

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

**Substantive Order Review Meeting
Thursday, 15 August 2024**

Virtual Meeting

Name of Registrant: **Mohamed Philip Bangura**

NMC PIN 9717329E

Part(s) of the register: Registered Nurse – RNMH
Mental Health Nursing – March 2001

Relevant Location: Bracknell Forest

Type of case: Lack of competence/Misconduct

Panel members: Scott Handley (Chair, Lay member)
Shorai Dzirambe (Registrant member)
Karen Naya (Lay member)

Legal Assessor: Peter Jennings

Hearings Coordinator: Amira Ahmed

Order being reviewed: Suspension order (12 months)

Fitness to practise: Impaired

Outcome: **Suspension order (12 months) to come into effect at the end of 4 October 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 Bangura's registered email address by secure email on 8 July 2024.

The panel took into account that the Notice of Meeting provided details of the review which included that the meeting would be held no sooner than 12 August 2024 and it also invited Mr Bangura to provide any written evidence seven days before this date.

The panel accepted the advice of the legal assessor on the requirements of service.

In the light of all of the information available, the panel was satisfied that Mr Bangura 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 suspension order for a period of 12 months. This order will come into effect at the end of 4 October 2024 in accordance with Article 30(1) of the Nursing and Midwifery Order 2001 (as amended) (the Order).

This is the first review of a substantive suspension order originally imposed for a period of 12 months by a Fitness to Practise Committee panel on 6 September 2023.

The current order is due to expire at the end of 4 October 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, failed to demonstrate the standards of knowledge, skill and experience required to practise safely as Band 5 nurse between 12 June 2017 and 19 September 2020.

Whilst employed at West London Mental Health NHS Trust:

- 1) *Between 12 June 2017 and 19 July 2017 did not produce a care plan for Patient 1. **(proved)***

- 2) *...*

- 3) *On or before 2 May 2018:*
 - a) *you gave a CPA report to patient 2 which contained an unknown patient's details. **(proved)***
 - b) *...*

- 4) *On or before 20 July 2018 you had outstanding CPA reports for Patient D and / or Patient E. **(proved)***

- 5) *...*

- 6) *On or around 7 September 2018:*
 - a) *failed to evaluate and / or update care plans for unknown patients. **(proved)***
 - b) *...*

- 7) *On or around 8 October 2018:*
 - a) *...*
 - b) *did not complete one or more care plans for an unknown patients. **(proved)***

- 8) *Between 1 October 2018 to 31 October 2018 you recorded one primary nurse 1:1 session on RIO for Patient D. **(proved)***

- 9) *On or before 5 November 2018 you did not provide a copy of a CPA report:*
(proved in its entirety)
a) *to Colleague A;*
b) *to Patient D.*
- 10) *On or before 5 November 2018 you did not correctly evaluate a care plan for Patient D. (proved)*
- 11) *On 7th November 2018 you provided a negative view of Patient A during a CPA meeting. (proved)*
- 12) *On 7 November 2018 did not complete a physical health assessment for Patient F. (proved)*
- 13) ...
- 14) *On or before 18 March 2019:*
a) ...
b) *did not record your 1:1 primary nurse sessions on RiO in a timely manner. (proved)*
- 15) ...
- 16) *On 4 March 2020 you: (proved in its entirety)*
a) *did not know where the second line emergency drugs were located.*
b) *did not know how the second line emergency drugs were;*
 i) *Administered;*
 ii) *Conditions they were used for.*
c) *You prepared and / or administered medication without checking the prescriptions against Patient 5 and / or Patient 6 consent forms.*
d) *You did not identify the consent form when checking the prescription of Patient 7.*

17) On one or more of the following dates you did not pass the Medicine Administration and / or Safe Storage Practice Standards Assessment: **(proved in its entirety)**

- a) 4 March 2020.
- b) 22 April 2020.

18) On or before 6 March 2020 failed to produce the required content for Patient G's CPA nursing report by: **(proved in its entirety)**

- a) Not recording they had yellow ground access;
- b) Including IR1's from 2 October 2018;
- c) Not recording they had their rights read to them under section 132 of the Mental Health Act on 24 January 2020.
- d) Did not record an incident that occurred 6 October 2019.

19) On one or more of the following dates did not correctly use the Z tracking technique to administer IM depot injections:

- a) ...
- b) To Patient 9 on 24 April 2020. **(proved)**

20) ...

21) On 17 April 2020 you:

- a) failed to call site management to organise extra staff for an escort of unknown patients to the patient shop; **(proved)**
- b) Failed to make a list of unknown patients attending; **(proved)**
- c) ...

Whilst employed at Berkshire Healthcare NHS Foundation Trust:

22) On 29 August 2020 you allowed Patient B to move around the ward without keeping them in your sight at all times. **(proved)**

23) On 17 September 2020 you: **(proved in its entirety)**

- a) *instructed staff to open the place-of-safety door;*
- b) *allowed Patient C to leave the building;*

AND in light of the above, your fitness to practise is impaired by reason of your lack of competence and / or misconduct.'

The original panel determined the following with regard to impairment:

'The panel next went on to decide if as a result of the lack of competence and misconduct, Mr Bangura's fitness to practise is currently impaired.

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

In this regard the panel considered the judgment of Mrs Justice Cox in the case of CHRE v NMC and Grant in reaching its decision. In paragraph 74, she said:

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

In paragraph 76, Mrs Justice Cox referred to Dame Janet Smith's "test" which reads as follows:

'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction,

caution or determination show that his/her/their fitness to practise is impaired in the sense that S/He/They:

- a) has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
- b) has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
- c) has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*
- d)'*

The panel determined that patients were put at risk of harm as a result of Mr Bangura's lack of competence and misconduct. Mr Bangura's lack of competence and misconduct breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute. The panel noted that the matters found proved were in respect of a number of patients and occurred over a period of nearly three years and therefore were not isolated incidents. The panel also noted that a higher level of support was provided at that time.

It went on to consider whether there is a risk of repetition and in doing so it assessed Mr Bangura's current insight, remorse and remediation. The panel had no evidence before it to demonstrate Mr Bangura's insight or remediation taken. It noted that Mr Bangura had not provided any evidence of reflection or strengthened practice.

In relation to remorse, the panel noted that there was no evidence available to it, including any comments or reflection from Mr Bangura. He has not engaged with this hearing or a meaningful way with the NMC and consequently the panel has not had the benefit of hearing from him.

The panel considered that the lack of competence and misconduct is capable of remediation. However, in this case the panel has received no evidence that Mr Bangura has remedied his practice. Accordingly, it cannot be said that this is highly unlikely to be repeated.

The panel decided that a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind 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 current impairment were not made in this case and therefore also finds Mr Bangura's fitness to practise impaired on the grounds of public interest.

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

The original panel determined the following with regard to sanction:

'Having found Mr Bangura'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:

- *Lack of insight into failings despite support over a long period of time; and*

- *Mr Bangura's lack of competence encompassed a wide spectrum of fundamental nursing practice and took place over a considerable period of time; and*
- *Misconduct which put patients at risk of suffering harm.*

The panel considered any mitigating features however, due to Mr Bangura's lack of engagement the panel found it difficult to identify 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 and the public protection issues identified. The panel decided that it would be neither proportionate nor in the public interest to take no further action.

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict Mr Bangura'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 Bangura's case 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 placing conditions of practice on Mr Bangura'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 took into account the SG, in particular:

- *Identifiable areas of the nurse or midwife's practice in need of assessment and/or retraining; and*
- *Potential and willingness to respond positively to retraining.*

The panel is of the view that there are no practical or workable conditions that could be formulated, given the nature of the circumstances in this case and Mr Bangura's lack of engagement. The panel noted that Mr Bangura has not engaged with the NMC proceedings, nor does it have any evidence before it to suggest that he will comply with a conditions of practice order if imposed. The panel also noted that despite being subject to a PIP and subsequent capacity programme for almost three years, Mr Bangura's competence had not improved to an acceptable standard. It further noted that it had not seen any evidence before it to demonstrate that he is capable of safe and effective practice. Furthermore, the panel concluded that the placing of conditions on Mr Bangura's registration would not adequately address the seriousness of this case and would not address the public interest issues identified.

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:

- No evidence of harmful deep-seated personality or attitudinal problems; and*
- In cases where the only issue relates to the nurse or midwife's lack of competence, there is a risk to patient safety if they were allowed to continue to practise even with conditions.*

The panel was satisfied that in this case, Mr Bangura's failings were not fundamentally incompatible with remaining on the register.

It did go on to consider whether a striking-off order would be proportionate for the misconduct charges and also noted that all the charges in this case with exception to charges 22) and 23) related to lack of competence, the panel concluded that it would be disproportionate. It determined that the misconduct in this case was not so serious as to warrant a striking-off order at this stage.

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 could potentially cause Mr Bangura. However, this is outweighed by the public interest in this case.

The panel considered that this order is necessary to protect the public and 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 mark the seriousness of the lack of competence and misconduct.

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 Bangura's engagement with the NMC and his attendance at the Substantive Order Review Hearing;*
- A clear indication of Mr Bangura's future career intentions;*
- A reflective statement from Mr Bangura demonstrating his insight into the lack of competence and misconduct;*
- Testimonials from any paid or voluntary work; and*
- Any evidence of self directed learning or courses attended addressing the lack of competence and or misconduct found in this case."*

Decision and reasons on current impairment

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 considered carefully whether Mr Bangura's fitness to practise is currently 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. The NMC guidance DMA-1 sets out that the question that will help decide whether a professional's fitness to practise is impaired is:

“Can the nurse, midwife or nursing associate practise kindly, safely and professionally?”

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 on its powers and the principles it should apply to the questions of impairment and sanction.

In reaching its decision, the panel was mindful of the need to protect the public, to maintain public confidence in the profession and to declare and uphold proper standards of conduct and performance.

The panel noted that the substantive hearing panel that considered the case in September 2023 found that patients were put at risk and could have been caused harm as a result of Mr Bangura's misconduct and lack of competence. It also considered Mr Bangura's actions had breached the fundamental tenets of the nursing profession and brought its reputation into disrepute.

This panel noted that Mr Bangura has not engaged with the proceedings since the last hearing. The panel has had no evidence of any insight, remorse or strengthening of practice by Mr Bangura. It determined that there has been no material change of circumstances since the substantive hearing and that a risk of repetition remains. 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 also 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 Bangura's fitness to practise remains impaired.

Decision and reasons on sanction

Having found Mr Bangura'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, the public protection and public interest issues identified, an order that does not restrict Mr Bangura'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 Bangura's lack of competence and misconduct were 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 placing a conditions of practice order on Mr Bangura'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 was not able to formulate conditions of practice that would adequately address the concerns relating to Mr Bangura's misconduct and lack of competence, particularly in view of his lack of insight, and the fact that he had not addressed such concerns during his

employment despite the support provided. Further, given that Mr Bangura has not engaged with these proceedings, the panel was not satisfied that he would comply with any conditions.

The panel considered the imposition of a further period of suspension. Having found that a caution order would be insufficient and that it is not possible to formulate workable conditions of practice, the panel was of the view that a suspension order was the least restrictive sanction which would continue to both protect the public and satisfy the wider public interest. In the panel's judgement a striking off order, which is only available in relation to the two charges which constitute misconduct, would be disproportionate. Accordingly, the panel determined to impose a suspension order for the period of 12 months. This order will provide Mr Bangura with an opportunity to engage with the NMC and provide evidence of insight, remorse and strengthening of practice. The panel considered that this order, for this period, is the appropriate and proportionate sanction.

This suspension order will take effect upon the expiry of the current suspension order, namely at the end of 4 October 2024 in accordance with Article 30(1).

Before the end of the period of suspension, another panel will review the order. At the review hearing the panel may extend the order or make a different order, it may revoke the order, or reduce its length, or it may replace the order with another order for the remainder of the current term.

Any future panel reviewing this case would be assisted by:

- Mr Bangura's engagement with the NMC and his attendance at the Substantive Order Review Hearing;
- A clear indication of Mr Bangura's future career intentions;
- A reflective statement from Mr Bangura demonstrating his insight into the lack of competence and misconduct;
- Testimonials from any paid or voluntary work; and
- Any evidence of self directed learning or courses attended addressing the lack of competence and or misconduct found in this case.

This will be confirmed to Mr Bangura in writing.

That concludes this determination.