Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Hearing
Monday, 3 March 2025 – Wednesday, 12 March 2025
Monday, 22 September 2025 – Tuesday, 30 September 2025

2 Stratford Place, Montfichet Road, London, E20 1EJ

Name of Registrant:	**Carline Reece**
NMC PIN:	96I3419E
Part(s) of the register:	Registered Nurse – Sub Part 1 Adult Nursing (Level 1) – 30 August 1999
Relevant Location:	Newport
Type of case:	Misconduct
Panel members:	Adrian Blomefield (Chair, Lay member) Catherine Devonport (Registrant member) Lynne Vernon (Lay member)
Legal Assessor:	Attracta Wilson
Hearings Coordinator:	Amira Ahmed (3 March 2025 – 12 March 2025) Daisy Sims (22 September 2025 – 26 September 2025) Jumu Ahmed (29 – 30 September 2025)
Nursing and Midwifery Council:	Represented by Iwona Boesche, Case Presenter
Mrs Reece:	Present and represented by Geoffery Caesar Not present and represented by Geoffery Caesar (30 September 2025)
No case to answer:	Charges 10a, 13, 18, 19, 20a, 20b, 21a, 21b, 22b, 22c and 23
Facts proved:	Charges 1, 2(a), 2(b), 3, 5(a), 5(b), 6, 7, 8, 9(a),

	9(b), 9(c), 10(b), 11, 12, 14, 15(a), 15(c), 15(d) and 16
Facts not proved:	Charges 4, 15(b), 17 and 22(a)
Fitness to practise:	Impaired
Sanction:	**Conditions of practice order (12 months)**
Interim order:	**Interim conditions of practice order (18 months)**

Decision and reasons on application to amend the charge

The panel heard an application made by Ms Boesche, on behalf of the NMC, to amend the wording of charge 12 which had a typographical error.

The proposed amendment was to change the word after 'your' from 'held' to 'hand' in charge 12. It was submitted by Ms Boesche that the proposed amendment would provide clarity and more accurately reflect the evidence. She proposed that the charge would now read:

> 12. On one or more occasion, held your ~~held~~ **hand** up in a stop gesture and/or walked away from one or more member of staff whilst they were attempting to talk to you.

Mr Caesar, on your behalf, did not object this application on your behalf.

The panel accepted the advice of the legal assessor and had regard to Rule 28 of 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', (the Rules).

The panel was of the view that such an amendment, as applied for, was in the interest of justice. The panel was satisfied that there would be no prejudice to you and no injustice would be caused to either party by the proposed amendment being allowed. It was therefore appropriate to allow the amendment, as applied for, to ensure clarity and accuracy.

Details of charge (as amended)

That you, a registered nurse, whilst employed at Royal Gwent Hospital:

1. On an unknown date, shouted at a visitor in a lift.

2. In relation to Colleague B:

a. Said to Colleague B ‘you had better write nothing bad about me or I will give you rubbish off duty’ or words to that effect when you became aware Colleague B was asked to make a statement about an incident you were involved in on an unknown date.

b. On an unknown date, shouted at Colleague B stating ‘I am the Band 6 and you are the Band 3’ or words to that effect.

3. On an unknown date, shouted at Colleague A on one or more occasion.

4. On an unknown date, shouted at one or more visitor in your bay stating words to the effect of: I know you are waiting I am busy you will have to wait’

5. On an unknown date:

a. Responded ‘are you dead’ or words to that effect when a patient stated they did not feel very well.

b. Told the patient to ‘well stop complaining then’ or words to that effect when they responded to your question at charge 5(a) above.

6. When you were informed that a patient was asking when they were going for their operation, as they were hungry, you said ‘he’s not hungry, he’s not in Africa, don’t be bossy, you are not a nurse and if the plan changes, he will be told by a nurse’ or words to that effect.

7. On an unknown date, when a patient made a request for food, said words to the effect of ‘do you think you need that, the size of you’.

8. On unknown dates, told one or more patient that they were not starving, they were not in Africa, and/or to stop exaggerating or words to that effect.

9. Made comments about the appearance of one or more of your colleagues in that you said words to the effect of:

a. They were ‘catfishes’

b. They looked lovely outside of work but not so good in work

c. They should wear makeup

10. In relation to Colleague C:

a. On an unknown date, ripped Colleague C’s example of a falls assessment. **[NO CASE TO ANSWER]**

b. In response to Colleague C stating she was unable to work in the bay with patients with Covid-19 due to their health condition, said words to the effect of ‘what is purpose of you being here’ and/or ‘what am I going to do with you’

11. On an unknown date, whilst on shift, said ‘anybody piss me off and I will make their life hell, I mean this as I am not having it, as this is my ward and I’m not going anywhere’ or words to that effect.

12. On one or more occasion, held your hand up in a stop gesture and/or walked away from one or more member of staff whilst they were attempting to talk to you.

13. [PRIVATE]. **[NO CASE TO ANSWER]**

14. On an unknown date, told Colleague D that you did not like them and/or did not want them to work on the ward or words to that effect.

15. Your behaviour at any or all of charges 1-14 was:

a. Intimidating and/or

b. Bullying and/or

c. Humiliating and/or

d. Unprofessional

16. On an unknown date, gave a patient's relative the wrong name when they asked for your name after you had an argument with them.

17. Your action at charge 16 was dishonest in that you did not want yourself to be identified as the staff member involved in the incident.

18. On one or more occasion, discussed the performance and/or competency of one or more of your colleagues with other colleagues. **[NO CASE ANSWER]**

19. Your conduct at charge 18:

a. failed to maintain the privacy and/or confidentiality of one or more members of staff you spoke about and/or **[NO CASE TO ANSWER]**

b. was unprofessional **[NO CASE TO ANSWER]**

20. On an unknown date, allocated or attempted to allocate Colleague C patients with Covid-19:

a. In the knowledge that Colleague C had a underlying health condition and/or **[NO CASE TO ANSWER]**

b. Contrary to the guidance in the All Wales Covid-19 Risk Assessment Tool and/or the outcome of Colleague C's risk assessment **[NO CASE TO ANSWER]**

21. Did not support and/or encourage the development of one or more staff members in that you:

a. Told Colleague G that there was no job for them at the Board as this was their end. **[NO CASE TO ANSWER]**

b. Asked Colleague G to apply for another job at a different Trust. **[NO CASE TO ANSWER]**

22. On dates unknown, did not provide support and/or training to one or more members of your team when requested in that you on one or more occasion:

a. Did not provide support to Colleague D when she asked for it as she progressed through the overseas programme.

b. Did not provide support and/or training when Colleague G and/or Colleague C made a mistake. **[NO CASE TO ANSWER]**

c. When Colleague H asked you for assistance with intravenous therapy, stated 'I haven't got time I am busy you are the band 7 you do it' or words to that effect. **[NO CASE TO ANSWER]**

23. On an unknown date, failed to treat Colleague E fairly when they requested compassionate leave for their father-in-law, in that you did not grant them compassionate leave or annual leave. **[NO CASE TO ANSWER]**

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

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

At the outset of the hearing, Mr Caesar made a request that this case be held partly in private on the basis that proper exploration of the charges against you involve references to [PRIVATE]. The application was made pursuant to Rule 19 of the Rules.

Ms Boesche indicated that she supported the application and [PRIVATE] should be heard in 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 determined to go into private as and when such issues relating to [PRIVATE] circumstances are raised.

Decision and reasons on application for special measures

On day one of the hearing, the panel considered an application from Ms Boesche on special measures for Colleague C. This application was made under Rule 23(1)(f) which relates to vulnerable witnesses and states:

> *'(f) any witness who complains of intimidation.'*

Ms Boesche submitted that when the Colleague C is giving their evidence you have your camera turned off, so they are not able to see you. She submitted that the nature of the charges relating to Colleague C include allegations of intimidation and bullying. Ms Boesche submitted that this special measure would allow Colleague C to give their best evidence.

Mr Caesar opposed the application to have your camera switched off whilst Colleague C gives evidence. He submitted that there would be unfairness to you in that you should be allowed to participate as Colleague C is not a vulnerable witness. He submitted that the unfairness is that you have several witnesses making what you believe are false allegations against you and you should be allowed to take part in the hearing fully.

Mr Caesar submitted that the panel have not seen any intimidating behaviour from you so the first position should be that you are allowed to be in the hearing fully with your camera on.

The panel took account of the submissions made and accepted the advice of the legal assessor.

The panel decided to grant the special measures application due to Colleague C being a vulnerable witness and the nature of the allegations in this case. It determined that the special measures requested i.e. that you switch your camera off during Colleague C's evidence would enable them to give their best evidence and would not cause you any unfairness.

Decision and reasons on application for special measures

On day three of the hearing, the panel considered an application from Ms Boesche on special measures for Colleague B. This application was made under Rule 23(1)(f) which relates to vulnerable witnesses and states:

> *'(f) any witness who complains of intimidation.'*

Ms Boesche submitted that Colleague B has explained that she would feel intimidated if she were able to see you on screen whilst she gave her evidence. Ms Boesche submitted that whilst Colleague B is giving their evidence you have your camera turned off, so they are not able to see you. She submitted that the nature of the charges relating to Colleague B include allegations of intimidation and bullying. Ms Boesche submitted that this special measure would allow Colleague B to give their best evidence.

Mr Caesar opposed the application to have your camera off whilst Colleague B gives evidence. He submitted that this would be unfair to you and that the previous application

for the special measures may have started a precedent for the remaining witnesses to ask for your camera to be turned off.

The panel took account of the submissions made and accepted the advice of the legal assessor.

The panel decided to grant the special measures application due to Colleague B being a vulnerable witness and the nature of the allegations in this case. It determined that the special measures requested i.e. that you switch your camera off during Colleague B's evidence would enable them to give their best evidence and would not cause you any unfairness.

Decision and reasons on application to admit hearsay evidence

The panel heard an application made by Ms Boesche to allow the hearsay evidence of Witness 1 and Ms 2 into evidence. Ms Boesche submitted the application was to specifically adduce the following documents contained within the NMC final exhibit bundle:

i. Appendix 12: Disciplinary hearing pack 20/4/23 –Witness 1's signed notes from investigatory interview. File notes; and

ii. Appendix 13: Disciplinary hearing pack 20/4/23 – Ms 2's statement.

Ms Boesche referred the panel to the case of *Thorneycroft v the NMC* [2014] EWHC 1565 (Admin) in relation to hearsay evidence. She also referred the panel to the NMC guidance DMA-6 (2 December 2024).

Ms Boesche submitted that panel has the benefit of the statement of Witness 4 who conducted the investigation and is exhibiting the evidence in question. She submitted that there is therefore sufficient background information before the panel.

Ms Boesche submitted that the documents pass the test of relevance as they contain information pertaining to the matters in issue. She submitted that the evidence contained in the documents is not sole and decisive evidence but rather provides background to the alleged charges and provides support to some of the charges where the main evidence comes in the form of witness statements of those who have given oral evidence to the panel. She explained that both Witness 1 and Ms 2 were not asked at any point by the NMC to attend the hearing or produce NMC witness statements.

Ms Boesche submitted that Appendix 12 provides relevant background and supporting evidence. She submitted that Appendix 12 is admissible as hearsay evidence.

Ms Boesche submitted that Appendix 13 provides relevant background, as it shows that you engaged in bullying and intimidating behaviour towards other nurses. She submitted that Appendix 13 is admissible as hearsay evidence.

Mr Caesar on your behalf submitted that you strongly object to the admission of this hearsay evidence on the basis that it fails to meet the necessary fairness and reliability requirements established in law and NMC guidance. He submitted that the NMC has failed to justify why Witness 1 and Ms 2 have not been called to give live evidence, and their evidence lacks the reliability required for admission.

Mr Caesar submitted that the evidence of Witness 1 and Ms 2 contain allegations which are significant and form part of the case against you, yet the witnesses have not been made available for cross-examination. He submitted that you are deprived of the opportunity to challenge these accounts, probe inconsistencies, or test credibility through questioning. He submitted that this undermines the fundamental principle of fairness in these proceedings.

Mr Caesar submitted that Appendix 12 includes references to complaints made by unidentified individuals to Witness 1, without any direct evidence from those individuals. He submitted that Ms 2’s statement in Appendix 13 refers to historical matters without

contemporaneous records supporting her assertions. He explained that the inclusion of allegations from unnamed complainants further diminishes its reliability.

Mr Caesar submitted that the panel should reject the NMC's application to admit the hearsay evidence of Witness 1 and Ms 2. He submitted that the NMC has failed to demonstrate a valid reason for not calling these witnesses; that their evidence is sufficiently reliable; and that admitting this evidence would not cause unfairness to you.

The panel accepted the legal assessor's advice on the issues it should take into consideration in respect of this application.

The panel considered the application to admit the hearsay evidence in Appendix 12 in two sections. It first considered that the investigatory interview notes from Witness 1 relates to five charges and is therefore relevant. It considered that the investigatory interview notes were not sole and decisive evidence relative to any charge. The panel took into account that the NMC have made no efforts to call Witness 1. Nevertheless, because the notes record the date of the interview and Witness 4 whose interview with Witness 1 is recorded in the notes was due to give evidence, the panel decided on balance that it would be fair to admit the evidence. It determined that any unfairness to you would be mitigated by the opportunity to test Witness 4's evidence.

In relation to the file notes in Appendix 12 the panel noted that it seems to be an email or letter rather than a file note. It noted that there is nothing to suggest that this file note was sent anywhere, there is no home address, email address or signature on the document, further the document is undated.

The panel considered that there are some parts of the file note that are relevant, however, it took into account that the document is undated, unsigned and unclear as to its purpose and therefore lacked provenance. The panel determined that it was unfair that it could not be tested against the background that the NMC had not made any attempts to secure this witness at this hearing to be cross-examined. It therefore decided that it would be unfair to admit the file note as hearsay evidence.

In relation to Appendix 13, the panel considered that the evidence was second hand in that Ms 2 relayed a complaint that was made by an unnamed and unknown member of the public. To that extent the panel determined that it was unfair that Appendix 13 could not be tested against the background that the NMC had not made any attempts to secure this witness at this hearing to give live evidence and be cross-examined.

The panel therefore determined not to admit Appendix 13 as hearsay evidence.

Further decision and reasons on application to amend the charges

On day five of the hearing, the panel heard an application made by Ms Boesche, to amend the wording of charge 21 to include the correct colleague.

The proposed amendment was to change the letter 'H' to 'G' to accurately reflect the correct colleague who this allegation was in relation to. It was submitted by Ms Boesche that the proposed amendment would provide clarity and more accurately reflect the evidence. She proposed that the charge would now read:

21. Did not support and/or encourage the development of one or more staff members in that you:

a. Told Colleague ~~H~~ **G** that there was no job for them at the Board as this was their end.

b. Asked Colleague ~~H~~ **G** to apply for another job at a different Trust.

Mr Caesar did not object this application on your behalf.

The panel accepted the advice of the legal assessor and had regard to Rule 28 the Rules.

The panel was of the view that such an amendment, as applied for, was in the interest of justice. The panel was satisfied that there would be no prejudice to you and no injustice would be caused to either party by the proposed amendment being allowed. It was therefore appropriate to allow the amendment, as applied for, to ensure clarity and accuracy.

Decision and reasons on application of no case to answer

The panel considered an application from Mr Caesar that there is no case to answer in respect of all the charges in this case. This application was made under Rules 24(7) and 24 (8).

Mr Caesar referred the panel to relevant case law including the case of *R v Galbraith* [1981] 1 WLR 1039. He set out the two-limb test in *Galbraith* which states:

> *'First limb: If there is no evidence upon which a properly directed panel could convict, the case must be stopped.*
>
> *Second limb: If the evidence is tenuous, weak, inconsistent, or inherently unreliable, and no reasonable panel could safely convict, the case should be stopped.'*

Mr Caesar submitted that there is no case to answer on all the charges on the grounds that:

> *'1) There is no evidence upon which a properly directed panel could find the facts of the charge proved.*
>
> *2) The evidence relied upon by the NMC is so weak, inconsistent, or tenuous that a properly directed panel could not safely rely upon it.*

3) Even if the facts alleged were proved, they do not meet the threshold for misconduct and/or impairment as defined by case law.'

Mr Caesar submitted that the charges against you are not supported by sufficient, credible, or reliable evidence. He submitted that the witness testimonies are inconsistent, vague, and in several instances, contradictory. He also submitted that there is a significant lack of independent corroboration, with key allegations relying solely on witness statements that fail to provide specific dates, context, or supporting documentary evidence.

Mr Caesar submitted that the investigatory process appears tainted by workplace tensions and interpersonal conflicts, raising concerns regarding potential bias and ulterior motives.

He submitted that even if some of the allegations were accepted at face value, they do not meet the threshold for serious professional misconduct under the NMC's framework. The allegations, at most, relate to isolated workplace disputes rather than sustained or egregious conduct that would call into question your fitness to practise.

Mr Caesar submitted that there is no evidence of harm to patients, no pattern of deliberate wrongdoing, and no indication that your ability to provide safe and effective care has been compromised. He submitted that some of the allegations, for example, any concerns about fairness in leave approval or disputes between colleagues should have been handled by Human Resource (HR) processes, not regulatory action

Mr Caesar submitted that for these reasons, it cannot be said that your fitness to practise is currently impaired. He concluded that the regulatory threshold for misconduct and impairment is not met, and as such, there is no case to answer on all the charges.

Ms Boesche submitted that the charges are laid down as undated. She submitted that it is well within the panel's remit to find that the incidents happened without assigning specific dates to them, and this decision should be considered at the end of fact-finding stage.

Ms Boesche submitted that a lack of documentary evidence does not vitiate the existence of witness evidence, be it in the form of a written statements or oral evidence under cross-examination.

Ms Boesche submitted that there is evidence before the panel for limb 1 of *Galbraith* to fall away in all of the charges in this case. She explained that the panel may consider whether the evidence provided on the charges is strong enough not to fall at limb 2. She stated that the evidence is not so tenuous that it would not be open to the panel to find the facts proved in relation to the charges, she submitted that it should therefore remain for the panel to decide, at the close of facts stage, whether these allegations are found proved.

Ms Boesche submitted that if the charges are found proved as there is a case to answer on them then the panel should consider 'The Code: Professional standards of practice and behaviour for nurses and midwives 2015' (the Code) in relation to whether misconduct can be found. She referred the panel to areas of the Code in relation to misconduct and she submitted that if all the charges are found proved at the end of the facts stage, they cross the threshold for misconduct and impairment.

The panel took account of the submissions made and accepted the advice of the legal assessor. She referred the panel to Rule 24(7) and Rule 24(8) which state:

*'**24.**— (7) Except where all the facts have been admitted and found proved under paragraph (5), at the close of the Council's case, and –*

(i) either upon the application of the registrant,
or
(ii) of its own volition,

the Committee may hear submissions from the parties as to whether sufficient evidence has been presented to find the facts proved and shall make a determination as to whether the registrant has a case to answer.'

(8) Where an allegation is of a kind referred to in article 22(1)(a) of the Order, the Committee may decide, —

(i) either upon the application of the registrant, or

(ii) of its own volition,

to hear submissions from the parties as to whether sufficient evidence has been presented to support a finding of impairment, and shall make a determination as to whether the registrant has a case to answer as to her alleged impairment.'

In reaching its decision, the panel has made an initial assessment of all the evidence that had been presented to it at this stage. The panel was considering whether sufficient evidence had been presented, such that it could find the facts proved and whether you had a case to answer. It also considered whether the evidence adduced by the NMC was sufficient to support a finding of impairment under Rule 24(8).

The panel assessed the evidence relevant to the charges individually in considering the application of no case to answer on both facts and impairment. For each charge, the panel assessed sources of evidence ranging from evidence of one witness through to evidence from multiple witnesses. This evidence was provided to the panel in various forms including witness statements, local investigation interviews, local statements, oral evidence, the hearsay evidence admitted and in some cases copies of text messages including text messages provided by you. The panel assessed the evidence in relation to

the individual charges in the round and decided what weight it would to any evidence remains to be determined at the conclusion of all the evidence.

Having considered the charges separately, it was the panel's decision that there was evidence that it identified and assessed which taken at its highest raises a case to answer on the facts, in accordance with Rule 24(7), and further supports a finding of impairment in accordance with Rule 24(8). The panel therefore determined that you have a case to answer in relation to both facts and impairment on the following charges 1, 2a, 2b, 3, 4, 5a, 5b, 6, 7, 8, 9a, 9b, 9c, 10b, 11, 12, 14, 16, 17, 22a.

For each of the charges 1-14, the panel further considered whether you have a case to answer under Rule 24(7) and/or Rule 24(8) in relation to charges 15a,15b,15c and 15d. The panel determined that in the following charges 1, 2a, 2b, 3, 4, 5a, 5b, 6, 7, 8, 9a, 9b, 9c,10b,11,12 and 14 there was evidence which taken at its highest met the *Galbraith* threshold for a case to answer on the facts and to support a finding of impairment on charges 15a,15b,15c and 15d under Rule 24(8).

In the following charges, the panel determined that for each individual charge there was evidence that it identified and assessed to raise a case to answer on the facts. However, the panel did not consider that the charges if found proved would support findings of impairment and therefore found that you have no case to answer in relation to impairment for the following reasons:

In relation to charges 10a and 13 the panel did not consider that the evidence provided relative to these charges if found proved is sufficient to support a finding of impairment. If found proven, each charge might well be considered as a regrettable incident which could have been handled with better management skills and consideration by you but in the panel's view was not sufficiently serious to support a finding of impairment under Rule 24(8). The panel therefore determined that you have no case to answer on impairment in relation to charges 10a and 13.

In relation to charge 18, the panel considered that there was sufficient evidence to support a case to answer on facts. However, whilst the panel considered that the alleged behaviour if proved could certainly be considered as ill judged, it was not sufficiently serious to support a finding of impairment under Rule 24(8). The panel therefore determined that you have no case to answer on impairment in relation to charge 18.

In respect of charge 19 which is conditional on charge 18 being found proved, having found that there is no case to answer on charge 18, charge 19 would also not be found proved.

In relation to charges 21a and 21b the panel assessed the evidence relative to the charges separately and came to the same view with each. Whilst there was evidence to support a case to answer on the facts, if found proven, the behaviour alleged was not so serious as to support a finding of impairment. The panel considered that if found proved, the actions as charged were in the context of an exchange between professional colleagues relating to the limited availability of roles at a senior level. Therefore, the panel determined that you have no case to answer in relation to alleged impairment under Rule 24(8) in relation to charge 21a and 21b.

In relation to charge 22b the panel considered the evidence in relation to this charge and determined that even if the charge was found proved, the behaviour charged was not sufficiently serious to support a finding of impairment. The evidence relating to the behaviour charged was in the context of providing support and/or training when Colleague G and/or C made a mistake. The panel's view is that if it were found proved that you did not provide support or training as charged, it reflects badly on you as a senior nurse. However, the panel determined it was not sufficiently serious to support a finding of impairment. Therefore, the panel determined that you have no case to answer in relation to alleged impairment under Rule 24(8) in relation to charge 22b.

In relation to 22c the panel assessed the evidence relative to this charge and considered that should this be found proved, it would reflect badly on you as a senior nurse. It could

be ill judged behaviour, demonstrating a lack of teamwork on your part. However, applying the *Galbraith* test the panel determined that your behaviour as charged was not sufficiently serious as to support a finding of impairment. Therefore, the panel determined that you have no case to answer in relation to alleged impairment under Rule 24(8) in relation to charge 22c.

In relation to charge 23 the panel found that there was evidence to support a charge that Colleague E had made a request for leave and that it wasn't granted. The panel considered the context of the evidence that a colleague had allegedly recently been treated differently. However, the panel considered that the behaviour alleged in charge 23 related to a discretionary management decision. As such, the panel did not consider that there was sufficient evidence to support a finding of impairment. Therefore, you have no case to answer in relation to alleged impairment under Rule 24(8) in relation to charge 23.

Charges panel found no case to answer on fact

In respect of charges 20(a) and 20(b) the panel considered that the evidence that you had knowledge of Colleague C's underlying health condition was vague and tenuous. Although Colleague A claimed to have had an informal meeting with you and Colleague C where you were informed of Colleague C's health condition, Colleague C didn't recall this even when specifically asked. Colleague C referenced her telephone discussion with Witness 1 when a risk assessment was completed as the source of your knowledge. However, the panel considered that there was only tenuous and vague evidence that Witness 1 has communicated that information to you. As such, the panel considered that the evidence in relation to charges 20a and 20b was tenuous and vague within the meaning of the second limb of the *Galbraith* test and therefore you do not have a case to answer in relation to these charges.

Background

The NMC received a referral from Aneurin Bevan University Health Board ('the Health Board') where you were employed as a Band 6 Deputy Sister at the Royal Gwent Hospital. You had been employed at the Health Board since 16 August 1999.

From November 2019 to November 2021, a number of members of staff raised concerns to senior members of staff in relation to your behaviour. Witness 4 carried out an investigation at the local level into the incidents which occurred between 27 February 2020 to 26 November 2021. This investigation was set up to follow up on a number of allegations regarding your unacceptable behaviour, failure to meet required standards and general lack of dignity and respect for patients, staff and visitors in the course of work on the Health Board's premises. This investigation concluded on 20 April 2023.

You resigned from the Health Board on 9 April 2022. You allegedly did not engage with the disciplinary process.

The Health Board subsequently informed the NMC of several concerns relating to poor treatment of staff and staff management, disrespectful behaviours to peers, managers and colleagues, repeated formal and informal complaints from members of the public.

Decision and reasons on facts

In reaching its decisions on the disputed facts, the panel took into account all the oral and documentary evidence in this case together with the submissions made by Ms Boesche and submissions made by Mr Caesar.

The panel was aware that the burden of proof rests on the NMC, and that the standard of proof is the civil standard, namely the balance of probabilities. This means that a fact will be proved if a panel is satisfied that it is more likely than not that the incident occurred as alleged.

The panel heard live evidence from the following witnesses called on behalf of the NMC:

- Colleague C: Band 5 Deputy Ward Sister at the Health Board at the time of the allegations;
- Colleague A: Band 5 Nurse at the Health Board at the time of the allegations;
- Colleague G; Band 5 Nurse at the Health Board at the time of the allegations;
- Colleague B; Heath Care Support Worker at the Heath Board;
- Witness 3: Scrub Nurse at the Health Board at the time of the allegations;
- Colleague D; Student Nurse at the Health Board at the time of the allegations;
- Witness 4; Critical Care Outreach/Resuscitation Practitioner at the Health Board;
- Colleague E: Health Care Assistant at the Health Board at the time of the allegations.

The panel also heard evidence from you under affirmation.

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor. It considered the witness and documentary evidence provided by both the NMC and Mr Caesar.

The panel then considered each of the disputed charges and made the following findings.

The panel noted the Disciplinary Hearing Pack exhibited by Witness 4 which includes multiple interviews conducted by Witness 4 with the colleagues mentioned above and it includes written statements from some of these colleagues. The panel heard live evidence from Witness 4 who took the panel through the reasons for conducting this investigation and the steps taken. The panel found Witness 4 to be a credible, consistent and reliable witness. Witness 4's evidence is supported by her Investigation Report which sets out her terms of reference, the methodology used by her and a chronology of events. The panel noted that Witness 4 is a senior registered nurse and it reached the conclusion that there is no evidence before it of any reason for Witness 4 to have incorrectly documented any of the interviews.

The panel also took into account your oral evidence, written statement and the documents provided by you.

Charge 1

That you, a registered nurse, whilst employed at Royal Gwent Hospital:

1. On an unknown date, shouted at a visitor in a lift.

This charge is found proved.

In reaching this decision, the panel took into account the evidence of Colleague G, Colleague B and you.

In relation to Colleague G, the panel considered her local statement which states:

'*On one occasion I was coming back from break with her in the lift. There was a relative and a patient in the lift. The relative had been pressing the button for the floor she wanted to go to as the light kept going off. Carline was very rude to her and told her to stop pressing the button. She kept bickering with this relative and being very rude and sarcastic to her the whole time we were in the lift. When we were getting out Carline told her she was allowed to press the button to which the relative replied 'thank you for your permission'. Carline was rude and shouted back at her. The relative asked her what her name was and she shouted for everybody to hear 'my name is Jayne'. She then laughed and walked off.'*

The panel considered that the evidence of Colleague G was reliable as her account remained the same in her local interview dated March 2022 and in her NMC witness statement dated 18 March 2024 in which she states that '*Carline became irritated and shouted at her to stop'*. The panel was of the view that this was consistent with Colleague G's oral evidence to it, particularly that she did not remember the specific words but that you were '*bickering back and forth'* and said that *'it was louder than a normal talking voice'*. Additionally, under cross examination Colleague G stated that she '*remembered Mrs Reece shouting'.*

The panel then considered the evidence of Colleague B. The panel noted that in your own local investigation interview, whilst you denied remembering the incident, you stated that you remembered that Colleague B was with you in the lift on that day. Colleague B made a handwritten statement dated 21 September 2020 in which she corroborates Colleague G's evidence that you were rude to a visitor when in the lift.

Your evidence, in your statement that you made in response to the Health Board allegations in December 2021, is that:

'[Colleague B] *was in the lift with me and she was a witness to the event that the lady in question was rude in manner to myself and not the other way around. On 14*

February 2020 [Ms 2] *emailed me regarding a member of the public wishing to complain about my attitude towards her.'*

The panel also had sight of the emails between you and Witness 2 that you provided. In oral evidence, you recounted the exchange about there being an altercation about pressing lift buttons but you denied shouting.

The panel determined, based on the evidence before it, that on the balance of probabilities this incident did occur. It was of the view that Colleague G and Colleague B had been clear and consistent over time since the incident and their evidence is supported by documentary evidence including records of their local interview and written statements completed close to the time of the incident. The panel also considered evidence of a complaint being made against you by the person in the lift which adds to the likelihood of the incident occurring as described. The panel noted your denial of shouting at the visitor, but for reasons given above, prefer the evidence of Colleague G and Colleague B.

Therefore the panel determined that, on the balance of probabilities, it is more likely than not that on an unknown date, you spoke to a visitor in a lift at such a volume that it could be described as shouting.

Charge 2a)

That you, a registered nurse, whilst employed at Royal Gwent Hospital:

2. In relation to Colleague B:

a. Said to Colleague B 'you had better write nothing bad about me or I will give you rubbish off duty' or words to that effect when you became aware Colleague B was asked to make a statement about an incident you were involved in on an unknown date.

This charge is found proved.

In reaching this decision, the panel took into account the evidence of Colleague B and your evidence.

The panel noted Colleague B's handwritten local statement dated 21 September 2020 which states:

> *'on an occasion when in lift after coming back from break carline was rude to a patient and patient relative. The relative said was going to complain about carline, as she knew where she worked. When carline knew I was asked to make a statement she said 'you had better write nothing bad about me or I will give you rubbish off duty'*

The panel noted that Colleague B's oral evidence was supported by the written record of her local interview dated 22 February 2022. The panel noted that this incident is not mentioned in Colleague B's NMC witness statement dated 18 March 2024, however the panel was of the view that there was a significant time gap between this incident in 2020 and Colleague B's NMC statement in 2024 and that this is likely to account for the event not being included in that statement.

The panel then noted that you deny this allegation. Specifically in your written statement you say: *'I deny this. I would not engage in such behaviour'.*

The panel preferred the consistent and contemporaneous evidence of Colleague B. The panel determined that on the balance of probabilities, it is more likely than not that you said to Colleague B '*you had better write nothing bad about me or I will give you rubbish off duty*' or words to that effect when you became aware Colleague B was asked to make a statement about an incident you were involved in on an unknown date.

Charge 2b)

That you, a registered nurse, whilst employed at Royal Gwent Hospital:

2. In relation to Colleague B:

b. On an unknown date, shouted at Colleague B stating ‘I am the Band 6 and you are the Band 3’ or words to that effect.

This charge is found proved.

In reaching this decision, the panel took into account the evidence of Colleague B and your evidence.

In Colleague B’s local interview dated 22 February 2020, she stated:

‘There was one occasion where I challenged her. I was in B bay (heaviest bay) with [Mr 5], we always started the double patients before CR came in with the meds trolley. we had a patient covered in faeces and CR came in and said to [Mr 5] you need to do the drug rounds.

I said we have a patient covered in faces [sic] and she shot me down in front of the ward and said that I am band 6 and you are the band 3. [Mr 5] rolled his eyes and went to the drugs’

The panel noted that Colleague B’s version of events is also contained in her local statement and there is consistency between her local statement and the record of her local interview. Furthermore, her oral evidence is consistent with her written records.

In your oral evidence you confirmed that you had a discussion with Colleague B and insisted that the nurse that was working with her needed to go to do a medication round, but you deny that you used the phrase charged.

The panel determined that it is more likely than not, based on the evidence before it, that you shouted at Colleague B stating ‘I am the Band 6 and you are the Band 3’ or words to that effect.

Charge 3

That you, a registered nurse, whilst employed at Royal Gwent Hospital:

3. On an unknown date, shouted at Colleague A on one or more occasion.

This charge is found proved.

In reaching this decision, the panel took into account the evidence of Colleague A in her NMC witness statement, her local statement dated 21 September 2020, the investigation interview dated 10 March 2022 and her oral evidence to the panel.

The panel noted that the evidence of Colleague A in the above remained consistent over time and is supported by her contemporaneous records. The panel specifically noted the local statement:

> ‘*On one occasion when I worked a night shift, Carline came storming down the ward to D bay at 6:30am when she arrived for her shift. She shouted into the office asking who had worked the night shift and then approached me. I was inside D bay doing a patients observations and Carline was stood outside the bay. She shouted at me saying that if I carry on like this then I will no longer be able to work night shifts. I asked her to explain what she meant and she said that the ward was a mess and said that if I was unable to be in charge of the ward on a night shift that how am I capable of looking after patients. This was witnessed infront of the whole bay. A patient actually asked me if I was ok afterwards. She also shouted at me for not washing enough patients on the ward. That particular shift there had only been myself, one other qualified and one HCSW on the shift due to another member of staff going home sick. Carline did not allow me to explain any of this. She made me*

feel embarrassed and stupid infront of the patients as she did not ask to speak to me on my own, she did it in front of everyone. The date of this incident was the 14th November 2019'.

The panel also specifically noted Colleague A's oral evidence to it:

'Q. How loudly was Mrs Reece shouting at you?
A. Quite loudly. I think her speaking voice is quite loud anyway, so it was sort of all down the corridor, and from outside the bay, then it was quite loudly speaking to me, so patients in the bay also heard. It was quite loud.'

The panel also noted that you deny this allegation. You said in your statement '*I would never shout at anyone. If anyone had a concern about my behaviour, I would have expected it to be raised at the time. No such concerns were raised with me',* which you confirmed in your oral evidence. You also stated in your local statement '*I would never say that, no'*.

The panel determined that the evidence of Colleague A is consistent and includes contemporaneous notes. The panel therefore determined that, based on the evidence before it, it is more likely than not that you shouted at Colleague A on one or more occasion

Charge 4

That you, a registered nurse, whilst employed at Royal Gwent Hospital:

4. On an unknown date, shouted at one or more visitor in your bay stating words to the effect of: I know you are waiting I am busy you will have to wait'

This charge is found NOT proved.

In reaching this decision, the panel took into account the investigation interview with Colleague E dated 14 March 2022, Colleague E's NMC witness statement and your evidence.

In the investigation interview, Colleague E was asked if she could give examples of you being rude to patients and relatives. Colleague E did not refer to any specific incidents:

> '[…] *There were times when visitors were in the bay and would ask to have a word, she would just shut them down and say she was busy, if they asked again, she would shout and dismiss them and say I know you are waiting I am busy you will have to wait. She was often quite rude to them, they would often ask fi they could speak to someone else if they knew she was on duty.'*

The panel also considered the NMC witness statement of Colleague E, specifically:

> *'[…] if a patient relative would ask her questions concerning their relatives* […] *she would respond she was busy and not attend to them right away but would wait until she is done with whatever she was doing'.*

The panel noted your evidence in your written statement: *'I would never say that'.*

Based on the information before it, the panel did not find any evidence before it in relation to a specific incident when you shouted at one or more visitors in your bay stating words to the effect '*I know you are waiting I am busy you will have to wait*'. Whilst the panel noted that there is general information before it, it concluded that in the absence of specific evidence, the NMC has not discharged its burden of proof in relation to this charge.

Charge 5(a) and (b)

That you, a registered nurse, whilst employed at Royal Gwent Hospital:

5. On an unknown date:

a. Responded ‘are you dead’ or words to that effect when a patient stated they did not feel very well.

b. Told the patient to ‘well stop complaining then’ or words to that effect when they responded to your question at charge 5(a) above.

This charge is found proved.

In reaching this decision, the panel took into account the evidence of Colleague A, and your evidence.

The panel first considered the local statement of Colleague A dated 21 September 2020 and the investigation interview dated 10 March 2022. The panel noted that this area is not covered in Colleague A’s NMC witness statement dated 11 April 2024 and this area was not tested in oral evidence other than a question about when the incidents occurred, to which Colleague A did not recall.

The panel noted the local statement of Colleague A about an unnamed patient on an unnamed date but she did recollect you stating ‘are you dead’ to a patient. She stated:

‘On one occasion a patient said they didn’t feel very well. Carline replied with are you dead? The patient said no I’m not and she said well stop complaining then. There were also relatives present of this. When she left the bay the relative asked me if she was really a deputy sister as her attitude doesn’t reflect that. I was embarrassed to say that she was.’

The panel noted the inconsistency in Colleague A’s evidence, as within her local statement she says that you replied to a patient saying ‘*well are you dead’* and ‘*well stop*

complaining then' whereas, in her investigation interview dated 21 March 2022 Colleague A states that you said '*are you dead?'* and '*well there are worse things, I will get there when I get there.'*

The panel noted your evidence in relation to this charge in your written statement, specifically '*this is false I would never say something so inappropriate'.* In your oral evidence you also denied both of these allegations.

The panel noted the inconsistency in Colleague A's evidence. However, Colleague A is consistent in her recollection of words of a dismissive nature being used by you towards a patient and her account is supported by her contemporaneous local statement.

The panel determined that, on the balance of probabilities, it is more likely than not that on an unknown date you responded '*are you dead'* or words to that effect when a patient stated they did not feel very well and you told the patient to '*well stop complaining then'* or words to that effect when they responded to your question.

Charge 6

That you, a registered nurse, whilst employed at Royal Gwent Hospital:

> 6. When you were informed that a patient was asking when they were going for their operation, as they were hungry, you said 'he's not hungry, he's not in Africa, don't be bossy, you are not a nurse and if the plan changes, he will be told by a nurse' or words to that effect.

This charge is found proved.

In reaching this decision, the panel took into account the evidence of Colleague E and your evidence.

The panel noted that Colleague E was interviewed by Witness 4 as part of the investigation on 14 March 2022. Within the notes of this interview there is reference to a statement from Colleague E. The panel has not had sight of this statement. The panel made enquiries through Ms Boesche to the NMC regarding the availability of this statement, however this statement is not available.

The panel specifically noted Colleague E's NMC witness statement:

> '*[…] it was around half past 3 in the afternoon, there was a patient who was waiting to go into theatre. The patient requested that I found out if he was not going to the theatre again so he can have something to eat. I went to Mrs Reece and told her the patient is requesting for food and wanted to know if he is no longer going to the theatre, her response was abrupt, and she said I am busy, so I left and went away. The patient asked me again if he can eat something, so I went back to Mrs Reece because she was the nurse I was working with on the bay. (The ward did not have a particular time when a patient would go in for surgery, but we would be told the patient is schedule* [sic] *for surgery.*
>
> *When I went back to her the second time she said the patient is not hungry and is not in Africa and he is not starving. Mrs Reece also told me not to be bossy and that I wasn't a nurse and that she would speak with the patient. She snubbed at me in the presence of other staffs. The tone was high pitched, she shouted at me.'*

The panel considered the Colleague E's evidence has remained consistent over time and is supported by her original investigation interview on 14 March 2022. Further, Colleague E gives a detailed account of the incident including a reference to approaching you on two occasions to make enquiries on the patient's behalf.

The panel noted that you deny this allegation, and you said in your statement '*I categorically deny this, I would never make such a statement'.* Additionally in your oral evidence, Ms Boesche put to you that you did not like Colleague E speaking to you as if

she were the boss', you replied '*I can't recall. Even if I said it I'd say it to her in private, patients were around so it would have been unprofessional'.*

The panel considered the detail provided by Colleague E of this interaction in which Colleague E specifically references the words alleged in this charge. Given the consistency of Colleague E's account, the panel determined that it is more likely than not that when you were informed that a patient was asking when they were going for their operation, as they were hungry, you said *'he's not hungry, he's not in Africa, don't be bossy, you are not a nurse and if the plan changes, he will be told by a nurse'* or words to that effect.

Charge 7

That you, a registered nurse, whilst employed at Royal Gwent Hospital:

> 7. On an unknown date, when a patient made a request for food, said words to the effect of 'do you think you need that, the size of you'.

This charge is found proved.

In reaching this decision, the panel took into account the witness statement and oral evidence of Colleague A and Colleague B and your written and oral evidence.

In Colleague A's oral evidence, in response to a question relating to her witness statement in which she states: '*as example there have been many incidents when a patient asked for food or dessert and if patient is overweight, she would say to them, you don't need it'*, Colleague A provided the following detail:

> *'Yes, I couldn't tell you the date, but I do remember there was a patient, she was overweight. The food trolley had been around. Everyone had had their meals, and there was leftover ice cream, so we would offer them, rather than let them go to waste,*

to anyone who wanted extra, and she said, 'Yeah, I'll have an extra 1 one', and I think Mrs Reece said a comment of 'I don't think you need one. You're already big enough', something along the lines of that.'

Colleague B similarly states '*if the patient were hungry and make a request for food and the patient is big, she would respond by saying 'do you think you need that the size of you'.*

You stated in your written statement that; *'This is entirely false. I would never make a comment like this to a patient.'*

The panel determined that Colleague A's oral evidence describing this incident is specific and in keeping with the account provided by her in her witness statement. Colleague A's evidence is also consistent with the more general account given by Colleague B.

The panel considered the evidence overall. It noted that there is no reference to this incident in either the interview records or the local statements of Colleague A or Colleague B. However, taking into account the detail provided in Colleague A's oral evidence and the evidence of Colleague B which is broadly consistent with Colleague A's account, the panel is satisfied on the balance of probabilities, when a patient made a request for food, you said words to the effect of '*do you think you need that, the size of you'.*

Charge 8

That you, a registered nurse, whilst employed at Royal Gwent Hospital:

8. On unknown dates, told one or more patient that they were not starving, they were not in Africa, and/or to stop exaggerating or words to that effect.

This charge is found proved.

In reaching this decision, the panel took into account the evidence of Colleague C, Colleague A and your evidence.

The panel noted Colleague C's response in her investigation interview dated 14 March 2022. Colleague C was asked '*what do you mean by unprofessional?',* and she responded:

> *'Just how she was towards staff and patients, one time a patient said they were hungry as they had been nil my mouth, and she said 'you're not starving you are not in Africa'.*

The panel noted that Colleague C reconfirmed this in her oral evidence to the panel. The panel then considered Colleague A's local investigation interview in which she said:

> '*Quite a few times she would say to patient who were nil by mouth when they would ask CR to check when they were going to theatre, I'm starving she would say you don't live in Africa you are not starving stop exaggerating'.*

Whilst the panel acknowledge that this statement from Colleague A refers to comments made by you in general terms rather than by reference to a specific patient, it was of the view that there is consistency between the evidence of Colleague A and Colleague C and documentary evidence to support their accounts.

The panel noted your evidence in your written statement, your response to this charge was '*this is completely untrue'.* The panel also noted your suggestion that your colleagues were in a '*clique'* and that there was a toxic environment in the workplace. However, the panel determined that both of the accounts of Colleague A and Colleague C were reliable and consistent with the investigation interviews. The panel noted evidence of unhappy working relationships on the ward but found no evidence to support your suggestion in

your written statement, that you were the victim of a clique and of a campaign of bullying and that allegations about you were fabricated as part of that campaign.

The panel determined that given the details of the specific incident provided by Colleague C in both her local interview and in her oral evidence together with the similar evidence of Colleague A, there is sufficient evidence before it to determine that it is more likely than not that on unknown dates, you told one or more patients that they were not starving, they were not in Africa, and/or to stop exaggerating or words to that effect.

Charge 9a and b

That you, a registered nurse, whilst employed at Royal Gwent Hospital:

9. Made comments about the appearance of one or more of your colleagues in that you said words to the effect of:

a. They were ‘catfishes’

b. They looked lovely outside of work but not so good in work

This charge is found proved.

In reaching this decision, the panel took into account the evidence of Colleague A and your evidence.

In the investigation interview dated 10 March 2022, Colleague A stated:

‘*she began to make comments about our personal appearance, she said we were catfishes, we looked lovely outside of work but not so good in work. She said we should wear makeup. At least once a week she would mention it. It was me,*

[Colleague G] *and* [Colleague C] *as we are friends outside of work. If we had put a photo on Facebook then CR would comment to us when we seen her''*

The panel noted that Colleague A reiterated this in her oral evidence to the panel. The panel noted that in response to a question from Ms Boeche, Colleague A stated:

> *'WITNESS: I think it wasn't just the one occasion. It was a few. I think at first, it was light-hearted, and we didn't respond to it, but then as time went on, I think it was more to get a response from us, but it was negatively spoken. It wasn't light-hearted and joking when she said it again.'*
> *Q. So it was or it wasn't a joke?*
> *A. I think it depends on when the comment was made. She laughed, so I think she meant it as a joke. I didn't say anything, and it was said again with a bit more intent. It was a laugh, and I think then she was trying to get a reaction and trying to say it in a negative way'*

The panel also noted your written statement in that you say '*I deny ever calling anyone a 'catfish' or making derogatory remarks about their appearance'* and in relation to saying they looked lovely outside of work but not so good in work you stated '*I have never made such a comment'.*

Whilst the panel noted that Colleague A's account on this matter is not within her local statement dated 2020, the panel was of the view that Colleague A was very clear in the investigation interview. The panel also considered that Colleague A's version of events has been consistent in both her investigation interview and her oral evidence to the panel.

The panel therefore determined that on the balance of probabilities, based on the evidence before it, it is more likely than not that you made comments about the appearance of one or more of your colleagues in that you said words to the effect of they were 'catfishes' and 'they looked lovely outside of work but not so good in work'.

Charge 9c

That you, a registered nurse, whilst employed at Royal Gwent Hospital:

9. Made comments about the appearance of one or more of your colleagues in that you said words to the effect of:

c. They should wear makeup

This charge is found proved.

In reaching this decision, the panel took into account the local investigation interview of Colleague C dated 10 March 2020, Colleague C's witness statement to the NMC, Colleague A's local investigation interview, the oral evidence of Colleague A, and your evidence.

In the investigation interview dated 10 March 2020 when asked a question '*what comments would CR make regarding your appearance to other staff, how were you aware of these comments?'.* Colleague C replied:

'S*he did it to my face first of all. I used to wear make up at work but when we started to wear the masks I stopped. One day when I was on D2 West she came to the ward (for what appeared to be no reason) and said ooh you haven't got no make-up on today and I explained that there's no point whilst wearing the mask and she commented you could at least put on some eye make-up. There were other colleagues about although I cannot remember who, but one was my 3rd year student. I didn't say anything I was shocked by this comment'*

The panel noted that there was no reference to this incident in Colleague C's local statement. However, the panel was of the view that Colleague C was consistent in the evidence she gave at her local investigation interview, in her written statement to the NMC and in her oral evidence. The panel therefore considered her evidence to be reliable.

The panel noted that you denied this allegation and stated '*I have never told anyone they should wear makeup'.*

However, the panel determined based on the evidence of Colleague C, that on the balance of probabilities it is more likely than not that you make comments about the appearance of one or more of your colleagues in that you said words to the effect of they should wear makeup.

Charge 10b)

That you, a registered nurse, whilst employed at Royal Gwent Hospital:

10. In relation to Colleague C:

    b. In response to Colleague C stating she was unable to work in the bay with patients with Covid-19 due to their health condition, said words to the effect of 'what is purpose of you being here' and/or 'what am I going to do with you'

This charge is found proved.

In reaching this decision, the panel took into account local statement of Colleague C, the investigation interview dated 10 March 2020, Colleague C's witness statement and oral evidence and your written and oral evidence.

The panel noted that there is evidence before it that Colleague C had a health condition. The panel noted that it is not disputed that Colleague C had a health condition. The

evidence before the panel shows that Colleague C had a risk assessment with a manager and it was agreed that Colleague C would not work with Covid-19 patients.

The panel noted that in her local statement, Colleague C stated '*Carline responded, in front of the staff team saying 'what is the point of you being here?? What am I going to do with you?'*. The panel also noted that during her investigation interview on 10 March 2020 Colleague C gave an account of the remarks being made which is consistent with her local statement.

The panel then noted your evidence in your written statement in that you say '*this is untrue. I would never made such a statement. On the contrary, I supported this colleague in all respects including regarding her health conditions.'.*

The panel preferred the evidence of Colleague C which is supported by written records created during the local investigation. The panel therefore determined that on the balance of probabilities it is more likely than not that in response to colleague C stating she was unable to work in the bay with patients with Covid-19 due to her health condition, you said words to the effect of 'what is purpose of you being here' and/or 'what am I going to do with you'.

Charge 11

That you, a registered nurse, whilst employed at Royal Gwent Hospital:

> 11. On an unknown date, whilst on shift, said 'anybody piss me off and I will make their life hell, I mean this as I am not having it, as this is my ward and I'm not going anywhere' or words to that effect.

This charge is found proved.

In reaching this decision, the panel took into account the evidence of Colleague B and you.

In Colleague B's local statement dated 21 September 2020 she stated:

> '*on shift Carline quoted anybody piss me off and I will make their life hell, I mean this as im not having it, as this is my ward and im not going anywhere'*

The panel considered that Colleague B is consistent with this recollection in both her NMC witness statement and her oral evidence to the panel.

The panel noted that in the local investigation interview, Colleague B was asked about what led to this comment being made and who it was aimed at, to which she responded:

> '*Yes I was there, the comment was aimed at* [Colleague C] *and* [Colleague G]. *We were walking to the canteen me, CR and one other person, but I cannot remember who this was. She just came out with it.'*

In your statement for the initial fact finding investigation undated, you stated *'I would never say anything like that.'.* In your written statement you said: *'I deny this completely. I would never say anything like this'.*

The panel considered that Colleague B's oral evidence is supported by her local statement and her investigation interview. It therefore preferred Colleague B's evidence over your evidence and therefore determined that on the balance of probabilities it is more likely than not that whilst on shift you said '*anybody piss me off and I will make their life hell, I mean this as I am not having it, as this is my ward and im not going anywhere'* or words to that effect.

Charge 12

That you, a registered nurse, whilst employed at Royal Gwent Hospital:

> 12. On one or more occasion, held your hand up in a stop gesture and/or walked away from one or more member of staff whilst they were attempting to talk to you.

This charge is found proved.

In reaching this decision, the panel took into account the evidence of Colleague D, Witness 3 and you.

In Colleague D's investigation interview notes dated 21 February 2022 she said:

> *'[Colleague D]: CR would always say I am too busy now to deal with those things, it was an abrupt no and she made it clear she was not interested.*
>
> *[Witness 4]: Did you ever witness CR physically put her hand up*
>
> *[Colleague D]: Yes, she would put her hand right up in your face'*

In oral evidence Colleague D reiterated this and said that it was a '*recurring theme'*.

The panel then noted the evidence of Witness 3 in her investigation interview dated 21 March 2022: '*she would put her palm out in front of you as if to say stop and then she would walk the other way'*. Whilst the panel noted that Witness 3's evidence refers to your behaviour in general terms and does not refer to a specific incident, it noted that Witness 3 was clear in her evidence that holding up your hand in a stop gesture is something that you would do.

The panel noted your position in regard to this allegation as set out in your written statement: *'I deny this. If I ever had to pause a conversation, it would have been for work-related reasons, not to be dismissive'.*

Whilst the panel noted that there is no evidence of a specific incident when this occurred, it has been provided with separate accounts from two of your colleagues who have indicated that this is something that you would regularly do. The panel considered this evidence to be consistent because it has come from two separate colleagues and both of them have been consistent over time about this.

The panel therefore determined that, based on the evidence before it and on the balance of probabilities it is more likely than not that held your hand up in a stop gesture and/or walked away from one or more members of staff whilst they attempted to talk to you.

Charge 14

That you, a registered nurse, whilst employed at Royal Gwent Hospital:

> 14. On an unknown date, told Colleague D that you did not like them and/or did not want them to work on the ward or words to that effect.

This charge is found proved.

In reaching this decision, the panel took into account the evidence of Colleague D, Colleague G and your evidence.

The panel noted Colleague G's NMC witness statement:

> '*Mrs Reece behaved rudely towards* [Colleague D] *a student nurse.* [Colleague D] *asked Mrs Reece if she could apply for a job on the ward when she becomes a registered nurse and Mrs Reece said no. So, she asked her if she does not want her to work on the ward and she said yes. This happened in 2020 but I cannot recall the exact date.'*

The panel noted that this is consistent with Colleague D's recollection at outlined in her local interview notes dated 21 February 2022.

'[Colleague D]*: An example was the incident where* [Colleague G] *witnessed CR say she did not like me on the ward.* [Colleague G] *didn't say anything but later asked if I was ok. Nobody would stand up to her (CR).*
[Witness 4]*: Following a conversation that had been witnessed by a colleague, can you confirm the content of the conversation that CR had with you regarding you receiving a Band 5 on completion of your exams?*
[Colleague D]*: I can't remember can you refresh my memory?*
[Witness 4]*: It was in relation to becoming a band 5 on completion of your exams?*
[Colleague D] *I was point blank told no, I assumed she was joking so I said so why is it because you don't like me and there was a blunt no'*

This was clarified by Colleague D in oral evidence who said that you did not like her.

The panel also considered the Colleague G's NMC statement where she states:

'*Mrs Reece behaved rudely towards* [Colleague D] *a student nurse.* [Colleague D] *asked Mrs Reece if she could apply for a job on the ward when she becomes a registered nurse and Mrs Reece said no. So, she asked her if she does not want her to work on the ward and she said yes. This happened in 2020 but I cannot recall the exact date.'*

The panel noted your evidence in your written statement that you '*would never have said this to anyone'.* In the statement provided by you for the local investigation you state that you didn't recall the conversation outlined in this charge.

The panel considered that it has direct evidence from two witnesses who provide consistent accounts. Whilst it noted that neither of these colleagues specified a date that

this occurred, it determined that the consistent evidence provided by them is sufficient to determine that it is more than likely that this occurred.

Charge 15

That you, a registered nurse, whilst employed at Royal Gwent Hospital:

15. Your behaviour at any or all of charges 1-14 was:

    a. Intimidating and/or

    b. Bullying and/or

    c. Humiliating and/or

    d. Unprofessional

This charge is found proved, except insofar as it relates to charge 15(b).

In reaching this decision, the panel took into account its previous decisions on charges 1-14. The charges it considered in relation to charge 15 are charges 1, 2a, 2b, 3, 5a, 5b, 6, 7, 8, 9a, 9b, 9c, 10b, 11, 12, and 14. The panel then considered each of these charges individually and made a decision as to whether each charge amounts to behaviour that is intimidating, bullying, humiliating and/or unprofessional. In its determination, the panel considered the ordinary dictionary meaning given to the words intimidating, bullying, humiliating and unprofessional. It was careful not to apply the misconduct test when considering the charge as it referred to unprofessional behaviour.

The panel found charge 15(a) proved as it relates to Charge 3.

The panel found charge 15(b) not proved in relation to any charge.

The panel found charge 15(c) proved as it relates to: Charges 2b, 3, 5a, 5b, 6, 7, 9c, 10b and 14.

The panel found charge 15(d) proved as it relates to: Charges 1, 2a, 2b, 3, 5a, 5b, 6, 7, 8, 9a, 9b, 9c, 10b, 11, 12 and 14.

Charge 1:

The panel considered that shouting at a visitor as found proved in relation to charge 1 is, on the balance of probabilities, unprofessional.

The panel noted that whilst this behaviour has the potential to be seen as intimidating, bullying and/or humiliating, in the absence of evidence from the recipient as to its effect on them, the panel could not be satisfied that your behaviour was other than unprofessional. The panel noted evidence that the visitor, the recipient of your behaviour, stood up to you and there is no evidence before it that they were intimidated, bullied and/or humiliated. The panel therefore found, on the balance of probabilities, that your behaviour in shouting at a visitor was unprofessional in that you acted contrary to professional standards in the workplace.

Charge 2(a):

The panel considered that the remark outlined in charge 2a was, on the balance of probabilities, a flippant remark.

The panel noted Colleague B's comment about the tone used by you and Colleague B's oral evidence that '*I don't know whether this was said in a jokey way'.*

The panel noted that Colleague B did not mention this in her NMC witness statement nor did she mention how this event made her feel in her local interview or in oral evidence.

The panel considered, on the balance of probabilities, that your behaviour in saying to Colleague B '*you had better write nothing bad about me or I will give you rubbish off duty'* or words to that effect when you became aware Colleague B was asked to make a statement about an incident you were involved in, was unprofessional in that you acted contrary to professional standards in the workplace. However, given Colleague B's evidence and the panel's finding that the remark was, on the balance of probabilities, made flippantly, the panel determined that it did not amount to being intimidating, humiliating or bullying.

Charge 2(b)

The panel considered its findings relative to charge 2(b). The panel considered evidence that you shouted as you did to demand that the nurse assisting Colleague B should be reassigned to do something that you thought was more important. The panel noted Colleague B's investigation interview she stated '*she shot me down in front of the ward'.* The panel considered that shouting at a colleague on the ward in front of patients was unprofessional. The panel noted that Colleague B's response to your behaviour was that it was not very nice and that she was deflated. The panel was of the view that Colleague B was therefore, on the balance of probabilities, humiliated in that she felt '*shot down'* and the comment was made in front of patients.

However, there is no evidence before the panel to establish, on the balance of probabilities, that your behaviour amounted to bullying or intimidation within the ordinary meaning of the words. The panel noted that the context in which you shouted at Colleague B was that you required the registered nurse assisting Colleague B to stop what they were doing and give priority to a drug round, in circumstances where you were meeting resistance from Colleague B.

The panel considered, on the balance of probabilities, that your behaviour in shouting at Colleague B stating '*I am the Band 6 and you are the Band 3'* was unprofessional in that

you acted contrary to professional standards in the workplace and it was humiliating in that it made Colleague B feel deflated which, in all likelihood, amounts to a loss of dignity.

Charge 3

The panel noted, in particular from its findings on this charge, that you had threatened that if Colleague A carried on acting like this she would no longer be able to work night shifts. The panel also had regard to its findings that you shouted at Colleague A in front of a bay of six patients, to the extent that a patient asked her if she was okay following the incident. The panel noted Colleague A's oral evidence to the panel. When asked how this incident made her feel, Colleague A stated '*embarrassed, I think, more than anything, because obviously, it reflected badly on the patients I was looking after'.* Additionally in her local statement she said '*she made me feel embarrassed and stupid in front of the patients … she did it infront of everyone'* and '*I then got quite upset … made me feel terrible'.*

The panel noted Colleague A's witness statement, particularly:

> '*[…] I did not escalate it higher at the time. This was because I was afraid, she would make life more difficult for me on the ward'.*

Based on this evidence, the panel determined that your behaviour in this charge was intimidating given that you threatened Colleague A with the removal of night shifts and Colleague A has repeatedly stated that she was fearful and she specifically mentioned not wanting to escalate this incident, because she was fearful that if she did life would '*be made difficult for her on the ward*'. The panel determined that your behaviour in these circumstances was intimidating in that it caused Colleague A to be fearful.

The panel also considered Colleague A's evidence that she felt '*embarrassed and stupid*' and determined that this amount to your behaviour being humiliating for Colleague A.

The panel determined that this incident occurring in front of patients and because of the way your actions made Colleague A feel embarrassed and stupid amounts to your behaviour being unprofessional.

The panel considered, on the balance of probabilities, that your behaviour in shouting at Colleague A was unprofessional in that you acted contrary to professional standards in the workplace and it was humiliating in that it made Colleague A feel embarrassed and intimidating because it caused her to feel fearful.

Charge 5 a and b

The panel decided to deal with both charges 5(a) and 5(b) together as they refer to the same interaction and it determined that they cannot be separated when reaching this decision.

The panel took into account that this incident involves a patient who was in pain and did not feel well. The panel also noted that at charge 5(b) you are remonstrating with the patient and dismissing their needs in that you stated '*well stop complaining then'*.

The panel also took into account that the patient's relatives were present during the incident. It noted the local investigation statement of Colleague A who was present at the time. She stated: '*When she left the bay the relative asked me if she was really a deputy sister as her attitude doesn't reflect that'.*

The panel determined that this behaviour was unprofessional. It was said to a patient in the presence of their relatives with no regard for the patients vulnerability or dignity. In all the circumstances, the panel considered that it was reasonable to conclude that your comments towards the patient were humiliating in that they were said in the presence of others without any regard to the patients feelings or their dignity.

The panel carefully considered whether these actions were intimidating. The panel does not have sufficient evidence to determine that a finding of intimidation would be reasonable in all the circumstances.

The panel determined, on the balance of probabilities, that your behaviour in responding *'are you dead'* or words to that effect when a patient stated they did not feel very well and saying to the patient '*well stop complaining then'* or words to that effect when they responded to your question, was unprofessional and humiliating.

Charge 6

The panel considered the NMC witness statement of Colleague E, specifically: *'Mrs Reece also told me not to be bossy and that I wasn't a nurse and that she would speak with the patient*. S*he snubbed at me in the presence of other staffs. The tone was high pitched, she shouted at me',*

The panel also noted the investigation interview of Colleague E dated 14 March 2022, specifically: *'[…] this made me feel embarrassed and I decided to stay away from her for the rest of the shift'.*

The panel determined that this behaviour was an unprofessional. It was dismissive of a junior colleague. The panel noted the evidence of Colleague E that she felt embarrassed and that your behaviour caused her to avoid you for the rest of the shift. The panel therefore determined that your behaviour was also humiliating in that it caused Colleague E to feel embarrassed. However, the panel concluded that your behaviour fell short of bullying or intimidation.

The panel considered, on the balance of probabilities, that your behaviour as found proved in charge 6 was unprofessional in that you acted contrary to professional standards in the workplace and it was humiliating in that it made Colleague E feel embarrassed which amounts to a loss of dignity.

Charge 7

The panel determined that this behaviour is clearly unprofessional. It considered that your behaviour was directed towards a patient under your care and amounted to ‘fat shaming’. It was specific to this patient and their appearance.

Whilst the panel noted that there is no evidence before it of how this comment made the patient feel, the panel considered that it is reasonable to conclude that commenting negatively on a patients size with no regard for their feelings or their dignity was unprofessional and humiliating for them. The panel also noted that the comment was witnessed, or at least overheard, by a colleague which also suggests a lack of respect for the patients feelings and dignity.

The panel considered, on the balance of probabilities, that your behaviour as proved in charge 7 was unprofessional in that you acted contrary to professional standards in the workplace and it was humiliating in that it, in the panels view, it is reasonable to conclude that the patient would have been made to feel ashamed or foolish which, in all likelihood, would have amounted to a loss of dignity.

Charge 8

The panel determined that this behaviour is clearly unprofessional. It was directed to a vulnerable patient in response to a reasonable question asked by them.

The panel noted that there is no evidence before it of the effect your behaviour had on the patient. However the panel was of the view that it would be reasonable to conclude that such an insensitive response to a reasonable question would have caused the patient, who had been waiting for surgery for a considerable period of time, to feel humiliated.

The panel considered, on the balance of probabilities, that your behaviour as found proved in charge 8, was unprofessional in that you acted contrary to professional standards in the workplace and it was humiliating in that in all likelihood the patient would have been humiliated.

Charge 9a and 9b

The panel decided to deal with both charges 9(a) and 9(b) together as they refer to the same interaction and it determined that they cannot be separated when reaching this decision.

The panel considered that these comments were ill-judged and unprofessional. However, having considered the evidence overall, and taking into account that Colleague A gave evidence but made no mention on the effects your comments had on her. The panel determined that your comments fell short fell short of intimidating, humiliating or bullying The panel considered, on the balance of probabilities, that your behaviour as found proved in charge 9a and 9b, was unprofessional in that you acted contrary to professional standards in the workplace.

Charge 9c

The panel noted the evidence before it that Colleague C was made to feel very upset and the panel determined that her reaction to your comments was reasonable.

Colleague A said that you stated that she should at least '*try to wear some eye makeup'.*

When Colleague C was asked in oral evidence how this comment made her feel, she responded:

> '*It made me feel really self-conscious to be honest with you. Obviously it was during the Covid pandemic when we were wearing masks, visors, the full PPE, where you*

could only sort of see my glasses, really my eyes. So I obviously hadn't worn any make-up to work. Her comment was, 'Well you could have at least put some eye make-up on.' It just made me feel really upset. It was like a personal comment, and embarrassed as well, because it wasn't said in a private area. It was just in the corridor on the ward'

The panel determined that your comments were clearly unprofessional as they amounted to negative comments that were based on a colleague's personal appearance. The panel also determined that these comments were humiliating based on the evidence before it of how your actions made Colleague C feel.

The panel considered, on the balance of probabilities, that your behaviour as found proved in charge 9c, was unprofessional in that you acted contrary to professional standards in the workplace. Further, it was humiliating given the clear evidence that the comment was made in the presence of others causing Colleague C to be very upset and embarrassed.

Charge 10b

The panel noted Colleague C's oral evidence, specifically: '*it was just that she made me feel really embarrassed and hurt'*. It noted that this is consistent with Colleague C's local statement as she says '*this left me very upset and embarrassed'.*

The panel considered that these comments were made in front of colleagues. The panel determined that not only were these comments unprofessional but having considered the evidence of Colleague C, that she felt embarrassed and hurt, the panel concluded that your behaviour was also humiliating.

The panel considered, on the balance of probabilities, that your behaviour as found proved in charge 10b, was unprofessional in that you acted contrary to professional standards in the workplace and it was humiliating for Colleague C.

Charge 11

The panel noted that this comment was said to Colleague B about other colleagues who were not present at the time.

The panel determined that whilst this comment was unprofessional, there is no evidence to support a determination or a reasonable conclusion that your behaviour was intimidating, bullying or humiliating.

The panel considered, on the balance of probabilities, that your behaviour as found proved in charge 11, was unprofessional in that you acted contrary to professional standards in the workplace.

Charge 12

The panel determined that this behaviour was unprofessional in that it was rude and dismissive to other colleagues. However, there is no evidence to suggest that this behaviour was humiliating, bullying or intimidating.

The panel considered, on the balance of probabilities, that your behaviour as found proved in charge 12, was unprofessional in that you acted contrary to professional standards in the workplace.

Charge 14

The panel considered that telling someone you do not like them in a work setting and using this to indicate that you do not want them to work on a ward without reference to professional issues is clearly unprofessional.

The panel also determined that this is humiliating behaviour given that Colleague D said in her oral evidence; *'it was quite hurtful. Made me feel unwanted'.*

The panel was of the view that it is clear from Colleague D's oral testimony that this is the effect it had on her at the time. However, the panel was mindful that it has also had evidence of a WhatsApp message from Colleague D that was supportive of you. The panel acknowledged the supportive WhatsApp message but noted that this was a long time after the event and it does not mitigate the effect your comment had on Colleague D at the time.

The panel considered, on the balance of probabilities, that your behaviour as found proved in charge 14, was unprofessional in that you acted contrary to professional standards in the workplace and it was humiliating in that Colleague D was hurt and felt unwanted.

Charge 16

That you, a registered nurse, whilst employed at Royal Gwent Hospital:

> 16. On an unknown date, gave a patient's relative the wrong name when they asked for your name after you had an argument with them.

This charge is found proved.

In reaching this decision, the panel took into account the evidence of Colleague G, Colleague A, Colleague B and your evidence.

The panel considered Colleague G's evidence, in her local statement she states:

> '[Colleague B] *was in lift with us, we were coming back from break and the relative who was with a patient who had learning disabilities, the lift was not going up and the relative kept pressing the button and CR was rude to her and they started arguing. As we got out of the lift CR said you can press the button now, the relative said thank you for giving me permission she asked for her name and CR said that my name is Jayne'.*

Additionally, in Colleague G's supplementary local written statement which states '*she shouted for everybody to hear, my name is Jayne'.* This is also confirmed in Colleague G's NMC witness statement and in her oral evidence. Under examination in chief Colleague G was asked by Ms Boeche the following:

> *'Q. Do you remember if Ms Reece wore her name badge at the time?*
> *A. I can't remember, sorry.*
> *Q. You said that she gave her name as Jayne[?]. Did she provide a surname?*
> *A. No. As we were coming out of the lift she just shouted back, 'My name is Jayne'.'*

The panel also considered the evidence of Colleague A in her local statement dated 21 September 2020 which states:

> *'On another occasion I was on the ward by the sluice and I heard Carline shouting from off the ward by the lifts. I heard her shouting my name is Jayne. I found out later that day that there had been an incident in the lift with a relative and they had asked for her name.'*

Colleague B in her investigation interview stated; '*as we walked out of the lift the CR said I am so and so I cannot remember who she said she was and it wasn't her real name'.* Colleague B in her witness statement to the NMC also stated:

> '[…]*We were coming back from the morning break, so it might be at around half past 10 in the morning, however I cannot recall the exact the date. The lift was bust and a patient relative press the button for the lift to stop at floor five. I was at the back of the lift and all I could heard was a voice saying I know where you work, and I am going to report you.'*

In your local statement dated December 2021 made to the Health Board in response to the Health Board allegations you stated that the '*lady in question was rude to me'* and you

denied giving a wrong name. Additionally, in the local investigation interview notes, in response to this question:

> '[…]*it is alleged when you and the staff left the lift you told the relative 'now you can press the button' to which they asked for your name as they were going to complain. It is alleged that you walked away shouting 'my name is Jayne' and laughing. Do you remember an incident like this?'*

You responded: '*no. I know* Colleague B *was with me that day.'* You were consistent in your denial of giving a wrong name in your updated witness statement.

The panel was of the view that there are three different witnesses, who have provided witness statements and oral evidence to the panel, who confirm that you did say a wrong name. Colleague G and Colleague B were direct witnesses who attest to there being an argument and that you gave an incorrect name. Colleague A confirmed that she heard you shouting the name 'Jayne', albeit she was not close to the lift.

The panel noted your submission that there was a conspiracy around you and that these witnesses had fabricated these allegations. The panel considered the evidence before it and determined that there is no evidence before it to support that these witnesses fabricated their evidence.

The panel accepted the evidence of Colleague A, Colleague B and Colleague G and determined that it is more likely than not that you gave a patient's relative the wrong name when they asked for your name after you had an argument with them.

Charge 17

That you, a registered nurse, whilst employed at Royal Gwent Hospital:

17. Your action at charge 16 was dishonest in that you did not want yourself to be identified as the staff member involved in the incident.

This charge is found NOT proved.

In reaching this decision, the panel noted its decision at charge 16.
The panel noted that the nature of the altercation was one that has been described as '*bickering'* and that it was a '*back and forth'* between you and the patient's relative.

The panel considered Colleague B's evidence that the visitor said '*I know where you work I am going to report you.'* She also said that as you left the lift, you made a sarcastic comment to the relative saying that they would now press the button.

The panel considered what your belief was at the time when you told the patients relative that your name was 'Jayne'. The panel was of the view that this was a flippant and disrespectful comment. It took into account that there were two of your colleagues in the lift with you at the time and you gave evidence that you were wearing your name badge. There was evidence that the patient's relative stated that they knew where you worked.

The panel was of the view that the likelihood of you providing a false name with the intention of misleading the patients relative as to your identity to avoid any complaint is low. The panel determined that, whilst you intention was to be flippant and disrespectful, it was satisfied on the balance of probabilities, that this does not amount to a dishonest mindset at the time as set out in the case of *Ivey v Genting Casinos* [2017] UKSC 67. Additionally, the panel considered that an ordinary member of the public would not be satisfied that your behaviour was dishonest.

The panel therefore determined that, on the balance of probabilities, your actions as set out at charge 16 were not dishonest.

Charge 22a)

That you, a registered nurse, whilst employed at Royal Gwent Hospital:

22. On dates unknown, did not provide support and/or training to one or more members of your team when requested in that you on one or more occasion:

a. Did not provide support to Colleague D when she asked for it as she progressed through the overseas programme.

This charge is found NOT proved.

In reaching this decision, the panel took into account the evidence of Colleague D and your evidence.

The panel noted Colleague D's investigation interview dated 21 February 2022 in which she alleged that there was a lack of support from you. In her oral evidence, Colleague D stated:

[…] I wasn't supported from day one by Carline or the rest of the team.
Q. And did you raise this with Carline?
A. I found her very unapproachable so I couldn't raise it with her.'

The panel was not provided with any documentary evidence which outlined the expectations of the support required for a nurse working through the OSCE programme. The panel therefore could not establish specifics around what support was meant to have been provided and was alleged to be lacking.

The panel noted your response to this allegation:

'I don't know who the NMC are referring to by "Colleague D". I worked with many overseas nurses and made every effort to support them. If anyone felt unsupported at

any time, I was unaware of this, and no concerns were raised directly with me at the time. I do not recall refusing any reasonable request for assistance.'

The panel concluded that there is insufficient evidence for this allegation to be proved because it has not been presented with specific details of requests for support being unsupported or denied and the evidence provided is not sufficiently cogent.

Fitness to practise

Having reached its determination on the facts of this case, the panel then moved on to consider, whether the facts found proved amount to misconduct and, if so, whether your fitness to practise is currently impaired. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's ability to practise kindly, safely and professionally.

The panel, in reaching its decision, has recognised its statutory duty to protect the public and maintain public confidence in the profession. Further, it bore in mind that there is no burden or standard of proof at this stage and it has therefore exercised its own professional judgement.

The panel adopted a two-stage process in its consideration. First, the panel must determine whether the facts found proved amount to misconduct. Secondly, only if the facts found proved amount to misconduct, the panel must decide whether, in all the circumstances, your fitness to practise is currently impaired as a result of that misconduct.

Submissions on misconduct and impairment

In coming to its decision, the panel had regard to the case of *Roylance v General Medical Council (No. 2)* [2000] 1 AC 311 which defines misconduct as a *'word of general effect,*

involving some act or omission which falls short of what would be proper in the circumstances.'

Ms Boesche invited the panel to take the view that the facts found proved amount to misconduct. The panel had regard to the terms of '*The Code: Professional standards of practice and behaviour for nurses and midwives 2015'* (the Code) in making its decision.

Ms Boesche identified the specific, relevant standards where your actions amounted to misconduct. She submitted the following elements were breached:

- 1.1 in relation to all charges.
- 1.3 in relation to charges 9 a-c
- 1.4 is in relation to charges 5, 6, 7 and 8.
- 2.3, 2.4 and 2.6 in relation to charges 5, 6, 7 and 8
- 8.1 in relation to charges 2b and 6
- 8.2 in relation to charges 2, 3, 6, 9, 10b, 11, 12, 14, 15
- 8.5 in relation to charges 2b and 6
- 8.7 in relation to charge 10b
- 9.3 in relation to charge 2b, 6, 11, 12 and 13
- 20.1 and 20.3 in relation to all charges
- 20.5 in relation to all charges except charge 16
- 20.7 in relation to charges 6, 7, 8 and 9; and
- 20.8 in relation to all charges

Ms Boesche submitted that your conduct, as detailed in the charges which were found proved, fell significantly short of what would be expected of a registered nurse. She submitted that the incidents suggest a deep-seated attitudinal issue which prevents you from treating people kindly and professionally. She submitted that your undermining, intimidating behaviour towards colleagues may have affected their ability to care well for patients and therefore exposes patients to a risk of harm. Ms Boesche submitted that speaking to patients in a humiliating way is distressing to those vulnerable people and exposes them to the risk of serious harm.

Ms Boesche submitted that your actions were a significant departure from the fundamental principles of the Code of prioritising people, practising effectively and promoting professionalism and trust in the nursing profession. Ms Boesche therefore submitted that all of the charges amount to misconduct.

Ms Boesche moved on to the issue of impairment and addressed the panel on the need to have regard to protecting the public and the wider public interest. This included the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body. This included reference to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin).

Ms Boesche referred the panel to the questions outlined by Dame Janet Smtih in the 5th Shipman Report (as endorsed in the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] *EWHC 927 (Admin).* She submitted that in relation to the first question, whether you have in the past acted, or are liable in the future to act as so to put a patient or patients at unwarranted risk of harm, the answer is yes. She submitted that your humiliating treatment of patients put them at a risk of unwarranted risk of harm. In relation to the second question, have you in the past brought or are liable to bring the nursing profession into disrepute, Ms Boesche submitted that the answer is yes. She submitted that a bystander would be shocked to learn of a nurse speaking to patients in this manner and of a nurse who used intimidating and humiliating behaviour towards colleagues. In relation to the third question, have you in the past committed a breach of one of the fundamental tenets of the nursing profession and are you liable to do so in the future, Ms Boesche submitted that the answer is yes. She submitted that your actions breached the fundamental tenets of prioritising people, practising effectively and promoting professionalism and trust in the nursing profession.

Ms Boesche submitted that you have displayed no insight into your actions and you have denied any wrongdoing. She stated that you have not undertaken any relevant training

since the incidents. Additionally, she submitted that there is a strong possibility that you would repeat this behaviour in the future. Ms Boesche submitted that a finding of impairment is therefore necessary on the grounds of public protection.

Ms Boesche submitted that a finding of impairment is otherwise necessary in the public interest. She submitted that there is a public interest in a finding of impairment being made in this case to declare and uphold proper standards of conduct and behaviour. She submitted that members of the public would be appalled to hear of a nurse behaving in an intimidating, humiliating and unprofessional manner. She submitted that this conduct severely damaged and undermines public confidence in the nursing profession and the NMC as regulator.

Mr Caesar submitted that whilst you respect the panel's findings, you make no admissions to the facts. Mr Caesar then took the panel through each charge found proved.

In relation to charge 1, Mr Caesar submitted that, if this did happen, this would have been a one off lapse in courtesy. He submitted that there was no harm to patients and the visitor in question was not affected. He submitted that this charge alone does not reach the level of serious required to make a finding of misconduct. He submitted that you are always kind to colleagues and visitors. He submitted that if this occurred it would have been a one off isolated outburst.

In relation to charge 2a, Mr Caesar submitted that if this comment was made it would be a flippant remark. He reminded the panel that Colleague B stated that she was not sure whether this was said as a joke. He stated that Colleague B still made her statement freely. He submitted that a flippant remark is not worthy of regulatory action. He submitted that in your current role you are seen as a valued team member who promotes an open and honest culture. He submitted that this does not amount to misconduct.

In relation to charge 2b, Mr Caesar submitted that if this remark was made it would have been disrespectful. If it did happen, he submitted that it would have been a single outburst

and not part of a pattern of behaviour. He reminded the panel that the colleague in question continued working. He submitted that the behaviour charged does not amount to a grave departure from the standards set out in the Code.

In relation to charge 3, Mr Caesar submitted that the ward was short staffed and submitted that you have always been concerned about patient care standards. He submitted that on this occasion it could have been possible that you did explain your view in the wrong way. He informed the panel that you have taken steps to improve your communication and you now address your concerns kindly and in private.

In relation to charge 5a and 5b, Mr Caesar submitted that, whilst this is denied, the actions outlined in this charge would have amounted to an isolated lapse of judgement. He submitted that this could have been an attempt at humour. He submitted that patient care continued and there is no evidence of harm. He submitted that you have been consistently kind to colleagues and they have described you as compassionate.

In relation to charge 6, Mr Caesar submitted that these comments would have been disrespectful. He submitted that in your current role you work closely with Health Care Associates (HCA)'s and you maintain a kind and tolerant workplace. He informed the panel that there has been no further allegations of rudeness made against you.

In relation to charge 7, Mr Caesar submitted that colleagues now describe you as kind and non-judgemental with patients. He submitted that you have worked for years since the allegations with no complaints.

In relation to charge 8, Mr Caesar submitted that if a patient were to complain, your response is to cheer them up. He reminded the panel that there has been no such allegations since the incidents.

In relation to charge 9a, 9b and 9c, Mr Caesar submitted that you recognise that this behaviour would fall below the standards expected of a registered nurse. He submitted that your current work colleagues say you are approachable.

In relation to charge 10b, Mr Caesar submitted that you have worked with colleagues with different health restrictions and you have been supportive of this. He submitted that your current manager notes that you value everyone's contributions.

In relation to charge 11, Mr Caesar submitted that any such statement would be inappropriate. He submitted that you are a dedicated helpful team player in your current workplace.

In relation to charge 12, Mr Caesar submitted that in your current role you have been seen to be approachable and open to discussion.

In relation to charge 14, Mr Caesar submitted that you recognise that with would have been inappropriate and hurtful and you maintain that you did not do this. He submitted that different students have stated that they are lucky to have you are their mentor and stated that you boost their confidence and skills.

In relation to charge 15, Mr Caesar submitted that there is no evidence of bullying. He submitted that you take a forward looking view.

Mr Caesar referred the panel to your witness statement in relation to the positive testimonials you have provided.

Decision and reasons on misconduct

When determining whether the facts found proved amount to misconduct, the panel considered all of the evidence before it and its findings on the individual charges. It

considered the submissions of Ms Boesche and Mr Ceasar and took into account that submissions do not amount to evidence. It considered the NMC guidance and accepted the advice of the legal assessor including reference to the case of *Schodlok v GMC* [2015] EWCA Civ 769 and the following guidance '*in the normal case I do not think that a few allegation of misconduct that are held individually not to be serious can or should be regarded collectively as serious misconduct*'. It had regard to the terms of the Code.

The panel was of the view that actions did fall significantly short of the standards expected of a registered nurse, and that your actions amounted to a breach of the Code. Specifically:

'***1 Treat people as individuals and uphold their dignity***
To achieve this, you must:

1.1 treat people with kindness, respect and compassion

1.3 avoid making assumptions and recognise diversity and individual choice

2 Listen to people and respond to their preferences and concerns To achieve this, you must:

2.6 recognise when people are anxious or in distress and respond compassionately and politely

8 Work co-operatively To achieve this, you must:

8.2 maintain effective communication with colleagues

8.7 be supportive of colleagues who are encountering health or performance problems. However, this support must never compromise or be at the expense of patient or public safety

9 Share your skills, knowledge and experience for the benefit of people receiving care and your colleagues

To achieve this, you must:

9.3 deal with differences of professional opinion with colleagues by discussion and informed debate, respecting their views and opinions and behaving in a professional way at all times

20 Uphold the reputation of your profession at all times

To achieve this, you must:

20.1 keep to and uphold the standards and values set out in the Code

20.3 be aware at all times of how your behaviour can affect and influence the behaviour of other people

20.5 treat people in a way that does not take advantage of their vulnerability or cause them upset or distress

20.7 make sure you do not express your personal beliefs (including political, religious or moral beliefs) to people in an inappropriate way

20.8 act as a role model of professional behaviour for students and newly qualified nurses, midwives and nursing associates to aspire to'

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. In assessing whether the charges amounted to misconduct, the panel considered each of the charges individually and charge 15 as it relates to those charges.

Charge 1

The panel determined that, although shouting at the patients relative was unprofessional, unkind and fell short of the standards expected of a registered nurse. However, when applying the test in *Roylance*, the panel determined that your behaviour did not fall so seriously short as to amount to misconduct.

Charge 2a

The panel determined that you had said *'you had better write nothing bad about me or I will give you rubbish off duty'* or words to that effect as a joke. The panel was of the view that this was unprofessional and ill-judged. However, the panel in its determination for charge 15 concluded that the remark was, on the balance of probabilities, a flippant remark. Therefore, the panel was of the view that your behaviour at charge 2a fell short of the standards expected of a registered nurse. However, when applying the test in *Roylance*, the panel determined that it did not fall so seriously short as to amount to misconduct.

Charge 2b

The panel was of the view that shouting at Colleague B stating '*I am the Band 6 and you are the Band 3*' or words to that effect was humiliating and unprofessional. However, it noted that the comment was made in the context that you required the registered nurse assisting Colleague B to stop what they were doing and give priority to the drug round. Therefore, the panel was of the view that your behaviour at charge 2b fell short of the standards expected of a registered nurse. When applying the test in *Roylance*, the panel determined that it did not fall so seriously short as to amount to misconduct.

Charge 3

The panel determined that you had threatened Colleague A with a loss of opportunity to work night shifts and that your conduct towards Colleague A was humiliating, intimidating and unprofessional. The panel noted from Colleague A's evidence that she was fearful and she specifically mentioned not wanting to escalate this incident, because she was fearful that if she did life would '*be made difficult for her on the ward*.' The panel was of the view that your actions in charge 3 did fall seriously short of the conduct and standards

expected of a registered nurse in accordance with the *Roylance* test and amounted to misconduct.

Charge 5a and 5b

The panel, in its determination, concluded that responding to a patient '*are you dead'* or words to that effect and then telling the patient '*well stop complaining then'* or words to that effect was unprofessional and humiliating. It demonstrated scant regard for the patients dignity and feelings.

The panel found that your actions in charge 5a and 5b did fall seriously short of the conduct and standards expected of a registered nurse in accordance with the *Roylance* test and amounted to misconduct.

Charge 6

The panel was of the view that in you stating to a colleague that '*he's not hungry, he's not in Africa, don't be bossy, you are not a nurse and if the plan changes, he will be told by a nurse'* or words to that effect was unprofessional and dismissive of a colleagues concerns for a patient who had been waiting for their surgery for a long time.

However, although the panel was of the view that your behaviour at charge 6 fell short of the standards expected of a registered nurse, when applying the test in *Roylance*, the panel determined that it did not fall so seriously short as to amount to misconduct.

Charge 7

The panel determined that in stating '*do you think you need that, the size of you'* or words to that effect was unprofessional and had no regard to the patients feelings or dignity. The panel noted that this comment was overheard by at least one other person. The panel was of the view that as a registered nurse, you should be responding compassionately and politely. The panel found that your actions in charge 7 did fall seriously short of the conduct and standards expected of a registered nurse in accordance with the *Roylance* test and amounted to misconduct.

Charge 8

The panel was of the view that your conduct in telling one or more patients '*that they were not starving, they were not in Africa, and/or to stop exaggerating or words to that effect'* was unprofessional and humiliated patients. The panel noted that at least one of these were patients who was in a vulnerable situation awaiting their surgery. The panel found that your actions in charge 8 did fall seriously short of the conduct and standards expected of a registered nurse in accordance with the *Roylance* test and amounted to misconduct.

Charge 9a and 9b

The panel, in its determination, concluded that these comments were ill-judged and unprofessional. However, the panel was of the view that your behaviour fell short of the standards expected of a registered nurse. When applying the test in *Roylance*, the panel determined that it did not fall so seriously short as to amount to misconduct.

Charge 9c

The panel determined that your comments were unprofessional and humiliating as they amounted to negative comments based on a colleague's personal appearance. However, the panel was of the view that your behaviour fell short of the standards expected of a registered nurse. When applying the test in *Roylance*, the panel determined that it did not fall so seriously short as to amount to misconduct.

Charge 10b

The panel determined that your conduct in stating '*what is purpose of you being here'* and/or *'what am I going to do with you'* was unprofessional and ill-judged in that you acted contrary to professional standards in the workplace and had humiliated Colleague C. It took into account the context of this incident which occurred during Covid pandemic and the pressures placed on you as a ward manager to allocate staff.

The panel was of the view that your behaviour fell short of the standards expected of a registered nurse. However, when applying the test in *Roylance*, the panel determined that it did not fall so seriously short as to amount to misconduct.

Charge 11

The panel was of the view that in you stating *'anybody piss me off and I will make their life hell, I mean this as I am not having it, as this is my ward and I'm not going anywhere'* or words to that effect was unprofessional in that you acted contrary to professional standards in the workplace. The panel noted that this comment was said to Colleague B about other colleagues who were not present at the time. The panel was of the view that your behaviour fell short of the standards expected of a registered nurse. However, when applying the test in *Roylance*, the panel determined that it did not fall so seriously short as to amount to misconduct.

Charge 12

The panel determined that your conduct was unprofessional in that it was rude and dismissive to other colleagues. The panel was of the view that your behaviour fell short of the standards expected of a registered nurse. However, when applying the test in *Roylance*, the panel determined that it did not fall so seriously short as to amount to misconduct.

Charge 14

The panel determined that your conduct was unprofessional in that you acted contrary to professional standards in the workplace and had humiliated Colleague D. The panel was of the view that your behaviour fell short of the standards expected of a registered nurse. However, when applying the test in *Roylance*, the panel determined that it did not fall so seriously short as to amount to misconduct.

Charge 15

The panel considered its findings at charge 15 as it related to the individual charges. It considered that your behaviour at charge 15 as it relates to charges 3, 5a, 5b, 7 and 8

amounts to misconduct for reasons already given. It considered that your behaviour at charges 1, 2a, 2b, 6, 9a, 9b, 9c, 10b, 11, 12 and 14 did not amount to misconduct for reasons already given.

Charge 16

The panel was of the view that your conduct in, giving a patient's relative the wrong name when they asked for your name after you had an argument with them, was unprofessional. It noted that it did not find this conduct to be dishonest (charge 17). The panel was of the view that your behaviour fell short of the standards expected of a registered nurse. However, when applying the test in *Roylance*, the panel determined that it did not fall so seriously short as to amount to misconduct.

The panel found that your actions for charges 3, 5a, 5b, 7, 8, and 15 did fall seriously short of the conduct and standards expected of a nurse and amounted to misconduct.

Decision and reasons on impairment

The panel next went on to decide if as a result of the misconduct, your fitness to practise is currently impaired.

In coming to its decision, the panel had regard to the Fitness to Practise Library, updated on 27 March 2023, which states:

> *'The question that will help decide whether a professional's fitness to practise is impaired is:*
> *"Can the nurse, midwife or nursing associate practise kindly, safely and professionally?"*
> *If the answer to this question is yes, then the likelihood is that the professional's fitness to practise is not impaired.'*

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. To justify that trust, nurses must be honest and open and act with integrity. They must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

In this regard the panel considered the judgment of Mrs Justice Cox in the case of *CHRE v NMC and Grant* in reaching its decision. In paragraph 74, she said:

> *'In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.'*

In paragraph 76, Mrs Justice Cox referred to Dame Janet Smith's "test" which reads as follows:

> *'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her/ fitness to practise is impaired in the sense that S/He:*
>
> a) *has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
>
> b) *has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*

c) *has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*

d) *...'*

The panel considered the test in *Grant*. It was satisfied that the first three limbs were engaged as to your past actions.

The panel was satisfied that there is no evidence that your conduct caused harm to patients. However, it determined that it had the potential to put patients at unwarranted risk of harm. The panel was therefore satisfied that limb a of *Grant* is not engaged as to patients in the past but needs to be considered going forward. The panel determined that there is evidence that your behaviour did cause emotional harm to colleagues and limb a is engaged in relation to harm to colleagues in the past and needs to be considered going forward.

The panel determined that your misconduct constituted serious breaches of the fundamental tenets of the profession as you failed to uphold the standards and values of the nursing profession thereby bringing it into disrepute. The panel is therefore satisfied that limbs b and c of *Grant* were engaged in the past and need to be considered going forward.

The panel considered the factors set out in the case of *Ronald Jack Cohen v General Medical Council* [2008] EWHC 581 (Admin) and determined that the misconduct is such that it can be addressed. The panel had regard to the documentary and oral evidence you have provided and the submissions of Ms Boesche and Mr Ceasar in determining whether you have in fact addressed your misconduct.

The panel was of the view that given the nature of charges 3, 5(a), 5(b), 7, 8, and 15, the misconduct is remediable.

The panel took into account the testimonials you have provided in your witness statement bundle under '*5. CONCLUSION: INSIGHT AND REFLECTIONS*'.

One of the testimonials was provided by your current Home Manager dated 26 June 2023, who commented '*Carline is continuing to learn and improve her nursing skills through reflection*.' The panel noted the positive comments in this testimonial but also took into account that it does not indicate that your Home Manager was aware of the regulatory concerns at the time of writing and does not comment on the regulatory concerns under consideration.

A second testimonial was provided by a doctor dated 12 February 2025 who stated '*Nurse Reece in my experience has been providing care and compassionate care to her residents'.* The panel noted that this doctor is not based in this nursing home but states '*I regularly attend the nursing home to see my patients and undertake a weekly ward round*.' This referenced a test to you being caring and compassionate towards residents. However, there was no evidence that this doctor was aware of the regulatory concerns and it does not specifically address those concerns.

A third testimonial was provided by a student nurse dated February 2025 who stated that you *'approach situations with a calm demeanour'* and that you exhibit *'a strong sense of teamwork … helping staff whenever she can'.* Again, there was no evidence that this person was aware of the regulatory concerns. However, the testimonial does comment favourably on your approach, helpfulness towards staff and teamworking.

The panel took into account your reflection at the end of your witness statement, in which you stated: *'I strongly believe that my ability to practise safely and effectively has never been compromised.'* The panel heard submissions from Mr Ceasar regarding some steps taken by you to address the concerns but the panel has no evidence from you in this regard. The panel was not provided with any evidence of the steps you have taken to address the concerns such as further training. The panel noted from your witness statement '*… on times I may have been abrupt in manner, and I apologise for this*.'

Neither has the panel been provided with any evidence of how you might approach things differently going forward so as to mitigate the risk of repetition. The panel was therefore not reassured that you will not repeat the conduct as you have not demonstrated any insight into the regulatory concerns.

In terms of harm to patients, the panel determined that your behaviour has the potential to put patients at risk of emotional harm. You made insensitive and unkind personal comments to vulnerable patients with no insight into the effect of such behaviour on those patients, no meaningful reflection on your behaviour and no real indication of remorse.

In light of all the above and your limited apology, the panel determined that a finding of current 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 next considered whether a finding of impairment on public interest grounds is required. The panel considered its findings on impairment on public protection grounds, the seriousness of your breaches of the Code and the need to uphold proper standards and behaviour of the nursing profession. It concluded that for these reasons, a finding of impairment is required on public interest grounds. It concluded that in light of the seriousness of your conduct, public confidence in the profession would be undermined if a finding of impairment were not made in this case. The panel also considered that a finding of impairment was required to uphold proper professional standards in the profession.

Therefore, the panel finds your fitness to practise impaired on the grounds of public interest.

Sanction

The panel has considered this case very carefully and has decided to make a conditions of practice order for a period of 12 months. The effect of this order is that your name on the NMC register will show that you are subject to a conditions of practice order and anyone who enquires about your registration will be informed of this order.

In reaching this decision, the panel has had regard to all the evidence that has been adduced in this case and had careful regard to the Sanctions Guidance (SG) published by the NMC. The panel accepted the advice of the legal assessor.

Submissions on sanction and interim order

In the Notice of Hearing, dated 30 January 2025, the NMC had advised you that it would seek the imposition of a striking-off order if it found your fitness to practise currently impaired. During the course of the hearing, Ms Boesche said that the NMC reviewed its proposal after the panel's decision on misconduct and impairment and said that the NMC is continuing to seek a striking-off order.

Ms Boesche submitted that the aggravating features included a pattern of unprofessional conduct which took place over a period of time and included multiple colleagues and patients being affected, lack of reflection and a lack of insight into the failings.

Ms Boesche submitted that the mitigating features includes not having any other regulatory concerns raised since the incidents within the regulatory concerns.

Ms Boesche submitted that the case is too serious for the panel to take no action or to impose a caution order. She submitted that a conditions of practice order would not be appropriate as there is evidence of deep seated attitudinal concerns as there are repeated incidents of your conduct which were humiliating and intimidating patients and colleagues, and there is no acknowledgment of your wrongdoings. She submitted that these are not

identifiable areas which can be easily addressed by either training and/or assessment. In relation to a suspension order, Ms Boesche submitted that that it would not be appropriate as there are deep seated attitudinal concerns and because this is not a case which involves a single instance of misconduct.

Ms Boesche submitted that a striking-off order would be the appropriate order as there is a lack of insight and remediation into Mrs Reece's conduct and therefore raises fundamental questions about her professionalism. She submitted that the misconduct is fundamentally incompatible with remaining on the NMC register.

Ms Boesche made an interim order application contingent on the panel's findings on impairment. She invited the panel to impose an interim order for a period of 18 months which is similar to the sanction placed on your registration.

In relation to [PRIVATE] features, Mr Ceasar submitted that [PRIVATE] you recognise that you have got a quirky personality and that you never intended to cause any harm. He told the panel that you are currently working at the Home but have been offered a role in a hospital and that you are in training for that job today. He submitted that a striking-off order would have a severe effect on you.

Mr Ceasar invited the panel to impose a 12-month caution order. He told the panel that you have continued to work since the incidents took place in the last 5/6 years and have not had any further regulatory concerns raised. He submitted that you have continued to practise with positive feedback from your employer, and that there have been no clinical concerns raised. He therefore submitted that the risk of repetition of a similar behaviour is low. He submitted that a caution order meets the public protection limb without the need for imposing a conditions of practice order or a suspension order.

In relation to the public interest ground, Mr Ceasar submitted that as the caution order would be on the NMC's website, it would be in the public domain and therefore it would be visible to any enquirers. He submitted that a caution order would be the least restrictive

sanction and would allow the panel to mark the conduct whilst giving you the opportunity to practise. He invited the panel to impose the caution order for a period of 12 months to allow you reasonable time to reflect the seriousness of the concerns and the risk to the public.

Mr Caesar submitted that a conditions of practice order and suspension order would not be proportionate in the circumstances of the case.

In response to the interim order application made by Ms Boesche, Mr Caesar objected to the interim order application and submitted that you have continued to practise without any issues raised in the last five years.

Decision and reasons on sanction

Having found your fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose in this case. The panel has borne in mind that any sanction imposed must be appropriate and proportionate and, although not intended to be punitive in its effect, may have such consequences. The panel had careful regard to the SG. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- A pattern of misconduct over a period of time with three different incidents and involving three patients
- Lack of insight into failings
- No real indication of remorse
- Conduct which put patients at risk of suffering emotional harm and a colleague who suffered emotional harm

The panel also took into account the following mitigating features:

- [PRIVATE]
- [PRIVATE]

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 public protection issues identified and the risk of repetition of the misconduct. 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. However, due to the seriousness of the case, the public protection issues identified, the concerns around the risk of repetition of the misconduct, and the lack of insight and remediation, the panel was of the view that 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 there was a risk of repetition. Therefore, 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 placing conditions of practice on your registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel took into account the SG, in particular:

- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *No evidence of general incompetence;*
- *Patients will not be put in danger either directly or indirectly as a result of the conditions;*
- *The conditions will protect patients during the period they are in force; and*

- *Conditions can be created that can be monitored and assessed.*

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 had regard to the fact that these incidents happened five years ago and that, since then no further incidents has been raised. In addition, you have been working as a registered nurse in the intervening period. Notwithstanding these factors, the panel considered the fact that you have provided limited testimonial evidence, limited reflection and no evidence of relevant training. The panel noted that the reference from your current manager is two years old and your insight into your failings is poor.

The panel was also of the view that conditions of practice order would allow you to continue working as an registered nurse and afford you the opportunity to take steps to address your failings, whilst protecting the public during the period the order is in force.

The panel was of the view that it was in the public interest that, with appropriate safeguards, you should be able to practise as a registered nurse, albeit with restrictions.

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

Having regard to the matters it has identified, the panel has concluded that a conditions of practice order would protect the public, 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 nurse.

In making this decision, the panel carefully considered the sanction that the NMC was seeking in this case. The panel was of the view that though the imposition of a suspension order or a striking-off order would protect the public, it would be wholly disproportionate and would not be a reasonable response in the circumstances of your case. The panel

was therefore of the view that a suspension order or a striking off order would be punitive and go further than needed to meet the overarching objective of public protection.

The panel noted the potential negative effects a conditions of practice order may have on your career and the likely impact on your reputation. However, it also determined that public protection and public interest considerations outweigh your interests.

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 must work with your supervisor or line manager to create a personal development plan (PDP).

   Your PDP must address the concerns about your interactions with patients, colleagues and visitors.

   Your PDP should include completion of training which addresses:
   - Working collaboratively.
   - Interpersonal skills.
   - Effective communication.
   - Understanding the importance of empathy.

2. You must meet with your supervisor or line manager as a minimum every 3 months to review your PDP and ensure that you are making progress towards aims set in your PDP.

3. You must keep a reflective practice profile on interactions with colleagues, patients and visitors.

4. You should meet with your supervisor or line manager every 3 months:

    - Discuss your reflections in your reflective practice profile on interactions with colleagues, patients and visitors.
    - Review any feedback from colleagues, patients and visitors on your behaviour.

5. Prior to the review of this order, you must send to your case officer copies of:
    - the PDP
    - reviews of the PDP undertaken
    - evidence of completed training
    - records of the supervision meetings held with your supervisor

    These must be certified by your supervisor / line manager.

6. You must keep the NMC 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 the NMC 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 12 months. The panel considered that 12 months is sufficient to mark the public interest in this case, as well as allowing you sufficient time to take steps to address the regulatory concerns.

Before the order expires, 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 piece addressing the concerns identified in this determination using a framework such as The GIBBS reflective cycle.
- Your attendance at the future review of this order.
- Positive up to date testimonials from your employer.

This will be confirmed to you in writing.

Decision and reasons on interim order

The panel was satisfied that an interim order is necessary for the protection of the public and is otherwise in the public interest. The panel had regard to the seriousness and nature of the misconduct found proved and its finding on impairment and sanction.

The panel concluded that the only suitable interim order would be that of a conditions of practice order, as to do otherwise would be incompatible with its earlier findings. The conditions for the interim order will be the same as those detailed in the substantive order for a period of 18 months to cover any appeal period.

If no appeal is made, then the interim conditions of practice order will be replaced by the substantive conditions of practice order 28 days after you are sent the decision of this hearing in writing.

That concludes this determination.