# Nursing and Midwifery Council
# Fitness to Practise Committee

## Substantive Order Review Hearing
## Friday, 11 July 2025

Virtual Hearing

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|---|---|
| **Name of Registrant:** | **Francis Dike** |
| **NMC PIN:** | 06H2816E |
| **Part(s) of the register:** | Registered Nurse – Sub Part 1<br>Mental Health Nursing (21 September 2006) |
| **Relevant Location:** | Bedfordshire |
| **Type of case:** | Misconduct |
| **Panel members:** | Nicholas Rosenfeld (Chair, lay member)<br>Rosalyn Mloyi (Registrant member)<br>Shelley Smith Hemsley (Lay member) |
| **Legal Assessor:** | Hala Helmi |
| **Hearings Coordinator:** | Adaobi Ibuaka |
| **Nursing and Midwifery Council:** | Represented by Sahara Fergus-Simms, Case Presenter |
| **Mr Dike:** | Not present and unrepresented |
| **Order being reviewed:** | Conditions of practice order (9 months) |
| **Fitness to practise:** | Impaired |
| **Outcome:** | **Conditions of practice order (12 months) to come into effect on 22 August 2025 in accordance with Article 30 (1).** |

**Decision and reasons on service of Notice of Hearing**

The panel was informed at the start of this hearing that Mr Dike was not in attendance and that the Notice of Hearing had been sent to Mr Dike's registered email address by secure email on 9 June 2025.

Ms Fergus-Simms, 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.

The panel took into account that the Notice of Hearing provided details of the substantive order being reviewed, the time, date and that the hearing was to be held virtually, including instructions on how to join and, amongst other things, information about Mr Dike's right to attend, be represented and call evidence, as well as the panel's power to proceed in his absence.

In the light of all of the information available, the panel was satisfied that Mr Dike has been served with notice of this hearing in accordance with the requirements of Rules 11 and 34.

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

At the outset of the hearing, Ms Fergus-Simms made a request that this case be held partly in private [PRIVATE]. The application was made pursuant to Rule 19(3) of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

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 and outweighs any prejudice in doing so.

The panel determined that the hearing would be held in private session [PRIVATE] in order to uphold his privacy.

**Decision and reasons on proceeding in the absence of Mr Dike.**

The panel next considered whether it should proceed in the absence of Mr Dike. The panel had regard to Rule 21 and heard the submissions of Ms Fergus-Simms who invited the panel to continue in the absence of Mr Dike. She submitted that Mr Dike had voluntarily absented himself.

Ms Fergus-Simms submitted that there had been no recent engagement at all by Mr Dike with the NMC in relation to today's proceedings despite efforts from the NMC to get in contact with him, and as a consequence, there was no reason to believe that an adjournment would secure his attendance on some future occasion.

The panel accepted the advice of the legal assessor.

The panel has decided to proceed in the absence of Mr Dike. In reaching this decision, the panel considered the submissions of Ms Fergus-Simms, and the advice of the legal assessor. It has had particular regard to any relevant case law and to the overall interests of justice and fairness to all parties. It noted that:

- No application for an adjournment has been made by Mr Dike;
- Mr Dike engaged with the NMC in previous hearings, but has not engaged with the NMC in regard to this substantive order review hearing and has not responded to any of the correspondence from the NMC sent to him about the hearing;
- Mr Dike has voluntarily absented himself, and the NMC have tried to contact him via email on 09 June 2025, 16 June 2025 and 10 July 2025 with no response.
- There is no reason to suppose that adjourning would secure his attendance at some future date; and
- There is a strong public interest in the expeditious review of the case for the matter to proceed.

In these circumstances, the panel has determined that it is fair, appropriate and proportionate to proceed in the absence of Mr Dike.

**Decision and reasons on review of the substantive order**

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

This order will come into effect at the end of 22 August 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 25 May 2023. The first order was a suspension order for a period of eight months. This was reviewed on 16 January 2024 and a conditions of practice order was imposed for nine months. This was reviewed on 15 October 2024 and a conditions of practice order was continued for a further nine months.

The current order is due to expire at the end of 22 August 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:

> *'That you, a registered nurse:-*
>
> *1. In relation to Service User 1, failed to ensure as of 25 October 2018 that their care plan set out clearly and/or at all:*
>
> *1.1 with respect to the use of a Hoist:*
>
> *1.1.1 what sort of hoist should be used*
>
> *1.1.2 what sort of sling should be used*

*1.1.3 how many members of staff should operate the hoist*

*1.2 with respect to meal preparation:*

*1.2.1 what the risks were*

*1.2.2 what level of support Service User 1 required*

*1.2.3 what their preferences were*

*1.3 with respect to pressure sores:*

*1.3.1 …*

*1.3.2 how staff could prevent pressure areas developing*

*1.3.3 whether Service User 1 could reposition themselves*

*1.3.4 how Service User 1 needed support*

*1.3.5 what action to take should their skin start to break down.*

*1.3.6 …*

*2. …*

*3.1 …*

*3.2 set out adequately and/or at all how catheter and/or stoma care should be provided safely*

*4. In relation to Service User 2, failed to ensure that staff had any or adequate specialist training in catheter and/or stoma care*

*5. In relation to Service User 3, failed to ensure as of 25 October 2018 that the section of their Care Plan entitled 'Functional Electronic System' set out clearly and/or at all:*

*5.1 what FES equipment does*

*5.2 how FES equipment should be used*

*5.3 how long FES equipment should be used for*

*5.4 the risk of incorrect use or overuse*

*6…*

*7. ...*

*8. ...*

*9…*

*10. In relation to Service User 9, between 24 May 2018 and 5 June 2018, failed to ensure that they received any and/or adequate care in relation to food shopping and/or food preparation*

*11. As of 18 September 2018, in respect of one or more Service Users, failed to ensure that the service had, or had available, accurate and complete incident and accident records*

*12. In respect of recording of care calls:*

*12.1 failed to ensure that staff had been fully trained in the use of the CM2000 call system prior to its introduction*

*12.2 as of 18 September 2018, failed to ensure that at least one of CM2000 and paper records, or the two combined, provided a complete record of calls.*

*12.3 as of 18 September 2018, failed to ensure that there was evidence of all calls which had taken place since the introduction of the CM2000 call system*

*13. As of 25 October 2018 Failed adequately or at all to:*

*13.1 …*

*13.2 have in place tools to monitor the standard of care provided during calls*

*13.3 have in place a system to record health or wellbeing information from calls*

*13.4 in respect of calls other than those at 2.1 & 6.1 above, ensure that calls took place at times required and/or appropriate to the needs of Service Users*

*13.5 in respect of calls other than those at 2.2 & 6.2 above, ensure calls were of the required length*

*13.6 ensure that care during calls was of a proper standard*

*13.7 identify and/or act upon occasions when the standard of care provided in calls was poor*

*14. On an unknown date prior to 25 October 2018, with regard to a Service User's suspected UTI, failed to contact their GP or advise their family to do so*

*15. ...*

*16. In relation to the training of staff:*

*16.1 on one or more occasions prior to 25 October 2018 personally provided training to staff in one or more of the following areas when you had no relevant training specific qualification:*

*16.1.1 moving and handling*

*16.1.2 safeguarding of adults and children*

*16.1.3 food hygiene*

*16.1.4 equality and diversity*

*16.1.5 pressure care*

*16.1.6 medicines administration*

*16.1.7 health and safety*

*16.1.8 first aid*

*16.1.9 the Mental Capacity Act 2005*

*16.2 in respect of one or more of the areas at*

*16.1.1 - 16.1.9 above on one or more occasions provided training which was inadequate.*

*16.3 failed to ensure that spot checks of staff competency:*

*16.3.1 were adequate in number*

*16.3.2 addressed safeguarding*

*16.3.3 addressed medication administration*

*16.3.4 assessed the performance of individual staff*

*16.4 with regard to moving and handling training:*

*16.4.1 failed to provide any or adequate practical training*

*16.4.2 failed to have in place effective monitoring to ensure that training was being followed and/or staff were competent*

*17…*

*18. With respect to complaints, failed to have in place and/or make use of:*

*18.1 a written policy for dealing with complaints*

*18.2 an effective system to:*

*18.2.1 monitor complaints*

*18.2.2 ensure complaints were acted upon*

*18.2.3 improve the Service in light of complaints*

*19. ...*

*20. In respect of reportable concerns:*

*20.1 on or about 22 December 2016 you became aware of a reportable concern but failed to report it until 20 February 2018*

*20.2 on or about 09 September 2017 you became aware of a reportable concern but failed to report it until 20 February 2018*

*20.3 on or about 04 October 2017 you became aware of a reportable concern but failed to report it until 20 February 2018*

*20.4 on or about 21 December 2017 you became aware of a reportable concern but failed to report it until 01 May 2018*

*20.5 on or about 08 June 2018 you became aware of a reportable concern but failed to report it until 30 August 2018*

*20.6 on or about 06 June 2018 you became aware of a reportable concern but failed to report it until 30 August 2018*

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

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

*'The panel noted that the last reviewing panel found that you had developing insight. The panel carefully considered the NMC Guidance set out in REV 3-a:*

- *'Has the nurse, midwife or nursing associate complied with any conditions imposed? What evidence has the nurse, midwife or nursing associate provided to demonstrate this? What is the quality of that evidence and where does it come from?*
- *Does the nurse, midwife or nursing associate show insight into their failings or the seriousness of any past misconduct? Has their level of insight improved, or got worse, since the last hearing?*
- *Has the nurse, midwife or nursing associate taken effective steps to maintain their skills and knowledge?*

- *Does the nurse, midwife or nursing associate have a record of safe practice without further incident since the last hearing?*
- *Does compliance with conditions or the completion of required steps demonstrate that the nurse, midwife or nursing associate is now safe to practise unrestricted, or does any risk to patient safety still remain?'*

*At this hearing, the panel found that you have been unable to comply with conditions set out in your conditions of practice order because you have not been able to secure employment as a nurse. The panel noted that you have not provided evidence since the last hearing of:*

- *Training*
- *Reflection*
- *References*

*The panel noted that no new information has been provided since the last hearing. However, the panel also noted that in today's hearing you:*

- *Took the oath and answered questions*
- *Expressed to the panel the importance of care planning and risk assessment and you provided examples of each*

*The panel determined that, through answering questions posed to you, you demonstrated further developing insight.*

*With regards to your level of insight, the panel determined that it has further improved, albeit slightly, but that you have not undertaken training, provided any written self-reflections nor have you undertaken self-study.*

*The panel noted that you do not have a record of safe practice without further incident since the last hearing as you have been unable to again employment in the nursing profession.*

*The panel found that there has been no change in circumstances since the previous hearing in January 2024.*

*The panel found that you have not demonstrated full remediation, nor have you taken steps to improve your practice. 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 found that the public would expect a nurse impaired on public protection grounds to demonstrate safe practice. 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.'*

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

*'The panel next considered whether imposing a further 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 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 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 and that are workable, measurable and proportionate. Accordingly, the panel has amended the conditions of practice order made in January 2024 to reflect the submission made by the registrant the current conditions of practice are unnecessarily restrictive.*

*The panel was of the view that to impose a suspension order would be wholly disproportionate and would not be a reasonable response in the circumstances of your case because there is no evidence of deep-seated attitudinal issues.*

*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 22 November 2024. 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 only work with one employer, which must not be an agency or a temporary staffing organisation.*
>
> *2. You should not work as the nurse in charge of a shift. You should work at all times on the same shift as, but not always be directly supervised by, another registered nurse.*
>
> *3. You should have supervision meetings monthly to discuss your clinical practice.*
>
> *4. You should undertake relevant training courses agreed by your manager/ supervisor which include care planning and risk assessment with regard to patients. A record of your training should be sent to your NMC Case Officer before your next review hearing.*

*5. You should write a reflective piece monthly and discuss this with your supervisor during your monthly meeting. This reflective piece should include:*

- *a sample of a cases of where you have undertaken care planning/risk assessments;*
- *the nature of care given*

*This should be submitted to your NMC Case Officer before your next review hearing.*

*6. You must provide a document from your supervisor which:*

- *Confirms that monthly meetings have taken place*
- *Details your progress and practice*

*This should be submitted to your NMC Case Officer before your next review hearing.*

*7. 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.*

*8. 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.*

*9. You must immediately give a copy of these conditions to: a) Any organisation or person you work for. b) Any employers you apply to for work (at the time of application). c) Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.*

*10. 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.*

*11. 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'*

**Decision and reasons on current impairment**

The panel has considered carefully whether Mr Dike's 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. It has taken account of the submissions made by Ms Fergus-Simms on behalf of the NMC. Ms Fergus-Simms first took the panel through the background of the case and referred the panel to the previous decisions of the substantive reviewing panels.

Ms Fergus-Simms submitted that at the last review hearing, given that Mr Dike has stated that he had been unable to find employment as a registered nurse, and therefore unable to comply with the conditions of practice at that time, the panel amended the conditions originally made in January 2024. She further submitted that the last reviewing panel stated that he could provide a reflective piece and should include a sample of cases he has undertaken, including where he's undertaking care planning, risk assessments and write in detail the nature of the care given.

Ms Fergus-Simms also noted that Mr Dike should have submitted this to the NMC before the next review hearing. She further stated that in terms of condition six, Mr Dike was told

he must provide a document from his supervisor confirming that the monthly meetings were in fact taking place and to include the details of Mr Dike's progress. It was also highlighted to Mr Dike that a future panel would be assisted by him undertaking training and his attendance at any future hearing, especially if he isn't working in a nursing capacity and unable to comply with the conditions.

Ms Fergus-Simms submitted that Mr Dike was not in employment as a registered nurse and he stated that the conditions could not be fulfilled. She submitted that as of today, there has not been any new information received by the NMC, to suggest Mr Dike's situation has changed. Mr Dike has also not followed the recommendations of the last reviewing panel by producing any evidence to assist todays panel, and has not attended this hearing.

As a result, Ms Fergus-Simms submitted that there is continued impairment where it is still in the interests of public protection to have the current conditions of practice order remain in place, with a duty on Mr Dike to continue to engage with the NMC.

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 Mr Dike's fitness to practise remains impaired.

The panel noted that the last reviewing panel commented that Mr Dike had slightly improved his insight. At this hearing the panel had regard to the recommendations of the last reviewing panel suggesting that today's panel would be assisted by Mr Dike's:

- *'Attendance at any future hearing*
- *If you are not working in a nursing capacity and unable to comply with the conditions set out above, then to provide the panel with reflective statements relating to nursing practice, and evidence of relevant training including training regarding risk assessment and care planning'*

Today's panel noted that it did not have any new information before it to confirm that he had complied with the conditions imposed, demonstrated any further insight into his misconduct, or take an effective steps to maintain his knowledge or skills.

The panel therefore found that there has been no change in circumstances since the previous hearing in October 2024. The panel therefore determined 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. Given the nature of the wide ranging failings concerning vulnerable service users being cared for in the community, where there is no evidence that they have been remediated to date, the panel found that Mr Dike was also impaired on the grounds of public interest.

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

**Decision and reasons on sanction**

Having found Mr Dike'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 seriousness of the case. The panel decided that it would be neither proportionate nor in the public interest to take no further action.

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict Mr Dike'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 Mr Dike's misconduct 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 in the public interest to impose a caution order, nor would it afford protection to the public.

The panel next considered whether imposing a further conditions of practice order on Mr Dike's registration would be sufficient to protect patients and address concerns about public confidence or proper professional standards and conduct. The panel is mindful that any conditions imposed must be proportionate, measurable, workable and relevant.

The panel determined that it would be possible to formulate appropriate and practical conditions which would address the misconduct found proved.

The panel was of the view that a further conditions of practice order would be sufficient to protect patients and the wider public interest, reaffirming that there was: no evidence of deep seated attitudinal problems; there were identifiable areas of Mr Dike's practice in need of assessment and or retraining; and conditions could be created that could be monitored and assessed. In this case, there are conditions which could be formulated which would protect patients during the period they are in force. The panel considered that the conditions were not too onerous allowing Mr Dike to work in an environment alongside nursing colleagues whilst gathering evidence to support a return to practice without restrictions. The panel considered whether varying the conditions would assist Mr Dike's return to practice, however without his attendance and engagement at this hearing, it could not address this.

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 Mr Dike's case.

Accordingly, the panel determined, pursuant to Article 30(1)(a) to make a conditions of practice order for a period of 12 months, which will come into effect on the expiry of the current order, namely at the end of 22 August 2025. The panel imposed a 12 months order

to give Mr Dike the opportunity to comply with the conditions, strengthen his insight into his past misconduct and to take further steps to maintain his skills and knowledge. 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 only work with one employer, which must not be an agency or a temporary staffing organisation.

2. You should not work as the nurse in charge of a shift. You should work at all times on the same shift as, but not always be directly supervised by, another registered nurse.

3. You should have supervision meetings monthly to discuss your clinical practice.

4. You should undertake relevant training courses agreed by your manager/ supervisor which include care planning and risk assessment with regard to patients. A record of your training should be sent to your NMC Case Officer before your next review hearing.

5. You should write a reflective piece monthly and discuss this with your supervisor during your monthly meeting. This reflective piece should include:

- a sample of a cases of where you have undertaken care planning/risk assessments;
- the nature of care given

This should be submitted to your NMC Case Officer before your next review hearing.

6. You must provide a document from your supervisor which:

- Confirms that monthly meetings have taken place
- Details your progress and practice

This should be submitted to your NMC Case Officer before your next review hearing.

7. 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.

8. 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.

9. You must immediately give a copy of these conditions to: a) Any organisation or person you work for. b) Any employers you apply to for work (at the time of application). c) Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.

10. 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.

11. 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.

This conditions of practice order will take effect upon the expiry of the current conditions of practice order, namely the end of 22 August 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 Mr Dike 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:

- Attendance at any future hearing
- Evidence of compliance with the conditions.
- If Mr Dike is not working in a nursing capacity and unable to comply with the conditions set out above, then he is to provide the panel with reflective statements relating to nursing practice, and evidence of relevant training including training regarding risk assessment and care planning
- Any references and testimonials from any work role whether in nursing or not.

This will be confirmed to Mr Dike in writing.

That concludes this determination.