

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

**Substantive Order Review Meeting
Tuesday, 16 April 2024**

Nursing and Midwifery Council
10 George Street, Edinburgh, EH2 2PF

Name of Registrant: John Appiah-Danquah

NMC PIN 97A0390E

Part(s) of the register: Nurses part of the register Sub part 1
RNMH: Mental health nurse, level 1 (23 February 2000)

Relevant Location: Lancashire

Type of case: Misconduct

Panel members: Darren Shenton (Chair, lay member)
Carole McCann (Registrant member)
David Anderson (Lay member)

Legal Assessor: Marian Gilmore KC

Hearings Coordinator: Catherine Blake

Order being reviewed: Suspension order (12 months)

Fitness to practise: Impaired

Outcome: **Striking-Off order to come into effect on 31 May 2024
in accordance with Article 30 (1)**

Decision and reasons on service of Notice of Meeting

The panel noted at the start of this meeting that the Notice of Meeting had been sent to Mr Appiah-Danquah's registered address by recorded delivery and by first class post on 5 March 2024.

The panel had regard to the Royal Mail 'Track and trace' printout which showed the Notice of Meeting was delivered to Mr Appiah-Danquah's registered address on 5 March 2024. It was signed for in the name of John Appiah-Danquah.

The panel took into account that the Notice of Meeting provided details of the review that the review meeting would be held no sooner than 15 April 2024 and inviting Mr Appiah-Danquah to provide any written evidence seven days before this date.

The panel accepted the advice of the legal assessor.

In the light of all of the information available, the panel was satisfied that Mr Appiah-Danquah has been served with notice of this meeting in accordance with the requirements of Rules 11A and 34 of the Nursing and Midwifery Council (Fitness to Practise) Rules 2004 (as amended) (the Rules).

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 31 May 2024 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 29 April 2022. This was reviewed on 21 April 2023 and a further suspension order of 12 months imposed.

The current order is due to expire at the end of 31 May 2024.

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

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

'That you, a Registered Nurse, on 14 October 2018:

1. *When Colleague 1 reported to you the deteriorating condition of Patient A at around 9.30am;*
 - a) *Failed to attend Patient A*
 - b) *Failed to take observations of Patient A*
 - c) *Failed to speak with the paramedics when they arrived to attend to Patient A*
2. *Failed to prioritise your medication round adequately resulting in Resident B missing doses of his Co-Beneldopa and Entacopone medication which were prescribed to be given at 10am.*
3. ...

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 found limbs a-c engaged in the Grant test. The panel finds that patients were put at risk of harm as a result of Mr Appiah-Danquah's misconduct. Mr Appiah-Danquah's misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute.

Regarding insight, the panel took into account Mr Appiah-Danquah's written responses. It considered that he had demonstrated very limited insight into his actions. The panel noted that Mr Appiah-Danquah had shown remorse and accepted in part some of the misconduct in that he should have done things differently, but he also sought to blame his colleagues. The panel therefore considered Mr Appiah-Danquah's remorse to be

insincere. The panel accepted Colleague 1's evidence that he had been dismissive towards her and that he had said "I have been an RMN for 15 years. I won't need your assistance". It considered that Mr Appiah-Danquah had demonstrated sheer arrogance towards his colleagues and disregard for the patients in his care.

The panel was satisfied that the clinical misconduct in this case in relation to Mr Appiah-Danquah's failure to prioritise and administer time-sensitive medication is capable of being addressed. However, it was of the view that the serious attitudinal concerns identified are more difficult to put right. The panel carefully considered the evidence before it in determining whether or not Mr Appiah-Danquah has taken steps to strengthen his practice. The panel took into account that Mr Appiah-Danquah had disengaged from proceedings and the panel had no information from him regarding any training he may have undertaken to keep his knowledge and skills up to date or where he is currently working.

The panel is of the view that there is a real risk of repetition based on Mr Appiah-Danquah's limited insight, the attitudinal concerns, and the lack of evidence about how he has strengthened his practice. The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

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

The panel concluded that public confidence in the profession would be undermined if a finding of impairment were not made in this case and therefore also finds Mr Appiah-Danquah's fitness to practise impaired on the grounds of public interest.

Having regard to all of the above, the panel was satisfied that Mr Appiah-Danquah's fitness to practise is currently impaired.'

The original panel determined the following with regard to sanction:

'Having found Mr Appiah-Danquah's fitness to practise currently impaired, 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:

- Mr Appiah-Danquah's limited insight*
- Mr Appiah-Danquah's misconduct put patients at risk of suffering harm*
- Mr Appiah-Danquah's misconduct related to his failure to provide fundamental nursing care*

The panel did not identify any mitigating features in this case.

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 neither protect the public nor be 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 Mr Appiah-Danquah's practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where 'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.' The panel considered that Mr Appiah-Danquah's misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the serious misconduct identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether placing conditions of practice on Mr Appiah-Danquah'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 is of the view that there are no practical or workable conditions that could be formulated, given the nature of the charges in this case and Mr Appiah Danquah's non-engagement. The seriousness of the attitudinal issues identified in this case is not something that can be addressed simply through retraining. Furthermore, the panel concluded that the placing of conditions on Mr Appiah-Danquah's registration would not adequately address the seriousness of this case and would not protect the public.

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

- 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 or midwife has insight and does not pose a significant risk of repeating behaviour;*

The panel considered that Mr Appiah-Danquah's conduct was serious and involved two patients during a single shift but can be deemed a single instance of misconduct. It considered that although it identified serious attitudinal issues, it had no evidence that they were deep seated and he had shown some insight. The panel was satisfied that in this case, the misconduct was not fundamentally incompatible with remaining on the register.

It did go on to consider whether a striking-off order would be proportionate but, taking account of all the information before it, and of the mitigation provided, the

panel concluded that it would be disproportionate. Whilst the panel acknowledges that a suspension may have a punitive effect, it would be unduly punitive in Mr Appiah-Danquah's case to impose a striking-off order.

Balancing all of these factors the panel has concluded that a suspension order would be the appropriate and proportionate sanction.

The panel noted the hardship such an order will inevitably cause Mr Appiah-Danquah. 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 that a suspension order for a period of 12 months was appropriate in this case to protect the public and mark the seriousness of the misconduct. The panel considered 12 months to be sufficient time for Mr Appiah-Danquah to engage with the NMC and provide evidence that he has developed his insight and strengthened his practice.

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.

Any future panel reviewing this case would be assisted by:

- Mr Appiah-Danquah's engagement with the NMC and his attendance at a future hearing.*
- A reflective statement outlining the events and any learning.*
- Evidence of any steps Mr Appiah-Danquah has taken or training undertaken to strengthen his practice.*
- Employment references and testimonials.'*

Decision and reasons on current impairment

The panel has considered carefully whether Mr Appiah-Danquah'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.

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 Mr Appiah-Danquah's fitness to practise remains impaired.

The panel noted that the original panel, and the first reviewing panel, found that Mr Appiah-Danquah had demonstrated very limited insight into his actions. Today's panel sought confirmation from the NMC that there has been no further engagement from, or information provided by, Mr Appiah-Danquah since the last review on 21 April 2023. The NMC confirmed that it had not. As such, the panel considered there was no information to indicate that Mr Appiah-Danquah has developed insight, that he has taken steps to remediate, or that he has taken steps to strengthen his practice, as outlined by the previous panel as information that would assist a future review. The panel also noted that Mr Appiah-Danquah was neither present nor represented at the substantive hearing in April 2022. The panel also noted that Mr Appiah-Danquah had not engaged with his regulator since his referral to the NMC in 2018.

The panel considered the previous panel's finding of serious attitudinal concerns in respect of Mr Appiah-Danquah. The panel was of the view that Mr Appiah-Danquah's continued lack of engagement demonstrates ongoing significant attitudinal concerns, noting that as a

registered nurse he has an obligation to engage with his regulator, which he has failed to do. The panel therefore concluded that Mr Appiah-Danquah's attitudinal issues had not been addressed.

The last reviewing panel determined that Mr Appiah-Danquah was liable to repeat matters of the kind found proved. Today's panel has not received any new information to indicate that the risk of repetition has decreased. In light of this the panel determined that Mr Appiah-Danquah is liable to repeat matters of the kind found proved. Having regard that the charges concern patients being placed at unwarranted risk of harm, 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 Mr Appiah-Danquah's fitness to practise remains impaired.

Decision and reasons on sanction

Having found Mr Appiah-Danquah'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 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 Mr Appiah-Danquah's practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'* The panel considered that Mr Appiah-Danquah's misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether a conditions of practice on Mr Appiah-Danquah'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 hearing 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 Mr Appiah-Danquah's misconduct.

The panel next considered imposing a further suspension order. The original matters occurred during a single shift involving two patients, and the panel considered that the actions of Mr Appiah-Danquah were potentially remediable. However, there has been no engagement with the NMC since 2018 nor any evidence to suggest that the actions have been remediated.

The panel considered the persistent failure of Mr Appiah-Danquah to engage with his regulator was continued evidence of deep-seated attitudinal problems.

Whilst there has been no evidence of repetition of the behaviour, as Mr Appiah-Danquah has been subject to a suspension order he has provided no evidence of insight, reflection, remediation or how he has strengthened his practice to demonstrate that repetition is not likely.

The panel therefore considered that Mr Appiah-Danquah has demonstrated no insight in this matter.

Having considered all of the above matters, the panel determined that a suspension order was not the appropriate sanction and would not be sufficient to protect patients, public confidence in nurses or professional standards. The panel then went on to consider a striking-off order. It recognised this was the most serious sanction and would prevent Mr Appiah-Danquah from working as a registered nurse. The panel balanced the requirements of the overarching objective, and the evidence in this review case. It considered that the regulatory concerns, particularly relating to Mr Appiah-Danquah's failure to engage with the regulation process or provide any evidence of insight, remediation, reflection, or strengthening of his practice, cumulatively led the panel to conclude that this raised a fundamental concern about his professionalism and therefore continued retention on the register.

It determined, in light of all the matters outlined above, public confidence in nurses and the nursing profession could only be maintained if Mr Appiah-Danquah was removed from the register.

Whilst it recognised that a period of suspension would protect patients as it would prevent Mr Appiah-Danquah from being able to work, it would not maintain the confidence of the public or the maintenance of professional standards. The panel therefore determined that a striking-off order was the only appropriate sanction in this particular case.

This striking-off order will take effect upon the expiry of the current suspension order, namely the end of 31 May 2024 in accordance with Article 30(1).

This decision will be confirmed to Mr Appiah-Danquah in writing.

That concludes this determination.