

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

**Substantive Order Review Hearing
Friday, 13 June 2025**

Virtual Hearing

Name of Registrant:	Angela Lisa Jones	
NMC PIN:	05L0524E	
Part(s) of the register:	RM, Midwife (01 March 2003)	
Relevant Location:	Leicestershire	
Type of case:	Misconduct	
Panel members:	Angela Kell	(Chair, Lay member)
	Claire Braithwaite	(Registrant member)
	Delecia Dixon	(Lay member)
Legal Assessor:	Gerard Coll	
Hearings Coordinator:	Adaobi Ibuaka	
Nursing and Midwifery Council:	Represented by Amabel Kerr, Case Presenter	
Miss Jones:	Present and unrepresented	
Order being reviewed:	Conditions of practice order (18 months)	
Fitness to practise:	Impaired	
Outcome:	Order to lapse upon expiry in accordance with Article 30 (1), namely on 28 June 2025	

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

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

You indicated that you supported the application [PRIVATE].

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.

The panel accepted the advice of the legal assessor.

The panel determined that it would go into private session [PRIVATE] to protect your privacy.

Decision and reasons on review of the substantive order

The panel decided to allow the current conditions of practice order to lapse with a finding of impairment.

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 first review of a substantive conditions of practice order originally imposed for a period of 18 months by a Fitness to Practise Committee panel on 30 November 2023.

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 which resulted in the imposition of the substantive order are as follows:

'That you, Band 6 Midwife,

1. On 30 October 2018, during Patient A's first admission you:

- a. did not auscultate the foetal heart rate after conducting a vaginal examination*
- b. ...*

2. On 30 October 2018, during Patient A's second admission you:

- a. did not perform sufficient abdominal palpation before conducting a vaginal examination;*
- b. did not allow Student A to perform an abdominal palpation;*
- c. did not undertake a full assessment of Patient A;*
- d. did not auscultate the foetal heart rate prior to conducting a vaginal examination;*
- e. ...*
- f. incorrectly used the first stage partogram to document the second stage of labour;*
- g. did not auscultate the foetal heart rate every five minutes during the second stage of labour;*
- h. did not document in the patient notes and/or the partogram the reasons you did not auscultate the foetal heart rate every five minutes;*
- i. did not document in the patient notes/and or the partogram that you completed a "partial palpation" of Patient A's abdomen on her return to established labour;*
- j. left Student A alone without another member of staff on one or more occasions during the second stage of labour;*
- k. when you left the room you did not inform Student A where you were going;*
- l. did not wash your hands before conducting the birth of Baby A;*
- m. did not wear gloves:*
 - i. during the birth of Baby A*
 - ii. when touching Patient A's genitalia and/or perineum with bare hands whilst assisting Patient A to give birth*

- iii. *during the delivery of the placenta*
 - iv. *to remove a blood clot in the birth pool with your bare hands*
 - v. *when touching the umbilical cord KW 38-40*
 - n. *did not obtain consent and/or inform Patient A that you were going to touch her genitalia and/or perineum with bare hands during the birth of Baby A;*
 - o. *during the third stage labour you inappropriately pulled/tugged on the umbilical cord;*
3. *On or around 1 December 2018, whilst discharging Patient B home you prescribed "Diclofenac" by adding it to the "to take out" TTO form when you did not have the authority to do so.*
4. ...

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

The original panel determined the following with regard to impairment:

'In relation to limb (a) of the test, the panel determined that you have in the past put patients at a risk of harm. The panel was satisfied that Patient A and her baby were placed at risk of harm whilst in your care, during Patient A's labour. You failed to follow fundamental elements of midwifery practise, namely, to wash your hands and wear gloves to minimise the risk of infection and during intimate contact. Furthermore, you did not auscultate the foetal heart rate at every 5 minutes in the second stage of labour.

In relation to limbs (b) and (c) of the test, the panel was satisfied that your proven misconduct involved breaches of the fundamental tenets of the midwifery profession, namely that you failed to prioritise people, practise effectively, preserve safety and promote professionalism and trust. The panel determined that, in so doing, you brought the profession into disrepute. The panel was of the view members of the public, expectant mothers and their families would be concerned about the level of care you could provide given your misconduct and question their

safety whilst under the care of midwives. The panel further considered that it is also quite possible that an informed expectant mother could be reluctant to access the services of a midwife as a result.

The panel also noted that the test also requires it to consider what you are liable to do in the future in relation to these three limbs. In this regard, the panel considered your level of insight, steps taken to strengthen your practice and the risk of repetition.

The panel took into account your witness statement dated 4 February 2022. It considered that whilst you have made some admissions in relation to your record keeping, you provided explanations for why certain things had happened at the time and sought to shift the blame onto others.

The panel also noted that your evidence was contradictory in nature in relation to your focus on patient care rather than student experience. It considered the following extracts from your witness statement:

‘ It is disappointing that Student A felt it acceptable to see Patient A as a means to test her knowledge and gain experience, rather than a labouring woman who was in pain and needed effective pain management’

‘... The Midwife who was taking over from me for the night shift stated that she didn’t feel confident enough in a physiological 3rd stage to be left to do this by herself, so I stayed after my shift as I felt this was a teaching opportunity for the Midwife, and Student A could then count the birth for her NMC numbers. It would be remiss of me to embrace a teaching opportunity and then undertake the one thing that you don’t want to do in a physiological 3rd stage... I was aware that Student A needed to get home. Had the placenta not been ready to deliver then I would have suggested the Midwife taking over the case carry on and asked Student A if she wished to stay with her. Unfortunately, NMC stipulations that students must witness the completion of the third stage of labour means that opportunities are lost as they take part in the birth of the baby, but are unable to be part of the third

stage for a number of reasons. On this occasion the placenta was separated and situated behind the perineum at the introitus so was delivered quickly, and Student A was able to witness the completion of the birth stages and therefore count the birth in her NMC numbers'

The panel was of the view that it had no information before it which demonstrates that you have developed an understanding of how your actions could have potentially affected Patient A, your colleagues (in particular Student A) or how that might impact negatively on the reputation of the midwifery profession. The panel also took into account that through your witness statement and your oral evidence, you showed little remorse into how your actions made Patient A, colleagues and Student A feel.

The panel was satisfied that the misconduct in this case is capable of being addressed. Therefore, the panel carefully considered the evidence before it in determining whether or not you have taken steps to strengthen your midwifery practice. The panel took into account the training you have undertaken in 2020-2022, including safeguarding, occupational health, recordkeeping, medication management and unconscious bias. However, the panel considered that apart from this, there is no evidence before it of significant relevant training you have undertaken to which is specific to the charges, for example managing the third stage of labour and prevention and control of infection.

The panel considered that it has no evidence of you having strengthened your clinical practice, given that you have not practised as a midwife since the regulatory concerns arose. The panel was of the view that there is a risk of repetition and therefore decided that a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind that the overarching objectives of the NMC; to protect, promote and maintain the health, safety, and well-being of the public and patients, and to uphold and protect the wider public interest. This 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 determined that a finding of impairment on public interest grounds is required because an informed member of the public would be concerned if you were permitted to practise without restriction given the risk of repetition and your lack of remediation. In addition, the panel concluded that public confidence in the profession would be undermined if a finding of impairment were not made in this case and therefore also finds your fitness to practise impaired on the grounds of public interest.

Having regard to all of the above, the panel was satisfied that your fitness to practise is currently impaired.'

The original panel determined the following with regard to sanction:

'The panel was of the view that a conditions of practice order would be the least restrictive order to demonstrate your ability to practise safely, effectively and kindly. It noted that you have been subject to an interim conditions of practice order since 2019 and have chosen not to engage with the interim conditions and return to midwifery practice. Notwithstanding that, the panel was still of the view that a conditions of practice order remains workable and sufficient to adequately mitigate the risk in this case, and therefore most appropriate. The panel was of the view that adaptations to the current interim conditions of practice would make them easier to achieve.

The panel recognised that as a result of you not having practised as a midwife for 5 years, you have to undertake a return to practise course.

Balancing all of these factors, the panel determined that that the appropriate and proportionate sanction is that of a conditions of practice order.

The panel was of the view that to impose a suspension order or a striking-off order would be wholly disproportionate and would not be a reasonable response in the circumstances of your case because the public protection and public interest

concerns as well as the level of risk in this case, would be appropriately managed and met with the imposition of conditions of practice.

Having regard to the matters it has identified, the panel has concluded that a conditions of practice order will mark the importance of maintaining public confidence in the profession, and will send to the public and the profession a clear message about the standards of practice required of a registered midwife.

The panel determined that the following conditions are appropriate and proportionate in this case:

'For the purposes of these conditions, 'employment' and 'work' mean any paid or unpaid post in a nursing, midwifery or nursing associate role. Also, 'course of study' and 'course' mean any course of educational study connected to nursing, midwifery or nursing associates.

- 1. You will send the NMC a report 14 days in advance of the next NMC hearing or meeting from either:*
 - Your supervising midwife or clinical mentor*
 - Your line manager.*
- 2. You must limit your midwifery practice to a single NHS employer.*
- 3. You must ensure that you are supervised by a registered midwife 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 midwife of band 6 or above and directly observed in the second and third stages of labour until assessed as competent.*

4. *You must work with your supervising midwife to create a personal development plan (PDP). Your PDP must address the concerns identified below:*
- *Management of the second and third stage of labour to include monitoring maternal and foetal wellbeing*
 - *Informed consent*
 - *Prevention and control of infection*
 - *Medicines management*
 - *Managing and assessing risk*

You must:

- *Send your case officer a copy of your PDP 14 days before the next substantive review of this order.*
- *Send your case officer a report from your supervising midwife or clinical mentor or line manager every six months.*

This report must show your progress towards achieving the aims set out in your PDP. Your supervising midwife could also review your completion of return to practise documents to evidence this.

5. *You must engage with your supervising midwife on a frequent basis to ensure that you are making progress towards aims set in your personal development plan (PDP), which include:*
- a. *Meeting with your supervising midwife at least every month to discuss your progress towards achieving the aims set out in your PDP*
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 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.*
- 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'*

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 nurse/midwife'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 had regard to all of the documentation before it, including the NMC bundle and a reflective statement provided by you. It has taken account of the submissions made by Ms Kerr.

Ms Kerr outlined the background of the case and referred the panel to the relevant parts of the bundle.

Ms Kerr submitted that you had provided a reflective piece, that you accept responsibility for your actions and you address how your actions negatively impacted your colleagues, the reputation of the profession and expressed regret for how your actions may have impacted Patient A. However, there does still appear to remain some refocusing/shifting of blame where you state that the narrative easily shifts from being an isolated misconduct to questioning the competence of the entire profession. Ms Kerr submitted that this generalisation, although biased, can deeply affect how the public views and engages with maternity services.

Ms Kerr submitted that you no longer work as a midwife no in a clinical setting.

Ms Kerr further submits that although the reflective statement provides clear insight into your state of mind, the panel may feel it is not sufficient enough, to prove there is no risk of repetition as you have not provided evidence to demonstrate a strengthening of your practice, no evidence of training since 2023 when the conditions were first imposed and no testimonials have been provided by you. Therefore, she submitted that the panel could find it appropriate to extend the current conditions of practice order, allowing you to showcase

your strengthened skills while protecting the public and maintaining public confidence should you wish to return to the profession.

The panel also had regard to your oral submissions.

You made submissions to the panel, that throughout your career as a midwife, you have encountered a workplace culture that became increasingly toxic. You submitted that there was a culture of bullying, cliques and a lack of support in the workplace from the senior leadership and your colleagues. You submitted that these factors [PRIVATE] left you unable to continue in the role you once loved. You further submitted that [PRIVATE] contributed to your dismissal and referral to the NMC.

You submitted that your negative experience was further '*compounded by an investigation process that has lasted over 5 1/2 years.*' [PRIVATE] You further submitted that returning to midwifery after such a long drawn-out amount of time would not make you feel safe, both personally and professionally, and you would not want to enter the profession again after such a long period of time under any circumstances.

You told the panel that you currently work as a Health and Wellbeing lead in a mental health setting and that in contrast to your last role as a Midwife, this current role offers a positive and supportive environment where you feel respected and your contributions are valued.

You submitted that returning to the midwifery profession would require you to complete mandatory educational courses, which would mean you would have to undertake learning and clinical placements in your own time, which is untenable as it would conflict with the requirements of your current role.

You submitted that due to you not working as a midwife in the last 5-6 years, you were not able to complete the undertakings expected, the return to practice course, and as a result have been unable to fulfil the conditions of practice order.

You submitted that you hope your reflective statement provided to the panel shows that you have learnt and reflected on your failings and in light of everything believe that

professionally your future lies somewhere else where you are respected, supported and able to make a positive difference. You told the panel that you therefore do not wish to return to the profession of midwifery.

You submitted that you are *‘fully aware of the implications associated with relinquishing my nursing and Midwifery Council registration and have considered this carefully.’[sic]*

You submitted that you hoped the panel will consider these limitations to your compliance, and would allow you to be removed from the register by making a finding of impairment but allowing your registration to lapse rather than by way of a striking-off order, with its associated potential damage to your reputation.

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 original panel found that you had insufficient insight. At this hearing the panel had sight of your in depth reflective statement and your oral submissions. The panel found that you have demonstrated good insight; your reflective piece was very comprehensive, you spoke about the impact of your actions on the trust, the profession, colleagues, and how this impacted negatively on the reputation of the nursing profession and how your actions affected Patient A.

The panel also considered the following from your reflective statement:

“The subsequent erosion of [PRIVATE] and lack of belief in the system eventually erupted, but that doesn’t excuse the failings of my practice on this shift, but I hope it goes some way to explain it.”

The panel noted during your oral submissions that you referred to a toxic environment, and how this contributed to your poor practice. Whilst the panel accepted your perception of the workplace culture may have been retrospectively negatively impacted by your perception of your experience and regulatory proceedings, it did not accept that a so called toxic environment should directly affect patient care without evidence. The panel determined that a midwife should always do what is expected to uphold patients safety and public confidence in the profession.

In its consideration of whether you have taken steps to strengthen your practice, the panel were mindful that you have not worked in the midwifery profession for a number of years and therefore have been unable to provide any evidence of mandatory training testimonials or compliance with conditions. The panel also accepted your submission that you would have to undertake significant retraining to be able to return to safe practice, which you are aware of.

The original panel determined that you were liable to repeat matters of the kind found proved. Today's panel has heard from you that you did not feel safe to return after such a long time and had no intention to return to the profession or undergo retraining as it would clash with your current role. In light of this, and given your in depth reflection the panel determined that a risk of repetition remains however it reduced from when the conditions of practice order was imposed 18 months ago. 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 as you would be unable to uphold the necessary standards having not completed any professional development/training. The panel was of the view that a well-informed member of the public would be considered in all the circumstances that a midwife who is not up to date with training and current practice was allowed to practise without restriction.

For these reasons, the panel finds that your fitness to practise remains impaired on public interest grounds.

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 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 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 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 the public interest to impose a caution order.

The panel next considered whether a conditions of practice on your registration would still be a sufficient and appropriate response. The panel were of the opinion that they would be able to formulate conditions that are proportionate, measurable and workable. However, the panel were mindful that you submitted that you do not intend to return to practise as a nurse and in view of your clearly stated intention not to return to the nursing and midwifery profession, the panel considered that any conditions of practice order would not be workable and would serve no useful purpose.

The panel next considered imposing a suspension order. The panel noted that you have shown remorse for your misconduct and have demonstrated insight into your previous failings. The panel was of the view that you had not shown deep seated attitudinal

problems. The panel determined that a suspension order would not serve any useful purpose in view of your intention to leave the profession. The panel further determined that the public could be protected adequately with an alternate sanction.

The panel next considered a striking-off order. The panel determined this would be wholly disproportionate in this circumstance, as there is no fundamental concerns with your professionalism that warrants a striking-off order, especially as there are no concerns about your ability to remain on the register once impairment has been addressed. It noted that should you wish to return to practice, a striking-off order would be bound by a five-year wait before you are able to apply to be re-admitted to the register.

The panel considered allowing the order to lapse with a recording of impairment. The panel carefully considered the NMC guidance, REV 3-H, on this issue and the matters to which it must have regard in determining whether to allow the order to lapse in this way. The panel was satisfied that this was an appropriate, fair and proportionate course of action, which would allow you to return to the profession at a later date should you wish to complete the necessary training.

The panel decided to let the conditions of practice order lapse upon expiry with a finding of impairment. The panel were mindful that in your submissions you had stated that you have no intention of returning to the profession, you are aware of the impact of this decision and have considered it carefully.

Accordingly, the panel decided to allow the current conditions of practice order to lapse upon expiry with a recording of impairment in accordance with Article 30 (1), namely 28 June 2025.

This decision will be confirmed to you in writing.

That concludes this determination.