

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

**Substantive Order Review Hearing
Wednesday, 23 April 2025**

Virtual Hearing

Name of Registrant:	Sandy Lewis
NMC PIN	19C01100
Part(s) of the register:	Registered Nurse – Sub Part 1 Adult Nursing – Level 1: 7 March 2019
Relevant Location:	Dorset
Type of case:	Lack of competence
Panel members:	Suzy Ashworth (Chair, lay member) Lisa Holcroft (Registrant member) Karan Sheppard (Lay member)
Legal Assessor:	Melissa Harrison
Hearings Coordinator:	Tyra Andrews
Nursing and Midwifery Council:	Represented by Anna Rubbi, Case Presenter
Miss Lewis:	Present and unrepresented at this hearing
Order being reviewed:	Conditions of practice order (18 months)
Fitness to practise:	Impaired
Outcome:	Conditions of practice order (9 months) to come into effect on 31 May 2025 in accordance with Article 30 (1)

Decision and reasons on review of the substantive order

The panel decided to extend the current conditions of practice order.

This order will come into effect at the end of 31 May 2025 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the second review of a substantive conditions of practice order originally imposed for a period of 18 months by a Fitness to Practise Committee panel on 29 April 2022. This was reviewed on 23 November 2023 and the conditions of practice order was extended for a further 18 months.

The current order is due to expire at the end of 31 May 2025.

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:

'Between 3 April 2019 and 7 August 2019, you failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a Band 5 Nurse, in that you:

1. *Whilst subject to a Personal Improvement Plan at C3 Ward, Poole Hospital NHS Foundation Trust between 3 April 2019 and 17 June 2019, you failed to pass the following objectives:*
 - a. *Effective and competent communication skills. (Proved by admission)*
 - b. *Effective written communication. (Proved by admission)*
 - c. *To demonstrate initiative at all times, in line with the expectations of a Band 5 Staff Nurse. (Proved by admission)*
 - d. *Effective team working. (Proved by admission)*
 - e. *Effective time management skills. (Proved by admission)*

- f. *To demonstrate the ability to act on any NEWS scores appropriately and effectively. **(Proved by admission)***
- 2. *On 15 April 2019, in respect of one of more unknown patients:*
 - a. *Did not complete tasks and/or handover information for discharge. **(Proved by admission)***
 - b. *Did not communicate with the health care assistant during the shift. **(Proved by admission)***
 - c. *Did not provide a full handover to the night staff. **(Proved by admission)***
- 3. *On an unknown date in April 2019, whilst assisting a patient who was subject to infection control, you did not wear gloves and an apron when assisting the patient. **(Proved by admission)***
- 4. *On 16 April 2019, in respect of one or more unknown patients you:*
 - a. *Did not complete discharge documentation for a patient who was due to be discharged on that day. **(Proved by admission)***
 - b. *Did not communicate with the auxiliary nurse during the shift. **(Proved by admission)***
 - c. *Did not contact the doctor and therapy team to obtain details for the patient's discharge. **(Proved by admission)***
- 5. *On 21 April 2019 during a supervised shift, in respect of one or more patients you:*
 - a. *Did not communicate with the assigned Healthcare Assistant. **(Proved by admission)***
 - b. *Did not complete tasks allocated to you by your supervisor, Colleague A. **(Proved by admission)***
 - c. *Did not fully complete patient/nursing documentation. **(Proved by admission)***

- d. *Demonstrated a lack of understanding on how to complete fluid balance charts. **(Proved by admission)***
 - e. *Did not provide a detailed handover to the staff in the nightshift. **(Proved by admission)***
 - f. *Demonstrated poor communication skills with patients and colleagues. **(Proved by admission)***
6. *Failed to pass the Non-IV Drug Calculations Test on 11 April 2019, 23 April 2019 and 30 April 2019. **(Proved by admission)***
7. *On 25 April 2019, during a supervised shift, in respect of one or more unknown patients you:*
- a. *Did not complete a fluid balance chart. **(Proved by admission)***
 - b. *Did not check a number of unknown patient's cannulas and/or complete any VIP scores. **(Proved by admission)***
 - c. *Incorrectly positioned an ECG lead. **(Proved by admission)***
8. *On 14 May 2019, in respect of an unknown patient, you:*
- a. *Did not escalate to a doctor that the patient had a heart rate of 125 bpm and an irregular heartbeat. **(Proved)***
 - b. *Did not carry out observations on the patient when instructed. **(Proved)***
 - c. *Did not check if the Healthcare Assistant had carried out any observations. **(Proved by admission)***
9. *On 24 May 2019, in respect of an unknown patient, you:*
- a. *Offered a patient Oramorph without checking the patient's airway. **(Proved by admission)***
 - b. *Administered paracetamol without checking when it had last been administered. **(Not proved)***

- c. *Made no entries on the patient's fluid balance chart from 09:00 – 17:30. (Proved by admission)*

10. *On 5 June 2019, during a supervised shift, in respect of one or more unknown patients:*

- a. *Did not complete any entries in Patient A's fluid balance chart between 12.00 and 16.00. (Proved by admission)*
- b. *Did not sign the fluid balance chart. (Proved by admission)*
- c. *Did not fully complete the nursing and evaluation care plan for Patient A. (Proved by admission)*
- d. *Demonstrated poor record keeping, in that your writing was illegible. (Not proved)*
- e. *Commenced an enteral feed without receiving written confirmation from a doctor that the nasogastric tube was in the correct position. (Proved by admission)*
- f. *Carried out the task as described in charge 10e above when you were not competent to do so. (Proved by admission)*

11. *Whilst subject to a PIP (as updated) at Lulworth Ward, Poole Hospital NHS Foundation Trust between 13 June 2019 and 13 August 2019, you failed to pass the following objectives:*

- a. *Effective and competent communication skills. (Proved by admission)*
- b. *Effective written communication. (Proved by admission)*
- c. *To demonstrate initiative at all times, in line with the expectations of a Band 5 Staff Nurse. (Proved by admission)*
- d. *Effective team working. (Proved by admission)*
- e. *Effective time management skills. (Proved by admission)*
- f. *To demonstrate the ability to act on any NEWS scores appropriately and effectively. (Proved by admission)*
- g. *Safe and effective medication administration. (Proved by admission)*

- h. To demonstrate an understanding of hospital policies and procedures*
- i. Ability to use equipment safely. (Proved by admission)*

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

The first substantive reviewing panel determined the following with regard to impairment:

'The panel noted that the original panel found that there was no evidence before the panel that Miss Lewis had addressed or strengthened the deficiencies in her practice. It had no evidence by way of references or testimonials, of her safe practice since working as a nurse in Jamaica. Further, there was no evidence of any reflection or insight into her lack of competence. It noted that a number of the witnesses in Miss Lewis' case stated that they were surprised to find that she did not feel she lacked competence, highlighting the absence of any insight.

At this hearing the panel took into account that Miss Lewis is still engaging with the process and making efforts to comply with the conditions of practice order, whilst working as a nurse in Jamaica. The panel considered that the evidence to demonstrate her strengthening of her practice still to be limited. The level of supervision and adherence to the conditions of practice order was not detailed and clear.

It was concerned that the evidence of complying with condition 1 was confined to the attendance at a training course for (electrocardiogram) ECG monitoring. There was no evidence of the administration of medication under supervision, nor undertaking any assessment of competence for medication administration or undertaking ECG monitoring.

The panel considered that in relation to condition 2, it had not seen a detailed personal development plan (PDP). It was not clear how the PDP had been constructed and the level of observed practice, if any, that had taken place.

In respect of conditions of practice 4, the panel was of the view that there was a lack of detail on how Miss Lewis' supervision was being conducted and determined that a report from her supervisor would have been of assistance.

The panel considered Miss Lewis' reflective statement which shows developing insight, however it did not demonstrate why the wide range of failings in her clinical practice had arisen. The panel was of the view that Miss Lewis' reflective piece focusses on her thought processes but does not sufficiently evidence the practical application of those thought processes and the outcomes.

In relation to the support and supervision Miss Lewis has been provided, the panel was of the view that she not been assessed and passed a test to demonstrate her competence in the areas of concern. Further, the panel was not clear as to whether she is being supervised on a daily basis and what level of supervision she is working under.

The panel had sight of a single testimonial, that was completed by a HCA who was working with her at the Trust, at a time when your competence was called into question. It considered, as did the original panel, that workplace testimonials documenting your safe and effective working practice particularly from a clinical line manager would have been more useful.

In light of this, this panel determined that Miss Lewis is liable to repeat matters of the kind found proved. The panel therefore decided that a finding of continuing impairment is necessary on the grounds of public protection.

The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. The panel determined that, in this case, a finding of continuing impairment on public interest grounds is also required.

For these reasons, the panel finds that Miss Lewis' fitness to practise remains impaired.'

The first substantive reviewing panel determined the following with regard to sanction:

'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 Miss Lewis' 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 a caution order would be inappropriate in view of the wide-ranging issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether imposing a further conditions of practice order on Miss Lewis' registration would still be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable.

The panel determined that it would be possible to formulate appropriate and practical conditions which would address the failings highlighted in this case. The panel accepted that Miss Lewis is engaging with the NMC and is willing to comply with any conditions imposed.

The panel was of the view that a further conditions of practice order is sufficient to protect patients and the wider public interest, noting as the original panel did that there was no deep seated attitudinal problems. In this case, there are conditions that could be formulated which would protect patients during the period they are in force.

The panel was of the view that to impose a suspension order would be disproportionate and would not be a reasonable response in the circumstances of Miss Lewis' case.

Accordingly, the panel determined, pursuant to Article 30(1)(c) to make a conditions of practice order for a period of 18 months, which will come into effect on the expiry of the current order, namely at the end of 30 November 2023. It decided to impose the following conditions which it considered 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 ensure that you are directly supervised by another registered nurse, more senior to you, any time that you are administering medication or undertaking ECG monitoring, until such a time as you are signed off as competent to do so unsupervised.*
- 2. You must work with your manager, mentor or supervisor to create a personal development plan (PDP). Your PDP must address the following areas of your clinical practice:*
 - a. Escalating concerns about deteriorating patients.*
 - b. Caring for patients where specific infection control procedures are required.*
 - c. Carrying out accurate observations of patients in a timely manner.*
 - d. Ensuring that you have completed training for any procedures that you carry out.*
 - e. Communication skills, both written and oral.*
 - f. Initiative.*
 - g. Documentation.*
 - h. Time management.*
 - i. Your PDP should contain specific examples and be signed by your supervisor each time.*

3. *You must meet with your manager, mentor or supervisor at least monthly to discuss these issues and your progress towards achieving the aims set out in your PDP.*
4. *You must provide the NMC with your PDP and a report regarding your progress against your objectives, from your manager, mentor or supervisor, prior to any review of this Order.*
5. *If working as a registered nurse in the UK, you must work under a preceptorship arrangement with direct supervision, until you are deemed competent to work safely and effectively alone and in line with your job description and are signed off by your employer.*
6. *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.*
7. *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.*
8. *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.*

- e. *Any current or prospective patients or clients you intend to see or care for on a private basis when you are working in a self-employed capacity*
- 9. *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.*
- 10. *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 18 months.'

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 ability to practise kindly, safely and professionally. 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 has had regard to all of the documentation before it, including the NMC bundle, and your oral evidence, which you gave under oath. It has taken account of the submissions made by Ms Rubbi on behalf of the NMC.

Ms Rubbi has submitted that your fitness to practise remains impaired on the grounds of public protection and public interest. She referred to the previous panel's guidance regarding evidence this panel may find helpful; she submitted you have not provided any documentary evidence to demonstrate insight or strengthening of your practice.

Ms Rubbi has noted you are currently employed as a registered nurse in Jamaica, she also acknowledged you have not provided workplace references or testimonials to demonstrate how you have strengthened your practice since the previous hearing.

Ms Rubbi invited the panel to continue the conditions of practice order for a further 6 months. This is in light of the fact that it has been 35 months since the original finding of impairment without evidence to show any change in the position of impairment. Ms Rubbi noted that it has been challenging for you to obtain a preceptorship role in the UK as required by these conditions.

The panel also had regard to your oral evidence provided under oath. You advised that you have been working as a nurse in Jamaica since 2020. You stated you are currently supervised by a nurse manager and meet with them roughly on a monthly basis, and they are comfortable with you administering medication without supervision.

You told the panel that since the previous hearing you have obtained further training certificates, and you have been working on your personal development plan (PDP) with your supervisor in Jamaica. You have advised the PDP has not been provided for this hearing because it has not been signed off and is currently incomplete.

You stated that you have more independence practising as a nurse in Jamaica and you agree that you have not been assessed or provided documentary evidence to support the development of your skills.

You stated that you would like to return to practising as a registered nurse within the UK, to advance your career. You told the panel that you do not have any solid plans to do so, however, you would like the opportunity to gain a preceptorship role and to work under these conditions and return to an unrestricted practice in due course.

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

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 performance.

The panel considered whether your fitness to practise remains impaired.

The panel noted that the last reviewing panel found that you had insufficient insight. At this hearing the panel have found you continue to demonstrate insufficient insight.

There is a persuasive burden on the professional at a substantive order review to demonstrate that they have fully acknowledged why past professional performance was deficient and through insight, application, education, supervision, or other achievement has sufficiently addressed the past impairments.

When considering whether your fitness to practise remains impaired, the panel considered the following:

- Whether you have complied with the conditions imposed, and what evidence has been provided to demonstrate this.
- Whether you show insight into your failings and if your level of insight has improved or worsened since the last hearing.
- Whether you have taken effective steps to maintain your skills and knowledge.
- Whether you have a record of safe practice without further incident since the last hearing.
- Whether risk to patient safety still remains following the previous conditions.

The panel has noted that you have not been able to demonstrate your compliance with the conditions of practice imposed. The panel has highlighted the conditions of practice in place are applicable to the UK jurisdiction only. The panel noted that you gave evidence of having undertaken training and have been working on a (PDP) however, you have not provided documentary evidence of this to this hearing.

The panel determined that you do not demonstrate insight into your previous failings and noted that within your oral evidence, you attempted to play down your previous failings and told the panel that the events on record were not exactly what happened. The panel acknowledges you have not provided a reflective statement since your previous hearing to demonstrate remorse or understanding regarding the risk your failings present to the public and to the reputation of the nursing profession. In light of this, the panel considers your insight to be lacking.

The panel acknowledged your oral evidence that you are continuing to provide safe care within your nursing role in Jamaica. As the panel noted that you only worked as a registered nurse within the UK for 4 months, evidence of any safe practice is limited, and no further evidence such as work references has been provided to show a record of safe practice since the previous hearing.

Having considered all of the evidence, the panel was satisfied that you have failed to discharge the persuasive burden regarding the impairment of your fitness to practise, and that you remain a risk to patient safety.

The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. The panel determined that, in this case, a finding of continuing impairment on public interest grounds is also required.

For these reasons, the panel finds that your fitness to practise remains impaired.

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 the NMC's guidance notes REV-3a 'Standard reviews of substantive orders before they expire' and REV-3h 'Removal from the register where there is a substantive order in place'. The panel 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 be inappropriate in view of the seriousness of the case and the risk to public protection. The panel decided that it would be neither proportionate nor in the public interest to take no further action.

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict your practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'* The panel considered that your lack of competence was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

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

The panel determined that it would be possible to formulate appropriate and practical conditions which would address the failings highlighted in this case. The panel accepted that you have been unable to comply with conditions of practice due to your challenge in obtaining a preceptorship within the UK. The panel noted that you are engaging with the NMC, and you are willing to comply with any conditions imposed but need to obtain UK employment to do so.

The panel was of the view that a further conditions of practice order is sufficient to protect patients and the wider public interest, noting the failings identified are remediable with significant work and effort. Similar to the original panel, this panel found that there were no deep-seated attitudinal problems. In this case, there are conditions that could be formulated which would protect patients during the period they are in force.

The panel was of the view that to impose a suspension order or a striking-off order would be disproportionate and would not be a reasonable response in the circumstances of your case because the conditions in place are sufficient to protect the public and the public interest. The panel noted that it is not in the public interest that professionals remain on the register under conditions of practice indefinitely and further observed that a future panel has access to all sanctions in disposing of this case, including a striking off order if you remain unable to comply with conditions of practice or to make progress towards safe, unrestricted practice. The panel was mindful that you believe your residence outside the UK is a barrier to you obtaining a nursing position within the UK and considers that you may wish to take steps to remedy this if you wish to address the regulatory concerns raised within your case.

Accordingly, the panel determined, pursuant to Article 30(1)(c) to make a conditions of practice order for a period of 9 months, which will come into effect on the expiry of the current order, namely at the end of 31 May 2025. It decided to impose the following conditions which it considered 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 ensure that you are directly supervised by another registered nurse, more senior to you, any time that you are administering medication or undertaking ECG monitoring, until such a time as you are signed off as competent to do so unsupervised.

2. You must work with your manager, mentor or supervisor to create a personal development plan (PDP). Your PDP must address the following areas of your clinical practice:
 - a. Escalating concerns about deteriorating patients.
 - b. Caring for patients where specific infection control procedures are required.
 - c. Carrying out accurate observations of patients in a timely manner.
 - d. Ensuring that you have completed training for any procedures that you carry out.
 - e. Communication skills, both written and oral.
 - f. Initiative.
 - g. Documentation.
 - h. Time management.
 - i. Your PDP should contain specific examples and be signed by your supervisor each time.
3. You must meet with your manager, mentor or supervisor at least monthly to discuss these issues and your progress towards achieving the aims set out in your PDP.
4. You must provide the NMC with your PDP and a report regarding your progress against your objectives, from your manager, mentor or supervisor, prior to any review of this order.
5. If working as a registered nurse in the UK, you must work under a preceptorship arrangement with direct supervision, until you are deemed competent to work safely and effectively alone and in line with your job description and are signed off by your employer.
6. 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.
- 7. 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.
- 8. 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.
 - e. Any current or prospective patients or clients you intend to see or care for on a private basis when you are working in a self-employed capacity
- 9. 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.
- 10. 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 9 months.

This conditions of practice order will take effect upon the expiry of the current conditions of practice order, namely the end of 31 May 2025 in accordance with Article 30(1).

Before the end of the period of the order, a panel will hold a review hearing to see how well you have 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:

- A reflective statement that deals with examples of how your working practice has been strengthened and the impact of incompetent nurses on the profession, professional colleagues and the wider public interest.
- Evidence of compliance with the conditions of practice and of strengthening your practice.
- Continued engagement with your regulator and virtual attendance at any future review hearing to be available to provide additional evidence in support of submitted documentation.
- Any workplace references or testimonials relating to your current working nursing practice.

This will be confirmed to you in writing.

That concludes this determination.