

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

**Substantive Order Review Hearing
Tuesday 14 May 2024**

Virtual Hearing

Name of Registrant: Caroline Morrison

NMC PIN: 08I2095S

Part(s) of the register: Registered Nurse – Sub Part 1
Adult Nursing (Level 1) – 11 July 2012

Relevant Location: Midlothian

Type of case: Misconduct

Panel members: Phil Lowe (Chair, Lay member)
Sharon Haggerty (Registrant member)
Chris Thornton (Lay member)

Legal Assessor: Graeme Henderson

Hearings Coordinator: Rebecka Selva

Nursing and Midwifery Council: Represented by Ben Edwards, Case Presenter

Mrs Morrison: Present and not represented

Order being reviewed: Conditions of practice order (9 months)

Fitness to practise: Impaired

Outcome: **Conditions of practice order (4 months)
to come into effect on 29 June 2024 in accordance
with Article 30 (1)**

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

At the outset of the hearing, Mr Edwards made a request that this case be held entirely in private on the basis that proper exploration of your case involves [PRIVATE]. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

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

Having heard that there will be reference to [PRIVATE], the panel determined to hold the entirety of the hearing in private in order to protect your privacy.

Decision and reasons on review of the substantive order

The panel decided to impose a conditions of practice order.

This order will come into effect at the end of 29 June 2024 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the sixth review of a substantive conditions of practice order originally imposed as a 12 month suspension order on 31 May 2018. The order was reviewed on 29 May 2019 when it was replaced with a 9 month conditions of practice order. It was reviewed and confirmed again on 20 February 2020. The order was reviewed on 23 August 2021, when the conditions of practice were confirmed for a further period of 12 months. The order was reviewed on 30 August 2022 when it was confirmed for a further period of 12 months. The order was last reviewed on 14 August 2023 where the panel confirmed the conditions of practice order for a further 9 months.

The current order is due to expire at the end of 29 June 2024.

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

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

“That you:

1)on 20 April 2016:

a) did not conduct checks on Patient A’s McKinley pump when it was clinically appropriate to do so, namely at or around:

i)00.20

ii)04.20

b) inaccurately indicated to Ms 1 that you had conducted checks on Patient A’s McKinley pump.

c) inaccurately recorded on Patient A’s infusion chart that you had checked Patient A’s McKinley pump at or around 00.20.

2) Your actions at charge 1b) were dishonest in that you were seeking to conceal from Colleague A the fact that you had not undertaken clinically appropriate checks of Patient A’s McKinley pump at or around 00.20 and 04.20.

3) ...

4) on 30 April 2016:

a) did not sign Patient B’s kardex to indicate that you had administered Patient B’s prescribed Levothyroxine and Metformin at 08.00.

b) signed Patient C's kardex to indicate that you had administered Patient C's prescribed Lidocaine patches when you had not done so and/or did not record on Patient C's kardex that you had removed Patient C's prescribed Lidocaine patches during the course of your shift.

c) in respect of Patient D

i) drew up insulin without a second checker present.

ii) drew up an incorrect dose of insulin, namely 25 units when Patient D was prescribed 18 units.

iii) left the insulin syringe you intended to use on Patient D in the insulin vial having drawn up a quantity of insulin.

5) Between 01 May 2016 and 04 May 2016 retrospectively signed Patient B's drug kardex to indicate that you had administered Patient B's prescribed Levothyroxine and Metformin at 08.00.

6) Your actions at charge 5) were dishonest in that you did not make clear that your entry on Patient B's drug kardex was made retrospectively and thereby sought to mislead anyone reading the kardex into thinking it had been signed for contemporaneously.

7) On or around 24 December 2015 submitted work to Edinburgh Napier University as part of an academic module you were undertaking which was 60% copied from work previously submitted by another student.

8) Your actions at charge 7) were dishonest in that you knew the work you had submitted was substantially copied from another student but nonetheless represented it as your own work.

9) *Between 04 March 2016 and 03 May 2016 did not inform NHS Lothian that you had deferred your place on the Foundations in Nursing Older People module at Edinburgh Napier University following a finding of plagiarism.*

10) *Your actions at 9) were dishonest in that you had been informed by the Edinburgh Napier University that you must inform your employer of your decision to defer your place following a finding of plagiarism and by not doing so you were seeking to conceal the circumstances of your deferral from NHS Lothian.'*

The fifth reviewing panel determined the following with regard to impairment:

'The panel noted that the last reviewing panel found that you had insufficient insight. At this hearing, the panel was of the view that this position had not changed. You have not provided any evidence of sufficient insight and you have not provided a reflective piece as you were recommended by the previous reviewing panel. The panel noted that you are technically in breach of the current conditions of practice as you have not complied with conditions 4 and 5 in failing to provide a personal development plan within 28 days of taking up employment as a Registered Nurse and failing to provide a report from your line manager, mentor or supervisor prior to this review. The panel has not been informed of any reason why these documents have not been provided and the panel considered that 3 months should have been sufficient time for you to have provided the information required under conditions 4 and 5 of your conditions of practice order.

In its consideration of whether you have taken steps to strengthen your practice, the panel took into account the training certificates you provided and noted that you have been keeping some relevant training such as medicines management and record keeping up to date. However, it was of the view that you are yet to put this training into practice and be objectively assessed as being competent in medications administration and record keeping.

The last reviewing panel determined that you are liable to repeat matters of the kind found proved. Today's panel has heard no new information that undermines this.

The panel was of the view that you could have provided a reflective piece that demonstrates your insight prior to this review. In light of this, this panel determined that you are 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 has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. The panel determined that, in this case, a finding of continuing impairment on public interest grounds is also required.

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

The fifth reviewing panel determined the following with regard to sanction:

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

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

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict your practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where 'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.' The panel

considered that your misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether imposing a further conditions of practice order on your registration would still be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable.

The panel determined that it would be possible to formulate appropriate and practical conditions which would address the failings highlighted in this case.

The panel concluded that a further conditions of practice order is sufficient to protect patients and the wider public interest, noting as the original panel did that there was no evidence of general incompetence and no deep-seated attitudinal problems. In this case, there are conditions that could be formulated which would protect patients during the period they are in force.

The panel was of the view that to impose a suspension order or a striking-off order would be wholly disproportionate and would not be a reasonable response in the circumstances of your case because this would go beyond what is necessary.

Accordingly, the panel determined, pursuant to Article 30(1)(c) to make a conditions of practice order for a period of 9 months, which will come into effect on the expiry of the current order, namely at the end of 29 September 2023. It decided to impose the following existing conditions which it considered remain appropriate and proportionate in this case:

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

1. *You must not administer medication unless directly supervised by another registered nurse, until deemed competent to do so unsupervised, by your line manager, mentor or supervisor (or their nominated deputy) or another appropriate identified healthcare professional.*
2. *You must work with your line manager, mentor or supervisor (or their nominated deputy) to create a personal development plan designed to address, as a minimum, the concerns about the following areas of your practice:*
 - a) *Medicines administration;*
 - b) *Record keeping.*
3. *You must meet with your line manager, mentor or supervisor (or their nominated deputy) at least monthly to discuss the standard of your performance and your progress towards achieving the aims set out in your personal development plan.*
4. *You must forward to the NMC a copy of your personal development plan within 28 days of the date on which these conditions become effective or the date on which you take up an appointment, whichever is sooner.*
5. *You must send a report from your line manager, mentor or supervisor (or their nominated deputy) setting out the standard of your performance and your progress towards achieving the aims set out in your personal development plan to the NMC prior to any NMC review hearing or meeting.*
6. *You must notify the NMC within 7 days of any nursing appointment (whether paid or unpaid) you accept within the UK or elsewhere and provide the NMC with contact details of your employer.*

7. *You must inform the NMC of any professional investigation started against you and/or any professional disciplinary proceedings taken against you within 7 days of you receiving notice of them.*

8. *You must within 7 days of accepting any post or employment requiring registration with the NMC, or any course of study connected with nursing or midwifery, provide the NMC with the name/contact details of the individual or organisation offering the post, employment or course of study;*
 - a) *You must within 7 days of entering into any arrangements required by these conditions of practice provide the NMC with the name and contact details of the individual/organisation with whom you have entered into the arrangement;*

9. *You must immediately inform the following parties that you are subject to a conditions of practice order under the NMC's fitness to practise procedures, and disclose the conditions listed at (1) to (8) above, to them:*
 - a) *Any organisation or person employing, contracting with, or using you to undertake nursing work;*
 - b) *Any agency you are registered with or apply to be registered with (at the time of application);*
 - c) *Any prospective employer (at the time of application) where you are applying for any nursing appointment;*
 - d) *Any educational establishment at which you are undertaking a course of study connected with nursing or midwifery, or any such establishment to which you apply to take such a course (at the time of application).*

The period of this order is for 9 months.'

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 panel has asked itself whether you can practise kindly, safely and professionally. In considering this case, the panel has carried out a comprehensive review of the order in light of the current circumstances. Whilst it has noted the decision of the last panel, this panel has exercised its own judgement as to current impairment.

The panel has had regard to all of the documentation before it, including the NMC bundle and responses from you. It has taken account of the submissions made by Mr Edwards on behalf of the NMC. The panel was in late receipt of an email sent by a Lead Nurse at NHS Lothian dated 11 May 2024 which was produced after the panel began its deliberations. In that email it stated:

'The registrant is not meeting her COP and the Senior Charge Nurse has put in some supportive measures to try to address this.

However, the plan going forward is to commence Informal Capability. This has been discussed with the registrant.'

Mr Edwards referred the panel to the background of the case and the recommendations set out by the last reviewing panel.

Mr Edwards submitted [PRIVATE], you have been unable to comply with the conditions. As such, he submitted that you have not been able to demonstrate that you are able to practice safely and effectively. [PRIVATE].

Mr Edwards submitted that there are no updates or progress before the panel today to show that you can work unrestricted.

Mr Edwards submitted that your fitness to practice is still impaired as you have not provided any further reflective piece to show any further development in your insight into your failings which led to the NMC referral.

Mr Edwards submitted that it would be disproportionate in these circumstances to impose a more onerous sanction on you today. The current conditions that are in place are

workable and measurable too. He invited the panel to continue and extend the current conditions of practice order which will adequately protect the public and would further serve the public interest.

The panel also had regard to your submissions.

[PRIVATE].

[PRIVATE].

[PRIVATE].

[PRIVATE].

You clarified for the panel that you returned to work in May 2023 and worked as a band 5 nurse up until November 2023. You informed the panel that you were waiting to arrange a meeting with your manager but were unable to do so, a Personal Development Plan (PDP) was put in place in August or September 2023, but you do not have it with you as of today.

You clarified for the panel that you did share your conditions of practice order with your manager. You told the panel that your manager deemed that you were competent to administer medication.

You clarified for the panel that on the call to your NMC case officer on 5 April 2024, the '*mistakes*' you made reference to were drug errors. You told the panel that you were moved from a palliative care unit to a mental health unit where you were not familiar with the patients or the drugs. You informed the panel that the error made was a wrong dosage to a patient and no harm was caused to the patient but that you did report and document it. You clarified for the panel that when you were moved from the palliative care unit to the mental health unit, you did not highlight at that point in time that it was not in your sphere of knowledge or competence.

[PRIVATE].

You told the panel in response to the Lead Nurse, that *'there was nothing discussed with me regarding informal capability... Sorry if this was discussed I can't remember'*.

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 last reviewing panel found that you had insufficient insight. The panel concluded, on the basis of today's hearing, that you still had insufficient insight.

In its consideration of whether you have taken steps to strengthen your practice, the panel took into account that it has no information before it today to suggest that you have complied with the conditions of practice order nor have you provided information with regard to any completed training courses. In light of all of these circumstances, this panel determined that there is a real risk of you repeating matters of the kind found proved. The panel therefore decided that a finding of current impairment is necessary on the ground of public protection.

The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. The panel determined that, in this case, a finding of continuing impairment on public interest grounds is also required. 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 'NMC's Sanctions

Guidance' (SG) and has borne in mind that the purpose of a sanction is not to be punitive, though any sanction imposed may have a punitive effect.

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

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

The panel next considered whether imposing a further conditions of practice order on your registration would still be a sufficient and proportionate response. The panel is mindful that any conditions imposed must be measurable and workable.

The panel determined that it would be possible to formulate practical conditions which would address the failings highlighted in this case. The panel accepted that you have been unable to comply with conditions of practice [PRIVATE] but noted that you are engaging with the NMC and willing to comply with any conditions imposed.

The panel was of the view that a further conditions of practice order is sufficient to protect patients and the wider public interest, noting as the original panel did that the misconduct related to poor judgement rather than clinical competence. In this case, there are conditions could be formulated which would protect patients during the period they are in force.

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

Accordingly, the panel determined, pursuant to Article 30(1)(c) to make a conditions of practice order for a period of 4 months, which will come into effect on the expiry of the current order, namely at the end of 29 June 2024. It decided to impose the following conditions which it considered are workable and proportionate in this case:

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

1. Irrespective of any previous medicines administration competence assessment, you must not administer medication unless directly supervised by another registered nurse, until deemed competent to do so unsupervised, by your line manager, mentor or supervisor (or their nominated deputy) or another appropriate identified healthcare professional. You must send your case officer evidence of your deemed competence within 7 days of signed completion.
2. You must create a personal development plan and share it with your line manager, mentor or supervisor (or their nominated deputy) for their agreement designed to address, as a minimum, the concerns about the following areas of your practice, addressing:
 - a) Medicines administration
 - b) Record keeping
3. You must meet weekly with your line manager, mentor or supervisor (or their nominated deputy) to discuss the standard of your performance and your progress towards achieving the aims set out in your personal development plan. These meetings must be documented and sent to the NMC prior to any NMC review hearing or meeting.

4. You must forward to the NMC a copy of your personal development plan within 14 days of the date on which these conditions become effective or the date on which you take up an appointment, whichever is sooner.
5. You must send a report from your line manager, mentor or supervisor (or their nominated deputy) setting out the standard of your performance and your progress towards achieving the aims set out in your personal development plan to the NMC prior to any NMC review hearing or meeting.
6. You must tell your case officer, within seven days of your becoming aware of:
 - Any clinical incident you are involved in.
 - Any investigation started against you.
 - Any formal/informal disciplinary proceedings against you.
7. You must keep a reflective journal, using a recognised reflective framework of your return to work as a registrant. You must send your case officer a copy of the journal prior to your next review hearing.
8. You must notify the NMC within 7 days of any nursing appointment (whether paid or unpaid) you accept within the UK or elsewhere and provide the NMC with contact details of your employer.
9. You must, within 7 days of accepting any post or employment requiring registration with the NMC, or any course of study connected with nursing or midwifery, provide the NMC with the name/contact details of the individual or organisation offering the post, employment or course of study;
 - a) You must within 7 days of entering into any arrangements required by these conditions of practice provide the NMC with the name and contact details of the individual/organisation with whom you have entered into the arrangement;
10. You must immediately inform the following parties that you are subject to a conditions of practice order under the NMC's fitness to practise procedures, and disclose the conditions listed at (1) to (8) above, to them:

- a) Any organisation or person employing, contracting with, or using you to undertake nursing work;
- b) Your line manager;
- c) Any agency you are registered with or apply to be registered with (at the time of application);
- d) Any prospective employer (at the time of application) where you are applying for any nursing appointment;
- e) Any educational establishment at which you are undertaking a course of study connected with nursing or midwifery, or any such establishment to which you apply to take such a course (at the time of application).

The period of this order is for 4 months. This will enable you to demonstrate a strengthening of your practice and level of insight and also monitor your compliance with the conditions.

This conditions of practice order will take effect upon the expiry of the current conditions of practice order, namely the end of 29 June 2024 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 for another order. Today's panel noted that you have been in breach of the conditions in the past, but a future panel, in the event that you further breach the conditions, may no longer find a conditions of practice order the appropriate order to you.

Any future panel reviewing this case would be assisted by:

- Evidence of you adhering to the conditions of practice order
- Keeping the NMC informed about your progress
- Your continued attendance and engagement with the NMC
- Copies of any online or face-to-face learning you have completed to keep your nursing skills and knowledge up to date, particularly in relation to medicines administration and record keeping;
- Up-to-date references / testimonials from any paid and/or unpaid work;

This will be confirmed to you in writing.

That concludes this determination.