Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Order Review Hearing
Monday 18 May 2026

Virtual Hearing

Name of Registrant:	**Thresiamma Jaison**
NMC PIN:	18L0182O
Part(s) of the register:	Registered Nurse - Adult (RN1) 12 December 2018
Relevant Location:	Prescot
Type of case:	Misconduct
Panel members:	Catherine Devonport (Chair, Registrant member) Anne Sharpe (Registrant member) Nicola Strother Smith (Lay member)
Legal Assessor:	John Bassett
Hearings Coordinator:	Emily Mae Christie
Nursing and Midwifery Council:	Represented by Rosie Welsh, Case Presenter
Mrs Jaison:	Present and unrepresented at this hearing
Order being reviewed:	Suspension order (3 months)
Fitness to practise:	Impaired
Outcome:	**Conditions of practice order (9 months) to come into effect at the end of 23 May 2026 in accordance with Article 30 (1)**

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

At the outset of the hearing, Ms Welsh, on behalf of the Nursing and Midwifery Council (NMC), made a request that this case be held partly in private on the basis that proper exploration of your case involves mention of your health and personal circumstances. The application was made pursuant to Rule 19 of the *'Nursing and Midwifery Council (Fitness to Practise) Rules 2004'*, as amended (the Rules).

You indicated that you agreed with this application.

The legal assessor reminded the panel that while Rule 19(1) provides, as a starting point, that hearings shall be conducted in public, Rule 19(3) states that the panel may hold hearings partly or wholly in private if it is satisfied that this is justified by the interests of any party or by the public interest.

The panel accepted the advice of the legal assessor.

The panel determined to go into private session in relation to your health and personal circumstances as and when such issues are raised in order to protect your privacy.

Decision and reasons on review of the substantive order

The panel decided to replace the current suspension order with a conditions of practice order.

This order will come into effect at the end of 23 May 2026 in accordance with Article 30(1) of the *'Nursing and Midwifery Order 2001'* (the Order).

This is the first effective review of a substantive suspension order originally imposed for a period of three months by a Fitness to Practise Committee panel on 23 January 2026.

The current order is due to expire at the end of 23 May 2026.

The panel is reviewing the order pursuant to Article 30(1) of the Order.

The charges found proved by way of admission, which resulted in the imposition of the substantive order, were as follows:

'That you, a registered nurse:

1) *On 23 March 2024, administered an overdose of Lorazepam medication to Resident A.* ***[PROVED BY WAY OF ADMISSION]***

2) *On 24 March 2024, following Resident A's fall, used an inappropriate moving and handling technique when assisting Resident A.* ***[PROVED BY WAY OF ADMISSION]***

3) *On 24 March 2024, failed in care planning and risk assessing in that, following Resident A's fall, you:*

    a) *Did not undertake observations for Resident A in that you:*

        i) *Did not undertake neurological observations adequately or at all.* ***[PROVED BY WAY OF ADMISSION]***
        ii) *Did not undertake regular observations to monitor her condition, as required.* ***[PROVED BY WAY OF ADMISSION]***
        iii) *Did not undertake blood pressure checks to monitor her condition.* ***[PROVED BY WAY OF ADMISSION]***
        iv) *Did not undertake a full body check.* ***[PROVED BY WAY OF ADMISSION]***
        v) *Did not complete a body map recording the injuries.* ***[PROVED BY WAY OF ADMISSION]***
        vi) *Did not photograph the injuries.* ***[PROVED BY WAY OF ADMISSION]***
        vii) *Did not commence the 24-hour post observation log.* ***[PROVED BY WAY OF ADMISSION]***

b) *Did not call an ambulance.* ***[PROVED BY WAY OF ADMISSION]***

c) *Did not undertake risk assessments for Resident A adequately or at all.* ***[PROVED BY WAY OF ADMISSION]***

d) *Did not update Resident A's care plan and risk assessment documents, including failing to implement a wound care plan.* ***[PROVED BY WAY OF ADMISSION]***

4) *On 24 March 2024, failed to follow safeguarding procedures in that you:*

a) *Did not complete an incident report following Resident A's fall adequately or at all,* ***[PROVED BY WAY OF ADMISSION]***

b) *Signed off an incident form about an unwitnessed fall which was incorrect.* ***[PROVED BY WAY OF ADMISSION]***

5) *On 24 March 2024 you were asleep on duty.* ***[PROVED BY WAY OF ADMISSION]***

6) *On the night shift of 26-27 March 2024, you were asleep on duty.* ***[PROVED BY WAY OF ADMISSION]***

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

The original panel determined the following with regard to impairment:

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

The panel considered that the first three limbs of the Dame Janet Smith's test are engaged.

…..

In relation to limb a), the panel determined that Resident A was put at unwarranted risk of harm as a result of your failings. It noted that Resident A was a vulnerable resident who suffered from a fracture following the fall which occurred when you were on duty.

The panel referred to the incident form which detailed Resident A's injury:

'Diagnosis
Right Neck Femur Fracture…

Clinical Summary
Resident A was admitted for correction of right sided femur fracture by intramedullary nail…'

The panel considered that, as a result of your failure to escalate matters, Resident A's admission into hospital was unnecessarily delayed and had the potential to cause her unnecessary pain. The panel noted that Resident A's hospital admission was delayed for more than 12 hours.

The panel could not conclude that your medication error contributed to Resident A's fall. The panel agreed that your failure to undertake appropriate medication administration checks resulted in an overdose of Lorazepam, which was a further risk factor in terms of the potential harm to Resident A.

In relation to limbs b) and c), the panel determined that your misconduct had brought the profession into disrepute. The panel found breaches in all sections of the code, which signifies the level of seriousness of the misconduct and demonstrates that you have breached fundamental tenets

of the code. The panel also considered that a well-informed member of the public upon learning about your behaviour as an experienced nurse would expect a finding of impairment.

Regarding insight, the panel considered your level of insight to be developing. The panel noted that there has been an improvement in your practice between the report provided by your manager in May 2024 and subsequent reports. The panel heard that your current manager, who had provided a reference dated 15 January 2026, was an interim manager who had been managing you for 2.5 months, but noted the significant improvement in your practice and confidence and that she has no concerns about your practice.

However, the panel determined that you have not provided sufficient evidence to demonstrate that your fitness to practise is no longer impaired.

The panel found that, although you have accepted that what you did was wrong, you have not sufficiently addressed the impact that your conduct had on residents, colleagues and the public. The panel had no recent written reflections and no evidence of how the learning and training that you have undertaken has been embedded in your practice since these incidents. [PRIVATE]*. You explained that now you would act differently if placed under similar circumstances and would take time off and use your leave entitlement. The panel acknowledges the beginnings of your developing insight but nevertheless determined that you need to provide deeper reflection into the wider impact of your misconduct and the changes that you would put in place for the future.*

The panel was satisfied that the misconduct in this case is capable of being remediated. The panel carefully considered the evidence before it in determining whether or not you have taken sufficient steps to strengthen your practice. The panel took into account that you have completed in-person and online training, and that you have been working in a clinical environment for the last 18 months and you have complied with the interim

order placed on your practice. The panel also noted the positive reference from your current manager.

However, the panel found that there is a risk of repetition based on your lack of reflection specifically on patient safety, medication management, poor practice and poor leadership. The panel further considered that there is limited up to date evidence of safe practice. The panel had regard to the reference from your current manger, and it noted that this did not address the concerns raised in the charges. The panel found that, in all the circumstances, there remains a risk of repetition of this misconduct.

The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

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

The panel recognises that there were some contextual, personal circumstances which contributed to your misconduct and it acknowledges that you have taken some steps in the intervene of two years to address your practice but given the number of serious failings and the breadth of them together with the fact that a very vulnerable resident suffered harm, a finding of impairment on the ground of public interest is necessary. The panel was of the view that a fully informed member of the public or the profession, who knew of the circumstances of this case, would be concerned if you were allowed to practise unrestricted as a nurse.

The panel determined that to not make a finding of impairment would significantly undermine the public's trust and confidence in the nursing profession. It is also necessary to mark the seriousness of the misconduct

and to uphold proper standards and conduct for members of the nursing profession.

Having regard to all of the above, the panel decided that your fitness to practise is also currently impaired on public interest grounds.'

The original panel determined the following with regard to sanction:

'…..

The panel next considered whether placing conditions of practice on your registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel took into account the SG, in particular:

- *That you have currently shown developing insight*
- *There have been multiple breaches of the code*
- *There is still a continued risk as you have not reflected on your misconduct*
- *The panel considered the Ward Manager report dated 12 June 2024 of Manager 1 which had raised concerns about repeated behaviour regarding a medication error and insufficient detail in your report writing. This confirmed to the panel that there was a risk of repetition. The panel, in fairness to you, noted that in a subsequent report dated August 2024 by the same manager, there had been improvement in medication administration but there was still room for improvement with regards to care planning and documentation.*
- *The up-to-date reference provided was from a temporary manager and whilst positive, it was generic in nature and did not address the regulatory concerns.*
- *Your fitness to practise is impaired on both public protection and public interest grounds and as your conduct resulted in harm to a vulnerable person and multiple breaches of the code, a conditions of practice order would not sufficiently mark the seriousness of the findings or satisfy the public interest test.*

The panel took into account NMC guidance Sanction SAN- 3c Conditions of practice it noted from the guidance:

'If a nurse, midwife or nursing associate's actions put people at risk of being harmed, this risk makes their case more serious.'

Therefore, the panel concluded that the placing of conditions on your registration would not adequately address the seriousness of this case, would not protect the public and would not address the public interest.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG states that suspension order may be appropriate where some of the following factors are present:

- *A single instance of misconduct but where a lesser sanction is not sufficient.*
- *No evidence of repetition of behaviour since the incident.*
- *no evidence of harmful deep-seated personality or attitudinal problems*

The panel was satisfied that in this case, the misconduct was not fundamentally incompatible with remaining on the register.

Although this was not an isolated incident, the panel could see that a significant factor motivating your misconduct was the external stressful and significant personal issues which you were dealing with at the time and which you told the panel had overwhelmed you.

The panel could see from the improvement in the two reports submitted by your manager that you were addressing the concerns and that changes to your practice were being seen within a few months of the incidents. However, you have not demonstrated full insight in that you have not provided a reflection which details the wider impact of your misconduct on patients, colleagues and the public, nor have you explained in sufficient

detail that you have appreciated how serious the charges found proved are. You have also not explained sufficiently how you have improved your practice and how you will ensure that stressful periods of life will not impact on your practice and your care of patients. The panel found that currently you have developing insight.

Resident A suffered harm as a result of your failure to follow safeguarding procedures.

The panel was of the view that a short suspension order would allow you more time to reflect and undertake specific training to address the concerns. It acknowledged that English was not your first language but as part of your revalidation you are expected to complete five reflective pieces, and indeed you confirmed that you have done this in the last two years. Therefore, the panel was confident that you will be able to provide a full and deep reflection on your misconduct and the wider impact.

The panel found that your fitness to practise was also impaired on public interest grounds and considered that this period of suspension would sufficiently mark the seriousness of your conduct and satisfy the public and profession.

The panel went on to consider whether a striking-off order would be proportionate in your case but taking account of all the information before it, the panel concluded that it would be disproportionate and unduly punitive.

Balancing all of these factors the panel has concluded that a suspension order for a period of three months with a review was the appropriate and proportionate sanction in this case to mark the seriousness of the misconduct.

The panel noted the hardship such an order will inevitably cause you. 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.'

Decision and reasons on current impairment

The panel has considered carefully whether your fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as the ability of a professional on our register to practise as a nurse, midwife or nursing associate safely and effectively without restriction. In considering this case, the panel has carried out a comprehensive review of the order in light of the current circumstances. Whilst it has noted the decision of the last panel, this panel has exercised its own judgement as to current impairment.

The panel has had regard to all of the documentation before it, including the NMC bundle; a clinical supervision report from your ward manager at Mersey and West Lancashire Teaching Hospitals NHS Trust (the Trust), dated 11 May 2026; and a reflection from you, received on 11 May 2026. It has taken into account the submissions made by Ms Welsh.

Ms Welsh outlined the background of this case. She referred the panel to the new information before the panel, which includes a clinical supervision report from your manager and a reflective piece. She submitted that you remain impaired and, as such, invited the panel to consider what the appropriate restriction would be.

In relation to the clinical supervision report, Ms Welsh submitted that although it covers some concerns relating to communication, documentation, incident reporting, and post-incident patient observations, it does not specifically address the charges as was requested and recommended by the previous panel. Furthermore, she submitted that the report is unclear and vague regarding the extent or capacity you have been working at the Trust since your suspension was imposed, and if you were working in another role, what transferable skills or changes you have developed whilst you have been suspended.

In relation to your reflection, Ms Welsh acknowledged that it, in part, addresses your failure to update care plans and risk assessments, promptly informing patients or next of kin, and updating risk assessments and clinical practice. However, she submitted that you have not yet dug deep into the issues at the heart of your misconduct. She submitted that there is no demonstration of a full appreciation for how serious the charges were, and you have not addressed the impact on those affected by your misconduct, including patients, their families, and your colleagues. Additionally, she submitted that you have not sufficiently addressed how you have improved your practice to such an extent that stressful periods of life in the future would not impact the care of patients. In light of this, Ms Welsh invited the panel to conclude that you have not demonstrated a level of insight that demonstrates you are no longer liable to repeat your previous failings.

In relation to strengthened practice, Ms Welsh submitted that, as the clinical supervision report is very generalised, there is no information before the panel to suggest that you have undertaken any training to improve your skills and knowledge. Furthermore, she submitted that, as recommended by the previous panel, there is no information before this panel that you have undertaken a documentation and record keeping course.

In relation to a period of safe practice, Ms Welsh submitted that the previous panel had noted a period of practice without further incident but suspended you to mark your behaviour as serious and to address the concerns that they had for risk of repetition, given your lack of insight. Ms Welsh submitted that there has been no evidence of further incidents.

In light of her submissions on impairment, Ms Welsh submitted that you only have developing insight, and the information before the panel gives little confidence that there is no risk of repetition or risk of future harm. Therefore, she invited the panel to find you impaired on the grounds of public protection.

In relation to the public interest, Ms Welsh submitted that, were the panel to consider you have insufficient insight, that there remains a risk of repetition and a real risk of future harm; then a member of the public who was informed of the case would expect a finding of impairment in relation to public interest and as would colleagues and the profession as a whole, who would want the standards and reputation upheld for their profession.

Ms Welsh referred the panel to the *'NMC's Sanctions Guidance*' (SG). She submitted that all sanctions are open to the panel. She submitted that a conditions of practice order may be workable and proportionate because although there is a lack of insight, there are no deep-seated attitudinal issues, and conditions could be formulated to address the risks. If the panel was not minded to impose a conditions of practice order, Ms Welsh invited it to consider a further period of suspension with recommendations specifically set out for what a future panel may be assisted by.

You relied on the documents you had submitted before this hearing, namely, your reflection and the clinical supervision report. You stated that you have maintained employment with the Trust as a Healthcare assistant since your suspension in January 2026. You worked in this capacity for one month in February 2026 before taking leave due to personal reasons. You then resumed the role in April 2026 and have been working there as a Healthcare assistant since.

The panel heard and accepted the advice of the legal assessor.

In reaching its decision, the panel was mindful of the need to protect the public, maintain public confidence in the profession and to declare and uphold proper standards of conduct and performance.

The panel considered whether your fitness to practise remains impaired.

The panel noted that the original panel found that you had developing insight. At this hearing, the panel had sight of your reflective piece.

The panel noted that you have reflected on a number of practical aspects of your misconduct and explained the actions you have taken to improve your practice, as well as explaining what changes you have made to ensure you do not repeat some of the identified concerns. However, the panel was of the view that your reflection did not fully address the underlying effects of your misconduct. Specifically, the panel noted that you have not addressed the concerns surrounding your misconduct occurring whilst you were the senior nurse on shift, and how this would have impacted patient care and your

relationships with your colleagues, especially in relation to the concerns of you falling asleep on shift, and your failures with medication management. Furthermore, the panel found your reflection to be lacking insight into the emotional harm caused to patients and their relatives as a result of your misconduct. In light of this, the panel determined that you have yet to develop full insight.

In its consideration of whether you have taken steps to strengthen your practice, the panel took into account your reflection and the clinical supervision report. It noted that, in your reflection, you have mentioned that you attended Moving and Handling training as part of your mandatory training. The panel also noted that in the clinical supervision report, it is stated that you have shown some improvement in your practice; however, it is unclear whether this related to the period before or after your suspension. In light of the information before it, the panel was of the view that although you have taken some steps to strengthen your practice, there is more that you could improve in relation to the issues identified in the charges.

The original panel determined that you were liable to repeat matters of the kind found proved. Today's panel had new information from your reflection and the clinical supervision report. However, as the panel has found that you do not have full insight, and have not fully strengthened your practice, there is no new information before the panel to demonstrate that there is no risk of repetition. In light of this, this panel determined that you remain liable to repeat matters of the kind found proved. The panel therefore decided that a finding of continuing impairment is necessary on the grounds of public protection.

The panel then considered whether a finding of continuing impairment is required on the grounds of public interest. The panel bore in mind that its primary function is to protect patients and the wider public interest, which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. The panel was of the view that until you have full insight into your misconduct and have fully strengthened your practice, a finding of continuing impairment is necessary to maintain the public's confidence and trust in the professions and to uphold professional standards. Therefore, the panel determined that a continuing finding of impairment on public interest grounds is required.

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

Decision and reasons on sanction

Having found your fitness to practise currently impaired, the panel then considered what, if any, sanction it should impose in this case. The panel noted that its powers are set out in Article 30 of the Order. The panel has also taken into account the SG and has borne in mind that the purpose of a sanction is not to be punitive, though any sanction imposed may have a punitive effect.

The panel first considered taking no action but concluded that this would be inappropriate given 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 then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict your practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where '*the case is at the lower end of the spectrum of impaired fitness to practise, but the Committee wants to mark that what happened was unacceptable and must not happen again.'* The panel considered that your misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered substituting the current suspension order with a conditions of practice order. The panel had regard to the SG on *'Conditions of practice order'* (SAN-2c, last updated on 28 January 2026) and had noted that the following factors are relevant in this case:

- *'no evidence of deep-seated personality or attitudinal problems*
- *identifiable areas of the professional's practice in need of assessment and/or retraining*
- *…*

- *potential and willingness to respond positively to retraining (this should be based on specific evidence provided by the professional)*
- *…*
- *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 was of the view that whilst your misconduct was serious, it remains remediable and there was no evidence of deep-seated attitudinal problems. Further, it has had sight of evidence to demonstrate your developing insight, and that you have engaged with the process and have worked with your ward manager at the Trust for a period of restriction, as evidenced by the clinical supervision report. You have also indicated that you wish to return to nursing.

The panel determined that there were specific and identifiable areas of your practice that require addressing and it was of the view that people using services will not be put at risk, either directly or indirectly, if specific, practicable, and workable conditions were imposed on your practice.

The panel considered imposing a further period of suspension; however, it determined that any risk to the protection of the public and the public interest could be satisfied by conditions of practice, which would allow an otherwise good nurse enough time to develop and learn. The panel also considered that properly structured conditions of practice would assist you in returning to full-time unrestricted practice.

The panel was satisfied that it would be possible to formulate practicable and workable conditions that, if complied with, may lead to your unrestricted return to practice and would serve to protect the public and the reputation of the profession in the meantime. The panel decided that the public would be suitably protected, as would the reputation of the profession, by the implementation of the following conditions of practice:

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

‘course of study’ and ‘course’ mean any course of educational study connected to nursing, midwifery or nursing associates.

1. You must restrict your nursing practice to one substantive employer, namely Mersey and West Lancashire Teaching Hospitals NHS Trust, and must only work on your current ward [PRIVATE].

2. You must not work as the nurse in charge on any shift.

3. You must not carry out any work which requires you to undertake medication administration, either directly or indirectly, until you have successfully completed a recognised medications management course.

   You must send your NMC case officer evidence of successful completion within 7 days, by providing a certificate.

4. Once you have completed the recognised medications management course, as specified in condition 3, you must ensure you are directly supervised at any time you undertake medication management until you are assessed as competent and signed off by your line manager/mentor/supervisor, who must be a registered nurse.

5. You must send your NMC case officer, evidence that you have been signed off in writing as competent in medication management within 7 days of being signed off in writing by your line manager/mentor/supervisor.

6. Except at times when you are under direct supervision in accordance with condition 4, you must ensure that you are indirectly supervised by a registered nurse who is Band 6 or above, at any time you are working as a registered nurse. Your supervision must consist of working at all times on the same shift as, but not always directly observed by, a registered nurse who is Band 6 or above.

7. You must undertake training in relation to record keeping and documentation and send your NMC case officer evidence that you have successfully completed the training by providing a certificate, within 7 days of completion.

8. You must create and keep a personal development plan (PDP).
A PDP is a structured document that outlines your goals, learning needs, actions and timelines to help you grow professionally. It should demonstrate thoughtful reflection and clear links between learning and practice.
Your PDP must include evidence of any training you have undertaken, and learning from any adverse clinical incidents you have been involved with or witnessed.
Your PDP must address the concerns raised about:
   - Your handling of falls;
   - Your medication management;
   - Your documentation and record keeping; and
   - Your safe and effective communication with colleagues, patients, and their relatives.

9. You must meet with your line manager/supervisor/mentor at least fortnightly for a minimum of six months, which thereafter may be reduced to monthly should your line manager/supervisor/mentor deem this appropriate, to discuss and ensure that you are making progress towards the aims set in your Personal Development Plan (PDP).

10. You must send your NMC case officer the following:
    a) A copy of your PDP within 14 days of it being created; and
    b) A report from your line manager/supervisor/mentor 7 days before any review of this order. This report must show your progress towards achieving the aims set out in your PDP.

11. You must keep your NMC case officer informed about anywhere you are working by:
    a) Telling your case officer within seven days of leaving your employment, or if your employment changes.
    b) Giving your case officer your employer's contact details.

12. You must keep your NMC case officer informed about anywhere you are studying by:
    a) Telling your case officer within seven days of accepting any course of study.
    b) Giving your case officer the name and contact details of the organisation offering that course of study.

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

14. You must tell your NMC case officer, within seven days of your becoming aware of:
    a) Any clinical incident you are involved in.
    b) Any investigation started against you.
    c) Any disciplinary proceedings taken against you.

15. You must allow your NMC case officer to share, as necessary, details about your performance, your compliance with and / or progress under these conditions with:
    a) Any current or future employer.
    b) Any educational establishment.

c) Any other person(s) involved in your retraining and/or supervision required by these conditions

The period of this order is for nine months.

This conditions of practice order will take effect upon the expiry of the current suspension order, namely the end of 23 May 2026 in accordance with Article 30(1).

Before the end of the period of the order, a panel will hold a review hearing to see how well you have complied with the order. At the review hearing, the panel may revoke the order or any condition of it, it may confirm the order or vary any condition of it, or it may replace the order with another order.

Any future panel reviewing this case would be assisted by:

- Your continued participation in these proceedings;

- A detailed reflection using a recognised reflective model such as GIBBS or JOHNS, into the impact of your misconduct upon patients, their relatives, effective and safe working with your colleagues, and on your role as a leader when nurse in charge; and

- Testimonials from registered clinical colleagues.

This will be confirmed to you in writing.

That concludes this determination.