Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Meeting
Thursday, 9 January – Tuesday, 14 January 2025

Virtual Meeting

Name of Registrant:	**Miss Jessica Joan Anderson**
NMC PIN	18I3243S
Part(s) of the register:	RNC: Registered Nurse - Sub Part 1 Children's – Level 1 24 September 2021
Relevant Location:	Edinburgh
Type of case:	Misconduct
Panel members:	Rachel Childs (Chair, Lay Member) James Carr (Lay member) Lisa Holcroft (Registrant member)
Legal Assessor:	Gerard Coll
Hearings Coordinator:	Margia Patwary
Facts proved:	Charges 1a, 1b, 1c, 1d, 1e, 1f, 1g, 1h, 1i, 2, 3a and 3b
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 was informed at the start of this meeting that that the Notice of Meeting had been sent to Miss Anderson's registered email address on 15 November 2024.

The panel accepted the advice of the legal assessor.

In exercising its due diligence, the panel took into account that the Notice of Meeting provided details of the allegation, information on when the meeting would take place (on or after 20 December 2024) and the fact that this meeting was to be heard virtually.

The panel then considered, whether it was appropriate to deal with this matter at a meeting. It reminded itself that the effect of doing so was that the Nursing and Midwifery Council (NMC) would not be represented and Miss Anderson would neither be present nor represented.

The panel had regard to the matters considered by the Investigation Committee summarised in its notice of hearing dated 15 November 2024. It confirmed that there had been no further communication from Miss Anderson since a phone call with the NMC case officer on the 14 November 2024 in which she stated that she did not wish to attend the hearing and was happy for matters to be dealt with at a meeting. The panel therefore concluded that it remained appropriate to deal with this matter at a meeting.

In the light of all of the information available, the panel was satisfied that Miss Anderson 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. On one or more occasions between 6 September 2021 to 7 October 2022 falsified signatures in your clinical competency booklet/s, in respect of:
    a. Managing a Vascular Access Device;
    b. IV medication;
    c. Tracheostomy;
    d. Servo-U Assessment;
    e. Care of a child with an established tracheostomy;
    f. IV skills;
    g. Volumetric pump skills;
    h. Alaris Asena;
    i. Skin tunnelled catheter.

2. Your action/s at one or more charges at, Charge 1 above were dishonest in that you intended to give a misleading impression that you had completed your clinical competencies when you had not.

3. Between 8 October 2022 to 21 October 2022, you acted outside the scope of your competence in that you continued to check intravenous (“IV”) medication: a
    a. When you had not achieved IV competencies;
    b. Contrary to instructions.

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

Background

On 14 June 2023, the NMC received a referral from NHS Lothian (the Trust) regarding Miss Anderson. Miss Anderson was employed as newly qualified Band 5 Staff Nurse on the Paediatric Critical Care Unit at Royal Hospital for Children and Young People.

As a newly qualified nurse, Miss Anderson had been set multiple competency assessments to complete and a nurse colleague had been assigned to observe Miss Anderson carrying out the relevant skills and sign the competency paperwork to confirm the competency had been met.

Concerns came to light after Colleague B, the Education Coordinator raised a query with Colleague A, a Staff Nurse, about a signature recorded in Miss Anderson's competency paperwork, which appeared to be Colleague A's.

Colleague A stated that the signature was not theirs and after commencing a local investigation, 6 further nurse colleagues confirmed that multiple signatures appearing in Miss Anderson's competency paperwork were not genuine.

During the course of the investigation, it also came to light that Miss Anderson had been involved in checking intravenous (IV) medication, despite being instructed verbally by Colleague B and in writing by Colleague C, a Senior Charge Nurse and Miss Anderson's line manager not to complete this task after she had failed to produce her completed IV medication competencies in time.

It is inferred that Miss Anderson acted dishonestly when she falsified signatures to give the misleading impression that competencies had been completed when she had not.

Decision and reasons on facts

In reaching its decisions on the facts, the panel took into account all the documentary evidence in this case, including Miss Anderson's internal investigation interview and her statement to the investigation dated 30 November 2022, together with the representations made by the 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:

- Colleague A: Staff Nurse on the Unit at the time
- Colleague B: Education Coordinator on the Unit
- Colleague C: Staff Nurse on the Unit at the time
- Colleague D: Staff Nurse on the Unit at the time
- Colleague E: Staff Nurse on the Unit at the time
- Colleague F: Staff Nurse on the Unit at the time
- Colleague G: Interim Clinical Nurse Manager on the Unit

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor.

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

Charge 1a

On one or more occasions between 6 September 2021 to 7 October 2022 falsified signatures in your clinical competency booklet/s, in respect of:

a. Managing a Vascular Access Device;

This charge is found proved.

In reaching this decision, the panel took into account the witness statements of Colleague A and Colleague B, pages from the competency documents (Exhibit AG1) and handwriting sample (Exhibit AG2).

Colleague A in her written statement stated:

"Managing a Vascular Access Device competency

My signature also appears on the competency statement for this IV access competency.

I confirm that this is not my signature, and the handwriting in the surrounding sections (i.e., of my name and position) Is different to my own. The signature on this page is visually very different to my actual signature, which can be seen on page 30."

This account was corroborated by Colleague B's written statement, in which she gave a comprehensive overview of the circumstances surrounding the concerns related to Miss Anderson's competency documents and the subsequent investigation:

"Miss Anderson's competencies

In setting out my recollection of the events surrounding Miss Anderson's competencies, I have had the benefit of reviewing a statement I made, and sent to a Band 7 Clinical Nurse Manager, on 25 October 2022. I produce this statement as Exhibit JL1.

Miss Anderson's training days took place on 8 and 9 December 2021. I produce the email I sent to Miss Anderson on 10 November 2021 informing them of this, as Exhibit JL2. Therefore, Miss Anderson's IV medication competencies were due on 9 March 2022.

By 1 February 2022, I conducted a review of all the newly qualified nurses' competencies, in order to identify who had not handed in their competencies. I had not received Miss Anderson's competency booklet (amongst other nurses). I sent an email he newly qualified nurses, reminding them to attend a support study day and that they will need to get all competencies signed off. I concluded the email by asking the nurses to leave their competency folders in my office. I produce this email as Exhibit JL3. My original statement mentioned this was sent on 5 March 2022, but this appears to be a typing error and should state 1 February 2022.

I received the competency booklets from all the nurses except for two; Miss Anderson, and another nurse. I sent an email to Miss Anderson and the other nurse on 13 March 2022 requesting their competencies, I produce this email as Exhibit JL4. The other nurse submitted their competency booklet shortly after this, but I did not receive a response from Miss Anderson. I note my original statement refers to this email being sent on 22 March 2022, but this is a typing error and should state 13 March 2022.

On numerous occasions (I cannot recall on what dates) | asked Miss Anderson in person to produce their competencies, and Miss Anderson would respond by assuring me that they had been completed, but they had left them at home. I escalated the issue a Band 6 Nurse who was responsible for line managing Miss Anderson, who I understand chased Miss Anderson. Miss Anderson had still not returned their competencies, so l escalated my concerns to a Band 7 Nurse, who I understand also chased Miss Anderson for their competencies.

By 30 September 2022 I had not seen Miss Anderson's competencies. Therefore Band 7 Nurse sent Miss Anderson a formal letter informing Miss Anderson that they are not allowed to be involved in any part of the IV medication process (i.e.

checking or administering IV medication). Miss Anderson was on annual leave at this time.

On the day Miss Anderson returned from leave, on 7 October 2022, they provided me with their competency booklet. On my review of this, there were a number of signatures missing from their IV competencies. Around five people still needed to sign Miss Anderson off as competent in order to complete the competency booklet. When I informed Miss Anderson this on the same day, I offered to keep the competency booklet in my office, and for Miss Anderson to ask each member of staff to come into my office to sign the remaining competencies. However, Miss Anderson took the competency booklet with them instead. I summarised my account of this date in an email to Band 6 Nurse and Band 7 Nurse dated 18 October 2022, which | attach to this statement as Exhibit JL5.

Miss Anderson submitted their competencies again on the next shift I was working with them, which I recall was 7 October 2022 (I note in my interview with Colleague G, it states the 8/9 October 2022, but I recall this is around the date when I noticed discrepancies with the signatures). On reviewing the IV competencies, I discovered that the Miss Anderson submitted their competencies again on the next shift I was working with them, which I recall was 7 October 2022 (I note in my interview with Colleague G, it states the 8/9 October 2022, but I recall this is around the date when I noticed discrepancies with the signatures). On reviewing the IV competencies, I discovered discrepancies between that a member of staff (Colleague A, Staff Nurse on the Unit) appeared to have signed the back page of the competency without being the signatory to any of the five witnessed occasions when Miss Anderson had carried out the skill, I was also suspicious that Miss Anderson had returned the completed competencies so quickly, as the Unit has a large number of staff members and it is unlikely that Miss Anderson would be able to locate the relevant staff members and obtain their signatures in a short timeframe (of 10 days at most).

Due to the concerns mentioned above, on 18 October 2022 | asked Colleague A and one of the signatories to Miss Anderson's IV competency, whether they recalled

signing the competency. Colleague A confirmed it was not their signature, and that they had not signed the competency.

I asked another Nurse whether they recalled checking Miss Anderson's competency, and signing the booklet. Ms Pollock confirmed that it was not their signature.

I escalated my concerns to Colleague G in an email dated 18 October 2022, which I attach to this statement as Exhibit JL6. On 25 October 2022, I sent a written statement (at Exhibit JL1) to Colleague G. I understand Colleague G conducted an internal investigation, and I attended an interview with Ms Jolly on 29 November 2022.

Further to this, Colleague G sent me an email on 5 January 2023 requesting information about whether Miss Anderson had been provided with spare tracheostomy paperwork.

I produce the email chain and statement I provided to Colleague G as Exhibit JL7. 1 am not aware of why Colleague G asked this, and I did not ask Colleague G why they were requesting this information. I am not able to comment on the relevance of this information."

The panel also had sight of pages from the competency documents (Exhibit AG1) and handwriting sample (Exhibit AG2). The panel also noted that Miss Anderson accepted the fact that the signature confirming this competency was not original and had given the explanation that she had traced prior signatures onto a new version of the competency documents after her original copy was damaged by water. She confirmed that she understood that this went against the NMC's Code of Conduct.

The panel was satisfied on the balance of probabilities, that Miss Anderson falsified signatures in her clinical competency booklet/s, in respect of Managing a Vascular Access Device and therefore finds this charge proved.

Charge 1b

On one or more occasions between 6 September 2021 to 7 October 2022 falsified signatures in your clinical competency booklet/s, in respect of:

b. IV medication;

This charge is found proved.

In reaching this decision, the panel took into account the witness statement of Colleague C, the pages of competency document (Exhibit MD1) and the handwriting example (Exhibit MD2).

Colleague C in her witness statement stated:

"Competencies

Capsticks LLP have sent me a copy of the competencies Miss Anderson submitted, in a 37 page document. I have reviewed the competencies and noted instances where my signature or initials appear to have been recorded. I produce the relevant pages noted below as Exhibit MD1 (and refer to the page numbers in blue).

Pages 8 to 10 - Competencies on IV medication

My initials "MD" have been recorded in the fifth column on pages 8 and 9, which is a competency checklist for preparing and administering IV medication safely.

I confirm that I did not record these initials. The handwriting is not similar to my own, and I refer to an example of my handwriting at Exhibit MD2. There are some instances where the writing appears to be similar to my own, but I confirm I did not write my initials in any of these boxes.

The fifth column is marked "comp", which is the final assessment before a nurse is signed off as being competent in the particular skill. This is a comprehensive assessment, similar to an exam, whereby the assessing nurse should be observing all the newly qualified nurse's skills to ensure they are fully competent in all the skills.

Therefore, if I were completing this column, I would not sign individual rows, as I would need to observe all the competencies and sign each row. Therefore, even on the few occasions where the initials recorded are similar in appearance to my own, they cannot have been made by me.

I have no recollection of doing this assessment with Miss Anderson.

Furthermore, the competency statement on page 10 appears to have my name and signature recorded. I confirm this is not my signature, and I have no recollection of signing this document.

The signature is different in appearance to my own signature, and I refer to my handwriting sample at Exhibit MD2 to demonstrate this difference.

Furthermore, this page contains my name (in print) underneath the signature. I confirm this is not my handwriting, and I note my first name has been misspelt, in that it appears as "Monica" with a "c", but my name is spelt "Monika" with a "k". I would never spell my name with a "c".

The signature is dated 13 March 2022, and from reviewing my diary I can see that I was in Poland on this date (from 4 March 2022, until returning to work on 18 March 2022). Therefore I was not in the country in order to sign the competency document."

The panel also had sight of pages from the competency documents (Exhibit MD1) and handwriting sample (Exhibit MD2). The panel also noted that Miss Anderson accepted the fact that the signatures were not original but claimed that they were copied from a water damaged original.

The panel was satisfied on the balance of probabilities, that Miss Anderson falsified signatures in her clinical competency booklet/s, in respect of IV medication and therefore finds this charge proved.

Charge 1c

On one or more occasions between 6 September 2021 to 7 October 2022 falsified signatures in your clinical competency booklet/s, in respect of:

c. Tracheostomy;

This charge is found proved.

In reaching this decision, the panel took into account the witness statement of Colleague D, the relevant pages of competency document (Exhibit LG1) and the handwriting sample (Exhibit LG2).

Colleague D in her written statement stated:

"Tracheostomy competencies

My name has been recorded in column C on pages 1 to 3, dated 30 October. This document is Miss Anderson's tracheostomy competencies.

I confirm that this is not my signature recorded. The handwriting is different to mine, and I produce a sample of my signature as Exhibit LG2.

I cannot recall whether | was on shift on 30 October 2021, as (at this time) there was an issue with the online roster, which recorded me as being on shift when I was not.

Signing off the competencies in column C means the nurse has been assessed to be competent enough in the skills to be able to teach someone else (i.e. sometimes we will teach parents of children with a tracheostomy how to do some maintenance for the tracheostomy). I would not sign this column, as at this time I was only one year qualified. This section is usually signed by a more senior member of staff, such as a Band 6 within the education team, or a Band 7. I personally would never sign this section of a competency at the stage of my career I was in at the time (i.e a Band 5 Nurse with one year post qualification experience). At the current stage of my career. prior to assessing and signing this competency, I would check with

senior staff member whether I am an appropriate staff member to sign this competency.

I have no recollection of working with Miss Anderson on tracheostomy skills, or ever signing their competencies for tracheostomy skills."

The panel also had sight of pages from the relevant pages of competency document (Exhibit LG1) and the handwriting sample (Exhibit LG2). The panel also noted that Miss Anderson accepted the fact that the signatures were not original but claimed that they were copied from a water damaged original.

The panel was satisfied on the balance of probabilities, that Miss Anderson falsified signatures in her clinical competency booklet/s, in respect of the tracheostomy and therefore finds this charge proved.

Charge 1d

On one or more occasions between 6 September 2021 to 7 October 2022 falsified signatures in your clinical competency booklet/s, in respect of:
d. Servo-U Assessment;

This charge is found proved.

In reaching this decision, the panel took into account the witness statement of Colleague D, the relevant pages of competency document (Exhibit LG1) and the handwriting sample (Exhibit LG2).

Colleague D in her written statement stated:

"Servo-U Assessment
My name also appears to have been recorded to sign Miss Anderson's competencies, within the Servo-U BASIC Awareness Checklist. These competencies include demonstrating the use of ventilators, and understanding different alarms and features of ventilators, and how to use it, I am able to sign

these competencies, but I have no recollection of assessing Miss Anderson for these skills.

I confirm that this is not my signature recorded on the competency assessment.

I note this is dated 23 November 2022. This is after I became aware of the concerns with Miss Anderson's competency paperwork, and after Miss Anderson stopped working on the Unit. In the event that this should read 23 November 2021, I was on annual leave on this date, and unable to sign any competency paperwork."

The panel also had sight of pages from the relevant pages of competency document (Exhibit LG1) and the handwriting sample (Exhibit LG2). The panel also noted that Miss Anderson accepted the fact that the signatures were not original but claimed that they were copied from a water damaged original.

The panel was satisfied on the balance of probabilities, that Miss Anderson falsified signatures in her clinical competency booklet/s, in respect of the Servo-U Assessment and therefore finds this charge proved.

Charge 1e

On one or more occasions between 6 September 2021 to 7 October 2022 falsified signatures in your clinical competency booklet/s, in respect of:
e. Care of a child with an established tracheostomy;

This charge is found proved.

In reaching this decision, the panel took into account the witness statement of Colleague E, the competency document (Exhibit KF/1) and the handwriting sample (Exhibit KF/2).

Colleague E in her written statement stated:

"<u>Competencies</u>

I have been provided with a document (37 pages in total) containing Miss Anderson's competencies by Capsticks LLP, and asked to review the competencies to highlight any areas where my signature or initials appear to have been recorded. I produce the relevant pages as Exhibit KF1, and I refer to the page numbering in blue.

*On my review, I can see my initials "KF" and the date "21/10 (i.e. 21 October 2021) have been recorded on pages one to four of Miss Anderson's tracheostomy competency, in column four under *level reached.*

I confirm that this is not my handwriting, and I did not write my initials here. I can tell this from the handwriting, which appears different to how I would usually write my initials. I would sign competencies in the same format. I produce a sample of my initials used to sign another individual's competencies as Exhibit KF2.

From my review of my diary, I can see that I was on a night shift on 21 October 2021.

In my role, I sign a lot of competencies, to the extent that I cannot recall whether or not I have ever previously signed Miss Anderson's competencies."

The panel also had sight of the competency document (Exhibit KF/1) and the handwriting sample (Exhibit KF/2). The panel also noted that Miss Anderson accepted the fact that the signatures were not original but claimed that they were copied from a water damaged original.

The panel was satisfied on the balance of probabilities, that Miss Anderson falsified signatures in her clinical competency booklet/s, in respect of the care of a child with an established tracheostomy and therefore finds this charge proved.

Charge 1f

On one or more occasions between 6 September 2021 to 7 October 2022 falsified signatures in your clinical competency booklet/s, in respect of:

f. IV skills;

This charge is found proved.

In reaching this decision, the panel took into account the witness statement of Colleague C and Colleague F, pages of competency documents (Exhibit EF1), the handwriting sample (Exhibit EF2), the pages of competency document (Exhibit MD1) and the handwriting example (Exhibit MD2).

Colleague F in her written statement stated:

> *"Pages 8 and 9*
> *This document is an assessor's checklist for IV skills. My initials "EF" appear in column one. I confirm that all of the entries, except for rows 10, 11 and 23, are not mine. The way the initials are written is not similar to my handwriting at all.*
>
> *For rows 10, 11 and 23, there are similarities to my own handwriting, and I cannot say as a certainty that they were not made by me."*

The panel also had sight of the pages of competency documents (Exhibit EF1), the handwriting sample (Exhibit EF2), the pages of competency document (Exhibit MD1) and the handwriting example (Exhibit MD2). The panel also noted that Miss Anderson accepted the fact that the signatures were not original but claimed that they were copied from a water damaged original.

Colleague C confirmed that the signatures in the final competency column of the IV skills document were not hers.

Whilst Colleague F was not sure whether the initials in rows 10, 11 and 23 were her original entries or not, given that she was clear that the others were not recorded by her, the panel was satisfied on the balance of probabilities, that Miss Anderson falsified signatures in her clinical competency booklet/s, in respect of the IV skills and therefore finds this charge proved.

Charge 1g

On one or more occasions between 6 September 2021 to 7 October 2022 falsified signatures in your clinical competency booklet/s, in respect of:
g. Volumetric pump skills;

This charge is found proved.

In reaching this decision, the panel took into account the witness statement of Colleague F, pages of competency documents (Exhibit EF1) and the handwriting sample (Exhibit EF2).

Colleague F in her written statement stated:

"Pages 19 and 20
This document is an assessor's checklist for Volumetric Pump skills. My initials appear in column two on both pages.

None of the entries look like my handwriting, and I confirm that I did not record my initials on this record."

The panel also had sight of the pages of competency documents (Exhibit EF1) and the handwriting sample (Exhibit EF2). The panel also noted that Miss Anderson accepted the fact that the signatures were not original but claimed that they were copied from a water damaged original.

The panel was satisfied on the balance of probabilities, that Miss Anderson falsified signatures in her clinical competency booklet/s, in respect of the volumetric pump skills and therefore finds this charge proved.

Charge 1h

On one or more occasions between 6 September 2021 to 7 October 2022 falsified signatures in your clinical competency booklet/s, in respect of:

h. Alaris Asena;

This charge is found proved.

In reaching this decision, the panel took into account the witness statement of Colleague F, pages of competency documents (Exhibit EF1) and the handwriting sample (Exhibit EF2).

Colleague F in her written statement stated:

> *"Pages 28 and 29*
> *As above, this is an assessor's checklist for Alaris Asena competencies. My initials appear in column three, but none of the entries look similar to how I record my initials. I confirm I did not write my initials on this document."*

The panel also had sight of the pages of competency documents (Exhibit EF1) and the handwriting sample (Exhibit EF2). The panel also noted that Miss Anderson accepted the fact that the signatures were not original but claimed that they were copied from a water damaged original.

The panel was satisfied on the balance of probabilities, that Miss Anderson falsified signatures in her clinical competency booklet/s, in respect of the Alaris Asena and therefore finds this charge proved.

Charge 1i

On one or more occasions between 6 September 2021 to 7 October 2022 falsified signatures in your clinical competency booklet/s, in respect of:
i. Skin tunnelled catheter.

This charge is found proved.

In reaching this decision, the panel took into account the witness statement of Colleague F, pages of competency documents (Exhibit EF1) and the handwriting sample (Exhibit EF2).

Colleague F in her written statement stated:

> *"Pages 35 and 36*
> *This is an assessor's checklist for competencies regarding managing a skin tunnelled catheter. As before, my initials appear in column two. The entries are not similar to my own handwriting, and I confirm I did not record my initials on this document."*

The panel also had sight of the pages of competency documents (Exhibit EF1) and the handwriting sample (Exhibit EF2). The panel also noted that Miss Anderson accepted the fact that the signatures were not original but claimed that they were copied from a water damaged original.

The panel was satisfied on the balance of probabilities, that Miss Anderson falsified signatures in her clinical competency booklet/s, in respect of the skin tunnelled catheter and therefore finds this charge proved.

Charge 2

> Your action/s at one or more charges at, Charge 1 above were dishonest in that you intended to give a misleading impression that you had completed your clinical competencies when you had not.

This charge is found proved.

In reaching this decision, the panel took into account Miss Anderson's local investigation statement dated 30 November 2022, the email to Colleague G dated 18 October 2022 (Exhibit JL6), the email chain with Colleague G, and the enclosed statement dated 5 January 2022 (Exhibit JL7).

Miss Anderson in her local investigation statement explained her account in relation to the charges, she stated:

> *…[PRIVATE]. In my case, work was by escape in which I felt I was dissociating during it to complete my shift. I felt I performed my work competently and to a high standard, never putting my patients at risk. [PRIVATE]. In hindsight I wished I had sought help earlier and spoke to my Band 7 about it however I felt I needed to hide this and keeping pushing through. [PRIVATE]. This meant when I needed to do anything extra for work such as getting my IV competencies completed in a timely matter exceedingly difficult.*
>
> *…*
>
> *I understand that there are some discrepancies in my competencies, and I thought I would comment on the events. In my case, I carried around a small folder containing these documents. I had completed the majority of these in a timely manner, although had a few left to complete. On my own account, through fault of my own I mistakenly left them and they received water damage. Instead of taking accountability in my mistake and trying to recomplete them. I instead traced prior signatures from the water damaged copies."*

The panel took into account the investigation meeting notes and noted that Miss Anderson's account was challenged by her colleagues and that Colleague G stated there had been no water damaged documents provided by Miss Anderson to support her version of events. The panel considered that the explanation advanced by Miss Anderson was unlikely to be true. It reached this decision for a number of reasons. The first was that there appeared to be a mixture of valid signatures and forged signatures on the competency documents, which would indicate the document was not a replacement, but in fact the original competency document issued at outset. The member of staff identified by Miss Anderson to the local investigation as providing her with a copy of the booklets, confirmed via email that she had no recollection of ever doing so. Further, there were errors in spelling and how signatures were written, which undermined Miss Anderson's explanation that she had simply traced water damaged signatures. Additionally, some signatures were recorded at times when that person could not have signed, for example,

when they were on leave and not in the country. One alleged signature was completed on behalf of Colleague D, who was clear that she was not qualified to sign for the competency in question, so would not have done so.

The panel had regard to the test for dishonesty as set out in the case of *Ivey v Genting Casinos (UK) Ltd (Trading as Crockfords Club)* [2018] A.C. 391.

The panel was satisfied that Miss Anderson's actions were dishonest in that she intended to give a misleading impression that she had completed her clinical competencies when she had not done so. Overall, the panel did not accept Miss Anderson's explanation for the forged signatures on the document, and considered that it was more likely that, having failed to secure the signatures in a timely manner, she had elected to forge the signatures to give the impression she had been assessed as competent in specific clinical skills when this was not the case.

Having regard to all of the above, and applying the objective test of the standards of ordinary, decent people, the panel determined that Miss Anderson gave a misleading impression that she had completed her clinical competencies when she had not and that her actions were dishonest. The panel was satisfied that no ordinary or decent person would regard falsifying the signature of a colleague to be other than a dishonest thing to do. The panel therefore found this charge proved.

Charge 3

> Between 8 October 2022 to 21 October 2022, you acted outside the scope of your competence in that you continued to check intravenous ("IV") medication: a
> a. When you had not achieved IV competencies;
> b. Contrary to instructions.

This charge is found proved.

In reaching this decision, the panel took into account the following documents:

- Witness statement of Colleague G

- Letter to Miss Anderson dated 30 September 2022 - prohibiting involvement in IV medication checking/administration
- Email 18 October 2022 from Colleague B, Local investigation report dated
- Documentary Evidence of the electronic signatures from medication charts on PCCU's charting system
- Witness statement of Colleague B
- Email to Miss Anderson chasing their competencies dated 13 March 2022
- Email to Senior Nurses dated 18 October 2022, account of 7 October 2022
- Email to Colleague G dated 18 October 2022

Colleague B in her written statement stated:

> *"Concern that Miss Anderson continued to check IV medication*
> *As mentioned on paragraph 16 above, Miss Anderson was informed by letter that they should not participate in administering or checking IV medication. On the day Miss Anderson returned from leave, 7 October 2022, I was informed by a member of staff that Miss Anderson had been checking IV medication.*
>
> *I verbally reminded Miss Anderson on the same day that they should not be involved in checking IV medication. Miss Anderson's response was that they felt uncomfortable saying "no" when asked to assist with an IV check, and embarrassed to explain they are not allowed. I informed Miss Anderson that they are not allowed to check IV medication, and needed to explain to any other member of staff who asked for assistance, that their competencies are not fully signed off yet and refuse to check the IV medication.*
>
> *The next shift I was on with Miss Anderson (I cannot recall on what date), I was informed again by the pod lead on the Unit that Miss Anderson had been checking IV medication. I recall speaking with Miss Anderson again on this occasion, although I cannot recall what was said at the time.*
>
> *I have had sight of a record of the online entries made by Miss Anderson, and there are around 18 occasions from 7 October 2022 to 21 October 2022 where Miss*

Anderson has co-signed for checking IV medication, despite the written and verbal instructions to Miss Anderson."

The panel reviewed the letter to Miss Anderson, dated 30 September 2022, in which she was explicitly instructed by senior staff not to check or administer IV medication.

The panel also took account of Miss Anderson's admission in which she stated that she had checked IV medication on a number of occasions when she was told not to do so as she had not had her competency documents signed.

The panel was satisfied on the balance of probabilities, that Miss Anderson acted outside the scope of her competence in that she continued to check intravenous IV medication when she had not achieved IV competencies despite instructions to not do so. Therefore, the panel finds 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 Miss Anderson'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 suitability to remain on the register unrestricted.

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, Miss Anderson's fitness to practise is currently impaired as a result of that misconduct.

Representations on misconduct and impairment

In coming to its decision, the panel had regard to the case of *Roylance v GMC (No. 2)* [2000] 1 AC 311 which defines misconduct as a 'word of general effect, involving some act or omission which falls short of what would be proper in the circumstances.'

Having reached its finding on all the facts, the panel then moved on to consider whether Miss Anderson's fitness to practise was impaired.

The panel took into account the NMC's written representations on misconduct and impairment, which states:

> *"Misconduct*
>
> *The comments of Lord Clyde in Roylance v General Medical Council [1999] UKPC 16 may provide some assistance when seeking to define misconduct:*
>
> *'[331B-E] Misconduct is a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rule and standards ordinarily required to be followed by a [nurse] practitioner in the particular circumstances'.*
>
> *As may the comments of Jackson J in Calheam v GMC [2007] EWHC 2606 (Admin) and Collins J in Nandi v General Medical Council [2004] EWHC 2317 (Admin), respectively*
>
> *'[Misconduct] connotes a serious breach which indicates that the doctor's (nurse's) fitness to practise is impaired'.*
>
> *And*
>
> *'The adjective "serious" must be given its proper weight, and in other contexts there has been reference to conduct which would be regarded as deplorable by fellow practitioner'.*

Where the acts or omissions of a registered nurse are in question, what would be proper in the circumstances (per Roylance) can be determined by having reference to the Nursing and Midwifery Council's Code of Conduct. 15.

We consider the following provision(s) of the Code have been breached in this case

> *'8 Work cooperatively To achieve this, you must: 8.5 work with colleagues to preserve the safety of those receiving care*
>
> *10 Keep clear and accurate records relevant to your practice This applies to the records that are relevant to your scope of practice.*
>
> *To achieve this, you must:*
>
> *15.3 [SIC] complete all records accurately and without any falsification, taking immediate and appropriate action if you become aware that someone has not kept to these requirements*
>
> *13 Recognise and work within the limits of your competence*
>
> *13.3 ask for help from a suitably qualified and experienced professional to carry out any action or procedure that is beyond the limits of your competence.*
>
> *13.5 complete the necessary training before carrying out a new role*
>
> *18 Advise on, prescribe, supply, dispense or administer medicines within the limits of your training and competence, the law, our guidance and other relevant policies, guidance and regulations*
>
> *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…'*

We consider the misconduct serious because the actions of Miss Anderson fall significantly short of what would be expected of a registered nurse. The concerns in this case relate to Miss Anderson's falsification of signatures in the clinical competency booklet and acting outside of the scope of their competence in relation to IV medication.

Miss Anderson's misconduct includes dishonest acts in that they intended to give a misleading impression that they had completed their clinical competencies when they had not, which goes against the grain of the NMC values to always act with honesty and integrity. Miss Anderson's actions placed patients at potential risk of harm and could seriously undermine confidence in the profession.

Impairment

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?"

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

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.

When determining whether the Registrant's fitness to practise is impaired, the questions outlined by Dame Janet Smith in the 5th Shipman Report (as endorsed in the case of Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin)) are instructive. Those questions were:

1. has [the Registrant] in the past acted and/or is liable in the future to act as so to put a patient or patients at unwarranted risk of harm; and/or
2. has [the Registrant] in the past brought and/or is liable in the future to bring the [nursing] profession into disrepute; and/or
3. has [the Registrant] in the past committed a breach of one of the fundamental tenets of the [nursing] profession and/or is liable to do so in the future and/or
4. has [the Registrant] in the past acted dishonestly and/or is liable to act dishonestly in the future.

It is the submission of the NMC that questions 1, 2, 3 and 4 can be answered in the affirmative in this case. Dealing with each in turn;

(a) This is a case which involves falsification of competencies whilst Miss Anderson was a newly qualified nurse and dishonesty directly relating to Miss Anderson's clinical practice. Further, Miss Anderson contravened instructions not to check IV medication and proceeded to do so in the knowledge of those instructions and in the knowledge that they had not been signed off as competent. The NMC submits that Miss Anderson's conduct has in the past and is liable in the future to place patients at significant risk of unwarranted harm. Miss Anderson's actions had the potential to compromise patient safety and places patients at risk of serious harm. Miss Anderson has not demonstrated insight, reflection or remediation to indicate that any risk of future harm has been diminished and therefore there is a real and significant risk of repetition

(b) 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. Miss Anderson's actions demonstrate that they did not have patient safety at the forefront of her mind, which is indicative of deep-seated attitudinal problems. Further, as Miss Anderson has not sought to remediate

her conduct this provides a further indication of deep-seated attitudinal problems. Miss Anderson'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.

(c) Miss Anderson'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. Miss Anderson's dishonest conduct directly linked to her clinical practice substantially undermines those fundamental tenets of nursing.

(d) Miss Anderson has in the past acted dishonestly by falsifying signatures on the competencies and has contravened instructions not to check IV medication. Miss Anderson falsified signatures with the intention to mislead and give the impression that they had completed clinical competencies when they had not. Their actions seriously indicate deep seated attitudinal problems and call into question their honesty and integrity.

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 R (on application of Cohen) v General Medical Council [2008] EWHC 581 (Admin) by asking the questions:

(i) whether the concern is easily remediable
(ii) whether it has in fact been remedied and
(iii) whether it is highly unlikely to be repeated.

The NMC submits that Miss Anderson has displayed little insight. They responded locally at exhibit JF/8, to say that they accepted both allegations but set out their context and mitigation, [PRIVATE] Nevertheless, Miss Anderson took serious steps to mislead at such an early point in their career having only recently qualified as a nurse. Of importance is Miss Anderson's assertion that the competency paperwork was water damaged and that they only traced over signatures where the competency had already

been signed off, therefore had been assessed as competent but rather than go back and ask for them to be resigned or inform senior staff, took the decision to trace the signatures. This is compounded by Miss Anderson's disregard for a clear instruction by more than one member of the management team not to check IV medication as Miss Anderson had failed to produce the IV medication competencies in time. Miss Anderson has not demonstrated that they considered what they would do differently in the future. For these reasons the NMC submits that the registrant has displayed limited insight.

Miss Anderson has not provided any evidence of reflection or training they have undertaken. Miss Anderson has shown little or no genuine insight into their dishonest conduct and limited awareness of the implications of falsifying signatures on the competency booklet or of checking IV medication when they knew that they should not, against instruction and when they knew that they had not been deemed competent to do so.

The NMC submits that there is a continuing risk to the public due to Miss Anderson's lack of full insight and failure to demonstrate any meaningful reflection in relation to their conduct.

There is a significant risk of harm to the public were Miss Anderson allowed to practise without restriction. A finding of impairment is therefore required for the protection of the public.

Public interest

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."

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.

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.

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.

The NMC asserts 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. The registrant's conduct engages the public interest because members of the public would be appalled to hear of a nurse falsifying signatures on a competency booklet to demonstrate that they had met competencies when they had not and this would be compounded by the knowledge that Miss Anderson went on to check IV medication against instruction and without having been deemed competent. Such conduct would severely damage and undermine public confidence in the nursing profession and the NMC, as the regulator.

Miss Anderson's conduct further damages public confidence and undermines the reputation and trust the public have in the profession. There is therefore a public interest in a finding of impairment being made in this case to declare and uphold proper standards of conduct and behaviour.'

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Roylance v General Medical Council* (No 2) [2000] 1 A.C. 311, *Nandi v General Medical Council* [2004] EWHC 2317 (Admin), and *General Medical Council v Meadow* [2007] QB 462 (Admin).

Decision and reasons on misconduct

When determining whether the facts found proved amount to misconduct, the panel had regard to the terms of the Code.

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

> *'**8 Work cooperatively***
> *To achieve this, you must:*
> *8.5 work with colleagues to preserve the safety of those receiving care*
>
> ***10 Keep clear and accurate records relevant to your practice***
> *This applies to the records that are relevant to your scope of practice.*
> *To achieve this, you must:*
> ***10.3** complete all records accurately and without any falsification, taking immediate and appropriate action if you become aware that someone has not kept to these requirements*
>
> ***13 Recognise and work within the limits of your competence***
> *To achieve this, you must:*
> ***13.3** ask for help from a suitably qualified and experienced professional to carry out any action or procedure that is beyond the limits of your competence.*
> ***13.5** complete the necessary training before carrying out a new role*
>
> ***18 Advise on, prescribe, supply, dispense or administer medicines within the limits of your training and competence, the law, our guidance and other relevant policies, guidance and regulations***

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…'*

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct.

The panel considered each of the charges which had been found proved in turn and their context to determine whether both, individually and collectively, they amounted to misconduct.

The panel considered that falsifying signatures in the clinical competency booklet and ignoring direct instructions from senior nursing staff not to act outside of the scope of her competence in relation to IV medication was serious. The clinical competency assessment process was intended to ensure that newly qualified nurses had mastered key skills essential to their role as children's nurses. Miss Anderson's decision to undermine this process, by providing false signatures, fell, in the panel's view, seriously below the standards of behaviour expected from a registered nurse. Instead of seeking support, when she fell behind in recording competencies, she decided instead to try to mislead her assessors. The panel also considered that Miss Anderson's actions placed patients at potential risk of harm and could seriously undermine confidence in the profession. Her failure to follow clear instructions from senior staff, that were intended to protect patients, was also very concerning and indicative, alongside the dishonesty, of a deep-seated attitudinal issue.

In addition, it concluded that Miss Anderson's misconduct includes dishonest acts in that she intended to give a misleading impression that she had completed her clinical competencies when she had not done so. Furthermore, she had, in the panel's view, provided a dishonest explanation for the reason she falsified the signatures. Openness and honesty are fundamental tenets of the nursing profession as nurses are expected to be trustworthy, honest and act with integrity. In failing to act in accordance with these tenets, Miss Anderson further undermined public confidence in the nursing profession.

The panel also considered that Miss Anderson's actions had compromised her colleagues, making them unwittingly complicit in her false evidencing of her clinical competencies.

The panel therefore found Miss Anderson's actions to be so serious as to amount to misconduct. The panel was of the view that Miss Anderson's conduct had fallen far short of what is and would have been expected of a registered professional and that her conduct would be seen as deplorable by her fellow practitioners and would damage the trust that the public places in the profession.

In all the circumstances, the panel was satisfied that Miss Anderson's actions at charges 1, 2 and 3 fell seriously short of the conduct and standards, both individually and collectively, expected of a registered nurse and therefore amounted to misconduct.

Decision and reasons on impairment

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

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

In coming to its decision, the panel had regard to the Fitness to Practise Library, updated on 27 February 2024, 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 expected at all times to be professional and to maintain professional boundaries. 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 at all times justifies both their patients' and the public's trust in the profession.

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

> *'In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only*

whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.'

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

'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her/their fitness to practise is impaired in the sense that S/He/They:

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

b) *has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*

c) *has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*

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

The panel found all four limbs engaged in this case.

The panel determined that whilst there is no evidence that Miss Anderson caused any direct harm to patients, her actions in the past had the potential to put patients at unwarranted risk of harm. The panel determined that through her actions and dishonesty, Miss Anderson breached fundamental tenets of the nursing profession and brought the profession into disrepute.

The panel determined that Miss Anderson demonstrated very limited insight and continued to disregard instructions from senior staff not to complete tasks after she had failed to produce her completed IV medication competencies in time. The panel noted that Miss Anderson claimed that she traced the signatures, which was an explanation that the panel found to be implausible. This further demonstrated to the panel that she lacked insight into her misconduct. Whilst she expressed some limited remorse Miss Anderson did not appear to appreciate the impact her actions have had upon patient safety, public confidence and her colleagues. The panel was concerned that there is potential evidence of deep-seated attitudinal issues as a result of Miss Anderson's lack of insight.

The panel determined that honesty and integrity are fundamental tenets of the nursing profession, and that Miss Anderson did not consider patient safety or the guidelines to which she should have adhered. The panel considered that there is nothing before it today to suggest that Miss Anderson has strengthened her practice. As such, the panel determined that there is a risk of repetition, and a subsequent risk of harm should a finding of current impairment not be made.

The panel determined that Miss Anderson has in the past failed to practise safely and professionally, and in the absence of meaningful insight or practical and targeted remediation there remains a risk of repetition. It therefore finds her fitness to practise currently impaired on the ground of public protection.

The panel went onto consider the question of public interest. It determined that a finding of impairment on public interest grounds is required to mark Miss Anderson's misconduct and to uphold proper professional standards. The panel considered that a well-informed member of the public as well as a fellow practitioner would be concerned if a finding of impairment were not made in a case where a registrant had committed misconduct in fundamental areas of nursing practice, and there was an ongoing risk of repetition.

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 therefore concluded that public confidence in the profession would be seriously undermined if a finding of impairment were not made in this case and therefore also finds Miss Anderson's fitness to practise impaired on the grounds of public interest.

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

Sanction

The panel has considered this case very carefully and has decided to make a striking-off order. It directs the registrar to strike Miss Anderson off the register. The effect of this order is that the NMC register will show that Miss Anderson 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.

The panel accepted the advice of the legal assessor.

Representations on sanction

The NMC made the following representations in relation to sanction:

'Sanction

The NMC considers the following sanction is proportionate:

A striking-off order.

The aggravating factors in this case include:

a. *Repeated conduct*
b. *Disregard for instruction not to complete IV checks*
c. *Disregard for patient safety*
d. *Placed patients at risk of harm*
e. *Deep seated attitudinal problems*
f. *Lack of insight, remorse and remediation*

The mitigating factors in this case include: a. [PRIVATE]

With regard to our sanctions guidance the following aspects have led the NMC to this conclusion:

a. *Taking the least serious sanctions first, it is submitted that taking no further action or imposing a caution order would be wholly inappropriate in this case and would not be sufficient to mitigate the risks posed by Miss Anderson's conduct. The NMC Sanctions Guidance ("the Guidance") states that taking no action will be rare at the sanction stage and this would not be suitable where the nurse presents a continuing risk to patients. The Guidance further states that a caution order would only be appropriate if it is decided that there is no risk to the public requiring the registrant's practice to be restricted, meaning that the case is at the lower end of the spectrum. It is submitted that this is not such a case, the case is at the higher end of the spectrum and there is a risk of harm to the public. Taking no action or a caution order would not mark the seriousness and would be insufficient to maintain high standards or the trust that the public place in the profession, nor would it address the risk of harm.*

b. *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. The concerns in this case do not relate to clinical failings which could be addressed by further training or supervision. There are deep-seated underlying attitudinal concerns and the dishonest conduct in such a case cannot be addressed by a conditions of practice order. There are no conditions which could adequately address the dishonesty, nor could conditions address Miss Anderson's blatant 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 significant public interest in this case.*

c. *The Guidance states that a suspension order may be appropriate where the misconduct is not fundamentally incompatible with continuing to be a registered*

professional and the overarching objective of public protection is satisfied by a less severe outcome than permanent removal from the register. A suspension order is appropriate where, there is 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; the registrant has insight. The misconduct in this case does not consist of a one-off isolated incident; it was repeated, there were multiple forged signatures in the competency booklet and more than one instance of the registrant checking IV medication contrary to instruction and in the knowledge that they had not been deemed competent to do so. Miss Anderson's conduct therefore involved dishonest behaviour and a disregard for working within the limits of her competence, which directly impacts on patient care. There are underlying deep-seated attitudinal concerns and with limited insight, remorse or remediation this cannot be addressed by a temporary removal from the register. There is a real risk of harm to the public should this conduct be repeated and there is a real risk of repetition. The conduct is fundamentally incompatible with continued registration and therefore a suspension order would not be appropriate, nor would it be sufficient to protect the public or satisfy the significant public interest in this case.

d. *Miss Anderson's misconduct and dishonest actions are serious and fundamentally incompatible with them remaining on the register. Miss Anderson's conduct involved dishonesty in a clinical setting and raises a fundamental question about their trustworthiness.*

e. *Miss Anderson has not provided a plausible explanation for their actions or demonstrated an understanding of the significant implications this could have had on the patients. Miss Anderson's insight is limited and there appears to be a complete disregard for patient safety.*

f. *In respect of the most serious sanction, striking-off order, the Guidance states that this is likely to be appropriate when what the nurse has done is fundamentally incompatible with being a registered professional. Before imposing the sanction, the key considerations include:*

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

g. *It is submitted that Miss Anderson's conduct raises fundamental questions about their professionalism. At such an early stage of their career and as a newly qualified nurse, the registrant chose to forge signatures on her competency and placed patients at risk of harm when they disregarded senior staff instructions not to check IV medication because the competency had not been produced within the required time. Integrity and patient safety is of utmost importance within the profession and this was seriously undermined. Furthermore, the registrant has not sought to remediate their actions which is a further indicator of both attitudinal problems linked to their professionalism.*

h. *It is submitted that due to the seriousness of the conduct, the dishonesty, the deep-seated attitudinal problems and the repeated conduct, public confidence cannot be maintained unless Miss Anderson is struck off from the register.*

i. *For all of the reasons set out above, the public cannot be protected unless a striking-off order is imposed and this is the only order which is sufficient to protect the public.*

j. *The NMC further refers to the NMC guidance on seriousness, the following aspects have led us to this conclusion:*
   - *conduct or poor practice which indicates a dangerous attitude to the safety of people receiving care*
   - *failure to recognise and work within the limits of competence*
   - *there appears to be evidence of a harmful deep-seated personality or attitudinal problems.*
   - *the dishonesty is serious and linked directly to clinical practice.*

- *repeated forged signatures to indicate competencies had been met when they had not.*
- *limited insight into dishonest conduct.*

k. The only appropriate and proportionate sanction in this case is that of a striking-off order'

Decision and reasons on sanction

Having found Miss Anderson'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:

- Repeated misconduct over elongated period of time
- Placed patients at risk of harm
- Lack of meaningful insight into failings
- Potential deep-seated attitudinal problems
- Lack of adequate remorse and remediation
- Lack of engagement with the regulatory process

The panel also took into account the following mitigating features:

- [PRIVATE]

…[PRIVATE]…

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 Miss Anderson'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 Miss

Anderson's 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 Miss Anderson'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, given the nature of the charges in this case. The panel determined that there is evidence of deep-seated attitudinal problems and considered that Miss Anderson has not demonstrated any willingness to comply with any conditions, were they to be imposed. Furthermore, the panel concluded that the placing of conditions on Miss Anderson's registration would not adequately address the seriousness of this case and would not protect the public or 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:

- *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 …, there is a risk to patient safety if they were allowed to continue to practise even with conditions; and*
- *…*

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 Miss Anderson's actions is fundamentally incompatible with Miss Anderson remaining on the register.
In this particular case, the panel determined that a suspension order would not be a sufficient, appropriate or proportionate sanction.

The panel considered the NMC guidance on 'considering sanctions for serious cases' (ref: SAN-2), in particular, the panel focussed on seriousness when cases involve dishonesty. In this case, the panel identified the following features of the case:

- conduct or poor practice which indicates a dangerous attitude to the safety of people receiving care
- failure to recognise and work within the limits of competence
- there appears to be evidence of a harmful deep-seated personality or attitudinal problem.
- the dishonesty is serious and linked directly to clinical practice.
- repeated forged signatures to indicate competencies had been met when they had not.
- limited insight into dishonest conduct.

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 Miss Anderson's actions is fundamentally incompatible with Miss Anderson remaining on the register. It further determined that it cannot be satisfied that the public would be suitably protected, nor would public interest be engaged if a suspension order was imposed.

In this particular case, the panel determined that a suspension order would not be a sufficient, appropriate or proportionate sanction.

Finally, in considering 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?*

Miss Anderson's 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 Miss Anderson's actions raised fundamental concerns about her professionalism and trustworthiness, and to allow her to continue practising would not protect the public and 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. Having regard to the matters it identified, in particular the effect of Miss Anderson'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 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 Miss Anderson 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 Miss Anderson's own interests until the striking-off sanction takes effect.

The panel heard and accepted the advice of the legal assessor.

Representations on interim order

The NMC made the following representations in relation to interim order:

> *'Interim Order Consideration*
> *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 considers 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'*

Decision and reasons on interim order

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 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 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 allow time for any possible appeal period.

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

That concludes this determination.