

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

**Substantive Order Review Meeting  
Tuesday, 29 April 2025**

Nursing and Midwifery Council  
2 Stratford Place, Montfichet Road, London, E20 1EJ

<b>Name of Registrant:</b>	Natalie Jane Smith
<b>NMC PIN:</b>	10G0695E
<b>Part(s) of the register:</b>	Registered Nurse – Sub Part 1 Childrens Nursing – August 2010
<b>Relevant Location:</b>	Peterborough
<b>Type of case:</b>	Lack of competence
<b>Panel members:</b>	Mandy Rayani (Chair, registrant member) Sarah Morgan (Registrant member) Sabrina Sheikh (Lay member)
<b>Legal Assessor:</b>	Simon Welsh
<b>Hearings Coordinator:</b>	Ibe Amogbe
<b>Order being reviewed:</b>	Conditions of practice order (12 months)
<b>Fitness to practise:</b>	Impaired
<b>Outcome:</b>	<b>Suspension order (12 months) to come into effect on 28 June 2025 in accordance with Article 30 (1)</b>

## **Decision and reasons on service of Notice of Meeting**

The panel noted at the start of this meeting that the Notice of Meeting had been sent to Miss Smith's registered email address by secure email on 19 March 2025 and registered address by recorded delivery and by first class post on 20 March 2025.

The panel had regard to the Royal Mail 'Track and trace' printout which showed the Notice of Meeting was delivered to Miss Smith's registered address on 22 March 2025. It was signed for in the name of Smith on printout.

The panel took into account that the Notice of Meeting provided details of the review that the review meeting would be held no sooner than 28 April 2025 and inviting Miss Smith to provide any written evidence seven days before this date.

The panel accepted the advice of the legal assessor.

In the light of all of the information available, the panel was satisfied that Miss Smith has been served with notice of this meeting in accordance with the requirements of Rules 11A and 34 of the Nursing and Midwifery Council (Fitness to Practise) Rules 2004 (as amended) (the Rules).

## **Decision and reasons on review of the current order**

The panel decided to replace the current conditions of practice order with a suspension order.

This order will come into effect at the end of 28 June 2025 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the third review of a substantive order originally imposed by a Fitness to Practise Committee panel on 30 November 2022. The original order was a conditions of practice order for a period of 12 months. The first review took place on 14 November 2023 when the panel decided to extend the conditions of practice order for a further 6 months. The

second review took place on 23 May 2024 when the panel decided to extend the conditions of practice order for a period of 12 months.

The current order is due to expire at the end of 28 June 2025.

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

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

*‘That you, a registered nurse:*

- 1) Whilst employed by North West Anglia NHS Foundation Trust between December 2018 and November 2019:*
  - a) failed to demonstrate the standards of knowledge, skill and judgment in medication administration required to practise without supervision as a registered nurse, in that you:*
    - i. on 20/21 December 2018, administered inhaler medication, namely Salbuamol, incorrectly in that you did not count at least 8 seconds per puff.*
    - ii. on 08 February 2019, did not administer medication, namely co-amoxiclav, as prescribed to Patient F.*
  - b) failed to demonstrate the standards of knowledge, skill and judgment in patient care required to practise without supervision as a registered nurse, in that you:*
    - i. on 30 December 2018, did not replenish two tracheostomy boxes after use.*
    - ii. on 04 January 2019, did not complete vital signs for Patient C when it would have been clinically appropriate to do so.*
  - c) failed to demonstrate the standards of knowledge, skill and judgment in practising within your scope of practice required to practise without supervision as a registered nurse, in that you:*

- i. on 25 December 2018, inserted a nasal bridle when you did not have the training required to do so safely.
  - ii. on 30 July 2019, cannulated a patient when did not have the training required to do so safely.
- d) failed to demonstrate the standards of knowledge, skill and judgment in record keeping required to practise without supervision as a registered nurse, in that you:
  - i. on 20/21 December 2018, did not record in Patient A's notes that you had administered inhaler medication.
  - ii. on 04 January 2019, did not complete any records for Patient C between 14.19 and 18.50 when it would have been clinically appropriate to do so.
  - iii. on 05 January 2019, did not complete a cannula care bundle for Patient D.
  - iv. on 09 January 2019:
    - 1. between c. 20.00 and 06.30 did not complete admission, plan of care and care delivered documentation in respect of an unknown patient.
    - 2. did not sign the drug chart for a patient in Bed 29 or record the time at which you had administered this patient's medication.
    - 3. did not record feeds given to a patient in Bed 30 in the patient's notes
    - 4. did not undertake or record CSM observations for the patient in Bed 30 when it would have been clinically appropriate to do so.
  - v. on 24 January 2019, did not sign Patient E's prescription chart to confirm IV medication had been administered.
  - vi. on 21 October 2019:
    - 1. signed to indicate you had administered medication, namely ibuprofen, to Patient G when you had not done so.
    - 2. re-signed Patient G's prescription chart when you administered the medication referred to above without correcting/deleting the earlier erroneous entry.

- e) *failed to demonstrate the standards of knowledge, skill and judgment in escalation of care to practise without supervision as a registered nurse, in that you:*
  - i. *on 09 April 2019, inappropriately escalated a query about your scope of practice to a staff member who was not on site.*

2) [PRIVATE]

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

*Schedule 1*

1) [PRIVATE]

The second reviewing panel determined the following with regard to impairment:

*‘The panel determined that Miss Smith’s fitness to practise remains impaired.*

*The panel noted that Miss Smith admitted all the charges and agreed a consensual panel determination. However, the panel has had no information regarding insight into her lack of competence, or any evidence that Miss Smith has taken any steps to strengthen her practice since the substantive order was imposed. The original panel determined that Miss Smith was liable to repeat matters of the kind found proved. Today’s panel has received no information that would reduce this risk and determined that the risk of repetition remains. The panel considered that Miss Smith’s actions in relation to the charges found proved, namely not monitoring a patient post-procedure who had been sedated, not replacing tracheostomy tube packs, and poor record keeping related to medications administration, put patients at real risk of harm. The panel therefore decided that a finding of continuing impairment is necessary on the ground 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 performance and competence. The panel determined that, in this case, a finding of continuing impairment on public interest grounds is also required because in the absence of any evidence of remediation, the public's confidence in the profession would be undermined.*

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

The second reviewing panel determined the following with regard to sanction:

*'Having found Miss Smith's 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 be inappropriate in view of the ongoing risk of harm. The panel decided that it would not be proportionate, adequately protect the public, nor be 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 ongoing risk of harm, and the public protection issues identified, an order that does not restrict Miss Smith'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 Miss Smith's 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 not be proportionate, adequately protect the public, nor be in the public interest to impose a caution order.*

*The panel next considered whether imposing a conditions of practice order on Miss Smith's 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 competency issues highlighted in this case. It determined that the concerns identified with Miss Smith's practice were remediable. Although it did not have any evidence that she has strengthened her practice, the panel noted that at the substantive hearing it was recorded that Miss Smith had not worked as a nurse since December 2019.*

*The panel determined to vary condition 1 to allow Miss Smith to be supervised by a band 5 or above nurse rather than a band 6 or above nurse. This was on the basis that an experienced band 5 nurse could provide appropriate supervision. Requiring Miss Smith to be supervised by a band 6 nurse might unnecessarily reduce the scope of nursing roles available to her. It also varied condition 2 to better clarify the clinical areas of concern identified.*

*The panel was of the view that this varied conditions of practice order is sufficient to protect patients and the wider public interest, whilst enabling Miss Smith to work and strengthen her practice.*

*The panel was of the view that to impose a suspension order at this stage would not be a reasonable response in the circumstances of Miss Smith's case.*

*This varied conditions of practice order will take effect as a new conditions of practice order for a period of 12 months pursuant to Article 30(1)(c). It will come into effect on the expiry of the current order, namely at the end of 28 June 2024. The panel 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 supervised by a registered nurse any time you are working. Your supervision must consist of working at all times on the same shift as, but not always directly observed by, a registered nurse of band 5 equivalent or above.
2. You must work with your line manager, supervisor, or mentor to create a personal development plan (PDP) which must be reviewed every six weeks. Your PDP must address the following areas of competency to be signed off when complete:
  - a) Management and administration of medication.
  - b) Monitoring patients' vital signs.
  - c) Working within the scope of your practice.
  - d) Escalating when there is a concern.
  - e) Record keeping.
3. You must:
  - a) Send your case officer a copy of your PDP within four weeks of commencing any work.
  - b) Meet with your line manager, supervisor, or mentor at least every two weeks to discuss your progress towards achieving the aims set out in your PDP.
  - c) Send your case officer a report from your line manager, supervisor, or mentor before the next review. This report must show your progress towards achieving the aims set out in your PDP.
4. 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.*
- 5. 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.*
- 6. 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.*
- 7. 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.*
- 8. 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 12 months. The panel determined that this was a proportionate duration in light of the ongoing risk as well as the lack*

*of evidence of strengthened practice. The panel considered that this length of time would also give Miss Smith sufficient time to seek and gain employment in which to demonstrate safe and professional practice as a registered nurse. The panel also considered that experience as a care worker or in similar roles could be helpful.*

*This conditions of practice order will take effect upon the expiry of the current conditions of practice order, namely the end of 28 June 2024 in accordance with Article 30(1).*

*Before the end of the period of the order, a panel will hold a review hearing in accordance with Article 30.*

*Additionally, Miss Smith or the NMC may ask for the substantive order to be reviewed early if any new evidence becomes available that may be relevant to the order. Relevant evidence could include further training or evidence of safe practice as a registered nurse or in a different care setting.*

*The panel noted that if Miss Smith does not engage with the NMC, or demonstrate evidence of compliance with these conditions, or provide other evidence of insight and remediation, a future panel may impose a suspension or a striking-off order.*

*The panel noted that Miss Smith's most recent engagement with the NMC was through her representative, and prior to the last review. She has not been in direct contact with the NMC since 13 January 2023. Accordingly, the panel determined that a future panel would be assisted by confirmation from Miss Smith regarding her future intentions to either return to work as a registered nurse or to be removed from the register.*

*Miss Smith may be assisted by the following parts of the NMC Guidance [REV-3h] 'Allowing nurses, midwives or nursing associates to be removed from the register when there is a substantive order in place'. The guidance states:*

*'In most circumstances nurses, midwives or nursing associates who are subject to a substantive suspension or conditions of practice order, but no longer wish to continue practising, should be allowed to be removed from the register. Our Order and Rules state that professionals cannot be removed from the register while a substantive suspension or conditions of practice order is in place.*

*[...]*

*The nurse, midwife or nursing associate can indicate at a standard review that they no longer wish to continue practising; the panel will then be invited to let the substantive order expire in order to allow the professional to be removed from the Register.'*

*Any future panel reviewing this case would therefore be assisted by:*

- Miss Smith's engagement with the NMC;*
- An update on Miss Smith's future intentions with regard to remaining on the register.*
- Miss Smith's attendance at the hearing;*
- A reflective piece demonstrating insight into her lack of competence and evidence of training, in-person or virtual, that Miss Smith has taken to strengthen her practice.'*

## **Decision and reasons on current impairment**

The panel has considered carefully whether Miss Smith's fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the Nursing and Midwifery Council (NMC) has defined fitness to practise as a registrant's ability to practice 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. The panel received no documentation from Miss Smith.

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 Miss Smith's fitness to practise remains impaired.

The panel noted that Miss Smith has not engaged with the NMC since January 2023; it has not received any information regarding insight into her lack of competence, or any evidence that Miss Smith has taken any steps to strengthen her practice since the substantive order was imposed.

The panel considered that Miss Smith's actions in relation to the charges found proved, namely not monitoring a patient post-procedure who had been sedated, not replacing tracheostomy tube packs, and poor record keeping related to medications administration, put patients at real risk of harm. The panel therefore decided that a finding of continuing impairment is necessary on the ground 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 performance and competence. The panel determined that, in this case, a finding of continuing impairment on public interest grounds is also required because in the absence of any evidence of remediation, the public's confidence in the profession would be undermined.

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

### **Decision and reasons on sanction**

Having found Miss Smith's 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 considered the imposition of a caution order but determined that, due to ongoing risk of harm, and the public protection issues identified, an order that does not restrict Miss Smith'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 Miss Smith's 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 the extension of the current conditions of practice order, however noted that Miss Smith has been on conditions of practice since 2022 and has not engaged with the NMC since January 2023. The panel found that there is no information before it to conclude that Miss Smith is willing or able to comply with any conditions imposed upon her practice.

On this basis, the panel concluded that a conditions of practice order is no longer practicable in this case. The panel concluded that no workable conditions of practice could be formulated which would protect the public or satisfy the wider public interest.

The panel gave serious consideration to imposing a striking-off order, recognising that the threshold for such a sanction had been met. However, the panel decided that, given that the considerations in this case relate to lack of competence rather than misconduct, a suspension order was appropriate at this stage. While Miss Smith has not meaningfully engaged with these proceedings, the panel considered it fair to give her one final opportunity to demonstrate insight, remediation, and a willingness to engage with the NMC. The panel was clear that if Miss Smith fails to engage during the period of suspension, or does not provide evidence of meaningful remediation, a future panel may consider a striking-off order to be inevitable.

The panel therefore concluded that a 9-month suspension order was the most appropriate and proportionate sanction. It considered this outcome sufficient to protect the public and

satisfy the wider public interest, while allowing the Registrant time to demonstrate a commitment to safe and professional practice.

This suspension order will take effect upon the expiry of the current conditions of practice order, namely the end of 28 June 2025 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 extend the order, or it may replace the order with another order.

This will be confirmed to Miss Smith in writing.

That concludes this determination.