

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

**Substantive Order Review Meeting
12 January 2023**

Virtual Hearing

Name of registrant: Mrs Raminder Kaur Ajmani

NMC PIN: 80F0137E

Part of the register: Registered Nurse – Sub Part 1
Registered Midwife,
Health visitor,
Community practitioner nurse prescriber

Relevant location: London

Type of case: Lack of competence

Panel members: Ini Udom (Chair, lay member)
Karen Shubert (Registrant member)
Rachel Onikosi (Lay member)

Legal Assessor: Paul Housego

Hearings Coordinator: Leigham Malcolm

Order being reviewed: Suspension order (12 months)

Fitness to practise: Impaired

Outcome: **Suspension order (12 months) to come into effect at the end of 25 February 2023 in accordance with Article 30 (1)**

Decision and reasons on service of Notice of Meeting

The panel took account of the Notice of Meeting which had been sent to Mrs Ajmani's registered email address on 1 December 2022.

The panel took into account that the Notice of Meeting provided details of the substantive order being reviewed as well as a time frame during which the review would take place.

The panel accepted the advice of the legal assessor.

In the light of all of the information available, the panel was satisfied that Mrs Ajmani has been served with notice of this meeting in accordance with the requirements of Rules 11A and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The panel accepted the advice of the legal assessor.

Decision and reasons on review of the substantive order

The panel decided to impose a suspension order for a further period of twelve months.

This order will come into effect at the end of 25 February 2023 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the first review of a substantive suspension order originally imposed for a period of 12 months by a Fitness to Practise Committee panel on 27 January 2022. The current order is due to expire at the end of 25 February 2023.

The panel is reviewing the order pursuant to Article 30(1) of the Order.

The charges found proved which resulted in the imposition of the substantive order were as follows:

That you, a registered Health Visitor, between September 2018 and June 2019 at Oxleas NHS Foundation Trust failed to demonstrate the standards of knowledge, skill and judgement to practise without supervision as a Band 6 Health Visitor in that you:

1) *Between October 2018 and 30 June 2019 you:*

a) *On more than one occasions failed to manage your time effectively;*

[PROVED]

b) *On more than one occasions failed to complete patient records within a timely manner as set out in Schedule A; [PROVED]*

c) *Failed to ensure that one or more of your patient records were up to date and/or completed on RiO, the Trust's electronic clinical record system by 30 June 2019; [PROVED]*

2) *In respect of Patient A, you:*

a) *Failed to maintain accurate records in that you:*

i) *Did not complete the record until 17 June 2019, approximately 7 months following your visit; [PROVED]*

b) *Did not enter Patient A onto the correct care pathway following your visit and/or on 17 June 2019; [PROVED]*

c) *Did not ensure that a Health Visitor was allocated to Patient A; [PROVED]*

d) *Did not ensure that Mother A was contacted following the visit and/or offered support; [PROVED]*

e) *Did not create a care plan following your visit and/or when completing a record of your visit; [PROVED]*

3) *In respect of Patient B, you:*

a) *Failed to maintain accurate records in that you:*

i) *Did not complete the record until 7 June 2019, approximately 7 months following your visit; [PROVED]*

- b) *Did not enter Patient B onto the correct care pathway following your visit and/or on 7 June 2019; [PROVED]*
 - c) *Did not ensure that a Health Visitor was allocated to Patient B;*
 - d) *Did not ensure that Mother B and/or Father B was contacted following the visit and/or offered support; [PROVED]*
 - e) *Did not create a care plan following your visit and/or when completing a record of your visit; [PROVED]*
- 4) *In respect of Patient C, you:*
- a) *Failed to maintain accurate records in that you:*
 - i) *Did not complete the record until 17 June 2019, approximately 7 months following your visit; [PROVED]*
 - ii) *Did not record sufficient information about Patient C's assessment and/or care needs and/or family history and circumstances; [PROVED]*
 - b) *Did not enter Patient C onto the correct care pathway following your visit and/or on 17 June 2019; [PROVED]*
 - c) *Did not ensure that a Health Visitor was allocated to Patient C; [PROVED]*
 - d) *Did not ensure that Mother C and/or Father C was contacted following the visit and/or offered support; [PROVED]*
- 5) *In respect of Patient D, you:*
- a) *Failed to maintain accurate records in that you:*
 - i) *Did not complete the record until 7 June 2019, approximately 7 months following your visit; [PROVED]*
 - ii) *Did not record the reason for Patient D being referred to a paediatrician and/or dietician; [PROVED]*
 - iii) *Did not record sufficient information about Patient D's weight and/or care needs and/or support to be provided; [PROVED]*
 - b) *Did not enter Patient D onto the correct care pathway following your visit and/or on 7 June 2019; [PROVED]*
 - c) *Did not ensure that a Health Visitor was allocated to Patient D; [PROVED]*
 - d) *Did not inform the paediatrician and dietician of the patient's weight after your visit; [PROVED]*

6) *In respect of Patient E, you:*

a) *Failed to maintain accurate records in that you:*

i) *Did not complete the record until 19 June 2019, approximately 6 months following your visit; [PROVED]*

ii) *Did not refer to Mother E's mental health in your assessment; [PROVED]*

iii) *Did not record sufficient or any information about Patient E's assessment and/or family circumstances and/or concerns raised by others; [PROVED]*

iv) *Incorrectly recorded that there were no current concerns about Patient E, or words to that effect, when there were; [PROVED]*

b) *Did not enter Patient E onto the correct care pathway following your visit and/or on 19 June 2019; [PROVED]*

c) *Did not ensure that a Health Visitor was allocated to Patient E; [PROVED]*

d) *Did not ensure that Mother E was contacted following the visit and/or offered support; [PROVED]*

e) *Did not create a care plan following your visit and/or when completing a record of your visit; [PROVED]*

f) *Did not refer Mother E and/or Patient E to relevant third parties and/or health professionals; [PROVED]*

g) *Did not assess the risk to Patient E in regards to Mother E's alcohol use and/or mental health issues, or alternatively, did not record this; [PROVED]*

7) *In respect of Patient F, you:*

a) *Failed to maintain accurate records in that you:*

i) *Did not complete the record until 19 June 2019, approximately 5 months following your visit; [PROVED]*

ii) *Did not record sufficient or any information about Patient F's assessment and/or family circumstances; [PROVED]*

b) *Did not enter Patient F onto the correct care pathway following your visit and/or on 19 June 2019; [PROVED]*

8) *In respect of Patient G, you:*

- a) *Failed to maintain accurate records in that you:*
 - i) *Did not complete the record until 7 June 2019, approximately 7 months following your visit; [PROVED]*
- b) *Did not enter Patient G onto the correct care pathway following your visit and/or on 7 June 2019; [PROVED]*
- c) *Did not ensure that a Health Visitor was allocated to Patient G; [PROVED]*

- 9) *In respect of Patient H, you:*
 - a) *Failed to maintain accurate records in that you:*
 - i) *Did not complete the record until 28 June 2019, approximately 2 months following your visit; [PROVED]*
 - b) *Did not enter Patient H onto the correct care pathway following your visit and/or on 28 June 2019; [PROVED]*
 - c) *Did not ensure that a Health Visitor was allocated to Patient H; [PROVED]*
 - d) *Did not undertake a sufficient assessment of Patient H or alternatively, did not record sufficient information about Patient H's assessment and/or family circumstances; [PROVED]*

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

The substantive panel determined the following with regard to impairment:

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

Nurses and Health Visitors 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 and health visitors 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 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 determined that limbs a, b and c in the above test were engaged both in the past and in the future.

Taking into account all of the evidence adduced in this case, the panel finds that patients and vulnerable families were put at a real risk of harm as a result of Mrs Ajmani's lack of competence. Mrs Ajmani's lack of competence had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute.

The panel noted that it had not received any evidence to suggest that Mrs Ajmani has demonstrated an understanding of how her actions put patients and vulnerable families at a risk of harm or how this impacted negatively on the reputation of the

nursing profession. The panel found that Mrs Ajmani has not developed any insight or demonstrated any remorse. In addition, the panel has not received any information to suggest that Mrs Ajmani has taken any steps to remediate her practice. The panel bore in mind that Mrs Ajmani has failed to engage with the NMC since August 2019 and does not appear to have worked in a clinical setting since then.

Further, the panel noted that Mrs Ajmani was subject to previous regulatory proceedings in relation to record keeping and time management issues whilst working as a health visitor following concerns being raised in 2007. Mrs Ajmani was readmitted to the NMC register on 30 January 2018 after completing a Return to Practise Course, with a health visitor module.

The panel was of the view that there is a high risk of repetition based on the lack of evidence of any insight, remediation or remorse; previous regulatory proceedings in relation to similar concerns; and the fact that Mrs Ajmani recently completed retraining for similar concerns. On the basis of all the information before it, the panel decided that there is a risk to the public if Mrs Ajmani was allowed to practise without restriction. The panel therefore determined that a finding of current impairment on public protection grounds is necessary.

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 health visiting professions and upholding the proper professional standards for members of those professions.

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

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

The substantive panel determined the following with regard to sanction:

Having found Mrs Ajmani's fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose in this case. The panel has borne in mind that any sanction imposed must be appropriate and proportionate and, although not intended to be punitive in its effect, may have such consequences. The panel had careful regard to the SG. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- *No engagement with the NMC.*
- *No evidence of insight, remorse or remediation.*
- *Conduct which put vulnerable patients at risk of suffering harm and impacted follow up care.*
- *Repetition of conduct over a significant period of time, since 2007.*
- *Subject to previous regulatory proceedings for similar concerns.*

The panel also took into account the following mitigating feature:

- *No known direct patient harm.*

The panel had regard to contextual factors but considered that a significant amount of support was offered to Mrs Ajmani by management and other members of staff at the Trust. It therefore determined that this was not a mitigating feature in the circumstances of this case.

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 or satisfy 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 Mrs Ajmani's practice would not be appropriate in the

circumstances. The SG states that a caution order may be appropriate where ‘the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.’ The panel considered that Mrs Ajmani’s lack of competence was 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 a conditions of practice order on Mrs Ajmani’s 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 and determined that there are conditions that could be formulated as the issues identified relate directly to Mrs Ajmani’s clinical practice. However, the panel noted that it had not been provided with any information regarding Mrs Ajmani’s current circumstances and in particular whether she is currently working. The panel did not receive any evidence of remediation or insight and was not aware if Mrs Ajmani would be willing to submit to and comply with conditions. In these circumstances the panel concluded that workable conditions could not be formulated, which would adequately protect the public and meet the public interest and uphold proper standards.

The panel bore in mind that in cases solely relating to a lack of competence, a striking off order is not available at this stage in NMC proceedings.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG states that suspension order may be appropriate where some of the following factors are apparent:

- No evidence of harmful deep-seated personality or attitudinal problems;*
- In cases where the only issue relates to the nurse or midwife’s lack of competence, there is a risk to patient safety if they were allowed to continue to practise even with conditions.*

The panel noted that the concerns in this case do not relate to an isolated incident and there has been a significant history of repetition of similar concerns dating back

to 2007. Further, the panel also noted that since these risks were identified, Mrs Ajmani has had a significant period of time to address them, but as of yet, has not done so to the panel's knowledge.

Balancing all of these factors the panel has concluded that a suspension order would be the appropriate and proportionate sanction.

The panel noted the hardship such an order will inevitably cause Mrs Ajmani. However this is outweighed by the public interest in this case.

The panel considered that this order is necessary to mark the importance of maintaining public confidence in the profession, and to send to the public and the profession a clear message about the standard of behaviour required of a registered nurse.

The panel determined that a suspension order for a period of 12 months was appropriate in this case to mark the seriousness of the lack of competence and to protect the reputation of the profession.

At the end of the period of suspension, another panel will review the order. At the review hearing the panel may revoke the order, or it may confirm the order, or it may replace the order with another order.

Any future panel reviewing this case would be assisted by a statement from Mrs Ajmani indicating her intentions for future practice either as a nurse or health visitor. If she intends to return to practice then the reviewing panel would be further assisted by:

- Engagement with the NMC and her attendance at the next review*
- A reflective piece addressing her failings and the impact of her actions on health visiting practice and the wider profession*
- A clear plan detailing how Mrs Ajmani will or has addressed her clinical failings and strengthened her practice*
- Testimonials from any employment paid or voluntary.*

Decision and reasons on current impairment

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

The panel has had regard to all of the documentation before it and accepted the advice of the legal assessor.

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

The panel had no new information before it. It noted that Mrs Ajmani has not engaged with the NMC since 2019 nor has she responded to the suggestions of the substantive panel in January 2022 and provided evidence of reflection and attempts to strengthen her practice.

The panel noted that Mrs Ajmani has in the past undertaken a return to practice course, but subsequently failed to meet practice standards. The panel considered Mrs Ajmani's enduring failure to meet practice standards to highlight the risk in this case.

The panel was of the view that the issues in Mrs Ajmani's case are serious and relate to her competency as a clinical practitioner. In the absence of any evidence that Mrs Ajmani is now capable of safe and effective nursing practice, the panel determined that her fitness to practise remains impaired.

The panel determined that Mrs Ajmani remains liable to repeat matters of the kind found proved. The panel therefore decided that a finding of continuing impairment remains necessary on the grounds of public protection.

The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. The panel determined that, in this case, a finding of continuing impairment on public interest grounds is also required.

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

Decision and reasons on sanction

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

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the public protection issues identified. The panel decided that it would be neither proportionate nor in the public interest to take no further action.

It then considered the imposition of a caution order but again determined that, due to the public protection issues identified, an order that does not restrict Mrs Ajmani's practice would not be appropriate in the circumstances. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether a conditions of practice on Mrs Ajmani's registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. Given the nature of Mrs Ajmani's role and the findings made against her the panel was unable to identify conditions that would address the failings found, protect the public, and satisfy the public interest. In any case, the panel could not be satisfied that Mrs Ajmani would be willing or able to comply with any conditions imposed in view of her continued lack of engagement. The panel therefore concluded that a conditions of practice order would not adequately protect the public or satisfy the public interest in this case.

The panel considered the imposition of a further period of suspension. It was of the view that a suspension order would allow Mrs Ajmani further time to fully reflect on her clinical practice and provide the NMC with evidence of reflection and steps taken to strengthen her practice. There was no evidence before this panel to suggest that Mrs Ajmani is capable of practising safely or that the damage to the public interest has been remedied. The panel determined therefore that a twelve-month suspension order is the appropriate sanction which would continue to both protect the public and satisfy the wider public interest. It considered this to be the most appropriate and proportionate sanction available.

As this is a lack of competence case the panel was not able to impose a striking off order as Rule 29(6) requires that before such an order is imposed a Registrant must have been suspended for a period of two years. The panel reviewing the case on its expiry will be able to impose a striking off order if it considers that to be the appropriate sanction.

This suspension order will take effect upon the expiry of the current suspension order, namely the end of 25 February 2023 in accordance with Article 30(1).

Before the end of the period of suspension, another panel will review the order. At the review hearing the panel may revoke the order, or it may confirm the order, or it may replace the order with another order, including a striking off order.

Any future panel reviewing this case would be assisted by:

- Engagement with the NMC and her attendance at the next review
- A reflective piece addressing her failings and the impact of her actions on health visiting practice and the wider profession
- A clear plan detailing how Mrs Ajmani will or has addressed her clinical failings and strengthened her practice
- Testimonials from any employment paid or voluntary.

This will be confirmed to Mrs Ajmani in writing.

That concludes this determination.

