

8. Concerns about physical abuse of patient – immediate referral required

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Background

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Nurse A is a senior nurse who has been working at organisation B for a number of years. There are no previous concerns in relation to Nurse A's conduct or practice. However, there's a recent allegation that Nurse A physically assaulted a patient.

A healthcare assistant says they saw a heated exchange of words between Nurse A and a patient. The patient then began to walk away from Nurse A but it's alleged Nurse A followed the patient and said something to them before grabbing the patient's shirt, forcefully turning the patient towards them.

Nurse A then allegedly put their hands around the patient's throat, forcing them backwards and pinned them against the wall. The healthcare assistant said they couldn't hear what was said but reported that Nurse A looked 'out of control'.

The patient has visible marks around their neck which are consistent with them being pinned against the wall by the neck. Nurse A's incident report makes no mention of an altercation.

What the employer did

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In response to the concerns, Nurse A's employer took a number of steps.

- They spoke with the patient and exercised the duty of candour. The patient was in a position to give a full witness statement which outlined the account in exactly the same way as the healthcare assistant had reported.
- They made a referral to the Local Authority Safeguarding Team and the Police are currently investigating.
- They reviewed the CCTV footage showing that the healthcare assistant's account is accurate – the patient was walking away from Nurse A who suddenly initiated the assault for no apparent reason.
- They held a meeting with Nurse A who has denied the allegations. The employer explained the need to start a formal investigation in accordance with their local procedures, during which, Nurse A was removed from clinical duties in order to ensure their safety and that of people who use services.

What happened next

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The employer made an immediate referral to us before concluding the local investigation.

The employer's referral was supported by all evidence that was available. Although the employer couldn't provide the CCTV footage, they did provide witness statements from all who reviewed it, setting out what they saw. We also spoke to the police and they confirmed they've charged the registrant with assault of the patient.

This enabled us to impose an Interim Suspension Order within 28 days of the referral being received which ensured the safety of people who use services by preventing Nurse A from practising until we're able to further look into the concerns.

What should the employer have considered?

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1. What's the risk?

Although the allegations haven't yet been fully investigated, there's CCTV evidence together with direct witness evidence that Nurse A deliberately assaulted a patient.

In many cases, an isolated incident of poor behaviour may not need a regulatory referral. However, in this case, the behaviour suggests serious professional misconduct, which is going to be difficult for Nurse A to put right.

This was made worse by Nurse A's failure to accept the concerns and hasn't complied with the professional duty of candour. The employer's investigation will need to consider any other issues which may have led to the nurse's behaviour on this occasion.

There's a significant risk to people who use services and a need to promote public trust and confidence in the professions, requiring immediate referral in this case.

2. Can you effectively manage the risk to ensure patient safety?

In this case, the employer has taken suitable steps to manage any immediate risk to people who use services by removing Nurse A from clinical duties pending a full investigation. There's no suggestion that Nurse A is working elsewhere.

However, the concern is that Nurse A has caused deliberate harm to a patient which they've failed to accept. Nurse A has also been charged with a criminal offence.

Public confidence might be undermined if Nurse A wasn't restricted from practising while this case is investigated.

As a general guideline, an employer should make a referral to us if the concern is so serious the individual presents an immediate risk to people who use services or the public that would be difficult to put right. This allows us to consider if we should restrict or suspend practise while investigations take place.

3. Has the nurse/midwife/nursing associate shown insight and willingness to put the concerns right?

The current information available suggests that Nurse A has denied any wrongdoing, despite being made aware of the evidence that's available. This shows a significant lack of insight.

Even if Nurse A had accepted that what they did was wrong, the concerns are so serious it's going to be difficult to put right. It's necessary for a referral to be made to us so we can consider the most appropriate action to ensure the safety of people who use services and to promote public trust and confidence in the profession.