Nursing and Midwifery Council

Fitness to Practise Committee

Substantive Hearing
Monday 13 July 2026 – Wednesday 22 July 2026

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

Name of Registrant:	**Maureen Jindu Ugbah**
NMC PIN:	22H0619E
Part(s) of the register:	Registered Nurse – Sub Part 1 Adult Nursing (Level 1) 24 October 2022
Relevant Location:	Westminster
Type of case:	Misconduct/Lack of competence/Lack of knowledge of English
Panel members:	Liz Dux (Chair, Lay member) Anne Murray (Registrant member) Yusuf Deerow (Lay member)
Legal Assessor:	Ashraf Khan
Hearings Coordinator:	Rebecka Selva
Nursing and Midwifery Council:	Represented by Shoba Aziz, Case Presenter
Mrs Ugbah:	Not present and not represented at the hearing
Facts proved:	Charges 1b, 1c, 2a, 2b, 2c, 3a, 3b, 4a, 4b, 5, 6bi, 7ai, 7aii, 7aiii, 7aiv, 8c, 9, 10a, 10b, 11a, 11b, 11c, 12, 13a, 13b, 13c, 14 and 15
Facts not proved:	Charges 1a, 6a, 6bii, 6biii, 8a, 8b and 8d
Fitness to practise:	**Impaired**
Sanction:	**Suspension order (12 months)**

Interim order: **Interim suspension order (18 months)**

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Mrs Ugbah was not in attendance and that the Notice of Hearing letter had been sent to Mrs Ugbah's registered email address by secure email on 10 June 2026.

Ms Aziz, on behalf of the Nursing and Midwifery Council (NMC), submitted that it had complied with the requirements of Rules 11 and 34 of the Nursing and Midwifery Council (Fitness to Practise) Rules 2004, as amended (the Rules).

The panel accepted the advice of the Legal Assessor.

The panel took into account that the Notice of Hearing provided details of the allegation, the time, dates and venue of the hearing; that it had been served more than 28 days before the hearing; that Mrs Ugbah would be able to join the hearing virtually if necessary, including instructions on how to join; and, amongst other things, information about Mrs Ugbah's right to attend, be represented and call evidence, as well as the panel's power to proceed in her absence.

In the light of all of the information available, the panel was satisfied that Mrs Ugbah had been duly served with the Notice of Hearing in accordance with the requirements of Rules 11 and 34.

Decision and reasons on proceeding in the absence of Mrs Ugbah

The panel next considered whether it should proceed in the absence of Mrs Ugbah. It had regard to Rule 21 and heard the submissions of Ms Aziz, who invited the panel to continue in the absence of Mrs Ugbah. She submitted that multiple attempts had been made by the Hearings Coordinator to contact Mrs Ugbah via phone calls and emails, but no

response had been received. She submitted that Mrs Ugbah had voluntarily absented herself.

Mrs Ugbah was present at the case conference meeting held on 4 June 2026 and had sent a heart emoji from her email on 9 July 2026 in response to an email sent by the Case Coordinator enquiring about her attendance at today's hearing. Ms Aziz submitted that there had been no engagement at all, other than the case conference meeting, by Mrs Ugbah with the NMC in relation to these proceedings and, as a consequence, there was no reason to believe that an adjournment would secure her attendance on some future occasion.

The panel accepted the advice of the Legal Assessor.

The panel noted that its discretionary power to proceed in the absence of a registrant under the provisions of Rule 21 is not absolute and is one that should be exercised 'with the utmost care and caution' as referred to in the case of *R v Jones (Anthony William) (No.2) [2002] UKHL 5*.

The panel decided to proceed in the absence of Mrs Ugbah. In reaching this decision, the panel considered the submissions of Ms Aziz and the advice of the Legal Assessor. It had particular regard to the factors set out in the decisions of *R v Jones* and *General Medical Council v Adeogba [2016] EWCA Civ 162* and had regard to the overall interests of justice and fairness to all parties. It noted that:

- No application for an adjournment has been made by Mrs Ugbah;
- Mrs Ugbah has had limited engagement with the NMC about this hearing;
- There is no reason to suppose that adjourning would secure her attendance at some future date;
- Two witnesses are due to attend today and tomorrow to give live evidence;
- Not proceeding may inconvenience the witnesses, their employers and, for those involved in clinical practice, the patients who need their professional services;
- The charges relate to events that occurred in 2023;

- Further delay may have an adverse effect on the ability of witnesses to accurately recall events; and
- There is a strong public interest in the expeditious disposal of the case.

There is some disadvantage to Mrs Ugbah in proceeding in her absence. Although the evidence upon which the NMC relies had been sent to her registered email address, she has made no response to the allegations. Mrs Ugbah will not be able to challenge the evidence relied upon by the NMC in person and will not be able to give evidence on her own behalf. However, in the panel's judgement, this can be mitigated. The panel can make allowance for the fact that the NMC's evidence will not be tested by cross-examination and, of its own volition, can explore any inconsistencies in the evidence which it identifies. Furthermore, the limited disadvantage is the consequence of Mrs Ugbah's decision to absent herself from the hearing, not attend or be represented, and not provide evidence or make submissions on her own behalf.

In these circumstances, the panel has decided that it is fair to proceed in the absence of Mrs Ugbah. The panel will draw no adverse inference from Mrs Ugbah's absence when determining the facts.

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

At the outset of the hearing, Ms Aziz made a request that this case be held partly in private on the basis that proper exploration of Mrs Ugbah's case would involve references to Mrs Ugbah's health. The application was made pursuant to Rule 19.

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 session in connection with Mrs Ugbah's health as and when such issues arose in order to protect her right to privacy.

Details of charge

That you, a registered nurse:

In respect of charges 1 to 13, between 3 July 2023 and 20 September 2023 failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a band 5 nurse, in that you:

1. On 27 July 2023:
    a) Spent approximately one hour and forty-five minutes administering medication to three patients;
    b) Did not inspect the skin of any of your patients;
    c) Did not conduct any assessments on your patients.

2. On or around 27 July 2023:
    a) Did not escalate treatment for a patient with an oxygen saturation of 92%;
    b) Attempted to administer Furosemide IV to a patient that had been prescribed Furosemide 40mg oral tablet BD;
    c) Did not provide an adequate patient handover.

3. On 28 July 2023:
    a) Attempted to administer simple linctus instead of lactulose to a patient;
    b) Did not adequately document care and/ or events that occurred with your patients.

4. On 1 August 2023:
    a) Attempted to administer 15 mls of Sodium Valporate to a patient that had been prescribed 12.5mls of Sodium Valporate;

b) Demonstrated inadequate knowledge of Digoxin and its uses.

5. On 8 August 2023, demonstrated inadequate knowledge of Sepsis.

6. On 21 August 2023:

a) Demonstrated an inadequate knowledge of safeguarding and/or safeguarding procedures;

b) Demonstrated inadequate knowledge of :

i) Prednisolone;

ii) Glycopyrronium;

iii) Levomepromazine.

7. On 9 August 2023:

a) Demonstrated inadequate knowledge of :

i) Bisoprolol ;

ii) Lansoprazole;

iii) Metoclopramide;

iv) Frusemide.

b) Did not provide an adequate patient handover.

8. On 11 August 2023:

a) Demonstrated inadequate knowledge of cannulation.

b) Were unaware of the location of the antecubital fossa.

c) Were unable to identify signs of a complete and/or partial airway obstruction.

d) Demonstrated inadequate knowledge of oxygen therapy.

9. On 14 August 2023 , were unable to recognise the difference between immediate release oxycodone and modified release oxycodone.

10. On 6 September 2023:

a) Did not conduct adequate Clinical Institute Withdrawal Assessment for Alcohol ('CIWA') scoring on a patient;

b) Did not adequately document care and/ or events that occurred of you patients.

11. On 7 September 2023:

a) Were unable to identify the treatment for an unresponsive patient in a timely manner;

b) Were unable to identify the treatment for a hypotensive patient;

c) Were unable to demonstrate that you could adequately perform an ABCDE assessment.

12. On 12 September 2023, were unable to demonstrate adequate knowledge of the Glasgow Coma Scale ('GCS').

13. Between 3 July 2023 and 5 September 2023:

a) Were unable to work unsupervised;

b) Were unable manage a group of more than 2 patients;

c) Were unable to administer medication unsupervised.

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

14. [PRIVATE]

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

15. Did not have the necessary knowledge of English to practise safely and effectively

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

Background

Mrs Ugbah was employed at the Trust as a Band 5 Staff Nurse on the Acute Assessment Unit.

Mrs Ugbah qualified as a nurse in October 2022 and initially worked in the Intensive Care Unit (ICU) at Northwick Park Hospital for four months before leaving in January 2023 and working for the Nurse Bank until April 2023.

Mrs Ugbah commenced employment at Chelsea and Westminster Hospital NHS Trust (the Trust) on 3 July 2023, and this was the start of her six-month probation period. Her first two weeks were on a supernumerary basis, working shifts alongside the unit's dedicated Practice Development Nurse and other registered nurses working on the unit.

Mrs Ugbah also attended various Trust induction days and received teaching and guidance on how to use the Trust computer system. According to the Trust, it was apparent from early in her first week, after staff had worked alongside and observed her interactions with colleagues, that she was struggling considerably with simple verbal and written communication, poor time management and prioritisation of nursing care, and a lack of basic nursing and medical theoretical and practical knowledge.

The Trust also raised concerns that Mrs Ugbah struggled to verbalise simple English words and that her pronunciation was incorrect. The Trust alleged that she did not appear to understand some of the language being used in conversations with her, that she found

it difficult to articulate herself at times, and that she used incorrect terminology to explain things. When documenting care given, she would allegedly use incorrect terminology.

Prompt management intervention to safeguard and promote safe patient care was instigated at this point. Mrs Ugbah's supernumerary status was extended indefinitely, and she always worked with another registered nurse.

[PRIVATE]. She was asked to attend a formal mid-point probationary meeting with senior nurses and HR, at which concerns were to be raised formally regarding her performance. However, she resigned on 20 September 2023 before the meeting took place.

The Trust stated that Mrs Ugbah had shown some minimal progress with regard to her medication knowledge, but this was only after being given significant supervised practice and encouragement to utilise drug textbooks from the ward and being encouraged to undertake additional online learning.

Decision and reasons on application to admit hearsay evidence

The panel heard an application made by Ms Aziz under Rule 31 to allow the following documents into evidence:

- Email from Rose Mae Ichon to Richard Ridings dated 9 August 2023
- Contemporaneous local statement of Richard Ridings dated 9 August 2023
- Contemporaneous local statement of Holly West dated 11 August 2023
- Email from Gotamee Ayadassen to Molly Lock, Richard Ridings and Alison Bawden dated 20 August 2023
- Email from Yvonne Fuyane to Molly Lock, Richard Ridings and Alison Bawden dated 11 September 2023
- Further emails from Richard Ridings to Molly Lock and Alison Bawden dated 8 and 11 September 2023
- Action Plan created by the Trust dated 1 September 2023

- Notes from Mrs Ugbah's first probation meeting dated 3 August 2023 completed by Alison Bawden
- A letter inviting Mrs Ugbah to attend her Formal Probationary Review meeting which was scheduled for 11 September 2023.

Ms Aziz submitted that, while some of the authors of the documents would not be giving oral evidence, the panel was entitled to admit the evidence and determine the weight to be attached to it after considering all of the evidence in the case. She submitted, by reference to *Thorneycroft v NMC* [2014] EWHC 1565 (Admin), that the admissibility of hearsay evidence is distinct from the weight to be attached to it and that, even where hearsay evidence was potentially sole or decisive, it was not automatically inadmissible.

Ms Aziz further submitted that Rule 25 preserved the panel's discretion to require the attendance of any witness should it consider that to be necessary in the interests of justice.

Ms Aziz confirmed that copies of all the hearsay evidence had been served upon Mrs Ugbah on 5 June 2026.

The panel accepted the advice of the Legal Assessor. He advised that Rule 31 permits the panel to admit any evidence which it considers fair and relevant, whether or not it would be admissible in civil proceedings. He further advised that the panel should have regard to the principles set out in *Thorneycroft*, including the need to consider carefully the fairness of admitting hearsay evidence and, where appropriate, the weight to be attached to it.

In reaching its decision, the panel considered the submissions, the documentary evidence and the relevant legal principles.

The panel was satisfied that all of the documents the subject of the application were relevant to issues arising in the case. It therefore considered whether it would be fair to admit them.

The panel noted that there was no suggestion that any of the contemporaneous documents had been fabricated or created in bad faith. It also took into account that Mrs Ugbah had been served with the documents in advance of the hearing, had not made any written or oral submissions in relation to the application to admit the hearsay evidence, and that, having determined to proceed in her absence, she had chosen not to attend or challenge any of the evidence relied upon by the NMC.

The panel recognised the public interest in ensuring that relevant evidence concerning patient safety was available for consideration. It also recognised that excluding the documents would potentially deprive the NMC of relevant evidence whilst conferring no corresponding forensic advantage upon Mrs Ugbah.

Accordingly, the panel concluded that it was fair and appropriate to admit all of the hearsay evidence.

The panel emphasised, however, that admissibility and weight were separate issues. It therefore reserved its decision as to the weight to be attached to each item of hearsay evidence until it had heard and evaluated all of the evidence in the case. In doing so, the panel recognised that some allegations might ultimately depend wholly or substantially upon hearsay evidence and, if so, it would apply particular care in determining what weight could safely be attached to that evidence in accordance with the principles set out in *Thorneycroft*.

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 Aziz on behalf of the NMC. The panel reminded itself that the submissions of the Case Presenter were not evidence and that its findings must be based solely upon the evidence before it.

The panel noted that, although Mrs Ugbah was not present and was not represented at the hearing, she had provided written representations together with supporting documentation in advance of the hearing. The panel carefully considered those written representations, alongside all of the oral and documentary evidence, when determining the facts.

The panel drew no adverse inference from the non-attendance of Mrs Ugbah.

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 the panel is satisfied that it is more likely than not that the incident occurred as alleged. The panel reminded itself that there is no higher standard of proof for serious allegations. The panel considered each allegation with appropriate care and assessed whether the evidence, viewed in its proper context and having regard to any inherent probabilities, was sufficiently cogent to satisfy the balance of probabilities.

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

- Richard Ridings: Practice Development Nurse on the Acute Assessment Unite at the Trust;

- Molly Lock: Senior Sister at the Trust and Mrs Ugbah's manager at the time of the incidents.

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 the NMC.

The panel reminded itself of the guidance in *R (Dutta) v GMC* [2020] EWHC 1974 (Admin). In assessing the credibility and reliability of the witnesses, it did not rely solely upon their demeanour but considered their evidence in the context of the contemporaneous documentation, the consistency of their accounts with the documentary evidence and with the evidence as a whole.

The panel found Richard Ridings (Mr Ridings) and Molly Lock (Ms Lock) to be honest, credible and reliable witnesses whose evidence was clear, measured and consistent with the contemporaneous documentation.

The panel also reminded itself that it should not speculate but was entitled to draw reasonable inferences from the evidence which it accepted.

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

Charge 1(a)

> "That you, a registered nurse:
>
> In respect of charges 1 to 13, between 3 July 2023 and 20 September 2023 failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a band 5 nurse, in that you:
>
> 1. On 27 July 2023:
>   a) Spent approximately one hour and forty-five minutes administering medication to three patients;"

This charge is found NOT proved.

In reaching this decision, the panel took into account the oral and written evidence of Mr Ridings.

The panel referred to Mr Ridings' witness statement to the NMC dated 15 January 2024:

> *"On 27 July 2023 I worked a long day shift in B Bay in AAU. Maureen was working at the same time along with another staff member. Maureen's basic nursing practice had been extremely poor all day. I had concerns in several areas.*
>
> *We commenced a drug round where only three patients required medication. The round took one hour and forty-five minutes to complete."*

At the time of this incident, the panel found that Mrs Ugbah was only two weeks into her supernumerary training and was working in a new and fast-paced environment.

The panel accepted Mr Ridings' evidence that the medication round took longer than would reasonably have been expected of a Band 5 nurse. However, it noted that Mr Ridings did not explain why, in the particular circumstances of this case, the time taken demonstrated that Mrs Ugbah had failed to meet the standards of knowledge, skill and judgement required of a Band 5 nurse practising without supervision. The panel also took into account that Mrs Ugbah was not working independently at the time.

The panel accepted that some of the time taken by Mrs Ugbah had been utilised to look up the relevant medication and check the dosage before administration, which it considered to be good practice.

Accordingly, the panel was not satisfied, on the balance of probabilities, that the NMC had proved this allegation and therefore found this charge not proved.

Charge 1(b)

"That you, a registered nurse:

In respect of charges 1 to 13, between 3 July 2023 and 20 September 2023 failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a band 5 nurse, in that you:

1. On 27 July 2023:

b) Did not inspect the skin of any of your patients;"

This charge is found proved.

In reaching this decision, the panel took into account the oral and written evidence of Mr Ridings.

The panel referred to Mr Ridings' written statement to the NMC dated 15 January 2024:

'On the 27 July 2023 I worked a long day shift in B Bay in AAU, Maureen was working at the same time along with another staff member. Maureen's basic nursing practice had been extremely poor all day. I had concerns in several areas.

…

Maureen did not conduct assessments of any kind on any patients even though she was told she needed to do so.'

The panel heard evidence from Mr Ridings, both in his oral evidence and witness statement, that Mrs Ugbah did not inspect the skin of any of her patients in circumstances where the Acute Assessment Unit (AAU) cared for many vulnerable elderly patients who were incontinent and therefore at high risk of skin damage.

Mr Ridings gave evidence that a newly qualified nurse would know the importance of checking the skin of potentially vulnerable patients. In his witness statement, he further stated that Mrs Ugbah had failed to communicate with healthcare assistants who were responsible for carrying out personal care, thereby failing to identify whether any concerns regarding skin integrity had already been observed:

> *"Her prioritisation was non-existent, she did not inspect any of her patient's skin during her shift, she did not communicate with the Health Care Assistants who were conducting personal care or identifying a patient whose skin had a considerable risk of damage."*

The panel was satisfied that inspection of skin integrity formed part of the basic nursing assessment expected of a Band 5 nurse caring for vulnerable patients on the Acute Assessment Unit.

Accordingly, on the balance of probabilities, the panel found this charge proved.

Charge 1(c)

> "That you, a registered nurse:
>
> In respect of charges 1 to 13, between 3 July 2023 and 20 September 2023 failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a band 5 nurse, in that you:
>
> 1. On 27 July 2023:
> c) Did not conduct any assessments on your patients;"

This charge is found proved.

In reaching this decision, the panel took into account the oral and written evidence of Mr Ridings. It also had regard to its findings in relation to Charge 1(b), insofar as they formed part of the same factual circumstances.

The panel referred to Mr Ridings' written statement dated 15 January 2024:

> *"Maureen did not conduct assessments of any kind on any patients even though she was told she needed to do so."*

The panel also accepted Mr Ridings' oral evidence that Mrs Ugbah failed to carry out basic nursing assessments, including Waterlow assessments, moving and handling assessments, nutritional assessments and cannula assessments. The panel accepted that these were fundamental nursing assessments which a Band 5 nurse would be expected to undertake or, at the very least, understand the need to complete.

The panel was satisfied that the evidence demonstrated a failure to conduct any patient assessments, rather than merely a failure to complete one particular type of assessment. This finding was consistent with Mr Ridings' evidence regarding Mrs Ugbah's overall performance on that shift.

Accordingly, the panel found this charge proved on the balance of probabilities.

Charge 2(a)

> "That you, a registered nurse:
>
> In respect of charges 1 to 13, between 3 July 2023 and 20 September 2023 failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a band 5 nurse, in that you:
>
> 2. On or around 27 July 2023:

a) Did not escalate treatment for a patient with an oxygen saturation of 92%;"

This charge is found proved.

In reaching this decision, the panel took into account the oral and written evidence of Mr Ridings.

The panel heard oral evidence from Mr Ridings that a young patient had an oxygen saturation level of 92%, that this was not an acceptable level and required escalation, yet Mrs Ugbah failed to recognise the significance of the reading, communicate it or escalate it. Furthermore, the panel referred to Mr Ridings' written statement:

> *"On the 28 July 2023 I worked alongside Maureen in B Bay in AAU. This was her second day shift in the same bay, so she would have been familiar with the patients as most of them were the same. I observed her working practice and, if she had not been supervised, she would have made two drug errors, her documentation was poor, she had failed to complete any assessments the previous day and I had to tell her that this needed to happen. I noted that the previous day that a patient's oxygen saturations were 92 percent at one point, but she did not communicate this or escalate any concerns."*

The panel considered that Mr Ridings' oral evidence was consistent with his written statement.

The panel was satisfied that Mrs Ugbah failed to recognise the clinical significance of the patient's oxygen saturation, communicate it and escalate it appropriately. The panel accepted Mr Ridings' evidence that this was a matter which a Band 5 nurse would reasonably be expected to recognise and escalate. Although Mrs Ugbah was working under supervision, the panel was satisfied that this demonstrated a failure to meet the standards of knowledge, skill and judgement required to practise without supervision as a Band 5 nurse.

Accordingly, the panel found this charge proved on the balance of probabilities.

Charge 2(b)

> "That you, a registered nurse:
>
> In respect of charges 1 to 13, between 3 July 2023 and 20 September 2023 failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a band 5 nurse, in that you:
>
> 2. On or around 27 July 2023:
> b) Attempted to administer Furosemide IV to a patient that had been prescribed Furosemide 40mg oral tablet BD;"

This charge is found proved.

In reaching this decision, the panel took into account the hearsay evidence of Rose Mae Ichon (Ms Ichon).

The panel referred to Ms Ichon's email to Mr Ridings dated 9 August 2023, which stated:

> *"Drug rounds. While preparing medications, a patient was prescribed with Furosemide 40mg, oral tablet BD. She immediately prepared Furosemide IV. I prompted her if she was sure she got the right medication, she insisted that it was the right medication. I asked her to review the prescription but still failed to realize the mistake. I have observed that she did not fully read the prescription and only focused on the drug name…"*

The panel recognised that this constituted the sole and decisive evidence in relation to this charge and therefore considered with particular care the weight that could safely be attached to it.

The panel was satisfied that the email provided a detailed first-hand account of an incident personally witnessed by Ms Ichon. Although the email was sent approximately two weeks after the incident, it was made reasonably close in time to the events described. The panel concluded that there was no evidence of fabrication, exaggeration or any improper motive. The account was internally consistent and was also consistent with the wider evidence before the panel regarding Mrs Ugbah's repeated medication errors and deficiencies in medication knowledge.

The panel accepted that Mrs Ugbah was given more than one opportunity to review the prescription but nevertheless remained of the view that intravenous Furosemide was the correct medication. The panel was satisfied that this demonstrated a significant deficiency in her knowledge, skill and judgement in relation to the safe administration of medication.

Having exercised particular caution in accordance with the principles set out in *Thorneycroft*, the panel was satisfied that it was fair and safe to rely upon this hearsay evidence.

Accordingly, the panel found this charge proved on the balance of probabilities.

Charge 2(c)

> "That you, a registered nurse:
>
> In respect of charges 1 to 13, between 3 July 2023 and 20 September 2023 failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a band 5 nurse, in that you:
>
> 2. On or around 27 July 2023:

c) Did not provide an adequate patient handover;"

This charge is found proved.

In reaching this decision, the panel took into account the hearsay evidence of Ms Ichon.

The panel referred to Ms Ichon's email to Mr Ridings dated 9 August 2023, which stated:

> *"Handover. A patient was brought down to Endoscopy for OGD. I let her do the handover, but she missed a lot of important things to tell the receiving nurse such as the purpose of the procedure, allergies and past medical history."*

The panel recognised that this constituted the sole and decisive evidence in relation to this charge and therefore considered with particular care the weight to be attached to it.

The panel was satisfied that the email contained a detailed first-hand account of an incident personally witnessed by Ms Ichon. Although Ms Ichon did not give oral evidence, there was no evidence of fabrication, exaggeration or any improper motive. The account was internally consistent and was also consistent with the wider evidence before the panel that Mrs Ugbah experienced difficulties communicating relevant clinical information during patient handovers.

The panel accepted that the omissions identified by Ms Ichon related to fundamental matters that should ordinarily be communicated during a patient handover, including the purpose of the procedure, allergies and relevant past medical history. The panel was satisfied that those omissions demonstrated that Mrs Ugbah failed to provide an adequate handover.

Having exercised particular caution in accordance with the principles set out in *Thorneycroft*, the panel was satisfied that it was fair and safe to rely upon this hearsay evidence.

Accordingly, the panel found this charge proved on the balance of probabilities.

Charge 3(a)

> "That you, a registered nurse:
>
> In respect of charges 1 to 13, between 3 July 2023 and 20 September 2023 failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a band 5 nurse, in that you:
>
> 3. On 28 July 2023:
>
> a) Attempted to administer simple linctus instead of lactulose to a patient;"

This charge is found proved.

In reaching this decision, the panel took into account the oral and written evidence of Mr Ridings.

The panel referred to Mr Ridings' oral evidence, in which he described how Mrs Ugbah attempted to administer simple linctus, a cough medicine, instead of lactulose, which had been prescribed for constipation. He explained that she would have administered the incorrect medication had she not been supervised.

This was consistent with his local statement dated 28 July 2023:

> *"…She also picked up a bottle of simple linctus instead of lactulose and would have administered this if she had been unsupervised."*

The panel was satisfied that Mrs Ugbah attempted to administer the incorrect medication and accepted Mr Ridings' evidence that this demonstrated a basic medication error which a Band 5 nurse would have been expected to recognise.

Accordingly, the panel found this charge proved on the balance of probabilities.

Charge 3(b)

> "That you, a registered nurse:
>
> In respect of charges 1 to 13, between 3 July 2023 and 20 September 2023 failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a band 5 nurse, in that you:
>
> 3. On 28 July 2023:
> b) Did not adequately document care and/ or events that occurred with your patients."

This charge is found proved.

In reaching this decision, the panel took into account the oral and written evidence of Mr Ridings.

Whilst the panel did not hear oral evidence from Mr Ridings specifically about this incident, it had regard to his contemporaneous local statement dated 28 July 2023, which recorded that Mrs Ugbah failed to document the patient's return from endoscopy and the observations made following the patient's return:

> *"Patient was transferred to the ward. This patient returned from Endoscopy around 2pm. I had said to Maureen she needed to document contemporaneously, she*

verbalised what this meant, so understood. She did not document on this patient though until 19.00."

The panel also took into account Mr Ridings' oral evidence regarding the general standard of Mrs Ugbah's record keeping, which he described as being "*like a puzzle*" and extremely difficult to understand. In response to questions from the panel, he explained that her records frequently contained factual inaccuracies, omitted important clinical information and were not completed contemporaneously.

The panel was satisfied that the contemporaneous local statement demonstrated that, on this occasion, Mrs Ugbah failed to document the patient's care adequately and in a timely manner. The panel considered that Mr Ridings' oral evidence supported the reliability of his contemporaneous account.

Accordingly, the panel found this charge proved on the balance of probabilities.

Charge 4(a)

"That you, a registered nurse:

In respect of charges 1 to 13, between 3 July 2023 and 20 September 2023 failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a band 5 nurse, in that you:

4. On 1 August 2023:

a) Attempted to administer 15 mls of Sodium Valproate to a patient that had been prescribed 12.5mls of Sodium Valproate;"

This charge is found proved.

In reaching this decision, the panel took into account the written evidence of Mr Ridings.

Whilst the panel did not hear oral evidence from Mr Ridings specifically in relation to this incident, it had regard to his contemporaneous record dated 1 August 2023, in which he recorded his direct observations that, had Mrs Ugbah not been supervised, she would have administered an incorrect dose of Sodium Valproate:

> *"She once again would have made a drug error though as 500 mg of Sodium Valproate was prescribed and it came in 200 mg in 5 mls. She would have given 15 mls instead of 12.5 mls if I had not been with her. Also there was a very large amount of air in the enteral syringe. Maureen did not seem to grasp that again it would have been a drug error giving this as it would only have been about 10 mls of drug, and 2.5 mls of air."*

The panel accepted Mr Ridings' contemporaneous account and was satisfied that Mrs Ugbah attempted to administer an incorrect dose of Sodium Valproate and did not recognise that she had made a medication error, despite being supervised.

Accordingly, the panel found this charge proved on the balance of probabilities.

Charge 4(b)

> "That you, a registered nurse:
>
> In respect of charges 1 to 13, between 3 July 2023 and 20 September 2023 failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a band 5 nurse, in that you:

4. On 1 August 2023:

   b) Demonstrated inadequate knowledge of Digoxin and its uses;"

This charge is found proved.

In reaching this decision, the panel took into account the oral and written evidence of Mr Ridings.

As with the panel's findings in relation to Charge 4(a), the panel had regard to Mr Ridings' contemporaneous record dated 1 August 2023, in which he recorded that Mrs Ugbah was unable to recall what Digoxin was used for and required prompting regarding the heart rate at which it should be administered:

> *"She once again could not remember specifically what digoxin was for and that the HR had to be over 60 prior to administration. Even with prompting, Maureen seemed to think it was if it was over 60 not to give as she was not going to administer it when the HR was 63."*

Mr Ridings gave oral evidence that Digoxin is a commonly prescribed medication and one with which a newly qualified Band 5 nurse would reasonably be expected to be familiar. He explained that knowledge of its indication and the need to check that the patient's heart rate exceeded 60 beats per minute before administration was fundamental nursing knowledge.

The panel accepted Mr Ridings' evidence and was satisfied that Mrs Ugbah demonstrated inadequate knowledge of Digoxin and its use.

Accordingly, the panel found this charge proved on the balance of probabilities.

Charge 5

> "That you, a registered nurse:
>
> In respect of charges 1 to 13, between 3 July 2023 and 20 September 2023 failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a band 5 nurse, in that you:

5) On 8 August 2023, demonstrated inadequate knowledge of Sepsis."

This charge is found proved.

In reaching this decision, the panel took into account the oral and written evidence of Mr Ridings and Ms Lock.

The panel heard oral evidence from Ms Lock that, on 8 August 2023, she questioned Mrs Ugbah about her understanding of sepsis. The panel accepted Ms Lock's evidence that Mrs Ugbah was unable to explain what sepsis was and instead appeared simply to be reading from a written list.

The panel referred to an email from Ms Lock to Mrs Ugbah dated 8 August 2023:

> *"I prompted you at times but you were unable to explain to me what sepsis was, Sepsis screening, Sepsis Six (BUFALO) or ABCDE assessment. We discussed what they were and I said I would add some material to this email for you to read into and suggested you take a book out from the library regarding Sepsis or ABCDE assessments. We will discuss this again next week during our meeting and I will ask you questions around sepsis, assessment and escalation. I strongly suggested that during the next week and while you are supernumerary that you do some revision at home and during your own time and not just whilst at work given the gap in your current knowledge. You agreed you would do so."*

The panel found that this contemporaneous email was consistent with Ms Lock's oral evidence. The panel was satisfied that Mrs Ugbah demonstrated inadequate knowledge of sepsis, including sepsis screening and the Sepsis Six pathway.

The panel also accepted Mr Ridings' evidence that recognising and managing sepsis was a fundamental aspect of nursing practice, particularly within the Acute Assessment Unit, where patients could deteriorate rapidly.

Accordingly, the panel found this charge proved on the balance of probabilities.

Charge 6(a)

> "That you, a registered nurse:
>
> In respect of charges 1 to 13, between 3 July 2023 and 20 September 2023 failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a band 5 nurse, in that you:
>
> 6. On 21 August 2023:
> a) Demonstrated an inadequate knowledge of safeguarding and/or safeguarding procedures;"

This charge is found NOT proved.

In reaching this decision, the panel took into account the oral and written evidence of Ms Lock.

Whilst the panel heard evidence from Ms Lock that Mrs Ugbah referred to safeguarding using the incorrect term, "*safe guiding*", the panel was not satisfied that the NMC had discharged its burden of proving that Mrs Ugbah demonstrated inadequate knowledge of safeguarding or safeguarding procedures.

The panel was satisfied that the incorrect use of terminology, without more, did not establish that Mrs Ugbah lacked the necessary knowledge or understanding of safeguarding or safeguarding procedures.

Accordingly, the panel found this charge not proved on the balance of probabilities.

Charge 6(b)(i)

> "That you, a registered nurse:
>
> In respect of charges 1 to 13, between 3 July 2023 and 20 September 2023 failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a band 5 nurse, in that you:
>
> 6. On 21 August 2023:
> b) Demonstrated inadequate knowledge of:
> i) Prednisolone;"

This charge is found proved.

In reaching this decision, the panel took into account the oral and written evidence of Ms Lock.

The panel referred to the report produced by Ms Lock following her meeting with Mrs Ugbah dated 21 August 2023:

> *"We checked the patient's drug chart and I asked Maureen to explain what Prednisolone was. I asked her what family of drugs it belonged to. She was unable to tell me and said it was something to do with the heart and the heart rate and blood pressure.*
>
> *From our discussion Maureen clearly did not understand the medications which were being given to the patient."*

The panel also took into account an email providing feedback from colleague Alfred Uzochukwu to Kristi Vanrosenveld, dated 10 August 2023, which was exhibited through Ms Lock:

> *"During the drug round there was a very concerning lack of knowledge regarding several drugs. 1) Was not aware of what prednisolone was and did not know what a steroid was used for."*

The panel considered that this demonstrated a consistent lack of understanding of Prednisolone. It accepted the evidence that Prednisolone is a commonly prescribed steroid with which a newly qualified Band 5 nurse would reasonably be expected to be familiar.

Accordingly, the panel found that Mrs Ugbah demonstrated inadequate knowledge of Prednisolone and found this charge proved on the balance of probabilities.

Charge 6(b)(ii) and 6(b)(iii)

> "That you, a registered nurse:
>
> In respect of charges 1 to 13, between 3 July 2023 and 20 September 2023 failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a band 5 nurse, in that you:
>
> 6. On 21 August 2023:
> b) Demonstrated inadequate knowledge of:
> ii) Glycopyrronium;
> iii) Levomepromazine;"

These charges are found NOT proved.

In reaching this decision, the panel took into account the oral and written evidence of Ms Lock.

The panel referred to the report produced by Ms Lock following her meeting with Mrs Ugbah dated 21 August 2023:

> *"The patient was prescribed anticipatory medications including glycopyrronium and levomepromazine. Maureen asked if glycopyrronium was an anti-emetic or a pain killer. She asked if levomepromazine was a pain killer. It was extremely apparent Maureen was unaware of these drugs."*

The panel accepted that this evidence demonstrated Mrs Ugbah had limited knowledge of these medications. However, unlike Prednisolone, which the panel found to be a commonly prescribed medication that a newly qualified Band 5 nurse would reasonably be expected to recognise, Glycopyrronium and Levomepromazine are specialist anticipatory medications commonly encountered in palliative and end-of-life care.

The panel was not satisfied that the NMC had demonstrated that a newly qualified Band 5 nurse, at Mrs Ugbah's stage of training and experience, would necessarily be expected to possess sufficient knowledge of these medications such that her lack of knowledge amounted to a lack of competence.

Accordingly, the panel was not satisfied, on the balance of probabilities, that these allegations were proved.

Charge 7(a)(i) and 7(a)(ii)

> "That you, a registered nurse:

In respect of charges 1 to 13, between 3 July 2023 and 20 September 2023 failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a band 5 nurse, in that you:

7. On 9 August 2023:

a) Demonstrated inadequate knowledge of :

i) Bisoprolol;

ii) Lansoprazole;"

These charges are found proved.

In reaching this decision, the panel took into account the oral and written evidence of Mr Ridings.

The panel referred to Mr Ridings' contemporaneous local statement dated 9 August 2023:

> *"She then did her safety checks for her 2 patients and we recommenced the drug round. The drug round was extremely long and badly time managed once again. It took an hour to administer one patient's medications. She did not remember what Bisoprolol and Lansoprazole were for (we had administered these previously)."*

The panel accepted this evidence and was satisfied that Mrs Ugbah had previously administered both medications under Mr Ridings' supervision and was therefore reasonably expected to recognise them and understand their basic clinical purpose.

The panel also took into account Mr Ridings' oral evidence regarding Mrs Ugbah's repeated difficulties in identifying commonly prescribed medications whilst working on the Acute Assessment Unit.

The panel was satisfied that Mrs Ugbah demonstrated inadequate knowledge of Bisoprolol and Lansoprazole. Accordingly, the panel found these charges proved on the balance of probabilities.

Charge 7(a)(iii) and 7(a)(iv)

> "That you, a registered nurse:
>
> In respect of charges 1 to 13, between 3 July 2023 and 20 September 2023 failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a band 5 nurse, in that you:
>
> 7. On 9 August 2023:
> a) Demonstrated inadequate knowledge of :
> ii) Metoclopramide;
> iv) Frusemide."

These charges are found proved.

In reaching this decision, the panel took into account the oral and written evidence of Mr Ridings.

The panel referred to Mr Ridings' contemporaneous local statement dated 9 August 2023:

> *"She also did not know some other basic drugs like metoclopramide, and when asked thought frusemide was for diabetic patients. She did look up every drug she was unfamiliar with, and followed procedure in checking correct patient ID."*

The panel accepted Mr Ridings' evidence that Metoclopramide and Frusemide were commonly prescribed medications with which a newly qualified Band 5 nurse would reasonably be expected to be familiar. The panel was satisfied that Mrs Ugbah

demonstrated inadequate knowledge of both medications and therefore failed to demonstrate the standards of knowledge, skill and judgement required to practise without supervision as a Band 5 nurse.

The panel did take into account that Mrs Ugbah looked up medications with which she was unfamiliar and followed the correct procedure in checking the patient's identity before administration. While this did not affect the panel's finding on the facts, it demonstrated that she recognised the limits of her knowledge and took appropriate steps to minimise the risk of error.

Accordingly, the panel found these charges proved on the balance of probabilities.

Charge 7(b)

> "That you, a registered nurse:
>
> In respect of charges 1 to 13, between 3 July 2023 and 20 September 2023 failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a band 5 nurse, in that you:
>
> 7. On 9 August 2023:
> b) Did not provide an adequate patient handover."

This charge is found proved.

In reaching this decision, the panel took into account the oral and written evidence of Mr Ridings.

The panel referred to Mr Ridings' contemporaneous local statement dated 9 August 2023:

"We had received another patient that had negligible needs. She had handed over this patient to the other nurse in the bay in case he was still on the ward when we finished. It was a very chaotic handover. It jumped around from one thing to another very randomly."

The panel accepted Mr Ridings' oral evidence, which was consistent with his contemporaneous statement. Mr Ridings explained that he had to intervene during the handover because, without his intervention, the receiving nurse would not have been provided with all of the relevant information about the patient.

The panel was satisfied that Mrs Ugbah failed to provide a clear, structured and adequate patient handover and thereby failed to demonstrate the standards of knowledge, skill and judgement required to practise without supervision as a Band 5 nurse.

Accordingly, the panel found this charge proved on the balance of probabilities.

Charge 8(a)

"That you, a registered nurse:

In respect of charges 1 to 13, between 3 July 2023 and 20 September 2023 failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a band 5 nurse, in that you:

8. On 11 August 2023:

a) Demonstrated inadequate knowledge of cannulation

This charge is found NOT proved.

In reaching this decision, the panel took into account the hearsay evidence of colleague Holly West (Ms West) relating to 11 August 2023:

"When I prompted her that the cannula assessments were required daily, she was not able to locate where the assessments are in Cerner. However, she had good knowledge and understanding of how to assess cannulas and to look for the signs of phlebitis, but she was not aware of the numerical sizing of cannulas, the size order of cannulas, and had poor knowledge of what cannula would be clinically indicated."

The panel recognised that this constituted the sole and decisive evidence in relation to this charge and therefore considered with particular care the weight to be attached to it.

The panel was satisfied that Ms West's contemporaneous account was detailed, internally consistent and contained no indication of fabrication, exaggeration or improper motive. However, the panel noted that the same account also recorded that Mrs Ugbah demonstrated a good understanding of how to assess cannulas and identify the signs of phlebitis. The panel considered that the evidence was therefore mixed as to Mrs Ugbah's level of knowledge.

The panel also had regard to the feedback form completed by Natasha Herman following shifts on 7 and 8 August 2023, which stated:

"Nurse Maureen attended to patients' personal hygiene extremely well, promoted oral hygiene and skin care, took note of the patient's medical device (cannula) to ensure it was intact as fluid was in progress. She did make mention that she had to record it."

Whilst this did not directly corroborate the allegation, it was consistent with Mrs Ugbah possessing some understanding of cannula care.

Having exercised particular caution in accordance with *Thorneycroft* and taking the evidence as a whole; bearing in mind that Mrs Ugbah was a newly qualified nurse, the

panel was not satisfied on the balance of probabilities that the NMC had proved that she demonstrated inadequate knowledge of cannulation.

Accordingly, the panel found this charge not proved.

Charge 8(b)

> "That you, a registered nurse:
>
> In respect of charges 1 to 13, between 3 July 2023 and 20 September 2023 failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a band 5 nurse, in that you:
>
> 8. On 11 August 2023:
> b) Were unaware of the location of the antecubital fossa.

This charge is found NOT proved.

In reaching this decision, the panel took into account the hearsay evidence of Ms West relating to 11 August 2023:

> *"...Additionally, she was not aware of what the antecubital fossa was."*

The panel recognised that this constituted the sole and decisive evidence in relation to this charge and therefore considered with particular care the weight to be attached to it.

The panel accepted that Ms West recorded that Mrs Ugbah was unaware of the location of the antecubital fossa. However, the panel was not satisfied that this, of itself, demonstrated a lack of the knowledge, skill and judgement required of a newly qualified Band 5 nurse. In reaching that conclusion, the panel had regard to its findings in relation to

Charge 8(a) and the evidence that Mrs Ugbah possessed some practical knowledge of cannula assessment.

Having exercised particular caution in accordance with *Thorneycroft*, the panel was not satisfied that this allegation had been proved on the balance of probabilities.

Accordingly, the panel found this charge not proved.

Charge 8(c)

> "That you, a registered nurse:
>
> In respect of charges 1 to 13, between 3 July 2023 and 20 September 2023 failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a band 5 nurse, in that you:
>
> 8. On 11 August 2023:
> c) Were unable to identify signs of a complete and/or partial airway obstruction.

This charge is found proved.

In reaching this decision, the panel took into account the hearsay evidence of Ms West relating to 11 August 2023:

> *"She had identified (in written form) that an airway obstruction could occur due to 'vomit, secretions, or gastric fluid'. However, she could not tell me what she would look for (secretions around the nose/mouth etc.) and further could not tell me the signs to look/listen for in a complete or partial airway obstruction. Maureen had knowledge of the sound of stridor, but did not know the clinical name of it, and was not aware of snoring or its cause. It took a lot of prompting to bring her to the*

conclusion that we could easily reposition the patient to open their airway, and she had not heard of a head tilt chin lift."

The panel considered that this constituted sole and decisive hearsay evidence in relation to this charge and therefore considered with particular care what weight should be attached to it. The panel found the hearsay evidence to be contemporaneous, detailed and there was no apparent reason to believe that it had been fabricated or exaggerated.

Unlike Charges 8(a) and 8(b), the panel was satisfied that the matters described by Ms West related to fundamental knowledge of airway assessment and management which a newly qualified Band 5 nurse would reasonably be expected to possess. The panel accepted that Mrs Ugbah was unable to identify the signs of a complete or partial airway obstruction and required significant prompting in relation to basic airway management.

The panel also took into account the report of the meeting between Ms Lock and Mrs Ugbah dated 21 August 2023, which demonstrated a similar lack of understanding of airway assessment within the ABCDE approach:

"A – Airway – MU talked about being able to communicate properly, considering language barriers and being alert. MU was unable to explain AVPU/ACVPU… We discussed this a little more and I explained how this would come into the airway section of ABCDE… MU could not explain further. She did not appear to understand why we would want to look, listen and feel the chest."

Whilst this later report did not prove the allegation itself, the panel considered that it was consistent with and supported Ms West's account of Mrs Ugbah's knowledge on 11 August 2023.

Accordingly, the panel found this charge proved on the balance of probabilities.

Charge 8(d)

"That you, a registered nurse:

In respect of charges 1 to 13, between 3 July 2023 and 20 September 2023 failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a band 5 nurse, in that you:

8. On 11 August 2023:

d) Demonstrated inadequate knowledge of oxygen therapy."

This charge is found NOT proved.

In reaching this decision, the panel took into account the hearsay evidence of colleague Ms West relating to 11 August 2023.

The panel considered that this constituted sole and decisive hearsay evidence in relation to this charge and therefore considered with particular care what weight should be attached to it. Whilst the panel found the hearsay evidence to be reliable, it was not satisfied that it contained sufficient detail to establish that Mrs Ugbah demonstrated inadequate knowledge of oxygen therapy, as alleged.

The panel also considered an email providing feedback from colleague Alfred Uzochukwu to Kristi Vanrosenveld, dated 10 August 2023, which was exhibited through Ms Lock:

"During handover it had been highlighted that patient C4 had a low oxygen saturation reading on her last set of observations. This reading was below her target reading. I asked Maureen what our first priority was for both of our patients (to take a further reading). After some prompting, Maureen did recognise that we needed to assess the oxygen saturations immediately. However, Maureen did not undertake this action with any sense of urgency. I had to again prompt her to take a

reading as she was discussing breakfast options at the bedside rather than prioritise the oxygen saturation reading."

The panel considered that this evidence related to an incident on 10 August 2023, rather than 11 August 2023 as alleged in this charge. Furthermore, the evidence was directed more towards Mrs Ugbah's prioritisation and clinical response rather than her underlying knowledge of oxygen therapy.

Taking the evidence as a whole, the panel was not satisfied on the balance of probabilities that the NMC had proved that Mrs Ugbah demonstrated inadequate knowledge of oxygen therapy on 11 August 2023.

Accordingly, the panel found this charge not proved.

Charge 9

"That you, a registered nurse:

In respect of charges 1 to 13, between 3 July 2023 and 20 September 2023 failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a band 5 nurse, in that you:

9. On 14 August 2023, were unable to recognise the difference between immediate release oxycodone and modified release oxycodone."

This charge is found proved.

In reaching this decision, the panel took into account the sole and decisive hearsay evidence contained in an email from Gotamee Ayadassen (Ms Ayadassen) to Ms Lock, Mr Ridings and Alison Bawden dated 20 August 2023, relating to the shift on 14 August 2023:

"LD shift on 14th of August 2023…
Medication Administration:
She was unable to recognise the different types of Oxycodone.
For e.g.
Her patient was due oxycodone modified release. When she was asked about the medication she answered immediate release. I advised her to read the prescription again. A couple of times she said immediate release. When I asked her again what made her think it was immediate release she said it started with M. I had to ask her to spell immediate. I later explained the difference between immediate and modified release/prolonged release."

The panel recognised that this constituted the sole and decisive evidence in relation to this charge and therefore considered with particular care the weight that could safely be attached to it.

The panel was satisfied that the email contained a detailed first-hand account of an incident personally witnessed by Ms Ayadassen. It was prepared shortly after the events in question, was internally consistent and there was no evidence of fabrication, exaggeration or improper motive.

The panel accepted that Mrs Ugbah repeatedly failed to distinguish between immediate release and modified release oxycodone, even after being prompted to reconsider the prescription. The panel considered that this demonstrated a significant deficiency in her knowledge of medication and had the potential to place patient safety at risk.

Having exercised particular caution in accordance with the principles applicable to sole and decisive hearsay evidence, the panel was satisfied that it was fair and safe to rely upon this evidence.

Accordingly, the panel found this charge proved on the balance of probabilities.

Charge 10(a)

> "That you, a registered nurse:
>
> In respect of charges 1 to 13, between 3 July 2023 and 20 September 2023 failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a band 5 nurse, in that you:

10. On 6 September 2023:
    a) Did not conduct adequate Clinical Institute Withdrawal Assessment for Alcohol ('CIWA') scoring on a patient;"

This charge is found proved.

In reaching this decision, the panel took into account the oral and written evidence of Mr Ridings.

The panel found this charge proved and took into account the level of instruction being given to Mrs Ugbah by Mr Ridings at the time. During panel questions, Mr Ridings readily accepted that someone of Mrs Ugbah's experience might not have detailed knowledge of CIWA. However, the panel referred to Mr Ridings' contemporaneous report dated 6 September 2023:

> *"I had told Maureen at the start of the shift we needed to do CIWA scoring on a patient that had been scoring very high at least with the 4 hourly observations and if he showed symptoms as a minimum. When I checked through the day, she had not done another CIWA score as she said his last score had been low. I told her, we still needed to reassess to prevent the score becoming high again and an increase in severity of symptoms."*

The panel accepted that Mrs Ugbah had been given a clear instruction to carry out repeated CIWA assessments during the shift. Her failure to do so was not simply a lack of detailed knowledge of the CIWA scoring system but a failure to follow a clear clinical instruction intended to monitor a patient at risk of alcohol withdrawal and deterioration.

Accordingly, the panel found this charge proved on the balance of probabilities.

Charge 10(b)

> "That you, a registered nurse:
>
> In respect of charges 1 to 13, between 3 July 2023 and 20 September 2023 failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a band 5 nurse, in that you:
>
> 10. On 6 September 2023:
>
> b) Did not adequately document care and/or events that occurred with your patients.

This charge is found proved.

In reaching this decision, the panel took into account the oral and written evidence of Mr Ridings.

The panel referred to Mr Ridings' contemporaneous report dated 6 September 2023:

> *"She had also not documented information that was relevant such as CIWA score as he had been admitted with ETOH withdrawal (and atrial fibrillation). I asked her what atrial fibrillation was and in a very basic way she was correct and stated it was the*

parts of the heart at the top. I discussed with Maureen that she had not made reference to either of these diagnoses in her documentation."

The panel also took into account its findings in relation to Charge 10(a). It accepted that Mrs Ugbah had been given clear instructions regarding the need to undertake and record the patient's CIWA assessments but failed to document relevant clinical information, including the patient's CIWA score and significant diagnoses.

The panel was satisfied that the omissions identified by Mr Ridings related to important clinical information which should have been recorded to ensure continuity of patient care.

Accordingly, the panel found this charge proved on the balance of probabilities.

Charge 11(a)

"That you, a registered nurse:

In respect of charges 1 to 13, between 3 July 2023 and 20 September 2023 failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a band 5 nurse, in that you:

11. On 7 September 2023:
a) Were unable to identify the treatment for an unresponsive patient in a timely manner;

This charge is found proved.

In reaching this decision, the panel took into account the oral and written evidence of Mr Ridings.

The panel referred to Mr Ridings' written statement to the NMC:

“Maureen attended the ALERT course. This is a study day that incorporates a systematic ABCDE (airway, breathing, circulation, disability, exposure) approach to identifying patients’ medical problems and a structured way of communicating and escalating concerns to the appropriate person such as a doctor or critical care outreach nurse practitioner. I was a facilitator on the study day by coincidence and played the part of the patient in one scenario, and the assessor in the second scenario. Both times Maureen made errors that would have caused harm if it had been a real patient, and there was no insight even with prompting numerous times. My colleague and I agreed that she would not be presented with a certificate and would need to retake the study day as she could not be passed as meeting the minimum standard expected for the day.”

The panel accepted Mr Ridings' evidence that Mrs Ugbah failed to identify the appropriate treatment for an unresponsive patient during the ALERT course despite repeated prompting. It also accepted his evidence that, as a facilitator of the course, he had never previously failed a participant and that Mrs Ugbah's performance fell below the minimum standard required to pass. The panel was satisfied that this demonstrated a deficiency in the knowledge, skill and judgement expected of a Band 5 nurse.

Accordingly, the panel found this charge proved on the balance of probabilities.

Charge 11(b)

“That you, a registered nurse:

In respect of charges 1 to 13, between 3 July 2023 and 20 September 2023 failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a band 5 nurse, in that you:

11. On 7 September 2023:

b) Were unable to identify the treatment for a hypotensive patient;"

This charge is found proved.

In reaching this decision, the panel took into account its findings in relation to Charge 11(a), together with the email from Yvonne Fuyane (Ms Fuyane) to Mr Ridings, Ms Lock, Alison Bawden and Kristi Vanrosenveld dated 11 September 2023 in relation to the ALERT course:

> *"...the hypotensive patient was a shared scenario and she again struggled with a response to her A-E assessment. At that point I felt, and with discussion with Richard and later with Natasha, that she would have to redo the course as she did not successfully demonstrate that she could effectively perform her A-E assessment, treat life-threatening issues as she found them and escalate appropriately."*

The panel considered that this evidence was consistent with its findings in relation to Charge 11(a) and demonstrated that Mrs Ugbah was unable to identify the appropriate treatment for a hypotensive patient during the ALERT course.

Accordingly, the panel found this charge proved on the balance of probabilities.

Charge 11(c)

> "That you, a registered nurse:
>
> In respect of charges 1 to 13, between 3 July 2023 and 20 September 2023 failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a band 5 nurse, in that you:

11. On 7 September 2023:

c) Were unable to demonstrate that you could adequately perform an ABCDE assessment."

This charge is found proved.

In reaching this decision, the panel took into account the oral and written evidence of Mr Ridings together with the hearsay evidence of Ms Fuyane relating to Mrs Ugbah's performance on the ALERT course.

The panel adopted its findings in relation to Charges 11(a) and 11(b). It was satisfied that those findings demonstrated that Mrs Ugbah was unable to assess and manage an unresponsive patient and a hypotensive patient using the structured ABCDE approach. The panel also took into account the evidence that Mrs Ugbah failed to complete the ALERT course successfully and was required to repeat it because she did not demonstrate that she could effectively perform an ABCDE assessment, identify and treat life-threatening conditions or escalate appropriately.

The panel was satisfied that this evidence demonstrated that Mrs Ugbah was unable to perform an adequate ABCDE assessment and therefore failed to demonstrate the standards of knowledge, skill and judgement required to practise without supervision as a Band 5 nurse.

Accordingly, the panel found this charge proved on the balance of probabilities.

Charge 12

"That you, a registered nurse:

In respect of charges 1 to 13, between 3 July 2023 and 20 September 2023 failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a band 5 nurse, in that you:

12. On 12 September 2023, were unable to demonstrate adequate knowledge of the Glasgow Coma Scale ('GCS')."

This charge is found proved.

In reaching this decision, the panel took into account the oral evidence of Ms Lock together with the documentary evidence contained within the Exhibit Bundle.

The panel referred to the contemporaneous record of the interaction between colleague Shamilla Johnson and Mrs Ugbah on 12 September 2023, which recorded that Mrs Ugbah was unable to explain the purpose of the Glasgow Coma Scale, gave incorrect answers when questioned about its application, and was unable to explain the significance of her clinical findings when carrying out a GCS assessment.

The panel also accepted the oral evidence of Ms Lock that a newly qualified Band 5 nurse would reasonably be expected to understand the Glasgow Coma Scale, its purpose and its use in assessing a patient's neurological condition and determining when escalation was required.

The panel was satisfied that the contemporaneous record was consistent with Ms Lock's oral evidence regarding the standard of knowledge expected of a Band 5 nurse. Having considered all of the evidence, the panel concluded that Mrs Ugbah was unable to demonstrate adequate knowledge of the Glasgow Coma Scale and therefore failed to demonstrate the standards of knowledge, skill and judgement required to practise without supervision as a Band 5 nurse.

Accordingly, the panel found this charge proved on the balance of probabilities.

Charge 13(a)

"That you, a registered nurse:

In respect of charges 1 to 13, between 3 July 2023 and 20 September 2023 failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a band 5 nurse, in that you:

13. Between 3 July 2023 and 5 September 2023:
    a) Were unable to work unsupervised;"

This charge is found proved.

In reaching this decision, the panel took into account its findings in relation to Charges 1 to 12 together with the oral and documentary evidence of Mr Ridings and Ms Lock.

The panel referred to an email from Shamilla Johnson, a Band 5 Staff Nurse, to Ms Lock dated 12 September 2023:

"I don't think she knows enough to be left in charge of a bay of patients, or even the 3 patients I had today in siderooms."

The panel had regard to an email sent by Mr Ridings to several staff on the Unit dated 31 July 2023:

'Maureen is a new Band 5 that has joined us a few weeks ago. It has been identified there are numerous issues with her practice that means she is unsafe to be left to work independently. There are always going to times the ward is challenging with staffing but I need to be 100% clear that on no account can

Maureen be left unsupervised. We have an action plan so I will update you all on progress.'

The panel also referred to an email from Ms Lock to colleagues dated 8 August 2023:

"She currently requires quite a bit of support. We have placed her on supernumerary for the foreseeable and this will be amended when we assess her to be safe to practise independently..."

The panel further referred to Ms Lock's report dated 25 August 2023:

"I felt strongly MU could not be left unsupervised on any occasion and I do not believe she understands her limitations… MU has worked 8 weeks of supernumerary shifts and some basic standards of care and understanding of anatomy and physiology are still not there."

The panel accepted the oral evidence of both Mr Ridings and Ms Lock that, throughout the relevant period, Mrs Ugbah required continuous supervision and could not safely undertake the duties of a Band 5 nurse independently. The panel also accepted Ms Lock's evidence that Mrs Ugbah herself acknowledged during supervision meetings that she was not yet ready to care for patients independently.

The panel considered that this evidence was entirely consistent with its findings in relation to the preceding charges, which demonstrated repeated deficiencies in Mrs Ugbah's clinical knowledge, judgement and performance across a range of fundamental nursing competencies.

Accordingly, the panel was satisfied that, between 3 July 2023 and 5 September 2023, Mrs Ugbah was unable to work unsupervised and therefore found this charge proved on the balance of probabilities.

Charge 13(b)

"That you, a registered nurse:

In respect of charges 1 to 13, between 3 July 2023 and 20 September 2023 failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a band 5 nurse, in that you:

13. Between 3 July 2023 and 5 September 2023:
    b) Were unable manage a group of more than 2 patients;"

This charge is found proved.

In reaching this decision, the panel took into account its findings in relation to Charge 13(a), together with the oral and documentary evidence of Mr Ridings and Ms Lock.

The panel referred to the email from Ms Lock to colleagues dated 8 August 2023, which stated:

"If and when you do work with Maureen if you can start by allocating her 2 patients to focus on… She should not be left on the ward if you are going for break you should be taking the same breaks to avoid staff such as doctors handing over something to Maureen which would need to be done for the patient or the responsible RN would need to action."

The panel accepted the oral evidence of Mr Ridings and Ms Lock that, throughout the relevant period, Mrs Ugbah required close supervision and was only able to manage a limited number of patients safely. The panel was satisfied that the restriction to two patients reflected her demonstrated inability to manage a larger workload rather than being merely a training arrangement.

The panel also considered that this conclusion was consistent with its findings on the preceding charges, which demonstrated repeated deficiencies in Mrs Ugbah's clinical knowledge, prioritisation, documentation and patient management.

Accordingly, the panel was satisfied that, during the relevant period, Mrs Ugbah was unable to manage a group of more than two patients and found this charge proved on the balance of probabilities.

Charge 13(c)

> "That you, a registered nurse:
>
> In respect of charges 1 to 13, between 3 July 2023 and 20 September 2023 failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a band 5 nurse, in that you:
>
> 13. Between 3 July 2023 and 5 September 2023:
>
> c) Were unable to administer medication unsupervised"

This charge is found proved.

In reaching this decision, the panel took into account its findings in relation to Charges 13(a) and 13(b), together with the oral and documentary evidence of Mr Ridings and Ms Lock.

The panel accepted the oral evidence of both Mr Ridings and Ms Lock that Mrs Ugbah's knowledge of medications remained significantly below the standard expected of a newly qualified Band 5 nurse despite an extended period of supervision, teaching and support. The panel accepted their evidence that Mrs Ugbah repeatedly demonstrated a lack of

understanding of commonly prescribed medications, their indications and their safe administration.

The panel also had regard to its earlier findings in relation to medication errors and medication knowledge, including Charges 2(b), 3(a), 4(a), 4(b), 6(b)(i), 7(a) and 9, which demonstrated repeated deficiencies in Mrs Ugbah's ability to administer medication safely without supervision.

The panel accepted Ms Lock's evidence that, when asked about medications, Mrs Ugbah would frequently guess at their purpose, often describing them as pain relief, and was unable to explain the use of commonly prescribed drugs. Mr Ridings likewise gave evidence that, despite the extensive supervision and training she received, her medication knowledge did not improve to the standard required for independent practice.

In all the circumstances, the panel was satisfied that, during the relevant period, Mrs Ugbah was unable to administer medication safely without supervision.

Accordingly, the panel found this charge proved on the balance of probabilities.

Charge 14

> “That you, a registered nurse:
>
> 14. [PRIVATE].”

This charge is found proved.

[PRIVATE]

Charge 15

“That you, a registered nurse:

15. Did not have the necessary knowledge of English to practise safely and effectively.”

This charge is found proved.

In reaching this decision, the panel took into account the oral evidence of both Mr Ridings and Ms Lock together with the documentary evidence relating to Mrs Ugbah's English language ability.

The panel accepted the evidence of Mr Ridings that Mrs Ugbah experienced significant difficulties communicating in spoken and written English. He described her spoken English as fragmented and explained that he frequently had difficulty understanding what she was trying to communicate. He also gave evidence that her written documentation was often unclear and difficult for colleagues to understand.

Mr Ridings provided examples of incorrect word usage, including the use of "*flu*" instead of fluid and "*indecently*" instead of independently. The panel accepted that these were not isolated errors but formed part of a broader pattern of communication difficulties.

The panel also accepted the evidence of Ms Lock, who described Mrs Ugbah's English language ability as being of equal concern to her lack of clinical knowledge. Ms Lock explained that, although she had previously supervised many nurses for whom English was not their first language, she would ordinarily expect their communication skills to improve as they settled into practice. In Mrs Ugbah's case, however, she considered that the communication difficulties persisted to such an extent that effective communication with colleagues and patients was virtually impossible.

Ms Lock also gave evidence that Mrs Ugbah struggled to explain basic matters, including her previous nursing experience, and that she rarely engaged in conversation with colleagues or patients.

The panel also took into account that Mrs Ugbah had completed her nursing degree at the University of West London and had subsequently been admitted to the NMC register. Against that background, the panel considered the extent of the communication difficulties described by Mr Ridings and Ms Lock to be particularly striking and inconsistent with her degree level qualification. The panel accepted their evidence that Mrs Ugbah's spoken and written English fell significantly below the standard reasonably expected of a newly qualified registered nurse educated in the United Kingdom.

The panel further took into account Mrs Ugbah's International English Language Testing System (IELTS) results, which demonstrated that she did not achieve the required scores in listening, reading and writing.

Having considered the evidence as a whole, the panel was satisfied that Mrs Ugbah did not possess the level of English language knowledge necessary to practise safely and effectively as a registered nurse.

Accordingly, the panel found this charge proved on the balance of probabilities.

Fitness to practise

Having reached its findings of fact, the panel next considered whether those findings established any of the statutory grounds alleged by the NMC. It noted that Charges 1 to 13 alleged a lack of competence, Charge 14 alleged misconduct and Charge 15 alleged a lack of knowledge of English.

The panel accepted the advice of the Legal Assessor. It reminded itself that findings of fact, statutory grounds and current impairment are separate stages of the statutory exercise. The fact that an allegation has been found proved does not, of itself, establish the statutory ground relied upon. The panel was therefore required to determine whether the facts found proved established the statutory grounds alleged before going on to consider whether Mrs Ugbah's fitness to practise is currently impaired.

The panel considered each statutory ground in turn.

Lack of competence (Charges 1–13)

Submissions

On behalf of the NMC, Ms Aziz submitted that the facts found proved in relation to Charges 1 to 13 established the statutory ground of lack of competence. She referred the panel to the NMC's guidance, which defines a lack of competence as a lack of knowledge, skill or judgement of such a nature that Mrs Ugbah is unfit to practise safely and effectively in any field in which they claim to be qualified or seek to practise.

Ms Aziz submitted that the findings demonstrated deficiencies across a wide range of fundamental nursing competencies central to the role of a Band 5 registered nurse. She submitted that the concerns were not confined to a single aspect of practice but included failures in patient assessment, clinical decision-making, medication management, recognition and escalation of deteriorating patients, communication with colleagues and patients, prioritisation of workload, record keeping and the overall delivery of safe and effective patient care.

In particular, Ms Aziz submitted that the medication-related concerns identified by the panel were especially significant. She submitted that Mrs Ugbah had demonstrated an inability to administer medication safely, including failing to recognise the purpose of prescribed medication, failing to calculate or administer medication correctly and making medication errors and near misses which had the potential to expose patients to serious harm. She submitted that these deficiencies went to the heart of safe nursing practice.

Ms Aziz further submitted that the findings demonstrated persistent deficiencies in clinical judgement and prioritisation. She submitted that Mrs Ugbah repeatedly failed to assess patients appropriately, identify clinically significant observations, recognise deteriorating conditions and escalate concerns when required. She submitted that Mrs Ugbah also demonstrated difficulty in organising and prioritising her workload, resulting in delays in patient care and an inability to carry out essential nursing tasks safely and effectively.

Ms Aziz submitted that the findings also demonstrated deficiencies in communication and record keeping. She submitted that Mrs Ugbah failed to communicate effectively with colleagues during handovers, failed to maintain accurate clinical records and failed to document assessments and interventions adequately. She submitted that these failures compromised continuity of care and increased the potential risk to patients.

Ms Aziz reminded the panel that the concerns did not arise in circumstances where Mrs Ugbah had been left unsupported. Rather, she submitted that the evidence demonstrated that Mrs Ugbah had been afforded a substantial degree of assistance throughout the relevant period. Her supernumerary period had been extended, she had worked under close supervision, she had received regular feedback and guidance from experienced colleagues and had been supported through both a Supported Improvement Programme and a Formal Capability Programme. Despite those interventions, the evidence demonstrated that the same deficiencies persisted and that Mrs Ugbah failed to demonstrate sufficient improvement in the core competencies expected of a registered nurse.

Ms Aziz submitted that the concerns extended over a sustained period and were not isolated or aberrational incidents. She invited the panel to conclude that the findings represented a fair sample of Mrs Ugbah's clinical practice and demonstrated an unacceptably low standard of professional performance across multiple areas of fundamental nursing practice. Taken cumulatively, she submitted that the deficiencies established a lack of the knowledge, skill and judgement necessary to practise safely and effectively as a registered nurse and therefore satisfied the statutory ground of lack of competence.

Mrs Ugbah did not attend the hearing and was not represented. Accordingly, no oral submissions were made on her behalf. The panel has, however, considered Mrs Ugbah's written representations, in which she attributed the concerns to matters including workplace pressures, the support and supervision she received as a newly qualified nurse, and the working environment in which she was practising. She maintained that those contextual factors, rather than any lack of professional ability, explained the concerns identified.

Legal Advice

The panel accepted the advice of the Legal Assessor.

The panel reminded itself that there is no statutory definition of a lack of competence. However, the NMC defines a lack of competence as:

"A lack of knowledge, skill or judgement of such a nature that Mrs Ugbah is unfit to practise safely and effectively in any field in which Mrs Ugbah claims to be qualified or seeks to practise."

The panel further reminded itself that competence is to be assessed by reference to the standards reasonably to be expected of an ordinarily competent practitioner holding the relevant qualification and practising in the relevant role. The question for the panel was not whether Mrs Ugbah had made individual mistakes or errors of judgement, but whether the facts found proved demonstrated an unacceptably low standard of professional performance such as to amount to a lack of competence.

In determining that issue, the panel had regard to the guidance contained within the NMC's Fitness to Practise Library concerning lack of competence. The panel recognised that not every clinical error or isolated failing will amount to a lack of competence. Rather, it was required to consider Mrs Ugbah's performance as a whole and determine whether the deficiencies identified demonstrated shortcomings in the knowledge, skills or judgement expected of a registered Band 5 nurse.

The panel also reminded itself that it should assess Mrs Ugbah's practice against the standard of the ordinarily competent Band 5 registered nurse and not by reference to a standard of perfection. It recognised that newly qualified practitioners may require support and supervision whilst developing their practice. However, where concerns extend across a range of fundamental clinical competencies, persist over time and continue despite appropriate supervision, support and opportunities to improve, they may properly be capable of establishing the statutory ground of lack of competence.

The panel further reminded itself that it was necessary to consider whether the findings represented a fair sample of Mrs Ugbah's work during the relevant period. In doing so, it was required to evaluate both the breadth and nature of the concerns found proved, together with the context in which they arose, before determining whether the statutory ground was established.

Finally, the panel recognised that a finding that facts are proved does not automatically establish the statutory ground of lack of competence. It was required to exercise its own professional judgement in determining whether the facts found proved satisfied the statutory test.

Decision and reasons on Lack of Competence

The panel carefully considered the facts found proved in relation to Charges 1 to 13, the submissions made by Ms Aziz, the written material provided by Mrs Ugbah, the relevant provisions of the Code and the advice of the Legal Assessor.

In determining whether the statutory ground was established, the panel considered Mrs Ugbah's practice as a whole rather than viewing each failing in isolation. It was satisfied that the concerns found proved demonstrated repeated deficiencies across a broad range of fundamental nursing competencies. Those deficiencies extended to patient assessment, clinical judgement, medication management, communication, record keeping, prioritisation, workload management, recognition of deteriorating patients and the delivery of safe and effective care. Taken cumulatively, they demonstrated significant shortcomings in Mrs Ugbah's knowledge, skills and professional judgement.

The panel had particular regard to the provisions of the Code. Whilst recognising that a breach of the Code does not, of itself, establish a lack of competence, the panel considered that the breadth of Mrs Ugbah's deficiencies engaged numerous fundamental professional standards.

In relation to the obligation to prioritise people, the panel was satisfied that the findings demonstrated breaches of Standard 1.2, requiring registrants to deliver the fundamentals of care effectively, and Standard 1.4, requiring treatment, assistance and care for which they are responsible to be delivered without undue delay. The repeated failures in patient care, delays in completing essential nursing tasks and deficiencies in delivering fundamental aspects of care were inconsistent with those standards. The panel also considered that Mrs Ugbah failed to comply with Standard 2.1, which requires registrants to work in partnership with people to make sure that care is delivered effectively.

The panel further considered that Mrs Ugbah failed to practise effectively in accordance with the Code. It was satisfied that the findings demonstrated a breach of Standard 6.2, requiring registrants to maintain the knowledge and skills needed for safe and effective practice. The panel also found breaches of Standards 7.1, 7.4 and 7.5, requiring registrants to use terms that people can understand, check people's understanding from time to time to minimise misunderstandings or mistakes, and communicate clearly and effectively in English. The findings demonstrated repeated communication difficulties affecting interactions with patients and colleagues, handovers, documentation and the safe delivery of care.

The panel was further satisfied that Mrs Ugbah failed to comply with Standards 8.1 to 8.6, which concern respecting the skills and contributions of colleagues, referring matters appropriately, maintaining effective communication, keeping colleagues informed, evaluating practice collaboratively, preserving patient safety and sharing information to identify and reduce risk. The evidence demonstrated persistent failures in communication, handovers and cooperative working which compromised the continuity and safety of patient care.

The panel also considered that Mrs Ugbah failed to comply with the requirements relating to record keeping. The findings engaged Standards 10.1 to 10.4, requiring records to be

completed contemporaneously, to identify relevant risks and the steps taken to address them, to be accurate, and to be clearly written, dated, timed and properly attributed. The deficiencies in Mrs Ugbah's documentation were recurrent, created risks to patient safety and formed an important feature of the concerns proved.

The panel further concluded that the findings demonstrated breaches of Standards 13.1 and 13.2, requiring registrants accurately to identify, observe and assess signs of normal or worsening physical and mental health and to make a timely referral to another practitioner where action, care or treatment is required. It also considered that the medication-related findings were inconsistent with the overarching requirement in Standard 18 to administer medicines within the limits of Mrs Ugbah's training and competence and in accordance with relevant law, guidance, policies and regulations. The medication errors and failures in clinical assessment demonstrated significant deficiencies in these core areas of nursing practice.

Finally, the panel considered that the findings engaged Standard 25.1, requiring registrants to identify priorities, manage time and resources effectively and deal with risk so that the quality of care or service is maintained and improved. The evidence demonstrated repeated failures to prioritise essential nursing tasks, manage time effectively and respond appropriately to clinical risk.

The panel attached considerable weight to the fact that these deficiencies were neither isolated nor attributable to a single episode of poor practice. They arose repeatedly across numerous shifts, involved multiple patients and were observed by different experienced practitioners. The concerns spanned a broad range of fundamental clinical competencies and persisted notwithstanding an extended period of supernumerary practice, close supervision, mentoring, a Supported Improvement Programme and a Formal Capability Programme. The panel was satisfied that Mrs Ugbah had been afforded every reasonable opportunity to demonstrate improvement, yet the same areas of concern continued to arise.

Whilst the panel accepted that Mrs Ugbah was a newly qualified nurse, it took into account that she had worked previously for four months in ICU and subsequently as a bank nurse following qualification. It recognised that newly qualified practitioners require support whilst

transitioning into autonomous practice. However, the panel was satisfied that the support provided to Mrs Ugbah significantly exceeded that ordinarily afforded to a newly qualified nurse to the extent that she was not permitted to work without another registered nurse supervising her. Notwithstanding those interventions, the evidence demonstrated little meaningful or sustained improvement in the fundamental competencies required for safe and effective nursing practice.

Having considered the evidence in the round, the panel was satisfied that the concerns found proved represented a fair sample of Mrs Ugbah's professional practice during the relevant period. They demonstrated significant deficiencies across numerous core aspects of nursing which, taken together, established an unacceptably low standard of professional performance. The panel concluded that those deficiencies reflected shortcomings in Mrs Ugbah's knowledge, skills and judgement of such a nature and extent that they amounted to a lack of competence.

Accordingly, the panel determined that the facts found proved in relation to Charges 1 to 13 established the statutory ground of lack of competence.

Submissions on misconduct (Charge 14)

Ms Aziz submitted that the facts found proved in relation to Charge 14 established the statutory ground of misconduct. She referred the panel to the decision in *Roylance v General Medical Council (No. 2)* [2000] 1 AC 311, in which misconduct was described as "a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances." She submitted that the authorities make clear that not every professional failing will amount to misconduct; rather, the conduct must represent a sufficiently serious departure from the standards expected of a registered professional. In support of that proposition, she referred the panel to *Nandi v General Medical Council* [2004] EWHC 2317 (Admin), *Meadow v General Medical Council* [2006] EWCA Civ 1390 and *Cohen v General Medical Council* [2008] EWHC 581 (Admin).

[PRUVATE]. She reminded the panel that it had already found the factual allegation proved and submitted that the evidence demonstrated that Mrs Ugbah had been afforded

a number of opportunities to engage with the investigation and provide the information requested. Notwithstanding those opportunities, she failed to respond or otherwise engage with the investigation and provided no adequate explanation for that failure.

Ms Aziz submitted that cooperation with regulatory investigations is a fundamental professional obligation resting upon every registrant. She submitted that the regulatory process depends upon registrants engaging openly and promptly with enquiries concerning their fitness to practise and that a failure to do so undermines the NMC's ability to fulfil its statutory function of protecting the public and maintaining confidence in the profession. She submitted that, in the absence of any reasonable explanation for Mrs Ugbah's failure to engage, the conduct found proved represented a serious departure from the standards properly expected of a registered nurse.

Ms Aziz further submitted that Mrs Ugbah's conduct engaged the professional standards contained within the Code, referring in particular to Standards 20 and 23. She submitted that, viewed objectively and in the context of Mrs Ugbah's obligations as a registered nurse, the conduct found proved fell seriously short of what was proper in the circumstances and therefore amounted to misconduct.

Mrs Ugbah did not attend the hearing and was not represented. Accordingly, no oral submissions were made on her behalf in relation to this statutory ground. The panel has, however, taken into account Mrs Ugbah's written representations and supporting documentation, in which she sought to explain the circumstances surrounding the concerns. In particular, she relied upon workplace pressures, the support and supervision she received as a newly qualified nurse, and the working environment in which she was practising as providing important context to the matters found proved.

Legal Advice

The panel accepted the advice of the Legal Assessor.

The panel reminded itself that there is no statutory definition of misconduct. It had regard to the decision in *Roylance v General Medical Council (No. 2)* [2000] 1 AC 311, in which

misconduct was described as "a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances."

The panel further reminded itself that not every act or omission falling below the standards expected of a registered professional will amount to misconduct. It had regard to the principles set out in *Nandi v General Medical Council* [2004] EWHC 2317 (Admin), which make clear that, for conduct to amount to misconduct, the departure from the standards expected of a registered professional must be serious. The panel therefore recognised that it was required to determine not merely whether Mrs Ugbah's conduct was capable of criticism, but whether it represented a sufficiently serious falling short of the standards properly to be expected of a registered nurse.

In determining that issue, the panel had regard to the relevant provisions of the Code. It reminded itself that a breach of the Code does not, of itself, establish misconduct. Rather, the Code provides the benchmark against which a registrant's conduct is to be assessed. The panel was therefore required to consider the nature and seriousness of any breach, the surrounding circumstances and whether, viewed objectively, the conduct fell seriously short of the standards expected of a registered professional.

The panel further reminded itself that the purpose of this stage of the determination was confined to deciding whether the facts found proved amounted to misconduct. It recognised that this was a distinct exercise from determining whether Mrs Ugbah's fitness to practise is currently impaired, which would be considered separately should the statutory ground be established.

Finally, the panel reminded itself that findings of fact do not automatically establish the statutory ground of misconduct. It was required to exercise its own independent professional judgement in determining whether the conduct found proved was sufficiently serious to amount to misconduct.

Decision and reasons on misconduct

The panel carefully considered the facts found proved in relation to Charge 14, the submissions of Ms Aziz, the relevant provisions of the Code and the advice of the Legal Assessor.

The panel reminded itself that a breach of the Code does not, of itself, establish misconduct. It was therefore required to determine whether the conduct found proved represented a sufficiently serious departure from the standards properly to be expected of a registered nurse.

The panel was satisfied that it did.

[PRIVATE]. Rather, it represented a sustained failure to engage with her professional regulator in circumstances where she was under a clear professional obligation to do so.[PRIVATE]. Despite those opportunities, she failed to respond or otherwise engage with the investigation. The panel was not provided with any explanation which justified or mitigated that failure.

In assessing the seriousness of Mrs Ugbah's conduct, the panel considered the context in which the failure to cooperate occurred. This was not a routine administrative enquiry. [PRIVATE] investigation arose in the course of an extensive fitness to practise investigation involving numerous allegations of lack of competence across a broad range of fundamental nursing competencies, together with concerns regarding Mrs Ugbah's knowledge of English and her ability to communicate safely and effectively in a clinical environment. The panel considered that these were serious matters going directly to Mrs Ugbah's fitness to practise and the NMC's statutory function of protecting the public.

Against that background, the panel regarded Mrs Ugbah's failure to cooperate as particularly serious.[PRIVATE]. By failing to engage with that investigation, Mrs Ugbah frustrated the NMC's ability to investigate matters central to patient safety and public protection. The panel considered that where serious concerns have been raised regarding a registrant's competence, communication [PRIVATE], there is a correspondingly greater obligation upon that registrant to cooperate fully and promptly with the Regulator. Mrs Ugbah failed to discharge that fundamental professional responsibility.

The panel considered that Mrs Ugbah's conduct engaged a number of important provisions of the Code. Whilst recognising that Ms Aziz had referred to certain provisions during her submissions, the panel concluded that the conduct found proved was inconsistent with a broader range of professional obligations contained within the Code.

In particular, the panel considered that Mrs Ugbah's conduct breached Standard 20.1, requiring registrants to keep to and uphold the standards and values set out in the Code, and Standard 20.2, requiring registrants to act with honesty and integrity at all times. Although this case does not involve any allegation of dishonesty, the panel considered that professional integrity extends beyond honesty and includes complying with the responsibilities that accompany registration. The panel concluded that Mrs Ugbah's failure to cooperate with her professional regulator, by failing to respond to requests made as part of the NMC's investigation [PRIVATE], was inconsistent with those responsibilities and therefore fell significantly short of the standards of professionalism, integrity and accountability expected of a registered nurse by both the profession and the public.

The panel also attached considerable weight to Section 23 of the Code, entitled "*Cooperate with all investigations and audits*." The panel considered that this section reflects a fundamental professional obligation owed by every registrant to the Regulator. Although its individual subparagraphs address particular reporting and audit obligations, the overarching standard is clear: registrants are required to cooperate with regulatory investigations. Mrs Ugbah's sustained failure to engage [PRIVATE] was directly contrary to that professional obligation.

The panel considered that cooperation with regulatory investigations is fundamental to maintaining public confidence in both the nursing profession and the regulatory process. The NMC cannot effectively discharge its statutory duty of protecting the public unless registrants engage openly and honestly with investigations concerning their fitness to practise. An unjustified failure to do so, particularly where the investigation concerns serious issues relating to competence, communication and [PRIVATE], undermines not only the investigation itself but also the wider public interest in maintaining confidence in professional regulation.

The panel was satisfied that Mrs Ugbah's conduct represented a serious departure from the standards properly expected of a registered nurse. It undermined the regulatory process, frustrated the investigation of serious concerns relating to Mrs Ugbah's fitness to practise, demonstrated a failure to comply with fundamental professional obligations and fell well below the standards of professionalism, integrity and accountability expected of a registered nurse.

Having considered the matter in the round, the panel concluded that the conduct found proved was sufficiently serious to amount to misconduct. Accordingly, the panel determined that the facts found proved in relation to Charge 14 established the statutory ground of misconduct.

Submissions on lack of knowledge of English (Charge 15)

Ms Aziz submitted that the evidence before the panel established the statutory ground of lack of the necessary knowledge of English. She submitted that the evidence demonstrated persistent and significant deficiencies in Mrs Ugbah's ability to understand, process and communicate information in English, both verbally and in writing, which had a direct and adverse impact upon her ability to practise safely and effectively as a registered nurse.

Ms Aziz submitted that the concerns extended well beyond isolated communication errors or the understandable challenges associated with a newly qualified practitioner adapting to a new clinical environment. Rather, the evidence disclosed a consistent pattern of communication difficulties observed by a number of experienced practitioners over an extended period and across a wide range of clinical situations. Those difficulties affected Mrs Ugbah's ability to understand instructions, communicate effectively with patients and colleagues, participate safely in clinical handovers, maintain accurate records and convey important clinical information, thereby compromising the safe delivery of patient care.

Ms Aziz further submitted that, whilst there was some overlap between the evidence relied upon in support of the allegations of lack of competence and that relevant to Charge 15, the statutory ground of lack of the necessary knowledge of English was distinct and

required separate consideration. She submitted that the evidence demonstrated that Mrs Ugbah's language difficulties were themselves sufficiently significant to impair her ability to communicate safely and effectively in a professional healthcare setting and therefore independently satisfied the statutory test.

Mrs Ugbah denied that she lacked the knowledge of English. She relied upon her written representations, reflective account and supporting documentation. She submitted that she had completed her nursing education and training in English within the United Kingdom, believed that she could be clearly understood by patients, and stated that there had been no complaints from patients regarding her spoken English. She further relied upon workplace pressures, the support and supervision she received as a newly qualified nurse, and the clinical environment in which she was working as providing context for the concerns raised about her practice. She submitted that, notwithstanding the panel's findings of fact, those findings did not establish the statutory ground of lack of knowledge of English.

Legal Advice

The panel accepted the advice of the Legal Assessor.

The panel reminded itself that the statutory ground of lack of knowledge of English is separate and distinct from the statutory grounds of misconduct and lack of competence. A finding under one statutory ground does not automatically establish another.

The panel reminded itself that the question was whether, on the balance of probabilities, Mrs Ugbah possessed the knowledge of English necessary for the safe and effective practice of nursing. The assessment is a practical one, directed to Mrs Ugbah's ability to communicate safely and effectively in the course of professional practice.

The panel recognised that the possession of English language qualifications, academic achievements or previous registration is relevant evidence but is not determinative of the statutory question. The panel was required to consider all of the evidence before it, including oral and documentary evidence, Mrs Ugbah's written communications, her

clinical records, her interactions with patients and colleagues, and the observations of those who had supervised her in practice, in order to determine whether she possessed the level of spoken and written English necessary for safe and effective practice.

The panel further reminded itself that the statutory ground is not concerned with whether English is a registrant's first language, nor whether they communicate effectively in everyday life. Rather, the issue is whether Mrs Ugbah possessed the level of English language knowledge required to communicate safely, accurately and effectively in a professional healthcare environment.

Finally, the panel reminded itself that there may be an overlap between evidence relevant to lack of competence and evidence relevant to lack of the necessary knowledge of English. However, it was required to consider whether the evidence independently established the statutory ground under Charge 15 and not simply infer it from its findings on lack of competence.

Decision and reasons on lack of knowledge of English

The panel carefully considered the facts found proved in relation to Charge 15, the submissions made by Ms Aziz, the written representations of Mrs Ugbah, the relevant provisions of the Code and the advice of the Legal Assessor.

The panel was satisfied that the statutory ground of lack of the necessary knowledge of English was established.

In reaching that conclusion, the panel considered the evidence in the round and did not rely upon any single incident or isolated communication difficulty. It found that concerns regarding Mrs Ugbah's knowledge of English arose consistently throughout the evidence and were observed over an extended period by a number of practitioners, who were experienced in training nurses for whom English was not their first language. Those concerns formed a recurring feature of the factual findings made by the panel and were evident across a broad range of clinical situations.

The panel accepted that Mrs Ugbah experienced persistent difficulties understanding and processing verbal instructions, communicating clearly with patients and colleagues, participating safely in clinical handovers, maintaining accurate clinical records and conveying important clinical information. These difficulties were repeatedly observed by different practitioners over a sustained period and were not confined to isolated incidents or particular clinical situations. The panel was satisfied that they adversely affected fundamental aspects of nursing practice and had the potential to compromise patient safety.

The panel carefully considered whether those communication difficulties could properly be attributed to Mrs Ugbah being newly qualified, being unfamiliar with the clinical environment or lacking confidence. It concluded that they could not. Whilst the panel recognised that newly qualified nurses inevitably require a period of support and adjustment, the communication difficulties identified in this case were persistent and wide-ranging, and continued despite prolonged supervision, mentoring, regular feedback, a Supported Improvement Programme and a Formal Capability Process. The panel was satisfied that the evidence demonstrated difficulties extending beyond ordinary inexperience or a need for further clinical exposure.

The panel also gave careful consideration to the evidence that Mrs Ugbah must have obtained the requisite English language qualification in order to successfully complete her higher education in the United Kingdom. The panel accepted that these matters were relevant and weighed them in Mrs Ugbah's favour. However, the panel did not consider them to be determinative of the statutory question before it.

The panel reminded itself that the statutory test is a practical one. The issue is not whether a registrant has previously demonstrated a required standard of English for academic or registration purposes, but whether they possess the level of spoken and written English necessary to practise safely and effectively as a registered nurse. In the panel's judgment, the evidence of those who had directly supervised and worked alongside Mrs Ugbah in the clinical environment provided the most reliable assessment of that issue. The consistent observations of experienced practitioners demonstrated that, notwithstanding Mrs Ugbah's academic achievements, she experienced significant and persistent difficulties

understanding instructions, processing information, communicating clearly, maintaining accurate clinical records and participating effectively in essential aspects of clinical practice. The panel took into account the written submissions received from Mrs Ugbah which appeared to be of the required standard in English language, however, in the absence of Mrs Ugbah's attendance at the hearing the panel had no way of assessing whether her English was of the standard to practice safely and effectively.

The panel further noted that the communication difficulties identified were not confined to spoken English. They extended to written documentation, clinical record keeping, handovers and the accurate recording of patient information. The panel considered that effective communication, both verbal and written, underpins every aspect of safe nursing practice, including patient assessment, medication administration, escalation of concerns, multidisciplinary working and continuity of care. It was satisfied that Mrs Ugbah's difficulties with English had a direct and adverse impact on each of those areas.

The panel had particular regard to the relevant provisions of the Code. It considered that Mrs Ugbah's demonstrated communication difficulties were inconsistent with Standard 7.1, requiring registrants to use terms that people in their care, colleagues and the public can understand; Standard 7.2, requiring registrants to take reasonable steps to meet people's language and communication needs; Standard 7.4, requiring registrants to check people's understanding from time to time to keep misunderstandings or mistakes to a minimum; and Standard 7.5, requiring registrants to be able to communicate clearly and effectively in English.

The panel further considered that Mrs Ugbah's communication difficulties affected her ability to comply with Standards 8.1 to 8.6, concerning effective and cooperative working with colleagues, the communication and sharing of relevant information and the preservation of patient safety. The deficiencies in her written documentation also engaged Standards 10.1 to 10.4, requiring records to be completed contemporaneously, to identify relevant risks and the steps taken to address them, to be accurate, and to be clearly written, dated, timed and properly attributed. The panel considered that the repeated failures identified throughout the evidence demonstrated that Mrs Ugbah's difficulties with

spoken and written English had a direct impact upon her ability to comply with these fundamental professional standards.

Whilst recognising that some of the same evidence had informed its findings in relation to lack of competence, the panel was satisfied that the communication difficulties identified were themselves sufficiently significant to establish a separate statutory ground. The panel did not simply infer a lack of the necessary knowledge of English from its findings on lack of competence. Rather, having considered the evidence independently, it was satisfied, on the balance of probabilities, that Mrs Ugbah was unable to communicate safely and effectively in English.

Having considered all of the evidence in the round, the panel concluded that, notwithstanding Mrs Ugbah's English language qualification and successful completion of higher education in the United Kingdom, the evidence demonstrated that, during the relevant period, she did not possess the level of spoken and written English necessary to communicate safely and effectively in professional nursing practice. Accordingly, the panel determined that the facts found proved in relation to Charge 15 established the statutory ground of lack of the necessary knowledge of English.

The panel therefore proceeded to consider whether, by reason of those statutory grounds, Mrs Ugbah's fitness to practise is currently impaired.

Current impairment

The panel considered whether Mrs Ugbah's fitness to practise is currently impaired by reason of her lack of competence, misconduct and/or lack of knowledge of English.

The panel accepted the advice of the Legal Assessor and reminded itself that a finding that one or more statutory grounds has been established does not automatically result in a finding that a registrant's fitness to practise is currently impaired. The question of current impairment is a separate statutory exercise requiring the panel to make an evaluative judgment based upon the evidence as a whole and the circumstances existing at the date of the hearing.

In undertaking that assessment, the panel considered both the public protection and the wider public interest component of impairment. In considering the protection of the public, the panel had regard to the nature and seriousness of the concerns identified, Mrs Ugbah's level of insight, the extent to which the concerns were capable of remediation, whether they had been remedied and the likelihood of repetition.

In considering the wider public interest component, the panel had regard to the need to maintain public confidence in the nursing profession and the regulatory process and declare and uphold proper professional standards.

The panel considered the components separately before reaching its overall conclusion on current impairment.

Submissions

Ms Aziz submitted that Mrs Ugbah's fitness to practise is currently impaired by reason of her lack of competence, misconduct and lack of knowledge of English.

In relation to the public protection ground of impairment, Ms Aziz submitted that the concerns identified by the panel were extensive, persistent and related to fundamental aspects of nursing practice. She submitted that Mrs Ugbah had demonstrated significant deficiencies in her clinical knowledge, professional judgement, communication skills and record keeping, all of which had the potential to place patients at risk of harm. Whilst acknowledging the written material submitted by Mrs Ugbah, Ms Aziz submitted that Mrs Ugbah had demonstrated only limited insight into the concerns found proved by the panel, had not fully accepted responsibility for those failings and had not demonstrated that the deficiencies had been fully remediated. She submitted that there remained a real risk of repetition were Mrs Ugbah to return to unrestricted practice.

Ms Aziz further submitted that Mrs Ugbah's failure to cooperate with the NMC's [PRIVATE] investigation represented a serious failure to engage with the regulatory process and reinforced the need for a finding of current impairment.

In relation to the wider public interest ground, Ms Aziz submitted that a finding of current impairment was necessary to maintain public confidence in the nursing profession and the regulatory process and to declare and uphold proper professional standards.

The panel referred to Mrs Ugbah's written representations in which she submitted that her fitness to practise is not currently impaired. The panel carefully considered all of the written material submitted by Mrs Ugbah in support of her case, including her Training Transcript dated 25 May 2023, Context Form dated 15 October 2023, [PRIVATE] dated 16 October 2023, Moving and Handling Training Certificate dated 15 October 2023 and completed FtP Reflective Account Form.

Through those documents, Mrs Ugbah maintained that she had always sought to act in the best interests of her patients and that there had been no significant incidents resulting in patient harm. She attributed many of the concerns identified by the panel to the pressures associated with working as a newly qualified nurse within a demanding clinical environment and to the support arrangements implemented by her employer whilst she gained further experience. She disputed that she lacked the knowledge of English, relying upon the fact that her university education and nursing qualification had been undertaken in English.

Within the written representations, Mrs Ugbah further submitted that she had reflected upon the concerns raised, identified areas in which she could improve, including communication, record keeping and continuing professional development, and had undertaken further learning and training. She also maintained that the concerns raised regarding her practice had, at least in part, been influenced by racism within her workplace. She invited the panel to conclude that her fitness to practise is not currently impaired.

Decision and reasons on impairment

The panel first considered the ground of public protection. In doing so, it considered the seriousness of the concerns found proved, Mrs Ugbah's level of insight, the extent to which those concerns were capable of remediation, whether they had in fact been

remediated and the likelihood of repetition. The panel carried out that assessment in light of all the evidence before it and having regard to the findings it had already made in relation to lack of competence, misconduct and lack of knowledge of English.

The panel recognised that the concerns arose whilst Mrs Ugbah was a newly qualified nurse and accepted that newly qualified practitioners require appropriate supervision, support and the opportunity to develop their knowledge and confidence in clinical practice. The panel also accepted that working within a busy acute hospital environment can be demanding. However, the panel was satisfied that the deficiencies it had found proved extended well beyond matters ordinarily attributable to inexperience. They were numerous, occurred over an extended period whilst she was under supervision. They affected fundamental aspects of nursing practice, including patient assessment, clinical decision-making, medication management, communication and record keeping, and demonstrated shortcomings which had the potential to place patients at an unwarranted risk of harm. In addition, the panel had found that Mrs Ugbah failed to cooperate with the NMC's [PRIVATE] investigation and lacked the knowledge of English required for safe and effective unrestricted practice.

The panel carefully considered all of the written material provided by Mrs Ugbah. This included her reflective account, context form, [PRIVATE], training transcript and moving and handling training certificate. The panel noted, however, that this material was generated during or shortly after the relevant period in 2023. There was no more recent evidence before the panel of any further education, training, supervised practice, remediation, continuing professional development or other material demonstrating that the deficiencies identified had since been addressed. The panel therefore assessed Mrs Ugbah's current fitness to practise on the basis of the evidence before it.

The panel concluded that Mrs Ugbah had failed to demonstrate any meaningful insight into the concerns found proved. In particular, the panel noted that, within her reflective account, Mrs Ugbah maintained that there had been "*no particular incidents*" which brought her fitness to practise into question, asserted that she had always ensured that patients were not placed at risk, attributed the concerns principally to the pressures of working as a newly qualified nurse and to the actions of her employer, and continued to

maintain that the concerns regarding her spoken English were "*unfounded*". Whilst the panel accepted that Mrs Ugbah acknowledged that she still required supervision, it was not satisfied that she had demonstrated a full appreciation of either the breadth or the seriousness of the deficiencies identified by the panel, or the potential impact of those deficiencies upon patient safety, colleagues, public confidence or the reputation of the profession. In the panel's judgment, the reflective material did not demonstrate full acceptance of responsibility for the failings found proved.

The panel also carefully considered Mrs Ugbah's contention, advanced principally through her Context Form, that the concerns regarding her practice had been influenced by racism within the workplace. The panel approached that allegation with care and an open mind. Having considered all of the evidence, it found no evidential basis upon which it could properly conclude that the concerns identified by the Trust, the supervision arrangements put in place by the employer or the subsequent referral to the NMC were motivated by, or tainted by, racial bias. Rather, the panel was satisfied that the concerns arose from genuine, objectively documented and independently evidenced deficiencies in Mrs Ugbah's clinical practice, communication and professional performance. Whilst the panel fully considered Mrs Ugbah's account, it was unable to accept that it undermined the reliability of the evidence upon which the panel's findings were based.

The panel next considered whether the concerns were capable of remediation and, if so, whether they had been remediated. The panel accepted that the deficiencies identified were, in principle, capable of remediation. It also accepted that Mrs Ugbah had undertaken some learning and training during the relevant period and had produced documentary evidence in support of that. However, the Training Transcript and the Moving and Handling Training Certificate demonstrated only that certain learning activities had been completed during 2023; they did not demonstrate that the extensive deficiencies identified by the panel had been addressed in clinical practice. Similarly, whilst the [PRIVATE] and Context Form provided important background information, which the panel took fully into account, neither document provided evidence that Mrs Ugbah's clinical shortcomings, communication difficulties or lack of knowledge of English had been remediated. The panel also considered the Reflective Account carefully but concluded

that, for the reasons already identified, it did not demonstrate insight or meaningful remediation of the concerns found proved. The panel further noted that there was no more recent evidence before it of any further education, supervised practice, continuing professional development or other material demonstrating that the deficiencies identified had since been addressed.

The panel further attached weight to Mrs Ugbah's failure to cooperate with the NMC's [PRIVATE] investigation. Whilst it recognised that Mrs Ugbah subsequently engaged with these proceedings by providing written representations and supporting documentation, that later engagement did not diminish the significance of her earlier failure to engage with an important aspect of the regulatory process, nor did it materially strengthen the panel's assessment of her insight or remediation.

Finally, the panel considered the risk of repetition. In light of Mrs Ugbah's lack of insight, the absence of persuasive evidence that the deficiencies had been remediated in clinical practice and the continuing failure to accept significant aspects of the concerns found proved, the panel was not satisfied that the risk of repetition had been adequately addressed. It concluded that, were Mrs Ugbah to return to unrestricted practice at this stage, there remained a real risk that the deficiencies identified by the panel could recur.

Drawing these matters together, the panel concluded that Mrs Ugbah has not yet demonstrated any insight into her lack of competence, misconduct and lack of knowledge of English, has not demonstrated that those concerns have been adequately remediated and has not satisfied the panel that the risk of repetition has been sufficiently reduced. Accordingly, the panel concluded that Mrs Ugbah's fitness to practise is currently impaired on the ground of public protection.

The panel next considered the wider public interest. In doing so, it reminded itself that the purpose of fitness to practise proceedings is not to punish registrants but to protect the public, maintain public confidence in the nursing profession and the regulatory process, and declare and uphold the proper standards of conduct, competence and behaviour expected of registered nurses.

The panel recognised that the ground of public interest requires a broader assessment than the ground of public protection. Accordingly, even if the risk of repetition had been significantly reduced, the panel was required to consider whether the nature and seriousness of the concerns found proved nevertheless required a finding of current impairment in order to maintain public confidence in the profession and uphold proper professional standards.

The panel had found that Mrs Ugbah's lack of competence was extensive, persistent and concerned fundamental aspects of nursing practice. The deficiencies identified by the panel included failures in patient assessment, medication management, clinical decision-making, communication, record keeping and the recognition and escalation of clinical concerns. Collectively, those failings represented serious departures from the standards expected of a registered nurse and carried the potential to place patients at an unwarranted risk of harm.

The panel had also found that Mrs Ugbah's failure to cooperate with the NMC's[PRIVATE] investigation amounted to misconduct. The panel considered that members of the public are entitled to expect that registered professionals will engage openly and constructively with their regulator when legitimate concerns are raised regarding their fitness to practise. Such cooperation is fundamental to the effectiveness of professional regulation and to maintaining public confidence in the regulatory process. Mrs Ugbah's failure to engage with that investigation therefore engaged an important public interest which extended beyond her own clinical practice.

The panel further had regard to its finding that Mrs Ugbah lacked the knowledge of English required for safe and effective unrestricted practice. Effective communication is a fundamental requirement of safe nursing care. Patients, colleagues and employers are entitled to expect that a registered nurse will be able to communicate sufficiently to assess patients accurately, understand and implement clinical instructions, administer medication safely, maintain appropriate clinical records and respond appropriately in changing clinical circumstances. The panel considered that the public would rightly expect regulatory action where those fundamental communication standards had not been met.

Having considered the findings as a whole, the panel concluded that public confidence in both the nursing profession and the NMC as its regulator would be seriously undermined if a finding of current impairment were not made. A fully informed member of the public, aware of the panel's findings of extensive lack of competence, misconduct arising from Mrs Ugbah's failure to cooperate with the NMC's [PRIVATE] investigation and lack of the necessary knowledge of English, would expect the regulator to conclude that Mrs Ugbah's fitness to practise remains currently impaired until those concerns have been adequately addressed.

The panel was equally satisfied that a finding of current impairment was necessary to declare and uphold the proper professional standards expected of registered nurses. The standards identified by the panel are fundamental to safe and effective nursing practice. To conclude that Mrs Ugbah's fitness to practise was not currently impaired in the circumstances of this case would fail to mark the seriousness of the concerns found proved and would risk undermining confidence in the standards expected of members of the profession.

Accordingly, and wholly independently of its conclusions on the ground of public protection, the panel concluded that Mrs Ugbah's fitness to practise is currently also impaired on the ground of public interest.

Sanction

The panel has considered this case very carefully and has decided to make a suspension order for a period of 12 months. The effect of this order is that the NMC register will show that Mrs Ugbah’s registration has been suspended.

In reaching this decision, the panel has had regard to all the evidence that has been adduced in this case and had regard to the NMC Guidance on *‘The sanctions available’* (Reference: SAN-2 Last Updated: 28/01/2026).

The panel accepted the advice of the legal assessor.

Submissions on sanction

Ms Aziz informed the panel that in the Notice of Hearing, dated 10 June 2026 the NMC had advised Mrs Ugbah that it would seek the imposition of a suspension order for 6 months if it found her fitness to practise currently impaired.

During the course of the hearing, the NMC revised its proposal and submitted that a suspension order for 12 months is more appropriate in light of the panel's findings at the impairment stage.

Ms Aziz provided written submissions.

Ms Aziz submitted that this case is not a single lapse in judgement or an isolated incident, nor is there a particular area of nursing that can be addressed via training. She added that the concerns took place over a significant period, despite numerous opportunities to improve. She clarified that Mrs Ugbah received exceptional support, repeated competency assessments, was put on a formal action plan, regular 1 to 1 supervision and regular meetings with her managers.

Ms Aziz submitted that there is clear and repeated risk of harm to patients. She outlined that no actual harm is evident, but this may be a result of Mrs Ugbah only being allowed to work under supervision.

Ms Aziz reminded the panel that there is no evidence of insight, remediation, further training or any evidence of improvement of Mrs Ugbah's knowledge of English training.

Ms Aziz submitted that imposing no order or caution order would not be proportionate nor address the public protection risks or wider public interest.

Ms Aziz submitted that whilst a conditions of practice order would normally be considered proportionate for cases concerning a lack of competence, it would not be appropriate in this case. She submitted that the deficiencies in Mrs Ugbah's practice are across all fundamental aspects of nursing and with the concern of Mrs Ugbahs's lack of knowledge of English, conditions would not be workable nor practicable. She reminded the panel that previous retraining has shown to not be useful in improving Mrs Ugbah's practice.

Ms Aziz submitted that a suspension order for 12 months would be the most appropriate sanction given the panel's findings at the impairment stage. She submitted that this sanction would allow Mrs Ugbah enough time to remediate, provide insight and complete further training.

The panel referred Ms Aziz to her written submissions:

> *'The Panel must therefore ask itself whether there is a realistic prospect that a further period away from practice would result in remediation, given the complete absence of evidence that remediation has even begun.*
>
> *If the Panel concludes that such a prospect exists, then suspension may represent the appropriate and proportionate sanction. However, if the Panel concludes that there is no realistic prospect of safe remediation within a reasonable timeframe, it should proceed to consider the final sanction.'*

Ms Aziz clarified that the aforementioned written submission is not a direct instruction of the NMC but her suggestion following the panel's finding at impairment.

Following a short adjournment, Ms Aziz requested that the panel disregard her previous written submissions and provided the panel with revised written submissions.

Decision and reasons on sanction

Having found Mrs Ugbah's fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose. 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 decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- repeated or persistent concerns rather than an isolated incident;
- concerns affecting fundamental aspects of nursing practice;
- actual or potential risk of harm to patients;
- lack of insight;
- lack of remediation;
- failure to attend hearings, or to engage in the Fitness to Practise (FtP) process, without good reason
- continuing risk of repetition
- extensive resources in terms of supervision required to date and the future resources that would be required to ensure that Mrs Ugbah is able to practise safely

The panel also took into account the following mitigating features:

- Mrs Ugbah's relative inexperience at the relevant time;
- the absence of dishonesty;
- the absence of deliberate patient harm; and
- some recognition of her own limitation.

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

The panel next considered a caution order and had regard to the NMC Guidance on *'Caution order'* (Reference: SAN-2b Last Updated: 28/01/2026) in which the following is stated:

> *'A caution is only appropriate if the Committee has decided there's no risk to the public or to people using services that requires the professional's practice to be restricted. This means the case is at the lower end of the spectrum of impaired fitness to practise, but the Committee wants to mark that what happened was unacceptable and must not happen again.'*

The panel considered that Mrs Ugbah's actions were not at the lower end of the spectrum, and it found that there is a risk to patient and public safety. The panel therefore determined that a sanction that does not restrict Mrs Ugbah practise would not protect the public. The panel also determined 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 Mrs Ugbah's registration would be appropriate. The panel is mindful that any conditions imposed must be relevant, proportionate, workable and measurable. The panel had regard to the NMC Guidance on *'Conditions of practice order'* (Reference: SAN-2c Last Updated: 28/01/2026) and had regard to the following factors:

- *'no evidence of deep-seated personality or attitudinal problems*
- *identifiable areas of the professional's practice in need of assessment and/or retraining*
- *competence cases where there is a realistic likelihood that the concerns about their practice can be resolved*
- *potential and willingness to respond positively to retraining (this should be based on specific evidence provided by the professional)*
- [PRIVATE]

- *people using services will not be put at risk either directly or indirectly as a result of the conditions*
- *conditions can be created that can be monitored and assessed.'*

The panel is of the view that there are no relevant, proportionate, workable or measurable conditions that could be formulated, given the nature of the charges in this case. The deficiencies identified were exceptionally broad, extending across almost every fundamental aspect of nursing practice. The panel also found impairment by reason by lack of knowledge of English. Mrs Ugbah had already received extensive supervision, support, competency assessments, additional training and prolonged opportunities to improve whilst employed. Despite those interventions, no meaningful improvement was demonstrated.

Further Mrs Ugbah has provided no evidence of insight, retraining, strengthened practice or improved English language ability since leaving employment. In those circumstances, the panel was not satisfied that workable, measurable or realistic conditions could be formulated which would adequately protect the public. The panel therefore concluded that a conditions of practice order would be neither sufficient nor workable.

The panel went on to consider whether a suspension order is appropriate in this case. The panel had regard to the NMC Guidance on *'Suspension order'* (Reference: SAN-2d Last Updated: 28/01/2026) in which the following factors on when a suspension order may be appropriate are set out:

- *'the impairment is very serious but not fundamentally incompatible with continuing to be a registered professional*
- *an outcome less severe than strike-off would still satisfy the over-arching objective.'*

The panel also had regard to the key considerations as set out in the NMC Guidance to weigh up before imposing a suspension. It noted the following list of circumstances that may make a suspension order an appropriate sanction:

- *'the charges found proved are at the most serious end of the spectrum and call into question the professional's suitability to continue practising, either currently or at all*
- *while it is possible that the professional could be fit to practise in future, only a period out of practice would be sufficient to allow them to fully strengthen their practice through reflection, the development of their professional skills and / or development of insight and remediation*
- *there is a risk to the safety of people using services if the professional were allowed to continue to practise even with conditions*
- *what went wrong is so serious that public confidence in the profession and professional standards could not be maintained if the professional were able to continue practising without stopping for a period of time.'*

The panel recognised that a suspension order is appropriate where the concerns are serious but there remains a realistic possibility that a registrant may, through reflection, remediation and further development, be able to return to safe practice.

The panel acknowledged that there is presently no evidence of insight or remediation. It also accepted that there has been no evidence of retraining, improved English language ability or strengthened professional practice since the events giving rise to these proceedings.

Nevertheless, the panel carefully considered whether Mrs Ugbah's deficiencies were inherently incapable of remediation. The panel concluded that they were not.

Whilst the concerns identified are extensive and serious, they principally relate to deficiencies in competence, clinical knowledge, communication and professional development. Although the misconduct finding is serious, it arose solely from Mrs Ugbah's failure to cooperate with the NMC's [PRIVATE] investigation. It did not involve dishonesty, deliberate patient harm, abuse of trust, sexual misconduct, violence or other behaviour

which would ordinarily be regarded as fundamentally incompatible with continued registration.

The panel therefore concluded that, although Mrs Ugbah has thus far failed to engage meaningfully with the regulatory process or demonstrate remediation, it cannot presently conclude that remediation is impossible.

The panel considered whether a striking-off order would nevertheless be appropriate. It reminded itself of the Legal Assessor's advice regarding Article 29(6) of the Nursing and Midwifery Order 2001 and the absence of any reported authority dealing with mixed findings of misconduct together with lack of competence and lack of knowledge of English. The panel accepted that, in the circumstances of this case, the misconduct findings were not themselves of such gravity as to justify permanent removal from the Register independently of the findings relating to competence and English.

The panel therefore concluded that a striking-off order would be inappropriate at this stage.

Balancing the seriousness of the findings against the possibility of future remediation, the panel concluded that a suspension order for 12 months is the only appropriate sanction available.

Such an order will protect the public, maintain confidence in the profession and declare and uphold proper professional standards whilst providing Mrs Ugbah with one final opportunity to demonstrate genuine insight, meaningful remediation, improved English language ability and work towards safe professional competence.

The panel noted the hardship such an order will inevitably cause Mrs Ugbah. However, this is outweighed by the public interest in this case.

The panel considered that this order is necessary to mark the importance of maintaining public confidence in the profession, and to send to the public and the profession a clear message about the standard of behaviour required of a registered nurse.

The panel determined that a suspension order for a period of 12 months was appropriate in this case to mark the seriousness of the misconduct.

At the end of the period of suspension, another panel will review the order. At the review hearing the panel may revoke the order, or it may confirm the order, or it may replace the order with another order.

Any future panel reviewing this case would be assisted by:

- Demonstration of genuine insight into the findings made by this panel;
- A detailed reflective piece addressing the concerns identified;
- Relevant continuing professional development;
- Retraining in the areas identified by this panel;
- Demonstration of improved English language ability to the standard required for safe nursing practice which should include, providing oral evidence to the reviewing panel;
- Evidence of maintained professional knowledge and undertake related work experience;
- [PRIVATE];
- References or testimonials addressing her remediation and current competence; and
- Attendance at the review hearing and engagement with the NMC regulatory process.

In the absence of persuasive evidence of genuine insight and substantial remediation, a future reviewing panel may conclude that Mrs Ugbah remains impaired and should consider whether a more restrictive sanction is then required.

Interim order

As the suspension 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 Mrs Ugbah's own interests until the suspension 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 Aziz. She invited the panel to impose an interim suspension order for 18 months to cover any potential appeal period.

She submitted that the interim suspension order is requested on the same grounds as those for the substantive suspension order.

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 of the facts found proved and the reasons set out in its decision for the substantive suspension order in reaching the decision to impose an interim order.

The panel concluded that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order. The panel therefore imposed an interim suspension order for a period of 18 months.

If no appeal is made, then the interim suspension order will be replaced by the substantive suspension order 28 days after Mrs Ugbah is sent the decision of this hearing in writing.

That concludes this determination.

This will be confirmed to Mrs Ugbah in writing.