

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

Substantive Order Review Hearing

29 November 2019

Temple Court, 13a Cathedral Road, Cardiff, CF11 9HA

Name of registrant: Karen Kinnings-Dean

NMC PIN: 92C0065W

Parts of the register: RNA- Registered Nurse (sub part 1)
SPDN – Specialist Practitioner- District Nursing
V100 – Community Practitioner Nurse Prescriber
Adult- May 1995
SPDN- July 2006
V100 – July 2006

Area of registered address: Carmarthenshire

Type of case: Misconduct

Panel members: Christopher Morrow-Frost (Chair, registrant member)
Gill Mullen (Lay member)
Louise Suzanne Poley (Registrant member)

Legal Assessor: Christopher McKay

Panel Secretary: Vicky Green

Mrs Kinnings-Dean: Not present and not represented in her absence

Nursing and Midwifery Council: Represented by Christopher Harper, Case Presenter

Order being reviewed: Suspension order – 12 months

Outcome: Striking off order to come into effect at the end of 1 January 2020, in accordance with Article 30 (1)

Preliminary matters:

At the outset of this hearing panel member, Ms Poley, disclosed that she has delivered a training course to Mrs Kinnings-Dean's husband. Ms Poley did not consider that this professional encounter impacted on her ability to act objectively in this hearing today.

Mr Harper, on behalf of this NMC, submitted that there were no concerns with Ms Poley being a member of the panel in this case.

The panel accepted the advice of the legal assessor.

The panel was of the view that Ms Poley's knowledge of Mrs Kinnings-Dean's husband presented no risk of conscious, or unconscious bias in the circumstances and determined to proceed with the hearing today.

Service of Notice of Hearing

The panel was informed at the start of this hearing that Mrs Kinnings-Dean was not in attendance, and she was not represented in her absence.

The panel was informed that the notice of this hearing was sent to Mrs Kinnings-Dean on 23 October 2019 by recorded delivery and first class post to her registered address. Notice of this hearing was also sent to Mrs Kinnings-Dean's representative at the Royal College of Nursing (RCN) on 23 October 2019.

The panel accepted the advice of the legal assessor.

In the light of the information available the panel was satisfied that notice had been served in accordance with Rules 11 and 34 of The Nursing and Midwifery Council (Fitness to Practise) Rules Order of Council 2004 (as amended February 2012) (the Rules).

Proceeding in absence

The panel then considered proceeding in the absence of Mrs Kinnings-Dean. The panel was mindful that the discretion to proceed in absence is one which must be exercised with the utmost care and caution.

The panel considered all of the information before it, together with the submissions made by Mr Harper on behalf of the Nursing and Midwifery Council (NMC). The panel accepted the advice of the legal assessor.

Mr Harper drew the panel's attention to the letter sent by the RCN, on behalf of Mrs Kinnings-Dean dated 28 November 2019:

'Our member will not be attending the hearing nor will she be represented. No disrespect is intended by her non-attendance. Our member had received notice of this hearing and is happy for the hearing to proceed in her absence. She is keen to engage with the proceedings. The Registrant's legal representatives will be available by phone should the Panel desire to hear from us.'

Mr Harper submitted that the RCN, on Mrs Kinnings-Dean's behalf, indicated that she is aware of this hearing and is content for this hearing to proceed in her absence. Mr Harper submitted that Mrs Kinnings-Dean is aware of this hearing, and has voluntarily absented herself, on this basis he invited the panel to proceed in her absence.

Mrs Kinnings-Dean had been sent notice of today's hearing and the panel was satisfied that she was aware of today's hearing and it is of the view that she had chosen to not attend. Although there was time to adjourn this hearing and reschedule before the expiration of the order, the panel had no reason to believe that an adjournment would result in Mrs Kinning-Dean's attendance in any event. Having weighed the interests of Mrs Kinnings-Dean with those of the NMC and the public interest in an expeditious disposal of this hearing the panel determined to proceed in her absence.

Decision and reasons on review of the current order

The panel decided to impose a striking off order. This order will come into effect at the end of 1 January 2020 in accordance with Article 30 (1) of the Nursing and Midwifery Order 2001 (as amended) (the Order).

This is the first review of a suspension order, originally imposed by a Fitness to Practise panel on 23 November 2018 for a period of 12 months. The current order is due to expire at the end of 1 January 2020.

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, a registered nurse employed by Abertawe Bro Morgannwg University Health Board (ABMU) as a Team Leader of the District Nursing Team within the Swansea Locality between 8 July 2013 and 29 July 2013:

1. Did not ensure that adequate care was provided to Patient A by the District Nursing Team.

4. By your conduct in charges 1 and or 2, contributed to the loss of a chance that Patient A's leg / legs would not have had to be amputated.

5. On or around 01 August 2013:

5.1 Instructed and/or allowed District Team members to make entries in Patient A's records.

5.2 Did not check that the records updated by the District Team members were accurately dated.

5.3 By reason of your conduct in charges 5.1 and/or 5.2 you allowed patient records to be presented to a POVA investigation that were misleading.

5.4 Your conduct in charges 5.1, 5.2 and/or 5.3 was dishonest in that you intended to create the impression that the documents had been completed at an earlier date.

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 whether as a result of this misconduct Mrs Kinnings-Dean's fitness to practise is currently impaired.

There is no statutory definition of impairment. However, the NMC has defined fitness to practise as a registrant's suitability to remain on the register without restriction.

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

In this regard the panel considered the judgement of Mrs Justice Cox in the case of Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin) in reaching its decision, in paragraph 74 she said:

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

Mrs Justice Cox went on to say in Paragraph 76:

'I would also add the following observations in this case having heard submissions, principally from Ms McDonald, as to the helpful and comprehensive approach to determining this issue formulated by Dame Janet Smith in her Fifth Report from Shipman, referred to above. At paragraph 25.67 she identified the following as an appropriate test for panels considering impairment of a doctor's fitness to practise, but in my view the test would be equally applicable to other practitioners governed by different regulatory schemes.

Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her fitness to practise is impaired in the sense that s/he:

- a. has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*

- b. has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
- c. has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*
- d. has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

The panel finds that limbs a, b, c and d are engaged in this case.

The panel was not satisfied, having regard to Mrs Kinings-Dean's statement, that she has demonstrated sufficient insight into her actions. The panel considered that she has failed to accept the panel's findings in respect of the dishonesty found proved. The panel found Mrs Kinnings-Dean's reflection to be somewhat self-regarding rather than focussing on the events in question and the impact on Patient A. In conclusion, the panel was not confident that should she find herself in similar circumstances in the future, Mrs Kinnings-Dean would not act in a similar way.

Whilst, in the panel's view, some of the charges found proved are capable of remediation as they relate to clinical errors; the panel concluded that Mrs Kinnings-Dean has demonstrated little meaningful insight. The panel is mindful that remediation is very difficult, if not underpinned by meaningful insight. The panel noted that since the charges arose, Mrs Kinnings-Dean has for the most part, worked intermittently as a Care Home Interface Nurse. The panel also noted that this role involves minimal clinical practice. In the light of this and in the absence of evidence of remediation by way of relevant references or testimonials. The panel is therefore of the view that there is a risk of

repetition based on the absence of any meaningful insight and remediation.

The panel bore in mind the NMC guidance on Remediation and insight (FTP – 11). In considering whether concerns are remediable, the guidance provides examples of conduct which may not be possible to remedy, including dishonesty, particularly if it was serious, or sustained over a period of time or directly linked to the nurse or midwife's practice. The panel considered Mrs Kinnings-Dean's dishonesty in attempting to mislead the POVA investigation to be very serious.

The panel bore in mind that the overarching objectives of the NMC are to protect, promote and maintain the health safety and well-being of the public and patients, and to uphold/protect the wider public interest, which 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 finds, on the evidence before it, that Mrs Kinnings-Dean's has not remediated her practise and that there is a real risk of repetition. The panel determined that a finding of impairment was necessary on the ground of public protection.

The panel went on to ask itself whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment of fitness to practise were not made in the current circumstances. The panel concluded that given the nature of Mrs Kinnings-Dean's actions and omissions in providing adequate care to Patient A, a finding of impairment is necessary to uphold proper professional standards and public confidence in the profession as well as to send a clear message to the profession that such misconduct is unacceptable.

The panel then went on to consider the wider public interest and whether Mrs Kinnings-Dean's conduct requires a finding of impairment on those grounds. The panel considered that due to the nature of Mrs Kinnings-Dean's conduct and her actions and omissions in providing adequate care to Patient A, a finding of current impairment is required on public interest grounds.

Having regard to all of the above, the panel determined that Mrs Kinnings-Dean's fitness to practise is currently impaired on public protection and on public interest grounds.

The original panel determined the following with regard to sanction:

The panel has borne in mind that any sanction imposed must be appropriate and proportionate and, although not intended to be punitive in its effect, may have such consequences. The panel had careful regard to the Sanctions Guidance (SG) and the 'Considering sanctions for serious cases' guidance (SAN-2) published by the NMC. It recognised that the decision on sanction is a matter for the panel, exercising its own independent judgment.

Having found that dishonesty is one of the reasons Mrs Kinnings-Dean's fitness to practise is impaired, the panel first considered where on the spectrum this dishonesty falls. The panel noted the following from the SG:

'The most serious kind of dishonesty is when a nurse or midwife deliberately breaches the professional duty of candour to be open and honest when things go wrong in someone's care...

The panel also noted from the guidance:

Nurses and midwives who behaved dishonestly can engage with the Fitness to Practise Committee to show that they feel remorse, that they realise they acted in a dishonest way, and tell the panel that it will not happen again. They can do this in person, through anyone representing them, or by sending information they want the Committee to consider. If they do this, they may be able to reduce the risk that they will be removed from the register.'

On 26 July 2013 Mrs Kinnings-Dean became aware of the lack of assessment and care plan documentation and deficiencies in Patient A's care. This was several days before she called Registrant C into the office and instructed her to add additional information to Patient A's notes. Mrs Kinnings-Dean then submitted those records to form part of the POVA investigation. Consequently, the panel has found that Mrs Kinnings-Dean acted with some degree of premeditation, as demonstrated by calling Mrs Gilbert to return to the office to add additional information. Such actions constituted an attempt to avert criticism of the District Nursing team.

The panel has determined that Mrs Kinnings-Dean was not open and honest in these circumstances, and as a result, it concluded that her dishonesty was serious. However, the panel was mindful that Mrs Kinnings-Dean's dishonest conduct was a one off incident. In her most recent written statement she has apologised and given an undertaking to the panel that such dishonest behaviour will never happen again. She took some early steps to remediate her conduct, specifically in relation to retrospective record keeping, on her return to work following the Health Board disciplinary proceedings.

From these conclusions the panel has identified the following as aggravating factors in this case:

- *Mrs Kinnings-Dean was in a senior position and abused this position of authority;*
- *Mrs Kinnings-Dean's dishonesty was likely to mislead a POVA investigation;*
- *The dishonesty found proved falls towards the higher end of the spectrum;*
- *Mrs Kinnings-Dean has insufficient insight into her dishonesty and there is risk of repetition;*
- *Mrs Kinnings-Dean was instrumental in developing a system of working that was not fit for purpose and which failed to ensure that adequate care was provided to Patient A;*
- *Mrs Kinnings-Dean's actions and omissions contributed to the loss of a chance of Patient A's legs being saved.*

The panel considered the mitigating factors to be:

- *Engagement with the NMC throughout these proceedings;*
- *Mrs Kinnings-Dean has expressed remorse and given an undertaking that her dishonest conduct will not be repeated;*
- *On return to practice following the Health Board disciplinary proceedings Mrs Kinnings-Dean moderated her management style and took some early steps of remediation;*

- *This was an isolated incident;*
- *Demonstration of developing insight;*
- *Workload pressures;*
- *Mrs Kinnings-Dean was not responsible for the care of Patient A immediately following his discharge from hospital;*
- *Mrs Kinnings-Dean has been a nurse for a substantial period of time with no previous findings against her by her regulator;*
- *Personal ill health has contributed to Mrs Kinnings-Dean not remediating her practice to a higher level;*
- *Positive testimonials that generally attest to Mrs Kinnings-Dean's good character and clinical competence.*

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

Next, in considering whether a caution order would be appropriate, the panel took into account the SG, which 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 bore in mind that it had identified at the impairment stage that there remained a real risk of repetition due to Mrs Kinnings-Dean's lack of sufficient insight. The panel therefore was clear that her impairment was not at the lower end of the spectrum and that a caution order would be manifestly inappropriate in view of the seriousness of the misconduct found and also in view of the panel's finding on impairment. A caution order would not maintain public confidence in the profession or in the

regulator. Therefore, the panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether placing a conditions of practice on Mrs Kinnings-Dean's registration would be a sufficient and appropriate response. The panel was mindful that any conditions imposed must be relevant, proportionate, measurable and workable. It had regard to the SG and the following factors:

'Conditions may be appropriate when some or all of the following factors are apparent (this list is not exhaustive):

- no evidence of harmful deep-seated personality or attitudinal problems identifiable areas of the nurse or midwife's practice in need of assessment and/or retraining*
- no evidence of general incompetence*
- potential and willingness to respond positively to retraining*
- the nurse or midwife has insight into any health problems and is prepared to agree to abide by conditions on medical condition, treatment and supervision*
- patients will not be put in danger either directly or indirectly as a result of conditional registration*
- the conditions will protect patients during the period they are in force*
- it is possible to formulate conditions and to make provision as to how conditions will be monitored.'*

The panel concluded that a conditions of practice order would not be appropriate in the circumstances of Mrs Kinnings-Dean's case. The panel determined that it could not formulate conditions that would address her misconduct and the dishonesty found and properly mark the

public interest. The panel was mindful of the difficulty in formulating conditions of practice to address dishonesty.

The panel went on to consider whether a suspension order would be an appropriate sanction. The panel took into account the SG, in particular:

‘This sanction may be appropriate where the misconduct is not fundamentally incompatible with continuing to be a registered nurse or midwife in that the public interest can be satisfied by a less severe outcome than permanent removal from the register. This is more likely to be the case when some or all of the following factors are apparent (this list is not exhaustive):

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

The panel acknowledged that the misconduct found proved, although serious, was an isolated incident. With regard to evidence of harmful, deep-seated personality or attitudinal problems, the panel had concluded that there was no evidence of this. The panel had regard to the numerous positive testimonials that attest to Mrs Kinnings-Dean’s clinical competence and good character. The panel had no evidence before it to suggest that the misconduct had been repeated since the incidents. It further noted that Mrs Kinnings-Dean’s insight is developing at this time and determined that she has yet to acknowledge the impact of her dishonest misconduct.

The panel gave very careful consideration to making a striking-off order having regard to the SG:

'This sanction is likely to be appropriate when the behaviour is fundamentally incompatible with being a registered professional, which may involve any of the following factors.

- A serious departure from the relevant professional standards as set out in key standards, guidance and advice.*
- Doing harm to others or behaving in such a way that could foreseeably result in harm to others, particularly patients or other people the nurse or midwife comes into contact with in a professional capacity. Harm is relevant to this question whether it was caused deliberately, recklessly, negligently or through incompetence, particularly where there is a continuing risk to patients. Harm may include physical, emotional and financial harm. The seriousness of the harm should always be considered.*
- Abuse of position, abuse of trust, or violation of the rights of patients, particularly in relation to vulnerable patients.*
-*
- ...*
- Dishonesty, especially where persistent or covered up (consider the [guidance on the seriousness of dishonesty](#)).*
- Persistent lack of insight into seriousness of actions or consequences.*
- ...'*

The panel determined that Mrs Kinnings-Dean's misconduct was a serious departure from professional standards. However, the panel took

into account Mrs Kinnings-Dean's reflection, testimonials and evidence of further training. The panel also noted that since returning to work following the conclusion on the Health Board's investigation, Mrs Kinnings-Dean worked for a period of time as a Registered Nurse without incident.

The panel gave consideration to Mrs Kinnings-Dean's clinical abilities and professional standing. It noted the wide range of positive testimonials from previous colleagues, who with knowledge of these allegations, hold her professional knowledge and skills in high regard. It noted that Mrs Kinnings-Dean has started to develop some insight and it concluded that it would therefore be appropriate to give her an opportunity to further develop her insight.

The panel concluded that in Mrs Kinnings-Dean's case her conduct was not fundamentally incompatible with being a nurse, therefore, a striking off order would be a disproportionate sanction.

Whilst the panel acknowledges that a suspension may have a punitive effect, it would be unduly punitive in Mrs Kinnings-Dean's case to impose a striking off order. The panel gave careful consideration to its finely balanced decision as to sanction. The panel had regard to the legal advice given, in particular, the judgment of Sir Thomas Bingham MR at 519 of Bolton:

'...In most cases the order of Tribunal will be primarily directed to one or more or both of two other purposes. One is to be sure that the offender does not have the opportunity to repeat the offence. This purpose is achieved for a limited period by an order of suspension; plainly it is hoped that the experience of suspension will make the offender meticulous in his future compliance with the required standards...'

The panel determined that it would be in the public interest to allow Mrs Kinnings-Dean as an otherwise competent and well-regarded nurse, to return to practice in due course, provided that she can demonstrate sufficient insight into the seriousness and implications of her misconduct. Balancing all of these factors, the panel has concluded that a suspension order would be the appropriate and proportionate.

The panel noted the hardship such an order will inevitably cause Mrs Kinnings-Deans. 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 to impose a suspension order for a period of 12 months. It considered that this was appropriate in the circumstances of this case to mark the seriousness of the misconduct and dishonesty found proved. This period will also allow Mrs Kinnings-Dean time to further reflect on her misconduct and develop full insight into her actions.

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, including a striking-off order. Any future panel would be assisted by:

- Mrs Kinnings-Dean's attendance at the hearing;*
- Further reflection on her dishonesty;*
- Any recent testimonials in paid or unpaid work that answer to Mrs Kinnings-Dean's honesty and integrity.*

Decision on current fitness to practise

The panel has considered carefully whether Mrs Kinnings-Dean's fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as a registrant's suitability to remain on the register without restriction. In considering this case, the panel has carried out a comprehensive review of the order in light of the current circumstances. It has noted the decision of the last panel. However, it has exercised its own judgment as to current impairment.

The panel has had regard to all of the documentation before it, including the NMC bundle, the bundle of documents sent by the RCN which included written submissions. It also took account of the submissions made by Mr Harper on behalf of the NMC.

Mr Harper outlined the background of the case to the panel along with the outcome of the substantive hearing which concluded in November 2018. He drew the panel's attention to Mrs Kinnings-Dean's written submissions in which she indicated that she has not practised as a registered nurse since the imposition of the substantive order. Mrs Kinnings-Dean accepted that she is currently impaired.

Mr Harper submitted that Mrs Kinnings-Dean has not provided any evidence of insight or remediation and, as a consequence, her fitness to practise remains impaired.

In respect of Mrs Kinnings-Dean's request for the order to lapse, Mr Harper drew the panel's attention to the NMC's guidance on 'Allowing orders to expire when a nurse or midwife's registration will lapse' (the 2018 Guidance), specifically:

'In certain circumstances allowing a suspension or conditions of practice order to expire following a finding of current impairment may actually be the best way to protect the public from concerns about a nurse or midwife's practice.'

Taking this option is likely to be appropriate if:

- *the nurse or midwife's registration is only active because of the substantive order being in place,*
- *the nurse or midwife doesn't want to continue practising, and*
- *the public are protected because the panel have made a clear finding that the nurse or midwife's fitness to practise is currently impaired so that this can be drawn to the attention of any future decision-maker if the nurse or midwife attempts to re-join the register.*

It is important that panels remember that the above factors are important in deciding whether to take no further action, and they should consider these against the general circumstances of the case in deciding what action to take. At this stage, all options are open to them, and the [usual factors in making sanction decisions](#) will still apply. They may need to impose a more restrictive order (including striking-off) if they decide it is necessary in the circumstances, including if the nurse or midwife has not engaged with the process, which will always be one of the important factors to consider.'

Mr Harper acknowledged this course of action is open to the panel, but submitted that what sanction to impose is ultimately a matter for the panel.

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 Mrs Kinnings-Dean's fitness to practise remains impaired.

The panel noted that, since the imposition of the substantive order, Mrs Kinnings-Dean has not practised as a registered nurse or worked in the health care profession. The panel considered that the clinical failings found proved are capable of remediation but the dishonesty found proved is inherently difficult to remediate. Mrs Kinnings-Dean has not provided any evidence of

remediation. The panel also noted that Mrs Kinnings-Dean has not demonstrated any insight into the misconduct found at the substantive hearing. Mrs Kinnings-Dean, herself, in the RCN's written submissions, accepted that her fitness to practise remains impaired. The panel therefore decided that a finding of continuing impairment is necessary on the grounds of public protection.

The panel had borne in mind that its primary function was 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 required.

For these reasons, the panel finds that Mrs Kinnings-Dean's fitness to practise remains impaired.

Determination on sanction

Having found Mrs Kinnings-Dean's 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 29 of the Order. The panel has also taken into account the NMC's Sanctions Guidance (SG) which included the guidance on considering sanctions in serious cases involving dishonesty. The panel 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 grant Mrs Kinnings-Dean's request to allow the order to lapse so that her registration would expire. The panel had regard to the 2018 guidance as set out above. The panel noted that Mrs Kinnings-Dean's registration was only active because of the suspension order, and if the order lapsed, her name would be removed from the NMC register. Mrs Kinnings-Dean has stated her intention not to return to practice as a nurse, however, the panel could not be sure that she would not if this order lapsed. The panel was mindful of the substantive panel's recommendations:

Any future panel would be assisted by:

- *Mrs Kinnings-Dean's attendance at the hearing;*
- *Further reflection on her dishonesty;*

- *Any recent testimonials in paid or unpaid work that answer to Mrs Kinnings-Dean's honesty and integrity.*

Mrs Kinnings-Dean has not attended this hearing or provided a reflective statement addressing the regulatory concerns or assuring the panel that she would not return to practice. Further, the panel has had no evidence put before it demonstrating Mrs Kinnings-Dean's further reflection or insight into her wide-ranging misconduct. The panel therefore concluded that it would be inappropriate and not in the public interest to allow the order to lapse as to do so would not uphold proper standards and may damage the trust the public has in this regulator.

The panel then considered whether to impose a caution but concluded that this would be inappropriate for the same reasons as set out above.

The panel next considered replacing the suspension order with a conditions of practice order. It concluded that, given the dishonesty and lack of remediation and appropriate reflection, workable conditions could not be formulated. Accordingly, the panel has concluded that it would not be possible to formulate appropriate and workable conditions of practice that would satisfy the public interest and maintain public confidence in the profession.

The panel next considered imposing a further suspension order. The panel had regard to the SG, in relation to when a suspension order is appropriate, in particular:

- *will a period of suspension be sufficient to protect patients, public confidence in nurses and midwives, or professional standards?*
- ...
- *no evidence of harmful deep-seated personality or attitudinal problems*
- *no evidence of repetition of behaviour since the incident*
- *the Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour*

The panel was mindful that Mrs Kinnings-Dean had not acted upon the substantive panel's recommendations. She has not provided a reflective statement that addresses the seriousness of the charges found proved, including dishonesty. The panel was concerned that Mrs Kinnings-Dean has failed to demonstrate sufficient insight into her misconduct and associated dishonesty even though encouraged to do so by the substantive panel.

The panel noted that Mrs Kinnings-Dean has been subject to a suspension order for 12 months and has failed to demonstrate insight or remediation. The panel determined that a further period of suspension would not serve any useful purpose.

The panel went on to consider when a striking off order is appropriate:

- *Do the regulatory concerns about the nurse or midwife raise fundamental questions about their professionalism?*
- *Can public confidence in nurses and midwives be maintained if the nurse or midwife is not removed from the register?*
- *Is striking-off the only sanction which will be sufficient to protect patients, members of the public, or maintain professional standards?*

The panel considered that all of the above were engaged in this case. It concluded that Mrs Kinnings-Dean's dishonesty and persistent lack of insight are fundamentally incompatible with remaining on the register. The panel determined that it was necessary to take action to prevent Mrs Kinnings-Dean from practising in the future and concluded that the only sanction that would adequately protect the public and serve the public interest was a striking-off order.

The striking off order will come into effect at the end of 1 January 2020.

This decision will be confirmed to Mrs Kinnings-Dean in writing.

That concludes this determination.