

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

**Substantive Order Review Hearing
Monday, 22 January 2024**

Virtual Hearing

Name of registrant: Sandra Mohamed

NMC PIN: 03K07930

Part(s) of the register: Registered Nurse – Sub-part 1
Adult Nursing, Level 1 (24 November 2003)

Area of registered address: Glasgow

Type of case: Misconduct and and/or Lack of competence

Panel members: Janet Fisher (Chair, Lay member)
Emily Davies (Registrant member)
Robert Fish (Lay member)

Legal Assessor: Marian Gilmore KC

Hearings Coordinator: Maya Khan

Nursing and Midwifery Council: Represented by Rebecca Steels, Case
Presenter

Mrs Mohamed: Present and represented by Gary Burton
instructed by Anderson Strathern

Order being reviewed: Suspension order (6 months)

Fitness to practise: Impaired

Outcome: Suspension order (6 months) to come into
effect at the end of 28 February 2024 in
accordance with Article 30(1)

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

At the point where you were giving evidence, the panel of its own volition requested that parties make submissions in relation to any matters relating to your personal or health circumstances.

Ms Steels, on behalf of the Nursing and Midwifery Council, requested that parts of this case be held in private on the basis that proper exploration of your case may involve reference to matters relating to your health and personal circumstances. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Mr Burton, on your behalf, supported this application.

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.

Having heard that there may be reference to your health and personal circumstances, the panel determined to hold parts of the hearing in private. The panel was satisfied that this course was justified by the need to protect your privacy and that this outweighed any prejudice to the general principle of public hearings.

As there was no reference to health or personal circumstances in your evidence, the hearing was held entirely in public.

Decision and reasons on review of the substantive order

The panel decided to extend the current suspension order for a further six months.

This order will come into effect at the end of 28 February 2024 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the first review of a substantive suspension order originally imposed for a period of six months by a Fitness to Practise Committee panel on 25 July 2023. The current order is due to expire at the end of 28 February 2024.

The panel is reviewing the order pursuant to Article 30(1) of the Order.

The charges found proved which resulted in the imposition of the substantive order were as follows:

Details of charge

That you, a registered nurse:

- 1) Administered Warfarin to Patient L when it had not been prescribed by the ward doctor on:
 - a) 21 January 2019. **Found proved by admission**
 - b) 22 January 2019. **Found proved by admission**

- 2) On 16 August 2019, having been instructed not to administer medication without direct supervision by your mentor, administered a controlled drug to an unknown patient without appropriate supervision. **Found not proved**

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

- 3) On 5 March 2019, during an observed drug round:
 - a) Did not discuss with an unknown patient their reason for refusing their prescribed medication. **Found proved by admission**
 - b) Incorrectly stated Clopidrogel was used to treat cholesterol. **Found proved by admission**

- c) Did not carry out basic safety checks without prompting. **Found proved by admission**
 - d) Required assistance with looking up medication in the BNF. **Found proved**
- 4) On 15 March 2019, did not complete an observed drug round in a timely manner, in that it took 2 hours 25 minutes to complete 9 patients. **Found not proved**

While subject to a formal stage 1 capability process:

5) On 5 April 2019, during an observed drug round:

- a) Did not carry out safety checks when completing the round. **Found proved by admission**
- b) Spoke over an unknown patient when they were responding to your question. **Found proved by admission**

6) On 10 May 2019, during an observed drug round:

- a) Did not notice that an unknown patient was wearing the wrong name band. **Found proved**
- b) Did not consistently check patients for their allergies. **Found proved by admission**

7) On 27 May 2019, during an observed drug competency:

- a) Did not check every page of the kardex for one or more unknown patients. **Found proved by admission**
- b) Did not identify a potential drug error in relation to an unknown patient in that you did not query why the patient was prescribed both metoclopramide and cyclazine. **Found proved**

- c) Did not identify the correct course of action with an unknown patient who was unwell and struggling to breathe. **Found proved by admission**
- d) Walked out of the room whilst an unknown patient was talking to you. **Found proved by admission**

8) On 28 May 2019, during an observed drug competency:

- a) Did not check every page of the kardex for one or more unknown patients. **Found proved by admission**
- b) Did not engage appropriately with an unknown patient who was unable to speak by asking questions which required more than yes or no answers. **Found proved**
- c) Did not notice that medication found on an unknown patient's locker had not been prescribed to them. **Found not proved**

9) On 27 June 2019, during an observed drug competency:

- a) Prepared to administer one medication patch to an unknown patient when two were prescribed. **Found proved by admission**
- b) Did not administer paracetamol to an unknown patient when you had been instructed to by a senior colleague. **Found proved by admission**

While subject to a formal stage 2 capability process

10) On 1 July 2019, during an observed drug competency:

- a) Entered the room of an unknown patient suspected of having tuberculosis without appropriate personal protection. **No case to answer**
- b) When communicating to an unknown patient who had requested pain medication, did not ensure that patient was able to hear or understand your response. **Found proved**

11) On 8 July 2019, during an observed drug competency:

- a) Did not check a pump delivering medication to an unknown patient until prompted to do so. **Found proved by admission**
- b) Did not identify that an inhaler in an unknown patient's room had not been prescribed to that patient. **No case to answer**

12) On 12 July 2019, during an observed drug competency:

- a) Whilst attending an unknown terminal patient:
 - i) ignored some of his wife's questions. **Found not proved**
 - ii) Did not respond when a doctor asked what was happening with the patient. **Found proved**
- b) Whilst attending another unknown terminal patient:
 - i) Shook a pot of medication and told the patient to swallow them, even though the patient was unable to take medication without assistance. **Found not proved**
 - ii) Lifted the patient's oxygen mask up so that the bottom was resting on their eyelid. **Found proved**
 - iii) Did not replace the oxygen mask in a prompt manner. **Found proved**
- c) When asking for assistance to administer IV medication to an unknown patient, did not advise your colleague that the patient was prescribed another medication to be given an hour before the IV. **Found not proved**

13) On 23 July 2019, during an observed drug competency, did not notice that you had not successfully injected insulin to an unknown patient. **Found proved by admission**

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

The original panel determined the following with regard to impairment:

'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 and your lack of competence, deficient professional performance, adverse health, conviction, caution or determination show that his/her fitness to practise is impaired in the sense that s/he:

- a) has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
- b) has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
- c) has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*
- d) ...*

The panel considered limbs a, b and c to be engaged, both as to the past and to the future.

The panel had found multiple patients in your nursing care to have been exposed to an unwarranted risk of harm, some more so than others. It had also found you to have breached fundamental tenets of the nursing profession and to have brought its reputation into disrepute by virtue of your acts and omissions.

The panel noted that the incidents were serious, multiple and wide-ranging, and relate directly to your clinical nursing practice. It noted that your misconduct and your lack of competence and/or lack of competence also lasted for a sustained period of time, as the charges span a period of around six to seven months.

In assessing your level of insight, the panel noted that you had admitted a large number of the concerns throughout these proceedings and, in places, you appeared to understand where your performance had fallen below the standards expected of a registered nurse. However, the panel considered your evidence to have been largely self-reflective. You were able to explain what you would do differently if faced with a similar set of circumstances in future, albeit not in great detail, [PRIVATE] had impacted negatively upon your performance at work. However, the panel did not consider you to have reflected on how your misconduct and your lack of competence may have impacted upon patients, their families, colleagues, and the wider public. There did not appear to be any real appreciation for your own responsibilities as a registered nurse, or consideration given to the fact that you were also given periods of additional training and support.

In summary, whilst the panel considered you to have demonstrated some insight and remorse for your misconduct and your lack of competence and/or lack of competence, this was some way off being fully developed. It was not satisfied that you fully appreciate the gravamen of your misconduct and your lack of competence and/or lack of competence.

The panel had regard to the case of Cohen, and considered whether the concerns identified in your nursing practice are capable of remediation, whether they have been remediated, and whether there is a risk of repetition of the incidents occurring at some point in the future.

The panel considered the concerns identified to be capable of remediation, in principle. It noted that clinical deficiencies are often easier to remediate than behavioural concerns. However, in these particular circumstances, the panel had regard to the fact that you have not worked as a registered nurse since these concerns arose in 2019 and, as such, have not been able to demonstrate any remediation by way of recent performance in a nursing environment. The panel also noted that whilst you have attempted to strengthen your practice by

undertaking training in relation to the areas of concern, most notably, having received a Masters of Science in Nursing in Advancing Professional Practice on 8 July 2020, you had embarked on this course during the time when concerns in your nursing practice were most prevalent. You had continued your course of further study when basic and fundamental errors continued to arise in your nursing practice.

You also adduced multiple references from former colleagues, all of which attested positively to the care you have provided in the past, but none specifically commenting on the areas of concern.

In light of all the above, the panel had insufficient evidence before it to allay its concerns that you may currently pose a risk to patient safety. It considered there to be a risk of repetition of the incidents found proved and a risk of significant harm to patients in your care, should adequate safeguards not be imposed on your nursing practice. Therefore, the panel 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/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.

The panel considered the public interest to be engaged in the consideration of this case. It was of the view that a fully informed member of the public would be sufficiently concerned by your misconduct and your lack of competence and/or lack of competence, as set out in the panel's findings. It concluded that public confidence in the nursing profession would be undermined if a finding of impairment was not made in this case. Therefore, the panel determined that a finding of impairment on public interest grounds was also required.

Having regard to all of the above, the panel was satisfied that your fitness to practise as a registered nurse is currently impaired on the grounds of public protection and public interest, both in relation to your misconduct and your lack of competence and/or lack of competence’.

The original panel determined the following with regard to sanction:

‘The panel first considered whether to take no action but concluded that this would be wholly inappropriate in view of the seriousness of this case. Taking no further action would place no restriction on your nursing registration and would therefore not protect the public. Further, it would not address the public interest concerns identified.

Next, in considering whether a caution order would be appropriate in the circumstances, the panel took into account the SG, which 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 was of the view that your misconduct and your lack of competence and/or lack of competence was not at the lower end of the spectrum of fitness to practise and that a caution order would be inappropriate in view of the seriousness of the case. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order as this sanction would not adequately protect the public.

The panel next considered whether placing a conditions of practice order on your nursing registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable.

The panel is of the view that there are no practical or workable conditions that could be formulated at this stage, given the nature of the concerns identified. Whilst the panel had determined that your clinical deficiencies were capable of remediation, it was not satisfied that a conditions of practice order could be devised to adequately

protect the public, or address the public interest elements of this case. The panel received evidence demonstrating that despite a high level of support from the Hospital, with both informal and formal capability processes being implemented, and you undertaking further training, you continued to make a significant number of varied errors, some of which were repeated errors impacting upon patient safety.

Whilst accepting that the challenging personal circumstances which you faced in 2019 no longer apply, the panel considered there to be a risk of repetition of these incidents. It agreed with Ms McGuinness' submission that a conditions of practice order was unlikely to alleviate this risk, taking account of the particular circumstances of this case. You have not worked in a nursing environment since these issues arose in 2019, some four years ago. The panel noted that you would need to do a return to practice programme before returning to nursing in any event.

Furthermore, the panel had found you to have only demonstrated limited insight into your actions as your insight was largely self-reflective. It found that you had lacked insight into the impact your actions had on patients, their families, colleagues, and the wider public. There is also limited evidence to indicate that you appreciate the gravamen of your conduct.

In taking account of the above, the panel determined that placing a conditions of practice order on your nursing registration would not adequately address the seriousness of this case, nor would it satisfy the public interest considerations.

The panel then went on to consider whether a suspension order would be an appropriate sanction.

The panel considered whether the seriousness of this case required temporary removal from the NMC register and whether a period of suspension would be sufficient to protect patients and satisfy the public interest. When considering seriousness, the panel took into account the extent of the departure from the standards to be expected of a registered nurse and the risk of harm to the public interest caused by that departure.

The panel decided that although there had been clear breaches of fundamental tenets of the nursing profession and a significant departure from a number of the standards in the Code, there are material mitigating circumstances.

The panel noted that whilst your shortcomings were serious and not a single instance of misconduct and your lack of competence and/or lack of competence, you have expressed a willingness to improve your nursing practice and return to the profession. The panel noted that it had found your conduct to be capable of remediation in principle, but you had not yet taken the required steps to assure it that you were capable of safe and effective nursing practice.

Whilst you are lacking insight into your misconduct and your lack of competence and/or lack of competence, the panel considered you to have recognised that your nursing practice did fall below the standards expected of a registered nurse. You have not yet begun to reflect on the full extent of your misconduct and your lack of competence, but it was of the view that you should be afforded the opportunity to demonstrate that you understand the concerns to a future reviewing panel.

The panel decided that a suspension order would be an appropriate and proportionate sanction in your case.

The panel was of the view that a suspension order for six months, with review, would provide you with sufficient opportunity to reflect and develop your insight further. You would be able to explain to a future panel how your actions had an impact on patients, their families, colleagues, and the wider public, and comment on how you will prevent yourself from acting in a similar way in future.

The panel also went on to consider whether a striking-off order would be an appropriate sanction in your case. However, in having regard to all the above, the panel concluded that it would be disproportionate at this stage. The panel was of the view that the lesser sanction of suspension would satisfy the public protection and public interest elements of this case.

The panel decided that public confidence in the nursing profession and in the NMC as regulator can be maintained by the imposition of a suspension order for six months, subject to a review before expiry. The panel bore in mind that if you could demonstrate sufficient insight and remediation to a future reviewing panel, it could be in the public interest to retain an experienced registered nurse who wishes to return to safe practice.

As such, the panel decided that your misconduct and your lack of competence is not fundamentally incompatible with continuing registration and that the public interest can be sufficiently addressed by a less severe outcome than permanent removal from the NMC register.

Balancing all of these factors the panel has concluded that a suspension order for six months, with review, would be the appropriate and proportionate sanction.

The panel noted that this suspension order will prevent you from working as a registered nurse during the time in which it is in force. The panel had no specific information relating to your current financial position, however, it determined that your interests were outweighed by the wider public interest in any event.

The panel considered that this order is necessary to mark the importance of maintaining public confidence in the nursing profession, and to send to the public and the profession a clear message about the standards of behaviour required of a registered nurse.

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

Decision and reasons on current impairment

The panel has considered carefully whether your fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as a registrant's suitability to remain on the register without restriction. In

considering this case, the panel has carried out a comprehensive review of the order in light of the current circumstances. Whilst it has noted the decision of the last panel, this panel has exercised its own judgement as to current impairment.

The panel had regard to all of the documentation before it, including the NMC bundle, your bundle enclosing your reflective statement, one positive testimonial from your employer dated 4 January 2024 and certificates of training completed. It has taken account of the submissions made by Ms Steels and Mr Burton.

Ms Steels outlined the background of the case and reminded the panel of the decision taken at the substantive hearing. She went through the charges found proved and admitted at the substantive hearing.

Ms Steels submitted that you have been working as a Support Worker since 26 October 2023 and your bundle enclosed details of your job description. She submitted that the testimonial dated 4 January 2024 from the Human Resources Manager was positive. Ms Steels said that your training certificates included safeguarding vulnerable adults, first aid and diversity and inclusion.

Ms Steels invited the panel to consider the reflective statement produced by you today and assess the insight you have at this stage. She submitted that within your reflective statement there appears to be some proven charges that you still do not accept. For example, you do not appear to accept that you required assistance to look up medication in the British National Formulary (BNF) nor do you appear to accept that you placed the oxygen mask on a patient's eyelids or failed to return it to its proper position in a prompt manner.

Ms Steels submitted that it is a matter for the panel's independent judgement whether you remain impaired and what sanction is appropriate.

Mr Burton invited the panel to replace the current suspension order with a conditions of practice order.

Mr Burton submitted that your fitness to practise remains impaired as you have been unable to work in a nursing role since 2019.

Mr Burton submitted that you have made significant progress since the last hearing and you should be offered the opportunity to secure a nursing post to exhibit a period of practise without concern so that a future reviewing panel may allow you to practise nursing unrestricted in the future.

Mr Burton submitted that you have complied with the recommendations made by the last panel. He submitted that you have engaged throughout the NMC process, from the initial referral to the substantive hearing and the review hearing today.

Mr Burton told the panel that you have secured a role as a Support Worker at the Mainstay Trust Limited (the Home) where you have been working since 26 October 2023. He said that you have completed your induction programme. He submitted that you were asked to produce a reference from your employer. He referred the panel to the positive testimonial from the Human Resources Manager dated 4 January 2024 which stated:

'I am writing to confirm that Sandra has worked with Mainstay Trust Ltd since 26th October 2023 having completed a full induction programme. During the two week induction at our head office, Sandra arrived on time every day and participated fully in each of the sessions positively.

Since completing induction, Sandra has been working as a Support Worker in our care home, Daniel House. All feedback regarding Sandra has been positive with no concerns regarding her practice, communication or ability to complete all tasks asked of her.

I trust you will find the above to be in order, if you require any further information, please feel free to get in touch.'

Mr Burton said that the previous panel recommended that you produce a reflective statement using a recognised model. He referred the panel to your reflective statement which in his submission demonstrates developed insight as you identify what you ought to have done in certain situations and what you may do if placed in a similar situation in the future.

Mr Burton said that the previous panel suggested you produce any evidence of training and you have produced certificates today which were completed during your current employment, namely:

- Autism and Learning Disabilities dated 23 November 2023
- Diversity and Equality and Inclusion dated 23 November 2023
- First Aid Awareness dated 23 November 2023
- Safeguarding of Vulnerable Adults dated 23 November 2023

Mr Burton submitted that as you have been unable to work as a nurse, it has been difficult for you to remediate the concerns surrounding drug administration however it was his submission that a panel can be satisfied that a further period of suspension is not required, and any concerns can be managed by way of a conditions of practise order. He suggested conditions such as indirect supervision, not being the nurse in charge, personal development plan, direct supervision when administering medication until signed off by your line manager and regular meetings with your line manager. Mr Burton submitted that if you are able to secure a nursing role, the public would remain protected, and the public interest is satisfied by a conditions of practice order.

Evidence

You gave evidence under affirmation.

The panel asked you about the context of the incidents for example the situation involving an oxygen mask and asked if you could elaborate further on the impact of your actions on patients, colleagues and the reputation of the profession.

You expressed your apology for your actions, and you said that you will do your best to ensure that you never repeat the misconduct and your lack of competence. You said that you will obey what you are told to do.

The panel asked you about your reflective statement. You said that the NMC advised you to use the Gibbs reflection template, so you edited the reflective statement you produced at the substantive hearing and updated it with your new thoughts.

You said that you appreciate and understand the reaction from colleagues and patients. You apologise for what you have done, and you will continue to carry out what is expected of you.

The panel accepted the advice of the legal assessor who referred it to the NMC Guidance on Fitness to Practise, the Guidance in *Council for Healthcare Regulatory Excellence v NMC & Grant* [2011] EWHC 927 (Admin), and to the Sanctions Guidance (SG) issued by the NMC.

In reaching its decision, the panel was mindful of the need to protect the public, maintain public confidence in the profession and to declare and uphold proper standards of conduct and practice.

The panel considered whether your fitness to practise remains impaired. The panel noted the bundle provided by you including a reflective statement, training certificates and one positive testimonial from your employer dated 4 January 2024. It has taken account of the submissions made by Ms Steels and Mr Burton and your oral evidence.

The panel acknowledged your acceptance of your misconduct and your lack of competence and that your care was not satisfactory. The panel acknowledged your efforts to secure a Support Worker role in a care home. It noted the positive testimonial dated 4 January 2024 from your employer stating that you have been working well as a Support Worker and there have been no concerns raised.

In relation to your oral evidence, the panel found your level of insight significantly unchanged since the last hearing. The panel asked a number of questions to seek to explore your current level of insight. It noted that you struggled to articulate why the mistakes and omissions occurred or how your personal circumstances led you to act in a certain way. Similarly, you failed to explain how your actions impacted colleagues, patients and the reputation of the profession.

In relation to the reflective statement, the panel was mindful that the statement submitted for today's hearing contained material about parts of the allegations that were found not proved at the substantive hearing and seemed to contain denials of some matters found proved by the previous panel. It noted that you reused the same reflective

statement that was submitted to the previous panel and you updated it with your new thoughts. Although you have addressed each of the failings in turn, there was little substance or detail regarding how your failings impacted your colleagues, patients and the wider profession or how you will ensure safe practice going forward.

In relation to the training certificates, the panel noted that the training completed was mandatory as part of your induction at the Home and had limited relevance to the regulatory concerns found in your practice. The panel considered that there was a persuasive burden on you to show that the concerns raised had been remediated but the panel did not find that it had sufficient evidence demonstrating the strengthening of your practice.

In light of your failure to demonstrate improved insight or strengthening of the failings found in your practice, the panel decided that there remains a real risk of repetition of the misconduct and your lack of competence found proved.

For these reasons, the panel finds that your fitness to practise remains impaired on public protection grounds. The panel also found that your fitness to practise remains impaired on public interest grounds and that a finding of impairment was required to protect standards and maintain public confidence in the profession.

Decision and reasons on sanction

Having found your fitness to practise currently impaired, the panel then considered what, if any, sanction it should impose in this case. The panel noted that its powers are set out in Article 30 of the Order. The panel has also taken into account the 'NMC's Sanctions Guidance' (SG) and has borne in mind that the purpose of a sanction is not to be punitive, though any sanction imposed may have a punitive effect.

The panel first considered whether to take no action but concluded that this would not protect the public and would be inappropriate. 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 public protection issues identified, an order that does not restrict your practice would

not be appropriate in the circumstances. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether a conditions of practice order on your registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel bore in mind the risk of repetition of the conduct found proved. Before the events in the allegation, the panel noted that you had benefited from both informal and formal capability measures and that the misconduct/your lack of competence occurred whilst you were being directly supervised. Despite intervention and following a final written warning, your practise did not improve. It further noted that your level of insight remains significantly unchanged. It therefore concluded that it could not formulate workable conditions that would adequately protect the public at this time.

The panel considered the imposition of a further period of suspension. It was of the view that a suspension order would allow you further time to consider the findings of the substantive panel, demonstrate that you have fully reflected on your previous failings and demonstrate improved insight at a future reviewing panel. The panel concluded that a further 6 month suspension order would be the appropriate and proportionate response and would afford you adequate time to further develop your insight and demonstrate a full understanding of how your actions impacted your patients, colleagues, and the wider profession.

The panel determined therefore that a suspension order is the appropriate sanction which would continue to both protect the public and satisfy the wider public interest. Accordingly, the panel determined to impose a suspension order for the period of 6 months.

This suspension order will take effect upon the expiry of the current suspension order, namely at the end of 28 February 2024 in accordance with Article 30(1).

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

Any future panel reviewing this case would be assisted by:

- Your continued engagement with the NMC.
- Any recent experience of you having worked in a healthcare environment.
- A new reflective piece using a recognised model (E.g. Gibbs) demonstrating a development of your insight, with particular regard shown to the impact your misconduct and your lack of competence had on patients in your care, colleagues and the wider profession. Why the incidents occurred and what you would do differently in future if you were faced with a similar set of circumstances, where you came under stress or were otherwise struggling to maintain the quality of your practice.
- Any learning or training undertaken to address the areas of concern, as well as any other professional development in order to keep your nursing skills up to date.
- Any evidence of your practical skills within a healthcare environment having improved with training.
- Any up to date testimonials, whether in paid or unpaid employment.

This will be confirmed to you in writing.

That concludes this determination.