

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

**Substantive Hearing
Wednesday, 19 February 2025 – Wednesday 12 March 2025**

Virtual Hearing

Name of Registrant:	Maxine Farley
NMC PIN	16G2620E
Part(s) of the register:	Registered Nurse - Sub part 1 RNLD: Learning disabilities nurse, level 1 (2 October 2018)
Relevant Location:	Norfolk
Type of case:	Misconduct/Health
Panel members:	Mark Gower (Chair, lay member) Alison Thomson (Registrant member) Kiran Bali (Lay member)
Legal Assessor:	Nigel Ingram
Hearings Coordinator:	Catherine Acevedo
Nursing and Midwifery Council:	Represented by Aliyah Hussain, Case Presenter
Miss Farley:	Present and unrepresented
Facts proved by admissions:	All
Facts not proved:	None
Fitness to practise:	Impaired
Sanction:	Conditions of practice order – 2 years
Interim order:	Interim conditions of practice order – 18 months

Decision and reasons on application for hearing to be held in private

At the outset of the hearing, Ms Hussain made a request that parts of the hearing be held in private [PRIVATE]. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

You indicated that you supported the application.

The legal assessor reminded the panel that while Rule 19(1) provides, as a starting point, that hearings shall be conducted in public, Rule 19(3) states that the panel may hold hearings partly or wholly in private if it is satisfied that this is justified by the interests of any party or by the public interest. He also referred the panel to NMC Guidance CMT-10 'Hearings in private and in public'.

The panel decided that although the case is inextricably linked [PRIVATE], there is public interest in hearing matter relating to your misconduct in public. The panel therefore determined to go into private session in connection with matters relating to [PRIVATE].

Decision and reasons on application to amend the charges 1 and 2b

The panel heard an application made by Ms Hussain to amend the wording of charges number(s).

The proposed amendment was to amend the date in charge 1 to 28 October 2020. The proposed amendment to charge 2b was amend Patient B to Patient X. The proposed amendment to charge 2b was to amend Resident 1 and Resident 2 to Resident 6 and Resident 7. It was submitted by Ms Hussain that the proposed amendments would be in your interests and more accurately reflect the evidence.

Charge 1

On ~~26~~ 28 October 2020;

Charge 2b

On 06 November 2020 did not ensure appropriate discharge of Patient X in that you:

- b. Did not discharge Patient X with the required medication as set out in the discharge summary and/or take steps to ascertain the correct medication that Patient ~~B~~ X should have been discharged with

Charge 8

Did not complete wound dressings for one or more of the residents listed below;

Resident 4 **6**

Resident 2 **7**

You made no observations on the application.

The panel accepted the advice of the legal assessor and had regard to Rule 28 of 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The panel was of the view that such an amendment, as applied for, was in the interest of justice. The panel was satisfied that there would be no prejudice to you and no injustice would be caused to either party by the proposed amendment being allowed. It was therefore appropriate to allow the amendment, as applied for, to correct typographical errors and ensure clarity and accuracy.

Details of charge as amended

That you, a registered nurse

Whilst working at Woodlands Hospital

1. *On 28 October 2020;*
 - a. *Did not request formal identification of an individual who attended the ward presenting as a medical colleague ('Person A')*
 - b. *Did not escalate Person A's presence / request to senior hospital staff*
 - c. *Provided / allowed the keys to the emergency drug cupboard to be provided to Person A*
 - d. *Allowed / failed to ensure that Person A was properly supervised by a nurse when accessing the emergency drug cupboard*
2. *On 06 November 2020 did not ensure appropriate discharge of Patient X in that you;*
 - a. *Discharged Patient X in their pyjamas;*
 - b. *Did not discharge Patient X with the required medication as set out in the discharge summary and/or take steps to ascertain the correct medication that Patient X should have been discharged with*
 - c. *On one or more occasions refused to discuss Patient X's discharge with their support worker*
3. *On 06 November 2020 did not ensure safe discharge of Patient Y in that you discharged Patient Y, unescorted, in a taxi to their placement without updating the placement about when Patient Y would arrive*
4. *On 04 December 2020*
 - a. *failed to properly calculate Patient Z's EWS score;*
 - b. *Failed to properly document Patient Z's EWS score;*
 - c. *Failed to properly escalate Patient Z's clinical condition to a senior clinician*

Whilst working at Prince George House on 31 July 2021;

5. *Did not administer prescribed medication to Resident A*

6. *Did not administer prescribed medication to one or more residents as listed below;*

*Resident B
Resident C
Resident D
Resident E
Resident F
Resident G
Resident H
Resident I
Resident J*

7. *Unsafely managed medication by leaving it wrapped in a napkin*

Whilst working at Asterbury Place Care Home on 01 August 2021;

8. *Did not complete wound dressings for one or more of the residents listed below;*

*Resident 6
Resident 7*

9. *Did not take Resident 3's blood glucose readings*

10. *Did not administer the correct insulin medication prescribed for Resident 3*

11. *Did not administer the correct warfarin medication to Resident 4*

12. *Did not administer the correct warfarin medication to Resident 5*

13. *Did not administer medications as prescribed to one or more of the following resident(s)*

*Resident 3
Resident 6
Resident 7
Resident 8
Resident 9
Resident 10
Resident 11
Resident 12*

14. *Did not administer medications as prescribed to one or more of the resident(s) listed below*

Resident 3

Resident 5

Resident 13

Resident 14

Resident 15

15. *Signed to say you had administered medication to one or more of the resident(s) listed below when you had not done so*

Resident 3

Resident 5

Resident 13

Resident 14

Resident 15

16. *Have, or have had, the health condition listed in Schedule 1.*

AND in light of the above, your fitness to practise is impaired by reason of your misconduct or your health in respect of Charges 1 to 4 and your health in respect of Charges 5 to 16.

Schedule 1

[PRIVATE].

The panel (Rule 24(1)) determined that having been informed by the NMC case presenter of a discussion between her and the unrepresented registrant that the proposed pleas were in her view equivocal. Further, that you wished to cross examine the NMC witnesses that the fairest course for the Committee to follow was for the reading of the charge Rule 24(2) to be delayed until the conclusion of the NMC case.

The panel also considered the case based on your medical history, recent diagnosis and that you were unrepresented and consequently decided to treat you as vulnerable witness under Rule 23 1(b).

The legal assessor endorsed the suggested approach.

Background

You qualified as a learning disabilities nurse and entered the NMC Register on the 2 October 2018. Shortly after, in February 2019, you joined Norfolk and Suffolk NHS Foundation Trust (the Trust) as a band 5 nurse. You were employed on the Avocet Ward in the Woodlands Hospital.

The charges arose from two separate referrals received by the NMC.

The first referral was received on the 28 of April 2021 and relate to charges 1 – 4 and your period of employment at The Woodlands Hospital.

It is alleged that on 28 October 2020 you breached the Trust's policy on management of medication when you failed to ensure that you had the keys to the drugs cupboard on your person and that you further breached the policy by giving those keys to a medical professional from another trust, namely Ipswich Hospital.

On 6th of November 2020 it is alleged you discharged two patients unsafely in that you discharged Patient X in their pyjamas and without proper medication and failed to discuss the discharge with the relevant support worker. It is also alleged that you failed to contact the new placement in respect of Patient Y.

It is alleged that on the 4 December 2020, when you were responsible for the care of Patient Z, there were failures in respect of calculating, documenting and escalating the Early Warning Score (EWS). This was a patient that required regular vital observations. It

is alleged that you failed to follow the escalation protocol and that you failed to complete the EWS documentation properly.

On the 31 December 2020, the Trust commenced a local investigation into the matters outlined in charges 1-4a. You were interviewed on 21 January 2021 by Francesca Cunningham. The investigation report dated the 18 February 2021 found that the facts underlying charges 1-4 were substantiated and the disciplinary process was commenced by the Trust in March 2021. As a result you were dismissed from your employment on the 18 March 2021 and it was subsequent to that that a referral was then made to the NMC.

After leaving your employment at the Trust, you then joined a recruitment agency called Advantage Angels and you began working as an agency nurse. The second referral relates to the period of time when you were employed by Advantage Angels as an agency nurse. The referral that was received by the NMC on the 3 August 2021 raised concerns about two specific shifts.

Firstly, on the 31 July, whilst you were working at Prince George's House care home. The concerns form the basis of charges 5-7. It is alleged that you failed to administer to Resident A two doses of prescribed medication causing serious side effects that led to Resident A being admitted to hospital.

The care home uses an electronic system for the administration of medication, and it is alleged that you failed to administer prescribed medication to nine residents. At least three patients had missed paracetamol medication, but others missed more essential medications. It is also alleged that medication that was not administered was found wrapped up in a tissue left by you in the medications room.

The second shift in which concerns were raised by Advantage Angels took, place on 1 August 2021 at Asterbury Place Care home. These concerns are reflected in charges 8 - 15. Asterbury Place Care home is a residential care home taking care of elderly patients. In relation to this shift, it was alleged that a number of patients were not administered

medication correctly. It is also alleged during this shift that you had not completed wound dressings in relation to two patients and failed to take blood glucose readings for Resident 3.

It is also alleged that you did not administer prescribed medication to multiple patients. Some of the medications were allegedly administered and not signed for, and some of the medications were not administered but had been signed as given.

Following these two shifts, a referral was submitted to the NMC on the 3 August 2021 and you were dismissed as a result of the concerns that had been raised.

You have not worked as a registered nurse since September 2021.

[PRIVATE].

Decision and reasons on facts

The panel took into account all the oral and documentary evidence in this case.

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 heard live evidence from the following witnesses called on behalf of the NMC:

- Witness 1: Matron, Avocet and Poppy Ward;
- Witness 2: Clinical Support Worker, Poppy Ward;

- Witness 3: Charge Nurse, Avocet Ward;
- Witness 4: Investigating Officer at the Trust;
- Witness 5: Agency Staff Nurse, Avocet Ward;
- Witness 6: Senior Clinical Administrator, Avocet Ward;
- Witness 7: Home Manager at Prince George House;
- Dr 8 Consultant Psychiatrist.
- Witness 9: Clinical Lead, Asterbury Place Care Home;
- Witness 10: Senior Team Leader, Prince George House;
- Witness 11: Consultant Psychiatrist at the Trust.

After the NMC closed their case on the facts, you informed the panel that you now made full admissions to all of the charges [PRIVATE].

The panel therefore found charges 1-16 proved in their entirety, by way of your admissions.

Fitness to practise

Having found all the facts of this case proved by your admissions, the panel then moved on to consider, whether the facts found proved (charges 1-4) amount to misconduct or

your health and, if so, whether your fitness to practise is currently impaired. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's ability to practise kindly, safely and professionally.

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

The panel adopted a two-stage process in its consideration. First, the panel must determine whether the facts found proved amount to misconduct. Secondly, only if the facts found proved amount to misconduct, the panel must decide whether, in all the circumstances, your fitness to practise is currently impaired as a result of that misconduct.

Your oral evidence

You told the panel that you had worked at Woodlands for two years and that you had loved working there. You said you liked your colleagues and the environment, but you were working long hours, sometimes four night shifts in a row and often late to early shifts and you would only get three hours sleep. You said you became run down but that you did not realise it at the time.

You said the events occurred after what you consider to be a successful period of working without any incidents. The local investigation went on for 10 weeks which you said you found very stressful. You said when you were dismissed you were devastated because you loved working there.

You said when you went on to work for an agency where the system was different and it completely overwhelmed you because you did not know how to use it properly. You said you asked for help on those shifts.

[PRIVATE].

You said you wish you had done things differently when working at the agency. You said you wish that you had contacted the agency after your first shift when you were struggling to use the system and to ask for training. You said that in future you would seek assistance and clarification straight away if you had any problems.

You went through each of the admitted charges and explained your actions, your understanding of why what you did was wrong and what you would do differently. You apologised for your failings.

[PRIVATE].

Submissions on misconduct and health

Ms Hussain invited the panel to take the view that the facts found proved amount to misconduct. She referred the panel to the terms of 'The Code: Professional standards of practice and behaviour for nurses and midwives (2015)' (the Code) and identified the specific, relevant standards where the NMC say your actions amounted to misconduct.

Ms Hussain submitted that your conduct at charge 1-4 fell far below the standards expected of a registered nurse. Breaches of the code in this way represent breaches of the fundamental tenets of the nursing profession and are inevitably a serious matter which brings the nursing profession into disrepute and undermines the. Trust and confidence that the public place within the profession.

Ms Hussain submitted that it is open to the panel to find that the cumulative nature of these charges amounts to misconduct. [PRIVATE].

[PRIVATE].

Submissions on impairment

Ms Hussain moved on to the issue of impairment and addressed the panel on the need to have regard to protecting the public and the wider public interest. This included the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body. This included reference to the cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin) and *Cohen v GMC* [2008] EWHC 581 (Admin).

Ms Hussain referred the panel to the NMC guidance DMA -1. Ms Hussain submitted that the three questions in the *Grant* test (limbs a, b and c) can be answered in the affirmative in respect of charges 1-4.

She referred the panel to the test set out in *Cohen* for the panel to consider whether the conduct which led to the charge is easily remediable, whether it has been remedied and is it unlikely to be repeated and is described by the NMC as steps taken by a registrant to strengthen their practice.

Ms Hussain submitted that NMC acknowledges [PRIVATE] and it is recognised that the investigation dates back to 2020 and will inevitably have exacerbated matters for you. She submitted that you have started to demonstrate insight during these proceedings which represents a marked change from your previous engagement with your employer and with the NMC. However, this is still in the very early stages.

Ms Hussain submitted that the panel must bear in mind that you have not been working within the nursing profession, which limits your ability to demonstrate remediation. She submitted that there is no evidence of remediation before it and a risk of repetition at this stage and a finding of impairment is necessary for the public protection.

[PRIVATE].

In respect of your insight into your nursing practice, Ms Hussain submitted that you have now been able to understand and accept your conduct in respect of the charges and have been able to demonstrate some level of insight into your nursing practice, but this insight is still developing. She submitted that your insight is yet untested in the workplace and certainly within the nursing environment.

Ms Hussain therefore invited the panel to find that your fitness to practice is currently impaired on public protection and public interest grounds.

You submitted that you agreed with the submissions made by Ms Hussain that your fitness to practice is currently impaired. You acknowledge that your insight is developing and that [PRIVATE] you now understand where you went wrong in your nursing practice. You apologised to the panel for the mistakes you made.

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, *Calhaem v General Medical Council* [2007] EWHC 2606 (Admin), and *General Medical Council v Meadow* [2007] QB 462 (Admin).

Decision and reasons on misconduct

In coming to its decision, the panel had regard to the case of *Roylance v General Medical Council* (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.*’

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 your actions at charges 1-4 fell significantly short of the standards expected of a registered nurse, and that your actions amounted to a breach of the Code. Specifically:

“1 Treat people as individuals and uphold their dignity

To achieve this, you must:

1.1 treat people with kindness, respect and compassion

1.2 make sure you deliver the fundamentals of care effectively

2 Listen to people and respond to their preferences and concerns

To achieve this, you must:

2.1 work in partnership with people to make sure you deliver care effectively

6 Always practise in line with the best available evidence

To achieve this, you must:

6.2 maintain the knowledge and skills you need for safe and effective practice

8 Work cooperatively

To achieve this, you must:

8.6 share information to identify and reduce risk

10 Keep clear and accurate records relevant to your practice

This applies to the records that are relevant to your scope of practice. It includes but is not limited to patient records.

To achieve this, you must:

10.2 identify any risks or problems that have arisen and the steps taken to deal with them, so that colleagues who use the records have all the information they need

13 Recognise and work within the limits of your competence

To achieve this, you must, as appropriate:

13.1 accurately identify, observe and assess signs of normal or worsening physical and mental health in the person receiving care

13.2 make a timely referral to another practitioner when any action, care or treatment is required

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

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

To achieve this, you must:

18.4 take all steps to keep medicines stored securely

19 Be aware of, and reduce as far as possible, any potential for harm associated with your practice

To achieve this, you must:

19.1 take measures to reduce as far as possible, the likelihood of mistakes, near misses, harm and the effect of harm if it takes place

20 Uphold the reputation of your profession at all times

To achieve this, you must:

20.9 maintain the level of health you need to carry out your professional role”

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

In relation to charge 1, the panel took into account that you had been very busy during the shift doing the medication round and you had assumed that Person A was a member of staff. The panel considered that not requesting formal identification for Person A (1a) and not escalating their presence to senior hospital staff (1b) was not conduct which was so serious to amount to misconduct. However, the panel was of the view that allowing the

drug cupboard key to be provided to Person A (1c) and failing to ensure they were properly supervised when accessing the drug cupboard (1d) was serious and put patients at risk of harm and amounted to misconduct.

The panel found that your actions at charge 1 fell seriously short of the conduct and standards expected of a nurse and amounted to misconduct.

In relation to charge 2, the panel considered that discharging Patient X in their pyjamas (2a) while serious may have been requested by the patient. The panel was of the view that discharging Patient X without the required medication (2b) and refusing to discuss Patient X's discharge with their support worker (2c) was serious, put Patient X at risk of suffering harm and amounted to misconduct.

The panel found that your actions at charge 2 fell seriously short of the conduct and standards expected of a nurse and amounted to misconduct.

In relation to charge 3, the panel was of the view that discharging Patient Y unescorted, in a taxi to their placement without updating the placement about when Patient Y would arrive was serious misconduct which put Patient Y at risk of suffering harm and amounted to misconduct.

The panel found that your actions at charge 3 fell seriously short of the conduct and standards expected of a nurse and amounted to misconduct.

In relation to charge 4, the panel was of the view that failing to properly calculate (4a), document (4b) and escalate Patient Z's clinical condition to a senior clinician (4c) was serious. The panel considered that taking a EWS score is a fundamental nursing skill and although no harm was caused, your failures put Patient Z at risk of suffering harm and amounted to misconduct.

The panel found that your actions at charge 4 fell seriously short of the conduct and standards expected of a nurse and amounted to misconduct.

The panel was satisfied that charges 1- 4 considered both jointly and severally amounted to misconduct.

[PRIVATE].

Decision and reasons on impairment

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

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

‘The question that will help decide whether a professional’s fitness to practise is impaired is:

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

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

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

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

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

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

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

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

The panel finds that patients were put at risk of suffering harm as a result of your misconduct. The panel found that your misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute.

Regarding insight, the panel considered that during your oral evidence you had started to develop insight into your misconduct at charges 1-4. The panel took into account your admissions to all of the charges. The panel noted that you demonstrated remorse and apologised for your misconduct and that you demonstrated some understanding of how your actions put the patients at a risk of harm. However, the panel was of the view that your insight is in the early stages and you have not demonstrated how your misconduct impacted negatively on patients, colleagues or on the reputation of the nursing profession. The panel was not yet satisfied that you have sufficiently demonstrated how you would handle a similar situation differently in the future.

The panel was satisfied that the misconduct in this case is capable of being addressed. Therefore, the panel carefully considered the evidence before it in determining whether or not you have taken steps to strengthen your practice. The panel noted that you have not worked as a nurse since August 2021 and you have therefore not maintained your knowledge and skills in practice nor has it been possible for you to demonstrate a period of practice without any concern in a healthcare setting. The panel determined that there was no evidence that you had addressed the concerns in relation to your practice.

The panel is of the view that there is a risk of repetition, this is based on the lack of evidence that you have taken steps to address the concerns and because your insight is still in the early stages. The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

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

The panel determined that a finding of impairment on public interest grounds is required.

In addition, the panel concluded that public confidence in the profession would be undermined if a finding of impairment were not made in this case.

Having regard to all of the above, the panel was satisfied that your fitness to practise is currently impaired.

Health

[PRIVATE].

Decision and reasons on impairment in relation to health

[PRIVATE].

Sanction

The panel has considered this case very carefully and has decided to make a conditions of practice order for a period of two years. The effect of this order is that your name on the NMC register will show that you are subject to a conditions of practice order and anyone who enquires about your registration will be informed of this order.

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.

Submissions on sanction

Ms Hussain submitted that the misconduct at charges 1-4 can be addressed through appropriate training and education. However, the panel must also weigh into the balance its findings in respect of charges 5-15 [PRIVATE].

Ms Hussain outlined what the NMC consider to be the aggravating and mitigating features of the case.

Ms Hussain submitted that the panel may consider imposing conditions on your practice. Any conditions imposed must be appropriate, workable and measurable and should also be reviewed at regular intervals. She gave the panel a list of proposed conditions which included conditions relating to supervision, restricting your practice to a single Trust and not working as an agency nurse and your engagement with medical professionals.

Ms Hussain confirmed that you have no prior fitness to practice history aside from these matters.

You indicated that you are happy with the conditions proposed by the NMC. You said that you have reflected thoroughly on the events. You said you are willing to comply with any conditions the panel impose. [PRIVATE]. You said you will further reflect on the events, and you would write a reflective statement. You said you understand that you will need to undertake a return to practice course and will start to look into where you can do this.

Decision and reasons on sanction

Having found your 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:

- Conduct which put patients at risk of suffering harm particularly the failures to administer prescribed medications.

- A pattern of misconduct over a period of time.

The panel also took into account the following mitigating features:

- You have developing insight into your misconduct [PRIVATE].
- You made admissions to the charges.
- You have apologised for your clinical failings.
- Personal mitigation - [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 not protect the public nor be 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 your 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 your misconduct [PRIVATE] were not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether placing conditions of practice on your registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel took into account the SG, in particular:

- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *Identifiable areas of the nurse or midwife's practice in need of assessment and/or retraining;*

- *No evidence of general incompetence;*
- *Potential and willingness to respond positively to retraining;*
- *The nurse or midwife has insight into any health problems and is prepared to agree to abide by conditions on medical condition, treatment and supervision;*
- *Patients will not be put in danger either directly or indirectly as a result of the conditions;*
- *The conditions will protect patients during the period they are in force; and*
- *Conditions can be created that can be monitored and assessed.*

The panel saw no evidence of deep-seated attitudinal problems or general incompetence.

The panel determined that it would be possible to formulate appropriate and practical conditions which would address the failings highlighted in this case [PRIVATE]. The panel took into account [PRIVATE] that your insight into the effects on your conduct has started to develop [PRIVATE].

The panel accepted that you would be willing to comply with conditions of practice once you had undertaken a return to practice course. It had regard to the fact that you had not been practising long having been registered since the 2 October 2018, you would have been relatively closely supervised prior to the incidents occurring. These incidents happened a long time ago and there were no others reported against you. The panel was of the view that it was in the public interest that, with appropriate safeguards, you should be able to return to practise as a nurse.

Balancing all of these factors, the panel determined that that the appropriate and proportionate sanction is that of a conditions of practice order.

The panel was of the view that to impose a suspension order or a striking-off order would be wholly disproportionate and would not be a reasonable response in the circumstances of your case, especially in light of your developing insight.

Having regard to the matters it has identified, the panel has concluded that a conditions of practice order will mark the importance of maintaining public confidence in the profession, and will send to the public and the profession a clear message about the standards of practice required of a registered nurse.

The panel determined that the following conditions are appropriate and proportionate in this case:

‘For the purposes of these conditions, ‘employment’ and ‘work’ mean any paid or unpaid post in a nursing, midwifery or nursing associate role. Also, ‘course of study’ and ‘course’ mean any course of educational study connected to nursing, midwifery or nursing associates.

1. You must confine your nursing practice to a single NHS Healthcare Trust for the duration of this order.
2. You may not work as a bank or agency nurse.
3. You must be supervised by a registered nurse of band 6 or above any time you are working.
4. You must be allocated a suitably qualified and experienced named supervisor who shall assess the level of supervision and direct observation you require in relation to clinical tasks and case load. You will meet every two weeks with your named supervisor to:
 - [PRIVATE].
 - assess your clinical progress and make any necessary adjustments to the level of supervision and observation required

5. You must not administer medication until formally assessed as competent to do so by your employer.
6. [PRIVATE].
7. [PRIVATE].
8. [PRIVATE].
9. You must keep us informed about anywhere you are working by:
 - a. Telling your case officer within seven days of accepting or leaving any employment.
 - b. Giving your case officer your employer's contact details.
10. You must keep us informed about anywhere you are studying by:
 - a. Telling your case officer within seven days of accepting any course of study.
 - b. Giving your case officer the name and contact details of the organisation offering that course of study.
11. You must immediately give a copy of these conditions to:
 - a. Any organisation or person you work for.
 - b. Any employers you apply to for work (at the time of application).
 - c. Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.

12. You must tell your case officer, within seven days of your becoming aware of:
 - a. Any clinical incident you are involved in.
 - b. Any investigation started against you.
 - c. Any disciplinary proceedings taken against you.

13. You must allow your case officer to share, as necessary, details about your performance, your compliance with and / or progress under these conditions with:
 - a. Any current or future employer.
 - b. Any educational establishment.
 - c. Any other person(s) involved in your retraining and/or supervision required by these conditions

The period of this order is for 2 years.

Before the order expires, a panel will hold a review hearing to see how well you have complied with the order. At the review hearing the panel may revoke the order or any condition of it, it may confirm the order or vary any condition of it, or it may replace the order for another order.

Any future panel reviewing this case would be assisted by:

- A reflective statement to include how your failings may have impacted patients, colleagues and the nursing profession.
- Evidence of steps taken to address the failings and remedy your practice.

This will be confirmed to in you writing.

Interim order

As the conditions of practice 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 your own interests until the conditions of practice order sanction takes effect. The panel heard and accepted the advice of the legal assessor.

Submissions on interim order

The panel took account of the submissions made by Ms Hussain. She invited the panel to impose an interim conditions of practice order in the same terms as the substantive order. She submitted that the interim order is necessary for the protection of the public and is in the wider public interest and will cover the appeal period.

You indicated that you understood the application and made no comments.

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 the most suitable interim order would be that of a conditions of practice order, as to do otherwise would be incompatible with its earlier findings. The conditions for the interim order will be the same as those detailed in the substantive order for a period of 18 months due to cover the appeal period.

If no appeal is made, then the interim conditions of practice order will be replaced by the substantive conditions of practice order 28 days after you are sent the decision of this hearing in writing.

That concludes this determination.