Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Hearing
Consensual Panel Determination
26 July 2021

Virtual Hearing

Name of registrant:	**Miss Alexandria Morrison**
NMC PIN:	08I0233S
Part(s) of the register:	RNA: Registered Adult Nurse (2 January 2015)
Area of registered address:	Stirlingshire
Type of case:	Misconduct
Panel members:	Trevor Spires (Chair, lay member) Mark Gibson (Registrant member) Carolyn Tetlow (Lay member)
Legal Assessor:	Jayne Salt
Panel Secretary:	Melissa McLean
Nursing and Midwifery Council:	Represented by Dulcie Piff, Case Presenter
Miss Morrison:	Not present and not represented
Consensual Panel Determination:	Accepted
Facts proved:	All
Fitness to practise:	Impaired
Sanction:	**Caution order (5 years)**

Service of Notice of Hearing

The panel was informed at the start of this hearing that Miss Morrison was not in attendance and that written notice of this hearing had originally been sent to Miss Morrison's registered email address on 17 June 2021 which related to a longer period of time for a full substantive hearing.

Miss Piff, on behalf of the Nursing and Midwifery Council ("NMC") told the panel that further notice of this hearing had been sent to Miss Morrison's registered email address on 20 July 2021. She stated that this notice informed Miss Morrison that the length of hearing had been reduced to one day due to Miss Morrison and the NMC agreeing to a Consensual Panel Determination ("CPD").

The panel took into account that the notice letters provided details of the charges, the time, dates and virtual link to join the hearing and, amongst other things, information about Miss Morrison's right to attend, be represented and call evidence, as well as the panel's power to proceed in her absence.

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

The panel accepted the advice of the legal assessor.

The panel noted that under the amendments made to the Rules during the COVID-19 emergency period, notice of hearing can be sent to an email address held for the registrant on the register, or an email address the registrant has notified the NMC of for the purposes of communication.

In the light of all of the information available, the panel was satisfied that Miss Morrison has been served with notice of this hearing in accordance with the requirements of Rules 11 and 34.

Proceeding in the absence of Miss Morrison

The panel next considered whether it should proceed in the absence of Miss Morrison. It had regard to Rule 21.

The panel had regard to Rule 21 (2) which states:

> *(2) Where the registrant fails to attend and is not represented at the hearing, the Committee—*
>
> *(a) shall require the presenter to adduce evidence that all reasonable efforts have been made, in accordance with these Rules, to serve the notice of hearing on the registrant;*
>
> *(b) may, where the Committee is satisfied that the notice of hearing has been duly served, direct that the allegation should be heard and determined notwithstanding the absence of the registrant; or*
>
> *(c) may adjourn the hearing and issue directions.*

The panel heard the submissions of Miss Piff who invited the panel to continue in the absence of Miss Morrison.

Ms Piff referred the panel to the signed CPD and stated that Miss Morrison has indicated that she is content for the hearing to proceed in her absence and has stated that she is available by telephone should the panel have any questions for her. Miss Piff submitted that in these circumstances the panel should proceed in Miss Morrison's absence.

Ms Piff informed the panel that a provisional CPD agreement had been reached and signed by Miss Morrison on 19 July 2021.

The panel accepted the advice of the legal assessor. She referred the panel to the cases of *R* v *Jones (Anthony William)* (No.2) [2002] UKHL 5 and to *General Medical Council v Adeogba* [2016] EWCA Civ 162.

The panel noted that its discretionary power to proceed in the absence of a registrant under the provisions of Rule 21 is not absolute and is one that should be exercised "*with the utmost care and caution*".

The panel has decided to proceed in the absence of Miss Morrison. In reaching this decision, the panel has considered the submissions of Ms Piff, the representations from Miss Morrison, and the advice of the legal assessor. The panel had particular regard to the factors set out in the decision of *R v Jones* and had regard to the overall interests of justice and fairness to all parties. It noted that:

- A CPD agreement has been reached between the NMC and Miss Morrison, and signed by both parties. That agreement sets out Miss Morrison's intention not to attend the hearing, but that she will available by telephone should the panel have any questions;
- Miss Morrison has indicated by email to the NMC on 7 July 2021 that:
  "At this time I confirm that I will not be participating in the hearing, however I will be continuing to fully engage/co-operate in any communications or requests made of me."
- Miss Morrison has therefore indicated that she is aware of the hearing and that she is content for the panel to proceed in her absence;
- No application for an adjournment has been made by Miss Morrison and there is no reason to suppose that adjourning would secure Miss Morrison's attendance at some future date; and
- There is a strong public interest in the expeditious disposal of the case.

In these circumstances, the panel has decided that it is fair, appropriate and proportionate to proceed in the absence of Miss Morrison.

Details of charge

That you, a registered nurse, working at Forth Valley Royal Hospital on the night shift of 15-16 March 2019:

1. When obtaining a blood sample from Patient A:
    a. had not completed venepuncture training;
    b. did not have access to print labels from ‘order comms’;
    c. did not label the sample appropriately;

2. Incorrectly recorded in the controlled drug book that 28 Shortec capsules remained in stock;

3. Incorrectly recorded in the controlled drug book that 35 Longtec capsules remained in stock;

4. Administered controlled opiate medication without a colleague acting as a witness to:
    a. Patient B;
    b. Patient C;

5. Incorrectly recorded that you administered Shortec to Patient B;

6. In respect of Patient B’s opiate medication administration:
    a. Signed the Shortec controlled drug book with Colleague A’s initials when they were not present;
    b. Used Colleague A’s HEPMA log in details and electronic signature when they were not present;

7. In respect of Patient C’s Longtec medication administration:

a. Signed the controlled drug book with Colleague A’s initials when they were not present;
b. Used Colleague A’s HEPMA log in details and electronic signature when they were not present;

8. Your actions in charge 6 and/or 7 were dishonest in that you intended to indicate that Colleague A had witnessed medications being administered when you knew this was not the case;

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

Consensual Panel Determination

Ms Piff informed the panel that a provisional agreement of a CPD had been reached with regard to this case between the NMC and Miss Morrison.

The agreement, which was put before the panel, sets out Miss Morrison's full admissions to the facts alleged in the charges, that her actions amounted to misconduct, and that her fitness to practise is currently impaired by reason of that misconduct. It is further stated in the agreement that an appropriate sanction in this case would be a caution order for a period of five years.

Ms Piff provided brief submissions to the panel. She stated that the CPD agreement has been signed by both Miss Morrison and the NMC.

Ms Piff stated that the concerns relate to Miss Morrison's shift on 15 – 16 March 2019 at Forth Valley Royal Hospital ("the Hospital"). She referred the panel to the CPD and stated that in relation to Patient A the concerns relate to a blood sample and in relation to Patient B and Patient C, the concerns relate to medication administration and dishonest record keeping. Ms Piff informed the panel that the facts are admitted by Miss Morrison and that the agreed positon is that Miss Morrison's fitness to practise is impaired on public interest grounds only. Further, she stated that the agreed position and the most appropriate and proportionate sanction is a five year caution order.

Ms Piff stated that although an agreement has been reached between the NMC and Miss Morrison, it is for the panel to make an independent judgement on whether Miss Morrison's fitness to practise is impaired and if so, what sanction to impose. Ms Piff reminded the panel of its powers and invited the panel to accept the CPD agreement.

Given the seriousness of the charges, the panel enquired whether there was any evidence of an explanation or any reason as to what caused her behaviour and actions on this particular night shift.

In response to the panel's questions Ms Piff referred the panel Miss Morrison's reflective statement which states:

> *"My professional judgement was clouded by becoming to entrusting in my colleague when I was delegated these duties and was lead to believe that this was a common practice within this clinical area (sic)."*

Ms Piff informed the panel that this was Miss Morrison's explanation and also referred the panel to the CPD which states that Miss Morrison was the only nurse on shift at the time. Ms Piff also informed the panel that Miss Morrison has indicated that she accepted that her actions were dishonest

The panel has considered the CPD agreement reached by the parties, which reads as follows:

> *'The Nursing & Midwifery Council and Alexandria Morrison PIN [08I0233S] ("the Parties") agree as follows:*

1. *Alexandria Morrison is aware of the CPD hearing. Ms Morrison does not intend to attend the hearing and is content for it to proceed in her absence. Ms Morrison will endeavour to be available by telephone should any clarification on any point be required, or should the panel wish to make any amendment to the provisional agreement. Ms Morrison understands that if the panel wishes to make amendments to the provisional agreement that she doesn't agree with, the panel will reject the CPD and refer the matter to a substantive hearing.*

The charge

2. *Ms Morrison admits the following charges:*

That you, a registered nurse, working at Forth Valley Royal Hospital on the night shift of 15 – 16 March 2019:

1. When obtaining a blood sample from Patient A:

   a. had not completed venepuncture training;

   b. did not have access to print labels from ‘order comms’;

   c. did not label the sample appropriately;

2. Incorrectly recorded in the controlled drug book that 28 Shortec capsules remained in stock;

3. Incorrectly recorded in the controlled drug book that 35 Longtec capsules remained in stock;

4. Administered controlled opiate medication without a colleague acting as a witness to:

   a. Patient B;

   b. Patient C;

5. Incorrectly recorded that you administered Shortec to Patient B;

6. In respect of Patient B’s opiate medication administration:

   a. Signed the Shortec controlled drug book with Colleague A’s initials when they were not present;

   b. Used Colleague A’s HEPMA log in details and electronic signature when they were not present;

7. In respect of Patient C’s Longtec medication administration:

   a. Signed the controlled drug book with Colleague A’s initials when they were not present;

   b. Used Colleague A’s HEPMA log in details and electronic signature when they were not present;

8. *Your actions in charge 6 and/or 7 were dishonest in that you intended to indicate that Colleague A had witnessed medications being administered when you knew this was not the case;*

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

The facts

3. *Ms Morrison appears on the register of nurses, midwives and nursing associates maintained by the NMC as a registered nurse - adult and has been a registered nurse since 2 January 2015.*

4. *The NMC received a referral on 12 April 2019 from the Head of Nursing of the Surgical Directorate at Forth Valley Royal Hospital ("the Hospital"). Ms Morrison commenced employment with the Hospital as a Bank Staff Nurse in January 2015.*

5. *The facts of this case took place on a night duty shift worked by Ms Morrison on the Day Surgical Unit ("DSU") at the Hospital on 15-16 March 2019.*

6. *Ms Morrison obtained a blood sample from Patient A during this shift. Ms Morrison had not completed her venepuncture training. In order to be signed off to practice venepuncture, she needed to have completed 10 venepunctures witnessed by a competent practitioner. She had not completed these and was therefore not competent to undertake this* ***[charge 1(a)].***

7. *In terms of blood sampling, the correct procedure outlined within the NHS Forth Valley Venepuncture Policy is to go to the patient's bedside, check their name band and take the blood and label the sample, whilst checking the label is accurate. If there are no labels, the sample can be labelled by hand. Ms Morrison took the blood sample from Patient A that night but did not label the sample* ***[charge 1(c)]****.*

*She also did not have log-in details to print blood sample labels from "order comms", having not completed "order comms" training **[charge 1(b)].***

8. *The following morning, she asked the nurse working on the next shift to print the label and stick it to the bottle. This nurse agreed to do this and mistakenly labelled the blood with another patient's details. The outcome of this was that another patient received IV replacement for potassium. This was noticed and resolved at the time, but the potential for harm was very serious. The risk of receiving potassium incorrectly is potentially serious heart problems, including fatality. This was as a result of the registrant not following the correct procedure and labelling the sample at the time the blood was taken.*

9. *NHS Forth Valley has a strict policy in relation to nurses dispensing controlled drugs. The medications are held in a locked cupboard requiring 2 keys and 2 nurses have to sign the hard-backed book drug register when dispensing a drug. On 16 March 2019, the two nurses on duty noticed a discrepancy between what was written in the drug register and the drugs in stock. The last person on duty was Ms Morrison. She was the only nurse on duty during this shift and therefore she had both keys.*

10. *During the course of her night shift, Ms Morrison had signed the drug register to suggest she had administered 10mgs of Oxynorm (shortec) to Patient B and that 28 capsules remained **[charge 2 and 5].** Ms Morrison signed the book with her own initials and also the initials of Colleague A. The Oxynorm medication was counted on 16 March 2019 and 29 capsules remained **[charge 2].***

11. *It was also recorded in the drug register that Patient B received Oxycontin (longtec) medication and that 35 capsules remained. When the two nurses on duty on 16 March 2019 counted the medication, there were fewer than 35 capsules remaining **[charge 3].** Longtec and Shortec are similar morphine based drugs, with one being*

slow release and the other being a faster acting morphine synthetic drug. The faster medication is given to a patient with acute pain.

12. *The pharmacist was contacted and it was confirmed that the correct drug, Longtec, had been administered but it had been recorded incorrectly* ***[charge 5].*** *The medication stock levels had also therefore been incorrectly recorded* ***[charge 2 and 3].***

13. *As part of the investigation, the Hospital Electronic Prescribing and Medications Administration ("HEPMA") records were checked to see who the second person was who had purportedly signed the drug register. It was confirmed through HEPMA that this was Colleague A. This record therefore gave the impression that Colleague A had witnessed the administration of Patient B's medication. This was also the same for Patient C's medication records.*

14. *It was confirmed that Colleague A completed the day shift on 15 March 2019. She handed over to Ms Morrison and informed her that 2 patients required controlled drugs. Ms Morrison was the only nurse on duty and given there were 5 patients on the ward this was considered acceptable. Colleague A informed her that she would need to get a nurse from the short stay unit to check the controlled drugs when she administered them. Ms Morrison asked for Colleague A's password for HEPMA to access her electronic signature in case of an emergency. On 16 March 2019, Ms Morrison then phoned Colleague A to inform her that she had used Colleague A's signature and that an error had been flagged to the Nurse in Charge. Colleague A had not been present when Ms Morrison administered the controlled medication to Patient B and Patient C and acknowledged that she should not have left her password with Ms Morrison.*

15. *During the course of her shift, Ms Morrison accepts that she administered controlled medication to both Patient B and Patient C without a colleague acting as a second witness* ***[charge 4].*** *She then went on to fill in the controlled drug book to*

indicate that Colleague A was present when the medication was provided to both patients ***[charge 6(a) and charge 7(a)].*** *She then completed the HEPMA record and used Colleague A's log in details to indicate that Colleague A had witnessed this, when they were not present* ***[charge 6(b) and charge 7(b)].***

16. *The Trust Policy on controlled drugs requires that, "all entries should be signed by a registered nurse, midwife or OPD and must be witnessed, preferably by a second nurse, midwife or OPD. If this is not possible a doctor, dentist, pharmacist or student nurse may witness entries". Ms Morrison's actions breached the policy and placed patients at a risk of harm.*

17. *It is agreed between the parties that Ms Morrison intended to indicate that Colleague A had been present for the administration of controlled medication to Patient B and Patient C, when she knew she was not present. This is adjudged to be dishonest according to the standards of ordinary decent people, applying the case of* ***Ivey v. Gentings Casino UK Ltd [charge 8].***

18. *Ms Morrison attended a disciplinary hearing on 2 July 2019. She accepted at the outset that she had used Colleague A's HEPMA log in details and that she had taken bloods without access to the label system. However, it is agreed at this point that Ms Morrison tried to minimise her actions by blaming colleagues. Ms Morrison was issued with a first and final written warning which remained on her file for 12 months. She was also required to complete an action plan in order for her to understand that her actions could have caused patient harm.*

19. *It is accepted between the parties that Ms Morrison's initial reflections did not reflect her accountability. Ms Morrison initially indicated that she had dishonestly used Colleague A's details to administer the medication without a second witness because there was no one available to assist. There was a 222 emergency call from the short stay medical unit during Ms Morrison's shift, but this was around 45*

minutes after she had administered the controlled drugs. Ms Morrison therefore should have taken steps to get a second witness.

20. *As she progressed through the action plan with the Hospital and the NMC investigation progressed, Ms Morrison's reflection improved and developed.*

21. *Ms Morrison accepted the charges on 7 April 2021 and accepts current impairment. Prior to this, Ms Morrison has, throughout the investigation, been accepting of the regulatory concerns.*

Misconduct

22. *The facts amount to misconduct.*

23. *In the case of Roylance v General Medical Council (No.2) [2000] 1 AC 311, Lord Clyde stated that:*

    "Misconduct is a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rules and standards ordinarily required to be followed by the medical practitioner in the particular circumstances".

24. *Ms Morrison's conduct fell seriously short of the standards of behaviour expected of registered nurses, breaching the following paragraphs of the 2015 NMC Code of Conduct:*

    1 Treat people as individuals and uphold their dignity
    1.2 make sure you deliver the fundamentals of care effectively
    6 Always practise in line with the best available evidence
    6.2 maintain the knowledge and skills you need for safe and effective practice
    10 Keep clear and accurate records relevant to your practice
    10.3 complete records accurately and without any falsification

13 Recognise and work within the limits of your competence

13.3 ask for help from a suitably qualified and experienced professional to carry out any action or procedure that is beyond the limits of your competence

14 Be open and candid with all service users about all aspects of care and treatment, including when any mistakes or harm have taken place

14.2 explain fully and promptly what has happened, including the likely effects, and apologise to the person affected and, where appropriate, their advocate, family or carers

18 Advise on, prescribe, supply, dispense or administer medicines within the limits of your training and competence, the law, our guidance and other relevant polices, guidance and regulations

20 Uphold the reputation of your profession at all times

20.1 keep to and uphold the standards and values set out in the Code

20.2 act with honesty and integrity at all times

20.3 be aware at all times of how your behaviour can affect and influence the behaviour of other people

20.8 act as a role model of professional behaviour for students and newly qualified nurses, midwives and nursing associates to aspire to

25. *Ms Morrison's actions in relation to the blood sampling for Patient A, and failure to label the sample appropriately, resulted in the sample being attributed to another patient. This put a patient at a serious risk of harm. There were also a number of record keeping errors in respect of Patient B and C and Ms Morrison completed venepuncture when not competent. These skills are all basic and fundamental skills of a nurse and Ms Morrison's actions fell seriously short of what would be expected in the circumstances.*

26. *Ms Morrison also failed to follow the correct procedure when administering opiate medication to patients, which put patients at a risk of harm. Ms Morrison then dishonesty indicated that another nurse was present when this was not the case. Dishonesty relating to her clinical practice breached the trust between Ms Morrison*

and her employer and the patients, together with the trust that is between her and the profession and wider public.

27. *A registrant must demonstrate they can be a trustworthy person and the conduct displayed blatantly breaches that trust. A nurse occupies a privileged position and must act with professionalism and trust demonstrating a high degree of integrity at all times.*

28. *The parties agree that Ms Morrison's conduct is a serious breach of the fundamental values which are the heart of the profession. Members of the public and patients must at all times be able to place trust with the profession and the registrant's conduct erodes this special bond.*

Impairment

29. *Ms Morrison accepts her fitness to practise is currently impaired by reason of her misconduct.*

30. *The parties have considered the questions formulated by Dame Janet Smith in her Fifth Report from Shipman, approved in the case of Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin) by Cox J. They are as follows:*

    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 professions 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 professions; and/or*
    d. *Has in the past acted dishonestly and/or is liable to act dishonestly in the future?*

31. *The above 4 limbs in Grant are engaged. Ms Morrison's actions resulted in patients being placed at an unwarranted risk of harm by a blood sample not being properly labelled and safeguarding procedures in terms of opiate medication not being followed. It is agreed that her actions impacted on the safety of patients. Her dishonesty then resulted in a false picture being presented in her records, in that Ms Morrison had followed safe procedure and Colleague A had been present when this was not the case.*

32. *The facts of this case demonstrate that Ms Morrison's actions have brought the profession into disrepute, have breached fundamental tenets of the profession and she has acted dishonestly. The dishonesty is exacerbated by the fact it is linked to her practice.*

33. *In considering the question of whether Ms Morrison's fitness to practise is currently impaired, the Parties have considered Cohen v GMC [2008] EWHC 581 (Admin) in which the Court set out three matters which it described as being 'highly relevant' to the determination of the question of current impairment:*

- *Whether the conduct that led to the charge(s) is easily remediable?*
- *Whether it has been remedied?*
- *Whether it is likely to be repeated?*

34. *The concern in respect of Ms Morrison's medication administration, blood sampling and record-keeping are remediable as these relate to her clinical skills, training and management of medication. It is agreed that dishonesty is much harder to remediate, and this is aggravated when it involves a nurse's clinical practice. The parties have considered the NMC guidance on remediation and the registrant's remedial steps taken to date.*

Remediation, reflection, training, insight, remorse

35. *Although the conduct on this shift was very serious, it was isolated to this night and the registrant indicates she has learnt from her misconduct. Ms Morrison accepted the misconduct at an early stage and has completed training, in particular the supported improvement plan which was completed on 28 August 2019* ***[See Appendix 1 – Support Improvement plan].*** *This was put in place by her employer following this incident and involved competency assessments in relation to drug administrations, venepunctures, cannulations, controlled drug administrations and daily drug checks. Ms Morrison also completed further training and was initially placed on restricted duties prior to being signed off.*

36. *Ms Morrison has shown an understanding that her role as a nurse is paramount and has demonstrated remorse and regret for her conduct. She has shown significant insight into how the conduct impacts on the profession, including patients, relatives, colleagues and organisations.*

37. *The level of reflection and insight has developed throughout the NMC proceedings. From an early point, Ms Morrison acknowledged her misconduct. Her initial reflections did not fully show her accountability* ***(see Appendix 1 – early reflections),*** *but showed an understanding of where her actions went wrong and the impact of this:*

"*I acknowledge that I should not have administered controlled medications in the absence of another register (sic) practitioner, by doing so I could have potentially caused patient harm by: administering the wrong medication, administering the wrong medication to the wrong patient, administered the wrong dose of medication, the patient having an adverse reaction to the medication.*

…

Upon reflection I should not have taken the patient's blood when not competent, I should have contacted the TASK team for that evening or waited until a competent

person was able to take the blood (…) Additionally I should not have taken the patient's blood if I was not able to complete the task; I was unable to complete the task as I did not have access to order comms. I should have worked within my competencies and not asked another staff nurse to print and label the bottles. By working within my competencies I would have preserved the safety of these patients and an error would not have been made".

38. *In June 2020, Ms Morrison provided a developed reflective piece, which further reflected on the impact her actions had on the profession and showed a greater understanding of her accountability* ***(see Appendix 2 – reflective piece 23 June 2020):***

    "The hardest stage for me has been the guilt that I have carried that I ultimately did wrong and inadvertently could have cause (sic) harm to the patients in my care I am now fully acceptant that I was in the wrong. I am deeply regretful and remorseful for my failings of that evening and for acting dishonestly. NHS Forth Valley has provided me with valuable opportunities in my nursing career and I have repaid that with misconduct and dishonesty to which I feel deeply ashamed and guilty for. Nursing is not just that of a job to me but it is a profession to which I am proud and honoured to be a part of to make a small change or difference in the life of a person is a remarkable privilege".

39. *Within this reflective piece, she also acknowledges the challenges of remediating dishonest conduct and demonstrates an understanding of the importance of being open, honest and trustworthy at all times, in keeping with professional integrity:*

40. *"The act of dishonesty is much harder to try to remedy and I will do all I rightfully can to regain the trust of the profession. I have a clearer understanding of how important trust and honesty are in order to uphold professional standards for colleagues and nursing associates to aspire to. The importance of upholding the standards and values within the code and most importantly that of the public who*

entrust us with their health and wellbeing. This experience has been dreadful but ultimately I must take whatever positives I can from it and use this as an opportunity for reflection and learning to improve my practice."

41. *In her most recent reflective piece* ***(See Appendix 4 – reflective piece 14 June 2021)****, Ms Morrison reflects on the impact her actions had on her colleagues, employer and the NMC as regulator:*

    "Whilst reflecting on these actions with other colleagues I have always expressed my regret in not apologising to those directly involved sooner than what I have. As previously outlined in my other reflective accounts this process has been like going through the 6 stages of grief. However, I knew that I wanted to apologise I did not know at what stage would be best to do so as relationships had broken down so much. and I did not want to cause any further distress. Therefore at this time I would like to remorsefully and whole heartedly apologise to that individual and department for my disgraceful actions of that evening. In conclusion as aforementioned the act of dishonesty is by far the hardest action to try and remedy. However, I endeavour to continue to try and regain the trust in NHS Forth Valley and that of the professional body to rectify and be accountable for these actions."

42. *In light of these factors, although dishonesty as demonstrated in this case is difficult to remediate, it is agreed that Ms Morrison has sufficiently proven that she has in fact remediated such conduct whereby it is unlikely to be repeated again in the future.*

43. *Attached are references and testimonials dating back to 2019* ***(see Appendix 1, 3 and 5)****. These include references from her current employer, a university professor and many nursing colleagues commenting on her character. These attest to her honesty and all speak highly of Ms Morrison and place her character in context.*

44. *The Area Wide Staff Bank Manager at NHS Forth Valley Staff Bank Service describes Ms Morrison's progress as follows:*

"Following the events of the past year or so, Aleandria on completion of a supported improvement plan has returned to be a valuable and regular registered nurse within the NHS Forth Valley Staff Bank,

Alexandria returned to work on the 10th June 2019 and has continued to work regularly with the staff bank, with no issues or concerns being raised around any aspect of her nursing practise and has supported NHS Forth Valley during the covid- 19 pandemic across our acute sector."

45. *Senior Charge Nurse and colleague of Ms Morrison states the following in their testimonial dated 26 June 2020:*

"I have known Alexandria in colleague capacity since May 2016. Alex was a newly qualified nurse working on Forth Valley nurse bank and I was Senior Staff Nurse in ward B32. Alex worked a lot of blocked bookings on the ward over a period of 6 months. I found Alex to be professional and very well organised and had no issues with any of her work.

I moved to Senior Charge Nurse in B31. Once again, Alex had continued to work on Nurse Bank in various areas but predominantly in B31. I never had any issues that gave me concern about Alex's pactice.

Following the events of last year I have continued to support Alex within B31. It is my opinion that Alex has reflected on her actions and realised the severity of her error.
Alex has personally told me she would like to say sorry to staff and patient (sic) involved. I am confident Alex will continue to improve being a conscientious practitioner."

46. A further colleague and registered nurse in a testimonial dated 12 June 2020 states the following:

"I have known Alex for approximately 5 years in a work capacity only. I came to know her well during a period of 18 months when she consistently worked in B31 FVRH. I worked regularly with Alex on night duty. I can attest to Alex's strength of character and devotion to her duties as a staff nurse. I have always been impressed with the care and compassion that she expresses towards her patients, always acting with professionalism and efficiency and integrity. She required minimal supervision and could be trusted to be left to her own devices. With a reduced staff level at night, Alex could always be relied upon to help her colleagues out at a moments notice so works well in the team. She does not lose sight of the bigger picture when working in the ward and how this integrates into the hospital ethos and vision, while never losing sight of patient care. Always adhering to hospital policies, Alex is a reliable, honest and capable member of the team. She shows compassion and integrity and is a joy to work with. Popular with both patients and staff she carries out her duties methodically and diligently. Alex always appeared keen, arriving well before her shift started. Alex is a valuable member of the NHS."

47. The most recent references from her employer ***(see Appendix 5)*** *demonstrate they are confident in her clinical competence, documenting the progress she has made and state:*

"It is my opinion that the registrant has reflected on her actions previously, has reviewed fully her practice and actions and has taken the necessary steps to ensure that that she is a safe, competent and reliable registered nurse, who I'm confident in supporting continuing to work for NHS Forth Valley Nurse Bank service in the future."

48. *This was misconduct arising out of a single shift, prior to which Ms Morrison had an unblemished nursing career. Ms Morrison remains employed at NHS Forth Valley where the misconduct took place, has remediated and the conduct is highly unlikely to be repeated.*

Public protection impairment

49. *In light of the fact Ms Morrison has shown significant insight, remorse and regret for her actions, this is a clear indication that the likelihood of the conduct being repeated, and there being an unwarranted risk of harm to patients, is low. Therefore, a finding of current impairment is not necessary on public protection grounds in the circumstances of this case.*

Public interest impairment

50. *The full seriousness of the regulatory concerns has been identified and it is accepted that the misconduct involves serious breaches of fundamental tenets of the profession. In particular not being open and honest and not displaying professionalism and trust at all times.*

51. *This is a case where a finding of current impairment is required to declare and uphold proper professional standards and protect the reputation of the nursing profession, in accordance with the comments of Cox J in Grant at paragraph 74:*

    "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."

52. *In the circumstances it is agreed between the parties that a finding of impairment is necessary on public interest grounds and it is agreed that the registrant's fitness to practise is currently impaired on this ground alone.*

Sanction

53. *The appropriate sanction in this case is a 5 year caution order. The parties agree that the sanction takes into consideration the serious nature of the misconduct and the fact that Ms Morrison has shown insight, remorse and acknowledged her wrongdoing. Further, it takes into account that these were isolated to a single shift and that these proceedings have had a salutary effect upon her whereby the risk of repetition is extremely low. In these circumstances, this sanction is both proportionate and appropriate to mark the serious nature of the misconduct.*

52. *The parties considered the NMC Sanctions Guidance, bearing in mind that it provides guidance not firm rules.*

53. *The aggravating features of the case are as follows:*
    - *Lack of professionalism*
    - *Breach of trust*
    - *Patients placed at risk of harm*

54. *The mitigating features of the case are as follows:*
    - *One-off isolated incident*
    - *Remorse/regret demonstrated*
    - *Insight/reflection demonstrated*
    - *Undertaken further training relating to the conduct*
    - *Positive testimonials that measure the insight shown by the registrant*
    - *No previous regulatory findings during 6 year career prior to this incident*

- *Remains employed at the Hospital and engaged with their supportive improvement plan*

55. *The parties considered the appropriate sanction, starting with the least restrictive sanction. Given the seriousness of the concerns, all sanction options (up to and including a striking off order) need to be considered.*

56. *In light of this the parties considered whether Ms Morrison's conduct was fundamentally incompatible with continued registration. In light of her level of insight, remorse, reflection and remediation coupled with this being an isolated event, and that she has remained employed at the Hospital and engaged with their supportive programme, the parties agree the conduct is not fundamentally incompatible with ongoing registration. As such a striking off order, whilst meriting significant consideration, is not appropriate in this case.*

57. *The parties also agree that a conditions of practice order is also not appropriate as, in light of the parties' agreement that Ms Morrison has remediated the public protection concerns, there are no clinical concerns that require remediation or correction.*

58. *In light of the above, the parties have carefully considered whether a suspension order or a caution order is the most appropriate sanction through which to mark the public interest in this case.*

59. *The parties noted the NMC's guidance on caution orders:*

"A caution order is only appropriate if the Fitness to Practise Committee has decided there's no risk to the public or to patients requiring the nurse, midwife or nursing associate's practice to be restricted, meaning the case is at the lower end of the spectrum of impaired fitness to practise, however the Fitness to Practise

committee wants to mark that the behaviour was unacceptable and must not happen again."

60. *It is already agreed that there is no risk to the public in Ms Morrison being entitled to practise without restriction. Whilst the parties are clear that Ms Morrison's conduct is not at the lower end of the spectrum of seriousness, when the case as a whole is considered, and Ms Morrison's full insight, remorse and remediation are taken into account, it is agreed that her impairment is at the lower end. Therefore, a caution order would be sufficient to mark the public interest and maintain confidence in the profession.*

61. *The parties further agree that the seriousness of Ms Morrison's underlying conduct could be marked by the length of the caution and further agree that a caution order for a period of 5 years is appropriate in this case.*

62. *The parties also considered whether a suspension order would be more appropriate and noted the NMC's guidance:*

    "in cases where the misconduct isn't fundamentally incompatible with the nurse, midwife or nursing associate continuing to be a registered professional, and our overarching objective may be satisfied by a less severe outcome than permanent removal from the register"

    And a further non-exhaustive list when considering seriousness, including:

    - *"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 Committee is satisfied that the nurse, midwife or nursing associate has insight and does not pose a significant risk of repeating behaviour"*

63. *The parties noted that Ms Morrison's misconduct took place over a single shift and that a caution order in their view was sufficient. Whilst consideration did need to be given to attitudinal problems in respect of dishonesty, Ms Morrison has addressed these in so far as they arose and there has been no evidence of repetition of this incident.*

64. *The parties considered the guidance in relation to proportionality and that a sanction must be the minimum required in order to protect the public or uphold the public interest. In light of the agreement that there are no longer any public protection concerns in this case, the parties considered the public interest element. A lengthy 5 year caution order provides greater regulatory intervention as it will be in place for a longer period of time. It will be recorded on the register, published on the NMC website and it will be disclosed to anyone enquiring about Ms Morrison's fitness to practise history. If a suspension order was imposed, this would be for a maximum of 1 year and would provide a shorter period of regulatory intervention.*

65. *Similarly, in light of Ms Morrison's fully developed insight, there is nothing to be gained by a period of suspension in the circumstances of this case. Ms Morrison has fully reflected on her actions, remediated the concerns and acknowledges the full seriousness of this case.*

66. *Finally, having decided that a caution order was, on the facts of this case and applying the relevant guidance, the appropriate order, the parties reminded themselves that there is a public interest in allowing nurses to safely return to practice, if appropriate. In light of the agreement that Ms Morrison is no longer impaired on public protection grounds, there is a public interest is her being able to work as a nurse.*

67. *The parties also considered the impact a suspension order would have on her employer. The Referrer, and current employer, indicated that, "the provision of supplementary staff cover is extremely difficult and we have a high demand for agency", highlighting the impact on the hospital if Ms Morrison were to be*

suspended. Given the impact any period of suspension would have on the staffing levels at Forth Valley Royal Hospital and potential impact more generally on patient safety, there is a public interest in Ms Morrison being allowed to continue to work as she does not present a risk to patients or the public. This reinforced the parties agreement that a caution order was appropriate.

Referrer's comments

68. *The Referrer, Head of Nursing of the Surgical Directorate at Forth Valley Royal Hospital indicated:*

"I do support this provisional agreement.
…
AM (Ms Morrison) routinely works 34.5 hours per week. At present the provision of supplementary staff cover is extremely difficult and we have a high demand for agency.
…
She was cooperative and since completion of her supportive improvement plan, AM (Ms Morrison) has worked on a regular basis and there has also been no clinical concerns raised."

The parties understand that this provisional agreement cannot bind a panel, and that the final decision on findings impairment and sanction is a matter for the panel. The parties understand that, in the event that a panel does not agree with this provisional agreement, the admissions to the charges and the agreed statement of facts set out above, may be placed before a differently constituted panel that is determining the allegation, provided that it would be relevant and fair to do so.'

Here ends the provisional CPD agreement between the NMC and Miss Morrison. The provisional CPD agreement was signed by Miss Morrison on 19 July 2021 and the NMC on 23 July 2021.

Decision on the Consensual Panel Determination:

The panel decided to accept the CPD agreement.

The panel had regard to the documentation before it, namely the signed CPD agreement, reflective statements written by Miss Morrison, testimonials, a number of training certificates and other evidence regarding continuing professional development. The panel also had regard to the submissions made by Ms Piff, on behalf of the NMC.

The panel heard and accepted the legal assessor's advice. She referred the panel to the 'NMC Sanctions Guidance' ("SG"), the 'NMC's guidance on Consensual Panel Determinations' ("the Guidance") and to the Nursing and Midwifery Order 2001 ("the Order"). The legal assessor also referred the panel to relevant case law. She reminded the panel that they could accept, amend or outright reject the provisional CPD agreement reached between the NMC and Miss Morrison. Further, the panel should consider whether the provisional CPD agreement would be in the public interest. This means that the outcome must ensure an appropriate level of public protection, maintain public confidence in the professions and the regulatory body, and declare and uphold proper standards of conduct and behaviour.

The panel noted that Miss Morrison admitted the facts of the charges, as set out in the CPD agreement. Accordingly, the panel was satisfied that the charges are found proved by way of Miss Morrison's admissions.

Decision and reasons on misconduct and impairment

The panel then went on to consider whether the facts found proved amounted to misconduct and, if so, whether Miss Morrison's fitness to practise is currently impaired. Whilst acknowledging the agreement between the NMC and Miss Morrison, the panel exercised its own independent judgement in reaching its decision.

In coming to its decision, the panel had regard to the case of *Roylance v General Medical Council (No. 2)* [2000] 1 AC 311 which defines misconduct as a '*word of general effect, involving some act or omission which falls short of what would be proper in the circumstances*.'

In respect of misconduct, the panel determined that the allegations are wide ranging, serious and involve dishonesty. The panel considered that Miss Morrison's actions, in relation to taking the blood sample for Patient A, which led to the sample being wrongly labelled, put patients at a serious risk of harm. In addition, the medicines administration errors made by Miss Morrison in respect of Patients B and C put patients at a serious risk of harm.

The panel also took into account the dishonesty charge. The panel was of the view that falsifying records by using Colleague A's signature and trying to cover it up is serious. The panel also noted that Miss Morrison's actions in using Colleague A's signature and log in details could have had potential implications for Colleague A. It was of the view that Miss Morrison's actions fell seriously short of what would be expected of a registered nurse.

The panel was satisfied that paragraph 24 of the CPD agreement clearly set out Miss Morrison's breaches of The Code: Professional standards of practice and behaviour for nurses and midwives (2015) ("the Code"). The panel determined that although these are incidents which all occurred on one shift, the charges are serious enough to amount to misconduct. The panel was of the view that the charges individually and collectively amounted to serious misconduct. In this respect, the panel endorsed paragraphs 22 – 28 of the provisional CPD agreement in respect of misconduct.

The panel then considered whether Miss Morrison's fitness to practise is currently impaired by reason of her misconduct. The panel determined that Miss Morrison's fitness to practise is currently impaired on public interest grounds.

The panel accepted the submissions within the provisional CPD that all four limbs of the test set out in Dame Janet Smith's Fifth Shipman Report are engaged in Miss Morrison's case.

The panel was of the view that Miss Morrison's actions placed patients at an unwarranted risk of harm. The panel took into account paragraph 8 of the CPD agreement which states:

> *"The following morning, she asked the nurse working on the next shift to print the label and stick it to the bottle. This nurse agreed to do this and mistakenly labelled the blood with another patient's details. The outcome of this was that another patient received IV replacement for potassium. This was noticed and resolved at the time, but the potential for harm was very serious. The risk of receiving potassium incorrectly is potentially serious heart problems, including fatality. This was as a result of the registrant not following the correct procedure and labelling the sample at the time the blood was taken."*

The panel was of the view that although the mistake was noticed and resolved, Miss Morrison's actions in taking the blood sample when she was not qualified to do so and therefore did not have access to print the label herself had put patients at a significant risk of harm. The panel was of the view that by placing Patients B and C at an unwarranted risk of harm and by falsifying records by using Colleague A's signature and trying to conceal her actions, Miss Morrison has brought the profession into disrepute and therefore has breached fundamental tenets of the profession. In addition, Miss Morrison's actions were dishonest.

The panel went on to consider current impairment. When considering current impairment, the panel asked itself whether Miss Morrison is, now and in the future, likely to repeat matters of the kind found proved, and 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 circumstances of this case.

The panel first considered remediation. The panel took into account the guidance as outlined in the case of *Cohen v GMC* [2008] EWHC 581 (Admin). It considered whether the conduct which led to the charge is easily remediable, whether it has been remedied and whether it is highly unlikely to be repeated. The panel was satisfied that the misconduct in this case is capable of remediation. However, the panel noted that dishonesty is often difficult to remediate, which Miss Morrison has accepted. Whilst this is the case, the panel accepted that dishonesty is not impossible to remediate, and that in assessing whether there has been evidence of remediation, it must turn its attention to any evidence of reflection, insight and remorse into the conduct.

The panel had regard to the contents of Miss Morrison's several reflective statements, and considered that her statements demonstrate substantial progression in her level of insight during the course of the NMC investigation, and that she has now displayed substantial insight and remorse into her behaviour at the time.

The panel bore in mind her reflective statement dated 23 June 2020 which states:

> *"I now have to realise that as a Professional person that I ought to rely on the rules and expect my colleagues to do the same and not divert and if that leads to awkward situations I need to stand up to this to allow me to care for my patients safely."*

The panel was of the view that Miss Morrison now accepts her responsibility for her actions.

The panel considered that there was substantial evidence of remediation, as well as evidence of insight and remorse into Miss Morrison's behaviour, such that the risk of her repeating this behaviour in future can now be regarded as low. Whilst the panel considered that Miss Morrison has made significant steps to address her failings, it bore in mind that for dishonesty of this nature it is inherently difficult to demonstrate remediation.

The panel took into account that Miss Morrison has now been signed off as competent in the clinical areas that relate to the charges, she has completed numerous training courses and she has kept up to date with her continuing professional development. It also bore in mind the testimonials from fellow professionals who refer Miss Morrison to being a competent and trustworthy nurse.

The panel took into account Miss Morrison's reflective statement dated 15 June 2021 which states:

> *"When administering the controlled drugs I used a colleagues HEPMA password to act as if there was another person witnessing the administration of these drugs in addition I fraudulently signed these medications in the controlled drug book with a colleagues initials. By doing so I have acted dishonestly and did not take into consideration the impact that this would also impose on my colleges reputation and registration. It was never my intention to act with any intent or for any personal gain. Moreover I have reflected greatly on the stress and anguish that this must of caused that individual as well as the department as a whole (sic)."*

The panel was of the view that Miss Morrison has demonstrated a significant level of insight and remorse regarding her actions, and her insight as to her dishonesty has developed throughout these proceedings. The panel was satisfied that Miss Morrison now understands and acknowledges the seriousness of her dishonesty, and its impact on patients, colleagues and the reputation of the profession. In the panel's view there is little more that could be expected of Miss Morrison in terms of expressing that insight.

The panel went on to consider the risk of repetition. It noted that Miss Morrison has remained employed by the Hospital and that there is no evidence of any repetition of the behaviour or concerns. It took into account that Miss Morrison has acknowledged in her reflective statement that her fitness to practise is impaired. The panel bore in mind the positive testimonials from colleagues in respect of Miss Morrison which show her to be held in high regard as a registered nurse. The panel noted that this case does raise public

protection issues, however given Miss Morrison's level of insight, remorse, reflection and remediation, and the additional training she has undertaken, the public protection concerns in this case have been addressed.

The panel concluded that as Miss Morrison has addressed the public protection concerns a finding of impairment is not necessary on the grounds of public protection.

The panel bore in mind that the overarching objectives of the NMC are to protect, promote and maintain the health safety and wellbeing of the public and patients, and to uphold and protect the wider public interest, which includes promoting and maintaining public confidence in the nursing profession and upholding the proper professional standards for members of the profession. The panel had regard to the seriousness of the misconduct in this case, and it considered that members of the public would be particularly concerned to hear of a registered nurse who has falsified controlled drug records and fraudulently signed drug records on behalf of a colleague. The panel determined that confidence in the nursing profession and in the NMC as a regulator would be undermined if a finding of impairment were not made in the circumstances. The panel therefore determined that a finding of impairment is necessary on public interest grounds.

The panel therefore found that Miss Morrison's fitness to practise is currently impaired. In this respect the panel endorsed paragraphs 29 – 52 of the provisional CPD agreement.

Decision and reasons on sanction

Having found Miss Morrison's fitness to practise currently impaired on public interest grounds, the panel went on to consider what sanction, if any, it should impose in this case. The panel has borne in mind that any sanction imposed must be appropriate and proportionate and, although not intended to be punitive in its effect, may have such consequences. The panel had careful regard to the SG. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- Lack of professionalism;
- Breach of trust;
- Patients placed at risk of harm.

The panel noted that the charges involve dishonesty, and considered that this could have been identified as an aggravating feature. However, throughout the CPD agreement the dishonesty in this case has been acknowledged and addressed. Although the panel would have concluded that dishonesty is an aggravating feature, the fact that it has not been identified as such did not change its decision in relation to sanction.

The panel also took into account the following mitigating features:

- One-off isolated incident;
- Remorse/regret demonstrated;
- Insight/reflection demonstrated;
- Undertaken further training relating to the conduct;
- Positive testimonials that measure the insight shown by the registrant;
- No previous regulatory findings during 6 year career prior to this incident;
- Remains employed at the Hospital and engaged with their supportive improvement plan.

The panel sought to highlight that the mitigating feature that Miss Morrison has demonstrated insight and reflection would have been more accurately expressed if it stated that her "*insight and reflection has substantially developed throughout these regulatory proceedings*". In addition, the panel was of the view that as Miss Morrison has completed her supportive improvement plan at the Hospital, the last mitigating feature would be more accurate if it stated that Miss Morrison has "*completed her supportive improvement plan*".

The panel first considered whether to take no further 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.

Next, in considering whether a caution order would be appropriate in the circumstances, 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 was of the view that although very serious, Miss Morrison's actions occurred across a single shift and that she has demonstrated a sufficient level of insight, remorse and regret. In addition, she has demonstrated developing insight over the course of these regulatory proceedings. The panel noted that Miss Morrison has made admissions and apologised for her actions. It also noted that Miss Morrison has been working as a nurse at the Hospital for the past two years without any evidence of repeated behaviour or concerns. In addition, the panel had before it a number of positive testimonials in support of Miss Morrison.

While Miss Morrison's misconduct was not at the lower end of the spectrum of seriousness, when considering the case in its entirety and when Miss Morrison's insight, remorse and remediation are taken into account, Miss Morrison's fitness to practise can now be properly regarded as having being sufficiently remediated to move it towards the lower end of the spectrum of impairment.

The panel agreed with the CPD that a caution order would adequately mark the seriousness of the case and address the public interest concerns. The panel was of the view that a caution order would be the minimum appropriate sanction. The panel considered, however, that it should be for the maximum length permitted to reflect the seriousness of the misconduct and to mark the public interest. In this respect the panel endorsed paragraphs 53 - 67 of the provisional CPD agreement.

The panel considered whether it would be appropriate to impose a more restrictive sanction and looked at a conditions of practice order. The panel noted that there are no ongoing public protection concerns in this case and that there are no remaining clinical concerns that require remediation or correction. The panel concluded that no useful purpose would be served by a conditions of practice order. The panel also gave serious consideration to the imposition of a suspension order. However, having already determined that a caution order, whilst at the lower end of the sanctions that could be considered reasonable and appropriate in this case would nevertheless adequately mark its seriousness, the panel concluded that a suspension order would be disproportionate. The panel also considered that there is a public interest in allowing experienced nurses to safely return to practice.

For the next five years Miss Morrison's employer - or any prospective employer - will be on notice that her fitness to practise had been found to be impaired and that her practice is subject to a restriction. Having considered the general principles above and looking at the totality of the findings on the evidence, the panel has determined that to impose a caution order for a period of five years would be the appropriate and proportionate response. It would mark not only the importance of maintaining public confidence in the profession, but also send the public and the profession a clear message about the standards required of a registered nurse.

At the end of this period the note on Miss Morrison's entry in the register will be removed. However, the NMC will keep a record of the panel's finding that her fitness to practise had been found impaired. If the NMC receives a further allegation that Miss Morrison's fitness to practise is impaired, the record of this panel's finding and decision will be made available to any practice committee that considers the further allegation.

This decision will be confirmed to Miss Morrison in writing.

That concludes this determination.