

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

Substantive Hearing

Monday, 22 September 2025 – Friday, 26 September 2025

Virtual Hearing

Name of Registrant: Miss Jenny Wiseman

NMC PIN: 11F0828E

Part(s) of the register: Nurses part of the register Sub part 1
RNA: Adult nurse, level 1 (19 September 2011)

Relevant Location: Bradford

Type of case: Misconduct

Panel members: Bryan Hume (Chair, lay member)
Katrina Maclaine (Registrant member)
Lorraine Chalk (Lay member)

Legal Assessor: Patricia Crossin

Hearings Coordinator: Yousrra Hassan

Nursing and Midwifery Council: Represented by Isabella Kirwan, Case Presenter

Jenny Wiseman: Present and unrepresented

Facts proved: Charges 1, 2, 3

Facts not proved: None

Fitness to practise: Impaired

Sanction: **Conditions of practice order (36 months)**

Interim order: **Interim conditions of practice order (18 months)**

Details of charge

That you, a Registered Nurse:

1. *Between 16 and 27 March 2023 on one or more occasion failed to carry out observations of Resident B every hour.*
2. *On 31 March 2023 failed to carry out a blood glucose monitoring check for Resident A at 03:00 hours.*
3. *During a night shift on 14/15 April 2023:*
 - a) *Slept whilst on duty.*
 - b) *Failed to respond to two call bells.*

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, Ms Kirwan made a request that this case be held in private on the basis that proper exploration of your case involves reference to your health conditions. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

You indicated that you supported the application to the extent that any reference to reason your health conditions 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.

Having heard that there will be reference to your health conditions throughout the hearing, the panel determined to hold the entirety of the hearing in private.

Decision and reasons on application to not admit email from social services

The panel consider a submission by Ms Kirwan that an email provided to the panel, from social services and sent to the NMC on 19 September 2025 to be disregarded and excluded from consideration by the panel. This email was provided to the panel on the morning of the hearing on 22 September 2025. Ms Kirwan said that the NMC do not seek to rely on this email and asked the panel to put its contents from their mind.

You supported this position.

The panel heard and accepted the legal assessor's advice on the issues it should take into consideration in respect of this application. This included that Rule 31 provides that, so far as it is 'fair and relevant', a panel may accept evidence in a range of forms and circumstances, whether or not it is admissible in civil proceedings. The panel also accepted legal advice as regards consideration of possible bias.

The panel accepted the NMC's submission in the circumstances and considered it was able to disregard this email and disregard its content entirely. The panel is therefore satisfied that the hearing can proceed fairly and impartially.

Background

The charges arose while you were employed as a registered nurse at The Gables Care Centre (the Home). On 06/07 April 2023, Colleague 1 anonymously reported to the Lead Nurse that you had been sleeping during a night shift.

As a result, it was alleged that, Witness 1, the Home Manager, attended the Home at midnight on 14 April 2023 to investigate. Upon arrival, she found you and Colleague 2 lying in the lounge on the sofas, with the lights off, asleep under a blanket with cushions. During this period, two call bells were activated by residents requiring assistance. As you and Colleague 2 were asleep, it is alleged Witness 1 had to respond to these calls herself. Subsequently it is alleged that Witness 1 returned to the lounge and upon coughing caused Colleague 2 to awake from sleeping. Colleague 2 then woke you up. Witness 1 alleges that you were responsible for all 22 residents on floor two at this time some of whom were vulnerable and requiring end of life and palliative care treatment. When challenged by Witness 1 you allegedly responded by stating that you were on your break.

It is alleged that hourly observations of Resident B, who was an end of life patient in the home, had not been conducted by you on one or more occasions between the date 16 – 27 March 2023. These observations had been requested in accordance with a risk assessment to reduce the risk of Resident B falling.

It is alleged witness 1 reviewed the electronic patient records completed by you during the night shift on 31 March 2023 and noted that blood glucose monitoring due for Resident A at 03:00 hours had not been taken at the required time.

On 15 April 2023, you resigned from the home.

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 you and Ms Kirwan.

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 oral evidence from the following witness called on behalf of the NMC:

- Witness 1: Registered Nurse and manager of the Home;

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

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

Charge 1

1. Between 16 and 27 March 2023 on one or more occasion failed to carry out observations of Resident B every hour.

This charge is found proved.

In reaching its decision, the panel considered the witness statement of Witness 1, along with the observations and incident report provided by Colleague 3. The panel accepted Witness 1's evidence as clear, consistent, and reliable.

The panel determined that it was your responsibility as a registered nurse to care for your residents and respond to their needs, which includes ensuring accurate and timely completion of tasks including observations at specific times and documenting any observations that have been carried out.

The panel noted that they had records before them that had been extracted from the electronic patient records system and these showed scheduled times set for observation of Resident B. However, they noted that the entries made by you were often at different times, some earlier than scheduled a few on time and many in clusters after a significant time delay. There was no evidence that the observations for Resident B were carried out every hour for the scheduled time period as there was no corresponding entry made by you to support this, or explanation made in the notes section to explain the delays.

The panel concluded on the balance of probabilities that you failed to carry out the hourly observations on one or more occasion during the specified time period.

Charge 2

On 31 March 2023 failed to carry out a blood glucose monitoring check for Resident A at 03:00 hours.

This charge is found proved.

In reaching its decision, the panel considered the evidence of Witness 1, including Resident A's Blood Glucose Check Records, as well as the incident reports submitted by Colleague 3. The Panel noted that on 31 March 2023, during the night shift, Witness 1 observed that the 3:00 a.m. blood glucose monitoring had not been carried out or

recorded. The electronic record showed a blood glucose reading but the time of entry by you was 06:53 a.m. The Panel noted that there was no evidence that you had carried out a blood glucose test for Resident A at 03:00 a.m. on 31 March 2023.

As the only registered nurse responsible for that part of the home, it was your duty to ensure this monitoring was completed, given the clear clinical need. No evidence was provided to show that the check had been done.

This was further supported by the incident report from Colleague 3. The Panel placed limited weight on this report, since there was no direct oral evidence and the notes were not confirmed by you, it was acknowledged as hearsay evidence. However, your apparent acceptance of it gave the report some credibility, and your acknowledgment that you were confused as regards of instructions for blood glucose monitoring for Resident A.

The Panel concluded on the balance of probability that the blood glucose monitoring check for Resident A was not carried out at 03:00 a.m. as required.

Charge 3

During a night shift on 14/15 April 2023:

- a) Slept whilst on duty.

This charge is found proved.

The panel noted that you admitted to sleeping while on duty, and that Witness 1 also observed you asleep during your shift. You stated that you were unaware Colleague 2 was also sleeping at the same time, and that you had not read the updated staff handbook (May 2022), which clearly stated that sleeping during shifts was not permitted at the Home. You alleged that other members of staff of the home slept whilst on their break and that you were on your break and sleeping on this occasion. You have evidence that whilst you were asleep during your break, from 00:00 – 02:00, the healthcare assistant on duty

was available to provide care to the residents. However, in your evidence to the panel you accepted that you should not have been asleep, and, during your testimony, you took responsibility for your actions.

The panel taking all of the evidence into account concluded that you're sleeping on duty the night shift on 14 - 15 April 2023 was intentional and not accidental. The panel further noted the evidence from Witness 1 that you appeared to have made a bed for yourself on the sofas by using cushions and a blanket with the lights off.

The panel on the balance of probabilities therefore find this charge proved.

Charge 3b

b) Failed to respond to two call bells.

This charge is found proved.

In considering this charge the panel took into account the evidence from Witness 1. The panel found Witness 1's evidence to be clear, cogent, and credible. Witness 1 gave evidence that during the time you were asleep she heard two call bells. Witness 1 said she responded to these calls one of whom required personal care.

You stated that if the bells had been allowed to ring for longer you would have heard them, but you admitted that you had not answered the calls.

The panel noted that you admitted having overall responsibility as the nurse in charge but stated you had not heard the call bells. The panel accepted the evidence of Witness 1 that the call bell was the only mechanism for the patient to alert the staff to their needs, and they were therefore reliant on staff responding promptly.

The panel on the balance of probabilities therefore find this charge proved.

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

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 Kirwan 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 Kirwan identified the specific, relevant standards of the Code where your actions amounted to misconduct. Ms Kirwan invited the panel to find that each of the charges

proved was sufficiently serious to amount to misconduct. She emphasised that your behaviour represented a significant departure from the standards expected of a registered nurse, with direct consequences for the safety and wellbeing of highly vulnerable residents.

Ms Kirwan further submitted that your actions amounted to the neglect of vulnerable residents. Residents A and B were especially at risk due to their health conditions, and all residents under your care were, by definition, vulnerable, given their placement in a care home setting. These residents were under the responsibility of you as the registered nurse and the healthcare assistant.

Ms Kirwan further submitted that the misconduct was directly linked to your professional practice. The failings occurred during your shifts as a registered nurse.

Ms Kirwan reminded the panel of the risk of harm caused by your actions in the charges found proved. Your actions presented a real risk of harm to residents receiving care.

Furthermore, Ms Kirwan submitted that your actions suggest that there may be attitudinal issues that could put people receiving care at risk. She noted that when first confronted by Witness 1 you defended your actions despite the gravity of the issues. You did not appear to perceive any wrongdoing or issues with your conduct when caught sleeping.

Finally, Ms Kirwan submitted that your misconduct has breached the fundamental tenets of the nursing profession and brought its reputation into disrepute. You had not always acted in the best interest of your patients. This negatively impacts on the public confidence in your ability to uphold standards and values set out in the Code. Your actions fall far short of what the public would expect of a nurse.

You spoke to the panel as regards to the impact the NMC process has had on you. You said that you cannot now believe how you put patients at risk. You told the panel that you understand how your behaviour must have looked to the members of the public and that the public must be able to trust nurses to make the right decision when providing care. [PRIVATE]. You stated that you now understand the need to properly complete documentation as regards to patient care and to do so at the time of or close to completing a task.

Submissions on impairment

Ms Kirwan 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 Kirwan submitted that your misconduct engaged limbs (a) to (c) of the Grant test. Your actions placed Resident A, Resident B, and all other residents under her care at unwarranted risk of harm. Although there was no evidence of actual patient harm, the conduct created a clear and unacceptable risk to vulnerable individuals who relied on you for their safety and wellbeing.

Ms Kirwan further submitted that your misconduct brought the nursing profession into disrepute and amounted to a breach of the fundamental tenets of the profession. She submitted that nurses are expected to safeguard patients, uphold professional standards, and act with integrity. By failing in these duties, you undermined public trust in the profession. For these reasons, Ms Kirwan invited the panel to find that your fitness to practise is impaired, both on the grounds of public protection and in the wider public interest.

Ms Kirwan stated that you had demonstrated some limited awareness of your failings. You acknowledged in your evidence that it was inappropriate to sleep on duty and were open about this during the hearing. The panel was also directed to an email provided by you, which offered context and some recognition of the concerns. However, Ms Kirwan stated that you had not produced a detailed reflective piece, nor shown evidence of meaningful learning or steps taken to address the issues.

Furthermore, it was submitted that there is insufficient evidence of full remediation. As such, the panel cannot be assured that the risks to the public and the wider public interest have been adequately addressed. On this basis, Ms Kirwan invited the panel to find that you're currently impaired and cannot practise safely, kindly, and professionally.

[PRIVATE] You told the panel that you love nursing and caring for people and would like to return to nursing sometime in the future. You said that you would like to wait for a period of a year or a year and a half before returning to work on a part time basis. You would also like to complete further studies and courses.

The panel accepted the advice of the legal assessor.

Decision and reasons on misconduct

When determining whether the facts found proved amount to misconduct, the panel had regard to the NMC guidance on misconduct and the terms of the Code.

The panel was of the view that your 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

1.2 make sure you deliver the fundamentals of care effectively

1.4 make sure that any treatment, assistance or care for which you are responsible is delivered without undue delay

8. Work co-operatively

8.2 maintain effective communication with colleagues

8.5 work with colleagues to preserve the safety of those receiving care

13. Recognise and work within the limits of your competence

13.1 accurately identify, observe and assess signs of normal or worsening physical and mental health in the person receiving care

19. Be aware of, and reduce as far as possible, any potential for harm associated with your practice

19.4 take all reasonable personal precautions necessary to avoid any potential health risks to colleagues, people receiving care and the public

20. Uphold the reputation of your profession at all times

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

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel was of the view that your conduct amounted to serious misconduct. By intentionally sleeping in the lounge during your night shift, not responding to patient call bells, failing to complete scheduled observations on time, and neglecting to undertake essential blood glucose monitoring on time, you unjustifiably departed from carrying out clear instructions for patient care. The panel determined you failed to uphold

the standards expected under the Code and such conduct fell significantly short of the professional responsibilities required of a nurse.

The panel further considered the implications for public confidence. If residents, patients or members of the public became aware that you had fallen asleep whilst on duty, confidence in the nursing profession would be undermined. Furthermore, at the time of the incident, you were the only staff member on duty and therefore carried the full responsibility for maintaining observations, ensuring resident's wellbeing, and safeguarding their safety. Your decision to sleep and not follow instructions represented a serious departure from professional practice as a registered nurse.

The panel acknowledged that no actual harm occurred to any residents, however your conduct carried the potential for significant risk of harm. Such lapses of vigilance in such circumstances could easily have led to harm or may have compromised resident's safety.

The panel considered your insight and attitude, the panel accepted that your behaviour did not appear to stem from deep-seated attitudinal issues. You engaged with the regulatory process, attended the hearing, and demonstrated genuine remorse and a willingness to participate.

[PRIVATE]

The panel found that your actions 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 NMC guidance on impairment , 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 always expected to be professional and to maintain professional boundaries. 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*

The panel finds the first three limbs of Grant are engaged.

The panel finds that patients were put at risk arising from your misconduct. Your misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute.

The panel determined the concerns arising from the charges found proved could be addressed by you. Regarding insight, the panel considered that you have shown a degree of insight into your misconduct. You demonstrated to the panel your understanding on what should have been done differently and *[PRIVATE]*. Whilst you had not provided a formal written reflection, you did submit an email outlining the personal and professional impact of losing your job. You stated as follows:

'Since loosing my job Iv [SIC] had a lot of time reassessing why it came to such a point. I am so ashamed of myself for becoming complacent and putting patients at risk while sleeping on my break time and not recording observations on the computer system at the specific times necessary. Please can you let my previous

employers know how sorry I am for letting them down and the residents in my care down. Luckily nobody suffered any harm. On reflection it's taught me the biggest valid lessons in life and work role.'

The panel took into account your submission that you do not consider yourself in a position to return to nursing at this stage. The panel noted your desire to return to nursing in the future and your intention to attend training courses to enhance your nursing skills.

The panel noted that you had not undertaken any relevant remedial training, such as safeguarding for the elderly, record keeping, or managing professional responsibilities but intend to do so soon to strengthen your practice. Accordingly, the panel concluded that your fitness to practice remains impaired on public protection grounds.

The panel bore in mind that the overarching objectives of the NMC; to protect, promote and maintain the health, safety, and well-being of the public and patients, and to uphold and protect the wider public interest. This includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

The panel determined that a finding of impairment on public interest grounds is required. While you have demonstrated some insight into your misconduct, including recognition that nursing practice must always be carried out kindly, safely, and professionally, your remediation is only partial. You expressed motivation to prioritise the needs of patients and made statements about your desire to do the best for them. The panel also noted that you acknowledged what you should have done differently and recognised that your health must be appropriately managed to avoid future risks in employment.

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

Sanction

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

Submissions on sanction

Ms Kirwan informed the panel that in light of your engagement and the panel findings the NMC has changed its position on sanction, from suspension for 12 months, to a condition of practice order for 2 to 3 years.

She said that this was due to your insight and the panel's findings of you having no deep-seated attitudinal problems. In addition, she said you had provided additional context to the charges.

She told the panel you had one previous referral to the NMC in 2014, where it was found that your fitness to practice was not impaired at the investigation stage.

She addressed the panel on aggravating and mitigating factors.

She brought the panel through the options as regards to sanctions and suggested that a condition of practice order may be appropriate due to your willingness to retrain, your lack of attitudinal problems, and that conditions of practice could be monitored and assessed.

She submitted suspension or striking-off would be disproportionate in the circumstances and that public confidence could be maintained with conditions of practice. She said this would place you in a better position to remedy your misconduct. She suggested conditions addressing issues around record keeping, medicine administration along with supervision would provide a pathway to safe practice.

You agreed with the NMC proposal and said you could investigate enrolling on appropriate courses. You said you do not intend to return to nursing right away due to your young family. You contacted a previous employer and told them of the NMC investigation. They had indicated they were willing to work with you.

The panel accepted the advice of the legal assessor.

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 NMC sanction guidance (SG). In addition, the panel gave careful consideration to the submissions from the parties, along with two testimonials on your behalf and *[PRIVATE]*. *The decision on sanction is a matter for the panel independently exercising its own judgement.*

The panel took into account the following aggravating features:

- You abused the position of trust expected of a registered nurse while working a night shift in charge of 22 residents.
- Your conduct put the residents at risk of harm.

The panel also took into account the following mitigating features:

- The panel took into account your personal circumstances, as evidenced by the information provided, in particular the medical evidence.
- The panel noted that you have shown developing insight into your conduct.
- The panel noted your remorse and regret for your conduct.

The panel first considered whether to take no action but concluded that this would be inappropriate. The panel decided that it would be neither proportionate nor in the public interest to take no further action.

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

The panel next considered whether 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 general incompetence;*
- *Potential and willingness to respond positively to retraining;*
- *The nurse or midwife has insight into any health problems and is prepared to agree to abide by conditions on medical condition, treatment and supervision;*
- *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 when considering the appropriate conditions of practice took into account your engagement with this hearing, you developing insight and your willingness to retrain by

way of taking relevant courses. The panel also noted your desire to return to nursing having learnt lessons from what has happened and this process.

The panel determined that it would be possible to formulate appropriate and practical conditions which would address the failings highlighted in this case. The panel accepted you would be willing to comply with conditions of practice.

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

The panel was of the view that to impose a suspension order or a striking-off order would be wholly disproportionate and would not be a reasonable response in the circumstances of your case because it would hinder your developing insight and restrict your opportunity to make further progress.

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

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 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.

2. 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.

3. 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 when you are working independently

4. You must tell your case officer, within seven days of your becoming aware of:
 - Any clinical incident you are involved in.
 - Any investigation started against you.
 - Any disciplinary proceedings taken against you.

5. You must allow your case officer to share, as necessary, details about your performance, your compliance with and / or progress under these conditions with:
 - Any current or future employer.
 - Any educational establishment.
 - Any other person(s) involved in your retraining and/or supervision required

6. You will send the NMC a report on your progress seven days in advance of the next NMC hearing or meeting from:
 - your line manager.
 - mentor or supervisor.

7. You must ensure that you are indirectly supervised by a registered nurse of band 5 or above any time you are working. Indirectly means that you would be working at all times on the same shift as, but not always directly observed by the registered nurse.

8. You must attend weekly meetings with your line manager/supervisor focused on documentation management, with particular emphasis on the timely and accurate completion of all patient care records, both on paper and electronic systems. This meeting should also include structured appraisal of your ability to meet all responsibilities and standards outlined in your job description.

9. You will send your case officer evidence that you have successfully completed courses on standards of documentation and safeguarding of vulnerable adults within 6 months of starting employment.

10. You must work with your line manager to create a personal development plan (PDP). Your PDP must address your ability to make timely and accurate documentation records [PRIVATE]. You must:

- Send your case officer a copy of your PDP by 1 month after starting employment
- Send your case officer a report from your line manager every 3 months. This report must show your progress towards achieving the aims set out in your PDP.

The period of this order is for 36 months.

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:

- Your attendance
- Provision of a reflective piece related too how you are maintaining standards of your professional practice while managing your health matters.
- Provision of a reflective piece in relation to how your conduct impacted on the residents, their relatives and the reputation of your profession.

Interim order

As the conditions of practice order cannot take effect until the end of the 28-day appeal period, the panel has considered whether an interim order is required in the specific circumstances of this case. It may only make an interim order if it is satisfied that it is necessary for the protection of the public, is otherwise in the public interest or in your own interests until the conditions of practice sanction takes effect. The panel heard and accepted the advice of the legal assessor.

Submissions on interim order

The panel took account of the submissions made by Ms Karvan's submitted that 18 months interim order to be put in place to cover the appeal period.

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 reasons set out in its decision for the substantive order in reaching the decision to impose an interim order.

The panel concluded that the only suitable interim order would be that of a condition 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.

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 your sent the decision of this hearing in writing.

That concludes this determination.