

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

**Restoration Hearing
Tuesday, 21 January 2025 – Wednesday, 22 January 2025**

Virtual Hearing

Name of Applicant: Helen Grimwade

NMC PIN 93A0106E

Part(s) of the register: Registered Nurse – RN1 – Adult
Registered Midwife – RM

Relevant Location: Derbyshire

Panel members: Francesca Keen (Chair, Lay member)
Janet Fitzpatrick (Registrant member)
Alexandra Hawkins-Drew (Registrant member)

Legal Assessor: Caroline Hartley

Hearings Coordinator: John Kennedy

Nursing and Midwifery Council: Represented by Tope Adeyemi, Case Presenter

Ms Grimwade: Present and supported by Helen Elson,
(UNISON)

Outcome: Application granted

Note on name

At the outset of the hearing the panel noted that your name as it appeared on the Register was Helen Grimwade; however, subsequently you have changed your name to Helen Truby. While the panel will refer to you as such during the hearing in order to match the name as it appeared on the Register and your Nursing and Midwifery Council (NMC) PIN within the determination the name Helen Grimwade will be used.

Reasons and decision to proceed in private

The panel, of its own volition, having read the papers invited submissions on whether it ought to hold the hearing partially in private in accordance with 'The Nursing and Midwifery Council (Fitness to Practise) Rules 2004' (the Rules) Rule 19. This was made in regards to [PRIVATE]

The panel invited submissions on this from you and from Ms Adeyemi, on behalf of the NMC, and it was confirmed that there were no objections to this.

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

Having considered the material before it and noting that there were no objections to its proposal, [PRIVATE], while the rest of the hearing shall be in public.

Determination of application for Restoration to the Register

This is a hearing of your second application for restoration to the NMC Register, your first (in August 2022) having been withdrawn (in March 2023) prior to any hearing taking place. A panel of the Conduct and Competence Committee directed on 14 May 2017 that your name be removed from the register based on its findings with regard to the facts of your case and your impairment. This application is made by you in accordance with Article 33 of the Nursing and Midwifery Order 2001 ("the Order"), as at least five years have now elapsed since the date of the striking-off order.

At this hearing the panel may reject your application or it may grant your application unconditionally. It may grant your application subject to your satisfying the requirements of Article 19(3) and it may make a conditions of practice order.

The panel has considered your application for restoration to the Council's Register.

Background

You were referred to the NMC in relation to an incident which occurred on 28 May 2011, whilst you were employed at Derby Hospitals NHS Foundations Trust (the Trust) working at the Royal Derby Hospital on the labour ward.

On 28 May 2011, you commenced your shift at 14:00 and were allocated to care for Patient A by shift co-ordinator. Patient A was a high risk patient and was attempting a vaginal birth after caesarean section (VBAC).

Due to a continued lack of progress in labour the obstetric registrar prescribed a syntocinon infusion, which was commenced. An epidural was sited. You then subsequently increased the rate of the syntocinon at 16:19, again at 18:16 and finally again at 18:35.

Patient A was reviewed by the obstetric registrar at 19:20 and was transferred to theatre. However, there were difficulties in locating the fetal heart rate, the patient's condition also deteriorated and an emergency caesarean section was carried out. Patient A suffered a uterine rupture and the baby was delivered with an absent heart beat. Attempts to resuscitate the baby were unsuccessful.

A joint investigation was carried out by the Trust and the Local Supervising Authority (LSA). The senior matron at the time, carried out the Trust investigation and a Supervisor of Midwives, carried out the LSA supervisory investigation. The Trust investigation recommended that you should face disciplinary action. Following the LSA supervisory investigation it was recommended that you undertake a supervised practice

programme. You did not undertake the programme and were subsequently suspended from practice by the LSA.

At a hearing of the Conduct and Competence Committee held on 7 to 10 April 2014 you were given a conditions of practice order. That order was subsequently reviewed and extended on 13 April 2015 and 7 April 2016. At the third substantive order review on 5 April 2017 the Conduct and Competence Committee made a striking-off order.

The panel at the substantive order review on 5 April 2017, considered the following charges:

'On 28 May 2011, whilst caring for Patient A who was in labour:

- 1. Did not make a plan of care after identifying Patient A had a raised blood pressure at 14:48*
- 2. Did not use a fetal scalp electrode when there were difficulties in obtaining an adequate cardiotocograph ("CTG") recording at:
 - a) approximately 15:50*
 - b) approximately 16:30**
- 3. Did not make a plan of care when identifying an abnormal CTG at 15:30*
- 4. Did not wait 30 minutes prior to increasing the rate of the syntocinon infusion at 18:35 to 8ml/hr*
- 5. Did not seek a review from the obstetric team prior to increasing the rate of syntocinon at 18:35*
- 6. After recording a raised maternal pulse at 17:30 you:
 - a) did not inform the shift co-ordinator**

- b) *did not document a plan of care relating to the raised pulse*
- c) *did not document and/or check the maternal pulse after 17:30*

7. *Failed to maintain adequate records in that you:*

- a) *did not record that you had attempted to catheterise Patient A between 16:00 and 16:30*
- b) *did not make any contemporaneous and/or retrospective record of the care provided to Patient A after 19:23*
- c) *did not record the rationale for increasing the syntocinon infusion to 2ml/hr at 16:25*

And in light of the above, your fitness to practise is impaired by reason of your misconduct'

The substantive order review panel, determined the following with regard to impairment:

'The panel has considered carefully whether Mrs Grimwade's fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as a registrant's suitability to remain on the register without restriction. In considering this case, the panel has carried out a comprehensive review of the order in light of the current circumstances. It has noted the decision of the last panel. However, it has exercised its own judgment as to current impairment.

The panel has had regard to all of the documentation before it, including the substantive bundle, the email of the 8 February 2017 and the letter of 6 March 2017 from Mrs Grimwade.

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

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

The panel noted that Mrs Grimwade demonstrated remorse for her actions and expressed regret in her most recent letter for her failings. In pursuit of employment in order to fulfil her conditions of practice order, the panel noted that she still persisted in blaming others for 'her misfortune'. The panel determined that there was limited reflection with regards to the events giving rise to the charges and Mrs Grimwade failed to explain what she would do differently should similar events occur again. The panel bore in mind the letter sent by Mrs Grimwade on 6 March 2017, in which she stated that she was unlikely to return to the nursing or midwifery profession for the foreseeable future; (an intention that she had expressed more forcefully in her email of 8 February 2017). The panel noted that Mrs Grimwade had not practised as a midwife for at least three years. Mrs Grimwade has been the subject of a conditions of practice order since April 2014, during which time she has failed to remediate the deficiencies found in her practice. The panel has not been provided with any evidence to demonstrate she has tried to maintain her core knowledge and skills, and has no reason to disagree with the previous panel's decision that her fitness to practice remains impaired.

The panel has borne in mind that its primary function is to protect, promote and maintain the health, safety and wellbeing of the public. It also bore in mind the need to promote and maintain public confidence in the nursing and midwifery professions and to promote and maintain proper professional standards for members of those professions. The panel determined that, in this case, a finding of current impairment on both public protection and public interest grounds is required.

For these reasons, the panel finds that Mrs Grimwade's fitness to practise remains impaired.'

The substantive panel went on to determine the following with regard to sanction:

'Having found Mrs Grimwade's fitness to practise currently impaired, the panel then considered what, if any, sanction it should impose in this case. The panel noted that its powers are set out in Article 30 (1) of the Order. The panel has also taken into account the NMC's Indicative Sanctions Guidance (ISG) and has borne in mind that the purpose of a sanction is not to be punitive, though any sanction imposed may have a punitive effect.

The legal assessor drew the panel's attention to the case of LM v. NMC [2016] CSlH 86 and that in this case the registrant had been warned that the panel could take a new decision and one which is a more severe sanction including a striking off order.

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the need to protect the public and uphold the public interest in a serious case.

The panel then considered whether to impose a caution order but similarly concluded that this would not protect the public nor be in the public interest. The panel considered a conditions of practice order. The panel has received information that Mrs Grimwade does not intend to return to practice as a nurse or midwife for the foreseeable future. The panel took into account Mrs Grimwade's unsuccessful efforts in the past three years to secure a position in compliance with the conditions of practice order and considered that this failure, the ongoing passage of time, and her current stated wish not to work as a nurse or midwife now meant that conditions of practice had become unworkable, inappropriate and no longer in the public interest.

The panel next considered imposing a suspension order. The panel noted Mrs Grimwade's persistent lack of remediation and her failure to embrace what is required to return to safe and effective practice. Further, it bore in mind Mrs Grimwade's expressed intent not to return to nursing or midwifery for the foreseeable future, if at all. In these circumstances the panel determined that a

period of suspension would not serve any useful purpose and it would not be in the public interest or Mrs Grimwade's interest. The panel determined that it was necessary to take action to prevent Mrs Grimwade from practising in the future because of the continuing risk of harm to the public and concluded that the only sanction that would adequately protect the public and serve the public interest was a striking-off order. The panel therefore directs the registrar to strike Mrs Grimwade's name off the register.

In accordance with Article 30 (1) of the Nursing and Midwifery Order 2001 this striking off order will come into effect upon the expiry of the current conditions of practice order.'

Submissions and evidence

The panel took into account the documentary evidence, which included the contents of your application for restoration which you submitted to the NMC.

The panel had regard to the submissions of Ms Adeyemi and those made by you. You also gave oral evidence.

The panel also heard evidence from the following character witnesses you called:

- Witness 1: Senior Midwife at the Trust
- Witness 2: Teacher who provided a character reference

You provided evidence under oath. You provided a reflective account within your application and you described what you have done since the incident. You informed the panel that you take full responsibility for your actions that day; that you regularly think about and reflect on the impact of them on the family you cared for and the wider nursing and midwifery profession. You acknowledge that you cannot change the outcome of that day; however, you are remorseful for your actions, have learned from

your mistakes, and have developed insight to ensure you would not make the same mistakes again.

You detailed to the panel how you have reflected on what you should have done on that day and how you would change your practise if you were presented with a similar situation now, being more aware of your limitations and speaking up for help from senior colleagues and doctors. During your evidence you described how at the time of the incident [PRIVATE]

You described how during the COVID-19 pandemic you felt a fresh desire to return to front line practice to assist the NHS and your colleagues in healthcare. You stated that since then you have been working in a variety of Health Care Assistant (HCA) roles, including as a maternity support worker (MSW) at the same Hospital and Ward as the incident occurred. You explained how this has helped you strengthen your practice. You have been very clear that while working as an MSW you do not work beyond your role, have been clear with your boundaries and do not attempt any nursing or midwifery tasks.

The panel heard from Witness 1, who worked with you at the time of the incident and has worked with you since. The witness described how since returning to work as an MSW you have demonstrated the highest standards of care towards patients and that she would welcome you back onto the Ward as a midwife. Witness 1 informed the panel that you are very clear on your boundaries as an MSW, that you escalate concerns effectively and promptly. She also highlighted your passion for nursing, your attention to detail, your documentation skills, and your care shown to both colleagues, patients and their families.

The panel also noted that you have undertaken a number of training courses, and have provided documentary evidence to attest to such, and that you have expressed a willingness to complete the return to practise course, which you have not been able to do yet due to not having a PIN [PRIVATE].

Ms Adeyemi, outlined the background of the case and the facts that led to the striking-off order. She referred this panel to the previous panel's decision which resulted in your removal from the NMC's register and referred the panel to the test set out in Article 33(5) of the Order.

Ms Adeyemi submitted that the decision to approve the application for restoration is neither opposed nor supported by the NMC.

The panel accepted the advice of the legal assessor.

The legal assessor referred the panel to the test provided in Article 33(5) of the Order amongst other things. Firstly, you must satisfy the panel that you satisfy the requirements of Article 9(2)(a) (approved qualification and prescribed education, training and experience) and Article 9(2)(b) (capable of safe practice). Secondly, you must satisfy the panel whether, having regard in particular to the circumstances which led to the making of the striking-off order in 2017 you are a "fit and proper person to practise as a registered nurse". The legal assessor advised the panel that it is for you to satisfy the panel of these matters and it is for the panel to use its own independent judgment as to whether it is so satisfied.

Decision on the application for restoration

The panel has considered your application for restoration to the NMC register very carefully. It has decided to allow the application subject to your successful completion of a return to practice course, or other prescribed course.

In reaching its decision the panel recognised its statutory duty to protect the public as well as maintain public confidence in the reputation of the profession, which includes the declaring and upholding of proper professional standards. The panel bore in mind that the burden was upon you to satisfy it that you are a fit and proper person who is able to practise safely and effectively as a nurse.

The panel first decided that you are a fit and proper person to practice as a registered midwife and nurse. The panel had regard to the three questions put to you under oath and in the application and concluded there are no deep-seated attitudinal concerns that would prevent you from being restored to the Register. The panel noted that you do have the correct qualifications to be a registered midwife and nurse.

The panel noted that the previous panel had found you lacked insight, remorse, and it determined that you had not meaningfully engaged with the regulatory process. In the time (approximately 11 years) since the original hearing and the incident, the panel considered, having heard your oral evidence, that you have undertaken significant reflection on your actions. The panel also considered that in your oral evidence you demonstrated full insight into the incident, identifying areas where your actions fell below the expected standard of a registered midwife and it noted that you outlined what you would now do differently should you be in a similar situation. The panel noted that you have expressed a profound remorse for the tragic consequences of your actions, and that this has played a part in your reflection and desire to strengthen your practice.

The panel had regard to the fact that you had previously stated, in 2017, you did not wish to return to practice. However, in your oral evidence you gave a detailed account of how you felt in the years since then and that you have a passionate desire to work in healthcare to assist people. The panel noted that you have tried to do return to practice courses at various points over the years but [PRIVATE]. The panel noted that you have returned to the same Trust and the same Ward where the incident occurred, working with colleagues who would have been aware of what happened, and that you have been employed since 2020 as an HCA/MSW. The panel considered that this demonstrated your committed to restoring your PIN and has supported your development of insight from where you were eight years ago and that you have reflected on your actions fully. The panel noted that this has also provided you with a clear understanding of current midwifery practice and the challenges you may face if your application is successful.

The panel noted that while you have not yet completed the return to midwifery course you have done all the Continual Professional Development (CPD) courses that were

available to you within your current role and that there is little more that you could have done by this point to further strengthen your practice.

Consequently, the panel was satisfied that as a result of all the aforementioned there is a low risk of repetition.

The panel considered the impact of granting your application on the public confidence in the profession. The panel noted closely the reference given by Witness 1, who has worked with you since the incident, and that Witness 1 confirmed how you have addressed the concerns and how you have worked in a supportive role on the maternity ward, assisting colleagues, and undertaking appropriate training to strengthen your practice. The panel noted that while the outcome of your actions on the day in question were devastating, the events which occurred amounted to an isolated incident within a long and otherwise unblemished career. [PRIVATE] The panel therefore concluded that given the depth of your reflection, combined with your demonstrated remorse, remediation, and CPD in the 11 years since the incident it is not in the public interest to refuse your application.

Therefore, the panel is satisfied that you would currently be capable of safe practice.

In determining to grant your application for restoration the panel bore in mind that you have not practised as a registered midwife since 10 April 2014 and that you no longer meet the requirements for registration with the NMC on this basis. However, the panel determined to allow your application for restoration subject to your completion of a Return to Practice course and paying the prescribed fee which satisfies the requirements of Article 19(3) and Article 33(7)(a). This article states:

“The Council may by rules require persons who have not practised or who have not practised for or during a prescribed period, to undertake such education or training or to gain such experience as it shall specify in standards.”

“(7) On granting an application for restoration, the Committee—

(a) shall direct the Registrar to register the applicant in the relevant part of the register on his satisfying any requirements imposed under paragraph (6) and on payment of the prescribed fee; and”

That concludes this determination.

This decision will be confirmed to you in writing.