Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Meeting
Monday, 4 October 2021 – Tuesday, 5 October 2021

Virtual Meeting

Name of registrant:	**Linda Ann Scott**	
NMC PIN:	78C0114S	
Part(s) of the register:	Registered Nurse – Sub-part 1 Adult Nursing – 1 May 2001 General Nursing (Level 2) – 1 May 2001	
Area of registered address:	Scotland	
Type of case:	Misconduct	
Panel members:	John Vellacott Linda Tapson Alex Forsyth	(Chair, Lay member) (Registrant member) (Lay member)
Legal Assessor:	Charles Parsley	
Panel Secretary:	Philip Austin	
Facts proved:	All charges	
Facts not proved:	None	
Fitness to practise:	Currently Impaired	
Sanction:	**Striking-off order**	
Interim order:	**Interim suspension order (18 months)**	

Decision and reasons on service of Notice of Meeting

The panel received information and advice from the legal assessor concerning service of the notice of meeting.

The notice of meeting was sent by the Nursing and Midwifery Council's ("NMC") case officer in a secure and encrypted fashion to the email address of Mrs Scott on the NMC register on 9 August 2021. The panel noted that the emergency statutory instrument in place allows for electronic service of the notice of meeting to be deemed reasonable in the current circumstances, involving Covid-19.

The panel was aware that as this matter is being considered at a meeting, Mrs Scott would not be able to attend. However, Mrs Scott had been sent all of the evidence relating to this matter, and was informed that this meeting would take place on or after 13 September 2021. Mrs Scott was also asked to provide comment no later than 8 September 2021 by using the response form attached to the notice of meeting, if she had anything that she wanted the panel to take account of in considering this matter. She was also invited to send relevant documents such as training certificates, references and testimonials. This response form was not returned by Mrs Scott.

Therefore, the panel was of the view that referring this matter to a substantive hearing would not serve any useful purpose. It determined that it had all the information necessary before it to reach a decision on this matter, having regard to the documentary evidence received.

The panel noted that the notice of meeting had been sent on 9 August 2021, which was more than 28 days before this meeting. The panel was satisfied that there was good service of the notice of meeting in accordance with Rules 11A and 34 of the Fitness to Practise Rules 2004 (as amended) ("the Rules").

Details of charge (Before Amendment)

That you a registered nurse, whilst employed by NHS Orkney and allocated to St Rognvald House ("the Home") on 14 November 2018;

1) Did not administer prescribed insulin to;
   a) Patient X at 08:20
   b) Patient Y at 08:25

2) Administered insulin at the incorrect time of around 14:30 to Patient X

3) Administered insulin at the incorrect time of around 14:45 to Patient Y

4) Inaccurately signed the St Rognvald House visiting book to indicate that you attended the Home at 08:10

5) Inaccurately signed Patient X's Medication Administration Chart to indicate that you administered their insulin at 08:20

6) Inaccurately signed Patient Y's Medication Administration Chart to indicate that you administered their insulin at 08:25

7) Inaccurately signed Patient X's Record of Visit Sheet to indicate that you had attended/visited Patient X at 08:20

8) Inaccurately signed Patient Y's Record of Visit Sheet to indicate that you had attended/visited Patient X at 08:25

9) Your actions at charge 4, 7 & 8 above are dishonest, in that you falsified records, in an attempt to conceal that you had not attended the Home at the required/correct time to administer prescribed medication.

10) Your actions at one or more of charges 5 & 6 are dishonest in that you falsified clinical records, in an attempt to conceal your omission to administer prescribed medication at the required/correct time.

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

Application to amend the charges

The panel noted that there appeared to be a typographical error contained in charge 8, as this charge relates to Patient Y, and not Patient X. It was aware that charge 7 was alleging the same mischief in respect of Patient X.

Charge 8 is set out below:

8) Inaccurately signed Patient Y's Record of Visit Sheet to indicate that you had attended/visited Patient X at 08:25

The panel considered whether it would be appropriate to amend the charge.

The panel heard and accepted the advice of the legal assessor, who referred it to Rule 28 of the NMC (Fitness to Practise) Rules 2004, as amended ("the Rules").

The panel was of the view that amending charge 8 was in the interests of justice. It was satisfied that in amending 'Patient X' to 'Patient Y', the charge would provide more clarity and better reflect the evidence the panel had received. It would not make sense to rely on documents relating to the care of a different patient.

The panel was of the view that the substance of the charges against Mrs Scott will remain the same. Agreeing the proposed amendment would not fundamentally alter the case against Mrs Scott.

The panel determined that Mrs Scott would not be prejudiced or disadvantaged in any way by virtue of the proposed amendments being allowed. It therefore decided to amend charge 8, on its own volition.

Charge 8 now reads:

8) Inaccurately signed Patient Y's Record of Visit Sheet to indicate that you had attended/visited Patient Y at 08:25

Details of charge (After amendment)

That you a registered nurse, whilst employed by NHS Orkney and allocated to St Rognvald House ("the Home") on 14 November 2018;

1) Did not administer prescribed insulin to;
   a) Patient X at 08:20
   b) Patient Y at 08:25

2) Administered insulin at the incorrect time of around 14:30 to Patient X

3) Administered insulin at the incorrect time of around 14:45 to Patient Y

4) Inaccurately signed the St Rognvald House visiting book to indicate that you attended the Home at 08:10

5) Inaccurately signed Patient X's Medication Administration Chart to indicate that you administered their insulin at 08:20

6) Inaccurately signed Patient Y's Medication Administration Chart to indicate that you administered their insulin at 08:25

7) Inaccurately signed Patient X's Record of Visit Sheet to indicate that you had attended/visited Patient X at 08:20

8) Inaccurately signed Patient Y's Record of Visit Sheet to indicate that you had attended/visited Patient Y at 08:25

9) Your actions at charge 4, 7 & 8 above are dishonest, in that you falsified records, in an attempt to conceal that you had not attended the Home at the required/correct time to administer prescribed medication.

10) Your actions at one or more of charges 5 & 6 are dishonest in that you falsified clinical records, in an attempt to conceal your omission to administer prescribed medication at the required/correct time.

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

Background

The NMC received a referral on 27 August 2019 from NHS Orkney ("the Trust"), raising concerns about Mrs Scott's medication administration and falsification of records whilst she was working as a Band 5 Community Nurse. The referral alleged that Mrs Scott had knowingly administered prescribed medication at the incorrect time for two separate patients, Patient X & Patient Y.

On 14 November 2018, Mrs Scott was allocated to visit St Rognvald House ("the Home") in order to administer insulin as prescribed to two patients in the morning. During the lunchtime handover report, Mrs Scott was asked if the patients had received their insulin dosage and she indicated that the patients were "*fine*". However, Mrs Scott had not allegedly attended the Home by that point, with her arriving there at approximately 14:10 hours, and proceeding to administer the insulin at around 14:30 hours.

The nurse who had received handover was concerned that Mrs Scott had not attended the Home to administer the insulin so she escalated this to Ms 1, the Clinical Team Lead for Community Nursing. Ms 1 attended the Home and spoke to Patient X who had capacity,

and informed her that they had received their insulin after their lunchtime meal. Ms 1 did not speak to Patient Y as they did not have capacity.

Mrs Scott initially denied giving the insulin late, however, when challenged by Ms 1 in the knowledge that Patient X had confirmed that the insulin had not been administered in the morning, Mrs Scott admitted that she had administered the insulin late. Mrs Scott continued to deny that she had administered Patient Y's (who did not have capacity) insulin late but eventually admitted that she had not visited the Home until the afternoon and had administered both sets of insulin later than prescribed.

Furthermore, it is alleged that Mrs Scott falsified entries in Patient X's and Patient Y's MAR Charts, the Record of Visitor sheets and the Visitor Book at the Home. It is alleged that Mrs Scott had dishonestly recorded that the insulin had been administered in the morning on the patients' MAR charts, and had also allegedly entered a false time in the Visitor Book & Record of Visitor sheets to suggest that she had visited the Home and the patients in the morning, whilst knowing she had only attended the Home in the afternoon.

Decision and reasons on facts

In reaching its decisions on the facts, the panel took account of all the documentary evidence adduced in this case. It heard and accepted the advice of the legal assessor.

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 noted that Mrs Scott did not return the Registrant's response form provided by the NMC sent in January 2021. However, the panel had regard to the written statement of Ms 1, Clinical Team Lead for Community Nursing, adduced on behalf of the NMC. It also had sight of Mrs Scott's account provided in the Regulatory concerns response form dated 4 November 2019.

The panel therefore considered each of the disputed charges and made the following findings:

Charge 1

1) Did not administer prescribed insulin to;
   a) Patient X at 08:20
   b) Patient Y at 08:25

These charges are found proved.

In reaching this decision, the panel took account of the evidence of Ms 1, as well as the evidence of Mrs Scott.

The panel had sight of Ms 1's NMC witness statement, in which it was stated:

> *"I attended at St Rognvalds House where I spoke to one of the patients involved and who has capacity. I asked her if she had received her insulin and she told me that she had received it after her dinner. I did not speak to the other patient, who has dementia.*
>
> *…*
>
> *I then spoke to Linda Scott again. In relation to the second patient, she maintained that she had given her the insulin in the morning. She stuck to this version of events and reassured me that it had definitely been given in the morning although she admitted that she had signed the insulin record later in the afternoon as she had been busy in the morning. She eventually admitted that she had administered the insulin to both patients in the afternoon and that she had falsified the relative records and also falsified the visitors signing-in book".*

This was supported by the Trust's Investigatory Interview with Ms 1 dated 11 January 2019, as Ms 1 is asked "*Do you think the patient had the capacity to remember?*" and Ms 1

responded by saying "*Yes she said 'I got it after my dinner'. Patient Y doesn't have capacity and wouldn't know. I didn't ask her*"[sic].

In considering these charges, the panel also noted from the Regulatory concerns response form completed by Mrs Scott, dated 4 November 2019, that she had stated:

> "*At the handover report at 1330hrs I gave my report of my morning visits. I was asked by my nursing colleague [Ms 2] if I had visited two patients within St Rognvald Care Home. I didn't know these patients had been allocated to me. I did imply I had visited the two patients. I then chose to attend and to their delayed care needs*"[sic].

In light of the above, the panel was satisfied that Mrs Scott had accepted that she had not administered prescribed insulin to Patient X at 08:20 hours and Patient Y at 08:25 hours.

The panel found charges 1a and 1b proved on the balance of probabilities.

Charge 2)

2) Administered insulin at the incorrect time of around 14:30 to Patient X

This charge is found proved.

In reaching this decision, the panel took account of the evidence of Ms 1, as well as the evidence of Mrs Scott.

The panel had sight of Ms 1's NMC witness statement, in which it was stated:

> *"I then spoke to Linda Scott about the concern surrounding the two patients and the administration of their insulin. She initially said she had been at St Rognvalds House at the time recorded in the morning and that she administered the insulin to the patients at the time recorded. I asked her if she was being truthful and she replied that she was. I then told her that I had spoken to one of the patients, [Patient*

X], and that she had said she did not get her insulin until after dinner. She still said that she got the insulin in the morning but then admitted to administering it at 1430hrs. This was for this patient only".

This was also supported by the contemporaneous note completed by Ms 1 on 14 November 2018, as she records:

"*I then found Linda Scott in the small office at elderly frail wing with patient's notes…Linda assured me both insulin's had been given that morning but she had forgotten to sign the prescription sheets and record of visit sheet for either patient and had signed at 14.30…I told Linda that I had spoken with Patient X and that she told me she had received her insulin after her dinner just a short while ago. Linda still said she got it in the morning but then admitted to administering at 14.30*"[sic].

In considering this charge, the panel also noted from the Regulatory concerns response form completed by Mrs Scott, dated 4 November 2019, that she had stated "*After attending to both patients I was writing and updating notes when Team Lead [Ms 1] appeared at the office door…I denied I had given it in the afternoon to begin with…I did write in their notes I had given their medication in the morning. I don't know why I chose to do this*".

In taking account of the above, the panel determined that Mrs Scott had administered insulin at the incorrect time of around 14:30 to Patient X. Whilst Mrs Scott does not explicitly record the time of administration in any of the documentation as 14:30 hours, the panel was satisfied from the clear and compelling evidence of Ms 1 that the administration of insulin had occurred at around this time.

Ms 1 had found Mrs Scott in the office at approximately 15:15 hours, after insulin had been administered to Patient X. Mrs Scott allegedly conceded that she had administered insulin at 14:30 hours during this conversation with Ms 1. Notwithstanding this, Mrs Scott accepts that she administered insulin to Patient X in the afternoon in her Regulatory concerns response form dated 4 November 2019, and Patient X herself was able to confirm to Ms 1 that she had received her insulin at some point after her dinner.

Therefore, the panel found charge 2 proved on the balance of probabilities.

Charge 3

3) Administered insulin at the incorrect time of around 14:45 to Patient Y

This charge is found proved.

In reaching this decision, the panel took account of the evidence of Ms 1, as well as the evidence of Mrs Scott.

The panel had sight of Ms 1's NMC witness statement, in which it was stated:

> *"I then spoke to Linda Scott again. In relation to the second patient, she maintained that she had given her the insulin in the morning. She stuck to this version of events and reassured me that it had definitely been given in the morning although she admitted that she had signed the insulin record later in the afternoon as she had been busy in the morning. She eventually admitted that she had administered the insulin to both patients in the afternoon and that she had falsified the relative records and also falsified the visitors signing-in book".*

This was also supported by the contemporaneous note completed by Ms 1 on 14 November 2018, as she records:

> "*Linda again reassured me it was given at the correct time but she had only signed the documentation at 14.45 and entered it for 08.30 as she forgot in the morning as she was busy.*
>
> *Linda eventually admitted she had not visited St Rogvnalds House that morning and had administered … Patient Y's insulin at 14.45…*".

In having regard to Mrs Scott's Regulatory concerns response form dated 4 November 2019, the panel considered the same comments used in charge 2 to apply to charge 3, as

she refers to both Patient X and Patient Y together. Mrs Scott had stated "*After attending to both patients I was writing and updating notes when Team Lead [Ms 1] appeared at the office door…I denied I had given it in the afternoon to begin with…I did write in their notes I had given their medication in the morning. I don't know why I chose to do this*".

In taking account of the above, the panel determined that Mrs Scott had administered insulin at the incorrect time of around 14:45 to Patient Y. Whilst Mrs Scott does not explicitly record the time of administration in any of the documentation as 14:45 hours, the panel was satisfied from the clear and compelling evidence of Ms 1 that the administration of insulin had occurred at around this time.

Ms 1 had found Mrs Scott in the office at approximately 15:15 hours, after insulin had been administered to Patient Y. Mrs Scott allegedly conceded that she had administered insulin at 14:45 hours during this conversation with Ms 1. Notwithstanding this, Mrs Scott accepts that she administered insulin to Patient Y in the afternoon in her Regulatory concerns response form dated 4 November 2019.

Therefore, the panel found charge 3 proved on the balance of probabilities.

Charge 4

4) Inaccurately signed the St Rognvald House visiting book to indicate that you attended the Home at 08:10

This charge is found proved.

In reaching this decision, the panel took account of the evidence of Ms 1, as well as the evidence of Mrs Scott.

The panel had sight of Ms 1's NMC witness statement, in which it was stated:

"There is also a signing in book at St Rognvalds House. This records that Linda had signed in on 14/11/2018 at 0810hrs and then signed out at 0820hrs. This entry was

recorded above an already completed entry, which shouldn't have been done, and looks like it has been done by Linda to try and show that these were the actual times she was at St Rognvalds House…".

This was also supported by the contemporaneous note completed by Ms 1 on 14 November 2018, as she records:

"*Linda eventually admitted she had not visited St Rogvnalds House that morning and had administered … Patient Y's insulin at 14.45 and had falsified her entry in the visitor's sign in book as 08.10. I asked Linda why did she lie and not admit to forgetting to do the two visits to which she replied 'I was embarrassed to admit I had forgot and thought I could cover it up'"*.

In considering this charge, the panel took account of an extract from the visitor's sign in book from the Home, which shows that Mrs Scott had recorded herself as '*IN: 0810*' and '*OUT: 0820*' on 14 November 2018. These entries were recorded in the first boxes on the page, above an already completed entry showing another person having entered the Home at 10:30 hours, leaving at 12:00 hours.

The panel was satisfied from the above evidence of Mrs Scott, located in her Regulatory concerns response form dated 4 November 2019, that she had accepted that she did not attend the Home until the afternoon on 14 November 2018.

Therefore, the panel found charge 4 proved on the balance of probabilities.

Charge 5

5) Inaccurately signed Patient X's Medication Administration Chart to indicate that you administered their insulin at 08:20

This charge is found proved.

In reaching this decision, the panel took account of the evidence of Ms 1, as well as the evidence of Mrs Scott.

The panel had sight of Ms 1's NMC witness statement, in which it was stated:

> *"There is a Record of Insulin Administration and Record of Visit for each patient. I checked these documents and saw that it was recorded that Linda Scott had visited and administered insulin to the first patient, who I shall refer to as Patient X, at 0820hrs. The second patient, who I shall refer to as Patient Y, is recorded as being visited by Linda Scott at 0825hrs and was also administered her insulin by Linda at this time.*
>
> *…*
>
> *I then spoke to Linda Scott about the concern surrounding the two patients and the administration of their insulin. She initially said she had been at St Rognvalds House at the time recorded in the morning and that she administered the insulin to the patients at the time recorded. I asked her if she was being truthful and she replied that she was. I then told her that I had spoken to one of the patients, [Patient X], and that she had said she did not get her insulin until after dinner. She still said that she got the insulin in the morning but then admitted to administering it at 1430hrs. This was for this patient only".*

The panel also noted from Patient X's Medication Administration Chart that Mrs Scott had completed an entry for 14 November 2018 and signed it indicating that she had administered insulin at 08:20 hours.

The panel was satisfied from the above evidence of Mrs Scott, located in her Regulatory concerns response form dated 4 November 2019, that she had accepted that she did not attend the Home until the afternoon on 14 November 2018.

Therefore, the panel found charge 5 proved on the balance of probabilities.

Charge 6

6) Inaccurately signed Patient Y's Medication Administration Chart to indicate that you administered their insulin at 08:25

This charge is found proved.

In reaching this decision, the panel took account of the evidence of Ms 1, as well as the evidence of Mrs Scott.

The panel had sight of Ms 1's NMC witness statement, in which it was stated:

> *"There is a Record of Insulin Administration and Record of Visit for each patient. I checked these documents and saw that it was recorded that Linda Scott had visited and administered insulin to the first patient, who I shall refer to as Patient X, at 0820hrs. The second patient, who I shall refer to as Patient Y, is recorded as being visited by Linda Scott at 0825hrs and was also administered her insulin by Linda at this time".*

The panel also noted from Patient Y's Medication Administration Chart that Mrs Scott had completed an entry for 14 November 2018 and signed it indicating that she had administered insulin at 08:25 hours.

The panel was satisfied from the above evidence of Mrs Scott, located in her Regulatory concerns response form dated 4 November 2019, that she had accepted that she did not attend the Home until the afternoon on 14 November 2018.

Therefore, the panel found charge 6 proved on the balance of probabilities.

Charge 7

7) Inaccurately signed Patient X's Record of Visit Sheet to indicate that you had attended/visited Patient X at 08:20

This charge is found proved.

In reaching this decision, the panel took account of the evidence of Ms 1, as well as the evidence of Mrs Scott.

The panel had sight of Ms 1's NMC witness statement, in which it was stated:

> *"There is a Record of Insulin Administration and Record of Visit for each patient. I checked these documents and saw that it was recorded that Linda Scott had visited and administered insulin to the first patient, who I shall refer to as Patient X, at 0820hrs. The second patient, who I shall refer to as Patient Y, is recorded as being visited by Linda Scott at 0825hrs and was also administered her insulin by Linda at this time.*
>
> *…*
>
> *I then spoke to Linda Scott about the concern surrounding the two patients and the administration of their insulin. She initially said she had been at St Rognvalds House at the time recorded in the morning and that she administered the insulin to the patients at the time recorded. I asked her if she was being truthful and she replied that she was. I then told her that I had spoken to one of the patients, [Patient X], and that she had said she did not get her insulin until after dinner. She still said that she got the insulin in the morning but then admitted to administering it at 1430hrs. This was for this patient only".*

The panel also noted from Patient X's Record of Visit sheet that Mrs Scott had completed an entry for 14 November 2018 and signed it to indicate that she had attended/visited Patient X at 08:20 hours.

The panel was satisfied from the above evidence of Mrs Scott, located in her Regulatory concerns response form dated 4 November 2019, that she had accepted that she did not attend the Home until the afternoon on 14 November 2018.

Therefore, the panel found charge 7 proved on the balance of probabilities.

Charge 8

8) Inaccurately signed Patient Y's Record of Visit Sheet to indicate that you had attended/visited Patient Y at 08:25

This charge is found proved.

In reaching this decision, the panel took account of the evidence of Ms 1, as well as the evidence of Mrs Scott.

The panel had sight of Ms 1's NMC witness statement, in which it was stated:

"There is a Record of Insulin Administration and Record of Visit for each patient. I checked these documents and saw that it was recorded that Linda Scott had visited and administered insulin to the first patient, who I shall refer to as Patient X, at 0820hrs. The second patient, who I shall refer to as Patient Y, is recorded as being visited by Linda Scott at 0825hrs and was also administered her insulin by Linda at this time.

…

I then spoke to Linda Scott about the concern surrounding the two patients and the administration of their insulin. She initially said she had been at St Rognvalds House at the time recorded in the morning and that she administered the insulin to the patients at the time recorded. I asked her if she was being truthful and she replied that she was. I then told her that I had spoken to one of the patients, [Patient X], and that she had said she did not get her insulin until after dinner. She still said that she got the insulin in the morning but then admitted to administering it at 1430hrs. This was for this patient only".

The panel also noted from Patient Y's Record of Visit sheet that Mrs Scott had completed an entry for 14 November 2018 and signed it to indicate that she had attended/visited Patient Y at 08:20 hours.

The panel was satisfied from the above evidence of Mrs Scott, located in her Regulatory concerns response form dated 4 November 2019, that she had accepted that she did not attend the Home until the afternoon on 14 November 2018.

Therefore, the panel found charge 8 proved on the balance of probabilities.

Charge 9

9) Your actions at charge 4, 7 & 8 above are dishonest, in that you falsified records, in an attempt to conceal that you had not attended the Home at the required/correct time to administer prescribed medication.

This charge is found proved.

In reaching this decision, the panel took account of the evidence of Ms 1, as well as the evidence of Mrs Scott.

It had regard to the case of *Ivey v Genting Casinos Ltd t/a Crockfords [2017] UKSC 67* in determining whether Mrs Scott had been dishonest in her actions, as outlined in charges 4, 7 and 8. In particular, the panel noted in paragraph 74:

> *"When dishonesty is in question the fact-finding tribunal must first ascertain (subjectively) the actual state of the individual's knowledge or belief as to the facts. The reasonableness or otherwise of his belief is a matter of evidence (often in practice determinative) going to whether he held the belief, but it is not an additional requirement that his belief must be reasonable; the question is whether it is genuinely held. When once his actual state of mind as to knowledge or belief as to facts is established, the question whether his conduct was honest or dishonest is to be determined by the fact-finder by applying the (objective) standards of ordinary*

decent people. There is no requirement that the defendant must appreciate that what he has done is, by those standards, dishonest."

Having found that Mrs Scott had made a multitude of incorrect records, the panel considered whether she had been attempting to conceal the fact that she had not attended the Home at the required/correct time to administer the prescribed medication.

From the evidence before it, the panel was in no doubt that Mrs Scott would have been aware that she was misrepresenting that she had attended the Home in the morning of 14 November 2018 when she had in fact not. The panel did not think it plausible that Mrs Scott had made an innocent mistake. Mrs Scott did not attend the Home in the morning of 14 November 2021, yet she recorded a number of entries purporting that she had been there that morning. Mrs Scott had initially put forward a version of events that did not match with what had happened on 14 November 2018. However, when questioned by Ms 1, Mrs Scott eventually conceded that she had not been at the Home that morning, despite originally claiming that she had been.

The panel determined that Mrs Scott's actions had the potential to mislead other members of staff at the Home and this is what she had intended.

The panel was of the view that Mrs Scott falsified records in an attempt to conceal that she had not attended the Home at the required/correct time to administer prescribed medication. The panel found that Mrs Scott was seeking to create a misleading impression by suggesting that patients had been attended to at the correct time when they had in fact not been. The panel was not satisfied that Mrs Scott had made an honest, genuine mistake and it determined that ordinary and decent people would consider her actions to have been dishonest.

Therefore, the panel found charge 9 proved on the balance of probabilities.

Charge 10

10) Your actions at one or more of charges 5 & 6 are dishonest in that you falsified clinical records, in an attempt to conceal your omission to administer prescribed medication at the required/correct time.

This charge is found proved.

In reaching this decision, the panel took account of the evidence of Ms 1, as well as the evidence of Mrs Scott.

Again, the panel had regard to the case of *Ivey v Genting Casinos Ltd t/a Crockfords [2017] UKSC 67* in determining whether Mrs Scott had been dishonest in her actions, as outlined in charges 5 and 6.

In having regard to its findings in charge 10, the panel concluded that Mrs Scott had falsified clinical records in an attempt to conceal her omission to administer prescribed medication at the required/correct time.

The panel was in no doubt that Mrs Scott would have been aware that she was misrepresenting the care she had delivered to Patient X and Patient Y in their clinical records, and that these dishonest actions had the potential to mislead other members of staff at the Home.

The panel did not think it plausible that Mrs Scott had made an innocent mistake, knowing that she had not attended the Home in the morning of 14 November 2018. Nonetheless, Mrs Scott incorrectly inputted entries in documents relating to patient care, knowing treatment had not been provided at the time proposed.

Therefore, the panel was of the view that Mrs Scott falsified clinical records in an attempt to conceal her omission to administer prescribed medication at the required/correct time. The panel found that Mrs Scott was seeking to create a misleading impression by suggesting that patients had been attended to at the correct time when they had in fact not been. The panel was not satisfied that Mrs Scott had made an honest, genuine mistake and it determined that ordinary and decent people would consider her actions to have been dishonest.

Therefore, the panel found charge 10 proved on the balance of probabilities.

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 Mrs Scott'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. Firstly, 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, Mrs Scott's fitness to practise is currently impaired as a result of that misconduct.

Representations on misconduct and impairment

The panel had sight of the NMC's statement of case, which reads as follows:

> "*16. Whether the facts found proved amount to misconduct is a matter entirely for the panel's professional judgment. There is no burden or standard of proof (per Council for the Regulation of Health Care Professionals v (1) General Medical Council (2) Biswas [2006] EWHC 464 (Admin)).*

17. 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 [nursing] 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'.

18. Our Code of Conduct sets out the professional standards that nurses must uphold. These are the standards that patients and members of the public expect from health professionals. On the basis of the charges found proved, it is submitted, that the following parts of the Code are engaged in this case:

1 Treat people as individuals and uphold their dignity

To achieve this, you must;

1.2 Make sure you deliver the fundamentals of care effectively.

1.4 Make sure that any treatment, assistance or care for which you are responsible is delivered without undue delay.

8 Work co-operatively

To achieve this, you must:

8.5 work with colleagues to preserve the safety of those receiving care
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:

10.1 Complete records at the time or as soon as possible after an event.
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.
10.3 Complete records accurately and without falsification, taking immediate and appropriate action if you become aware that someone has not kept to these requirements.

18 Advise on or administer medicines within the limits of your training and competence, the law, our guidance and other relevant policies, guidelines and regulations.

To achieve this, you must, as appropriate;
18.2. Keep to appropriate guidelines when giving advice on using controlled drugs and recording the prescribing, supply dispensing or administration of controlled drugs.

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
19.4 take all reasonable personal precautions necessary to avoid any potential health risks to colleagues, people receiving care and the public

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 treating people fairly without discrimination, bullying or harassment.
20.3 Be aware at all times of how your behaviour can affect and influence the behaviour of other people.
20.8 Act as a role model of professional behaviour for students and newly qualified nurses, midwives and nursing associates to aspire to.

19. It is submitted that the conduct in charges 1-10 are clearly that of misconduct as the Registrant should be expected to administer prescribed medication to diabetic patients at the correct time. The Registrant should be expected to be forthcoming with colleagues and senior members of staff in regards to an omission of medication administration and not expected to administer the medication at an incorrect time whilst deliberately falsifying clinical and administrative records in an attempt to conceal her omissions. The Registrant actions in the NMC's view fall significantly short of what would be expected of a registered nurse and would not be considered proper in the circumstances.

20. The Code is relevant to the consideration of whether the charges amount to lack misconduct in that it is the mechanism by which the Council sets out the standards of professional performance expected of nurses; consistent or widespread departure from the Code is, it is submitted, indicative of an unacceptably low standard of professional performance.

21. The NMC assert that the Registrant is currently impaired on the grounds of public protection and it otherwise being in the public interest to maintain confidence in the professions and the NMC as regulator.

22. If the panel are satisfied that the matters they have found proved do amount to misconduct the next matter the panel must consider is whether the Registrant's fitness to practise is currently impaired by reason of that misconduct.

23. Impairment is conceptually forward looking and therefore the question for the panel is whether the Registrant is impaired as at today's date (per Cohen (see

above) also Zgymunt v General Medical Council [2008] EWHC 2643 (Admin)).

24. The panel should note that, in line with rule 31(7)(b) of the Nursing and Midwifery Council (Fitness to Practise) Rules 2004, a departure from the Code is not of itself sufficient to establish impairment of fitness to practise, that question, like the issue of misconduct, is a matter for the panel's professional judgment.

24. The panel is likely to find 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)) instructive. Those questions are:

a. *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*
b. *has [the Registrant] in the past brought and/or is liable in the future to bring the [nursing] profession into disrepute; and/or*
c. *Has [the Registrant] in the past, and/or is she liable in the future to breach one of the fundamental tenets of the professions;*
d. *Has [the Registrant] in the past, and/or is she liable in the future to act dishonestly."*

25. The NMC propose that in this case limbs a – d are engaged

26. In relation to this case, although it is accepted that the Registrant's actions did not cause Patient X and Patient Y actual harm, the allegations of misconduct do include instances where the Registrant's actions have caused both patients to suffer a risk of unwarranted harm. Medication is prescribed at set times for the well-being of patients and patients would expect registered nurses to administer their medication at the correct time. Furthermore, where misconduct is found on behalf of a nurse, it is submitted self-evident that the profession would be brought into disrepute to some degree. Moreover, it is a fundamental tenant of the profession for all nurses to be open and honest with service users and colleagues

27. The public rightly expects that nurses will be open and honest in regards to the care they provide to patients. The Registrant's actions of falsifying records in an attempt to cover her failure to administer medication to patients at the correct time will undermine the trust that public have in healthcare professionals. This will discourage people from using the service and could put their health at risk.

28. Insight is an important concept when considering remediation and impairment more generally. The Panel must assess the quality of any insight shown by the Registrant. It is submitted in this case that the Registrant has demonstrated developing insight and remorse into events which occurred, the Registrant has accepted the concerns during her local investigation and in her responses to the NMC.

29. In terms of sufficient remedial steps the Registrant has retired from nursing and has not demonstrated any evidence of further training or remediation. She has not provided the panel with any evidence of practically addressing the clinical concerns surrounding medication administration, time keeping, record keeping or the issue of dishonesty in this case.

30. The risk of repetition is clearly a matter for the panel but it is submitted that in this case there is a high risk of repetition. The Registrant has provided no evidence to suggest she has taken steps to remediate her practice. Therefore the practical remediation of the serious regulatory concerns in this case remain unaddressed.

31. Given the high risk or repetition it is submitted that the Registrant's fitness to practice is currently impaired on the grounds of public protection.

32. When considering fitness to practise, the panel will also have to consider the 'fundamental public interest considerations' in any assessment of a registrant's impairment, as outlined by Mrs Justice Cox in the case of CHRE v Nursing and Midwifery Council and Grant [2011] EWHC 927 (Admin), that must be factored in at this stage:

"However, it is essential, when deciding whether fitness to practise is

impaired, not to lose sight of the fundamental considerations emphasised at the outset of this section of his judgement at paragraph 62, namely the need to protect the public and the need to declare and uphold proper standards of professional conduct and behaviour so as to maintain public confidence in the profession." (para 71)

"In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should 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." (para 74).

33. It is submitted that a finding of impairment is in the public interest as public confidence in the nursing profession would be undermined if a finding of impairment was not made. Nurses are expected to carry out their duty to a minimum standard. It is submitted that the public, being aware of the circumstances of this case would be concerned, that a nurse, who failed to administer prescribed medication to two patients at the correct time, and then went on to make inaccurate and dishonest entries in the patients' records in an attempt to cover her failure, was not found to be impaired.

34. For this reason, a finding of impairment is necessary because it is in the public interest. It is further submitted that the need to uphold proper professional standards and public confidence in the nursing profession would be undermined if a finding of impairment were not made in the particular circumstances of the Registrant's case.

35. It is submitted that for the reasons given above the Registrant is impaired on grounds of both public protection and public interest."[sic].

Decision and reasons on misconduct

The panel heard and accepted the advice of the legal assessor which included reference to a number of relevant judgments.

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 Mrs Scott's acts did fall significantly short of the standards expected of a registered nurse, and it considered them to have amounted to several breaches of the Code. Specifically:

> ***1 Treat people as individuals and uphold their dignity***
> *To achieve this, you must;*
> *1.2 Make sure you deliver the fundamentals of care effectively.*
> *1.4 Make sure that any treatment, assistance or care for which you are responsible is delivered without undue delay.*
>
> ***8 Work co-operatively***
> *To achieve this, you must:*
> *8.5 work with colleagues to preserve the safety of those receiving care*
> *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:*
> *10.1 Complete records at the time or as soon as possible after an event.*
> *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.*
> *10.3 Complete records accurately and without falsification, taking immediate and appropriate action if you become aware that someone has not kept to these requirements.*

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20.2 Act with honesty and integrity at all times treating people fairly without discrimination, bullying or harassment.

20.3 Be aware at all times of how your behaviour can affect and influence the behaviour of other people.

20.8 Act as a role model of professional behaviour for students and newly qualified nurses, midwives and nursing associates to aspire to."

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, in these circumstances, the panel decided that Mrs Scott's actions in each of the charges found proved fell significantly short of the standards expected and therefore amount to misconduct.

The panel noted that the concerns relate to a single shift, but involve both clinical and attitudinal failings.

The panel considered the charges to be serious, particularly Mrs Scott's dishonesty. It considered her dishonesty to relate directly to patient care, and it found her to have been repeated and calculated in her attempts at misrepresenting the treatment provided to Patient X and Patient Y in the morning of 14 November 2018. Mrs Scott had knowingly and incorrectly inputted entries in multiple documents relating to Patient X and Patient Y, two elderly and vulnerable patients, with the aim of concealing her omission of care on the morning of 14 November 2018.

The panel noted that the delay in administering insulin to Patient X and Patient Y could have had serious ramifications for their health and wellbeing. They received the dose prescribed for the morning of 14 November 2018 in the afternoon, and this affected when they were due to receive their next dose. Had the inconsistencies not been picked up on in this case, Patient X and Patient Y could have been administered insulin too soon after the incident, which could also have had a serious impact on them.

The panel was of the view that other registered nurses would consider Mrs Scott's actions to be deplorable in the particular circumstances of this case.

The panel found that Mrs Scott's actions in all of the charges did fall seriously short of the conduct and standards expected of a registered nurse and amount to misconduct.

Decision and reasons on impairment

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

Registered 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 registered nurses with their lives and the lives of their loved ones. To justify that trust, registered 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 *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) *has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

The panel considered all of the above limbs to be engaged in this case.

The panel found Mrs Scott to have exposed patients in her care to an unwarranted risk of harm. Whilst there is no evidence to suggest that Mrs Scott's actions caused actual harm to patients, her dishonest conduct could have resulted in Patient X and Patient Y receiving insulin too soon after their previous dose. Furthermore, the panel considered Mrs Scott to have acted in a way that would have brought the nursing profession into disrepute, and it considered her to have breached a fundamental tenet of the nursing profession in being dishonest.

In assessing Mrs Scott's level of insight, the panel had regard to her Regulatory concerns response form dated 4 November 2019. The panel noted that whilst Mrs Scott appears to demonstrate some remorse for her conduct within this form, she also attempts to deflect blame on to other colleagues who she felt had not adequately supported her on the day. The panel could not be satisfied from the evidence it had received that Mrs Scott fully understands and appreciates the extent of her actions. She has not fully reflected on the implications of her failing to administer insulin to two patients in the morning of 14 November 2018, and then in attempting to create a misleading impression to suggest that she had done so, when in reality she had not administered insulin to Patient X and Patient Y until the afternoon of 14 November 2018. Mrs Scott has had almost three years to fully develop her insight into these concerns, but this is lacking in any great detail. Mrs Scott has not commented on how her actions would be perceived by patients, colleagues, the nursing profession and the wider public as a whole. She did not explain to the panel what she would have done differently if faced with a similar set of circumstances in future.

In establishing whether Mrs Scott has remediated the concerns identified, the panel had regard to the factors set out in *Cohen v General Medical Council [2008] EWHC 581 (Admin)*. It considered whether Mrs Scott's misconduct is capable of remediation, whether it has indeed been remediated, and whether it is highly unlikely to be repeated.

The panel was of the view that attitudinal concerns are often more difficult to remediate than clinical concerns, albeit not impossible. Therefore, it determined that Mrs Scott's misconduct is capable of remediation, in principle.

Notwithstanding this, the panel did not have any evidence before it of Mrs Scott having attempted to remediate her misconduct. It noted from her Regulatory concerns response form dated 4 November 2019 that she has stated that she has retired as of 31 August 2019, and that she will not be practising as a registered nurse again. Mrs Scott did not provide the panel with any recent information as to her nursing practice, nor did she submit any training certificates or testimonials attesting positively to her good character.

Therefore, in taking account of the above, the panel considered there to be very little evidence to demonstrate that Mrs Scott has remediated her misconduct, or developed a significant amount of insight into the concerns identified.

The panel had insufficient evidence before it to allay its concerns that Mrs Scott may currently pose a risk to patient safety. In the absence of any evidence to the contrary, it considered there to be a risk of repetition of Mrs Scott's dishonesty, and a risk of unwarranted harm to patients in her care should she return to nursing practice without adequate safeguards in place. Therefore, the panel 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 are to protect, promote and maintain the health safety and well-being of the public and patients, and to uphold/protect the wider public interest, which 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 considered there to be a high public interest in the consideration of this case as it determined that a fully informed member of the public would be appalled by its findings on the facts and misconduct. The panel concluded that public confidence in the nursing profession would be undermined if a finding of impairment was not made in this case. Therefore, the panel determined that a finding of impairment on public interest grounds was also required.

Having regard to all of the above, the panel was satisfied that Mrs Scott's fitness to practise as a registered nurse is currently impaired on the grounds of public protection and public interest.

Sanction

The panel has considered this case very carefully and has decided to make a striking-off order. It directs the NMC Registrar to strike Mrs Scott's name off the NMC register. The effect of this order is that the NMC register will show that Mrs Scott has been struck off the NMC 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.

Representations on sanction

The panel had sight of the NMC's statement of case, which reads as follows:

> "*36. The NMC's sanction bid, as set out in the Notice of Hearing is for a striking-off order.*
>
> *37. The NMC proposes the aggravating factors in this case are:*
>
> - *Calculated dishonesty linked with medication administration and record keeping.*
> - *The Registrant attempted to cover up their clinical failure.*
> - *A lack of full insight & remediation.*
> - *Failure to provide adequate care to vulnerable patients.*
>
> *38. In terms of mitigating factors;*
>
> - *Acceptance of the regulatory concerns.*
> - *Engagement with regulator.*
>
> *39. Since the regulatory concerns relate to the Registrant's misconduct which is linked directly to her clinical practice and the concerns have not been addressed, they are too serious to take no further action.*
>
> *40. A caution order would be not be appropriate, the misconduct in this case is on the higher end of the spectrum. A caution order would not address the risks surrounding the Registrant's practise*
>
> *41. A conditions of practice order would not be appropriate in this matter, this is due to the fact that they would not be suitable to address the full seriousness of the regulatory concerns. Although there are concerns relating to the Registrant's clinical practice, namely medication administration and record keeping. However when*

taking into consideration the serious misconduct in this case and as the Registrant has demonstrated a failure to address the dishonesty and clinical failures, there are no workable conditions which could be imposed to address the regulatory concerns.

42. A suspension order could be considered in line with the regulatory concerns in this matter. The seriousness of this case does warrant a temporary removal from the register. However as the regulatory concerns have not been addressed and the Registrant's actions raise attitudinal and behavioural concerns, a period of suspension would be insufficient to protect patients and maintain public confidence in the profession.

43. A striking off order should be considered by the panel in this case, this is as dishonesty is difficult to remediate, calculated dishonesty in an attempt to cover up a failure in clinical care is even more difficult to remediate. The Registrant's actions of falsifying the records raise fundamental concerns around her professionalism and trustworthiness. Although the registrant has retired, she has taken no steps to actively address the dishonesty linked to the medication administration and record keeping failures. The registrant's conduct is incompatible with continued registration.

44. However, as the panel will know, it is a matter for the panel and it is vital that the panel should consider sanctions in ascending order starting with the least restrictive and only move to a more serious sanction if it needs to".

Decision and reasons on sanction

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

Having found Mrs Scott'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.

As regards too aggravating factors, the panel has considered the following as relevant:

- Mrs Scott had exposed elderly and vulnerable patients in her care to a significant risk of unwarranted harm.
- Mrs Scott had breached her duty of candour.
- Mrs Scott's dishonesty was repeated and calculated, and related directly to the care of elderly and vulnerable patients.
- Mrs Scott attempted to cover up her clinical failures.
- Mrs Scott lacks full insight into her dishonest conduct and has not attempted to remediate her practice.
- Mrs Scott's conduct is suggestive of an ongoing attitudinal issue.

As regards too mitigating factors, the panel has considered the following as relevant:

- Mrs Scott has demonstrated some remorse for her behaviour.
- Mrs Scott had a longstanding nursing career prior to these incidents, with no previous concerns reported to her regulator.

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 action.

Next, in considering whether a caution order would be appropriate in the circumstances, the panel took into account the SG, which 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 was of the view that Mrs Scott's misconduct was not at the lower end of the spectrum of fitness to practise 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 a conditions of practice order on Mrs Scott's nursing registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable.

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. Whilst the panel noted that there may be some identifiable areas of retraining for Mrs Scott to embark on, it considered that there may be an underlying attitudinal issue present in this case, and that this may prevent Mrs Scott from fully appreciating the significance of her actions and the impact they had on patients, colleagues, the nursing profession and the wider public.

In taking account of the above, the panel determined that placing a conditions of practice order on Mrs Scott's nursing registration would not adequately address the seriousness of this case, nor would it satisfy the public interest considerations. Furthermore, Mrs Scott has informed the NMC that she has retired from the nursing profession as of 31 August 2019, and there is no evidence to suggest that she would be willing to respond positively to a conditions of practice order in any event.

The panel then went on to consider whether a suspension order would be an appropriate sanction.

The panel noted that Mrs Scott's dishonesty was repeated and calculated, and that she had misrepresented the true nature of the events that occurred on 14 November 2018 in a number of documents, intending to present an inaccurate picture of care delivered to Patient X and Patient Y. It had found her to have engaged in multiple instances of misconduct through her dishonesty. Mrs Scott had initially denied any wrongdoing to Ms 1, but later accepted that she had manipulated the evidence to create a misleading impression. Mrs Scott had breached numerous standards of the Code, as well as fundamental tenets of the nursing profession.

Mrs Scott had only offered limited evidence by way of insight into her misconduct, as well as little attempt to alleviate any outstanding concerns in respect of her general nursing practice; despite having a substantial amount of time to reflect on her conduct and behaviour. Mrs Scott was given the opportunity to ask for a substantive hearing to be

listed, at which she could have attended and given oral evidence to the panel. Furthermore, she could have provided training certificates or testimonials attesting to her clinical nursing practice, as well as her conduct and behaviour. However, evidence of this has not been forthcoming, so the panel concluded that Mrs Scott has not attempted to address the concerns identified, nor has she yet understood the full consequences of her actions. She has not provided evidence to assure this panel that she does not have an underlying attitudinal issue, or that she would not act in a similar way again in future.

Taking account of the above, the panel determined that Mrs Scott's misconduct was not merely a serious departure from the standards expected of a registered nurse and a serious breach of the fundamental tenets of the nursing profession, it was fundamentally incompatible with her remaining on the NMC register. It considered Mrs Scott's misconduct to rank highly on a spectrum of dishonesty. In the panel's judgment, to allow someone who had behaved in this way to maintain her NMC registration would undermine public confidence in the nursing profession and in the NMC as a regulatory body.

In reaching its decision, the panel bore in mind that its decision could have an adverse effect on Mrs Scott both professionally and personally. However, the panel was satisfied that the need to protect the public and address the public interest elements of this case outweighs the impact on Mrs Scott in this regard.

Balancing all of these factors and after taking into account all the evidence before it, the panel determined that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the effect of Mrs Scott's misconduct 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 nursing profession, and to send to the public and the profession a clear message about the standard of behaviour required of a registered nurse.

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 is in Mrs Scott's own interest until the suspension order takes effect.

Representations on interim order

The panel had sight of the NMC's statement of case, which reads as follows:

> "*44. If the panel imposes a sanction of strike off, then the panel is invited to make an interim suspension order to cover the 28 days before the substantive sanction takes effect. Any interim order will also cover a period should the Registrant appeal the panel's decision*".

Decision and reasons on interim order

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

The panel was satisfied that an interim order is necessary for the protection of the public and it 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. Owing to the seriousness of the misconduct in this case and the risk of repetition identified, it determined that Mrs Scott's acts and omissions were sufficiently serious to justify the imposition of an interim suspension order until the striking-off order takes effect. In the panel's judgment, public

confidence in the regulatory process would be damaged if Mrs Scott would be permitted to practise as a registered nurse prior to the substantive order coming into effect.

The panel decided to impose an interim suspension order in the circumstances of this case. To conclude otherwise would be incompatible with its earlier findings.

The panel therefore imposed an interim suspension order for a period of 18 months.

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

That concludes this determination.