

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

**Substantive Meeting
Friday, 22 November 2024**

Virtual Meeting

Name of Registrant:	Catherine Ann Beevers
NMC PIN:	92I0677E
Part(s) of the register:	Nurses part of the register Sub part 1 RN5: Learning disabilities nurse, level 1 (12 October 1996)
Relevant Location:	Bournemouth
Type of case:	Conviction
Panel members:	Michelle Lee (Chair, Registrant member) Vanessa Bailey (Registrant member) Lynne Vernon (Lay member)
Legal Assessor:	Alain Gogarty
Hearings Coordinator:	Petra Bernard
Consensual Panel Determination:	Accepted
Facts proved by admission:	Charges 1a, 1b
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 was informed at the start of this meeting that the Notice of Meeting had been sent to Mrs Beevers' registered email address by secure email on 18 October 2024.

Further, the panel noted that the Notice of Meeting was also sent to Mrs Beevers' representative at the Royal College of Nursing (RCN) on the same date.

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, date and the fact that this meeting was to be heard virtually.

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

Consensual Panel Determination

At the outset of this meeting, the panel was made aware that a provisional agreement of a Consensual Panel Determination (CPD) had been reached with regard to this case between the Nursing and Midwifery Council (NMC) and Mrs Beevers.

The agreement, which was put before the panel, sets out Mrs Beevers' full admission to the facts alleged in the charges, that her actions resulted in convictions, and that her fitness to practise is currently impaired by reason of those convictions. It is further stated in the agreement that an appropriate sanction in this case would be a striking off order.

The panel has considered the provisional CPD agreement reached by the parties.

That provisional CPD agreement reads as follows:

'The Nursing & Midwifery Council ("the NMC") and Catherine Ann Beevers, PIN 9210677E ("the Parties") agree as follows:

1. Mrs Beevers is content for her case to be dealt with by way of a CPD meeting. Mrs Beevers understands that if the panel wishes to make amendments to the provisional agreement, the panel will adjourn the matter for this provisional agreement to be considered at a CPD hearing.

The charge

Mrs Beevers admits the following charge:

That you, a registered nurse,

- 2. On 25 October 2023 at Poole Magistrates' Court were convicted of:*
- a. ill-treatment/wilful neglect of a person without capacity on 30 June 2023 contrary to section 20 of the Criminal Justice and Courts Act 2015.*
 - b. assault by beating of SU1 on or about 30 June 2023 contrary to section 39 of the Criminal Justice Act 1988.*

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

The facts

3. Mrs Beevers appears on the register of nurses, midwives and nursing associates maintained by the NMC as a learning disabilities nurse and has been on the NMC register since 12 April 1996.

4. On 14 July 2023, Mrs Beevers was referred to the NMC by Dorset Healthcare University NHS Foundation Trust ("the Referrer"). Dorset LADO had received a referral from Safeguarding Adult Service about an incident in which Mrs Beevers assaulted a vulnerable adult in her care. The service user ("SU1") is a vulnerable

adult with uncontrolled epilepsy and profound learning difficulties, she requires 24 hour care.

5. There are 13 CCTV videos from SU1's bedroom showing Mrs Beevers' conduct towards SU1 over the course of 3 night-shifts. The following are agreed summaries of the videos

i. 31 May 2023 at 22:44:18 hours – Mrs Beevers is using her mobile phone and sitting on the bed next to SU1 who is lying down. SU1 calls out “no”. SU1 reaches their right hand out and touches Mrs Beevers' left leg. Mrs Beevers slaps SU1 on their left cheek using her right hand.

ii. 31 May 2023 at 23:04:26 hours - Mrs Beevers is using her mobile phone and sitting on the bed next to SU1 who is lying down. SU1 starts to raise themselves up and Mrs Beever slaps the top of SU1 head with her left hand and pulls SU1's head back onto the pillow.

iii. 7 June 2023 at 23:00:18 hours – Mrs Beevers is sitting on a chair and using her mobile phone. SU1 is in bed and starts to sit up. Mrs Beevers gets up from her chair. Mrs Beever uses both hands to push SU1's shoulder back onto the bed. Mrs Beevers covers SU1 with an additional blanket and returns to her chair.

iv. 8 June 2023 at 00:24:34 hours – SU1 is in bed. SU1 starts to sit up. Mrs Beevers gets up from her chair. Mrs Beever uses both hands to push SU1's shoulders back onto the bed. Mrs Beevers rearranges SU1's bedcovers.

v. 8 June 2023 00:51:18 hours – SU1 is lying in bed. SU1 raises their shoulders off the bed. SU1 stretches their hands towards Mrs Beevers. Mrs Beever gets up from her chair and uses her right hand to flick or slap SU1's forehead. SU1's head returns to the pillow. Mrs Beevers rearranges SU1's bedcovers and returns to her chair.

vi. 8 June 2023 at 03:22:04 hours – SU1 is lying in bed. SU1 starts to sit up and stretches her hand in Mrs Beevers' direction. Mrs Beevers get up from her chair and as she comes towards SU1, SU1 starts to lie back down. Mrs Beevers leans across the bed and uses her right hand to push SU1's head into the pillow. Mrs Beevers rearranges SU1's bedcovers.

vii. 8 June 2023 at 04:48:36 hours – Mrs Beevers is sitting on the bed next to SU1 who is also sitting up. SU1 leans forward and touches Mrs Beevers left ankle. Using her right hand Mrs Beevers slaps SU1 to the right side of her head. Mrs Beevers gets off the bed and pulls SU1's hips and legs until they are lying down. Mrs Beevers rearranges SU1's pillow and pushes SU1 hips to move SU1 onto their side. Mrs Beevers rearranges SU1's pillow again, moving SU1's head as she does so.

viii. 22 June 2023 at 01:05:28 hours – SU1 is lying in her bed. SU1 pushes themself into a half sitting position and leans over the side of the bed. Mrs Beevers, who is using her mobile phone, gets up from her chair. As Mrs Beever reaches the side of the bed SU1 put her hand up, palm out towards Mrs Beevers, and lies back down. SU1 turns her head away from Mrs Beevers but keeps her hand, palm out towards Mrs Beevers. Mrs Beevers moves SU1 by the shoulders and rearranges the bedcovers.

ix. 22 June 2023 at 03:32:27 – SU1 is sitting up in bed, they leans to one side. Mrs Beever, who is using her mobile phone, gets up from her chair and using her right hand pushes SU1 on the forehead until she is lying down. Mrs Beevers rearranges the bedcovers.

x. 22 June 2023 04:05:41 – Mrs Beevers is using her mobile phone while sitting on the bed next to SU1, who is lying down. SU1 begins to stir and starts to raise the top of her body off the bed. Mrs Beevers uses her left hand to pull SU1 right shoulder back onto the bed. Mrs Beevers rearranges the bedcover and the chair. SU1 begins to sit up again.

xi. 22 June 2023 04:34:27 – Mrs Beevers is sitting on the bed next to SU1 who is resting on her right elbow. As SU1 begins to sit up fully Mrs Beever partially gets off the bed, and with one knee resting on the bed slaps SU1 upper left arm with her right hand. Mrs Beevers rearranges the bedcovers.

xii. 22 June 2023 04:55:22 – SU1 is in bed and begins to sit up. Mrs Beevers gets up from her chair and as she moves towards SU1, SU1 raised her hand, palm out towards Mrs Beevers. Mrs Beevers pushes SU1 forehead until her head is back on the pillow. Mrs Beever rearranges the bedcovers and sits on the bed.

xiii. 22 June 2023 at 05:21:58 - SU1 is sitting up in bed. She leans onto her right elbow. Mrs Beevers, who is using her mobile phone, gets up from her chair as SU1 sits upright. Mrs Beevers flicks SU1 right ear area with her right hand. Mrs Beevers rearranges the bedcovers.

6. On 4 July 2023 Mrs Beevers was arrested for assault and wilful ill-treatment of SU1. She was interviewed by the police. Mrs Beevers confirmed that she had seen the CCTV videos. She said she had not realised how rough she had been with SU1 and could not provide an explanation for her actions. Mrs Beevers said she had known the family for 12 years and was aware SU1 has learning difficulties, epilepsy, is non-verbal and has an ASD diagnosis. Mrs Beevers noted that SU1 did not have the capacity to speak up if she was a scared. Mrs Beevers said she was ashamed of what she saw in the videos and accepted that the footage showed her assaulting SU1.

7. On 25 October 2023, Mrs Beevers entered guilty pleas to:

- a. Ill-treatment/wilful neglect of a person without capacity.*
- b. Assault by beating.*

8. Mrs Beevers was sentenced to a community order for 12 months with an unpaid work requirement and ordered to pay compensation in the sum of £750.

Impairment

9. *It is agreed that Mrs Beevers fitness to practice is impaired as a result of her convictions.*

10. *The NMC's guidance explains that impairment is not defined in legislation but is a matter for the Fitness to Practise Committee to decide. 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?”

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

12. *Answering this question involves a consideration of both the nature of the concern and the public interest. In addition to the following submissions the panel is invited to consider carefully the NMC's guidance on impairment.*

13. *In the case of Meadows v General Medical Council [2006] EWCA Civ 1390 the following important observation was made about the purposes of this stage of the proceedings:*

‘The purpose of fitness to practise proceedings is not to punish a practitioner for past misdoing but to protect the public from the acts and omissions of those who are not fit to practise. The Fitness to Practise Panel therefore looks forward not back. However in order to form a view as to the fitness to practise of a person to practise today it is evident that it will have to take account of the way in which a person concerned has acted or failed to act in the past.’

14. **At the relevant time, Mrs Beevers was subject to the provisions of The Code:**

Professional standards of practice and behaviour for nurses and midwives (2015) (“the Code”). It is submitted, that the following parts of the Code are engaged in this case:

Prioritise People

You put the interests of people using or needing nursing or midwifery services first. You make their care and safety your main concern and make sure that their dignity is preserved and their needs are recognised, assessed and responded to. You make sure that those receiving care are treated with respect, that their rights are upheld and that any discriminatory attitudes and behaviours towards those receiving care are challenged.

1 Treat people as individuals and uphold their dignity

To achieve this, you must:

1.1 treat people with kindness, respect and compassion”

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 time, treating people fairly and without discrimination, bullying or harassment

20.4 keep to the laws of the country in which you are practicing

20.5 treat people in a way that does not take advantage of their vulnerability or cause them upset or distress

15. The Code required Mrs Beevers to prioritising people in her care. The parties agree Mrs Beevers did not treat SU1 with kindness, respect or compassion.

16. The parties also agree that Mrs Beevers’ actions and the convictions which followed show she failed to uphold the reputation of her profession.

17. A decision about whether a professional's fitness to practice is impairment will include consideration of the nature of the concern which involves looking at the factors outlined by Dame Janet Smith in her Fifth Report from Shipman, approved in the case of Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin) by Cox J;

(a) Has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or

(b) Has in the past brought and/or is liable in the future to bring the professions into disrepute; and/or

(c) Has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the professions; and/or

(d) Has in the past acted dishonestly and/or is liable to act dishonestly in the future?

18. The Parties have also considered the comments of Cox J in Grant at paragraph 101:

"The Committee should therefore have asked themselves not only whether the Registrant continued to present a risk to members of the public, but whether the need to uphold proper professional standards and public confidence in the Registrant and in the profession would be undermined if a finding of impairment of fitness to practise were not made in the circumstances of this case."

19. Limbs a, b and c are engaged in this case.

Limb A

20. The parties agree Mrs Beevers' convictions are as result of her abusive behaviour towards SU1 who was placed under her care as a registered nurse,

and therefore directly linked to her nursing practice. Mrs Beevers caused physical harm and emotional distress to SU1 on several occasions over a period of three nights.

21. Mrs Beevers' behaviour is indicative of an underlying attitudinal issues in respect of her care of vulnerable patients.

22. Mrs Beevers has not worked as a nurse since these matters came to light and has demonstrated only limited remediation. Mrs Beevers has expressed shock at her treatment of SU1 but has not shown any insight into her behaviour or been able to explain why she acted as she did. Consequently, the parties agree the risk of the behaviour being repeated and the risk of harm to those in Mrs Beevers' case in the future remains.

Limb B

23. The parties agree Mrs Beevers conduct undermines the trust the public place on nurses to treat people with kindness, respect and compassion. Mrs Beevers was placed in a position of trust to care for a vulnerable person overnight while lone working. Mrs Beevers breached that trust by acting aggressively towards SU1 over a sustained period, her actions resulting in 2 criminal convictions. By acting as she did, it is agreed, Mrs Beevers has brought the profession into disrepute. The seriousness of the convictions and underlying actions not only brings the profession into dispute but calls into question Mrs Beevers' professionalism.

Limb C

24. The parties agree that the relevant sections of the Code as set out above have been breached in this case and these breaches relate to fundamental tenets of the professions which consequently undermine and erodes public trust and confidence in the professions. Mrs Beevers' abuse and ill-treatment of SU1

is contrary to the fundamental tenets of the profession. Instead of being kind, respectful and compassionate Mrs Beevers deliberately caused harm to SU1.

Remediation, reflection, training, insight, remorse

25. Impairment is a forward-thinking exercise which looks at the risk the registrant's practice poses in the future. NMC guidance adopts the approach of Silber J in the case of Cohen v General Medical Council [2008] EWHC 581 (Admin) in which the court set out three matters which it described as being 'highly relevant' to the determination of the question of current impairment;

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

Limb i - Whether the conduct that led to the charge(s) is easily remediable.

26. Some behaviours are particularly serious as they suggest there may be risk to people receiving care and this includes behaviour that involves cruelty, exploitation or predatory behaviour such as abuse or neglect of children and/or vulnerable adult. The Guidance at FTP-3 identifies what is meant by seriousness. Safeguarding and protecting people from harm, abuse and neglect is an integral part of providing safe and effective care and is at the heart of what nurses should do. Intentionally causing a person harm will always be treated very seriously and it is recognised this type of conduct may not be possible to address.

27. The parties have considered the NMC guidance entitled: Can the concern be addressed? (Reference: FTP-14a), which provides that attitudinal concerns cannot be addressed by training or supervision. The guidance indicates that incidents of violence towards, or neglect or abuse of people receiving care, children or vulnerable adults may not be possible to address, particularly if it was serious and sustained over a period of time or was directly linked to the nurse, midwife or nursing associate's practice. The Code requires all nurses, midwives

and nursing associates to act with kindness, respect and compassion at all times and Mrs Beevers actions were a significant departure from the standards expected.

28. The parties agree Mrs Beevers' conduct as a nurse falls so far short of the standards the public expect of professionals caring for them, that public confidence in the nursing and midwifery professions is undermined. These were not one-off incidents, the behaviour was repeated on each night over 3 shifts in a 3-week period of time. Mrs Beevers' professionalism and trustworthiness has been brought into question. Violence towards vulnerable adults linked to practice is particularly serious and is indicative of deep-seated attitudinal issues which are more difficult to address.

Limb (ii) Whether it has been remedied.

29. The parties have considered the NMC guidance 'Has the concern been addressed?'

(FTP-14b) which states that before steps can be taken to address concerns the nurse must recognise the problem that needs addressing.

30. Mrs Beevers has expressed shame and remorse at her behaviour and actions which resulted in her prosecution. Mrs Beevers has recognised that SU1's parents trusted her to care for their child and she let them down in the worst way possible.

31. Mrs Beevers has provided an explanation of the contextual background saying she had a significant increase in her workload at the time of these incidents and in hindsight was not managing this well. [PRIVATE].

32. Mrs Beevers has provided 1 on-line training course in Safeguarding of Vulnerable Adults on 29 July 2023.

33. *Whilst violent behaviour is difficult to remediate, it is agreed that Mrs Beevers has provided limited evidence to suggest that she has taken any steps to address this concern.*

34. *It is agreed Mrs Beevers has not provided any evidence of insight in accordance with the “demonstrating insight” guidance.*

Limb iii - Whether it is highly unlikely to be repeated.

35. *The parties have considered the NMC guidance ‘Is it highly unlikely that the conduct will be repeated?’ (FTP-14c). Mrs Beevers has shown remorse for her actions but no insight into the seriousness of her behaviour. She has taken limited steps to address the concerns. Mrs Beevers has provided an explanation about the context in which these concerns arose and undertaken safeguarding training but has not provided any other evidence that the risks identified have been reduced. Mrs Beevers has also not worked as a registered nurse since these incidents and therefore not remediated her practice. In the absence of insight and remediation, it is agreed that there is a risk of the conduct being repeated.*

36. *Remorse, reflection, insight, remediation*

37. *It is agreed that Mrs Beevers has expressed remorse but she has not reflected on her behaviour or shown insight, albeit she did plead guilty to the criminal charges.*

38. *The nature of the behaviour is such that it cannot be remediated through training.*

39. *In the absence of or insight the risk of repetition remains.*

Public protection impairment

40. *The parties agree a finding of impairment is necessary on public protection grounds.*

41. *Mrs Beevers has convictions for ill-treating and assaulting SU1 and the underlying conduct shows similar and repeated conduct over the course of 3 nights. Such conduct is serious and the parties agree that in the absence of any evidence to suggest the risk to the public has been addressed and reduced, the risk must be said to remain and as such that a finding of impairment on public protection grounds is required.*

Public interest impairment

42. *The parties agree a finding of impairment is also necessary on public interest grounds.*

43. *In Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin) at paragraph 74 Cox J commented that:*

“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.”

44. *Consideration of the public interest therefore requires the Fitness to Practise Committee to decide whether a finding of impairment is needed to uphold proper professional standards and conduct and/or to maintain public confidence in the profession.*

45. *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 hasn't been put right is likely to require a finding of impairment to uphold professional standards and maintain public confidence.

46. 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.

47. Mrs Beever's conduct is extremely serious and involves behaviour which amounts to an abuse of a vulnerable person. Such conduct is capable of seriously damaging public confidence in the nursing and midwifery professions. Mrs Beevers' conduct is sufficient to engage the public interest alone.

48. The conduct has also resulted in a criminal conviction. Whilst not all criminal convictions would undermine confidence in nurses and midwives, criminal offending can do so and it does so here, given Mrs Beevers' violent conduct towards a vulnerable adult in her care.

49. Given the nature of the conduct resulting in a conviction for a serious offence, public confidence in the profession and the NMC as the regulator, would be seriously undermined if a finding of impairment was not made.

50. The parties agree Mrs Beevers' fitness to practise is impaired on public protection and public interest grounds.

Sanction

*51. The appropriate sanction in this case is a **striking-off order**.*

52. The aggravating features of the case are as follows (this list is non-exhaustive):

- *Abuse of a position of trust*
- *Lack of insight into the offending behaviour*
- *A pattern of misconduct over a period of time*
- *Conduct which put a patient at risk of suffering harm*

53. The mitigating features of the case are as follows (this list is non-exhaustive):

- *Personal health concerns*
- *Guilty plea in criminal proceedings*
- *Expressed remorse and shame*

54. Taking no further action or imposing a caution order would be wholly disproportionate in this case and would not be sufficient to mitigate the risks in this case. It would not be adequate to protect the public or satisfy the public interest in such a case. The NMC Sanctions Guidance at SAN 3a and SAN 3b states in the former that although the Fitness to Practise Committed does have a discretion to take no further action, this would only be used in rare cases and would not be appropriate if there remained a risk of repetition or harm to patients. In the latter, such an order would only be appropriate if there as no risk to patients or the public and would be in appropriate in this case because if would not sufficiently protect the public nor mark the seriousness of the conduct and would be insufficient to maintain the high standards of the profession.

55. This is not a case that can be dealt with by further training or supervision. There are deep-seated attitudinal and behavioural concerns which cannot be addressed by a conditions of practice order. There are no conditions which can adequately address Mrs Beevers' offending behaviour and disregard for patient safety. It would therefore not be appropriate or proportionate in these circumstances to impose conditions as they would not adequately protect the public or satisfy the public interest in this case.

56. A suspension order would not be appropriate or proportionate to the risks identified in this case. The Guidance (SAN-3d) provides that a suspension order may be suitable where the nurse has insight and does not pose a significant risk

of repeating the behaviour. Given the lack of insight demonstrated in this case and the risk of repetition of the conduct, a temporary removal from the register would not be sufficient to protect the public. Furthermore, the conduct in this case is fundamentally incompatible with ongoing registration and gravely undermines patients' and the public's trust and confidence in nurses and midwives. Given the nature and seriousness of the conviction, a suspension order would fail to address the significant public interest in this case.

57. Mrs Beevers' conviction demonstrates a fundamental breach of the public's trust in nurses and raises fundamental questions about her professionalism. Public confidence in the nursing and midwifery professions can only be maintained if Mrs Beevers is permanently removed from the register. Mrs Beevers' behaviour is fundamentally incompatible with her remaining on the register and members of the public would be dismayed if a registered nurse with such convictions, resulting from her nursing practice, were to be allowed to remain on the register.

58. The only appropriate and proportionate sanction is, therefore, that of a striking-off order. A striking-off order is the only sanction that will adequately protect the public address the public interest in this case.

Maker of allegation comments

59. The Referrer was asked to for comment on the provisional CPD agreement and they confirmed they had no comment to make at this time.

Interim order

60. An interim order is required in this case. The interim order is necessary for the protection of the public and is otherwise in the public interest for the reasons given above. The interim order should be for a period of 18 months in the event that Mrs Beevers seeks to appeal the panel's decision. The interim order should take the form of an interim suspension order.

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

Here ends the provisional CPD agreement between the NMC and Mrs Beevers. The provisional CPD agreement was signed by Mrs Beevers on 16 September 2024.

Decision and reasons on the CPD

The panel decided to accept the CPD.

The panel heard and accepted the legal assessor's advice. He referred the panel to the 'NMC Sanctions Guidance' (SG) and to the 'NMC's guidance on Consensual Panel Determinations'. He reminded the panel that they could accept or reject the provisional CPD agreement reached between the NMC and Mrs Beevers. If the panel wished to amend the agreement, this can only be done with the agreement of both parties.

Further, the panel should consider whether the provisional CPD agreement would be in the public interest. This means that the outcome must ensure an appropriate level of public protection, maintain public confidence in the professions and the regulatory body, and declare and uphold proper standards of conduct and behaviour.

The panel noted that Mrs Beevers admitted the facts of the charges. Accordingly the panel was satisfied that the charges are found proved by way of Mrs Beevers' admissions as set out in the signed provisional CPD agreement.

Decision and reasons on impairment

The panel then went on to consider whether Mrs Beevers' fitness to practise is currently impaired by reason of the convictions. Whilst acknowledging the agreement between the NMC and Mrs Beevers, the panel has exercised its own independent judgement in reaching its decision on impairment. The panel determined that Mrs Beevers' fitness to practise is currently impaired and endorsed paragraphs 9 to 50 of the provisional CPD agreement in relation to the convictions.

Decision and reasons on sanction

Having found Mrs Beevers' 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:

'The aggravating features of the case are as follows (this list is non-exhaustive):

- *Abuse of a position of trust*
- *Lack of insight into the offending behaviour*
- *A pattern of misconduct over a period of time*
- *Conduct which put a patient at risk of suffering harm*

The mitigating features of the case are as follows (this list is non-exhaustive):

- *Personal health concerns*
- *Guilty plea in criminal proceedings*
- *Expressed remorse and shame'*

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

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case and the public protection issues identified, an order that does not restrict Mrs Beevers' 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 Beevers' misconduct was not at the lower end of the spectrum 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 Beevers' 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, given the nature of the charges in this case. Furthermore, the panel concluded that the placing of conditions on Mrs Beevers' registration would not adequately address the seriousness of this case and would not protect the public.

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

- *A single instance of misconduct but where a lesser sanction is not sufficient;*
- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *No evidence of repetition of behaviour since the incident;*
- *The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour;*
- *In cases where the only issue relates to the nurse or midwife's health, there is a risk to patient safety if they were allowed to continue to practise even with conditions; 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 conduct, as highlighted by the facts found proved, was a significant departure from the standards expected of a registered nurse. The panel noted that the serious breach of the fundamental tenets of the profession evidenced by Mrs Beevers' actions is fundamentally incompatible with Mrs Beevers remaining on the register.

In this particular 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?*

Mrs Beevers' actions were significant departures from the standards expected of a registered nurse, and are fundamentally incompatible with her remaining on the register. The panel was of the view that the findings in this particular case demonstrate that Mrs Beevers' actions 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 agreed with the CPD that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the matters it identified, in particular the effect of Mrs Beevers' 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 to protect the public, 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.

Decision and reasons on interim order

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 Beevers' own interest. The panel heard and accepted the advice of the legal assessor.

The panel was satisfied that an interim order is necessary for the protection of the public and is otherwise in the public interests. The panel had regard to the seriousness of the facts found proved and the reasons set out in its decision for the substantive order in reaching the decision to impose an interim order.

The panel agreed with the CPD 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 due to seriousness of this case.

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

That concludes this determination.