Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Meeting
Monday, 16 December 2024 – Tuesday, 17 December 2024

Virtual Meeting

Name of Registrant:	**Anju Thakidiyil Mani**
NMC PIN	20A0544O
Part(s) of the register:	Registered Nurse RN1 Adult Nurse – 20 January 2020
Relevant Location:	Worcestershire
Type of case:	Misconduct
Panel members:	Clive Chalk (Chair, Lay member) Richard Luck (Registrant member) Stacey Patel (Lay member)
Legal Assessor:	Jayne Wheat
Hearings Coordinator:	Hamizah Sukiman
Facts proved:	Charges 1a, 1b)i), 1b)ii), 1b)iii), 1b)iv), 1b)v), 1b)vi), 1c and 2
Facts not proved:	None
Fitness to practise:	Impaired
Sanction:	**Striking-off order**
Interim order:	**Interim suspension order (18 months)**

Decision and reasons on service of Notice of Meeting

The panel considered that the Notice of Meeting had been sent to Mrs Thakidiyil Mani's registered email address by secure email on 13 November 2024. Further, the panel noted that the Notice of Meeting was also sent to Mrs Thakidiyil Mani's representative on 13 November 2024.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Meeting provided details of the allegation, the time, dates and the fact that this meeting was heard virtually.

In the light of all of the information available, the panel was satisfied that Mrs Thakidiyil Mani 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).

Details of charge

That you, a registered nurse:

1. During the night shift of 3/4 February 2022 you:
    a. failed to carry out one or more blood glucose checks on Patient A
    b. made one or more inaccurate entries in Patient A's records in that you:
        i. Recorded a blood glucose reading on the monitoring chart at 22:40 when you had not in fact checked Patient A's blood glucose level at that time
        ii. Recorded a blood glucose reading on the monitoring chart at 03:00 when you had not in fact checked Patient A's blood glucose level at that time
        iii. Recorded on the hypoglycaemia management chart that you had given/offered Patient A a biscuit at 3am when you had not in fact given/offered Patient A a biscuit

iv. Recorded a blood glucose reading on the hypoglycaemia management chart at 03:00 when you had not in fact checked Patient A's blood glucose level

v. Recorded in the clinical notes at 02:30 '*BM checked'* when you had not in fact checked Patient A's blood glucose level

vi. Recorded in the clinical notes at 08:00 '*3 'o'clock BM checked and documented 4.0mmol'* when you had not in fact checked Patient A's blood glucose level

c. Told the attending emergency team that Patient A's 3am blood glucose reading was 'four' when you had not in fact checked Patient A's blood glucose level

2. Your conduct at charges 1(b)(i) to (vi) and/or 1(c) was dishonest in that you sought to create the misleading impression that you had checked Patient A's blood glucose levels during the shift when you had not in fact done so.

AND in light of the above, your fitness to practise is impaired by reason of your misconduct at charges 1 and 2.

Background

The charges arose whilst Mrs Thakidiyil Mani was employed as a Staff Nurse on Ward Avon 2 in Speciality Medicine ('the Ward') at Worcester Royal Hospital ('the Hospital'). She commenced work with Worcestershire Acute Hospitals NHS Trust ('the Trust') on 27 January 2020.

These charges relate to Patient A. Patient A was admitted to the Hospital on 7 July 2022, and subsequently tested positive for COVID-19, and was admitted to a COVID-19 ward. Patient A was a type-2 diabetic, which was managed by insulin at home. Due to Patient A's diabetic status and COVID-19 medication, extra blood glucose checks were required to ensure Patient A's glucose levels remained at the appropriate levels.

Mrs Thakidiyil Mani was the nurse on duty during the night shift on 3 February 2022 (which ended on the morning of 4 February 2022). It is alleged by the Trust that the blood glucose

checks were not carried out on Patient A as required, and consequently, at 06:00 on 4 February 2022, Patient A was found was found unresponsive.

The medical intervention team was alerted, and it is alleged by the Trust that Mrs Thakidiyil Mani informed the team that she had carried out the required blood glucose checks during the night and provided the team with Patient A's blood glucose readings. The Trust alleged that, shortly after this, she falsely wrote the readings in Patient A's clinical notes.

Patient A was moved to ICU the same day and remained there until they passed away on 9 February 2022. The Coroner's Record of Inquest, dated 16 July 2024, recorded the medical cause of death as "*Hypoglycaemic brain injury*", and that Patient A "*died as the result of a failure properly to monitor his blood glucose levels while being treated in hospital. His death was contributed to by neglect*".

A Datix was raised at the time of the incident and an investigation commenced. Witness 1, who was Matron on the Ward, contacted Mrs Thakidiyil Mani on 4 March 2022, requesting a statement, as she was the nurse looking after Patient A.

On 5 March 2022, Mrs Thakidiyil Mani contacted Witness 1 and stated that she could not provide a statement as she had not been truthful in her record keeping at the time of the incident. She told Witness 1 that she had not done the patient's blood glucose check at 03:00 on the 4 February 2022. Mrs Thakidiyil Mani also informed Witness 1 that she had completed Patient A's documentation and had fraudulently documented on the blood glucose monitoring chart and in Patient A's record that she did check their blood sugar level and gave them a biscuit.

It is alleged that when Witness 1 asked if Mrs Thakidiyil Mani did complete Patient A's blood glucose check at 22:40, Mrs Thakidiyil Mani stated that she could not remember, despite having documented that she did check the blood glucose level at 22:40. Mrs Thakidiyil Mani subsequently confirmed that she had not performed the blood glucose checks but had signed the charts to say the checks had taken place.

Mrs Thakidiyil Mani was suspended from duty on 7 March 2022, and she was subsequently interviewed by the police on suspicion of manslaughter by gross negligence on 16 March 2022. The criminal investigation concluded with no further action.

Decision and reasons on facts

In reaching its decisions on the disputed facts, the panel took into account all the documentary evidence in this case, together with the written representations made by the Nursing and Midwifery Council ('NMC').

The panel was aware that the burden of proof rests on the NMC, and that the standard of proof is the civil standard, namely the balance of probabilities. This means that a fact will be proved if a panel is satisfied that it is more likely than not that the incident occurred as alleged.

The panel had regard to the written statements of the following witnesses on behalf of the NMC:

- Witness 1: Matron at the Trust
- Witness 2: Matron in Speciality Medicine at the Trust
- Witness 3: Lead Nurse for Diabetes at the Trust

The panel also considered the written submissions provided by Mrs Thakidiyil Mani, dated 15 December 2024, which was received by the panel on 17 December 2024.

Before making any findings on the facts, the panel accepted the advice of the legal assessor. She reminded the panel of the burden and standard of proof – namely on the balance of probabilities – and that the panel must consider each word of each charge. In relation to allegations of dishonesty, she advised the panel that, pursuant to the decision in *Byrne v GMC* [2021] EWHC 2237 (Admin), there is no requirement for a heightened standard of proof for more serious allegations. She referred the panel to the decisions in,

and principles derived from, *Henning v General Dental Council* [2022] EWHC (Admin) and *R(Kuzmin) v GMC* [2019] EWHC 2129 (Admin) and advised the panel that reasonable inferences can be deduced in its decision-making. She referred the panel to the documentary evidence before it, including some of the admissions made by Mrs Thakidiyil Mani, both locally and at subsequent police interviews.

She referred the panel to the NMC guidance on hearsay (DMA-6), and reminded the panel that it has a wide discretion to consider the evidence, provided it is relevant and fair, in the circumstances, to consider it. Further, she advised the panel that, in relation to the outcome of the Trust's investigation, the decision has been properly redacted, and the findings of the Trust investigation is likely to be irrelevant in this panel's decision-making, pursuant to the decision in *Enemuwe v NMC* [2016] EWHC 1881 (Admin).

The panel was referred to the two-stage 'test' of dishonesty, pursuant to the decision in *Ivey v Genting Casinos* [2017] UKSC 67, namely whether the belief was subjectively held by Mrs Thakidiyil Mani, and whether the conduct was dishonest by the standards of ordinary, decent people. The legal assessor also referred the panel to the NMC Guidance, "*Making decisions on dishonesty charges and the professional duty of candour*" (DMA-8).

She advised the panel that, in determining a witness' credibility or reliability, it should give adequate reasons to enable Mrs Thakidiyil Mani to understand why she has "*won or lost*", pursuant to *Srinivasan v General Medical Council* [2022] EWHC 1606 (Admin).

The panel then considered each of the disputed charges and made the following findings.

Charge 1a)

"That you, a registered nurse:

1. During the night shift of 3/4 February 2022 you:
    a. failed to carry out one or more blood glucose checks on Patient A"

This charge is found proved.

In reaching this decision, the panel took into account that this charge alleges a failure, and consequently, it must be satisfied that Mrs Thakidiyil Mani was under a duty to carry out one or more blood glucose checks on Patient A.

In establishing this duty, the panel considered Patient A's prescription and monitoring chart for the management of diabetes, specifically the "*Guidance on Capillary Blood Glucose Monitoring*", which stated:

> *"MONITORING:- Monitor blood glucose a minimum of 4 times daily"*

The panel also had regard to the Trust's Policy, "*Policy and Procedures for the Prescribing and Administration of Injectable Medicines*", revised on 8 December 2024. The panel also took into account that Mrs Thakidiyil Mani was the nurse in charge of Patient A's care and was the senior nurse on the Ward during that shift. Taking the information together, the panel was satisfied that, given Patient A's diabetic condition, there was an obligation on Mrs Thakidiyil Mani to monitor their blood glucose more frequently, in accordance with the guidance set out, and to document these checks appropriately.

The panel then considered whether Mrs Thakidiyil Mani failed to discharge this duty. The panel took into account Witness 3's witness statement, which stated:

> *"On review of this data set, it appears that Patient A had glucose testing undertaken on 03 February 2022 at 02:59, 04:04, 04:30, 06:16, 09:34, 11:45 and 17:18 but did not have any further glucose tests recorded against his ID number for the remainder of that day or into the following day until the time of the incident when he was found collapsed. It is possible that he did have other glucose testing performed where his ID was not entered into the testing machine.*
>
> *[…]*
>
> *There does not appear to have been any glucose readings taken for Patient A after 17:18 on the evening of 03 February 2022 until the time of his collapse when the readings taken show a glucose of less than 1.1 mmol/l. It is impossible to say with certainty that the glucose reading of <1.1 mmol/l taken by nurse Thakidiyil -*

Mani was from Patient A as the patient ID code is documented as 11111111111 which is an emergency code. There are 2 readings with this emergency code documented against nurse Thakidiyil-Mani's barcode, one at 06:13 and one at 06:34. does have a glucose reading documented against his ID with the same result of <1.1 mmol/l taken by a different operator at 06:28 on the day of his collapse. There is a further glucose test taken using the barcode belonging to Nurse Thakidiyil-Mani on a different patient at 08:02 on 04 February 2022."

The panel had sight of Patient A's electronic records of blood glucose and ketone readings between 17 January 2022 and 9 February 2022. The panel noted that this is an electronic system which records the date and time, as well as the "operator" for each reading. The panel took into account that the "Operator" column notes down identifier codes, which correspond to the member of staff conducting the reading.

The panel considered that the records indicate that the last reading on 3 February 2022 was noted down at 17:18, and the next reading was conducted at 06:28 on 4 February 2022. The panel determined that Mrs Thakidiyil Mani's code/name does not appear within this time period. The panel was satisfied that this, taken together with Witness 3's witness statement, was indicative that Mrs Thakidiyil Mani failed to conduct blood glucose level checks on Patient A, and no checks were conducted between 17:18 on 3 February 2022 and 06:28 on 4 February 2022.

The panel took into account that all three NMC witnesses are registered nurses, and Witness 3, in particular, did not work on the Ward and was an independent investigator who did not know Mrs Thakidiyil Mani prior to the incident. The panel was of the view that there is no reason to doubt Witness 3's independence or credibility as a witness, or to doubt her evidence in relation to this incident.

The panel also considered Mrs Thakidiyil Mani's interview with the police, dated 16 March 2022, where she admitted to the police that she did not conduct the blood glucose checks on Patient A, and had documented that she had retroactively. The panel had regard to Mrs Thakidiyil Mani's signed confirmation (MG11 Witness Statement) that she has "*read through the transcripts of [her] police interview, which took place on the 16th of March*

2022, and can confirm that they accurately represent the evidence that [she] wish[ed] to give […]".

Accordingly, the panel found this charge proved.

Charge 1b)i)

"That you, a registered nurse:

a) During the night shift of 3/4 February 2022 you:
    b. made one or more inaccurate entries in Patient A's records in that you:
        i. Recorded a blood glucose reading on the monitoring chart at 22:40 when you had not in fact checked Patient A's blood glucose level at that time"

This charge is found proved.

In reaching this decision, the panel had sight of Patient A's monitoring chart for management of diabetes, specifically the "*pre-bedtime*" entry on 3 February 2022, which stated:

"5.1 @ 22.40"

he panel noted that the initials under this entry appear to be "RN" and does not match the initials on Patient A's hypoglycaemia management chart (which appear to be "Tm"). However, the panel had sight of the 03:00 entry in Patient A's monitoring chart for management of diabetes (which Mrs Thakidiyil Mani accepts is her entry in her police interview, dated 16 March 2022), and it determined that the initials for Mrs Thakidiyil Mani's 03:00 entry appears to match the initials for the 22:40 entry. Consequently, the panel was satisfied that, whilst the 22:40 initials do not match Patient A's hypoglycaemia management chart, it is more likely than not Mrs Thakidiyil Mani's initials, as it matches her 03:00 entry.

The panel noted Patient A's electronic records of blood glucose and ketone readings, which indicated that no checks were conducted at the time specified.

The panel considered that Mrs Thakidiyil Mani told the police, in her interview dated 16 March 2022, that she "*can't recollect this 10 o'clock thing*", though she acknowledged the busy nature of the Ward and her being distracted at the time. Specifically, she recounted:

> *"So I gave that medication and everything, I checked him and in between I distracted from, you know, because of phone calls, I have to attend the phone calls from the bed managers and the family members and everything. So I came out and I don't remember exactly what I did, like but my mind distracted and when I ... to take the phone call and to then I went to attend call bells from the patient's side ..."*

However, the panel also considered other parts of Mrs Thakidiyil Mani's police interview. When asked specifically the 22:40 blood glucose check, she stated:

> *"Q. But you've been notified by the hospital that you did miss it.*
> *A. Yes I didn't do it. Yeah that's why I said in the beginning I missed it.*
> *That is the thing. Yeah."*

The panel also had sight of Mrs Thakidiyil Mani's account of her documentation of the "pre-bedtime" blood glucose check:

> *"A. That is after all these incident. After all this incident happened I did documentation.*
> *Q. Okay, what did you document?*
> *A. The pre-bedtime and the three o'clock blood sugar in the insulin chart."*

Whilst the panel noted that Mrs Thakidiyil Mani appears to not remember whether she conducted a 22:40 blood glucose check in some parts of her police interview, the panel was satisfied that there is an acceptance by Mrs Thakidiyil Mani that she documented the pre-bedtime (22:40) reading after the "*incident*", namely Patient A becoming unresponsive.

The panel also had sight of the letter from the Trust, dated 8 March 2022, which stated:

"*When I asked you if you did the patient's blood glucose check at 22:40hrs you stated that you could not remember if you did despite you having documented that you did check the blood glucose level at 22:40hrs. You have subsequently confirmed that you had not performed the blood glucose monitoring checks but had signed the charts to say the checks had taken place."*

The panel determined that it is more likely than not that Mrs Thakidiyil Mani did not conduct a 22:40 blood glucose reading, as there are no electronic records of the reading, and she recorded it retroactively following Patient A's deterioration. The panel noted that Mrs Thakidiyil Mani accepted she was distracted in her interview with the police, and separately, told Witness 1 she had not conducted the 22:40 blood glucose checks. The panel was satisfied that, with all the information before it, it was more likely than not that Mrs Thakidiyil Mani did not check Patient A's blood glucose levels at 22:40, and had only recorded that she did after Patient A became unresponsive.

Accordingly, the panel found this charge proved.

Charge 1b)ii)

"That you, a registered nurse:

1. During the night shift of 3/4 February 2022 you:
    b. made one or more inaccurate entries in Patient A's records in that you:
        ii. Recorded a blood glucose reading on the monitoring chart at 03:00 when you had not in fact checked Patient A's blood glucose level at that time"

This charge is found proved.

In reaching this decision, the panel took into account its decision in Charge 1a) above, namely that Patient A's electronic records of blood glucose and ketone readings indicated that no checks were conducted at the time specified.

The panel considered Patient A's monitoring chart for management of diabetes and hypoglycaemia monitoring chart, which appeared to show that a blood glucose check was conducted at 03:00.

The panel then considered Witness 3's statement to the police, which stated:

> *"During this meeting Anju stated that she had not conducted the check at 3am which she had documented on his observation sheet."*

The panel took into account Witness 1's statement to the police, which stated:

> *"Anju was crying down the phone and said she couldn't do the statement. I asked her why and she said it was because she didn't do the blood monitoring check at 3am."*

The panel also considered that, in Mrs Thakidiyil Mani's interview with the police on 16 March 2022, she admitted to giving a false number for Patient A's 03:00 blood glucose reading, and documented this retroactively:

> "*A. When they asked me that suddenly I became very, very scared and [PRIVATE] and I panicked. And then just on the spur of the moment I gave an answer and I said it was four. And then .... so I continued to stay with them to help them.*
>
> *[…]*
>
> *A. What? Writing it down? I think if I recall correctly, it was after that. But I don't remember what time I noted on there. Because when we write down medical notes you have to write down the time and I don't remember what time I wrote down on there.*
>
> *Q. Okay. Would you have written down the time that you filled it in or did you write down a time that you'd ... should have carried out the check?*
>
> *A. It was neither I think. Because by then I was completely panicking and I didn't know what was going on. I just. ... I wrote down something but I*

don't even remember what I wrote down."

Mrs Thakidiyil Mani also told the police:

"A. That is after all these incident. After all this incident happened I did documentation.
Q. Okay, what did you document?
A. The pre-bedtime and the three o'clock blood sugar in the insulin chart."

Taking into account all the information before it, the panel determined that the witnesses' recollection is consistent with Mrs Thakidiyil Mani's account to the police. The panel was satisfied that Mrs Thakidiyil Mani accepted she did not conduct a 03:00 blood glucose check on Patient A, and had recorded that she did on Patient A's monitoring chart for management of diabetes and hypoglycaemia monitoring chart .

Accordingly, the panel found the charged proved.

Charge 1b)iii)

"That you, a registered nurse:

1. During the night shift of 3/4 February 2022 you:
    b. made one or more inaccurate entries in Patient A's records in that you:
        iii. Recorded on the hypoglycaemia management chart that you had given/offered Patient A a biscuit at 3am when you had not in fact given/offered Patient A a biscuit"

This charge is found proved.

In reaching this decision, the panel had sight of Patient A's hypoglycaemia management chart, under the heading "*Medicines Given by Nursing Staff to Manage Hypoglycaemia (under PGD) as per Flow Chart*", at 03:00 on 4 February 2022, which documented one dose of "*Biscuit*" under the "*Drug*" column.

This record of Patient A's biscuit indicating it was given or offered was confirmed in both Witness 1's and Witness 3's statements to the police. The panel was satisfied that, this information taken together, it indicated Patient A was given or offered a biscuit at 03:00.

The panel also had sight of Witness 1's statement to the police, which stated:

> *"I asked "DID YOU GIVE HIM THE BISCUIT?" She replied "NO". She went on to say that it had been haunting her since."*

The panel considered that Mrs Thakidiyil Mani admitted to Witness 1 that she had not given Patient A a biscuit at 03;00, and had only recorded that she did. The panel was satisfied that Mrs Thakidiyil Mani did not deny this in her own police interview, and consequently, it is more likely than not that this occurred.

Accordingly, the panel found this charge proved.

Charge 1b)iv)

"That you, a registered nurse:

1. During the night shift of 3/4 February 2022 you:
    b. made one or more inaccurate entries in Patient A's records in that you:
        iv. Recorded a blood glucose reading on the hypoglycaemia management chart at 03:00 when you had not in fact checked Patient A's blood glucose level"

This charge is found proved.

In reaching this decision, the panel took into account Patient A's hypoglycaemia management chart, specifically the handwritten entries recorded under "*Documentation of Capillary Blood Glucose Monitoring*". In the entry for 4 February 2022, at 03:00, the handwritten entry showed the blood glucose reading level to be "*4.0 mmol/L*", and the initials appear to be "Tm" (which matches all the initials on the 05:45, 06:20, 06:35 and 06:45 entries).

The panel noted Patient A's electronic records of blood glucose and ketone readings, which indicated that no checks were conducted at the time specified.

The panel also considered Mrs Thakidiyil Mani's interview with the police, dated 16 March 2022, regarding Patient A's blood glucose levels:

> *"And then just on the spur of the moment I gave an answer and I said it was four. And then .... so I continued to stay with them to help them.*
>
> *[…]*
>
> *… I contacted the matron because I was really upset in my mind because I had written that down and because I couldn't tell anyone else [PRIVATE] and so I phoned the matron and told her that I didn't actually do it."*

The panel considered that Mrs Thakidiyil Mani admitted to the police that the reading she gave to the medical intervention team was false, and she gave that reading "*on the spur of the moment".* The panel also considered that Mrs Thakidiyil Mani informed Witness 1 that she had not done a blood glucose check at 03:00, but she recorded that she had done so because [PRIVATE]. The panel was satisfied that Mrs Thakidiyil Mani's admissions to both the police and Witness 1 sufficiently proved, on the balance of probabilities, that the 03:00 entry on Patient A's hypoglycaemia chart was documented, despite Mrs Thakidiyil Mani not conducting a blood glucose check on Patient A at 03:00.

Accordingly, the panel found this charge proved.

Charge 1b)v)

"That you, a registered nurse:

1. During the night shift of 3/4 February 2022 you:
    b. made one or more inaccurate entries in Patient A's records in that you:

v. Recorded in the clinical notes at 02:30 '*BM checked'* when you had not in fact checked Patient A's blood glucose level"

This charge is found proved.

In reaching this decision, the panel took into account Patient A's clinical notes. The handwritten note under "*4/2/22, 2:30*" stated:

"*All due medication are given. BM checked*"

The panel considered of Patient A's electronic records of blood glucose and ketone readings, which indicated that no checks were conducted at the time specified. Furthermore, the panel also noted that no record of this check on Patient A's hypoglycaemia management chart.

The panel determined that, based on its decision in Charge 1a) above, it is more likely than not that Mrs Thakidiyil Mani did not conduct a check on Patient A's blood glucose level at 02:30, despite Patient A's handwritten clinical notes recorded that she did. The panel considered that in Mrs Thakidiyil Mani's interview with the police, dated 16 March 2022, she told the police that she retroactively documented the blood glucose checks in Patient A's notes, despite not having conducted the blood glucose checks. The panel determined that it was more likely than not this was what occurred in relation to the recorded 02:30 blood glucose check.

Accordingly, the panel found this charge proved.

Charge 1b)vi)

"That you, a registered nurse:

1. During the night shift of 3/4 February 2022 you:
    b. made one or more inaccurate entries in Patient A's records in that you:

vi. Recorded in the clinical notes at 08:00 '*3 'o'clock BM checked and documented 4.0mmol'* when you had not in fact checked Patient A's blood glucose level"

This charge is found proved.

In reaching this decision, the panel took into account its decision in charges 1a) and 1b)v) above.

The panel had sight of Patient A's inpatient history sheet, in which there is a handwritten entry timestamped at 08:00 on 4 February 2022, which stated:

"3 o'clock BM checked and documented. 4.0 mmoL/L. Offered orange juice …"

The panel determined that, based on its decision in Charge 1a) above, it is more likely than not that Mrs Thakidiyil Mani did not conduct a check on Patient A's blood glucose level at 03:30, despite Patient A's inpatient history sheet recorded that she did. The panel considered its findings that that she admitted to the police that she retroactively recorded checks in Patient A's notes, despite not having conducted the blood glucose checks. The panel determined that it was more likely than not this was what occurred in relation to the recorded 03:00 blood glucose check.

Accordingly, the panel found this charge proved.

Charge 1c)

"That you, a registered nurse:

1. During the night shift of 3/4 February 2022 you:
    c. Told the attending emergency team that Patient A's 3am blood glucose reading was 'four' when you had not in fact checked Patient A's blood glucose level"

This charge is found proved.

In reaching this decision, the panel took into account Mrs Thakidiyil Mani's interview with the police in relation to the 03:00 check, dated 16 March 2022, in which she stated:

> *"When they asked me that suddenly I became very, very scared and [PRIVATE] and I panicked. And then just on the spur of the moment I gave an answer and I said it was four. And then .... so I continued to stay with them to help them. With the management. And then the blood sugar was repeated and it was 5.2. And then he was given another 20% dextrose and then the blood sugar then went up to seven point something."*

The panel determined that, based on its decisions in charges 1a) and 1b) above, Mrs Thakidiyil Mani did not perform a blood glucose level check at 03:00. The panel was satisfied that Mrs Thakidiyil Mani's account to the police confirmed that she gave the reading "*on the spur of the moment*", given [PRIVATE]" and "*panicked*", having failed to conduct a blood glucose level check on Patient A.

The panel also had regard to Mrs Thakidiyil Mani's written submissions, which stated:

> *"However , in instances like charge 1. C, where is stated that, "Told the attending emergency team that Patient A's 3am blood glucose reading was 'four' when you had not in fact checked Patient A's blood glucose level", honestly it was a panic reaction out of [PRIVATE] rather than a deliberate, thought out response . Of course, I am not justifying my action.*
>
> *It is my belief that I Had taken all the remedial measures possible from the very moment that I had realised my fault . Straightaway , I contacted the emergency team and even before their arrival I had started hypoglycaemic management that the emergency team continued , resulting in the blood sugar level rising to 7.1 ."*

The panel was of the view that Mrs Thakidiyil Mani's submissions indicated that she accepted she falsely told the medical intervention team that Patient A's blood glucose level was at a "*four*", knowing that she had not conducted the checks at 03:00.

Accordingly, the panel found this charge proved.

Charge 2

“That you, a registered nurse:

b) Your conduct at charges 1(b)(i) to (vi) and/or 1(c) was dishonest in that you sought to create the misleading impression that you had checked Patient A’s blood glucose levels during the shift when you had not in fact done so.”

This charge is found proved.

In reaching this decision, the panel took into account its decision in relation to charges 1b and 1c above.

The panel considered the two-stage ‘test’ as outlined in *Ivey*, and first determined Mrs Thakidiyil Mani’s knowledge at the time. The panel considered Witness 1’s statement to the police, which stated:

> *“I was at home on the Saturday morning 51h of March 2022 as it was my day off. I received a call from the Hospital switchboard saying that Anju needs to speak to me. I took the call. Anju was crying down the phone and said she couldn't do the statement. I asked her why and she said it was because she didn't do the blood monitoring check at 3am. I said "BUT Documentation indicates that you did?" she replied "NO I DID NOT DO IT BUT I WROTE THAT I DID". I asked "DID YOU GIVE HIM THE BISCUIT?" She replied "NO". She went on to say that it had been haunting her since. I asked her to write it all down and to come and see me on Monday morning at work.”*

The panel also considered the letter sent by the Trust, dated 8 March 2022, confirming her suspension, which stated:

> *“On the 5th of March 2022 you contacted me via switchboard and you stated that you can’t provide a statement as you had not been truthful in your record keeping at the time of the event and the statement template was stating you need to be*

truthful. You informed me that you had not done the patient's blood glucose check at 3am on the 4th of February 2022. You also informed me that you completed the patient documentation and had fraudulently documented on the blood glucose monitoring chart and in the patient record that you did check the patient's blood sugar level and gave the patient a biscuit."

The panel was of the view that Mrs Thakidiyil Mani knew that she had not conducted the blood glucose checks on Patient A, had not given or offered Patient A a biscuit at 03:00, had provided incorrect information to the medical intervention team by inventing a blood glucose reading, and knowing this, had retrospectively documented these actions.

The panel then determined that ordinary, decent people would consider these acts to have been dishonest, given that Mrs Thakidiyil Mani had knowledge of all of the above. The panel was satisfied that the conduct was dishonest, pursuant to both of the *Ivey* limbs.

Accordingly, the panel found this charge proved.

Fitness to practise

Having reached its determination on the facts of this case, the panel then moved on to consider, whether the facts found proved amount to misconduct and, if so, whether Mrs Thakidiyil Mani's fitness to practise is currently impaired. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's ability to practise kindly, safely and professionally.

The panel, in reaching its decision, has recognised its statutory duty to protect the public and maintain public confidence in the profession. Further, it bore in mind that there is no burden or standard of proof at this stage, and it has therefore exercised its own professional judgement.

The panel adopted a two-stage process in its consideration. First, the panel must determine whether the facts found proved amount to misconduct. Secondly, only if the facts found proved amount to misconduct, the panel must decide whether, in all the

circumstances, Mrs Thakidiyil Mani's fitness to practise is currently impaired as a result of that misconduct.

Representations on misconduct and impairment

The panel had regard to the NMC's written submissions, which outlined the legal principles underpinning a decision on misconduct and invited to find the facts found proved amount to misconduct. The written submissions stated:

> "*The NMC considers the misconduct to be serious because the Registrant is alleged to have failed to carry out vital blood sugar tests for a patient who had a documented recent history of unstable blood sugar levels, and falsified patient records to make it appear the tests and other care had been completed when they had not. The Registrant's actions placed Patient A at significant risk of harm. Their actions fell far short of what would be expected of a registered nurse."*

The NMC submitted that paragraphs 1.4, 3.1, 10.1, 10.3, 20.1, 20.2 and 20.8 of The Code: Professional standards of practice and behaviour for nurses and midwives 2015 ("the Code") are engaged in this case.

The panel also had sight of the NMC's written submissions on the four limbs as outlined in Dame Janet Smith's 'test', as confirmed in *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council and (2) Grant* [2011] EWHC 927 (Admin), which stated:

> *"Limb (a)*
>
> *35. The evidence shows that when Patient A had presented with hypoglycaemic episodes e.g., in the morning on 02 February 2022, the hypoglycaemia was resolved following treatment. As a result of the Registrant failing to complete the necessary blood glucose level tests at 22.00 hours and 03.00 hours, Patient A's dropping blood glucose levels were not identified and treatment was not given. Consequently, Patient A suffered from hypoglycaemic brain injury and passed away on 09 February 2022. The Registrant's action therefore placed Patient A at unwarranted risk of harm and actual harm was suffered.*

36. *Furthermore, Patient A was placed at further risk of harm as a result of the Registrant falsifying Patient A's blood glucose levels and treatment details and providing false information to the emergency medical team. This meant that colleagues were providing treatment based on inaccurate information, which may not have been appropriate.*

37. *There is further a future risk of harm to patients. The Registrant has not provided any evidence of remediation or reflection to indicate that any risk has been minimised or addressed.*

Limb (b)

38. *It is submitted the Registrant not only caused Patient A actual harm but placed them at risk of further harm as a result of the Registrant's failure to complete the requisite blood sugar level tests, falsifying test results and treatment given, and verbal handover of false test results. Consequently, the Registrant's behaviour raises questions about their professionalism and trustworthiness in the workplace.*

39. *The misconduct in this case has brought the reputation of the profession into disrepute. Nurses occupy a position of trust, patients and their families must be able to trust nurses with their lives and the lives of their loved ones. People must be able to trust that they will be cared for by a competent professional. Where there is dishonesty of this nature, that trust is undermined. The Registrant's actions demonstrate that they did not have patient safety at the forefront of her mind, which is indicative of attitudinal problems. Further, as the Registrant has not sought to remediate her conduct this provides a further indication of potentially deep seated attitudinal problems. The Registrant's actions have therefore brought the profession into disrepute in the past and is liable to bring the profession into disrepute in the future as there is a real risk of repetition.*

Limb (c)

40. *The Registrant's failings have breached the fundamental tenets of the nursing profession, namely to prioritise people, practise effectively, preserve the safety and promote professionalism and trust. Nurses are expected to be honest and act with integrity while providing a high standard of care at all times. The Registrant's dishonest conduct directly linked to her clinical practice substantially undermines*

those fundamental tenets of nursing.

Limb (d)

41. *The Registrant has in the past therefore acted dishonestly by recording false information in the sole aim of self-preservation, to avoid detection of her failures and in then providing misleading and false information to the emergency services upon their arrival. The Registrant's actions demonstrate a flagrant disregard from the fundamental tenets of honesty and integrity, prioritisation of people, and effective practice, which indicates potentially deep-seated attitudinal problems."*

On public protection, the NMC submitted:

46. *"The Registrant made a serious clinical omission in failing to complete blood glucose tests for a patient who had a recent history of unstable blood glucose levels. This led to Patient A's hypoglycaemia going undetected and they consequently suffered a brain injury that led to their death. Whilst serious, it is submitted that the underlying misconduct with reference to this error is remediable as it relates to a failing in an easily identifiable area of clinical practice.*

47. *However, it is submitted that there are attitudinal concerns. It is often said that conduct of an attitudinal nature is difficult to remediate. The Registrant falsified Patient A's records to make it appear that they had completed the requisite tests when they had not and provided false information to the emergency treatment team. The NMC submit that the underlying misconduct with reference to these actions is not easily remediable and is more difficult to put right, the dishonesty is directly linked to clinical practice. Insight, along with tangible and targeted remediation such as training and demonstrable nursing competency, cannot remedy this type of concern but in any event, evidence of the same has not been provided.*

[…]

49. *The Registrant's engagement with the NMC's investigation has been limited. They have not provided a formal response to the charges nor e.g., provided a reflective account to demonstrate an understanding of the seriousness of the concerns or*

evidence of relevant training in e.g., diabetic monitoring or recordkeeping. Whilst they made some admissions to the Trust and police, the NMC submit that they have not shown any real insight into the concerns. Furthermore, the Registrant has not worked as a nurse in the UK since the concerns. They have been subject to an interim suspension order since 24 March 2022 and have been in India since June 2022.

50. *The NMC submits that there is no evidence that the concern has been remedied. There is therefore a continuing risk to the public due to the seriousness of the concerns and the Registrant's lack of insight, failure to undertake relevant training, and not having had the opportunity to demonstrate strengthened practice through work in a relevant area. Consequently, a finding of impairment is necessary on the ground of public safety as there is a real risk that the conduct could be repeated."*

In relation to a finding of impairment on public interest grounds, the NMC submitted:

53. *"In upholding proper professional standards and conduct and maintaining public confidence in the profession, the Fitness to Practise Committee will need to consider whether the concern is easy to put right. For example, it might be possible to address clinical errors with suitable training. A concern which has not been put right is likely to require a finding of impairment to uphold professional standards and maintain public confidence.*

54. *However, there are types of concerns that are so serious that, even if the professional addresses the behaviour, a finding of impairment is required either to uphold proper professional standards and conduct or to maintain public confidence in the profession.*

55. *The NMC submits that there is a public interest in a finding of impairment being made in this case to declare and uphold proper standards of conduct and behaviour. It is submitted that a member of the public would be extremely concerned to hear that a nurse who failed to take requisite blood glucose tests for a patient known to have unstable blood sugar levels and falsified the patient's records to make it appear that the tests had been completed when they had not, following*

which the patient suffered an associated injury and died, was allowed to practise without restriction. As such, the need to protect the wider public interest calls for a finding of impairment to uphold standards of the profession, maintain trust and confidence in the profession and the NMC as its regulator. Without a finding of impairment, public confidence in the profession, and the regulator, would be seriously undermined, particularly where there is a risk of repetition, as is present in this case."

The panel also had sight of Mrs Thakidiyil Mani's written submissions, dated 15 December 2024, which stated:

"I am well aware of the seriousness of the allegations and its huge impacts on the patient . I am equally aware of the extent of the consequences that the family and friends of the patient had to endure. I do not know how to express the depth of my sorrow. Ever since that fateful night shift, I had been guilt trapped all the time and [PRIVATE]. Not a single day had passed ever since where I could not recall the incident and its impacts. Let me once again express my unreserved , sincere , genuine and profound sorrow to the members of the family .
My colleagues, Managers and the Hospital had to face heavily embarrassing experiences. Without any reservations, let me express my apologies to them .

It is my belief that I had cooperated with the Hospital investigations, NMC proceedings, the police investigations and the Coroner's court proceedings fully until I was in the UK. […]. However, at no point in time, I had tried to white wash my actions of commission and omission .

[…]

This submission is an earnest effort to express my sincere apology. I know the concerns are very serious. I had learnt the lessons at the highest price. I have only one prayer to the committee: kindly be sympathetic to the situation and give me a second chance to prove my commitment . Let me submit myself for your decision."

The panel accepted the advice of the legal assessor. She reminded the panel to consider the issues of misconduct and impairment separately, and to have regard to the submissions from both the NMC and Mrs Thakidiyil Mani. She advised the panel that misconduct, pursuant to the decision in *Roylance v GMC (No. 2)* [2000] 1 AC 311, is defined as a "*word of general effect, involving some act or omission which falls short of what would be proper in the circumstances"*. She reminded the panel to have regard to the Code, and she outlined the decisions in, and principles derived form, the cases of *R (Remedy UK Ltd) v GMC* [2010] EWHC 1245 (Admin), *General Medical Council v Meadow* [2007] QB 462 (Admin) and *Nandi v General Medical Council* [2004] EWHC 2317 (Admin). She advised the panel that an act or failure to act must be sufficiently serious to amount to misconduct.

In relation to impairment, the legal assessor referred the panel to the NMC Guidance on Impairment (DMA-1) and the decision in *Cheatle v General Medical Council* [2009] EWHC 645 (Admin). On dishonest conduct specifically, the panel was advised that it is "*rare and unusual*" for a finding of impairment to not be made in cases involving dishonesty, pursuant to *GMC v Armstrong [2021]* EWHC 1658 (Admin). The panel heard that, if such a decision is made, the panel must provide a reason in relation to a registrant's insight, remorse and remediation to justify the decision. She reminded the panel of Dame Janet Smith's four-limb 'test', as confirmed in *Grant*, as well as the principles in determining impairment as outlined in *Cohen v General Medical Council* [2008] EWHC 581 (Admin).

Decision and reasons on misconduct

In coming to its decision, the panel had regard to the case of *Roylance*, as well as to the terms of the Code.

The panel was of the view that Mrs Thakidiyil Mani's actions did fall significantly short of the standards expected of a registered nurse, and that Mrs Thakidiyil Mani's actions amounted to a breach of the Code. Specifically:

> *'1 **Treat people as individuals and uphold their dignity***
> *To achieve this, you must:*

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

3 Make sure that people's physical, social and psychological needs are assessed and responded to

To achieve this, you must:

3.1 pay special attention to promoting wellbeing, preventing ill health and meeting the changing health and care needs of people during all life stages.

10 Keep clear and accurate records relevant to your practice

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 some time after the event.

10.3 complete records accurately and without any falsification, taking immediate and appropriate action if you become aware that someone has not kept to these requirements.

20 Uphold the reputation of your profession at all times

To achieve this, you must:

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.

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

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel was of the view that this case involved Mrs Thakidiyil Mani's failure to complete blood glucose checks on Patient A, as specified in the guidelines, falsely documenting to reflect as if she had completed the checks, and misleading other medical professionals involved in the care of Patient A by dishonestly providing a fictitious blood glucose reading, leading to his eventual death *"as the result of a failure properly to monitor his blood glucose levels while being treated in hospital"*, pursuant to the Coroner's Record of Inquest, dated 16 July 2024.

The panel determined that other registered nurses would declare Mrs Thakidiyil Mani's failures and actions in relation to Patient A's care, particularly in relation to her dishonesty in misleading the medical intervention team, deplorable. The panel considered that accurate records in relation to patient care are, in part, for the benefit of other medical practitioners involved in the patient's care. By giving a fictitious blood glucose reading to the medical intervention team, Mrs Thakidiyil Mani impacted the care that Patient A received from the team.

Accordingly, the panel found that Mrs Thakidiyil Mani's actions did fall seriously short of the conduct and standards expected of a nurse and amounted to misconduct.

Decision and reasons on impairment

The panel next went on to decide if as a result of the misconduct, Mrs Thakidiyil Mani's fitness to practise is currently impaired.

In coming to its decision, the panel had regard to the Fitness to Practise Library, updated on 27 March 2023, which states:

> *'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?"*
> *If the answer to this question is yes, then the likelihood is that the professional's fitness to practise is not impaired.'*

Nurses occupy a position of privilege and trust in society and are always expected to be professional. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. To justify that trust, nurses must be honest and open and act with integrity. They must make sure that their conduct always 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. On 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.'

On 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) *has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

The panel was satisfied that all four limbs above are engaged in this case. it considered each of the limbs in turn.

On whether patients were harmed as a result of Mrs Thakidiyil Mani's misconduct, the panel considered the Coroner's Record of Inquest, dated 16 July 2024, which recorded

Patient A's death *"as the result of a failure properly to monitor his blood glucose levels while being treated in hospital"*, and was "*contributed to by neglect*". The panel concluded that Mrs Thakidiyil Mani's failure to properly monitor Patient A's blood glucose levels contributed to his deterioration and eventual death, and that her misconduct has resulted in actual harm to Patient A.

The panel was satisfied that Mrs Thakidiyil Mani's misconduct had breached the fundamental tenets of the nursing profession, namely adequate provision of patient care, keeping accurate records of patient care and remaining honest with other medical professionals in relation to patient care. The panel concluded Mrs Thakidiyil Mani's misconduct brought its reputation into disrepute, and that confidence in the nursing profession would be undermined if its regulator did not find charges relating to dishonesty, in particular, extremely serious.

On dishonesty, the panel found that Mrs Thakidiyil Mani's actions – namely the retroactive recording of Patient A's blood glucose and provision of a fictitious blood glucose reading to other medical practitioners – were dishonest attempts to cover her clinical errors.

The panel next considered whether Mrs Thakidiyil Mani's is liable, in the future, to put patients at unwarranted risk of harm, bring the nursing profession into disrepute, breach one of the fundamental tenets of the nursing profession and act dishonestly, pursuant to *Grant*. In reaching its decision, the panel also considered the principles derived from *Cohen*, namely:

- Whether the concern is easily remediable;
- Whether it has in fact been remedied; and
- Whether it is highly unlikely to be repeated.

The panel was of the view that, whilst some concerns of dishonesty are remediable, the seriousness of these concerns render it more difficult to remedy. The panel determined that this case involves Mrs Thakidiyil Mani, the nurse in charge of Patient A's care, failing to carry out the care as outlined, dishonestly recording details of Patient A's care, and misled other medical professionals in relation to Patient A's care. The panel was satisfied that whilst this conduct is remediable, Mrs Thakidiyil Mani would need to demonstrate

significant insight and remediation before the panel can be satisfied that the concern has been remedied, in light of the seriousness of the concerns.

The panel had regard to Mrs Thakidiyil Mani's written submissions, where she expressed some remorse and sorrow, as well as apologies to Patient A's family and her colleagues at the Trust. The panel was of the view that the written submissions outlined the impact of Mrs Thakidiyil Mani's misconduct on herself and does not demonstrate meaningful and comprehensive insight or remediation on her misconduct.

On whether it is likely to be repeated, the panel also considered that Mrs Thakidiyil Mani is currently in India and has not demonstrated a strengthening of her practice given she has not worked as a registered nurse in the UK for two years. The panel noted that there is no evidence before it of any additional training Mrs Thakidiyil Mani has completed. The panel had regard to Mrs Thakidiyil Mani's lack of sufficient insight, and it was satisfied that the conduct is highly likely to be repeated.

Accordingly, the panel determined 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 next considered whether a finding of impairment is necessary on public interest grounds. It considered that a reasonable, well-informed member of the public would be shocked and appalled if a finding of impairment was not made against Mrs Thakidiyil Mani, following a finding that her failure to monitor Patient A's blood glucose levels (which she dishonestly recorded as if she had) and her provision of a fictitious blood glucose reading to other medical practitioners have led to the death of Patient A. The panel reminded itself of the NMC's overarching objectives, and it concluded that public confidence in the profession and the NMC as its regulator would be undermined if a finding of impairment was not made in this case

Accordingly, the panel determined that Mrs Thakidiyil Mani's fitness to practise also impaired on the grounds of public interest.

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

Sanction

The panel considered this case and decided to make a striking-off order. It directs the registrar to strike Mrs Thakidiyil Mani off the register. The effect of this order is that the NMC register will show that Mrs Thakidiyil Mani has been struck-off the register.

In reaching this decision, the panel has had regard to all the evidence that has been adduced in this case and had careful regard to the Sanctions Guidance (SG) published by the NMC.

Representations on sanction

The panel had sight of the NMC's submissions in relation to sanction, which stated:

60. *"In its contemplation the NMC has considered the following aggravating and mitigating factors:*

<u>Aggravating factors:</u>

- *Serious clinical concerns.*
- *Actual harm to a patient.*
- *Deliberate falsification of clinical records to cover up a clinical error.*
- *Deliberate falsification of clinical information given to and* [sic] *emergency team to cover up a clinical error*

<u>Mitigating factors:</u>

- *None.*

61. *With regard to our sanctions guidance the following aspects have led us to this conclusion:*

61.1 ***Taking no action:*** *The allegations are too serious to take no further action. To achieve the NMC's overarching objective of public protection, action needs to be taken to secure public trust in nurses and to promote and maintain proper professional standards and conduct.*

61.2 ***A caution order*** *is only appropriate for cases at the lower end of the spectrum. This case is not at the lower end of the spectrum because it involves behaviour that was dishonest linked to the Registrant's clinical practice.*

61.3 *A* ***conditions of practice order,*** *the Guidance states that a conditions of practice order may be appropriate when there is no evidence of harmful deep-seated personality or attitudinal problems; there are identifiable areas of the registered professionals practice in need of assessment and/or retraining; the conditions will protect patients during the period that they are in force; conditions can be created that can be monitored and assessed. would be inappropriate in the circumstances of this case. Whilst the allegation relating to a failure to test Patient A's blood glucose levels is arguably remediable, it is submitted that the dishonesty charges are not linked to an identifiable area of nursing practise which require assessment and/or retraining. Additionally, The Registrant's dishonesty is a strong indication of deep-seated harmful personality problems. There are no workable, measurable, or proportionate conditions which can be formulated to address the deliberate falsification of a patient's blood test results, details of care provided, and provision of false information to a responding emergency medical team. When taken as a whole, there are no practical conditions that can be imposed to reflect the seriousness of the facts of this case, nor address public interest concerns.*

61.4 *A* ***suspension order*** *would be inappropriate. According to the Guidance (SAN-3d), a suspension order may be appropriate where there is a single isolated incident, and when the registered professional has shown insight and does not pose a significant risk of repeating the behaviour. This case involves a serious clinical error and calculated dishonesty encapsulating falsification of blood glucose results across multiple patient documents,*

detailing care which was not provided, and provision of false information to a responding emergency medical team to cover up errors. The Registrant's actions are fundamentally incompatible with ongoing registration. There is evidence of deep seated attitudinal and/or behavioural issues linked with a lack of insight into the concerns, presenting a risk of repetition. The Registrant has not shown any real insight into the concerns raised or provided evidence that the behaviour will not be repeated. Temporary removal is insufficient to reflect the seriousness of the case and will not be sufficient to protect patients or maintain public confidence in the profession or professional standards.

*61.5 A **striking-off order** is the appropriate order in this case. Honesty is of central importance to a nurses* [sic] *practice. Therefore, allegations of dishonesty will always be serious and a nurse who has acted dishonestly will always be at some risk of being removed from the register. The behaviour giving rise to the charges falls far short of what is expected of a Registered Nurse and is fundamentally incompatible with being a registered professional. The Registrant has not demonstrated insight. The evidence suggests there is a deep-seated attitudinal issue present that cannot be easily remediated. Having reviewed the key considerations set out in the NMC guidance at SAN-3e, the NMC submit that the Registrant's actions raise fundamental concerns about their professionalism and trustworthiness in the workplace, and the public's confidence in the profession would be undermined if they were not removed from the register. Furthermore, the NMC considers that a striking-off order is the only sanction which will be sufficient to protect patients and members of the public and to maintain professional standards and public confidence in the NMC as a regulator."*

The panel accepted the advice of the legal assessor, who advised the panel to consider the NMC's overarching objective in reaching its decision. She advised the panel to evaluate the aggravating and mitigating factors in any case at the start of its decision, pursuant to *Arunachalam v GMC* [2018] EWHC 758 (Admin). She reminded the panel that, in cases involving dishonesty, it is appropriate for the panel to consider where, on the scale of seriousness, do these particular acts of dishonesty fall, pursuant to *Lusinga v NMC* [2017] EWHC 1458 (Admin). She reminded the panel of the NMC guidance on

sanctions (SAN-1), considering sanctions for serous cases involving dishonesty (SAN-2) and the available sanctions before this panel (SAN-3), and she advised that, if it chooses to depart from the guidance, it must outline why, pursuant to *GMC v Saeed* [2020] EWHC 830 (Admin). She advised that sanctions are not meant to be punitive, but may have a punitive effect, and that this panel must start with the least restrictive sanction until it reaches a sanction no more than necessary and proportionate to address the concerns.

Decision and reasons on sanction

Having found Mrs Thakidiyil Mani'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:

- Serious clinical concerns;
- Actual harm, namely death, to a patient, which the Coroner's Record of Inquest, dated 16 July 2024, recorded *"as the result of a failure properly to monitor his blood glucose levels while being treated in hospital"*, and was "*contributed to by neglect*";
- Deliberate falsification of clinical records to cover up clinical errors;
- Deliberate falsification of clinical information given to an emergency team to cover up clinical errors; and
- Very limited insight.

The panel also took into account the following mitigating features:

- Apologies made to Patient A's family and colleagues;
- Some remorse; and
- Potential issues with understaffing on the Ward on that shift, namely that the Ward was one healthcare assistant short (according to Witness 1's statement to the police).

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 determined that, due to the seriousness of the case and the significant public protection issues identified, an order that does not restrict Mrs Thakidiyil Mani'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 Mrs Thakidiyil Mani's misconduct was not at the lower end of the spectrum, as it involved actual patient harm and findings of dishonesty, and that a caution order 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 impose a caution order.

The panel next considered whether placing conditions of practice on Mrs Thakidiyil Mani's registration would be a sufficient and appropriate response. The panel is of the view that there are no practical or workable conditions that could be formulated which would address the public protection concerns identified. The panel was of the view that Mrs Thakidiyil Mani's dishonesty cannot be easily addressed through the imposition of conditions. Furthermore, the panel considered that, in any event, she is currently living in India and not practising in the UK. The panel determined that imposing restrictions on Mrs Thakidiyil Mani's practice would not be workable or measurable. The panel also concluded that the placing of conditions on Mrs Thakidiyil Mani's registration would not adequately address the seriousness of this case and meet the public interest.

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; and*
- *The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour;*
- *[…]*
- *[…].*

The panel considered the above points in turn. The panel was of the view that, whilst this incident related to one patient, there were several instances of misconduct, namely the failure to check Patient A's blood glucose levels, falsely recording that she had, and misleading the medical intervention team in relation to the 03:00 reading.

On whether there is evidence of deep-seated personality or attitudinal problems, the panel considered Mrs Thakidiyil Mani's dishonesty, both in retroactively recording Patient A's blood glucose levels when she knew she had not conducted the checks, as well as providing a fictitious blood glucose reading to other medical practitioners. The panel determined that this is indicative of deep-seated attitudinal concerns, as Mrs Thakidiyil Mani sought to cover her clinical errors by falsifying records, and had no regard for the risks that would have placed Patient A in. The panel considered Mrs Thakidiyil Mani's written submissions – where she expressed some remorse and apologised – but it concluded that there remain concerns surrounding Mrs Thakidiyil Mani's attitude in relation to remaining honest, even when clinical errors occur.

The panel noted that Mrs Thakidiyil Mani has not worked in the UK as a registered nurse since 2022 and has since moved to India. Accordingly, the panel determined that, whilst the behaviour appears to not have been repeated, this is due to Mrs Thakidiyil Mani not being in nursing practice.

On whether Mrs Thakidiyil Mani has demonstrated sufficient insight, the panel considered the seriousness of her misconduct, and the level of insight she must demonstrate to indicate that she has remediated the concerns. The panel had regard to its decision in misconduct and impairment, and it concluded that Mrs Thakidiyil Mani has very limited insight and has not demonstrated any meaningful remediation. The panel was satisfied that, given her lack of meaningful insight, there is a significant risk of her repeating the conduct if she were to return to nursing.

Taking all of the factors outlined above and considering the seriousness of this case, the panel determined that a suspension order would not be a sufficient, appropriate or proportionate sanction.

Finally, in looking at a striking-off order, the panel took note of the following paragraphs of the SG:

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

The panel considered the above points in turn.

On whether the concerns raise fundamental questions about Mrs Thakidiyil Mani's professionalism, the panel determined that her conduct – both in her failure to provide Patient A with adequate care and her subsequent dishonesty – raises fundamental questions about her professionalism. The panel determined that honesty is a fundamental tenet of nursing, particularly honesty to other medical practitioners involved in the patient's care. The panel concluded that Mrs Thakidiyil Mani's dishonest attempts to cover her clinical errors – both in Patient A's written records and verbally to the medical intervention team – constitute serious unprofessional conduct which is a significant departure from the standards expected of a registered nurse.

Further, the panel was of the view that the findings in this case demonstrate that Mrs Thakidiyil Mani's actions – which contributed to Patient A's death and involved multiple incidents of dishonesty – were serious and to allow her to continue practising would undermine public confidence in the profession and in the NMC as a regulatory body.

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel determined that the appropriate and proportionate sanction is that of a

striking-off order. The panel was of the view that Mrs Thakidiyil Mani's actions were significant departures from the standards expected of a registered nurse and are fundamentally incompatible with her remaining on the register. Having regard to the matters it identified, in particular the effect of Mrs Thakidiyil Mani's actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct herself, the panel has concluded that nothing short of this would be sufficient in this case.

The panel considered that this order was necessary and proportionate 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.

This will be confirmed to Mrs Thakidiyil Mani in writing.

Interim order

As the striking-off order cannot take effect until the end of the 28-day appeal period, the panel has considered whether an interim order is required in the specific circumstances of this case. It may only make an interim order if it is satisfied that it is necessary for the protection of the public, is otherwise in the public interest or in Mrs Thakidiyil Mani's own interests until the striking-off order takes effect.

Representations on interim order

The panel took account of the written representations made by the NMC, which stated:

62. *"If a finding is made that the Registrant's fitness to practise is impaired on a public protection basis and a restrictive sanction imposed, the NMC submits that an interim suspension order should be imposed on the basis that it is necessary for the protection of the public and otherwise in the public interest."*

The panel accepted the advice of the legal assessor, who referred the panel to the NMC Guidance, "*Interim Orders after a Sanction is Imposed*" (SAN-5).

Decision and reasons on interim order

The panel determined that not to impose an interim suspension order would be wholly incompatible with its earlier findings.

The panel considered the guidance on interim orders (SAN-5). The panel was satisfied that an interim order is necessary for the protection of the public and is otherwise in the public interest. The panel had regard to the reasons set out in its decision for the substantive order in reaching the decision to impose an interim order. The panel concluded that an interim suspension order is consistent with its findings on impairment and sanction.

The panel concluded that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order. The panel therefore imposed an interim suspension order for a period of 18 months, to cover any relevant appeal period.

If no appeal is made, then the interim suspension order will be replaced by the striking-off order 28 days after Mrs Thakidiyil Mani is sent the decision of this hearing in writing.

That concludes this determination.