Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Hearing
Thursday 5 – Friday 8 September 2023
Monday 11 – Friday 15 September 2023
Monday 2 – Tuesday 3 October 2023
Monday 30 October 2023
Wednesday 3 – Friday 5 January 2024

Virtual Hearing

Name of registrant:	**Enkele Bonyeme**
NMC PIN:	09K0634E
Part(s) of the register:	Registered Nurse – Sub Part 1 Adult Nursing – 4 October 2012
Relevant location:	Waltham Forest
Type of case:	Lack of competence
Panel members:	Clara Cheetham (Chair, Lay member) Linda Pascall (Registrant member) Rachel Barber (Lay member)
Legal Assessor:	Tracy Ayling KC (Thursday 5 – Friday 8 & Monday 11- Friday 15 September 2023) Gillian Hawken (Monday 30 October 2023) Sean Hammond (Wednesday 3 – Friday 5 January 2024)
Hearings Coordinator:	Sherica Dosunmu (Thursday 5 – Friday 8 & Monday 11- Friday 15 September 2023) Sharmilla Nanan (Monday 2 – Tuesday 3 October 2023) Rim Zambour (Monday 30 October 2023 & Wednesday 3 – Friday 5 January 2024)

Nursing and Midwifery Council:	Represented by Michael Smalley, Case Presenter
Mrs Bonyeme:	Not present and not represented
Facts proved by admission:	Charges 2.1, 2.2, 2.3, 3.1, 3.4, 3.6, 4.1, 4.2, 4.6, 5.1, 5.2, 5.8.1, 5.8.2, 6, 7, 8.1, 8.2, 8.7, 9, 10, 12.6, 13, 15.1, 15.3, 18.1, 18.2.3, 18.2.4, 18.2.5
Facts proved:	Charges 1.1, 1.2.1, 1.2.2, 1.2.3, 1.2.4, 1.2.5, 1.3, 1.4, 1.5, 3.3, 3.5, 4.4, 4.5, 4.7, 5.3.1, 5.3.2, 5.3.3, 5.3.4, 5.4.1, 5.4.2, 5.4.3, 5.4.4, 5.4.5, 5.4.6, 5.5, 5.6.1, 5.6.2, 5.7.1, 5.7.2, 5.8.3, 5.8.4, 8.4, 8.5, 8.6, 11.1, 11.2, 11.3, 11.4, 12.1, 12.2, 12.3, 12.4, 12.5, 12.7, 12.8, 12.9, 12.10, 12.11.1, 12.11.2, 12.12.1, 12.12.2, 14.1, 14.2, 14.3.1, 14.3.2, 15.2, 16, 17, 18.2.1, 18.2.2, 18.3, 18.4, 18.5
Facts proved in relation to the stem:	Charges 1 (in its entirety), 2.1, 2.3, 3.1, 3.3, 3.4, 3.5, 3.6, 4.1, 4.2, 4.4, 4.5, 4.6, 4.7, 5 (in its entirety), 6, 7, 8.1, 8.6, 8.7, 9, 11 (in its entirety), 12(in its entirety), 13, 14 (in its entirety), 15.1, 15.2, 15.3, 16, 17, 18.1, 18.2.1, 18.2.2, 18.2.3, 18.2.4, 18.2.5, 18.3, 18.4, 18.5
Facts not proved:	Charges 3.2, 4.3, 8.3, 15.4, 15.5,15.6
Fitness to practise:	Impaired
Sanction:	**Conditions of practice order with review (30 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 Mrs Bonyeme was not in attendance and that the Notice of Hearing letter had been sent to Mrs Bonyeme's registered email address on 10 July 2023.

The panel took into account that the Notice of Hearing provided details of the allegation, the time, dates and means of joining the virtual hearing and, amongst other things, information about Mrs Bonyeme's right to attend, be represented and call evidence, as well as the panel's power to proceed in her absence.

Mr Smalley, 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.

In the light of all of the information available, the panel was satisfied that Mrs Bonyeme 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 Mrs Bonyeme

The panel next considered whether it should proceed in the absence of Mrs Bonyeme. It had regard to Rule 21 and heard the submissions of Mr Smalley who invited the panel to continue in the absence of Mrs Bonyeme.

Mr Smalley referred to various correspondence between the NMC and Mrs Bonyeme from January 2023. He informed the panel that on 25 August 2023, Mrs Bonyeme sent an email to the NMC requesting a postponement, in order to afford her more time to secure legal

representation. He also referred the panel to the most recent correspondence from Mrs Bonyeme, dated 5 September 2023, in which she stated:

> *'[…] I will not be able to attend the hearing as I am not well. Could you possibly proceed the hearing without me and give me the feedback.'*

Mr Smalley reminded the panel that the substantive hearing was initially scheduled to commence on 25 January 2023, however, this was postponed at the request of Mrs Bonyeme to afford her the opportunity to secure representation. He highlighted that the regulatory concerns of this case date back to 2018 and there are eight witnesses lined up to give live evidence. He submitted that there is no real prospect of securing Mrs Bonyeme's attendance if the matter was adjourned today and there is public interest in the expeditious disposal of this case.

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'* as referred to in the case of *R* v *Jones (Anthony William)* (No.2) [2002] UKHL 5.

The panel has decided to proceed in the absence of Mrs Bonyeme. In reaching this decision, the panel has considered the submissions of Mr Smalley, and the advice of the legal assessor. It has had particular regard to the factors set out in the decision of *R v Jones* and *General Medical Council v Adeogba* [2016] EWCA Civ 162 and had regard to the overall interests of justice and fairness to all parties. It noted that:

- Mrs Bonyeme has informed the NMC by email that she will not be attending the hearing;
- [PRIVATE];

- There is no reason to suppose that further adjournment would secure her attendance at some future date;
- The charges relate to events that occurred in 2018;
- Eight witnesses are again due to give live evidence, and may be caused further inconvenience if there was a delay to this hearing;
- Further delay may have an adverse effect on the ability of witnesses accurately to recall events;
- There is a strong public interest in the expeditious disposal of the case; and
- Mrs Bonyeme has been afforded time by a previous panel to secure legal representation and has not yet done so.

There is some disadvantage to Mrs Bonyeme in proceeding in her absence. Although the evidence upon which the NMC relies will have been sent to her at her registered email address, she will not be able to challenge the evidence relied upon by the NMC and will not be able to give evidence on her own behalf. However, in the panel's judgement, this can be mitigated. The panel can make allowance for the fact that the NMC's evidence will not be tested by cross-examination and, of its own volition, can explore any inconsistencies in the evidence which it identifies. Furthermore, the limited disadvantage is the consequence of Mrs Bonyeme's decisions to absent herself from the hearing, waive her rights to attend, and/or be represented, and to not provide evidence or make submissions on her own behalf.

In these circumstances, the panel has decided that it is fair, appropriate and proportionate to proceed in the absence of Mrs Bonyeme. The panel will draw no adverse inference from Mrs Bonyeme's absence in its findings of fact.

Decision and reasons on application to amend charge 11, 12.10 and 14

The panel heard an application made under Rule 28 by Mr Smalley to amend the wording of charge 11, 12.10 and 14.

The proposed amendments were to change the wording in charge 11 from '*6 & 11 July 2018*' to '*July – December 2018*', the wording in charge 12.10 from '*2*' to '*2/3*', and the wording in charge 14 from '*trial drug round*' to '*drug round*'. Mr Smalley submitted that the proposed amendments to these charges would more accurately reflect the evidence.

Mr Smalley referred to the evidence of Witness 1, paragraphs 52 to 59, and indicated that this related to the allegations in charge 11. He also referred the panel to paragraph 14 of Witness 1's evidence relating to charge 14, in which it is stated the trial drug round was conducted on 25 October 2018 and the actual drug round, to which these charges relate, took place on 26 October 2018. In relation to charge 12.10, he referred the panel to the evidence of Witness 8, who stated that either two or three patients were seen by Mrs Bonyeme on 20 July 2018.

<u>Original charge 11, 12.10 and 14:</u>

11) Between 6 & 11 July 2018, were unable to demonstrate an adequate understanding of;

12.10) Between 08:25 and 10:30 only administered medication to 2 out of 5 patients assigned to you.

14) During a trial drug round on 26 October 2018;

<u>Proposed charge 11, 12.10 and 14:</u>

11) Between ~~6 & 11~~ July **– December** 2018, were unable to demonstrate an adequate understanding of;

12.10) Between 08:25 and 10:30 only administered medication to ~~2~~ **2/3** out of 5 patients assigned to you.

14) During a ~~trial~~ drug round on 26 October 2018;

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

The panel was of the view that such amendments were in the interests of justice, did not change the nature or gravity of the charges against Mrs Bonyeme, and clarified the case against her. Although Mrs Bonyeme has not had sight of the proposed amendments, the panel determined that any potential injustice could be mitigated by rejecting any related admissions by her to the original charges, and instead approaching all amended charges as having been denied. In doing so, the panel was satisfied that there would be no prejudice to Mrs Bonyeme and no injustice would be caused to either party by the proposed amendments being allowed. The panel determined that it was therefore appropriate to allow the amendments above, to ensure clarity and accuracy.

Details of charge (as amended)

That you, between 15 January 2018 and 30 January 2019 failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a band 5 nurse, in that you;

1) Between January & February 2018;

1.1) Did not know where to place a bladder screening machine probe to ascertain how much urine was still in the bladder. **[Proved]**

1.2) Did not know which equipment was required to perform a catheterisation, namely;

1.2.1) A catheter pack. **[Proved]**

1.2.2) Saline. **[Proved]**

1.2.3) A catheter bag. **[Proved]**

1.2.4) An apron. **[Proved]**

1.2.5) Gloves. **[Proved]**

1.3) Did not know how to follow an aseptic technique for catheterisation. **[Proved]**

1.4) Did not adequately communicate the catheterisation procedure to an unknown patient. **[Proved]**

1.5) Did not gain consent prior to catheterisation for an unknown patient. **[Proved]**

2) On 12 February 2018 after spilling a bottle of Oral Morphine Sulphate;

2.1) Wiped the spillage up with a tissue. **[Proved by admission]**

2.2) Did not use a syringe to clear the spillage. **[Proved by admission]**

2.3) Did not account/measure the amount of the Oral Morphine Sulphate which had been spilled. **[Proved by admission]**

3) On 13 February 2018 for one or more patients did not complete patient tasks, including;

3.1) Administering urgent I/V medication. **[Proved by admission]**

3.2) PRN Analgesia. **[Not Proved]**

3.3) PRN Enemas. **[Proved]**

3.4) Trial without catheter. **[Proved by admission]**

3.5) Lying/standing blood pressure monitoring. **[Proved]**

3.6) Catheter insertion. **[Proved by admission]**

4) Did not achieve/complete the action plan put in place by your employers on 1 March 2018, in that you were unable to demonstrate proficiency in areas of;

4.1) Medication administration. **[Proved by admission]**

4.2) Controlled drugs. **[Proved by admission]**

4.3) Record keeping. **[Not Proved]**

4.4) Timely/prompt patient care. **[Proved]**

4.5) Timely/prompt clinical interventions. **[Proved]**

4.6) Punctuality. **[Proved by admission]**

4.7) We care values. **[Proved]**

5) On or around 5 April 2018;

5.1) Were unable to give handover to colleague A without a handover sheet. **[Proved by admission]**

5.2) Took three hours to complete a drug round for 5 patients. **[Proved by admission]**

5.3) Did not adequately check medication blister packs before dispensing the medication, in that you;

5.3.1) Did not check the medication name. **[Proved]**

5.3.2) Did not check the dose. **[Proved]**

5.3.3) Did not check the expiry date. **[Proved]**

5.3.4) Only checked the box the blister pack was taken out of. **[Proved]**

5.4) In relation to an unknown patient who required an enema, did not;

5.4.1) Explain the enema procedure to the patient. **[Proved]**

5.4.2) Inform the patient that they were required to lie on their left side. **[Proved]**

5.4.3) Inform the patient why they were required to lie on their left side. **[Proved]**

5.4.4) Inform the patient that an object would be inserted into their rectum. **[Proved]**

5.4.5) Explain the consequences of the enema procedure. **[Proved]**

5.4.6) Obtain consent from the patient to perform the enema procedure. **[Proved]**

5.5) Did not adequately advise an unknown patient that they needed to chew/suck a Calcichew tablet. **[Proved]**

5.6) In relation to an unknown patient who required a bladder scan, did not;

5.6.1) Provide adequate advice to the patient about the bladder scan procedure. **[Proved]**

5.6.2) Obtain consent from the patient to perform the bladder scan procedure. **[Proved]**

5.7) In relation to an unknown patient who suffered from a syncope event, did not;

5.7.1) Provide an indication that you would re-check the patient's observations. **[Proved]**

5.7.2) Explain to the patient why it was important that they drank/hydrated. **[Proved]**

5.8) Were unable to demonstrate an adequate understanding about;

5.8.1) A mental capacity assessment. **[Proved by admission]**

5.8.2) Deprivation of liberty safeguarding. **[Proved by admission]**

5.8.3) When bedrails should/should not be used. **[Proved]**

5.8.4) Where to find the bed rail assessment tool. **[Proved]**

6) On or around 11/12 April 2018, did not administer 1 litre of N/Saline to Patient A as prescribed. **[Proved by admission]**

7) On 11 May 2018 did not pass a medicines management drug assessment. **[Proved by admission]**

8) Did not achieve/complete the action plan put in place by your employers on 21 June 2018, in that you were unable to demonstrate proficiency in areas of;

8.1) Medication administration. **[Proved by admission]**

8.2) Controlled drugs. **[Proved by admission]**

8.3) Record keeping. **[Not Proved]**

8.4) Shortcomings in patient care/clinical intervention. **[Proved]**

8.5) Delays in patient care/clinical intervention. **[Proved]**

8.6) Lack of knowledge around clinical policies. **[Proved]**

8.7) Punctuality **[Proved by admission]**

9) On or around 2 July 2018 recorded inaccurate information surrounding the skin integrity of an unknown Patient. **[Proved by admission]**

10) Between 4 May 2018 and December 2018 you worked in a supernumerary/HCA capacity. **[Proved by admission]**

11) Between July-December 2018, on one or more occasion were unable to demonstrate an adequate understanding of;

11.1) The duty of candour. **[Proved]**

11.2) The deprivation of liberty safeguarding. **[Proved]**

11.3) Root cause analysis. **[Proved]**

11.4) The perfect ward application. **[Proved]**

12) During a supervised drug round on 20 July 2018;

12.1) Had to be prompted to check a patient's identity. **[Proved]**

12.2) Had to be advised to keep your signature legible. **[Proved]**

12.3) Did not adequately listen to an unknown patient's concerns about being administered tramadol. **[Proved]**

12.4) Did not escalate the patient's concerns around tramadol to their doctor/pharmacist. **[Proved]**

12.5) Inappropriately left tramadol on an unknown patient's bedside table. **[Proved]**

12.6) Did not lock/put away the tramadol in a secure cupboard. **[Proved by admission]**

12.7) Incorrectly stated that Acrete D3 was being administered for osteoporosis and hypothyroidism. **[Proved]**

12.8) Did not understand how to search through the British National Formulary. **[Proved]**

12.9) Failed to administer a diabetic patient's medication before they had finished breakfast. **[Proved]**

12.10) Between 08:25 and 10:30 only administered medication to 2/3 out of 5 patients assigned to you. **[Proved]**

12.11) Before seeing each patient did not;

12.11.1) Wash your hands/use a washing station **[Proved]**

12.11.2) Use alcohol/hand gel to clean your hands. **[Proved]**

12.12) Left the drug trolley;

12.12.1) Open/unlocked. **[Proved]**

12.12.2) Unattended. **[Proved]**

13) During a trial drug round on 25 October 2018, were only able to attend three out of five patients in one hour to administer medication. **[Proved by admission]**

14) During a round on 26 October 2018;

14.1) Were not able to attend to 5 patients within an hour. **[Proved]**

14.2) Did not record you signature after administering antibiotics to an unknown patient. **[Proved]**

14.3) After identifying unsecured Nicotine patches;

14.3.1) Did not lock the patches away in the patient's drug pod. **[Proved]**

14.3.2) Did not report the unsecured patches to the Ward Manager. **[Proved]**

15) During a drug round on 30 October 2018;

15.1) Were unable to attend 5 patients within an hour. **[Proved by admission]**

15.2) Had to use the British National Formulary for each patient on the drug round. **[Proved]**

15.3) Were unable to explain to an unknown patient that an anti-depressant tablet was being administered to them, to treat depression. **[Proved by admission]**

15.4) Were unable to explain to an unknown patient, that Folic Acid was being administered to them to treat an iron deficiency. **[Not Proved]**

15.5) Attempted to administer anti-hypertensive medication to an unknown patient, despite the patient's blood pressure being too low. **[Not Proved]**

15.6) Did not wash your hands/use hand gel in between each patient, unless prompted to do so. **[Not Proved]**

16) On 29 November 2018 did not adequately check the suction equipment for an unknown patient in Bed 6. **[Proved]**

17) On or around 7 September 2018 failed a drug theory test. **[Proved]**

18) On or around 11 October 2018;

18.1) Failed part 2 of the drug calculation test. **[Proved by admission]**

18.2) During a supervised drug round;

18.2.1) Took 40 minutes to administer 3 tablets to an unknown patient. **[Proved]**

18.2.2) Took 35 minutes to administer 2 tablets to an unknown patient. **[Proved]**

18.2.3) Were unable to explain to an unknown patient/supervisor that rifampicin was being administered to treat tuberculosis. **[Proved by admission]**

18.2.4) Were unable to explain to an unknown patient/supervisor that pyridoxine was being administered to treat tuberculosis. **[Proved by admission]**

18.2.5) Were unable to explain to an unknown patient/supervisor that ethambutol was being administered to treat tuberculosis. **[Proved by admission]**

18.3) Did not know what checks needed to be completed for an unknown diabetic patient before administering them drugs/insulin. **[Proved]**

18.4) Did not administer an unknown diabetic patient a pre-breakfast tablet. **[Proved]**

18.5) Had to refer to the British National Formulary on one or more occasion when administering drugs. **[Proved]**

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

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

Mr Smalley made a request that parts of this case be held in private [PRIVATE]. The application was made pursuant to Rule 19.

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.

[PRIVATE], the panel determined to hold such parts of the hearing in private.

Evidence under doctrine of judicial notice

On the third day of the substantive hearing, Mr Smalley, produced a calendar document for the month of October, year 2018. The calendar indicated that the date, 11 October 2018, occurred on a Thursday. He stated that he produced this document to address an

issue of judicial notice, to clarify the day of the week this particular date fell on. He stated that the fact of this date being on a Thursday is relevant to the evidence of Witness 6.

The panel heard and accepted the advice of the legal assessor.

The panel accepted this evidence under the doctrine of judicial notice and was satisfied that the date, 11 October 2018, occurred on a Thursday, as indicated on the calendar document.

Background

The NMC received a referral regarding Mrs Bonyeme's fitness to practise on 21 August 2019 from Barts Health NHS Trust (the Trust). Mrs Bonyeme first entered the NMC register in October 2012 and commenced employment with the Trust at the same time. At the time of the concerns raised in the referral Mrs Bonyeme was working as a Band 5 registered nurse at Whipps Cross Hospital (the Hospital), part of the Trust.

In January 2018, Mrs Bonyeme transferred to the Forest Assessment Unit (FAU) at the Hospital. The FAU comprises 10 beds and caters for patients over 65 years of age, admitted with a range of conditions including dementia and acute functional decline. The unit is led by the ward manager and care is delivered by one registered nurse (RN) to five patients supported by a health care assistant (HCA).

In February 2018, concerns were raised about Mrs Bonyeme's clinical competency and nursing practice whilst working on the FAU. The referral alleges that the concerns raised related to issues regarding medication administration, controlled drug record keeping errors, shortcomings/delays in patient care and clinical interventions, punctuality and lack of knowledge around clinical policies. As a result, on 1 March 2018, the Trust created an action plan for Mrs Bonyeme to improve her skills with additional support and training. The action plan highlighted the following areas of Mrs Bonyeme's practice which required improvement:

- Medication administration;
- Shortcoming and delays in patient care;
- Punctuality;
- We care values.

Mrs Bonyeme was also issued with a letter of concern on 1 March 2018, regarding the highlighted areas in her action plan. The letter of concern advised Mrs Bonyeme that her conduct would be monitored over a six-month period (until 1 September 2018), and any repetition of the issues highlighted in the action plan may result in a formal disciplinary.

On 5 April 2018, a senior nurse (Witness 3), supervised Mrs Bonyeme while she carried out a drug round on the FAU as part of an independent review of her performance. In a written report following this review, Witness 3 noted that Mrs Bonyeme's skills were comparable to a newly registered nurse and would require a high level of supervision and support on a day-to-day basis.

On 11 April 2018, it is alleged that whilst working on a night shift on the FAU, Mrs Bonyeme failed to administer sodium intravenous (IV) infusion (N/Saline) overnight to a patient (Patient A) admitted with hyponatremia. This was identified by morning staff on 12 April 2018. The patient was subsequently kept in the Hospital for a further 24 hours as their sodium levels remained low. A Datix incident report form was completed following the incident.

On 24 April 2018, a meeting was arranged with Mrs Bonyeme to discuss continued concerns about her clinical competence and nursing practice.

Throughout May 2018, it is alleged that further concerns around Mrs Bonyeme's practice continued, which included a second failed supervised medication administration round on 11 May 2018. Mrs Bonyeme was consequently invited to her first capability meeting on 21 June 2018. At the capability meeting, a review of Mrs Bonyeme's objectives from her

action plan took place and it was established that she had not been able to accomplish them all. A further action plan was devised with eight objectives:

1. Reflective essay;
2. Clean uniform;
3. To log and reply to all correspondence in a timely manner;
4. Knowledge of clinical policies;
5. Effective weekly one to one meetings with line manager;
6. Be familiar with the protocol for reporting sickness and absence;
7. Improved and maintained punctuality; and
8. Knowledge on medicine management.

The meeting concluded with the following outcome:

- Mrs Bonyeme was put on a period of supernumerary time and therefore taken off night shift to work on day shifts only;
- Mrs Bonyeme's duties were restricted to that of a HCA, to give her time to refresh her knowledge and understand new learning;
- Action plan set up with timescales;
- Study time to help Mrs Bonyeme understand the importance of drug interactions in the safety of patients and to recap on all policies and procedures; and
- Mrs Bonyeme instructed to write a reflective essay on her requirements for education and development which could be used towards revalidation.

It is alleged that following the capability meeting concerns regarding Mrs Bonyeme's practice continued.

In October 2018, Mrs Bonyeme's line manager, Witness 1, arranged one trial medication administration assessment and two medication administration assessments for Mrs Bonyeme. It was reported that Mrs Bonyeme failed all assessments, including the trial. Following these assessments, it is alleged that there were still identifiable gaps in Mrs

Bonyeme's knowledge and concerns regarding Mrs Bonyeme's safety in medication administration. As a result, Mrs Bonyeme remained under supervision.

On 1 November 2018, the concerns relating to Mrs Bonyeme's practice were escalated to a formal disciplinary route.

On 29 November 2018, while on shift on the FAU, Mrs Bonyeme was responsible for checking that all suction equipment in the female bays were in good working order for patients. Around 30 minutes after Mrs Bonyeme completed the checks and reported that all equipment was functioning, a patient began to aspirate their food. In response to the patient's distress, Witness 1 went to use the suction equipment checked by Mrs Bonyeme and noticed that the tubing had a hole in it so it was not working. Witness 1 managed to obtain assistance from another colleague and rectified the problem before any harm came to the patient. It is alleged that Mrs Bonyeme failed to check the suction equipment adequately to identify that it had a defect.

On 30 January 2019, a final capability hearing took place in which it was considered that Mrs Bonyeme had been supported by the Trust's capability management programme for eight months and failed to meet four of the eight objectives that had been set. At the hearing, it was determined that Mrs Bonyeme failed to demonstrate progress in the following objectives:

- To log and reply to all correspondence in a timely manner;
- Knowledge of clinical policies;
- Improved and maintained punctuality; and
- Knowledge on medicine management.

Decision and reasons on facts

At the outset of the hearing, the panel noted that Mrs Bonyeme completed a Case Management Form (CMF), dated 15 August 2023, in response to the charges. In the CMF,

Mrs Bonyeme indicated that she admitted charges 2.1, 2.2, 2.3, 3.1, 3.4, 3.6, 4.1, 4.2, 4.6, 5.1, 5.2, 5.8.1, 5.8.2, 6, 7, 8.1, 8.2, 8.7, 9, 10, 11.1, 11.2, 11.3, 11.4, 12.6, 13, 14.1, 14.2, 14.3.2, 15.1, 15.3, 18.1, 18.2.3, 18.2.4, and 18.2.5.

The panel bore in mind that the amendments made to charge 11 and 14 were not presented to Mrs Bonyeme in the CMF she completed and returned to the NMC with the above admissions. The panel had regard to the fact that Mrs Bonyeme was not in attendance at the hearing to confirm admissions to the amended charges. It therefore determined that it could not rely on Mrs Bonyeme's admissions to charges 11 and 14 in light of the amendments to these charges.

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The panel therefore found charges 2.1, 2.2, 2.3, 3.1, 3.4, 3.6, 4.1, 4.2, 4.6, 5.1, 5.2, 5.8.1, 5.8.2, 6, 7, 8.1, 8.2, 8.7, 9, 10, 12.6, 13, 15.1, 15.3, 18.1, 18.2.3, 18.2.4, 18.2.5 proved, by way of Mrs Bonyeme's admissions.

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

The panel has drawn no adverse inference from the non-attendance of Mrs Bonyeme.

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: Ward Manager for the FAU at the Hospital and Mrs Bonyeme's line manager, who gave evidence in relation to charges 1, 4, 8, 11, 14, 15 and 16;

- Witness 2: Practice Development Nurse at the Hospital, who gave evidence in relation to charge 17;

- Witness 3: Senior Nurse for Fundamentals of Care at the Hospital, who gave evidence in relation to charge 5;

- Witness 4: Matron at the Hospital, who gave evidence in relation to charge 14;

- Witness 5: Consultant Geriatrician at the Hospital, who gave evidence in relation to charge 3;

- Witness 6: Senior Sister at the Hospital, who gave evidence in relation to charge 18;

- Witness 7: Divisional Director of Medicine at the Hospital, who gave evidence in relation to charges 4 and 8;

- Witness 8: Ward Manager for Curie Ward at the Hospital, who gave evidence in relation to charges 12 and 18.

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

The panel first considered whether each disputed fact was found proved, and then went on to consider whether Mrs Bonyeme demonstrated a failure in the facts found proved and admitted which would also prove the stem of the charge:

> *'That you, between 15 January 2018 and 30 January 2019 failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a band 5 nurse…'*

The panel was particularly assisted by the evidence of Witness 1 and Witness 7 (the Ward Manager and Divisional Director of Medicine at the Hospital) in its considerations on the stem of the charge for each fact found proved. The evidence of Witness 1 and Witness 7 assisted the panel's understanding of the standards of knowledge, skill and judgement that would have been expected of a Band 5 nurse at the relevant time, as well as related context and circumstances.

The panel made the following findings.

Charge 1.1

1) Between January & February 2018;

> 1.1) Did not know where to place a bladder screening machine probe to ascertain how much urine was still in the bladder.

This charge is found proved.

In reaching this decision, the panel was assisted by the evidence of Witness 1, Ward Manager for the FAU and Mrs Bonyeme's line manager.

The panel noted that Witness 1 provided eyewitness evidence in respect of Mrs Bonyeme's use of the bladder screening machine sometime between January and February 2018. It noted the following evidence from Witness 1's written witness statement:

> *'I do not remember the exact date, but at some point during this period* **[January/February 2018]** *the Registrant completed a bladder screening on a female patient. I know it was during this period as it was early on in the Registrant's secondment. I do not recall the patient's name.*
>
> *My desk is placed on the ward, and at the time my desk was opposite the patient in question's bed. I was therefore clearly able to see the Registrant and hear what she was saying. I heard the Registrant say that she felt that the screening was not clear. I therefore approached the Registrant and asked her whether she understood what she was doing and she said, 'Yes Sister'. However, from where I was sitting I had been able to hear the Registrant and it seemed to me that she did not understand how to complete the screening.*
>
> *When the Registrant brought the bladder screening machine over to the patient, it was clear to me that she did not know how to use it. I could see that the machines was not recording, so I asked the Registrant to show me what she was doing. In her demonstration, she seemed very unfamiliar with the scanner and did not appear to know where to place the probe to ascertain how much urine was still in the bladder. The Registrant also did not know how to print the receipt of the screening to place the patient's notes. Bladder scans are quite common and usually each ward in the Hospital has access to the same type of screening machine. I was therefore surprised that the Registrant did not know how to use it.*

I then showed the Registrant how to use the bladder screening machine correctly. When I performed the screening, the patient's bladder was shown to have retention of over 500ml of urine.'

The panel considered that Witness 1's written witness statement was consistent with her oral evidence, in which she maintained that Mrs Bonyeme did not know how to use the bladder screening machine. It was of the view that Witness 1 provided a very detailed account of what happened, which it regarded as compelling.

The panel had no information in relation to charge 1 from Mrs Bonyeme. The panel accepted Witness 1's evidence in relation to this charge.

The panel was therefore satisfied that, on the balance of probabilities, it was more likely than not that Mrs Bonyeme did not know where to place a bladder screening machine probe to ascertain how much urine was still in the patient's bladder on a date between January and February 2018.

Accordingly, the panel found charge 1.1 proved.

Charge 1.2

1.2) Did not know which equipment was required to perform a catheterisation, namely;

1.2.1) A catheter pack.

1.2.2) Saline.

1.2.3) A catheter bag.

1.2.4) An apron.

1.2.5) Gloves.

This charge is found proved in its entirety.

In reaching this decision, the panel was assisted by the evidence of Witness 1. The panel also had regard to the documentary evidence exhibited, which included the Broad Principles of Aseptic Technique.

The panel noted that Witness 1 provided eyewitness evidence of an occasion where Mrs Bonyeme attempted to perform catheterisation on a female patient, after Witness 1 completed a bladder screening which showed the patient to have urine retention. It noted the following evidence from Witness 1's written witness statement:

> *'If a bladder screening shows that a patient is holding urine, we need to catheterise. Thus, a catheter was needed on this occasion.*
>
> *When a patient is given a catheter, the nurse in question must collect a catheter pack, saline for cleaning, a catheter bag, an apron and gloves. They must the follow an Aseptic technique, the broad principles od [sic] which are exhibited at MC/04. A catheter bundle should also be prepared to record the documentation required post-insertion. The Registrant seemed very unsure on the equipment required, and also did not appear to know the technique she needed to use when inserting the catheter.'*

The panel considered that Witness 1's written witness statement was consistent with her oral evidence, in which she maintained that Mrs Bonyeme did not know which equipment was required to perform a catheterisation. It was of the view that Witness 1 provided a very detailed account of what happened, which it regarded as compelling.

The panel had regard to the Broad Principles of Aseptic Technique, in which the following is stated:

- *'The patient's area of the body is socially clean.*

- *Use sterile equipment where required (for example, urinary catheters and bags).*
- *Hand hygiene – hand washing or hand sanitisers.*
- *Use protective clothing (aprons and gloves) only when indicated as change between tasks or patient's as required.*
- *Staff should undertake clinical procedures when bare below elbow.*
- *Trolleys and trays should be decontaminated and cleaned prior to individual procedures.*
- *Create sterile field to maintain sterility of the procedure.*
- *Check all equipment sterilisation dates to ensure equipment is in date, Catheters, drainage bags and catheter valves have a shelf life of five years, pre-inflated catheters only three years, they must be discarded if out of date.*
- *Check the packaging of sterile items to…'*

The panel found that Witness 1's evidence, in respect of the equipment required for a catheterisation, was supported by the documentary evidence (the Broad Principles of Aseptic Technique).

The panel reminded itself that Mrs Bonyeme has not advanced any response in relation to this charge. The panel accepted Witness 1's evidence.

The panel was therefore satisfied that, on the balance of probabilities, it was more likely than not that Mrs Bonyeme did not know which equipment was required to perform a catheterisation, which included:

- A catheter pack;
- Saline;
- A catheter bag;
- An apron; and
- Gloves.

Accordingly, the panel found charge 1.2 proved in its entirety.

Charge 1.3

1. 3) Did not know how to follow an aseptic technique for catheterisation.

This charge is found proved.

In reaching this decision, the panel was assisted by the evidence of Witness 1. The panel also had regard to the documentary evidence exhibited, which included the Broad Principles of Aseptic Technique.

The panel bore in mind its reasoning for charge 1.2, in which it found that Mrs Bonyeme did not know what equipment was required to perform a catheterisation. It therefore determined that, on the balance of probabilities, it was more likely than not that Mrs Bonyeme did not know how to follow the aseptic technique for catheterisation.

Accordingly, the panel found charge 1.3 proved.

Charge 1.4

1. 4) Did not adequately communicate the catheterisation procedure to an unknown patient.

This charge is found proved.

In reaching this decision, the panel was assisted by the evidence of Witness 1.

The panel accepted Witness 1's eyewitness evidence, in which she provided a clear detailed account of what happened when she witnessed Mrs Bonyeme's attempt to perform catheterisation on a patient. It noted the following evidence from Witness 1's written witness statement:

‘It is very important to gain a patient’s consent and to explain the process, especially whether it will be painful as this is the main thing that patients want to know and the rationale for insertion. I do not recall exactly what the Registrant said to the patient, but I know that she did not explain the process or what the patient should feel in any detail. The Registrant was also unsure on the equipment required and the technique that needed to be used.’

The panel considered that Witness 1’s written witness statement was consistent with her oral evidence, in which she maintained that Mrs Bonyeme did not explain the catheterisation process to the patient.

The panel reminded itself that Mrs Bonyeme has not advanced any response in relation to this charge. The panel accepted Witness 1’s evidence.

The panel was therefore satisfied that, on the balance of probabilities, Mrs Bonyeme did not adequately communicate the catheterisation procedure to the patient on the occasion she was witnessed by Witness 1.

Accordingly, the panel found charge 1.4 proved.

Charge 1.5

1. 5) Did not gain consent prior to catheterisation for an unknown patient.

This charge is found proved.

In reaching this decision, the panel was assisted by the evidence of Witness 1.

The panel bore in mind its reasoning for charge 1.4. It determined that, having found that Mrs Bonyeme did not adequately communicate the catheterisation procedure to the patient, on the balance of probabilities, it was unlikely she would have gained consent from the patient on this occasion.

Accordingly, the panel found charge 1.5 proved.

Charge 1 – in relation to the stem:

That you, between 15 January 2018 and 30 January 2019 failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a band 5 nurse, in that you;

1) Between January & February 2018;

1.1) Did not know where to place a bladder screening machine probe to ascertain how much urine was still in the bladder.

1.2) Did not know which equipment was required to perform a catheterisation, namely;

1.2.1) A catheter pack.

1.2.2) Saline.

1.2.3) A catheter bag.

1.2.4) An apron.

1.2.5) Gloves.

1.3) Did not know how to follow an aseptic technique for catheterisation.

1.4) Did not adequately communicate the catheterisation procedure to an unknown patient.

1.5) Did not gain consent prior to catheterisation for an unknown patient.

This charge is found proved in its entirety in relation to the stem of the charge.

After considering each charge individually, the panel next went on to consider whether the facts found proved amounted to a failure to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a Band 5 nurse.

The panel reminded itself that if a charge alleges a failure, the NMC must prove that there was a duty on the registrant to carry out each of the individual actions as alleged in the charge.

The panel had regard to the evidence of Witness 1 and Witness 7, Divisional Director of Medicine at the Hospital, in respect of the role and responsibilities of a Band 5 nurse, as well as contextual background. It noted that Witness 1 provided consistent evidence which indicated that all of the procedures referred to in charge 1, particularly in relation to basic duties such as catheterisation and wearing gloves, and the associated duties as referred to above, are within the scope of competences and skills required to be delivered of a Band 5 registered nurse.

In relation to charges 1.1, 1.2, 1.2.1, 1.2.2, 1.2.3, 1.2.4, 1.2.5, 1.3, 1.4 and 1.5, the panel found that Mrs Bonyeme's actions found proved amounted to a failure of her duties as a Band 5 nurse.

Accordingly, the panel found charge 1 proved in its entirety in relation to the stem of the charge.

Charge 2 – in relation to the stem:

That you, between 15 January 2018 and 30 January 2019 failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a band 5 nurse, in that you;

2) On 12 February 2018 after spilling a bottle of Oral Morphine Sulphate;
2.1) Wiped the spillage up with a tissue.
2.2) Did not use a syringe to clear the spillage.
2.3) Did not account/measure the amount of the Oral Morphine Sulphate which had been spilled.

This charge is found proved in its entirety in relation to the stem of the charge.

After considering each charge individually, the panel next went on to consider whether the facts found proved by way of admission amounted to a failure to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a Band 5 nurse.

The panel reminded itself that if a charge alleges a failure, the NMC must prove that there was a duty on the registrant to carry out each of the individual actions as alleged in the charge.

The panel had regard to Witness 1's statement in relation to the spillage of the Oral Morphine Sulphate as well as the Hospital's Controlled Drugs Policy, the Administrations of Medicines Policy and the Notes of the Capability Management Hearing held on 30 January 2019. Although Witness 1 stated that a syringe should have been used to draw up the spillage, the panel noted that this is not specifically referred to in either of the policies. During the Capability Hearing Mrs Bonyeme admitted spilling the Oral Morphine Sulphate, attempting to wipe it up with a tissue and then being seen by Witness 1. She also stated that Witness 1 called the pharmacy at the time for advice on how to deal with the spillage, and it was the pharmacists that gave the advice to use the syringe.

The panel determined that charge 2 related to one incident. It determined that there was a duty on Mrs Bonyeme to make sure that any drug spillage was properly accounted for and that the use of a tissue to wipe up the spillage would have prohibited this. However, it was unable to conclude that there was a specific duty to use a syringe. The panel decided that Mrs Bonyeme had failed to undertake her duty with regard to dealing with a spillage of the Oral Morphine Sulphate when she wiped it up with a tissue and did not account for the amount that had been spilled. However, the panel concluded that there was no failure by Mrs Bonyeme when she did not use a syringe.

In relation to charges 2.1 and 2.3 the panel found that Mrs Bonyeme's actions found proved amounted to a failure of her duties as a Band 5 nurse.

Accordingly, the panel found charges 2.1 and 2.3 proved in relation to the stem of the charge. The panel found charge 2.2 not proved in relation to the stem of the charge.

Charge 3.2

3) On 13 February 2018 for one or more patients did not complete patient tasks, including;

3.2) PRN Analgesia.

This charge is found NOT proved.

In reaching this decision, the panel was assisted by the evidence of Witness 5, Consultant Geriatrician at the Hospital. The panel also had regard to the documentary evidence exhibited, which included an email from Witness 5 to Mrs Bonyeme's line manager (Witness 1) dated 22 February 2018.

The panel noted that in his written witness statement Witness 5 outlined the tasks he would have given Mrs Bonyeme for completion on 13 February 2018:

> *'Tasks allocated to the Registrant would have been the jobs that had been discussed during the ward round, these would have included administering urgent IV medication, prn analgesia, prn enema, trial without catheter, lying/standing blood pressure monitoring and catheter insertion...'*

Further, the panel noted that Witness 5 explained to Mrs Bonyeme's line manager the following day that the *"vast majority"* of the tasks assigned to Mrs Bonyeme were not completed. However, the panel had regard to the fact that during his oral evidence Witness 5 clarified that he had outlined examples of tasks he would normally assign on the

FAU, but he was unable to say for certain without access to specific patient records that he assigned PRN Analgesia to Mrs Bonyeme on that date.

The panel considered the contemporaneous email sent by Witness 5 on 22 February 2018 to Mrs Bonyeme's line manager regarding the tasks set on 13 February 2018. It found that in this email Witness 5 outlined that the majority of tasks were incomplete for the five patients assigned to Mrs Bonyeme that day, but he did not specifically mention PRN Analgesia as included in those tasks.

Additionally, the panel took into account that it was not shown any patient records in relation Mrs Bonyeme's duties on 13 February 2018. It therefore found that it was not presented with corroborative evidence demonstrating that Mrs Bonyeme was tasked with completing PRN Analgesia on 13 February 2018.

Having considered that the burden of proof rests on the NMC to discharge to the civil standard, the panel was not satisfied that, on the balance of probabilities, Mrs Bonyeme was tasked with completing PRN Analgesia on 13 February 2018 and did not do so.

In these circumstances, the panel found charge 3.2 not proved.

Charge 3.3

3) On 13 February 2018 for one or more patients did not complete patient tasks, including;

3.3) PRN Enemas.

This charge is found proved.

In reaching this decision, the panel was assisted by the evidence of Witness 5. The panel also had regard to the documentary evidence exhibited, which included an email from Witness 5 to Mrs Bonyeme's line manager dated 22 February 2018.

The panel noted that in his written witness statement Witness 5 outlined the tasks he would have given Mrs Bonyeme for completion on 13 February 2018:

> *'Tasks allocated to the Registrant would have been the jobs that had been discussed during the ward round, these would have included administering urgent IV medication, prn analgesia, prn enema, trial without catheter, lying/standing blood pressure monitoring and catheter insertion...'*

Further, the panel noted that Witness 5 explained to Mrs Bonyeme's line manager the following day that the majority of the tasks assigned to Mrs Bonyeme were not completed.

The panel had regard to the fact that during his oral evidence Witness 5 clarified that he had outlined examples of tasks he would normally assign on the FAU. It noted that in his oral evidence Witness 5 reiterated that this specific task is one he would have assigned. The panel considered that this account was consistent with his written witness statement, which it regarded as compelling.

The panel reminded itself that Mrs Bonyeme has not advanced any response in relation to this charge. The panel accepted Witness 5's evidence.

The panel was therefore satisfied that, on the balance of probabilities, Mrs Bonyeme did not complete PRN Enemas for one or more patients assigned to her on 13 February 2018.

Accordingly, the panel found charge 3.3 proved.

Charge 3.5

3) On 13 February 2018 for one or more patients did not complete patient tasks, including;

> 3.5) Lying/standing blood pressure monitoring.

This charge is found proved.

In reaching this decision, the panel was assisted by the evidence of Witness 5. The panel also had regard to the documentary evidence exhibited, which included an email from Witness 5 to Mrs Bonyeme's line manager dated 22 February 2018.

The panel noted that in his written witness statement Witness 5 outlined the tasks he would have given Mrs Bonyeme for completion on 13 February 2018:

> *'Tasks allocated to the Registrant would have been the jobs that had been discussed during the ward round, these would have included administering urgent IV medication, prn analgesia, prn enema, trial without catheter, lying/standing blood pressure monitoring and catheter insertion...'*

Further, the panel noted that Witness 5 explained to Mrs Bonyeme's line manager the following day that the majority of tasks assigned to Mrs Bonyeme were not completed.

The panel had regard to the fact that during his oral evidence Witness 5 clarified that he had outlined examples of tasks he would normally assign on the FAU. It noted that in his oral evidence Witness 5 reiterated that this specific task is one he would have assigned. The panel considered that this account was consistent with his written witness statement, which it regarded as compelling.

The panel reminded itself that Mrs Bonyeme has not advanced any response in relation to this charge. The panel accepted Witness 5's evidence.

The panel was therefore satisfied that, on the balance of probabilities, Mrs Bonyeme did not complete lying/standing blood pressure monitoring for one or more patients assigned to her on 13 February 2018.

Accordingly, the panel found charge 3.5 proved.

Charge 3 – in relation to the stem:

That you, between 15 January 2018 and 30 January 2019 failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a band 5 nurse, in that you;

3) On 13 February 2018 for one or more patients did not complete patient tasks, including;

3.1) Administering urgent I/V medication.
3.3) PRN Enemas.
3.4) Trial without catheter.
3.5) Lying/standing blood pressure monitoring.
3.6) Catheter insertion.

These parts of charge 3 are found proved in relation to the stem of the charge.

After considering each charge individually including those charges which were admitted and found proved, the panel next went on to consider whether the facts found proved amounted to a failure to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a Band 5 nurse.

The panel reminded itself that if a charge alleges a failure, the NMC must prove that there was a duty on the registrant to carry out the actions alleged as a failure.

The panel had regard to the contextual background provided by Witness 1, and Witness 7 in respect of the role of a Band 5 nurse, as well as the context provided by Witness 5 in relation to the tasks assigned in charges 3.1, 3.3, 3.4, 3.5 and 3.6.

In particular, it noted that Witness 5 indicated that the tasks he would have assigned to Mrs Bonyeme were tasks usual to nurses on the FAU. In his oral evidence, Witness 5 stated that he would explain in detail his rationale so that nurses were aware of why the tasks needed to be completed. Witness 5 recalled doing so with Mrs Bonyeme on this particular day. The panel also noted the following evidence from Witness 5's written witness statement:

> *'These tasks were not required for life threatening circumstances, but they still needed to be completed as the had an impact on length of stay and future management plan. No immediate harm was caused as a result of the delay in care, but care plans required re-adjusting. This was quite a concern, as if you delay assessment of these patients, you are also delaying the potential care delivered to these patients as well.*
>
> *The Registrant should have been able to manage the five patients allocated to her during the shift. If she felt she could not, she should have escalated this to her line manager…'*

In relation to the charges 3.1, 3.3, 3.4, 3.5 and 3.6 the panel found that Mrs Bonyeme demonstrated a failure as a Band 5 nurse, by not administering urgent I/V medication, PRN Enemas, trial without catheter, lying/standing blood pressure monitoring and catheter insertion on 13 February 2018.

Accordingly, the panel found the charges 3.1, 3.3, 3.4, 3.5 and 3.6 proved in relation to the stem of the charge.

Charge 4.3

4) Did not achieve/complete the action plan put in place by your employers on 1 March 2018, in that you were unable to demonstrate proficiency in areas of;

> 4.3) Record keeping.

This charge is found NOT proved.

In reaching this decision, the panel had regard to the documentary evidence exhibited, which included the Action Plan for FAU Staff dated 1 March 2018, minutes of the capability meeting dated 21 June 2018, as well as documentation relating to the capability management hearing for Mrs Bonyeme in January 2019.

The panel noted that the following issues were identified as areas for improvement in Mrs Bonyeme's action plan dated 1 March 2018:

1. *'Medication administration*
2. *Shortcomings and delays in patient care*
3. *Punctuality*
4. *We Care Values.'*

The panel considered that whilst Mrs Bonyeme may have had a discussion relating to her proficiency in record keeping, this was not formally placed in her action plan dated 1 March 2018. Similarly, proficiency in record keeping is not referenced in the minutes of the capability meeting dated 21 June 2018 or in the minutes of the capability management hearing in January 2019.

Accordingly, the panel found charge 4.3 not proved.

Charges 4.4, 4.5 and 4.7

4) Did not achieve/complete the action plan put in place by your employers on 1 March 2018, in that you were unable to demonstrate proficiency in areas of;

4.4) Timely/prompt patient care.

4.5) Timely/prompt clinical interventions.

4.7) We care values.

These charges are found proved.

In reaching this decision, the panel was assisted by the evidence of Witness 1. The panel also had regard to the documentary evidence exhibited, which included the Action Plan for FAU Staff dated 1 March 2018 and Minutes of Capability Meeting dated 21 June 2018.

The panel noted that the following issues were identified as areas for improvement in Mrs Bonyeme's action plan dated 1 March 2018:

1. *'Medication administration*
2. *Shortcomings and delays in patient care*
3. *Punctuality*
4. *We Care Values.'*

Further, the panel noted that Mrs Bonyeme was given a one-month timeframe to address the issues identified in this action plan. It had regard to the fact that this meant Mrs Bonyeme was required to demonstrate proficiency in the issues outlined above by 1 April 2018 in order to achieve/complete the action plan put in place.

The panel noted that in Witness 1's written witness statement she stated that *'this action plan was not fully achieved',* when referring to the 1 March 2018 action plan.

The panel considered that Witness 1's written witness statement was supported by the minutes taken of the first capability meeting held on 21 June 2018, which indicated that issues of timely patient care, timely clinical interventions and knowledge of we care values were still to be addressed. The panel accepted this corroborative evidence.

The panel was therefore satisfied that, on the balance of probabilities, Mrs Bonyeme did not achieve/complete the action plan put in place on 1 March 2018, by demonstrating proficiency in:

- Timely/prompt patient care.
- Timely/prompt clinical interventions.
- We care values.

Accordingly, the panel found charges 4.4, 4.5 and 4.7 proved.

Charges 4.1, 4.2, 4.4, 4.5, 4.6 and 4.7 – in relation to the stem:

That you, between 15 January 2018 and 30 January 2019 failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a band 5 nurse, in that you;

4) Did not achieve/complete the action plan put in place by your employers on 1 March 2018, in that you were unable to demonstrate proficiency in areas of;

4.1) Medication administration

4.2) Controlled drugs.

4.4) Timely/prompt patient care.

4.5) Timely/prompt clinical interventions.

4.6) Punctuality.

4.7) We care values.

These charges are found proved in relation to the stem of the charge.

After considering each charge individually, the panel next went on to consider whether the facts found proved and Mrs Bonyeme's admissions amounted to a failure to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a Band 5 nurse.

The panel reminded itself that if a charge alleges a failure, the NMC must prove that there was a duty on the registrant to carry out each of the individual actions as alleged in the charge.

The panel had regard to the contextual background provided by Witness 1 and Witness 7 in respect of the role and responsibilities of a Band 5 nurse. In particular, the panel noted that Witness 7 stated that as a Band 5 nurse Mrs Bonyeme would be expected to: '*provide personal care, communicate with patients, manage medicine, create discharge plans and work with and support senior staff'*. It noted that Witness 1 and Witness 7 provided consistent evidence which indicated that the objectives set in Mrs Bonyeme's action plan on 1 March 2018, were within the scope of competences and skills required to be delivered of a Band 5 registered nurse.

In relation to in charges 4.1, 4.2, 4.4, 4.5, 4.6 and 4.7, the panel found that Mrs Bonyeme had a duty to improve her practice in the areas identified in the action plan to a standard required of a Band 5 nurse and failed to do so.

Accordingly, the panel found charges 4.1, 4.2, 4.4, 4.5, 4.6 and 4.7 proved in relation to the stem of the charge.

Charge 5.3

5) On or around 5 April 2018;

5.3) Did not adequately check medication blister packs before dispensing the medication, in that you;

5.3.1) Did not check the medication name.

5.3.2) Did not check the dose.

5.3.3) Did not check the expiry date.

5.3.4) Only checked the box the blister pack was taken out of.

This charge is found proved in its entirety.

In reaching this decision, the panel was assisted by the evidence of Witness 3, Senior Nurse for Fundamentals of Care at the Hospital. The panel also had regard to the documentary evidence exhibited, which included notes of a review carried out by Witness 3 on 4 April 2018 and dated 9 April 2018 and the Medicines Management Policy.

The panel noted that Witness 3 provided eyewitness evidence from a supervised drug round with Mrs Bonyeme on 4 April 2018, as part of an independent review of her performance. It noted the following evidence from Witness 3's written witness statement:

> *'During the review the Registrant did not check the medication blister packs before dispensing from them. Despite repeatedly challenging the Registrant on this unsafe practice it continued throughout the whole drug round. The Registrant would take out the blister pack from the cardboard box but would not look at the blister pack prior to pressing out the medication. The safe and expected process is to check what is printed on the foil / paper side of the blister pack. You would cross examine this information for each medication on the drug chart for each patient in order to make sure you were dispensing the correct medication and dose and that it was not expired. The danger with not following this process is that the patient could get given the wrong medication, the wrong dose or an expired medication. This process is set out within the 2016 Medicine Management Policy.'*

The panel considered that Witness 3's written witness statement was consistent with her oral evidence, in which she maintained that Mrs Bonyeme did not adequately check medication blister packs before dispensing the medication while on the supervised drug round. Further, the panel found that Witness 3's evidence was corroborated by contemporaneous notes from her review dated 9 April 2018.

The panel reminded itself that Mrs Bonyeme has not advanced any response in relation to this charge. The panel accepted Witness 3's evidence.

The panel was therefore satisfied that, on the balance of probabilities, it was more likely than not that Mrs Bonyeme did not adequately check medication blister packs before dispensing the medication while on the supervised drug round.

Accordingly, the panel found charge 5.3 proved in its entirety.

Charge 5.4

5) On or around 5 April 2018;

5.4) In relation to an unknown patient who required an enema, did not;

5.4.1) Explain the enema procedure to the patient.
5.4.2) Inform the patient that they were required to lie on their left side.
5.4.3) Inform the patient why they were required to lie on their left side.
5.4.4) Inform the patient that an object would be inserted into their rectum.
5.4.5) Explain the consequences of the enema procedure.
5.4.6) Obtain consent from the patient to perform the enema procedure.

This charge is found proved in its entirety.

In reaching this decision, the panel was assisted by the evidence of Witness 3. The panel also had regard to the notes of a review dated 9 April 2018.

The panel noted that Witness 3 provided eyewitness evidence from a supervised drug round with Mrs Bonyeme on 4 April 2018, as part of an independent review of her performance. It noted the following evidence from Witness 3's written witness statement:

> *'Example 1: The Registrant was required to give an enema for constipation. The patient had mild confusion but was able to easily follow instructions. All the Registrant said to the patient was "I am going to give you an enema". She gave no explanation of the procedure to the patient; that they would need to lie on their left side and why, that an object would be inserted into their rectum and what would happen afterwards and how they would get to the toilet. I had not intervene and stop the Registrant from giving the patient the enema as it was clear that the patient did not understand what was happening to her and so had not consented to the invasive procedure. All this occurred while the Registrant was still completing the 9am drug round.'*

The panel considered that Witness 3's written witness statement was consistent with her oral evidence, in which she maintained that Mrs Bonyeme did not explain the enema procedure and receive consent from the patient while on the supervised drug round. Further, the panel found that Witness 3's evidence was corroborated by contemporaneous notes from her review dated 9 April 2018.

The panel reminded itself that Mrs Bonyeme has not advanced any response in relation to this charge. The panel accepted Witness 3's evidence.

The panel was therefore satisfied that, on the balance of probabilities, when attempting to perform an enema procedure on 5 April 2018, Mrs Bonyeme did not;

- Explain the enema procedure to the patient.
- Inform the patient that they were required to lie on their left side.
- Inform the patient why they were required to lie on their left side.

- Inform the patient that an object would be inserted into their rectum.
- Explain the consequences of the enema procedure.
- Obtain consent from the patient to perform the enema procedure

Accordingly, the panel found charge 5.4 proved in its entirety.

Charge 5.5

5) On or around 5 April 2018;

5.5) Did not adequately advise an unknown patient that they needed to chew/suck a Calcichew tablet.

This charge is found proved.

In reaching this decision, the panel was assisted by the evidence of Witness 3. The panel also had regard to the documentary evidence exhibited, which included notes of a review dated 9 April 2018 and the Medicines Management Policy.

The panel noted that Witness 3 provided eyewitness evidence from a supervised drug round with Mrs Bonyeme on 5 April 2018, as part of an independent review of her performance. It noted the following evidence from Witness 3's written witness statement:

> *'Example 2: The Registrant administered Calcichew to a patient. This patient did not suffer from any form of confusion. This is a big tablet which is observed which is to be chewed or sucked. The Registrant did not advise the patient that they needed to chew or suck the tablet. The patient became agitated that they were expected to swallow this giant tablet, and ended up refusing to take all her medications. The Registrant made no effort to explain how to take the medication. I had to intervene, explained to the patient how to take the medication which resulting in the patient chewing the tablet like a sweet.'*

The panel considered that Witness 3's written witness statement was consistent with her oral evidence, in which she maintained that Mrs Bonyeme did not adequately advise the patient that they needed to chew or suck the Calcichew tablet while on the supervised drug round. Further, the panel found that Witness 3's evidence was corroborated by contemporaneous notes from her review dated 9 April 2018.

The panel had regard to the Medicines Management Policy, in which the following is stated:

> *'1.5 All staff must appreciate the importance of involving the patient in their treatment as much as possible. This includes ensuring that the patients understands and agrees to the proposed treatments and understanding as far as possible, any potential side effects…'*

The panel found that Witness 3's evidence, in respect of the communication required before commencing the Calcichew tablet treatment, was supported by the documentary evidence (the Medicines Management Policy).

The panel reminded itself that Mrs Bonyeme has not advanced any response in relation to this charge. The panel accepted Witness 3's evidence.

The panel was therefore satisfied that, on the balance of probabilities, it was more likely than not that Mrs Bonyeme did not adequately advise the patient that they needed to chew or suck the Calcichew tablet while on the supervised drug round on 5 April 2018.

Accordingly, the panel found charge 5.5 proved.

Charge 5.6

5) On or around 5 April 2018;

5.6) In relation to an unknown patient who required a bladder scan, did not;

5.6.1) Provide adequate advice to the patient about the bladder scan procedure.
5.6.2) Obtain consent from the patient to perform the bladder scan procedure.

This charge is found proved in its entirety.

In reaching this decision, the panel was assisted by the evidence of Witness 3. The panel also had regard to the notes of the review dated 9 April 2018.

The panel noted that Witness 3 provided eyewitness evidence from a supervised drug round with Mrs Bonyeme on 4 April 2018, as part of an independent review of her performance. It noted the following evidence from Witness 3's written witness statement:

> *'Example 3: The Registrant was required to give a patient a bladder scan. The bladder scan procedure is quite a simple procedure to explain. The patient had mild confusion but was able to easily follow instructions. However how the Registrant explained the procedure was very complicated which confused even me. Unsurprisingly the patient became very confused and distressed, the Registrant carried on regardless of it being very clear that the patient did not understand what was happening to her. I had to intervene to calm the patient down, explain the procedure gaining her informed consent. All this occurred while the Registrant was still completing the 9am drug round.'*

The panel considered that Witness 3's written witness statement was consistent with her oral evidence, in which she maintained that Mrs Bonyeme did not fully explain the bladder scan procedure and receive consent from the patient while on the supervised drug round. Further, the panel found that Witness 3's evidence was corroborated by contemporaneous notes from her review dated 9 April 2018.

The panel reminded itself that Mrs Bonyeme has not advanced any response in relation to this charge. The panel accepted Witness 3's evidence.

The panel was therefore satisfied that, on the balance of probabilities, it was more likely than not that when attempting to perform a bladder scan on 4 April 2018, Mrs Bonyeme did not;

- Provide adequate advice to the patient about the procedure; and
- obtain consent from the patient to perform procedure.

Accordingly, the panel found charge 5.6 proved in its entirety.

Charge 5.7

5) On or around 5 April 2018;

5.7) In relation to an unknown patient who suffered from a syncope event, did not;

5.7.1) Provide an indication that you would re-check the patient's observations.
5.7.2) Explain to the patient why it was important that they drank/hydrated.

This charge is found proved in its entirety.

In reaching this decision, the panel was assisted by the evidence of Witness 3. The panel also had regard to the review dated 9 April 2018.

The panel noted that Witness 3 provided eyewitness evidence from a supervised drug round with Mrs Bonyeme on 4 April 2018, as part of an independent review of her performance. It noted the following evidence from Witness 3's written witness statement:

'Example 4: A confused patient had very large bowel movement in the bathroom. The HCA had walked the patient back to their bedside and sat them in their chair when they suffered a syncope event (blood pressure drop). While the Registrant responded correctly by completing an initial set of observations. The correct procedure is to take the following observations; blood pressure, pulse, respiratory

rate, temperature, consciousness level and oxygen saturation. These would be recorded into the NEWS observation chart. The NEWS score would indicate what you would need to do next for the patient. The patient had a NEWS score of 0 however I would have expected an experienced nurse like the Registrant to have used clinical judgement in deciding her response to re-check the patient's observation again. I had to intervene to ensure this was carried out by asking the HCA to do so. The Registrant correctly told the patient to drink but gave no explanation as to why this was important which resulted in the patient not drinking. I had to intervene to ensure they drank. All this occurred while the Registrant was still completing the 9am drug round.'

The panel considered that Witness 3's written witness statement was consistent with her oral evidence, in which she maintained that Mrs Bonyeme did not explain to a patient, who suffered from a syncope event, that she would re-check their observations, neither did she explain why it was important that they hydrated, which caused Witness 3 to intervene. Further, the panel found that Witness 3's evidence was corroborated by contemporaneous notes from her review dated 9 April 2018.

The panel reminded itself that Mrs Bonyeme has not advanced any response in relation to this charge. The panel accepted Witness 3's evidence.

The panel was therefore satisfied that, on the balance of probabilities, it was more likely than not that on 4 April 2018, Mrs Bonyeme did not indicate that she would re-check a patient's observations, or explain to them why it was important that they hydrated.

Accordingly, the panel found charge 5.7 proved in its entirety.

Charge 5.8

5) On or around 5 April 2018;

5. 8) Were unable to demonstrate an adequate understanding about;

5.8.3) When bedrails should/should not be used.
5.8.4) Where to find the bed rail assessment tool.

This charge is found proved in its entirety.

In reaching this decision, the panel was assisted by the evidence of Witness 3.

The panel noted that Witness 3 provided eyewitness evidence from a supervised drug round with Mrs Bonyeme on 4 April 2018, as part of an independent review of her performance. It noted the following evidence from Witness 3's written witness statement:

> *'The Ward Manager,* [Witness 1]*, had given the Registrant on more than one occasion training on the use of bed rails including how to complete the bed rail assessment tool in the Nursing Documentation bundle and has asked me to test her understanding. The Registrant was not able to explain when bed rails should or shouldn't be used. She was not able to tell me where to find the bed rail assessment tool.'*

The panel considered that Witness 3's written witness statement was consistent with her oral evidence, in which she maintained that Mrs Bonyeme was not able to explain when bed rails should/should not be used or where to find the bed rail assessment tool, while on the supervised drug round. Further, the panel found that Witness 3's evidence was corroborated by contemporaneous notes from her review dated 9 April 2018.

The panel reminded itself that Mrs Bonyeme has not advanced any response in relation to this charge. The panel accepted Witness 3's evidence.

The panel was therefore satisfied that, on the balance of probabilities, it was more likely than not that on 4 April 2018, Mrs Bonyeme was not able to demonstrate adequate

understanding about when bed rails should/should not be used or where to find the bed rail assessment tool.

Accordingly, the panel found charge 5.8 proved in its entirety.

Charge 5 – in relation to the stem:

That you, between 15 January 2018 and 30 January 2019 failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a band 5 nurse, in that you;

5) On or around 5 April 2018;

5.1) Were unable to give handover to colleague A without a handover sheet.

5.2) Took three hours to complete a drug round for 5 patients.

5.3) Did not adequately check medication blister packs before dispensing the medication, in that you;

5.3.1) Did not check the medication name.

5.3.2) Did not check the dose.

5.3.3) Did not check the expiry date.

5.3.4) Only checked the box the blister pack was taken out of.

5.4) In relation to an unknown patient who required an enema, did not;

5.4.1) Explain the enema procedure to the patient.

5.4.2) Inform the patient that they were required to lie on their left side.

5.4.3) Inform the patient why they were required to lie on their left side.

5.4.4) Inform the patient that an object would be inserted into their rectum.

5.4.5) Explain the consequences of the enema procedure.

5.4.6) Obtain consent from the patient to perform the enema procedure.

5.5) Did not adequately advise an unknown patient that they needed to chew/suck a Calcichew tablet.

5.6) In relation to an unknown patient who required a bladder scan, did not;

5.6.1) Provide adequate advice to the patient about the bladder scan procedure.

5.6.2) Obtain consent from the patient to perform the bladder scan procedure.

5.7) In relation to an unknown patient who suffered from a syncope event, did not;

5.7.1) Provide an indication that you would re-check the patient's observations.

5.7.2) Explain to the patient why it was important that they drank/hydrated.

5.8) Were unable to demonstrate an adequate understanding about;

5.8.1) A mental capacity assessment.

5.8.2) Deprivation of liberty safeguarding.

5.8.3) When bedrails should/should not be used.

5.8.4) Where to find the bed rail assessment tool.

This charge is found proved in its entirety in relation to the stem of the charge.

After considering each charge individually, the panel next went on to consider whether the facts found proved and admitted by Mrs Bonyeme amounted to a failure to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a Band 5 nurse.

The panel reminded itself that if a charge alleges a failure, the NMC must prove that there was a duty on the registrant to carry out each of the individual actions as alleged in the charge.

The panel had regard to the contextual background provided by Witness 1, and Witness 7 in respect of the role and responsibilities within the scope of competences and skills required to be delivered of a Band 5 registered nurse. The panel also had regard to

information provided by Witness 3 following an independent review of Mrs Bonyeme's performance on 4 April 2018.

In particular, the panel noted the following evidence from Witness 5's contemporaneous notes following the independent review on 4 April 2018:

> *'Overall impression*
> • *Enkele has been a registered nurse for 4 years however working with her was comparable to working with a newly registered nurse.*
> • *She is slow in her work, she is not through in ensuring that tasks are finished, documented or delivered to a high standard.*
> • *She does not arrear to be able to multi-task or prioritise her work load and on a day to day basis would require a high level of supervision and support from the nurse in charge.'*

In relation to in charge 5, the panel found Mrs Bonyeme's actions found proved on or around 5 April 2018, amounted to a failure of her duties as a Band 5 nurse.

Accordingly, the panel found charge 5 proved in its entirety in relation to the stem of the charge.

Charge 6 – in relation to the stem:

That you, between 15 January 2018 and 30 January 2019 failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a band 5 nurse, in that you;

6) On or around 11/12 April 2018, did not administer 1 litre of N/Saline to Patient A as prescribed.

This charge is found proved in relation to the stem of the charge.

After considering this charge, the panel next went on to consider whether the fact admitted by Mrs Bonyeme amounted to a failure to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a Band 5 nurse.

The panel reminded itself that if a charge alleges a failure, the NMC must prove that there was a duty on the registrant to carry out the action as alleged in the charge.

The panel had regard to the contextual background provided by Witness 1, and Witness 7 in respect of the role and responsibilities within the scope of competences and skills required to be delivered of a Band 5 registered nurse.

In relation to in charge 6, the panel found Mrs Bonyeme's action in not administering saline to an unknown patient on or around 11/12 April 2018, amounted to a failure of her duties as a Band 5 nurse.

Accordingly, the panel found charge 6 proved in relation to the stem of the charge.

Charge 7 – in relation to the stem:

That you, between 15 January 2018 and 30 January 2019 failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a band 5 nurse, in that you;

7) On 11 May 2018 did not pass a medicines management drug assessment.

This charge is found proved in relation to the stem of the charge.

After considering the charge, the panel next went on to consider whether the fact admitted by Mrs Bonyeme amounted to a failure to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a Band 5 nurse.

The panel reminded itself that if a charge alleges a failure, the NMC must prove that there was a duty on the registrant to carry out each of the individual actions as alleged in the charge.

The panel decided that it was self-evident that Mrs Bonyeme was required to pass the test on 11 May 2018, in order to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a Band 5 nurse. In not doing so the panel determined that this amounted to a failure of her duties as a Band 5 nurse.

Accordingly, the panel found charge 7 proved in relation to the stem of the charge.

Charge 8.3, 8.4 and 8.5

8) Did not achieve/complete the action plan put in place by your employers on 21 June 2018, in that you were unable to demonstrate proficiency in areas of;

8.3) Record keeping.
8.4) Shortcomings in patient care/clinical intervention.
8.5) Delays in patient care/clinical intervention.

These charges are found NOT proved.

In reaching this decision, the panel had regard to the documentary evidence exhibited, which included the Action Plan dated 21 June 2018.

The panel noted that the following issues were identified as areas *"of concern"* at Mrs Bonyeme's capability meeting on 21 June 2018:

1. *"Reflective essay;*
2. *Uniform;*
3. *To demonstrate IT skills;*

4. *Knowledge on clinical policies incl. but not limited to: Deprivation of Liberty Safeguards (DOLS), Duty of Candour, Falls and pressure ulcer protocols, RCA, We Care Values, Frailty;*
5. *Weekly one to one ward manager;*
6. *Know the protocol for reporting sickness and absence;*
7. *Punctuality; and*
8. *Medicine management'*

The panel considered that whilst Mrs Bonyeme may have had a discussion relating to her proficiency in record keeping, patient care/clinical intervention and delays in delivering care and interventions, these were not formally placed in her action plan dated 21 June 2018. The panel also noted that whilst 8.4 and 8.5 were objectives in the action plan dated 1 March 2018 (considered at charge 4) these were not specific objectives in the subsequent action plan on 21 June 2018 and therefore Mrs Bonyeme could not have been expected to achieve/complete these as part of this plan.

Accordingly, the panel found charges 8.3, 8.4 and 8.5 not proved.

Charge 8.6

8) Did not achieve/complete the action plan put in place by your employers on 21 June 2018, in that you were unable to demonstrate proficiency in areas of;

8.6) Lack of knowledge around clinical policies.

This charge is found proved.

In reaching this decision, the panel was assisted by the evidence of Witness 1 and Witness 7. The panel also had regard to the documentary evidence exhibited, which included the Action Plan dated 21 June 2018 and Minutes of Capability Meeting dated 30 January 2019.

The panel noted that the following issues were identified as areas for improvement in Mrs Bonyeme's action plan dated 21 June 2018:

1. *'Reflective essay;*
2. *Clean uniform;*
3. *To demonstrate IT skills;*
4. *Knowledge on clinical policies incl. but not limited to: Deprivation of Liberty Safeguards (DOLS), Duty of Candour, Falls and pressure ulcer protocols, RCA, We Care Values, Frailty;*
5. *Attend weekly one to one meetings with line manager;*
6. *Be familiar with the protocol for reporting sickness and absence;*
7. *Punctuality; and*
8. *Medicine management.'*

The panel noted that Witness 1 and Witness 7 provided consistent evidence indicating that Mrs Bonyeme had not achieved the required improvements in her clinical practice by her final capability meeting on 30 January 2019. The panel noted that this was supported by the minutes of Mrs Bonyeme's final capability meeting dated 30 January 2019 where it was recorded that there were still wide-ranging concerns related to her clinical practice. At this meeting, Witness 1 identified that *"Although there has been some improvement in EB's practice, staff and management do not have the confidence is yet able demonstrate [sic] to practice independently and concerns for patient safety remain".* The panel accepted this as supporting evidence.

The panel was therefore satisfied that, on the balance of probabilities, Mrs Bonyeme did not achieve/complete the action plan put in place on 21 June 2018, by demonstrating proficiency in:

- Knowledge around clinical policies.

Accordingly, the panel found charge 8.6 proved.

Charge 8.1, 8.2, 8.6 and 8.7 – in relation to the stem:

That you, between 15 January 2018 and 30 January 2019 failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a band 5 nurse, in that you;

8) Did not achieve/complete the action plan put in place by your employers on 21 June 2018, in that you were unable to demonstrate proficiency in areas of;

8.1) Medication administration.
8.2) Controlled drugs.
8.6) Lack of knowledge around clinical policies.
8.7) Punctuality

Charges 8.1, 8.6 and 8.7 are found proved in relation to the stem of the charge. In relation to charge 8.2, the stem is not found proved.

After considering each charge individually, the panel next went on to consider whether the facts found proved and Mrs Bonyeme's admissions amounted to a failure to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a Band 5 nurse.

The panel reminded itself that if a charge alleges a failure, the NMC must prove that there was a duty on the registrant to carry out each of the individual actions as alleged in the charge.

The panel had regard to the contextual background provided by Witness 1 and Witness 7 in respect of the role and responsibilities of a Band 5 nurse. It noted that Witness 1 and Witness 7 provided consistent evidence which indicated that the objectives set in Mrs Bonyeme's action plan on 21 June 2018, were within the scope of competences and skills required to be delivered of a Band 5 registered nurse.

In relation to in charges 8.1, 8.6 and 8.7 the panel found that Mrs Bonyeme had a duty to improve her practice in the areas identified in the action plan to a standard required of a Band 5 nurse and failed to do so.

In relation to charge 8.2, controlled drugs, although this charge was admitted by Mrs Bonyeme the panel noted there was no reference to controlled drugs in the objectives of the action plan dated 21 June 2018. On that basis, the panel was unable to identify a duty on Mrs Bonyeme to complete any objectives in relation to controlled drugs as part of her action plan, and therefore it follows she cannot have failed in this regard.

Accordingly, the panel found charges 8.1, 8.6 and 8.7 proved in relation to the stem of the charge. The panel found charge 8.2 not proved in relation to the stem of the charge.

Charge 9 – in relation to the stem:

That you, between 15 January 2018 and 30 January 2019 failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a band 5 nurse, in that you;

9) On or around 2 July 2018 recorded inaccurate information surrounding the skin integrity of an unknown Patient

This charge is found proved in relation to the stem of the charge.

After considering this charge, the panel next went on to consider whether the fact admitted by Mrs Bonyeme amounted to a failure to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a Band 5 nurse.

The panel reminded itself that if a charge alleges a failure, the NMC must prove that there was a duty on the registrant to carry out the action as alleged in the charge.

The panel had regard to the contextual background provided by Witness 1, and Witness 7 in respect of the role and responsibilities within the scope of competences and skills required to be delivered of a Band 5 registered nurse. Accordingly, the panel concluded that the recording of accurate information with regard to skin integrity was a duty and one which was accepted by Mrs Bonyeme.

In relation to in charge 9, the panel found Mrs Bonyeme's recording inaccurate information surrounding the skin integrity of an unknown Patient on or around 2 July 2018, amounted to a failure of her duties as a Band 5 nurse.

Accordingly, the panel found charge 9 proved in relation to the stem of the charge.

Charge 10 – in relation to the stem:

That you, between 15 January 2018 and 30 January 2019 failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a band 5 nurse, in that you;

10) Between 4 May 2018 and December 2018 you worked in a supernumerary/HCA capacity.

This charge is found not proved in relation to the stem of the charge.

After considering this charge, the panel next went on to consider whether the fact admitted by Mrs Bonyeme amounted to a failure to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a Band 5 nurse.

The panel reminded itself that if a charge alleges a failure, the NMC must prove that there was a duty on the registrant to carry out the action as alleged in the charge.

The panel had regard to the contextual background provided by Witness 1, and Witness 7 in respect of the role and responsibilities within the scope of competences and skills required to be delivered of a Band 5 registered nurse.

However, the panel noted that Mrs Bonyeme had been instructed to work in a supernumerary capacity by her employer. It was unable to conclude that by following this instruction Mrs Bonyeme had failed in her duty to do so.

Accordingly, the panel found charge 10 not proved in relation to the stem of the charge.

Charge 11

11) Between July-December 2018, on one or more occasion were unable to demonstrate an adequate understanding of;

11.1) The duty of candour.
11.2) The deprivation of liberty safeguarding.
11.3) Root cause analysis.
11.4) The perfect ward application.

This charge is found proved in its entirety.

In reaching this decision, the panel was assisted by the evidence of Witness 1. The panel also had regard to the documentary evidence exhibited, which included the 21 June 2018 action plan and the minutes from the capability meeting held in January 2019.

The panel noted that Witness 1 conducted weekly one to one meetings with Mrs Bonyeme during this period, as an objective in Mrs Bonyeme's 21 June 2018 action plan. In these meetings, Witness 1 stated that she was able to assess Mrs Bonyeme's understanding of the duty of candour, the eprivation of liberty safeguarding (DOLS), root cause analysis (RCA), and the perfect ward application. The panel noted the following evidence from Witness 1's written witness statement:

'During one to ones we discussed various topics such as DOLS and Duty of Candour. These topics are taught to student nurses and information in relation to each is displayed on the Unit's walls for easy access, however the Registrant did not know what they were. I gave the Registrant leaflets and study time to improve her knowledge.

During the one to ones, we also looked at the Perfect Ward application for continuous quality and improvement. There are five areas that the Unit and all wards must conduct and complete on a monthly basis centred on Care Quality Commission standards. I spent time discussing these expectations with the Registrant and found that the Registrant understood when I spoke to her about these during one to ones. However, when asked about these again at a later date, the Registrant was unable to recall the answers.

The Registrant did not understand reporting systems and terminology such as "RCA" which stands for root cause analysis. When an incident occurs on the Unit or anywhere else in the Hospital, we complete the incident report and then, if appropriate, do a root cause analysis to establish a timeline of events. This is usually done if a patient is harmed in our care. If the incident is serious, it is presented to a serious incident investigation panel for reflection, for an action plan to be prepared and to promote shared learning.

All of these points are discussed in the weekly multi-disciplinary meeting, but the Registrant was unable to explain what they were and seemed to have an issue with retaining information.'

The panel considered that Witness 1's written witness statement was consistent with her oral evidence, in which she maintained that Mrs Bonyeme was not able to demonstrate adequate understanding of the duty of candour, DOLS, RCA, and the perfect ward application. It was of the view that Witness 1 provided a very detailed account of her

assessment of Mrs Bonyeme's understanding during one-to-one meetings, which it regarded as compelling.

The panel reminded itself that Mrs Bonyeme has not advanced any response in relation to this charge. The panel accepted Witness 1's evidence.

The panel was therefore satisfied that, on the balance of probabilities, it was more likely than not that Mrs Bonyeme did not demonstrate adequate understanding of the duty of candour, DOLS, RCA, and the perfect ward application between July – December 2018.

Accordingly, the panel found charge 11 proved in its entirety.

Charge 11 – in relation to the stem:

That you, between 15 January 2018 and 30 January 2019 failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a band 5 nurse, in that you;

11) Between July-December 2018, on one or more occasion were unable to demonstrate an adequate understanding of;

11.1) The duty of candour.
11.2) The deprivation of liberty safeguarding.
11.3) Root cause analysis.
11.4) The perfect ward application.

Charge 11.1 and 11.2 found proved relation to the stem of the charge.
Charge 11.3 and 11.4 found NOT proved in relation to the stem of the charge.

After considering each charge individually, the panel next went on to consider whether the facts found proved amounted to a failure to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a Band 5 nurse.

The panel reminded itself that if a charge alleges a failure, the NMC must prove that there was a duty on the registrant to carry out each of the individual actions as alleged in the charge.

The panel had regard to the contextual background provided by Witness 1 and Witness 7 in respect of the role of a Band 5 nurse. It noted that Witness 1 set out her expectation that Mrs Bonyeme have an understanding of DOLS and duty of candour, which were not over and above the knowledge required of a Band 5 nurse. In particular, the panel noted that Witness 1 stated the following:

> *'During one to ones we discussed various topics such as DOLS and Duty of Candour. These topics are taught to student nurses and information in relation to each is displayed on the Unit's walls for easy access, however the Registrant did not know what they were. I gave the Registrant leaflets and study time to improve her knowledge.*

In relation to in charge 11.1 and 11.2, the panel found that Mrs Bonyeme had a duty to improve her knowledge of DOLS and duty of candour to a standard required of a Band 5 nurse and failed to do so. Accordingly, the panel found charge 11.1 and 11.2 proved in relation to the stem of the charge.

However, the panel found insufficient evidence to determine that Mrs Bonyeme was accountable to demonstrate an adequate understanding of RCA and the perfect ward application as a Band 5 nurse. Whilst the panel acknowledged that Witness 1 explained her own expectation that Mrs Bonyeme should have adequate understanding of these areas, it was not presented with any supporting evidence to demonstrate that she was required to have this level of understanding as part of her duty as a Band 5 nurse. In these circumstances, the panel found charges 11.3 and 11.4 not proved in relation to the stem of the charge.

Charge 12.1 and 12.2

12) During a supervised drug round on 20 July 2018;

12.1) Had to be prompted to check a patient's identity.
12.2) Had to be advised to keep your signature legible.

This charge is found proved.

In reaching this decision, the panel was assisted by the evidence of Witness 8. The panel also had regard to the documentary evidence exhibited, which included notes of a review dated 20 July 2018.

The panel noted that Witness 8 provided eyewitness evidence from a supervised drug round with Mrs Bonyeme on 20 July 2018, as part of an independent review of her performance. It noted the following evidence from Witness 8's written witness statement:

> *'When conducting a drug round, it is common practice to check each patient's name and MRN number (patient's hospital number) on their wristband. This then needs to be cross referenced with the medication chart. This check is done to ensure the correct medication is given to the correct patient. This is set out within the Medicines Management Policy. From my understanding a copy of this policy is exhibited at EXHIBIT CZ/01.*
>
> *For the first patient, the Registrant was able to identify this patient safely but only did this after being prompted to do so by me. While completing medication documentation for this patient, I had to advise the Registrant to ensure that her signature was legible on the medication chart as the Registrant's initials were unclear on the chart when she signed it.'*

The panel considered that Witness 8's written witness statement was consistent with her oral evidence, in which she maintained that Mrs Bonyeme was only able to identify a patient safely when prompted and had to be advised to ensure her signature was legible after administration of the medication to the patient. Further, the panel found that Witness 8's evidence was corroborated by contemporaneous notes from her review dated 20 July 2018.

The panel had regard to the Medicines Management Policy, in which the following is stated:

> *'**15 Administration of Medicines to Patients***
> *15.6 Prior to administration the following should be checked.*
> […]
> *15.6.11 Prior to administration the administrator MUST cross check the identity of the patient with the drug chart, wristband and by asking the patient to identify themselves if able to do so. Staff must ensure appropriate communication and language support for patients whose language is not English, appropriate provision should be considered for those patients with disabilities including learning disabilities.*
> […]
> ***16 Safe Administration***
> […]
> *16.8 The nurse shall take the measured dose of medication to the patient and remain with them to witness administration and to ensure all medication has been taken. Medicines must not be left on patient bedside lockers to be taken later. After witnessing the patient take the medication the nurse should:*
> *16.8.1 Make an accurate record on the Trust prescription chart, by clearing writing their initials in the correct date column and if appropriate record the time of administration if out-with the prescribed time.'*

The panel found that Witness 8's evidence, in respect of administration of medication to a patient, was supported by the documentary evidence (the Medicines Management Policy).

The panel reminded itself that Mrs Bonyeme has not advanced any response in relation to this charge. The panel accepted Witness 8's evidence.

The panel was therefore satisfied that, on the balance of probabilities, it was more likely than not that during the supervised drug round on 20 June 2018, Mrs Bonyeme was only able to identify a patient safely when prompted and had to be advised to ensure her signature was legible after administration of medication to the patient.

Accordingly, the panel found charge 12.1 and 12.2 proved.

Charge 12.3, 12.4 and 12.5

12) During a supervised drug round on 20 July 2018;

> 12.3) Did not adequately listen to an unknown patient's concerns about being administered tramadol.
> 12.4) Did not escalate the patient's concerns around tramadol to their doctor/pharmacist.
> 12.5) Inappropriately left tramadol on an unknown patient's bedside table

These charges are found proved.

In reaching this decision, the panel was assisted by the evidence of Witness 8. The panel also had regard to the documentary evidence exhibited, which included notes of a review dated 20 July 2018.

The panel noted that Witness 8 provided eyewitness evidence from a supervised drug round with Mrs Bonyeme on 20 July 2018, as part of an independent review of her performance. It noted the following evidence from Witness 8's written witness statement:

'For the second patient, according to the drug chart, the Registrant was required to administer Tramadol from a blister pack. The patient explained to the Registrant that she was on other medication at the time, and did not think it was appropriate to be given Tramadol as this could conflict with other medication. I do not recall what the other medication was. The Registrant did not listen to the patient's explanation and instead simply left the Tramadol on the patient's table for the patient to take. Tramadol must normally be locked away in a cupboard, it was not appropriate for the Registrant to leave the Tramadol on the patient's table as there is a risk that this could be picked up and taken by another patient.

Furthermore, the Registrant should have listened to the patient's explanation, and escalated this to the patient's Doctor and Pharmacist. This is also set out with the Medicines Management Policy (EXHIBIT CZ/01). The Doctor or Pharmacist would then determine whether it would be appropriate to administer the Tramadol. The Registrant failed to do this. As a result, I had to intervene and escalate this to the Pharmacist and the Ward Manager, [Witness 1].*'*

The panel considered that Witness 8's written witness statement was consistent with her oral evidence, in which she maintained that Mrs Bonyeme did not listen to a patient's concerns about being administered Tramadol, did not escalate this to a doctor/pharmacist and left the Tramadol on the patient's table, during her supervised drug round on 20 July 2018. Further, the panel found that Witness 8's evidence was corroborated by contemporaneous notes from her review dated 20 July 2018.

The panel had regard to the Medicines Management Policy, in which the following is stated:

*'**16 Safe Administration***

[…]

16.8 The nurse shall take the measured dose of medication to the patient and remain with them to witness administration and to ensure all medication has been taken. Medicines must not be left on patient bedside lockers to be taken later. After witnessing the patient take the medication the nurse should:

[…]

16.8.5 If a patient refuses medication, professional judgement should be used to determine the level of persuasion necessary to induce the patient to accept the medication. If unsuccessful, the refusal shall be documented on the chart and the prescriber informed.'

The panel found that Witness 8's evidence, in respect of safe administration of medication to a patient, was supported by the documentary evidence (the Medicines Management Policy).

The panel reminded itself that Mrs Bonyeme has not advanced any response in relation to this charge. The panel accepted Witness 8's evidence.

The panel was therefore satisfied that, on the balance of probabilities, it was more likely than not that during the supervised drug round on 20 June 2018, Mrs Bonyeme did not listen to a patient's concerns about being administered Tramadol, did not escalate this to a doctor/pharmacist and left the Tramadol on the patient's bedside table.

Accordingly, the panel found charge 12.3, 12.4 and 12.5 proved.

Charge 12.7

12) During a supervised drug round on 20 July 2018;

12.7) Incorrectly stated that Acrete D3 was being administered for osteoporosis and hypothyroidism.

This charge is found proved.

In reaching this decision, the panel was assisted by the evidence of Witness 8. The panel also had regard to the documentary evidence exhibited, which included notes of a review dated 20 July 2018.

The panel noted that Witness 8 provided eyewitness evidence from a supervised drug round with Mrs Bonyeme on 20 July 2018, as part of an independent review of her performance. It noted the following evidence from Witness 8's written witness statement:

> *'The third patient that the Registrant saw was diabetic. The Registrant had been assigned this patient before and therefore should have been aware of what drugs this patient required. According to the drug chart the Registrant was required to give Acrete D3, which provides Cholecalciferol and Calcium, which is used to treat vitamin D and calcium deficiencies in the elderly. When asked to clarify what the drug was for, the Registrant thought it was for Osteoporosis and Hypothyroidism...'*

The panel considered that Witness 8's written witness statement was consistent with her oral evidence, in which she maintained that Mrs Bonyeme incorrectly stated that Acrete D3 was being administered for osteoporosis and hypothyroidism, during her supervised drug round on 20 July 2018. Further, the panel found that Witness 8's evidence was corroborated by contemporaneous notes from her review dated 20 July 2018.

The panel reminded itself that Mrs Bonyeme has not advanced any response in relation to this charge. The panel accepted Witness 8's evidence.

The panel was therefore satisfied that, on the balance of probabilities, it was more likely than not that during the supervised drug round on 20 June 2018, Mrs Bonyeme incorrectly stated that Acrete D3 was being administered for osteoporosis and hypothyroidism.

Accordingly, the panel found charge 12.7 proved.

Charge 12.8

12) During a supervised drug round on 20 July 2018;

12.8) Did not understand how to search through the British National Formulary.

This charge is found proved.

In reaching this decision, the panel was assisted by the evidence of Witness 8. The panel also had regard to the documentary evidence exhibited, which included notes of a review dated 20 July 2018.

The panel noted that Witness 8 provided eyewitness evidence from a supervised drug round with Mrs Bonyeme on 20 July 2018, as part of an independent review of her performance. It noted the following evidence from Witness 8's written witness statement:

> *'As the Registrant did not seem to understand what the drug was for I took her through the British National Formulae (BNF). The BNF is a drug reference tool, it explains what drugs are used for. It enables nurses to get an understanding of drugs that they are not aware of. The Registrant did not seem to know how to search the BNF, and as a result I had to go through this with her.'*

The panel considered that Witness 8's written witness statement was consistent with her oral evidence, in which she maintained that Mrs Bonyeme did not understand how to search through the British National Formulary (BNF), during her supervised drug round on 20 July 2018. Further, the panel found that Witness 8's evidence was corroborated by contemporaneous notes from her review dated 20 July 2018.

The panel reminded itself that Mrs Bonyeme has not advanced any response in relation to this charge. The panel accepted Witness 8's evidence.

The panel was therefore satisfied that, on the balance of probabilities, it was more likely than not that during the supervised drug round on 20 June 2018, Mrs Bonyeme did not understand how to search through the BNF.

Accordingly, the panel found charge 12.8 proved.

Charge 12.9

12) During a supervised drug round on 20 July 2018;

> 12.9) Failed to administer a diabetic patient's medication before they had finished breakfast.

This charge is found proved.

In reaching this decision, the panel was assisted by the evidence of Witness 8. The panel also had regard to the documentary evidence exhibited, which included notes of a review dated 20 July 2018.

The panel noted that Witness 8 provided eyewitness evidence from a supervised drug round with Mrs Bonyeme on 20 July 2018, as part of an independent review of her performance. It noted the following evidence from Witness 8's written witness statement:

> *'The Registrant had taken a long time to administer medication on the drug round and therefore, she was stopped half way through. As stated, the third patient was diabetic and needed to be prioritised. The third patient's breakfast had already been served (at 08:25). The drugs required by this patient needed to be administered before breakfast, or as soon as possible afterwards. I escalated this concern to [Witness 1] who completed the administration of medication for this patient and the remaining two patients that the Registrant had not completed. Throughout the drug round the Registrant was quite slow. She had also been delayed as a result of the misunderstanding of the diabetic patient's medication.'*

The panel considered that Witness 8's written witness statement was consistent with her oral evidence, in which she maintained that on 20 July 2018 Mrs Bonyeme did not administer a diabetic patient's medication before they had finished breakfast and required Witness 1's intervention to do so. Further, the panel found that Witness 8's evidence was corroborated by contemporaneous notes from her review dated 20 July 2018.

The panel reminded itself that Mrs Bonyeme has not advanced any response in relation to this charge. The panel accepted Witness 8's evidence.

The panel was therefore satisfied that, on the balance of probabilities, it was more likely than not that during the supervised drug round on 20 July 2018, Mrs Bonyeme failed to administer a diabetic patient's medication before they had finished breakfast.

Accordingly, the panel found charge 12.9 proved.

Charge 12.10

12) During a supervised drug round on 20 July 2018;

> 12.10) Between 08:25 and 10:30 only administered medication to 2/3 out of 5 patients assigned to you.

This charge is found proved.

In reaching this decision, the panel was assisted by the evidence of Witness 8. The panel also had regard to the documentary evidence exhibited, which included notes of a review dated 20 July 2018.

The panel noted that Witness 8 provided eyewitness evidence from a supervised drug round with Mrs Bonyeme on 20 July 2018, as part of an independent review of her performance. It noted the following evidence from Witness 8's written witness statement:

‘The Registrant had taken a long time to administer medication on the drug round and therefore, she was stopped half way through. As stated, the third patient was diabetic and needed to be prioritised. The third patient’s breakfast had already been served (at 08:25). The drugs required by this patient needed to be administered before breakfast, or as soon as possible afterwards. I escalated this concern to [Witness 1] who completed the administration of medication for this patient and the remaining two patients that the Registrant had not completed. Throughout the drug round the Registrant was quite slow. She had also been delayed as a result of the misunderstanding of the diabetic patient’s medication.’

Further, the panel found that Witness 8’s evidence was generally corroborated by contemporaneous notes from her review dated 20 July 2018, in which it is stated:

‘*Ekenle [sic] managed to prepare and administer medications to 3 out of 5 patients from 08:25 hours to 10:30 hours. Each patient averaged to have 5 tablets each. The medication administration was not completed at a reasonable time resulting to the band 7 ward manager completing the other 2 remaining patients*.’

Whilst the panel acknowledged that it was not clear whether the Mrs Bonyeme completed medication administration for the third patient during her drug round on 20 July 2018, it determined that this did not negate the cogency of Witness 8’s detailed account.

The panel reminded itself that Mrs Bonyeme has not advanced any response in relation to this charge. The panel accepted Witness 8’s evidence.

The panel was therefore satisfied that, on the balance of probabilities, it was more likely than not that during the supervised drug round on 20 July 2018, Mrs Bonyeme only administered medication to two/three out of five patients assigned to her between 08:25 and 10:30.

Accordingly, the panel found charge 12.10 proved.

Charge 12.11

12) During a supervised drug round on 20 July 2018;

12.11) Before seeing each patient did not;

12.11.1) Wash your hands/use a washing station

12.11.2) Use alcohol/hand gel to clean your hands.

This charge is found proved in its entirety.

In reaching this decision, the panel was assisted by the evidence of Witness 8. The panel also had regard to the documentary evidence exhibited, which included notes of a review dated 20 July 2018.

The panel noted that Witness 8 provided eyewitness evidence from a supervised drug round with Mrs Bonyeme on 20 July 2018, as part of an independent review of her performance. It noted the following evidence from Witness 8's written witness statement:

> *'I also noticed that the Registrant was not washing her hands or using the washing station before seeing each patient. The Registrant need to be washing her hands with alcohol before visiting each patient's bedside. This is a set requirement within the Infection Control Policy*.*'*

The panel considered that Witness 8's written witness statement was consistent with her oral evidence, in which she maintained that Mrs Bonyeme did not wash her hands/use the washing station or use alcohol to clean her hands, during her supervised drug round on 20 July 2018. Further, the panel found that Witness 8's evidence was corroborated by contemporaneous notes from her review dated 20 July 2018.

The panel reminded itself that Mrs Bonyeme has not advanced any response in relation to this charge. The panel accepted Witness 8's evidence.

The panel was therefore satisfied that, on the balance of probabilities, it was more likely than not that during the supervised drug round on 20 July 2018, Mrs Bonyeme did not wash her hands/use the washing station or use alcohol to clean her hands.

Accordingly, the panel found charge 12.11 proved in its entirety.

Charge 12.12

12) During a supervised drug round on 20 July 2018;

12.12) Left the drug trolley;

12.12.1) Open/unlocked.

12.12.2) Unattended.

This charge is found proved in its entirety.

In reaching this decision, the panel was assisted by the evidence of Witness 8. The panel also had regard to the documentary evidence exhibited, which included notes of a review dated 20 July 2018.

The panel noted that Witness 8 provided eyewitness evidence from a supervised drug round with Mrs Bonyeme on 20 July 2018, as part of an independent review of her performance. It noted the following evidence from Witness 8's written witness statement:

> *'During a drug round, nurses would usually have a drug trolley which would hold the medication that would be administered throughout the drug round. I saw the Registrant leaving her drug trolley open, unlocked and unattended. This posed a risk of medication being taken from the trolley. The trolley needs to be locked when*

left unattended. The trolley itself is very easy to open and close so doing this would not have inconvenienced the Registrant.'

The panel considered that Witness 8's written witness statement was consistent with her oral evidence, in which she maintained that she saw Mrs Bonyeme leave a drug trolley opened, unlocked and unattended, during her supervised drug round on 20 July 2018. Further, the panel found that Witness 8's evidence was corroborated by contemporaneous notes from her review dated 20 July 2018.

The panel reminded itself that Mrs Bonyeme has not advanced any response in relation to this charge. The panel accepted Witness 8's evidence.

The panel was therefore satisfied that, on the balance of probabilities, it was more likely than not that during the supervised drug round on 20 July 2018, Mrs Bonyeme left a drug trolley opened/unlocked and unattended.

Accordingly, the panel found charge 12.12 proved in its entirety.

Charge 12 – in relation to the stem:

That you, between 15 January 2018 and 30 January 2019 failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a band 5 nurse, in that you;

12) During a supervised drug round on 20 July 2018;
12.1) Had to be prompted to check a patient's identity.
12.2) Had to be advised to keep your signature legible.
12.3) Did not adequately listen to an unknown patient's concerns about being administered tramadol.
12.4) Did not escalate the patient's concerns around tramadol to their doctor/pharmacist.
12.5) Inappropriately left tramadol on an unknown patient's bedside table.

12.6) Did not lock/put away the tramadol in a secure cupboard.
12.7) Incorrectly stated that Acrete D3 was being administered for osteoporosis and hypothyroidism.
12.8) Did not understand how to search through the British National Formulary.
12.9) Failed to administer a diabetic patient's medication before they had finished breakfast.
12.10) Between 08:25 and 10:30 only administered medication to 2/3 out of 5 patients assigned to you.
12.11) Before seeing each patient did not;
    12.11.1) Wash your hands/use a washing station
    12.11.2) Use alcohol/hand gel to clean your hands.
12.12) Left the drug trolley;
    12.12.1) Open/unlocked.
    12.12.2) Unattended.

This charge is found proved in its entirety in relation to the stem of the charge.

After considering each charge individually, the panel next went on to consider whether the facts found proved and admitted by Mrs Bonyeme amounted to a failure to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a Band 5 nurse.

The panel reminded itself that if a charge alleges a failure, the NMC must prove that there was a duty on the registrant to carry out each of the individual actions as alleged in the charge.

The panel had regard to the contextual background provided by Witness 1, and Witness 7 in respect of the scope of competences and skills required to be delivered of a Band 5 registered nurse, as well as the context provided by Witness 8 following an independent review of Mrs Bonyeme's performance on 20 July 2018.

In particular, the panel noted the following evidence from Witness 8's contemporaneous notes following the independent review on 20 July 2018:

'Overall impression

- *Considering that Ekenle had a 4 year nursing background, she did not demonstrate the improvement of knowledge from a nursing student level.*
- *Time management is an issue.*
- *Communication, listening skills and empathy to patient was lacking. She was unable to pronounce some words and required to say a few words a few times to be understood.*
- *Legible signature/initial to be used.*
- *She did not show ability to multitask and plan her workload, she require high level of supervision.*
- *Ekenle left the trolley opened and unattended for at least 10 minutes at one time and a few times after despite being told to regard me as a shadow and was there only to assess and prompt her capability to administer safe medication administration prior to commencement.'*

In relation to charge 12, the panel found Mrs Bonyeme's actions found proved and admitted on 20 July 2018, amounted to a failure of her duties as a Band 5 nurse.

Accordingly, the panel found charge 12 proved in its entirety in relation to the stem of the charge.

Charge 13 – in relation to the stem:

That you, between 15 January 2018 and 30 January 2019 failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a band 5 nurse, in that you;

13) During a trial drug round on 25 October 2018, were only able to attend three out of five patients in one hour to administer medication.

This charge is found proved in its entirety in relation to the stem of the charge.

After considering the charge, the panel next went on to consider whether the facts admitted by Mrs Bonyeme in this charge amounted to a failure to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a Band 5 nurse.

The panel reminded itself that if a charge alleges a failure, the NMC must prove that there was a duty on the registrant to carry out each of the individual actions as alleged in the charge.

The panel had regard to the contextual background provided by Witness 1, and Witness 7 in respect of the scope of competences and skills required to be delivered of a Band 5 registered nurse, as well as the context provided by Witness 1 in her email on the 25 October 2018 following a drug assessment with Mrs Bonyeme.

The panel noted that there was an expectation, understood by Mrs Bonyeme that she was to complete the administration of medication to the five patients allocated to her within the hour. The panel has not been provided with any information to suggest that this expectation was different on this particular day. In completing only three out of the five patients the panel concluded that Mrs Bonyeme had failed in this duty.

Accordingly, the panel found charge 13 proved in relation to the stem of the charge.

Charge 14.1

14) During a round on 26 October 2018;

14.1) Were not able to attend to 5 patients within an hour.

This charge is found proved.

In reaching this decision, the panel was assisted by the evidence of Witness 1 and Witness 4. The panel also had regard to the documentary evidence exhibited, which included notes from a medicine management checklist dated 26 October 2018.

The panel noted that Witness 4 provided eyewitness evidence from a supervised drug round with Mrs Bonyeme on 26 October 2018, as part of an independent review of her performance. It noted the following evidence from Witness 4's written witness statement:

> *'When supervising the Registrant, the only concern I had was the speed that the Registrant was delivering and administering the medication. I think the reason why the Registrant's speed was impacted was because she would be talking to me in order to confirm that she was doing the right thing for each patient...'*

Further, the panel found that Witness 4's evidence was generally corroborated by contemporaneous notes from her medicine management checklist dated 26 October 2018, in which she stated:

> *'Completed 4 patients was on the last one when stopped…*'

The panel also noted that Witness 1's written witness statement supports this account, in which she stated '*The Registrant on this assessment remained unable to complete the full drug round within an hour'*, when referring to the 26 October 2018 supervision.

The panel reminded itself that Mrs Bonyeme has not advanced any response in relation to this charge. The panel accepted Witness 1 and Witness 4's evidence.

The panel was therefore satisfied that, on the balance of probabilities, during the supervised drug round on 26 October 2018, Mrs Bonyeme was not able to attend to all five patients assigned to her.

Accordingly, the panel found charge 14.1 proved.

Charge 14.2

14) During a round on 26 October 2018;

> 14. 2) Did not record you signature after administering antibiotics to an unknown patient.

This charge is found proved.

In reaching this decision, the panel was assisted by the evidence of Witness 1 and Witness 4.

The panel noted the following evidence from Witness 1's written witness statement:

> *'During a subsequent Consultant ward round, a doctor,* [Dr 1]*, noticed that a patient's antibiotic had not been signed for, and there was uncertainty as to whether it has been administered. I do not recall the name of the patient.*
> *I was informed of the situation in person by* [Dr 1]. *When I was informed of the situation, I called Matron* [Witness 4] *to ask if the medication had been given and why the chart had not been signed. The chart should have been signed by both the Registrant and Matron* [Witness 4] *since Matron* [Witness 4] *was assessing the Registrant's competency on this round. Matron* [Witness 4] *informed me that the antibiotic had been given, but that it had not been signed. This is because Matron* [Witness 4] *had to leave the Unit to answer a beep…'*

The panel considered that Witness 1's written witness statement was consistent with her oral evidence, in which she maintained that she had to check with Witness 4 why this was not signed. It noted that in her oral evidence, Witness 4 stated that she could not remember the details of this particular incident due to the length of time that has passed.

The panel reminded itself that Mrs Bonyeme has not advanced any response in relation to this charge. The panel accepted Witness 1's evidence.

The panel was therefore satisfied that, on the balance of probabilities, it was more likely than not that during the supervised drug round on 26 October 2018, Mrs Bonyeme did not record her signature after administering antibiotics to a patient.

Accordingly, the panel found charge 14.2 proved.

Charge 14.3

14) During a round on 26 October 2018;

14.3) After identifying unsecured Nicotine patches;

14.3.1) Did not lock the patches away in the patient's drug pod.

14.3.2) Did not report the unsecured patches to the Ward Manager

This charge is found proved in its entirety.

In reaching this decision, the panel was assisted by the evidence of Witness 1.

The panel noted the following evidence from Witness 1's written witness statement:

> *'During my conversation with Matron* [Witness 4]*, she also informed me that she and the Registrant had noticed Nicotine Patches on another patient's locker which had not been locked away. It is important for all medication to be securely locked away for safety reasons. These patches had also been ordered specifically for that patient, and had they been lost we would have needed to complete an incident report in accordance with the Hospital's Medicines Management Policy exhibited at CZ/01. It is my understanding that these were left out from a previous drug round, as opposed to having been left out by the Registrant, but I do not know this for*

certain. However, I would have expected the Registrant and Matron [Witness 4]*, upon noticing the patches, to have locked them away in the patient's drug pod above their bed or at least reported it to me so that I could look into what had happened.'*

The panel considered that Witness 1's written witness statement was consistent with her oral evidence, in which she maintained that Mrs Bonyeme did not lock away the nicotine patches discovered on her supervised drug round and did not report this to her as the Ward Manager. It noted that in her oral evidence, Witness 4 stated that she could not remember the details of this particular incident due to the length of time that has passed.

The panel reminded itself that Mrs Bonyeme has not advanced any response in relation to this charge. The panel accepted Witness 1's evidence.

The panel was therefore satisfied that, on the balance of probabilities, it was more likely than not that during the supervised drug round on 26 October 2018, Mrs Bonyeme did not lock away the nicotine patches she discovered and did not report the unsecured nicotine patches to the Ward Manager.

Accordingly, the panel found charge 14.3 is found proved in its entirety.

Charge 14 – in relation to the stem:

That you, between 15 January 2018 and 30 January 2019 failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a band 5 nurse, in that you;

14) During a round on 26 October 2018;

14.1) Were not able to attend to 5 patients within an hour.

14.2) Did not record you [sic] signature after administering antibiotics to an unknown patient.

14.3) After identifying unsecured Nicotine patches;

14.3.1) Did not lock the patches away in the patient's drug pod.

14.3.2) Did not report the unsecured patches to the Ward Manager.

This charge is found proved in its entirety in relation to the stem of the charge.

After considering each charge individually, the panel next went on to consider whether the facts found proved amounted to a failure to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a Band 5 nurse.

The panel reminded itself that if a charge alleges a failure, the NMC must prove that there was a duty on the registrant to carry out each of the individual actions as alleged in the charge.

The panel had regard to the contextual background provided by Witness 1, and Witness 7 in respect of the scope of competences and skills required to be delivered of a Band 5 registered nurse, as well as the context provided by Witness 4 following an independent review of Mrs Bonyeme's performance on 26 October 2018.

In particular, the panel noted the following evidence from Witness 1's written witness statement:

> *'In concluding the drug assessment, Matron* [Witness 4] *initially passed the Registrant. However, when it was discovered that an antibiotic had been signed for, that Nicotine Patches had been left out and that the Registrant had been unable to complete five patients within an hour, Matron* [Witness 4] *advised that the Registrant had to continue to be supervised on drug rounds. I highlighted all these concerns in an email, which I exhibit at MC/24'*

In relation to in charge 14, the panel found Mrs Bonyeme's actions found proved on 26 October 2018, amounted to a failure of her duties as a Band 5 nurse.

Accordingly, the panel found charge 14 proved in its entirety in relation to the stem of the charge.

Charge 15.2

15) During a drug round on 30 October 2018;

15.2) Had to use the British National Formulary for each patient on the drug round.

This charge is found proved.

In reaching this decision, the panel was assisted by the evidence of Witness 1. The panel also had regard to the documentary evidence exhibited, which included an email from Witness 1 dated 31 October 2018 regarding her findings from the 30 October 2018 supervised drug round.

The panel noted that Witness 1 provided eyewitness evidence from a supervised drug round with Mrs Bonyeme on 30 October 2018. It noted the following evidence from Witness 1's written witness statement:

'Following the incident on 26 October 2018, the Registrant was not on duty until 30 October 2018. On this date, I supervised the Registrant on a drug round…

During this drug round, I noticed that the Registrant still took over an hour to complete three out of five patients on the round. I also noticed that the Registrant was having to use the British National Formulary (BNF) for every patient. The BNF is a book that is used for prescribing, monitoring, supplying and administering medications. It also provides an overview of the drug management together with details of the medications used. It is used frequently by student nurses, but it is

uncommon for nurses who have been qualified for a long time to have to revert to using the BNF each time they administer medication. This is particularly the case on the Unit, as the drugs that we give out to patients on a daily basis are very common and are given on most wards in the Hospital. Using the BNF in this way can have an impact on the amount of time it takes to complete a drug round.'

The panel considered that Witness 1's written witness statement was consistent with her oral evidence, in which she maintained that Mrs Bonyeme used the BNF for each patient on the drug round. Further, the panel found that Witness 1's evidence was corroborated by contemporaneous written findings she provided in an email dated 31 October 2018.

The panel reminded itself of its findings for charge 12.8, in that Mrs Bonyeme did not understand how to search through the BNF correctly. The panel determined that its findings in charge 12.8 is consistent with the evidence from Witness 1's email dated 31 October 2018, in which she explains that even after referring to the BNF on each occasion, Mrs Bonyeme demonstrated a lack of understanding of what was required for each patient.

The panel reminded itself that Mrs Bonyeme has not advanced any response in relation to this charge. The panel accepted Witness 1's evidence.

The panel was therefore satisfied that, on the balance of probabilities, it was more likely than not that during the supervised drug round on 30 October 2018, Mrs Bonyeme used the BNF for each patient.

Accordingly, the panel found charge 15.2 proved.

Charge 15.4, 15.5 and 15.6

15) During a drug round on 30 October 2018;

15.4) Were unable to explain to an unknown patient, that Folic Acid was being administered to them to treat an iron deficiency.

15.5) Attempted to administer anti-hypertensive medication to an unknown patient, despite the patient's blood pressure being too low.

15.6) Did not wash your hands/use hand gel in between each patient, unless prompted to do so.

These charges are found NOT proved.

In reaching this decision, the panel was assisted by the evidence of Witness 1. The panel also had regard to the documentary evidence exhibited, which included an email from Witness 1 dated 31 October 2018 regarding her findings from the 30 October 2018 supervised drug round.

The panel noted the following in Witness 1's written witness statement:

'On another occasion, the Registrant administered folic acid to a patient. Folic acid is generally given to patients with an iron deficiency. The Registrant did not know this…

The Registrant also attempted to give a patient anti-hypertensive medication despite the patient's blood pressure being low. I cannot recall the name of this patient. Anti-hypertensive medications are given to reduce blood pressure. If a patient with low blood pressure is given anti-hypertensive medication it could lead to complications, such as increased risk of falls and possibly injuring themselves.

Throughout the round, the Registrant did not wash her hands or use hand gel in between each patient unless she was prompted to do so…'

However, the panel also considered the contemporaneous email sent by Witness 1 on 31 October 2018, which outlined her findings from the supervised drug round on 30 October 2018. It found that in this email Witness 1 outlined the issues that arose from the drug round, but she made no reference to any issues relating to folic acid or anti-hypertensive medication.

Furthermore, in the same email of 31 October 2018, Witness 1 states *"Good infection control…".* The panel was of the view that it was unlikely Witness 1 would have written this if Mrs Bonyeme had not washed her hands or used hand gel between each patient. The panel determined that, as a contemporaneous record of the events of 30 October 2018, the email was likely to be a more reliable record than Witness 1's witness statement given some two years later.

The panel was of the view that it was not presented with sufficient evidence to determine that Mrs Bonyeme demonstrated any issues in these areas on the 30 October 2018 drug round.

Having considered that the burden of proof rests on the NMC to discharge to the civil standard, the panel concluded that in the absence of further evidence, as well as the contents of the email of 31 October 2018, charges 15.4, 15.5 and 15.6 are found not proved.

Charges 15.1, 15.2 and 15.3 – in relation to the stem:

That you, between 15 January 2018 and 30 January 2019 failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a band 5 nurse, in that you;

15) During a drug round on 30 October 2018;
15.1) Were unable to attend 5 patients within an hour.
15.2) Had to use the British National Formulary for each patient on the drug round.

15.3) Were unable to explain to an unknown patient that an anti-depressant tablet was being administered to them, to treat depression.

This charge is found proved in relation to the stem of the charge.

After considering each charge individually, the panel next went on to consider whether the facts found proved and admitted by Mrs Bonyeme amounted to a failure to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a Band 5 nurse.

The panel reminded itself that if a charge alleges a failure, the NMC must prove that there was a duty on the registrant to carry out each of the individual actions as alleged in the charge.

The panel had regard to the contextual background provided by Witness 1, and Witness 7 in respect of the role of a Band 5 nurse.

The panel noted, in relation to charge 15.1, that there was an expectation, understood by Mrs Bonyeme that she was to complete the administration of medication to the five patients allocated to her within the hour. The panel has not been provided with any information to suggest that this expectation was different on this particular day. In not completing five patients, the panel concluded that Mrs Bonyeme had failed in this duty.

In relation to charge 15.2, the panel noted the following evidence from Witness 1's written witness statement:

> *'…The BNF is a book that is used for prescribing, monitoring, supplying and administering medications. It also provides an overview of the drug management together with details of the medications used. It is used frequently by student nurses, but it is uncommon for nurses who have been qualified for a long time to have to revert to using the BNF each time they administer medication. This is*

particularly the case on the Unit, as the drugs that we give out to patients on a daily basis are very common and are given on most wards in the Hospital. Using the BNF in this way can have an impact on the amount of time it takes to complete a drug round.'

The panel found there was an expectation that Mrs Bonyeme have the knowledge, skill and judgement not to require the use of BNF for everyday common medications, therefore her actions constitute a failure as a Band 5 nurse.

In relation to charge 15.3 there was an expectation, understood by Mrs Bonyeme that she should be able to explain to patients why their routine medications were being administered to them. The panel concluded that, in not being able to do so, Mrs Bonyeme had failed in this duty.

Accordingly, the panel found charges 15.1, 15.2 and 15.3 proved in relation to the stem of the charge.

Charge 16

16) On 29 November 2018 did not adequately check the suction equipment for an unknown patient in Bed 6.

This charge is found proved.

In reaching this decision, the panel was assisted by the evidence of Witness 1. The panel also had regard to the documentary evidence exhibited, which included notes from an email Witness 1 sent to Mrs Bonyeme dated 29 November 2018.

The panel noted that Witness 1 provided eyewitness evidence from an incident concerning suction equipment checked by Mrs Bonyeme on 29 November 2018. It noted the following evidence from Witness 1's written witness statement:

‘The Registrant was working on 29 November 2018 and was responsible for checking all of the patients’ suction equipment in the female bay, which included a patient in bed six.

The Registrant was responsible for checking that the suction equipment for all of the beds in the bay was in good working order. This forms part of our safety briefing and is something we check every morning. This applies across the Hospital.
[…]

At around breakfast time on this date, I could hear the patient in bed six coughing. She appeared to be aspirating on her breakfast. I went to help, and once I had identified the issue I went to use the yanker to clear her airway. This is when I noticed that there was a hole in the suction tube so that the yanker was not working effectively.
[…]

The Registrant said she had checked the equipment that morning and that there were no issues, There was only 30 minutes between her check and the incident.’

The panel considered that Witness 1’s written witness statement was consistent with her oral evidence, in which she maintained that if Mrs Bonyeme had adequately checked this suction equipment she would have noticed it was faulty before the incident. Further, the panel found that Witness 1’s evidence was corroborated by a contemporaneous email written to Mrs Bonyeme dated 29 November 2018 regarding the matter. Witness 1 stated *“Bed 6 equipment was faulty and needed to be replaced very soon after your check as the patient needed suctioning post being fed her breakfast. Doctor on FAU had to assist me.”*

The panel reminded itself that Mrs Bonyeme has not advanced any response in relation to this charge. The panel accepted Witness 1’s evidence.

The panel was therefore satisfied that, on the balance of probabilities, it was more likely than not that on 29 November 2018, Mrs Bonyeme did not adequately check the suction equipment for Bed 6.

Accordingly, the panel found charge 16 proved.

Charge 16 – in relation to the stem:

That you, between 15 January 2018 and 30 January 2019 failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a band 5 nurse, in that you;

16) On 29 November 2018 did not adequately check the suction equipment for an unknown patient in Bed 6.

This charge is found proved in relation to the stem of the charge.

After considering this charge, the panel next went on to consider whether the fact found proved amounted to a failure to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a Band 5 nurse.

The panel reminded itself that if a charge alleges a failure, the NMC must prove that there was a duty on the registrant to carry out the actions as alleged in the charge.

The panel had regard to the contextual background provided by Witness 1, and Witness 7 in respect of the scope of competences and skills required to be delivered of a Band 5 registered nurse. In particular, the panel noted the following evidence from Witness 1's written witness statement:

‘The Registrant was responsible for checking that the suction equipment for all of the beds in the bay was in good working order. This forms part of our safety briefing and is something we check every morning. This applies across the Hospital.
[…]

At around breakfast time on this date, I could hear the patient in bed six coughing. She appeared to be aspirating on her breakfast. I went to help, and once I had identified the issue I went to use the yanker to clear her airway. This is when I noticed that there was a hole in the suction tube so that the yanker was not working effectively.

I shout for help at this point, and the ward [Dr 2]*, came to assist me. We were able to connect to another piece of equipment and remove the blockage quickly. Had we not heard the patient in distress and had we not been able to replace the equipment rapidly, the patient could have had respiratory complications.’*

In relation to in charge 16, the panel found there was a reasonable expectation on Mrs Bonyeme should have been able to check essential equipment adequately to avoid risk of patient harm, therefore her actions demonstrated a failure in her duty as a Band 5 nurse.

Accordingly, the panel found charge 16 proved in relation to the stem of the charge.

Charge 17

17) On or around 7 September 2018 failed a drug theory test.

This charge is found proved.

In reaching this decision, the panel was assisted by the evidence of Witness 2. The panel also had regard to the documentary evidence exhibited, which included a copy of the Drug Theory test completed by Mrs Bonyeme dated 7 September 2018.

The panel noted that Witness 2 was asked to be present as an invigilator during Mrs Bonyeme's drug theory assessment on 7 September 2018. It noted the following evidence from Witness 2's written witness statement:

> *'Normally, after the drug theory test has been passed there would be a practical test in regards to the drug rounds. As the Registrant failed this test she was required to complete four weeks of supernumerary training. This is due to the fact that it would not be safe for patients to commence with this practical test until the Registrant was competent enough to pass the theory test.'*

The panel considered that Witness 2's written witness statement was consistent with her oral evidence and supported by a copy of the drug theory test dated 7 September 2018 illustrating that Mrs Bonyeme had failed.

Accordingly, the panel found charge 17 proved.

Charge 17 – in relation to the stem:

> That you, between 15 January 2018 and 30 January 2019 failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a band 5 nurse, in that you;
>
> 17) On or around 7 September 2018 failed a drug theory test.

This charge is found proved in relation to the stem of the charge.

After considering this charge, the panel next went on to consider whether the facts found proved amounted to a failure to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a Band 5 nurse.

The panel reminded itself that if a charge alleges a failure, the NMC must prove that there was a duty on the registrant to carry out the actions as alleged in the charge.

The panel had regard to the contextual background provided by Witness 1, and Witness 7 in respect of the scope of competences and skills required to be delivered of a Band 5 registered nurse, as well as the context provided by Witness 2 about the drug theory test.

In particular, the panel noted that Witness 2 stated the following:

> *'As the Registrant failed this test she was required to complete four weeks of supernumerary training. This is due to the fact that it would not be safe for patients to commence with this practical test until the Registrant was competent enough to pass the theory test*.'

In relation to in charge 17, the panel found that Mrs Bonyeme had a duty to pass the drug theory test in order to provide safe care for patients to a standard required of a Band 5 nurse and failed to do so.

Accordingly, the panel found charge 17 proved in relation to the stem of the charge.

Charge 18.2.1 and 18.2.2

18.2) During a supervised drug round;

18.2.1) Took 40 minutes to administer 3 tablets to an unknown patient.

18.2.2) Took 35 minutes to administer 2 tablets to an unknown patient.

These charges are found proved.

In reaching this decision, the panel was assisted by the evidence of Witness 6. The panel also had regard to the documentary evidence exhibited, which included notes from a medicine management checklist dated 12 October 2018.

Whilst there was some discrepancy as to whether this drug round occurred on 11 or 12 October 2018. The panel was satisfied that this drug round took place on 12 October 2018 as it was the date noted on the medicine management checklists exhibited by Witness 6.

The panel noted that Witness 6 provided eyewitness evidence from a supervised drug round with Mrs Bonyeme on 12 October 2018, as part of an independent review of her performance. It noted the following evidence from Witness 6's written witness statement:

> *'Out of the 3 patient it took the Registrant 35 minutes to administer the drugs for one patient and 40 minutes for another patient. The reason why it took so long for the Registrant to do this, was because she look a while to look in the BNF, cross reference the drug chart, explain the side effects to the patient and then administer the drug. The reason the Registrant needed to to keep looking at the BNF before administering the drug, was because she could not tell what the drugs were without looking. The Registrant was also struggling to use the BNF, as she would keep trying to open up the BNF in the middle and look through it, in the hope that she would find the correct drug.'*

The panel considered that Witness 6's written witness statement was consistent with her oral evidence, in which she maintained that she saw Mrs Bonyeme take 35 minutes to administer two tablets to one patient and 40 minutes to administer three tablets for another patient. It was of the view that Witness 6 provided a very detailed account of what happened, which it regarded as compelling. Further, the panel found that Witness 6's evidence was corroborated by contemporaneous notes from her completed medicine management checklist dated 12 October 2018.

The panel reminded itself that Mrs Bonyeme has not advanced any response in relation to this charge. The panel accepted Witness 6's evidence.

The panel was therefore satisfied that, on the balance of probabilities, it was more likely than not that during the supervised drug round on 11 October 2018, Mrs Bonyeme took 35 minutes to administer two tablets to one patient and 40 minutes to administer three tablets for another patient.

Accordingly, the panel found charge 18.2.1 and 18.2.2 proved.

Charge 18.3 and 18.4

> 18.3) Did not know what checks needed to be completed for an unknown diabetic patient before administering them drugs/insulin.
> 18.4) Did not administer an unknown diabetic patient a pre-breakfast tablet.

These charges are found proved.

In reaching this decision, the panel was assisted by the evidence of Witness 6. The panel also had regard to the documentary evidence exhibited, which included notes from a medicine management checklist dated 12 October 2018.

The panel noted that Witness 6 provided eyewitness evidence from a supervised drug round with Mrs Bonyeme on 12 October 2018, as part of an independent review of her performance. It noted the following evidence from Witness 6's written witness statement:

> *'During the drug round there was a diabetic patient that the Registrant needed to see. The Registrant did not know what checks needed to be completed for this patient before the drugs were to be administered. For a diabetic patient, their blood sugar levels need to be checked, to ensure whether it is appropriate to administer things such as insulin. Furthermore, due to the Registrant's slowness during the drug round, this patient could not take her pre-breakfast tablet as the patient had already eaten breakfast at this point. The reason the tablet needed to be given to*

the patient before breakfast, was because some medication can only be taken when the stomach is empty.'

The panel considered that Witness 6's written witness statement was consistent with her oral evidence, in which she recorded that she observed that Mrs Bonyeme did not know what checks needed to be completed for a diabetic patient before administering drugs/insulin and as a result did not administer them. In addition, Witness 6's written statement was consistent with her oral evidence in which she maintained that Mrs Bonyeme did not administer an unknown diabetic patient a pre-breakfast tablet. It was of the view that Witness 6 provided a very detailed account of what happened, which it regarded as compelling.

The panel reminded itself that Mrs Bonyeme has not advanced any response in relation to this charge. The panel accepted Witness 6's evidence.

The panel was therefore satisfied that, on the balance of probabilities, it was more likely than not that during the supervised drug round on 12 October 2018, Mrs Bonyeme did not know what checks needed to be completed for a diabetic patient before administering drugs/insulin and did not administer a pre-breakfast tablet.

Accordingly, the panel found charge 18.3 and 18.4 proved.

Charge 18.5

18.5) Had to refer to the British National Formulary on one or more occasion when administering drugs.

This charge is found proved.

In reaching this decision, the panel was assisted by the evidence of Witness 6. The panel also had regard to the documentary evidence exhibited, which included notes from a medicine management checklist dated 12 October 2018.

The panel noted that Witness 6 provided eyewitness evidence from a supervised drug round with Mrs Bonyeme on 12 October 2018, as part of an independent review of her performance. It noted the following evidence from Witness 6's written witness statement:

> *'Out of the 3 patient it took the Registrant 35 minutes to administer the drugs for one patient and 40 minutes for another patient. The reason why it took so long for the Registrant to do this, was because she look a while to look in the BNF, cross reference the drug chart, explain the side effects to the patient and then administer the drug. The reason the Registrant needed to to keep looking at the BNF before administering the drug, was because she could not tell what the drugs were without looking. The Registrant was also struggling to use the BNF, as she would keep trying to open up the BNF in the middle and look through it, in the hope that she would find the correct drug. The correct process of using the BNF is to look in the index, find the drug and then turn to the correct page.'*

The panel considered that Witness 6's written witness statement was consistent with her oral evidence, in which she maintained that Mrs Bonyeme consistently used the BNF for on the drug round. Further, the panel considered that Witness 6's evidence is supported by its findings for charge 15.2, in which Mrs Bonyeme was witnessed by Witness 1 consistently referring to the BNF for each patient during a supervised drug round on 30 October 2018.

The panel reminded itself of its findings for charge 12.8, in that Mrs Bonyeme did not understand how to search through the BNF correctly. The panel determined that its findings in charge 12.8 is consistent with the evidence from Witness 6, in which she explains Mrs Bonyeme failed to use the BNF correctly.

The panel was therefore satisfied that, on the balance of probabilities, it was more likely than not that during the supervised drug round on 11 October 2018, Mrs Bonyeme used the BNF on one or more occasion when administering drugs.

Accordingly, the panel found charge 18.5 proved.

Charge 18 – in relation to the stem:

That you, between 15 January 2018 and 30 January 2019 failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a band 5 nurse, in that you;

18) On or around 11 October 2018;

18.1) Failed part 2 of the drug calculation test

18.2) During a supervised drug round;

18.2.1) Took 40 minutes to administer 3 tablets to an unknown patient

18.2.2) Took 35 minutes to administer 2 tablets to an unknown patient.

18.2.3) Were unable to explain to an unknown patient/supervisor that rifampicin was being administered to treat tuberculosis.

18.2.4) Were unable to explain to an unknown patient/supervisor that pyridoxine was being administered to treat tuberculosis.

18.2.5) Were unable to explain to an unknown patient/supervisor that ethambutol was being administered to treat tuberculosis.

18.3) Did not know what checks needed to be completed for an unknown diabetic patient before administering them drugs/insulin.

18.4) Did not administer an unknown diabetic patient a pre-breakfast tablet.

18.5) Had to refer to the British National Formulary on one or more occasion when administering drugs.

These charges are found proved in relation to the stem.

After considering each charge individually, the panel next went on to consider whether the facts found proved and admitted by Mrs Bonyeme amounted to a failure to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a Band 5 nurse.

The panel reminded itself that if a charge alleges a failure, the NMC must prove that there was a duty on the registrant to carry out each of the individual actions as alleged in the charge.

The panel had regard to the contextual background provided by Witness 1, and Witness 7 in respect of the scope of competences and skills required to be delivered of a Band 5 registered nurse, as well as the context provided by Witness 6 following an independent review of Mrs Bonyeme's performance on 12 October 2018.

In particular, the panel noted the following evidence from Witness 6's contemporaneous notes following the independent review on 12 October 2018:

> *'Overall comment*
> *Unsafe to practice needs a lot of prompting.'*

In relation to charge 18.1, the panel found that Mrs Bonyeme had a duty to pass part 2 of the drug calculation test in order to provide safe care for patients to a standard required of a Band 5 nurse and failed to do so.

In relation to charge 18.2.1, in taking 40 minutes to administer three tablets to an unknown patient, the panel found that Mrs Bonyeme's actions found proved in relation to the supervised drug round on 12 October 2018, amounted to a failure of her duties as a Band 5 nurse.

In relation to charge 18.2.2, in taking 35 minutes to administer two tablets to an unknown patient, the panel found that Mrs Bonyeme's actions found proved in relation to the supervised drug round on 12 October 2018, amounted to a failure of her duties as a Band 5 nurse.

In relation to charges 18.2.3, 18.2.4 and 18.2.5 the panel found that Mrs Bonyeme's actions admitted and found proved in relation to the inability to explain the drugs to treat tuberculosis during the supervised drug round on 12 October 2018, amounted to a failure of her duties as a Band 5 nurse.

In relation to charges 18.3, 18.4 and 18.5, the panel concluded that Mrs Bonyeme's actions found proved in relation to the unknown diabetic patient during the supervised drug round on 12 October 2018, amounted to a failure of her duties as a Band 5 nurse.

In relation to the whole of charge 18, the panel found Mrs Bonyeme had a duty to perform the tasks assigned to her on the supervised drug round on 12 October 2018. In not doing so, this amounted to a failure of her duties as a Band 5 nurse.

Accordingly, the panel found charge 18.1, 18.2.1, 18.2.2, 18.2.3, 18.2.4, 18.2.5, 18.3, 18.4 and 18.5 proved in relation to the stem of the charge.

Context relating to staffing levels on the FAU

The panel was asked to consider by the NMC Case Presenter whether the staffing levels on the FAU in any way contributed to the matters found proved or admitted as set out above.

The panel noted that Witness 5 raised staffing levels on the FAU as a potential issue relating to the matters charged. In his written witness statement, Witness 5 stated the following:

‘My primary concern in relation to staffing was that when staff are low on the frailty unit, management send nurses from other departments to cover. However, the nurses sent to cover often have performing issues, as was the case with the Registrant. Due to the frailty unit being a high intensity unit, with a high turnover, any issue in relation to a nurse’s competency becomes apparent rather quickly.’

The panel therefore considered each charge individually to assess whether any staffing related issues on the FAU may have had an impact on Mrs Bonyeme’s ability to practise effectively as a Band 5 nurse.

The panel had regard to the contextual background provided by Witness 1 and Witness 7 in respect of how staff was allocated and what staffing levels were like at that particular time at the FAU. It also took into account that the decision was made on the 3 May 2018 to place Mrs Bonyeme on supernumerary which remained in place until December 2018.

The panel found no evidence that staffing levels on the FAU contributed towards Mrs Bonyeme’s inability to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a Band 5 nurse.

Decision and reasons on proceeding in the absence of Mrs Bonyeme on Day 12

The panel resumed this hearing on 30 October 2023.

In response to panel questions, Mr Smalley confirmed that Mrs Bonyeme had not been sent the determination on the facts which was handed down on 3 October 2023. He also confirmed that Mrs Bonyeme was provided with an incomplete transcript of the hearing, specifically it did not include the decision on facts which had been verbally announced by the Chair.

Mr Smalley invited the panel to proceed in the absence of Mrs Bonyeme. He submitted that it would not be likely for the panel to conclude the proceedings today, and that two

further dates have been scheduled in January 2024. He submitted that if Mrs Bonyeme would like to make representations, she would be entitled to do so if the sanction stage is reached. Further, that the panel should proceed in her absence today on the basis that it has already made this decision at the outset of the hearing, and that Mrs Bonyeme as not made any contact to request an adjournment.

Mr Smalley turned the panel's attention to an email from the NMC department responsible for distributing the decision to registrants which stated that no decision letters were generated because the case has not come to a final conclusion.

The panel considered whether it should proceed in the absence of Mrs Bonyeme. The legal assessor drew the panel's attention to the wording of Rule 24(11) which provides that, at the end of the facts stage of the hearing, *"The Committee shall deliberate in private in order to make its findings on the facts and then shall announce to those parties present the findings it has made."* She also referenced the case of *Sanusi v GMC* [2019] EWCA Civ 1172 which held that where a practitioner chooses not to attend a hearing, tribunals are under no general obligation to adjourn, prior to considering impairment or sanction, to allow the practitioner to make submissions. The legal assessor advised the panel that, whilst there has not been a breach of the Rules, the panel should be mindful that it is the NMC's practice to send the outcome of each stage of the hearing to the registrant. The legal assessor invited the panel to retire and consider whether it is in the interests of justice and fairness to proceed in Mrs Bonyeme's absence in these particular circumstances.

The panel has decided not to proceed today in the absence of Mrs Bonyeme. In reaching this decision, the panel has considered the submissions of Mr Smalley and the advice of the legal assessor. It has had particular regard to the factors set out in the decision of *R v Jones* and *General Medical Council v Adeogba* and had regard to the overall interests of justice and fairness to all parties.

Mr Smalley provided the panel with a copy of a letter sent to Mrs Bonyeme on 10 October 2023. The letter was headed '*Up-to-date details for the resuming hearing*' but under the sub-heading '*details of the hearing'* included only the dates of Wednesday 3 and Thursday 4 January 2024. It did not mention today's resuming date of 30 October 2023. Mr Smalley confirmed therefore, that it would appear Mrs Bonyeme has not been made aware by the NMC of the panel's decision on facts, nor that the panel would be hearing submissions on lack of competence and impairment today.

The panel noted that Mrs Bonyeme has not been sent the determination on facts or the full transcript of the hearing to date, and that the update letter sent to her on 10 October 2023 contained confusing and potentially misleading information as it did not reference today's resuming date. In the interests of fairness, the panel concluded that it would not be unreasonable for her to think that no determination had yet been completed on the facts, and that the letter could give the impression that the next sitting dates would be from Wednesday 3 January to Thursday 4 January 2024, rather than today. The panel bore in mind that Mrs Bonyeme has a right to attend and the normal procedure of the NMC is to send out notifications on each stage, notwithstanding what the Rules state. The panel bore in mind that Mrs Bonyeme has engaged previously with the NMC process, despite not attending the previous stage of the hearing.

The panel determined that there could be significant confusion on Mrs Bonyeme's part as a result of what she has been sent by the NMC since the conclusion of the last stage of the hearing. It concluded that it would be unfair to continue without providing her with a chance to read through the panel's decision on the factual allegations and decide whether she wished to resume her engagement with the NMC proceedings.

In these circumstances, the panel has decided not to proceed in the absence of Mrs Bonyeme.

The panel directed that Mrs Bonyeme be sent the full transcript of hearing proceedings to date as well as a copy of the panel determination thus far.

This will be confirmed to Mrs Bonyeme in writing.

Decision and reasons on service of Notice of Resuming Hearing

The panel was informed at the resuming hearing date on 3 January 2024 that Mrs Bonyeme was not in attendance and that the Notice of Hearing letter had been sent to Mrs Bonyeme's registered email address by secure email on 8 November 2023.

Mr Smalley submitted that the NMC 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). He also submitted that the NMC had complied with the panel's directions at the previous sitting that Mrs Bonyeme be sent the updated transcript and the panel's decision determination on the facts alleged.

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, dates and that the hearing was to be held virtually, including instructions on how to join and, amongst other things, information about Mrs Bonyeme'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 Mrs Bonyeme has been served with the Notice of Hearing in accordance with the requirements of Rules 11 and 34. The panel was also satisfied that the NMC had complied with its directions to provide Mrs Bonyeme with the updated transcript and determination on the facts alleged.

Decision and reasons on proceeding in the absence of Mrs Bonyeme

The panel next considered whether it should proceed in the absence of Mrs Bonyeme. It had regard to Rule 21 and heard the submissions of Mr Smalley who invited the panel to

continue in the absence of Mrs Bonyeme. He submitted that Mrs Bonyeme had voluntarily absented herself.

Mr Smalley submitted that there had been no engagement by Mrs Bonyeme with the NMC in relation to these resumed proceedings and, as a consequence, there was no reason to believe that an adjournment would secure her attendance on some future occasion. He informed the panel that the NMC had attempted to contact Mrs Bonyeme on 20 December 2023, as well as 2 January 2024 in relation to her attendance but did not receive a response.

The panel accepted the advice of the legal assessor.

The panel has decided to proceed in the absence of Mrs Bonyeme. In reaching this decision, the panel has considered the submissions of Mr Smalley and the advice of the legal assessor. It has had particular regard to the factors set out in the decision of *R v Jones* and *General Medical Council v Adeogba* and had regard to the overall interests of justice and fairness to all parties. It noted that:

- No application for an adjournment has been made by Mrs Bonyeme;
- Mrs Bonyeme has not engaged with the NMC and has not responded to the communications to her about the resuming hearing;
- There is no reason to suppose that adjourning would secure her attendance at some future date;
- The charges relate to events that date back six years; and
- There is a strong public interest in the expeditious disposal of the case.

There is some disadvantage to Mrs Bonyeme in proceeding in her absence. The evidence upon which the NMC relies on at the fitness to practise stage of the proceedings will have been sent to her registered email address, she has made no further response in relation to this stage of the proceedings. She will not be able to challenge the evidence relied upon by the NMC in person and will not be able to give evidence on her own behalf. However,

in the panel's judgement, all the reasons previously given to proceed in Mrs Bonyeme's absence continue to apply. There is no change in the clear public interest in dealing with the matter where a number of charges have been found proved.

In these circumstances, the panel has decided that it is fair to proceed in the absence of Mrs Bonyeme. The panel will draw no adverse inference from Mrs Bonyeme's absence in its findings in relation to her fitness to practise.

Fitness to practise

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

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

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

Submissions on lack of competence

The NMC has defined a lack of competence as:

‘A lack of knowledge, skill or judgment of such a nature that the registrant is unfit to practise safely and effectively in any field in which the registrant claims to be qualified or seeks to practice.’

Mr Smalley invited the panel to take the view that the facts found proved amount to a lack of competence. The panel had regard to the terms of ’The Code: Professional standards of practice and behaviour for nurses and midwives (2015’ (“the Code”) in making its decision. Mr Smalley identified the specific, relevant standards where Mrs Bonyeme’s actions amounted to a lack of competence and referred specifically to the following sections of the Code:

‘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

4.2 make sure that you get properly informed consent and document it before carrying out any action

6.1 make sure that any information or advice given is evidence-based including information relating to using any health and care products or services

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

7.1 use terms that people in your care, colleagues and the public can understand

7.4 check people’s understanding from time to time to keep misunderstanding or mistakes to a minimum

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

17.3 have knowledge of and keep to the relevant laws and policies about protecting and caring for vulnerable people

18.1 prescribe, advise on, or provide medicines or treatment, including repeat prescriptions (only if you are suitably qualified) if you have enough knowledge of that person's health and are satisfied that the medicines or treatment serve that person's health needs

18.3 make sure that the care or treatment you advise on, prescribe, supply, dispense or administer for each person is compatible with any other care or treatment they are receiving, including (where possible) over-the-counter medicines

18.4 take all steps to keep medicines stored securely

19.3 keep to and promote recommended practice in relation to controlling and preventing infection

19.4 take all reasonable personal precautions necessary to avoid any potential health risks to colleagues, people receiving care and the public

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

22.3 keep your knowledge and skills up to date, taking part in appropriate and regular learning and professional development activities that aim to maintain and develop your competence and improve your performance'.

Mr Smalley submitted that the charges found proved amount to wide-ranging concerns across Mrs Bonyeme's practice which continued despite support from her employer. Mr Smalley referred the panel to the case of *R (Calhaem) v General Medical Council* [2007] EWHC 2606 (Admin) which provides that deficient professional performance occurs when

the standard of professional performance is unacceptably low. He submitted that the charges found proved reflect a fair sample of Mrs Bonyeme's work over a period of time and the standard of that work was unacceptably low. Mr Smalley submitted that the elements of the Code identified have been breached and demonstrate unacceptably low performance which amounts to a lack of competence.

Mr Smalley submitted that the facts found proved show that Mrs Bonyeme's competence at the time was below the standard expected of a band 5 registered nurse.

Submissions on impairment

Mr Smalley moved on to the issue of impairment and addressed the panel on the need to have regard to protecting the public and the wider public interest. This included the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body. This included reference to the cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin) and the 5th Shipment Report.

Mr Smalley referred the panel to Dame Janet Smith's "test" endorsed by Justice Cox in the case of *Grant* which states the following:

> *'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/their fitness to practise is impaired in the sense that S/He/They:*
>
> a) *has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
>
> b) *has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*

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

d) *has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

Mr Smalley submitted that the first three limbs of this test are engaged. He stated that there are a large number of clinical concerns where Mrs Bonyeme placed patients under her care at an unwarranted risk of harm. He submitted that this, in turn, breaches the fundamental tenets of the nursing profession and brings the reputation of the profession into disrepute.

Mr Smalley referred the panel to the principles set out in the case of *Cohen v GMC [2008]* EWHC 581 (Admin) regarding the considerations the panel should have in mind when determining impairment, namely whether the concerns are easily remediable, whether they have been remediated and whether they are highly unlikely to be repeated. Mr Smalley submitted that the concerns are remediable but that Mrs Bonyeme has not remediated them as she has not recently worked as a nurse nor shown sufficient insight into her failings. Further, that there is no information before the panel to demonstrate that Mrs Bonyeme can work unsupervised without placing patients at risk.

Mr Smalley submitted that the seriousness of the concerns are evidenced by the risks posed to patients under Mrs Bonyeme's care and therefore placed the public at a risk of harm.

Mr Smalley invited the panel to find Mrs Bonyeme's fitness to practise impaired on both public protection grounds and in order to maintain public confidence in the profession and meet the public interest.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments.

Decision and reasons on lack of competence

When determining whether the facts found proved amount to a lack of competence, the panel had regard to the terms of the Code. In particular, the following standards:

*'**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

2 Listen to people and respond to their preferences and concerns
To achieve this, you must:
2.1 work in partnership with people to make sure you deliver care effectively
2.6 recognise when people are anxious or in distress and respond compassionately and politely

4 Act in the best interests of people at all times
To achieve this, you must:
4.2 make sure that you get properly informed consent and document it before carrying out any action

6 Always practise in line with the best available evidence
To achieve this, you must:
6.2 maintain the knowledge and skills you need for safe and effective practice

7 Communicate clearly
To achieve this, you must:

7.4 check people's understanding from time to time to keep misunderstanding or mistakes to a minimum

8 Work cooperatively

To achieve this, you must:

8.2 maintain effective communication with colleagues

10 Keep clear and accurate records relevant to your practice

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

13 Recognise and work within the limits of your competence

To achieve this, you must, as appropriate:

13.1 accurately identify, observe and assess signs of normal or worsening physical and mental health in the person receiving care

17 Raise concerns immediately if you believe a person is vulnerable or at risk and needs extra support and protection

To achieve this, you must:

17.3 have knowledge of and keep to the relevant laws and policies about protecting and caring for vulnerable people

18 Advise on, prescribe, supply, dispense or administer medicines within the limits of your training and competence, the law, our guidance and other relevant policies, guidance and regulations

To achieve this, you must:

18.3 make sure that the care or treatment you advise on, prescribe, supply, dispense or administer for each person is compatible with any other care or treatment they are receiving, including (where possible) over-the-counter medicines

18.4 take all steps to keep medicines stored securely

19 Be aware of, and reduce as far as possible, any potential for harm associated with your practice

To achieve this, you must:

19.1 take measures to reduce as far as possible, the likelihood of mistakes, near misses, harm and the effect of harm if it takes place

19.3 keep to and promote recommended practice in relation to controlling and preventing infection

19.4 take all reasonable personal precautions necessary to avoid any potential health risks to colleagues, people receiving care 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

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

22 Fulfil all registration requirements

To achieve this, you must:

22.3 keep your knowledge and skills up to date, taking part in appropriate and regular learning and professional development activities that aim to maintain and develop your competence and improve your performance.'

The panel bore in mind, when reaching its decision, that Mrs Bonyeme should be judged by the standards of the reasonable average Band 5 registered nurse and not by any higher or more demanding standard.

The panel determined that the facts found proved involved wide-ranging areas of nursing practice, and that Mrs Bonyeme has repeatedly failed, for over a year, to demonstrate the necessary standard required of a Band 5 nurse. The panel considered the evidence from witnesses who were able to demonstrate and share their experiences of the impact of the way care was delivered by Mrs Bonyeme.

The panel was of the view that the concerns found proved are very serious and included failures to correctly check a suction machine, which was later needed in an emergency situation, and incorrectly administering a diabetic patient's medication. The risks were only mitigated because Mrs Bonyeme was supernumerary and under supervision, so there is no evidence of actual harm occurring. The panel also considered that the nature and environment of the ward meant that, prior to her being placed on an improvement plan, there was a potential risk for Mrs Bonyeme to be left in charge.

The panel also had regard to Witness 3's evidence, who stated the following when they described their observation of Mrs Bonyeme's medication administration:

> '*I have done many, many, many, many reviews in my career and I remember this one and it stands out because it was such an extraordinary horrendous review to be doing, to be honest, because it was a member of staff who was a qualified nurse, but I was having to review her as if she was a student nurse and the input that I was giving was as if she was a student nurse'*.

The panel considered that Mrs Bonyeme was given significant support over a prolonged period of time and was assessed by a number of different senior nurses, but that despite this there was little improvement in her performance and there remained significant deficiencies in her practice. The panel noted the evidence that at times Mrs Bonyeme was unwilling to ask for help or admit to not knowing something. Mrs Bonyeme also failed to adequately explain procedures to patients, including those which were invasive and could be potentially distressing such as bladder scanning, catheter insertion and administration of an enema. The panel noted that at times, a senior supervising nurse was required to intervene because a patient did not understand what was happening and was becoming visibly distressed. Witness 3 informed the panel that despite the patients' obvious lack of understanding and distress, Mrs Bonyeme had not altered her approach or communication. The panel therefore determined that the wide-ranging nature of incidents

is very serious and that they amounted to a fair sample of serious and fundamental competency issues over a year.

Taking into account the reasons given by the panel for the findings of the facts, the panel has concluded that Mrs Bonyeme's practice was below the standard expected of the average registered nurse acting in Mrs Bonyeme's role.

In all the circumstances, the panel determined that Mrs Bonyeme's performance demonstrated a lack of competence.

Decision and reasons on impairment

The panel next went on to decide if as a result of the lack of competence, Mrs Bonyeme's fitness to practise is currently impaired.

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

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

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

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

> *‘Do our findings of fact in respect of the doctor’s misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her/their fitness to practise is impaired in the sense that S/He/They:*
>
> 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*
>
> *….’*

The panel found that patients were put at risk of physical harm and were caused distress and emotional harm as a result of Mrs Bonyeme’s lack of competence. Mrs Bonyeme’s lack of competence has breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute. It was satisfied that confidence in the nursing profession would be undermined if its regulator did not take action in relation to findings of serious and wide-ranging lack of competencies.

Regarding insight, the panel considered Mrs Bonyeme’s submissions [PRIVATE] that the supervision at work was placing her under even more pressure. [PRIVATE]. The panel has seen no evidence to indicate Mrs Bonyeme’s support and performance plan was unnecessarily harsh or inappropriate. The panel concluded that there is insufficient

evidence before it to find that Mrs Bonyeme has demonstrated appropriate insight into her lack of competence.

The panel next went on to consider the factors as outlined in *Cohen*, namely:

- Are the concerns easily remediable?
- Has it been remedied?
- Is it highly unlikely to be repeated?

The panel was satisfied that, even noting the significant support Mrs Bonyeme was provided with at the time of the allegations, the concerns in this case may be remedied through further training and support. Therefore, the panel carefully considered the evidence before it in determining whether or not Mrs Bonyeme has taken steps to remedy the concerns, including whether she has shown any insight, remorse or completed any further relevant training or courses.

In its consideration of whether Mrs Bonyeme has taken steps to strengthen her practice, the panel took into account any relevant training Mrs Bonyeme has undertaken. However, it determined that the training certificates appear to be for mandatory courses only and date back to 2019. The panel also noted that Mrs Bonyeme has not practised as a nurse for a number of years and has therefore not had the opportunity to strengthen her practice.

Despite an expression of remorse from Mrs Bonyeme within her previous written responses to the allegations, as explained above the panel had limited evidence of insight before it, and had not seen any evidence of recent training since 2019 or the completion of any courses. The panel therefore determined that Mrs Bonyeme has not demonstrated sufficient evidence of remediation.

The panel is of the view that there is a risk of repetition based on Mrs Bonyeme's lack of insight and remediation, given that the concerns are so wide-ranging and occurred over a

significant period of time. The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

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

In addition, the panel concluded that public confidence in the profession would be undermined if a finding of impairment were not made in this case and therefore also finds Mrs Bonyeme's fitness to practise impaired on the grounds of public interest.

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

Sanction

The panel has considered this case very carefully and has decided to make a conditions of practice order for a period of 30 months. The effect of this order is that Mrs Bonyeme's name on the NMC register will show that she is subject to a conditions of practice order and anyone who enquires about her registration will be informed of this order.

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

Submissions on sanction

Mr Smalley informed the panel that in the Notice of Hearing, dated 10 July 2023, the NMC had advised Mrs Bonyeme that it would seek the imposition of a 12 to 18 month conditions of practice order if it found Mrs Bonyeme's fitness to practise currently impaired.

Mr Smalley submitted that the following aggravating features are relevant in this case:

- The concerns are wide-ranging across fundamental areas of clinical practice over a significant period of time.
- Patients were placed at an unwarranted risk of harm.

Mr Smalley submitted that the following mitigating feature is also relevant:

- Mrs Bonyeme has made partial admissions which may suggest some or developing insight.

Mr Smalley stated that public protection and public interest must be at the forefront of the panel's decision, including the maintenance of public confidence in the profession. He submitted that taking no action or imposing a caution order would not be appropriate given that the panel has identified the clear public protection concerns and the risks arising from Mrs Bonyeme's practice. Mr Smalley submitted that a conditions of practice order would sufficiently address the risks posed by Mrs Bonyeme's practice as well as addressing the wider public interest. He further submitted that a suspension order would not be proportionate in this case, and reminded the panel that a striking-off order is not available to it given that this is a case relating to lack of competence.

In response to panel questions, Mr Smalley submitted that despite Mrs Bonyeme not completing her capability process whilst employed, the concerns found proved were identified by the panel as being capable of remediation and therefore could be addressed through conditions. He also informed the panel that Mrs Bonyeme has been subject to an interim conditions of practice order since December 2019, but has not worked as a nurse since 2019.

Decision and reasons on sanction

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

The panel took into account the following aggravating features:

- The concerns are wide ranging, including fundamental areas of nursing practice and occurred over a significant period of time.
- Patients were placed at an unwarranted risk of harm despite the amount of support given to Mrs Bonyeme.
- There is evidence of emotional harm to patients.
- The concerns relate to a vulnerable group of patients, including those with impaired mental capacity.

The panel also took into account the following mitigating features:

- [PRIVATE].
- Partial admissions to the charges.
- Mrs Bonyeme expressed some remorse.

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

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

The panel next considered whether placing conditions of practice on Mrs Bonyeme's registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel took into account the SG, in particular:

- *Identifiable areas of the nurse or midwife's practice in need of assessment and/or retraining;*
- *The conditions will protect patients during the period they are in force; and*
- *Conditions can be created that can be monitored and assessed.*

The panel determined that it would be possible to formulate appropriate and practical conditions which would address the failings highlighted in this case. Although the panel noted that Mrs Bonyeme had been unable to successfully complete the action plans imposed on her by her then employer in 2019, it recognised that these events occurred a significant period of time ago and Mrs Bonyeme has stated that [PRIVATE] have now been resolved. Taking everything into account, as part of its findings in the fitness to practise stage the panel has determined that the concerns found proved may be capable of being remediated through sufficient further training and supervision.

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

The panel was of the view that to impose a suspension order would be inappropriate at this stage as, although it would protect the public, a period of suspension would be unlikely to serve to strengthen Mrs Bonyeme's practice. The panel concluded that Mrs Bonyeme's practice may be remediated through further training and support. It determined that although the conditions may be stringent, imposing a conditions of practice order is the most appropriate way to protect the public with a view to strengthen Mrs Bonyeme's practice.

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

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

> 'For the purposes of these conditions, 'employment' and 'work' mean any paid or unpaid post in a nursing, midwifery or nursing associate role. Also, 'course of study' and 'course' mean any course of educational study connected to nursing, midwifery or nursing associates.
>
> 1. You must limit your nursing practice to one substantive employer. If this is an agency, you must only work in one setting for one organisation.
>
> 2. You must ensure you are directly observed by another registered nurse anytime you are working when undertaking the following tasks until such a time you are signed off as competent by your supervisor and confirmed in writing by your supervisor to your NMC case officer:
>   a) Storage and administration of medications;
>   b) Administration of enemas;

c) Catheterisation; and
d) Bladder scanning.

3. At any time you are working as a registered nurse, you must place yourself and remain under the indirect supervision of a nominated person, your ‘supervisor’, who must be a registered nurse of Band 6 or above.

4. You must meet fortnightly with your supervisor or nominated deputy to discuss your progress and performance with specific reference to:
   a) Storage and administration of medications;
   b) Administration of enemas;
   c) Catheterisation;
   d) Bladder scanning;
   e) Infection control;
   f) Knowledge of policies and practices;
   g) Keeping up to date with clinical developments;
   h) Communication with colleagues and patients, including duty of candour; and
   i) Safeguarding including Deprivation of Liberty Standards.

5. Prior to any review, you must obtain and send to your NMC case officer a report from your supervisor or nominated deputy outlining your progress and performance with specific reference to:
   a) Storage and administration of medications;
   b) Administration of enemas;
   c) Catheterisation;
   d) Bladder scanning;
   e) Infection control;
   f) Knowledge of policies and practices;
   g) Keeping up to date with clinical developments;
   h) Communication with colleagues and patients, including duty of candour; and

i) Safeguarding including Deprivation of Liberty Standards.

6. You must work with your supervisor or nominated deputy to create a personal development plan (PDP). Your PDP must address the concerns relating to the charges found proved including but not limited to:
   a) Storage and administration of medications;
   b) Administration of enemas;
   c) Catheterisation;
   d) Bladder scanning;
   e) Infection control;
   f) Knowledge of policies and practices;
   g) Keeping up to date with clinical developments;
   h) Communication with colleagues and patients, including duty of candour; and
   i) Safeguarding including Deprivation of Liberty Standards.

7. You must:
   a) Send your case officer a copy of your PDP within the first six weeks of employment as a nurse.
   b) Send your case officer a report from your supervisor or nominated deputy every three months. This report must show your progress towards achieving the aims set out in your PDP.

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

9. You must keep us informed about anywhere you are studying by:

a) Telling your case officer within seven days of accepting any course of study.
b) Giving your case officer the name and contact details of the organisation offering that course of study.

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

11. You must tell your case officer, within seven days of your becoming aware of:
    a) Any clinical incident you are involved in.
    b) Any investigation started against you.
    c) Any disciplinary proceedings taken against you.

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

The period of this order is for 30 months. The panel recognises that Mrs Bonyeme has not worked as a nurse sine 2019 and would require further time to gain employment and for

the conditions to take effect with a view to strengthening Mrs Bonyeme's practice. The panel noted that although the order is imposed for a long period of time, Mrs Bonyeme is able to seek an early review if she is able to demonstrate that she has sufficiently strengthened her practice.

Before the order expires, a panel will hold a review hearing to see how well Mrs Bonyeme 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.

Any future panel reviewing this case would be assisted by:

- Mrs Bonyeme's attendance and engagement with the hearing.

This will be confirmed to Mrs Bonyeme in writing.

Interim order

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

Submissions on interim order

The panel took account of the submissions made by Mr Smalley. He submitted that an interim order is necessary to protect the public and otherwise in the public interest for the reasons identified by the panel earlier in its determination until the substantive conditions

of practice order comes into effect. He therefore invited the panel to impose an interim conditions of practice order for a period of 18 months to cover the 28 day appeal period.

Decision and reasons on interim order

The panel was satisfied that an interim order is necessary for the protection of the public and is otherwise in the public interest so as to maintain public confidence in the profession and its regulatory process. In reaching a decision to impose an interim order the panel had regard to facts found proved, to the risks which it had identified and the reasons set out in its decision for the substantive order. The panel took account of the impact, financial and professional, that an interim order will have on Mrs Bonyeme.

The panel concluded that the only suitable interim order would be that of a conditions of practice order, as to do otherwise would be incompatible with its earlier findings. The conditions for the interim order will be the same as those detailed in the substantive order. The period of that order is 18 months, to allow for the time which may elapse before an appeal may be heard. However, if no appeal is made by Mrs Bonyeme the interim order will automatically fall away at the end of the 28 day period and the substantive conditions of practice order will take effect for a period of 30 months.

The panel is satisfied that this order, for this period, is appropriate and proportionate in the circumstances of Mrs Bonyeme’s case.

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 Mrs Bonyeme is sent the decision of this hearing in writing.

That concludes this determination.