

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

**Substantive Order Review Hearing
Tuesday, 19 September 2023**

Virtual Hearing

Name of Registrant: Louise Frances Dickinson-Dobson

NMC PIN: 85Y3235E

Part(s) of the register: Nursing, Sub part 1
Registered Nurse – Adult (24 July 1988)

Relevant Location: Devon

Type of case: Lack of competence

Panel members: Museji Ahmed Takolia CBE (Chair, Lay member)
Claire Matthews (Registrant member)
Suzanna Jacoby (Lay member)

Legal Assessor: Ben Stephenson

Hearings Coordinator: Eyram Anka

Nursing and Midwifery Council: Represented by Uzma Khan, Case Presenter

Mrs Dickinson-Dobson: Not present and not represented at this hearing

Order being reviewed: Suspension order (12 months)

Fitness to practise: Impaired

Outcome: **Order to lapse upon expiry in accordance with Article 30 (1), namely 22 October 2023.**

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Mrs Dickinson-Dobson was not in attendance and that the Notice of Hearing had been sent to Mrs Dickinson-Dobson's registered email address by secure email on 8 August 2023.

Further, the panel noted that the Notice of Hearing was also sent to Mrs Dickinson-Dobson's representative on 8 August 2023.

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

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Hearing provided details of the substantive order being reviewed, the time, date and that the hearing was to be held virtually, including instructions on how to join and, amongst other things, information about Mrs Dickinson-Dobson's right to attend, be represented and call evidence, as well as the panel's power to proceed in her absence.

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

Decision and reasons on proceeding in the absence of Mrs Dickinson-Dobson

The panel next considered whether it should proceed in the absence of Mrs Dickinson-Dobson. The panel had regard to Rule 21 and heard the submissions of Ms Khan who asked the panel to continue with the hearing in the absence of Mrs Dickinson-Dobson.

Ms Khan referred the panel to an email from Mrs Dickinson-Dobson's representative dated 4 September 2023 which states, '*Thank you for the email Louise and I will not be in attendance. Many thanks*'.

Ms Khan submitted that it is in the interest of effective justice to proceed with the review hearing.

The panel accepted the advice of the legal assessor.

The panel has decided to proceed in the absence of Mrs Dickinson-Dobson. In reaching this decision, the panel has considered the submissions of Ms Khan, the representations made on Mrs Dickinson-Dobson's behalf, and the advice of the legal assessor. It has had particular regard to relevant case law and to the overall interests of justice and fairness to all parties. It noted that:

- No application for an adjournment has been made by Mrs Dickinson-Dobson.
- Mrs Dickinson-Dobson's representative has informed the NMC that she has received the Notice of Hearing and confirmed she will not attend the hearing.
- There is no information to indicate that adjourning would secure her attendance at some future date; and
- There is a strong public interest in the expeditious review of the case.

Taking account of all of the above factors the panel has decided that it is fair to proceed in the absence of Mrs Dickinson-Dobson.

Decision and reasons on review of the substantive order

The panel decided to allow the current suspension order to lapse.

The panel decided to allow the current order to lapse upon expiry at the end of 22 October 2023 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (as amended) (the Order).

This is the second review of a substantive suspension order originally imposed for a period of 12 months by a Fitness to Practise Committee panel on 23 September 2021. This was first reviewed on 5 September 2022 and the order was continued for a further 12 months.

The current order is due to expire at the end of 22 October 2023.

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

'That you, between 29 August 2017 and 8 May 2018 failed to demonstrate the standards of knowledge, skill and judgment required to practise without supervision as a staff nurse in that you:

1. *On 29 August 2017*

1.1. *failed to administer a prescribed dose of insulin to patient G*

1.2. *failed to administer a prescribed dose of insulin to patient H*

2. *On 4 September 2017 failed to escalate patient I who had an elevated EWS score of 8.*

3. *...*

4. *On 20 April 2018*

a. *Provided an inadequate handover to your colleague in that:*

i. *You were unaware of the catheter status of a patient*

ii. *You were unclear of the resus status of a patient*

b. *Used inappropriate force in an attempt to open a patient's mouth*

c. *Failed to complete Patient A's formal verification of death paperwork without delay*

5. *On 24 April 2018*

- a. *Used inappropriate or rough handling techniques when moving patient B's legs*
 - b. *Failed to obtain patient consent prior to administration of oral morphine to patient C*
 - c. *Used inappropriate dressings to dress patient E's wounds*
 - d. *Used inappropriate or rough handling techniques when assisting a patient to get dressed in that you caused the patient unnecessary pain when attempting to get the patient's arm into his nightshirt*
6. ...
7. *On 8 May 2018*
- a. *Guessed Patient F's International Normalised Ratio (INR) date*
 - b. *Updated Patient F's handover with the INR date you had guessed (in charge 7 a) above)*
 - c. ...'

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

'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 noted that the original panel found that Mrs Dickinson-Dobson had insufficient insight. At this meeting the panel also determined that Mrs Dickinson-Dobson's insight was still insufficient due to the lack of any additional information.

In determining whether Mrs Dickinson-Dobson has taken steps to strengthen her practice, the panel decided that there has been no change in circumstances and Mrs Dickinson-Dobson has made it clear that she does not want to return to practise. However, as Mrs Dickinson-Dobson has not formally informed the NMC of her future intentions with regard to her nursing career, the panel determined that there remains a risk to the public.

The original panel determined that Mrs Dickinson-Dobson was liable to repeat matters of the kind found proved. Today's panel has received no new information to suggest that she has made attempts to reduce the risks. In light of this the panel determined that Mrs Dickinson-Dobson is liable to repeat matters of the kind found proved. The panel therefore decided that a finding of continuing impairment is necessary on the grounds of public protection.

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

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

The first reviewing panel also determined the following with regard to sanction:

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

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

The panel next considered whether a conditions of practice order on Mrs Dickinson-Dobson's registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and

workable. The panel bore in mind the seriousness of the facts found proved at the original meeting and concluded that a conditions of practice order would not adequately protect the public or satisfy the public interest. The panel was not able to formulate conditions of practice that would adequately address the concerns relating to Mrs Dickinson-Dobson's lack of competence as she has not shown any willingness to comply with any conditions.

The panel has received information that Mrs Dickinson-Dobson does not intend to return to practise as a nurse. In view of Mrs Dickinson-Dobson intention not to return to nursing, the panel considered that any conditions of practice order would not be workable and would serve no useful purpose.

The panel considered the imposition of a further period of suspension. It was of the view that a suspension order would allow Mrs Dickinson-Dobson further time to fully reflect on her previous failings. The panel concluded that a further 12 month suspension order would be the appropriate and proportionate response and would afford Mrs Dickinson-Dobson adequate time to further develop her insight and take steps to strengthen her practice.

The panel determined therefore that a suspension order is the appropriate sanction which would continue to both protect the public and satisfy the wider public interest.'

Decision and reasons on current impairment

The panel has considered carefully whether Mrs Dickinson-Dobson'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. Whilst it has noted the decision of the last panel, this panel has exercised its own judgement as to current impairment.

The panel has had regard to all of the documentation before it, including the NMC bundle. It has taken account of the submissions made by Ms Khan on behalf of the NMC.

Ms Khan provided a brief background to the case and made reference to the decisions and reasons of previous panels.

Ms Khan submitted that there is no material change since the previous hearing. She submitted that there is no evidence to indicate that Mrs Dickinson-Dobson has taken steps to strengthen her practice. She invited the panel to consider the email from Mrs Dickinson-Dobson dated 24 June 2021 which was provided to the previous panel indicating that she no longer wants to practise nursing and would no longer engage with the NMC.

Ms Khan submitted that allowing Mrs Dickinson-Dobson to practise unrestricted risked the likelihood of repetition. She submitted that there is no information before the panel of any attempts to reduce those risks. She submitted that a finding of continued impairment is necessary on the grounds of public protection and public interest.

Ms Khan further submitted that the panel could consider allowing the order to lapse. She referred the panel to the NMC guidance in respect of allowing nurses to be removed from the register (REV-3h). Since Mrs Dickinson-Dobson has not revalidated and is only on the register because of the current suspension order, Ms Khan submitted that if the panel allows the order to lapse Mrs Dickinson-Dobson will be removed from the register as per her request in the email she sent dated 24 June 2021.

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 Dickinson-Dobson's fitness to practise remains impaired.

The panel took careful account of the findings of the last reviewing panel which found that Mrs Dickinson-Dobson had insufficient insight. This panel is of the view that the lack of information before it indicates that Mrs Dickinson-Dobson's insight remains inadequate. In its consideration of whether Mrs Dickinson-Dobson has taken steps to strengthen her

practice, the panel determined that there has been no material change in the circumstances. The panel noted the finding of lack of competence at the initial substantive hearing on 23 September 2021 and determined that there has been no demonstration of competence by Mrs Dickinson-Dobson since the substantive order was imposed.

The panel had regard to the NMC Code in relation to lack of competence detailed in the initial substantive hearing on 23 September 2023. It states,

1. *'Where the acts or omissions of a registered nurse are in question, what would be proper in the circumstances (per Roylance) is, it is submitted, to be answered by reference to the Nursing and Midwifery Council's Code of Conduct.*
2. *Additionally, the standards expected of a registered nurse at the relevant time can be found in The Code of Conduct.*
3. *It is submitted, that the following parts of the Code are engaged and have been breached by the Registrant:*

1. *Treat people as individuals and uphold their dignity*

2. *To achieve this, you must:*

3. *1.1 treat people with kindness, respect and compassion*

4. *1.2 make sure you deliver the fundamentals of care effectively*

5. *1.4. make sure that any treatment, assistance or care for which you are responsible is delivered without undue delay*

2 Listen to people and respond to their preferences and concerns

6. *To achieve this, you must:*

1. *2.1 work in partnership with people to make sure you deliver care effectively*

2. *2.2 recognise and respect the contribution that people can make to their own health and wellbeing 24*

3. *2.5 respect, support and document a person's right to accept or refuse care and treatment.*

4. 4. Act in the best interest of people at all times

5. To achieve this you must:

- 1. 4.1 balance the need to act in the best interest of people at all times with the requirement to respect a person's right to accept or refuse treatment*
- 2. 4.2 Make sure you get properly informed consent and document it before carrying out any action.*

6 Always practise in line with the best available evidence

45. To achieve this, you must:

6.2 maintain the knowledge and skills you need for safe and effective practice 8 Work co-operatively

46. To achieve this, you must:

8.1 respect the skills, expertise and contributions of your colleagues, referring matters to them when appropriate

8.2 maintain effective communication with colleagues

8.3 Keep colleagues informed when you are sharing the care of individuals with other health and care professionals and staff.

8.5 work with others to preserve the safety of those receiving care

8.6 share information to identify and reduce risk

10 Keep clear and accurate records relevant to your practice.

This applies to the records that are relevant to your scope of practice. It includes but is not limited to patient records

47. To achieve this, you must:

10.1 complete records at the time or as soon as possible after an event, recording if the notes are written sometime after the event

13 Recognise and work within the limits of your competence

48. To achieve this, you must:

13.1 accurately identify, observe and assess signs of normal or worsening physical and mental health in the person receiving care

13.2 make a timely referral to another practitioner when any action, care or treatment is required.

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.

20 Uphold the reputation of your profession at all times

49. To achieve this, you must:

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

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

50. The Registrant's competence falls to be judged against the standards expected of a Band 5 nurse and the standard of professional work reasonably expected of such a practitioner. The Registrant's repeated failings are serious and fall short of what would be expected of a registered nurse in the circumstances.

51. The patients in the Registrant's care have been exposed to an unwarranted risk of harm. The concerns raised in this case relate to basic, but fundamental aspects of nursing practice. The concerns are wide ranging and occurred on more than one occasion. This indicates a pattern demonstrating a lack of competence.'

However, the panel acknowledged an email Mrs Dickinson-Dobson sent to the NMC on 24 June 2021 which states,

'I have moved on, I am no longer nursing. I am not interested in any communications [sic] from the NMC or the NHS. I will not open any emails or attachments [sic] and I won't reply to any of your emails, and anything you post out will go into the recycling.'

The panel accepted that this email provides an explanation as to why Mrs Dickinson-Dobson has not provided evidence of insight or strengthened practice and the reasons for her limited engagement with the NMC.

The last reviewing panel determined that Mrs Dickinson-Dobson was liable to repeat matters of the kind found proved. Today's panel has received no new information that departs from the findings of the previous panel. The panel is concerned that Mrs Dickinson-Dobson poses a continued risk to patients in the absence of remediation. In light of this, this panel determined that Mrs Dickinson-Dobson remains liable to repeat unsafe clinical practice of the kind found proved. The panel therefore decided that a finding of continuing impairment is necessary on the grounds of public protection.

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

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

Decision and reasons on sanction

Having found Mrs Dickinson-Dobson'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 30 of the Order. The panel has also taken into account the 'NMC's Sanctions Guidance' (SG) and has borne in mind that the purpose of a sanction is not to be punitive, though any sanction imposed may have a punitive effect.

The panel had regard to its previous findings on impairment in coming to this decision. It bore in mind that its primary purpose is to protect the public and maintain public confidence in the nursing profession and the NMC as its regulator. The panel concluded that Mrs Dickinson-Dobson's fitness to practise remains impaired and that she has provided no evidence to suggest an improvement in her competency or strengthened practice. The panel determined there remains a risk of significant harm to patients and a real risk of repetition. However, the panel has decided that it is in the interests of the public, the regulator and Mrs Dickinson-Dobson herself that, taking into account the

panel's finding of current impairment the substantive order should be allowed to lapse upon its expiry.

The suspension order will be allowed to lapse at the end of the current period, namely the end of 22 October 2023 in accordance with Article 30(1).

This will be confirmed to Mrs Dickinson-Dobson in writing.

That concludes this determination.