 2021 I was on night duty and I was helping a care assistant on the upstairs unit. I asked Sandy to complete the 2am checks with an agency care assistant. Sandy was not happy about this and made it perfectly clear. On my return I asked if everything was alright and she stated that it was. The care assistant told me that they hadn’t provided any positioning or continence care on the 2am checks. When I asked Sandy about this she stated that they were asleep and that they were fine. I went round to check again and a number of the residents needed care.’

It was not disputed that you had a duty to provide both continence and repositioning care in your capacity as the nurse on duty.

The panel had found both witnesses to be reliable and consistent and determined that you had failed to provide this care.

Charge 8)

8) On unknown dates on one or more occasions administered medication covertly without an agreed covert pathway in place to;

b) unknown resident/s.

This charge and sub charge are found NOT proved.

In your evidence you admitted administering medication covertly without an agreed covert pathway in place to Resident C. However, you said you had never done this to any other resident in the home.

Witnesses 6 and 7 gave evidence in relation to Resident C only. The panel therefore could not be satisfied that there was reliable evidence that you administered medication in this manner to other unnamed residents.

Charge 9)

9) Between February 2021 and July 2021 on unknown dates on one or more occasions;

a) Did not know residents' names.

b) Failed to remember residents' names.

This charge and sub charges are found proved.

The panel heard that all residents have a MEWS chart which itemises their daily needs, their preferred name and a photograph for easy identification.

Witness 3 in her evidence said that she had observed you on 11 May 2021 approaching a resident to give medication and addressing her by an incorrect name.

Further:

‘Sandy calls everyone ‘Poppet’ staff and residents, she does not appear to know people’s names, and she has called me [PRIVATE] *in the past. This may sound very trivial but in a care home setting you need to know your people. I find it disrespectful, rude and with regards to the residents not person centred’*

Witness 4’s evidence was:

‘She did not take the time to learn anyone’s names, staff or residents. Preferring to call everyone ‘poppet’ even though all the staff wear name badges. I felt that this was rude, showing again the lack of interest in the individuals in her care.’

The panel found the evidence of these two witnesses to be reliable and consistent.

Charge 10)

10) On unknown dates:

a) Said “the quicker we get rid of these blacks and get our own people in the better” or words to that effect.

b) In respect of members of staff, you perceived were not White;

i) Called them “it” or words to that effect.

ii) Called them “that thing” or words to that effect.

iii) Made them sit in another room.

iv) Said “they should stay in their own country”.

v) Refused to work with them.

c) Called agency staff a “waste of time”.

This charge and sub charges are found proved.

The evidence of Witness 6 was that you:

> *‘…will not work with anyone that is not white and will change staff so that she does not have to. She will team up with me or [another colleague] rather than a coloured girl.’*

The panel also had regard to minutes from a meeting held on 18 February 2021 with Witness 7 with the management of the Home. The issue of your bad attitude to agency staff was brought up. Witness 7 stated:

> *‘she admitted to me that she hates coloured people and won’t work with them. She makes the Indian staff sit in a different room from her and calls them ‘it’ and ‘that thing’.*

At the local interview meetings, you were asked about your attitude towards the Indian agency carers, and the allegations that you said that you do not like to work with them.

You said :

> *‘I don't mind at all, I have no problem. yes, only thing I do is split them up as it is company policy so they’re not working together’.*

In your evidence you denied that you have any hostility towards foreign people and or black people. You said that you had worked in Africa without difficulty. You denied the expressions attributed to you which form the basis of charge 10.

The panel had the opportunity to hear the evidence of Witnesses 6 and 7 as well as hearing you give evidence. The panel concluded that the evidence of Witnesses 6 and 7 was consistent and compelling in relation to the specific matters charged. The panel found that the witnesses were reliable.

Witness 6 said:

> *'On one occasion I was walking upstairs with her and she said to me 'the quicker we get rid of these blacks and get our own people in the better'. We had two Indian boys in and they were absolutely lovely'*

The two witnesses stood their ground under cross examination when they were specifically challenged by you and the panel found their evidence to be reliable and consistent.

Witness 6, on being challenged responded as follows:

> *'she certainly made racist remarks. I am very sure she made those remarks – very sure.'*

Further, Witness 7 said when challenged:

> *'I remember it well. We were on the stairwell from the upstairs unit to the downstairs unit when it was said'*

Charge 11)

> 11) Your actions at charge 10 above were;
>
> a) Racially motivated.

b) Discriminatory.

This charge and sub charges are found proved.

The panel examined the expressions which were found to have been used in charge 10. For example *'the quicker we get rid of these blacks',* and that *'they should stay in their own country'.*

The panel also considered your actions, for example, requiring non-white staff to sit in another room, and your refusal to work with them. The panel concluded, based on the evidence, that the distinction made between black or foreign workers and white workers was not based on any work-related reason. It was not because non white staff sent by the agency were any less qualified than white staff to do the work they came to do. The panel concluded that it was based on race and was therefore racially motivated. The panel also found proved that in its effect it was discriminatory because of your refusal to work alongside the staff concerned.

Charge 12)

12 On one or more occasions in the presence of residents stated "For fucks sake" when requested to assist colleagues.

This charge is found proved.

The panel found that you expressed reluctance to assist colleagues in the presence of residents.

Witness 6 said in her local statement made on 16 February 2021:

'Staff nurse Sandy Wilson if asked to do anything, for residents she will reply by say (sic) f---sake even in front of residents. I feel this is unprofessional and not nice for residents to hear.'

Further, in her evidence, she said:

'She swore all the time in front of the residents and had no patience at all. Everything was greeted with 'for fucks sake'.

The panel considered this to be an established and unprofessional pattern of behaviour that you have developed and normalised in the course of discharging your duties.

In your evidence you said:

'if they needed me I'd be there. I would not swear. Not in front of residents'.

The panel had regard to the consistent evidence of various witnesses that categorically highlighted your swearing whilst on duty and this was thus unavoidably in the presence of residents.

Charge 14)

14) On one or more occasions refused to basin wash;

a) unknown residents.

b) Resident E.

This charge and sub charges are found proved.

In her evidence Witness 2 gave a clear account of what is expected when washing residents:

‘The morning routine was to help the residents get up, washed and dressed, they were many varying levels of assistance that was required. Those that were immobile required more assistance with basin-wash, continence, oral care, skin care. Sandy’s idea of a wash in the morning was to get a flannel wipe their face and underarms. Sandy would refuse to fill a basin and often became angry with me if I tried too.’

In relation to Resident E, she said:

One particular occasion, I took and filled the basin for, I was determined that this lady would get a proper wash in the morning, she was unable to do anything for herself, she did not speak or communicate. Sandy questioned why I was taking the basin because "the day staff do the bed-baths". I said it was for basin-wash, not bed-bath, and Sandy mumbled something in annoyed tone but I couldn't hear.’

The expected practice at the Home was that residents would be assisted to get washed and dressed in the morning depending on the varying levels of assistance they required.

Charge 15)

15) On a date unknown in the presence of Resident E shouted at Colleague C that she was;

a) “slow” or words to that effect

b) “wasting time by changing the sheet” or words to that effect.

This charge and sub charges are found proved.

In her evidence Witness 2 said:

‘Sandy shouted at me, over the top of Resident E, telling me I was slow and wasting time by changing the sheet, we do not know what Resident E capacity is and how shouting around her could affect her. I do not recall everything that she said to me as she upset and embarrassed me. After I had completed the care we left. Sandy continued to angrily question me, when it was her that was in the wrong.’

The panel found this charge and sub charges proved on the basis of the evidence of Witness 2 which the panel found reliable.

Charge 16)

16) On one or more occasions;

a) Did not use equipment to move and/or handle unknown resident/s.

b) Put your arms around unknown resident/s to lift them whilst trying assist them to walk and/or stand.

c) Dragged unknown resident/s to the bathroom.

d) Did not assist Colleague E to wash unknown residents when two people were required.

This charge and sub charges are found proved.

In her evidence Witness 2 said:

‘Sandy would not use the equipment that was available to us to move and handle residents; I think this was also down to her always being in a rush. She would put her arms around them and lift them up whilst trying to assist them to walk or stand.

On multiple occasions I have seen her lift a person in this manner and drag them to the bathroom, their feet dragging on the floor. It takes two people to wash a person in the bathroom with limited mobility but Sandy would leave me to assist the residents as they sat on the toilet, whilst she made the bed. This made it difficult to help the resident safely, for example if they were very unsteady or had difficulty moving their limbs. Again when challenged I was met with hostility.'

During your cross examination of Witness 2, she *said:*

"I don't remember you ever using a hoist - maybe once. At least 3 or 4 residents needed a hoist but they were walked to the bathroom or taken there by wheelchair- without a hoist"

In your evidence you said you did use the necessary equipment provided, that you did not lift residents by putting your arms around them, that you did not drag residents to the bathroom and that you did assist in the washing of the residents.

However, the panel preferred the evidence of Witness 2 which was consistent and reliable and concluded that you did not use the available equipment (the hoist) when required for the effective and safe movement of residents. Further, that you did not help your colleagues in the washing of residents.

Fitness to practise

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

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

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

Submissions on misconduct

Mr Radley referred the panel to the case of Jackson J in *Calhaem v GMC* [2007]EWHC 2606 (Admin) *and Collins J in Nandi v GMC* [2004] EWHC2317 (Admin).

Mr Radley submitted that *'misconduct'* connotes a serious breach which indicates that the nurse's fitness to practice is impaired. He submitted that the actions reported and either accepted or found proven are failings directly related to clinical practice, are matters at the heart of and fundamental to professional practice and amount to misconduct.

He submitted that there were wide ranging breaches of the code in your practice, relating to racially motivated actions, medicines management concerns and the creation of a poor working environment at the Home.

Mr Radley drew the panel's attention to the specific, relevant standards where your actions amounted to misconduct and the breach of The Code:

Section 1 - Treat people with dignity and uphold their dignity: 1.1, 1.2, 1.4, 1.5
Section 2 - Listen to people and respond to their concerns: 2.6
Section 4 - Act in the best interests of people at all times: 4.1, 4.2
Section 6 - Use best practice : 6.2

Section 7 - Communicate clearly: 7.3

Section 8 - Working cooperatively: 8.1, 8.2, 8.3, 8.4, 8.5, 8.7

Section 9 - Sharing skill knowledge and experience for the benefit of people receiving care and your colleagues: 9.4

Section 13 - Recognise and work within the limits of your competence: 13.1, 13.2, 13.3

Section 16 - Act without delay if there is a risk to patient safety: 16.5, 16.6

Section 18 - 18.2,

Section 20 - Uphold the reputation of the profession – 20.1, 20.2, 20.3, 20.4, 20.5, 20.6, 20.7, 20.8 and 20.10

Mr Radley directed the panel to consider the following concerns:

- Medicines management,
- harassment, discrimination
- Lack of professionalism
- Racist language

He submitted that these factors could have serious effects on workplace culture, and therefore patient safety if it is not dealt with effectively. He submitted that there was a need to identify this behaviour as serious misconduct in your case.

Submissions on impairment

Mr Radley moved on to the issue of impairment and addressed the panel on the need to protect the public and have regard to the wider public interest. This included the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body. This included reference to the cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin) and *Yeong v GMC* [2009] EWHC 1923 (Admin).

Mr Radley referred to paragraph 76 of the judgment in Grant, where Mrs Justice Cox approved the approach formulated by Dame Janet Smith 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 she/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.

d) […]'

Mr Radley citing *Yeong* submitted that breaches of the Code are breaches of fundamental tenets of the profession, and that a finding of impairment is required to mark the unacceptability of your behaviour, emphasise the importance of the fundamental tenet breached, and to reaffirm proper standards or behaviour.

Mr Radley noted that the panel will consider context such as personal factors relating to the professional and the working environment and culture. He submitted that neither has substantially or adversely affected your ability to practice professionally.

Mr Radley noted that you have engaged in the process and attempted to explain your case, however there is no evidence that you have addressed or taken steps to address any concerns or risks identified in the case. He submitted that you have not provided:

- evidence of further relevant training or supervision
- information relating to reflection and understanding of the issues raised in the proven allegations
- insight / real acceptance regarding the proven allegations
- details of steps taken to address the concerns raised by the proven allegations
- evidence from others as to current skills and fitness to practise

Mr Radley submitted that a question that will help decide whether a nurse's fitness to practice is impaired is:

> *'Can the nurse, midwife or nursing associate practise kindly, safely and professionally?'*

Mr Radley submitted that there appears to be deep seated discrimination issues which make it likely that your conduct will be repeated impacting your ability to practise kindly, safely and professionally. He submitted that the consequences of your conduct affected patient care and could have been very serious (for example the administration of covert medications). He submitted that the behaviours found proved could impact the long-term atmosphere and care being provided at the home.

Mr Radley submitted that for the forgoing reasons the panel should make a finding of impairment.

Your evidence

In your evidence you said:

Having [PRIVATE], you have always looked after the residents in any of the homes that you worked, seeing and treating them as you would [PRIVATE]. You found it good to be working with them, helping them and doing things in their best interests.

You said that things were working really fine at the Home until January 2021, when the Home reduced the nursing staff on duty from 2 nurses to 1 nurse at night. This meant that an individual nurse was responsible for up to forty residents.

You agreed that covert administration of medication is not the correct or prescribed way of administering medicines to residents and understand that there always has to be a pathway in place. You admitted to doing this twice and explained that on one occasion the resident was agitated, going into other residents' rooms, so you gave him his medication covertly which helped him settle and kept him and the other residents safe.

In relation to Resident A there was a delay in calling the out of hours doctor and you did so only some hours later when you were informed that there was blood found in his urine bag.

You said that you only swore in the presence of residents once and that was on the morning you were asked to remain on duty due to bad weather conditions. You were quite upset as you had worked for over 12 hours on your own. You maintained the swearing was not loud and was not within the hearing of residents. Your evidence was that:

'*I wouldn't be doing that in front of the residents, I certainly wouldn't do that'*.

You said that you did participate in washing residents. Further you had assisted in getting Resident D to sit up to facilitate his breathing. You had only gone downstairs and outside to smoke a cigarette after being assured that his colour had come back, and his condition had improved.

Regarding the racist behaviour, not using equipment, dragging patients and other matters found proved, you denied they occurred. You agreed that had such matters occurred, any member of the public would disapprove.

You said that since your resignation (May 2021) you have not worked as a registered nurse but have provided care for a friend [PRIVATE] and have worked in retail stores.

You said you would like to return to nursing, working with the NHS as you love and miss your nursing job. You have not made any nursing job enquiries as you were awaiting the outcome of these proceedings. Further you have not kept up to date with nursing practice nor have you been on any clinical or general nursing related course. You said you would be prepared to go on a *'back to work/nursing'* course.

In your closing submissions and in relation to the tenets of the Code, you stated that you always treated people with dignity and respect and never created a poor working environment at the Home. You would never deal with people differently simply based on their appearance. You had worked in Africa for 15 years and got on fine with everybody. You said you have never had an issue in over 35 years of working as a nurse and got along with your colleagues in the Home. You denied that you ever made agency colleagues sit in separate rooms. In regard to some of the allegations you feel your colleagues have picked on you.

The panel accepted the advice of the legal assessor.

Decision and reasons on misconduct

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

The panel had regard to the terms of **'**The Code: Professional standards of practice and behaviour for nurses and midwives (2015' the Code) in making its decision.

The panel decided that your actions did fall significantly short of the standards expected of a registered nurse and amounted to breaches of the Code. Specifically:

'Prioritise people

1 Treat people as individuals and uphold their dignity

To achieve this, you must:

1.1 treat people with kindness, respect and compassion

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

8 Work co-operatively

To achieve this, you must:

8.1 respect the skills, expertise and contributions of your colleagues, referring matters to them when appropriate

8.5 work with colleagues to preserve the safety of those receiving care

16 Act without delay if you believe that there is a risk to patient safety or public protection

To achieve this, you must:

16.1 raise and, if necessary, escalate any concerns you may have about patient or public safety, or the level of care people are receiving in your workplace or any other health and care setting and use the channels available to you in line with our guidance and your local working practices

16.4 acknowledge and act on all concerns raised to you, … escalating or dealing with those concerns where it is appropriate for you to do so

Promote professionalism and trust

You uphold the reputation of your profession at all times. You should display a personal commitment to the standards of practice and behaviour set out in the Code. You should be a model of integrity and leadership for others to aspire to.

This should lead to trust and confidence in the professions from patients, people receiving care, other health and care professionals and the public.

20 Uphold the reputation of your profession at all times

To achieve this, you must:

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

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

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

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

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel found that your actions and failures fell seriously short of what is expected of a registered nurse in the areas of medicine management, harassment and discrimination, professionalism, and use of racist language.

The panel concluded that charges 6, 7, 8, 18, 19, 20 and 21 which you admit, relate to medicine management. Pre-potting medication, administering a supplementary drink which was not prescribed, administering medication covertly without an agreed pathway in place, and your attempt to give the wrong dosage of medication to a resident (amongst other actions) were all serious misconduct which had the potential for grave consequences on the safety and health of residents.

In relation to harassment, the panel had regard to charge 1 and charge 15.
Your actions were not in line with the expectation of treating people with dignity and respect.

The panel also determined that your comments at charge 10 were racist and discriminatory.

The panel found that almost all the charges point to your lack of professionalism. Failing to take clinical observations of Resident D whose condition was clearly serious, not following advice from colleagues when prompted and delaying to call the NHS24 and or an ambulance had the potential for serious consequences.

The panel determined you did not follow best practise by not using available equipment such as a hoist in the movement of residents who had mobility issues preferring to manually transfer residents. It further concluded that you did not always work collaboratively with colleagues, who maintained you would not readily participate in giving residents a bed wash or help in carrying out continence and repositioning care.

The panel found that your actions and failures did fall short of the conduct and standards expected of a nurse and amounted to serious misconduct.

Decision and reasons on impairment

The panel then considered whether, as a result of the misconduct found proved, your fitness to practise is currently impaired.

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

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

> *'In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only*

whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.'

The panel found that limbs a, b and c of Grant are engaged.

Residents were put at risk as a result of your misconduct. Your misconduct breached fundamental tenets of the nursing profession and therefore brought its reputation into disrepute. Further, confidence in the nursing profession would be undermined if its regulator did not find charges relating to breaches of fundamental tenets, to be serious.

The panel determined that you have demonstrated some insight for the matters found proved. However, you have sought to justify your actions and attribute blame elsewhere. There was therefore a risk of repetition and continuing risk of harm to residents, especially in the area of medicine administration and general care. You have administered medication covertly without an approved pathway in place, mixed up patient names, pre-potted medicines and were stopped on one occasion from giving medication to a wrong resident.

You said that you have not acted in this manner since the events and will not do so again. However, the panel found that you have not accepted a number of your failings.

The panel was satisfied that some of the misconduct is capable of being remedied. However, some of your behaviour is indicative of a deep-seated attitudinal problem which is more difficult to remedy. There is no evidence before the panel to show that you have taken steps to strengthen your practice. You have not presented any detailed reflections on your conduct. You have not worked in a clinical role since your resignation and have not embarked on any relevant training courses or kept abreast of developments in the profession ever since.

The panel took into account that you did engage fully with these NMC proceedings. The panel has also taken into consideration the increased work pressures as well as your personal circumstances at the time.

The panel found a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind that the overarching objectives of the NMC; to protect, promote and maintain the health, safety, and well-being of the public and patients, and to uphold and protect the wider public interest. This includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

The panel determined that a finding of impairment on public interest grounds is required as a fully informed member of the public would be concerned if a registered nurse who had been found proved to breaching the Code were permitted to practise without restriction. The panel concluded that public confidence in the profession would be undermined if a finding of impairment were not made, and therefore found your fitness to practise impaired on the grounds of public interest.

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

Sanction

The panel has decided to make a striking-off order. It directs the registrar to strike you off the register. The effect of this order is that the NMC register will show that you have 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.

Submissions on sanction

Mr Radley informed the panel that in the Notice of Hearing, dated 6 April 2023, the NMC had advised you that it would seek the imposition of a striking off order if it found your fitness to practise currently impaired.

Mr Radley submitted that the panel must consider the sanction with the least impact on the nurse, whilst also achieving public protection and meeting the wider public interest. He submitted that in doing so, the panel must consider any aggravating or mitigating features. He submitted that the following aggravating features were present in this case:

- Racially aggravated findings - The public interest by virtue of the public confidence in the profession. He submitted that this was a serious concern that was more difficult to put right.
- Lack of insight into failings (a continued denial of the findings)
- Impact on the profession
- A culture of poor working environment
- There are fundamental questions about the nurse’s professionalism. There is also a risk of lack of public confidence in nursing.

Mr Radley submitted the following mitigating features should be considered:

- No actual direct patient harm (potential)
- Age and experience
- No previous findings against the Registrant

Mr Radley then submitted that given everything before it, the only sanction sufficient to meet the requirement of the public protection and meet the public interest is a striking off order, as both limbs are engaged. He submitted that a striking-off sanction order was required for the following reasons:

- Racist language and a lack of insight in regard to it. He submitted that this is a highly sensitive finding where the NMC are strongly and actively fighting against this behaviour. This is fundamentally incompatible with being a registered professional.
- Negative and hostile environment created.
- Comments made in front of other staff in the daily briefing/ members of the residents whose home this is.
- Lack of insight or acceptance of the wrongdoing.
- Serious medication failings causing concern and identifiable risk
- This is the only sanction that would protect patients, members of the public and maintain professional standards
- In terms of public interest the bar is set high – (Bawa-Gaba v GMC [1 WLR 942] para 13. 'The views of an informed and reasonable member of the public appraised of all the circumstances of the case'.

The panel also bore in mind your submissions. You disagreed with the evidence that was put before the panel, in particular the evidence in regard to your working with foreign workers. You reiterated all that you had done well in your career as a registered nurse.

You told the panel that a suspension or striking-off order would cause you financial difficulty, that you have not worked in a full-time position for two years. [Private]

Decision and reasons on sanction

Having found your fitness to practise currently impaired, the panel next considered what sanction, if any, it should impose. 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 regard to the SG. The panel is aware that the decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- An abuse of a position of trust
- Lack of insight into failings
- A pattern of misconduct over a period of time
- Conduct which put patients at risk of suffering harm

The panel also took into account the following mitigating features:

- Some admissions to the charges
- Some personal mitigation [Private]

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

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict your practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'* The panel considered that your misconduct

was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the 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 your registration would be a sufficient and appropriate response. It has concluded that there are no practical or workable conditions that could be formulated, given the nature of the majority of the charges found proved. Furthermore, the panel concluded that the placing of conditions on your registration would not adequately address the seriousness of your misconduct and would not protect the public.

The panel then considered whether a suspension order would be an appropriate sanction. The SG states that a 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;*
- *In cases where the only issue relates to the nurse or midwife's health, there is a risk to patient safety if they were allowed to continue to practise even with conditions; and*
- *In cases where the only issue relates to the nurse or midwife's lack of competence, there is a risk to patient safety if they were allowed to continue to practise even with conditions.*

The panel determined that none of these factors were present. Your misconduct was a significant departure from the standards expected of a registered nurse.

The panel took into account the SG on Considering Sanction for Serious Cases which relates to discrimination:

> *'Cases relating to discrimination*
>
> *We may need to take restrictive regulatory action against nurses, midwives or nursing associates who've been found to display discriminatory views and behaviours and haven't demonstrated comprehensive insight, remorse and strengthened practice, which addresses the concerns from an early stage.*
>
> *If a nurse, midwife or nursing associate denies the problem or fails to engage with the fitness to practise process, it's more likely that a significant sanction, such as removal from the register, will be necessary to maintain public trust and confidence.'*

The panel concluded that the serious breach of the fundamental tenets of the profession evidenced by your actions are incompatible with your remaining on the register. The panel has therefore determined that a suspension order would not be a sufficient, appropriate or proportionate sanction.

Finally, when considering 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?*

Your actions were significant departures from the standards expected of a registered nurse and are fundamentally incompatible with your remaining on the register. Your actions were serious and to allow you to continue practising would undermine public confidence in the profession and in the NMC as a regulatory body.

The panel considered each charge found proved individually and then, when taken as a whole, what sanction was appropriate. The panel concluded that there are a number of findings in this case that, even standing alone, would merit a striking-off order. In considering the charges globally, the panel concluded, that whilst not all the charges would meet the necessity of a striking-off order, there was a clear pattern of deep-seated behavioural issues and unprofessional conduct throughout the charges.

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

The panel concluded 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.

The panel took into account that this order may cause you financial difficulty. However, in applying the principle of proportionality, the panel determined that the need to protect the public and the wider public interest outweighed your interest in this regard.

This will be confirmed to you 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 in your own interests until the striking-off sanction takes effect. The panel heard and accepted the advice of the legal assessor.

Submissions on interim order

The panel took account of the submissions made by Ms Kyriacou. She submitted that as the striking-off order cannot take effect until the conclusion of the 28-day appeal period, the panel, in keeping with its decision above, should impose an interim suspension order to protect the public and meet the public interest, should you choose to appeal. She submitted that the order should be for a period of 18 months to provide sufficient time for any appeal to be considered.

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 provide sufficient time for any appeal to be concluded.

The panel determined that not to impose an interim order which would prevent you from practising would not be consistent with its sanction decision.

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

That concludes this determination.