

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

**Substantive Hearing  
Tuesday 18 July 2023 - Wednesday 26 July 2023**

Virtual Hearing

**Name of Registrant:** Elizabeth Mary Sheldon

**NMC PIN** 21A1929E

**Part(s) of the register:** Registered Adult Nurse - Sub Part 1 - Level 1  
14 September 2021

**Relevant Location:** Derby City

**Type of case:** Lack of competence

**Panel members:** Bryan Hume (Chair, Lay member)  
Michael Duque (Registrant member)  
Louise Fox (Lay member)

**Legal Assessor:** Ian Ashford-Thom

**Hearings Coordinator:** Berivan Genc (18 - 24 July 2023)  
Margia Patwary (25 - 26 July 2023)

**Nursing and Midwifery Council:** Represented by Louise Cockburn, Case  
Presenter

**Ms Sheldon** Present and not represented at the hearing

**Facts proved:** Charges 1, 2, 3, 4, 6, 7b, 7d, 7e, 7f, 8a, 8b, 10a,  
10c, 10d, 11, 12, 13a, 13b 13c(i), 13e, 13f and  
13i

**Facts not proved:** Charges 5, 7a, 7c, 9, 10b, 10e, 13c(ii), 13d and  
13h

**Fitness to practise:** Impaired

**Sanction:** Conditions of practice order (12 months)

**Interim order:**

**Interim conditions of practice order (18 months)**

## Details of charge

That you, between 24 January 2022 and 30 March 2022 failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a band 5 nurse, in that you;

- 1) Did not complete your probationary period following its commencement on 24 January 2022.
- 2) Referred to a patient who was having a gastroscopy as having a colonoscopy.
- 3) Incorrectly informed Patient C that that they would have to undergo a pregnancy test by providing a urine sample, before they could go into theatre for surgery.
- 4) After being informed by the surgical team that intermittent self-catheterisation could be performed on Patient C, did not follow up the request with the theatre/colleagues/surgical team.
- 5) Did not complete/undertake the Immediate Life Support (ILS) training course.
- 6) Between 24 January 2022 and 30 March 2022 worked under a supervised capacity at all times.
- 7) On 24 January 2022;
  - a) Were unable to operate a radiator.
  - b) Were unable to adequately operate a blood pressure machine.
  - c) Were unable to operate a thermometer.
  - d) Initially instructed Patient A to shave themselves.
  - e) After shaving Patient A, left hair;
    - i. Over the bathroom floor.
    - ii. In Patient A's pants.

- iii. In Patient A's gown.
  - f) After Patient A complained of being cold, told Patient A to put a coat on.
- 8) On or around 24 February 2022;
- a) Did not understand the practicalities of a pregnancy test.
  - b) Did not understand how to perform a pregnancy test independently
- 9) On or around the night shift of 16 March 2022 demonstrated record keeping skills at the level of a second-year nursing student.
- 10) On or around 21/22 March 2022;
- a) Whilst with Patient B during their pre-operation stage incorrectly informed Patient B that they were to be placed under general anaesthetic.
  - b) Had to be reminded to check on Patient B regularly, following a procedure under sedation.
  - c) Did not recognise warning signs/indicators that Patient B was at a risk of fainting.
  - d) Were unable to understand what an intramuscular injection was/how it administered.
  - e) Were unable to provide examples of painkillers/anti-sickness tablets
- 11) On an unknown date, incorrectly informed an unknown patient with a systolic blood pressure of 147, that they were hypertensive/needed to see the GP following discharge.
- 12) Did not understand/know the effect of anti-coagulant medication.
- 13) Between 25 February 2022 & 30 March 2022 you were unable to comply with one or more Performance Improvement Plans put in place by your employers, in that you were unable to demonstrate proficiency in areas of;
- a) Information retention.

- b) Effective communication.
- c) The ability to record/respond to;
  - i. A deteriorating patient.
  - ii. A NEWS Score
- d) Fluid balance.
- e) Administration of medication/controlled drugs
- f) Knowledge of surgical procedures.
- g) Completing admissions within a timely manner.
- h) Handing over correct patient information.
- i) Checking patient blood results.

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

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

At the outset of the hearing, Ms Cockburn made a request that this case be held entirely in private on the basis that proper exploration of your case involves references made to your health. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

You were in agreement with the application.

The legal assessor reminded the panel that while Rule 19(1) provides, as a starting point, that hearings shall be conducted in public, Rule 19(3) states that the panel may hold hearings partly or wholly in private if it is satisfied that this is justified by the interests of any party or by the public interest.

Having heard that there will be references to your health, the panel determined to hold the hearing partly in private as this is a lack of competence case and not a health case. It was

of the view that the lack of competence issues should be dealt with in public and health matters in private.

### **Decision and reasons on application to admit hearsay evidence**

The panel heard an application made by Ms Cockburn under Rule 31 to allow the written statement of Witness 1 into evidence. Witness 1 was not present at this hearing, and Ms Cockburn submitted that, whilst the NMC had made sufficient efforts to ensure that this witness was present, she was unable to attend today due to serious health reasons. Ms Cockburn submitted that Witness 1 further confirmed that she is not refusing to provide evidence, but she does not feel able to do so considering the effect of the very recent and serious diagnosis on her emotional wellbeing.

Ms Cockburn submitted that the panel will have read the statement and that it is relevant evidence. She further submitted that Witness 1's evidence is not sole or decisive evidence and that Witness 2 and 3 also refer to the charges against you. Ms Cockburn also submitted that the panel will have the repeated exhibits before them namely, Performance Improvement Plan (PIP) dated 22 March 2022 and the meeting notes with you dated 22 March 2022.

You submitted that you want what is fair and did not oppose the application.

The panel heard and accepted the legal assessor's advice on the issues it should take into consideration in respect of this application. This included that Rule 31 provides that, so far as it is 'fair and relevant', a panel may accept evidence in a range of forms and circumstances, whether or not it is admissible in civil proceedings.

The panel gave the application in regard to Witness 1 serious consideration. The panel noted that Witness 1's statement had been prepared in anticipation of being used in these proceedings and contained the paragraph, 'This statement is true to the best of my information, knowledge and belief' and signed by her.

The panel considered whether you would be disadvantaged by the change in the NMC's position of moving from reliance upon the live testimony of Witness 1 to that of a written statement.

The panel considered that as you had been provided with a copy of Witness 1's statement. The panel considered that the unfairness in this regard worked both ways in that the NMC was deprived, as was the panel, from reliance upon the live evidence of Witness 1 and the opportunity of questioning and probing that testimony. There was also public interest in the issues being explored fully which supported the admission of this evidence into the proceedings.

The panel was of the view that there was a good reason for Witness 1's non-attendance and acknowledged that the NMC had made reasonable efforts to secure the witness's attendance. The panel determined that there is no reason to believe that this witness had fabricated any evidence in her statement. The panel also determined that her evidence is not the sole or decisive evidence on any issue. The panel acknowledged that this information only became available two working days before the hearing was due to start, was unavoidable in the circumstances and impacts all parties equally.

In these circumstances, the panel came to the view that it would be fair and relevant to accept into evidence the hearsay evidence of Witness 1 but would give it what weight it deemed appropriate once the panel had heard and evaluated all the evidence before it.

Therefore, the panel allowed the hearsay application.

## **Background**

You qualified as a nurse in September 2021 and commenced your employment on 24 January 2022 at the Nuffield Hospital in Derby (the Trust). You were referred to the NMC on 6 April 2022 by the Matron of Clinical Services, following concerns about your competence. The typical probationary period is 12 weeks.

When you returned the Case Management Form (CMF) on or around 1 February 2023, you admitted charges 1, 3, 5, 7(d), 11(f) and 13.

The NMC has called two witnesses. Witness 2, who at the time of the incident was the ward manager at the hospital and explains that the most worrying aspects of your performance were gaps in your clinical knowledge and your inability to retain information such that you were not able to look after patients by yourself.

Witness 3 was your mentor who explains her experience of working with you leading to her conclusion that your clinical ability and confidence was equivalent to that of a second year nursing student.

In reaching its decisions on the disputed facts, the panel took into account all the oral and documentary evidence in this case together with the submissions made by Ms Cockburn and by you.

The panel was aware that the burden of proof rests on the NMC, and that the standard of proof is the civil standard, namely the balance of probabilities. This means that a fact will be proved if a panel is satisfied that it is more likely than not that the incident occurred as alleged.

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

- Witness 2: Interim Ward Manager
- Witness 3: Bank Staff Nurse

The panel also heard evidence from you under affirmation.

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor.



The panel then considered each of the disputed charges and made the following findings.

### **Charge 1**

That you, between 24 January 2022 and 30 March 2022 failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a band 5 nurse, in that you;

Did not complete your probationary period following its commencement on 24 January 2022.

### **This charge is found proved.**

In reaching this decision, the panel took into account documentary evidence put before it, which shows that you only completed your probationary period for 9 weeks and that you did not complete the full 12 weeks as required.

You admitted that you resigned prior to the completion of your probationary period. Additionally, all witnesses had also confirmed this in their evidence.

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

### **Charge 2**

Referred to a patient who was having a gastroscopy as having a colonoscopy.

### **This charge is found proved.**

...[PRIVATE]...

The panel considered Witness 1's written statement where she stated that you would frequently...[PRIVATE]...by terminology.

On the balance of probabilities, the panel found this charge proved in that you did refer to the patient who was having a gastroscopy as having a colonoscopy.

### **Charge 3**

Incorrectly informed Patient C that that they would have to undergo a pregnancy test by providing a urine sample, before they could go into theatre for surgery.

#### **This charge is found proved.**

The panel considered your response in the Case Management Form ('CMF Form') where you admitted to this charge. In your written and oral evidence, you stated that all the surgical procedures you have mainly dealt with, required a pregnancy test. So therefore, I may have informed the patient, when it wasn't required for that procedure and it was on the admissions form and naturally read out what was on the form. No pregnancy test was performed with this patient.

You also admitted during your oral evidence that you told Patient C that she could not go into the theatre without obtaining a urine sample from her.

The panel noted Witness 3's written statement which states:

*'...An example of this was regarding a pregnancy test. Pregnancy tests are required to be completed before patients undergo surgery, but one particular patient was already very anxious when they entered the ward and unable to provide a sample...I told Ms Sheldon to allow her to relax and I would explain the requirement for obtaining a urine sample shortly. I went away for a few minutes, came back and spoke with the patient. However, she told me that the nurse (i.e. Ms*

*Sheldon) had already informed her that she would not be able to undergo surgery if she could not urinate and provide a sample, which distressed the patient even more. Following this, I went to the theatre to speak to the Consultant who recommended that we perform an ISC (a catheter which is inserted into the patient, which was an alternative way of obtaining a urine sample). After going back on the ward to find Ms Sheldon, she explained that she had already been to the theatre and was informed about the ISC but did not understand what this was.*

In your oral evidence, you stated that you admitted this on the CMF form because at the time, you thought that this was what needed to be done.

The panel also took into account Witness 3's written statement which stated that:

*'When the theatre phoned the Ward and asked about the sample, they told Ms Sheldon that they can perform the ISC because the patient had not provided one at this point. They asked Ms Sheldon for the patient to be brought to them to prepare for surgery. However, Ms Sheldon did not follow up this request with the theatre or with any other colleague, so the patient remained on the Ward. This is an instance where Ms Sheldon should have asked somebody what an ISC was as she evidently did not understand this'.*

On the balance of probabilities, the panel found this charge proved.

#### **Charge 4**

After being informed by the surgical team that intermittent self-catheterisation could be performed on Patient C, did not follow up the request with the theatre/colleagues/surgical team.

**This charge is found proved.**

The panel considered Witness 3's written statement, which stated:

*'... After going back on the ward to find Ms Sheldon, she explained that she had already been to the theatre and was informed about the ISC but did not understand what this was. She did not seek anyone's guidance. This is one of many examples of Ms Sheldon not seeking advice when she was unsure about something.'*

The panel heard evidence from you in response to Witness 3's statement above, where you stated that you did ask the nurse on shift, but you could not remember their name. You also admitted that you did not know what an ISC was. You also said that you did ask about it and you were shown the bag.

Based on the evidence before the panel, it was of the view that after being informed by the surgical team that intermittent self-catheterisation could be performed on Patient C, did not follow up the request with the theatre/colleagues/surgical team.

On the balance of probabilities, the panel found this charge proved.

### **Charge 5**

Did not complete/undertake the Immediate Life Support (ILS) training course.

### **This charge is found NOT proved.**

The panel considered the training report which provides a list of all of the courses that you have attended and achieved. This report shows that although you have not completed the Immediate Life Support Training, you had completed an alternative course called 'Immediate Life Support Blended Programme.'

Witness 2 in her oral evidence confirmed that there is no need to complete the ILS course if you have completed the blended course.

The panel was of the view that as you have completed an equivalent course to the Immediate Life Support training course, on the balance of probabilities, it found this charge not proved.

### **Charge 6**

Between 24 January 2022 and 30 March 2022 worked under a supervised capacity at all times.

**This charge is found proved.**

You admitted that you were supervised directly and indirectly at all times.

Witness 2 confirmed that at no stage during that period (as stated in the charge) you were working without a supervisor. Although there were times you were alone with a patient, Witness 2 said your work and your notes were always checked by a nurse throughout the probationary period.

On the balance of probabilities, the panel found this charge proved.

### **Charge 7a**

On 24 January 2022;  
Were unable to operate a radiator.

**This charge is found NOT proved.**

The panel noted this appeared to be your first day working for the hospital but in your evidence your recollection is that these incidents occurred a couple of weeks after you started work. The panel noted Witness 2 in her oral evidence said she received a

complaint from Patient 2 and discussed it with him by telephone, but no documentary evidence was provided in relation to this.

You stated that the radiators were not working and you asked for a heater. You said that Witness 3 told you that sometimes the radiators would not work and there were portable heaters available instead. You confirmed that you did not report the radiator was not working.

Witness 1 confirmed the hospital did have problems with the radiators at times and said there were always issues with both heating and cooling in the hospital so they had fans and heaters available.

The panel had no evidence before it that you were unable to operate the radiator and accepted your evidence that the radiator was not working so you asked for a heater to be brought.

Therefore, the panel was of the view that the NMC has not proved that you were unable to operate the radiator.

On the balance of probabilities, the panel found this charge not proved.

### **Charge 7b**

Were unable to adequately operate a blood pressure machine.

### **This charge is proved.**

The panel heard from Witness 3 in her oral evidence that you had experienced difficulties with turning the blood pressure machine on and off by pushing the button a few times.

During your oral evidence, you explained that the consultant had asked you to take Patient A's blood pressure again as they thought it was inaccurate based on the patient's pre-admission blood pressure reading. You told the panel you took a second reading which was more accurate.

Witness 2 in her written statement stated:

*'Nurse plugged in BP machine and it wouldn't work, switched it on and off, struggled with the blood pressure.'*

On the basis of the evidence before it, the request by the consultant for you to repeat the reading, as there was a large discrepancy between your result and the patient's pre-admission blood pressure, meant the first reading was taken wrongly.

On the balance of probabilities, the panel found this charge proved.

### **Charge 7c**

(c) Were unable to operate a thermometer.

**This charge is NOT found proved.**

The panel considered Witness 2's written statement where she refers to the NMC referral notes:

*'... When nurse tried to take temperature, that wouldn't work, she got new batteries for the thermometer and again it wasn't working.'*

The panel acknowledged that you went to find new batteries because the thermometer was not working and this was not because you did not understand how to use a thermometer.

The panel was of the view that whether this was your first day or not, the NMC has not provided sufficient evidence to show that you did not know how to operate a thermometer as there are conflicting evidence from witnesses and from you that new batteries should have been obtained, or that the thermometers had a certain shelf life and should have been replaced. The panel determined that this does not show that you were unable to operate a thermometer.

On the balance of probabilities, the panel found this charge not proved.

### **Charge 7d**

d) Initially instructed Patient A to shave themselves.

### **This charge is proved.**

You confirmed in oral evidence that after the consultant showed you where needed shaving, you showed Patient A and did ask him to shave himself. You said you did check on him to see if he was alright and did help him to finish shaving. Witness 2 in response to panel questions said there was nothing wrong in patients shaving themselves as long as they could reach the area and were happy to do so.

On the balance of probabilities, the panel found this charge proved.

### **Charge 7e**

After shaving Patient A, left hair;

- i) Over the bathroom floor.
- ii) In Patient A's pants.
- iii) In Patient A's gown



**This charge is found proved.**

The panel heard oral evidence from you and noted that you did not challenge the facts alleged in this charge. You stated that there was a bin in the bathroom to put the hair in and that you tried to take some of the hair out of Patient A's pants and that you did not know there was any hair on Patient A's gown.

You also admitted that some of the hair was on the floor during your oral evidence.

Therefore, on the basis of your own admission during oral evidence and also your written response to the charges, including a complaint from Patient A received by Witness 2, the panel on the balance of probabilities, found this charge proved.

**Charge 7f**

After Patient A complained of being cold, told Patient A to put a coat on.

**This charge is found proved.**

In your written and oral evidence, you stated that it is possible that you may have told the patients to put a coat on, but you could not remember. The panel acknowledged that this is not disputed by you and that the patient had said that the room was cold.

The panel also considered your written response to the charges where you stated that you had asked the house keepers if they could locate a heater and to bring it to you as the room did not have one.

The panel also accepted the evidence provided to Witness 2 by the Patient in relation to feeling cold.

The panel determined that on the balance of probabilities it was found proved.

## **Charges 8a and 8b**

On or around 24 February 2022;

- a) Did not understand the practicalities of a pregnancy test.
- b) Did not understand how to perform a pregnancy test independently

### **These charges are found proved.**

The panel accepted Witness 3's email dated 24 February 2022, which states as follows:

*'I was concerned however that she seemed unsure about the practicalities of a pregnancy test after nearly 4 weeks on the ward. I went through the process with her and then supervised her doing one herself. The next shift I asked her to take a patient and ask me anything she was unsure of with me checking/supervising. She again was unsure of the pregnancy test process and needed to be shown again. My concern is that she did not ask when she was unsure and it was only when I asked directly that she said she would like to be shown again.'*

The panel noted that the date of this email matches with the time of the date of your shift and this alleged incident.

When asked about this during your oral evidence, you said at first you did not know how to perform a pregnancy test and that Witness 3 had showed you how to do it and then after that you were able to do a pregnancy test before leaving the Trust. You said you did know how to complete the test but asked Witness 3 to show you again, just to be sure.

Therefore, on the balance of probabilities, the panel found these charges proved.

## **Charge 9**

On or around the night shift of 16 March 2022 demonstrated record keeping skills at the level of a second-year nursing student.

**This charge is found NOT proved.**

In your oral evidence, you said Witness 1 did not work with you on that night shift and she may have made a mistake and reviewed your notes the next day. You said she commented that your notes were good and thorough and only when she was in the meeting with Witness 2 did she change her view.

The panel noted in the PIP dated 22 March 2022, there is no mention of your notes in relation to the required standard. The panel acknowledged that the only evidence available is the hearsay statement of Witness 1, which is challenged by you as you state that you never worked with her on that shift. You also stated that your notes are '*good*' and '*thorough.*'

The panel was of the view that without having been able to challenge Witness 1's evidence, it was not able to find this charge proved. The panel further determined that in Witness 1's written statement, where she states that she had a '*glance*' at your note is not sufficient to state that this is a second year nursing student standard.

On the balance of probabilities, the panel found this charge not proved.

**Charge 10a**

On or around 21/22 March 2022;

- a) Whilst with Patient B during their pre-operation stage incorrectly informed Patient B that they were to be placed under general anaesthetic.

**This charge is found proved.**

The panel considered Witness 2's written evidence where she stated:

*'Ms Sheldon incorrectly told the patient pre-op that they were having a general anaesthetic when the patient was in fact having sedation. I remember Ms Sheldon telling the patient that she was having a general anaesthetic pre-op, and I had to correct her. I cannot remember the exact words I used, or the exact words she had said during our conversation. I just remember correcting her.'*

In your written and oral evidence you confirmed you did tell the patient she was going to have a general anaesthetic. You said you read the information in the theatre list and this was what Witness 2 had told you to do. You said Witness 2 later said she had given you incorrect information. Witness 2 in her oral evidence denied this.

Witness 2 confirmed that she personally witnessed and supervised you.

Additionally, Witness 2's written statement stated:

*'I personally witnessed this incident as this was when I supervised her. The patient in this scenario was a staff member, ('Patient B'), who was receiving treatment, and was concerned about what Ms Sheldon had told her about being able to walk back from theatre after being under the effects of general anaesthetic. After Ms Sheldon left Patient B's room, Patient B told me that she found the comment a bit worrying but I reassured her that I was looking after Ms Sheldon.'*

Therefore, on the balance of probabilities, the panel found this charge proved by way of your admissions.

### **Charge 10b**

Had to be reminded to check on Patient B regularly, following a procedure under sedation.

**This charge is found NOT proved.**

During your oral evidence, you stated that you knew you had to check on patients every 15 minutes, but you decided to complete your notes before checking on the patient. You told the panel that you did not need to be reminded of as you were aware that you needed to check on patients.

When Witness 2 was asked about this, her response was that it depended on the patient and if for example a patient had just come out of surgery, it would be necessary to check on the patient more frequently. Witness 2 also stated that it would depend on the context. However, the panel was of the view that it was not clear what the context was in this situation.

The panel also considered Witness 2's written evidence where she used the evidence from an unknown nurse which stated:

*'Elizabeth still needed support to fill in admission paperwork after 8 weeks of supervised practice (a basic level nursing skill). Whilst caring for this patient Elizabeth had to be reminded by the supervising nurse to check on the patient regularly as she had the procedure under sedation. This is a basic level nursing skill. Elizabeth was advised this patient had sedation on handover from the recovery staff and also it was documented on the endoscopy report.'*

The panel acknowledged your written response to the charge:

*'I was finishing a sentence off on some documentation before going to this patient. I did state to the nurse that I was aware and I am going to them as soon as I finished the sentence. This was only a few minutes.'*

You admitted that you were reminded but denied that you needed to be reminded.

On the balance of probabilities, as the panel are not aware of the context at the time of this charge, the panel accepted your evidence that you were aware when you had to check on Patient B and it could not be satisfied that you had to be reminded to check on Patient B regularly.

On the balance of probabilities, the panel found this charge not proved.

### **Charge 10c**

Did not recognise warning signs/indicators that Patient B was at a risk of fainting

**This charge is found proved.**

The panel considered Witness 1's written evidence:

*'A specific incident was when she was caring for another nurse whose name I cannot remember ('Patient B'). Patient B was feeling hot, sweaty and dizzy. Instead of laying her on the bed, Ms Sheldon got a fan to blow on her. These were clear warning signs that Patient B was about to faint, especially given her low blood pressure, but Ms Sheldon did not recognise them. I was informed about this incident verbally by either [Witness 3] or [Witness 2], so this is unlikely to be documented. I also cannot remember the date of this incident.'*

On this basis of this evidence, the panel noted that Witness 1 had concluded that you were not able to recognise warning signs/indicators that Patient B was at a risk of fainting. You denied this charge by stating in your oral evidence that you do not recall this alleged incident as you remember dealing with a patient who asked for medication and needed to

go to the toilet. You told the panel that you took the patient with a student nurse, carried out a bladder scan and gave her biscuits and a cup of tea.

The panel acknowledged that you completed your RADAR training in February 2022 and this alleged incident was in March 2022. The panel was of the view that you would have already known what to do here.

The panel accepted that the PIP was written correctly and included the comment:

*“Elizabeth can state some of the reasons for a low blood pressure, but given the example of how she responded to a patient who was about to have a vasovagal she needs supervision”.*

Therefore, on the balance of probabilities, the panel found this charge proved based on the PIP, oral evidence of Witness 1 and her written statement.

### **Charge 10d**

Were unable to understand what an intramuscular injection was/how it administered.

### **This charge is found proved.**

The panel acknowledged your oral evidence where you stated that you know what an intramuscular injection ('IM') is but you have not ever giving anyone this injection. It was of the view that you know what it is now but at the time of the alleged incident, you did not appear to know how to administer it.

Additionally, the panel considered Witness 1's written statement where she stated that you would *“Ms Sheldon would frequently become confused by terminology. For instance, she*

*did not know what an intramuscular injection was as she believed it was done into fatty tissue”.*

In relation to the PIP dated 22 March 2022, it stated that you could not tell the name for an IM injection and that all muscle groups and technique was described to you at the time of the probationary review meeting.

On the balance of probabilities, the panel found this charge proved.

### **Charge 10e**

Were unable to provide examples of painkillers/anti-sickness tablets.

### **This charge is NOT proved.**

Witness 2 in her oral evidence said that she recalls that you did not understand what some of the medications were for, such as cyclizine.

The panel considered Witness 1’s written evidence where she asked you to name regular samples:

*‘I asked her to name examples of regular painkillers and anti-sickness tablets but she was unable to name any. I therefore told her to look at different medications before our next probationary review.’*

The panel acknowledged the PIP meeting dated 22 March 2022 stated that you are unfamiliar with using medical terminology. However, the panel determined that this charge is found not proved based on lack of evidence in relation to this being a concern. This is only mentioned in Witness 1’s written statement who was not present at the hearing and could not be tested at the hearing. Therefore, the panel could not place weight on this



evidence. The panel also noted that there were no specific examples provided in relation to this charge.

On the balance of probabilities, the panel did not find this charge proved.

### **Charge 11**

On an unknown date, incorrectly informed an unknown patient with a systolic blood pressure of 147, that they were hypertensive/needed to see the GP following discharge.

**This charge is found proved.**

During your oral evidence you accepted this charge. You admitted that you did not check the patient's initial blood pressure reading on the pre-admission form and if you had seen that, you would have realised this patient normally had low blood pressure. You accepted that it was your responsibility to check this.

This is proved on the basis of your admission that you told the patient to see her General Practitioner (GP) but during your evidence you did not note this patient normally had low blood pressure and this would not have been a concern.

On the balance of probabilities, the panel found this charge proved.

### **Charge 12**

Did not understand/know the effect of anti-coagulant medication.

**This charge is found proved.**

You stated that you currently know what the effect of an anti-coagulant medication is, but on the basis of the information before the panel, you did not appear to know this at the time of the alleged incident.

The panel took into account Witness 3's written statement where she stated:

*'Another example of Ms Sheldon's poor clinical performance is when she was doing a patient admission but I cannot recall their name or the date. The patient routinely took anticoagulants, which is something that needs to be flagged up before surgery as they are typically asked to stop taking them pre-admission. She did not know the effects of this medication and again did not ask or look them up in the BNF. She seemed unaware of the importance of this.'*

On the balance of probabilities, the panel found this charge proved.

### **Charge 13a**

Between 25 February 2022 & 30 March 2022 you were unable to comply with one or more Performance Improvement Plans put in place by your employers, in that you were unable to demonstrate proficiency in areas of;

a) Information retention.

### **This charge is found proved.**

The panel heard evidence from both Witness 2 and 3 including the entry in the PIP dated 22 March 2022.

...[PRIVATE]...

Witness 3's email dated 24 February 2022:

...*[PRIVATE]*...

The panel considered Witness 2's letter to you regarding concerns about your performance following your 8 week probationary review meeting held on 22 March 2022.

Witness 2 stated that you were:

- *'unable to retain information and understand common procedures and patient conditions.*
- *Lack of basic clinical knowledge. Unable to safely care for patients pre or post-op*
- *Lacking in knowledge of commonly used drugs. routes of administration and side effects.*
- *Unable to recognise and act appropriately when a patient condition changes.'*

The panel noted the discussion you had with Witness 2 during the meeting dated 25 February 2022 regarding concerns that various staff members including Witness 3 had raised with Witness 2:

*"I mentioned the issues relating to the retention of information and lack of clinical knowledge about basic nursing care and medications. I also noted that she was unable to perform a pregnancy test independently. Furthermore, I suggested that Ms Sheldon should ask her colleagues when she was unsure about how to do something."*

In your written response to the charges, you stated that you tried to retain as much information as you could at the time, but there *"was so much to learn"*.

Therefore, you admitted your difficulty with information retention.

On the balance of probabilities, the panel found this charge proved.

### **Charge 13b**

Effective communication

#### **This charge is found proved.**

You told the panel that you felt misunderstood at times. This was also mentioned in Witness 1's written statement where she stated that there was ineffective communication:

*"By this point there were still major areas of concern that we had about Ms Sheldon. The primary issues were: ineffective communication, failure to retain information, confusing terminology, lack of knowledge about medications and contra-indications, not knowing about procedures and their names".*

The panel considered Witness 2's evidence and the meeting notes of 22 March 2022:

*"[Witness 2] gave feedback on the shift she had worked with Elizabeth (21/03/2022):*

- Information given to patients was not clear*
- When asking patients questions, they didn't always understand what had been asked"*

On the balance of probabilities, the panel found this charge proved.

### **Charge 13c**

(i) A deteriorating patient.

#### **This charge is found proved.**

On the balance of probabilities, the panel found this charge proved for the same reasons stated in charge 10c above.

### **Charge 13c**

(ii) A NEWS Score

#### **This charge is found NOT proved.**

The panel acknowledged that you completed the NEWS chart and read the NEWS policy as stated in your Probationary Review Record Sheet dated 22 March 2022.

Witness 3 in her oral evidence stated that you were able to fill the NEWS chart, but you were unable to interpret it.

The panel was of the view that this charge is found not proved on the basis that the allegation is a duplication of Charge 10c and 13c(i), in that the NEWS score is used to record deterioration in a patient.

On the balance of probabilities, the panel found this charge not proved.

### **Charge 13d**

Fluid balance.

#### **This charge is found NOT proved.**

The panel was not provided with a specific date or case that this charge related to. You explained in your evidence what a fluid balance is, but did not say whether you could explain at the time.

The panel determined that the only evidence it has before it is contained in paragraph 18 of Witness 1's written statement and lacks context. You have denied this charge and you were unable to challenge this as Witness 1 was not present at this hearing.

The only evidence in support of this charge is from Witness 1. The panel determined that the burden of proof is on the NMC to show that you were not proficient and that there is insufficient evidence to show that this is the case.

Therefore, the panel found this charge not proved.

### **Charge 13e**

Administration of medication/controlled drugs

**This charge is found proved.**

The panel considered the PIP dated 22 March 2022 which stated that you:

*'had no knowledge of basic mediations, indications, contra-indications, side effects and cautions.'*

The panel noted that this was a factor in Witness 1 and 2 deciding to increase your meeting to once every week rather than once every four weeks.

Although the panel heard evidence from you where you stated that you know how to administer medications/drugs it determined that there is more evidence to support on the balance of probabilities that this fact can be found proved due to it being corroborated in the PIP, written statement of Witness 2. The panel has heard evidence and considered the documentary evidence that you were always supervised and were not able to administer medications/drugs independently.

Witness 1 in her written statement stated:

*"...The sheet shows that she lacked a lot of knowledge about what drugs we used and why we used them. For instance, there were many drugs that could cause*

*respiratory depression but she did not know about them. This was a massive worry for me and my colleagues.”*

You in your written evidence stated that you were not signed off to administer medication without supervision.

Therefore, the panel determined that it was clear on the basis of the evidence before it that you did not reach the standard that was required to administer medications and controlled drugs without supervision.

### **Charge 13f**

Knowledge of surgical procedures.

#### **This charge is found proved.**

You admitted to this charge.

In your oral evidence you stated that there are a lot of things to learn in surgical operations and that you are familiar with most of them. It is also stated in the PIP that this is an area you needed to improve on.

In your written response to the charges 30 June 2023, you said that:

*‘There are so many to learn. I know hip, knee replacement and decompression of the spine.’*

Therefore, by way of your admission to this charge and as confirmed by Witness 2, you did not have the knowledge that was required.

On the balance of probabilities, the panel found this charge proved.

### **Charge 13g**

Completing admissions within a timely manner.

#### **This charge is found proved.**

The panel heard and reviewed all of the evidence before it regarding the time scales about how long an average admission would take, namely 10-15 minutes, and that a complex admission would take 30 minutes. The panel acknowledged that this may be the case for a nurse who is more experienced.

You accepted that you tried to do it in time and that there was so much paperwork. You stated that there was a case where you had to rearrange the theatre time as the pre-admission “*took long*”.

Witness 1 in her written statement provided an example where she stated that you took 1 hour and 20 minutes to complete an admission ‘*for a simple gynaecological procedure.*’ This was not disputed by you and it was also mentioned in the PIP.

The panel took into account the meeting notes dated 30 March 2022 where it was mentioned to you that you have been doing repeated admissions for 9 weeks and that you are still not able to complete the task independently.

Therefore, based on the evidence before the panel, this charge is found proved.

### **Charge 13h**

Handing over correct patient information.

#### **This charge is found NOT proved.**



The panel considered that the PIP states that you were:

*'able to tell handover the relevant information on a patient from reading off her sheet.'*

Witness 3 explained the procedure at handover and how each member of staff creates a simplified version containing only the essential information for their own patients.

Witness 3 described your version as *"quite complicated"* and containing *"too much unnecessary information"*.

On the balance of probabilities, the panel found this charge not proved.

### **Charge 13i**

Checking patient blood results.

### **This charge is found proved.**

Witness 2 confirmed both in her written statement and oral evidence that you had not checked the patient's blood results and that she was supervising you that day.

The panel also considered Witness 1's written statement where she stated that:

*"...She was also unsure about what to check when admitting patients. For instance, patient blood results are very important but she did not check them."*

Your response was that she did not give you time to check them but that she took over.

Your written response to the charges dated 30 June 2022 was that you checked the previous patients' admissions blood results, but the admission you had with Witness 2, was the one you were not familiar with in which you stated to her. You also stated that you

were 'not given the chance to locate the blood results' yourself as Witness 2 'just took over'.

The panel considered the oral evidence of Witness 2 as it remains consistent with the contemporaneous documentary evidence (the meeting notes dated 22 March 2022) stated that Witness 2 on occasions had to intervene in the care that you were providing in order to ensure patient safety and that she would not have been happy to sign you off as competent in admissions.

Due to the consistency of the evidence, the panel preferred Witness 2's evidence and there are two witnesses who confirm the position.

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

### **Fitness to practise**

Having reached its determination on the facts of this case, the panel then moved on to consider, whether those facts it found proved amount to a lack of competence and, if so, whether your fitness to practise is currently impaired. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's 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. First, the panel must determine whether the facts found proved amount to a lack of competence. Secondly, only if the facts found proved amount to a lack of competence, the panel must decide whether,

in all the circumstances, your fitness to practise is currently impaired as a result of that lack of competence.

### **Evidence at misconduct and impairment stage**

The panel heard evidence from you under affirmation.

In response to the panel questions, you told the panel that at the time of the allegations, you lacked competence in your nursing role. You stated another factor was that you lacked confidence as a nurse and that you took longer to complete tasks, particularly administering medication. You further told the panel that you were also supervised at all times when administering medication to patients.

You told the panel that, by having to supervise you this may have impacted on your colleagues' daily nursing duties as they were required to attend to you whilst you were administering medication. You stated this also impacted their workload as the Hospital was a highly demanding place to work.

You told the panel that for the last six months you have been working as a team leader, in a non-nursing role at a residential home. You informed the panel that your duties include observations, escalating and reporting patient concerns as well as delegating work to staff members.

You told the panel that you had a meeting with the owner of the residential home and indicated that you were most likely not going to continue your nursing profession, however he suggested you continue your nursing career and offered you a preceptorship and would provide relevant training. You have therefore changed your mind and decided to continue with your nursing career.

You also told the panel that, as a team leader you provide support for the healthcare support workers and have adapted well in your role. You further told the panel that

although you work as a team leader you are also supervised by a senior healthcare worker.

You further told the panel that with the support of your current employer, you wish to go back to working nurse despite the heartaches it has caused you. You told the panel that, if you were given the chance to work as a nurse you would be supervised by another registered nurse as there are two nurses on each shift and reassured the panel that you would attend meetings to make sure you have met your nursing competencies and complete intensive training.

...[PRIVATE]...

You stated that the if the panel decide to allow you to return to practice, you would reassure a future panel by sending relevant documents, training certificates and provide monthly meeting reports with your manager.

Ms Cockburn asked you further questions in relation to the panel's questions.

### **Submissions on lack of competence**

The NMC has defined a lack of competence as:

*'A lack of knowledge, skill or judgment of such a nature that the registrant is unfit to practise safely and effectively in any field in which the registrant claims to be qualified or seeks to practice.'*

Ms Cockburn invited the panel to take the view that the facts found proved amount to a lack of competence. The panel had regard to the terms of 'The Code: Professional standards of practice and behaviour for nurses and midwives (2015)' (the Code) in making its decision.

Ms Cockburn identified the specific, relevant standards where your actions amounted to a lack of competence. Ms Cockburn identified the specific, relevant parts of the Code which were breached by your actions:

**6.2.** *Maintain the knowledge and skills you need for safe and effective practice*

**7.** *Communicate clearly*

**8.2** *Maintain effective communication with colleagues*

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

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

**13.3** *Ask for help from a suitably qualified and experienced professional to carry out any action or procedure that is beyond the limits of your competence*

**16.2** *Raise your concerns immediately if you are being asked to practise beyond your role, experience and training*

**16.3** *Tell someone in authority at the first reasonable opportunity if you experience problems that may prevent you working within the Code*

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

**20.1** *Keep to and uphold the standards and values set out in the Code*

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

**20.5.** *Treat people in a way that does not cause them upset or distress*

Ms Cockburn submitted that the panel found the majority of the charges proved and that they relate to fundamental aspects of nursing, including a lack of clinical knowledge and a failure to communicate clearly.

Ms Cockburn submitted that during your time at the Hospital you had shown an unacceptably low standard of professional performance, which risked patient safety. She submitted you lacked general knowledge and basic nursing skills and failed to learn basic

tasks despite repeatedly being shown how to perform them. She further submitted that you are incapable of safe and effective practise.

### **Submissions on impairment**

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

Ms Cockburn referred the panel to the NMC's new guidance on impairment (DMA-1). She submitted that your fitness to practise is impaired and that the first three limbs of the legal test set out in *Grant* are engaged.

With regard to the first limb, she submitted as a result of your actions, there is evidence of patient suffering and unnecessary distress as a result of your conduct. She submitted Patient B became even more distressed after you inaccurately informed her that she would not be able to have her surgery unless she provided a urine sample.

With regard to the second limb, Ms Cockburn submitted your conduct plainly brings the profession into disrepute. She submitted that the allegations are serious, wide-ranging and involve failings of fundamental nursing skills over a nine week period. She further submitted that you were under constant supervision and that your supervisors intervened to ensure patient safety and that your lack of competence endangered patient health.

With regard to the third limb, Ms Cockburn submitted that you breached fundamental tenets of the profession in numerous areas of the Code.

In relation to your remediation, Ms Cockburn submitted that until today you did not accept your lack of competence at the time of the allegations and that you claim you are currently not impaired.

Ms Cockburn submitted that your lack of competence could be remedied, however this has not been remedied and it is likely to be repeated. She submitted that you lack insight into your failings, and that you have not accepted responsibility for your conduct. She further submitted you blamed other nurses for your actions and have not shown any remorse.

...[PRIVATE]...

Ms Cockburn submitted that although you provided references from your current employers, the references are of limited relevance. She submitted that you also provided training certificates, however the depth of your learning from the training is questionable.

Ms Cockburn submitted your lack of competence risks patient safety and that a reasonable and well informed member of the public would be shocked to hear of the shortcomings in your practice. She further submitted that your behaviour is a serious departure from the standards expected of a nurse and that some restriction on your practice is required. She invited the panel to consider impairment on the ground of public protection and public interest.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Calhem v GMC* [2007] EWHC 2606 (Admin), *Holton v GMC* [2006] EWHC 2960 (Admin), *Grant (above) and Cohen v GMC* [2007] EWHC 581 (Admin).

## **Decision and reasons on lack of competence**

When determining whether the facts found proved amount to a lack of competence, the panel had regard to the terms of the Code. In particular, the following standards:

*6.2. Maintain the knowledge and skills you need for safe and effective practice*

*7. Communicate clearly*

*8.2 Maintain effective communication with colleagues*

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

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

*13.3 Ask for help from a suitably qualified and experienced professional to carry out any action or procedure that is beyond the limits of your competence*

*16.2 Raise your concerns immediately if you are being asked to practise beyond your role, experience and training*

*20.1 Keep to and uphold the standards and values set out in the Code*

The panel bore in mind, when reaching its decision, that you should be judged by the standards of the reasonably competent, recently qualified Band 5 registered nurse and not by any higher or more demanding standard. The panel took into account the extent of your poor performance as shown by the charges found proved and the numerous associated breaches of the Code.

The panel determined that the breaches related to areas of basic nursing practise and were numerous, wide-ranging and occurred over a period of time. The panel were satisfied that your unacceptably low level of performance had been demonstrated by



reference to a fair sample of your work. The panel took into account that you were supervised at all times but despite the support, you were unable to perform basic nursing skills independently and safely.

In all the circumstances, the panel determined that your performance demonstrated a lack of competence.

### **Decision and reasons on impairment**

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

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. To justify that trust, nurses must be competent, 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 *CHRE v NMC and Grant* in reaching its decision. In paragraph 74, she said:

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

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

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

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

The panel finds that patients were put at risk of harm as a result of your lack of competence. No harm occurred primarily because you were supervised at all times and colleagues intervened to ensure patient safety. Your lack of competence had breached fundamental tenets of the nursing profession and therefore brought its reputation into disrepute.

The panel also had regard to the NMC updated guidance on impairment DMA-1, last updated 27 March 2023.

Regarding insight, the panel considered that you have shown limited insight regarding understanding how your actions put patients at a risk of harm and how this impacted negatively on your colleagues and the public’s confidence in, and on the reputation of the nursing profession.

In its consideration of whether you have taken steps to strengthen your practice, the panel took into account the limited training you have undertaken and your admission that you

have not undertaken any relevant training for practising as a nurse. The panel determined that the concerns raised are remediable, but you have not demonstrated full remediation as you are currently not practising as a nurse but working as a health support worker.

The panel is of the view that there is a risk of repetition based on your lack of sufficient insight, the numerous, wide-ranging concerns that occurred over a period of time and that have not yet been addressed and suggest that the risk has not been reduced. The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

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

The panel determined that, in this case, a finding of impairment on public interest grounds was also required. The public expect nurses to be competent in their practice, and up to date with their training requirements. This also includes competency in administering medication, record keeping, communication, both verbal and written, as lack of competence in any of these areas, could deter members of the public from seeking care and treatment. Members of the public and their families, must be able to trust nurses while receiving care at all times.

Having regard to all of the above, the panel was satisfied that your fitness to practise 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 conditions of practice order for a period of 12 months. The effect of this order is that your name on

the NMC register will show that you are subject to a conditions of practice order and anyone who enquires about your registration will be informed of this order.

### **Submissions on sanction**

Having found current impairment on your practice, Ms Cockburn submitted that an order is required on the grounds of public protection and is otherwise in the public interest.

Ms Cockburn referred the panel to the Sanctions Guidance (SG) and outlined that the guidance suggests that it should consider the aggravating and mitigating features of the case.

The aggravating features proposed by Ms Cockburn were:

- Failures across fundamental areas of nursing practices;
- These failures arose immediately after qualifying;
- A lack of insight, remorse and remediation;
- Your actions placed multiple vulnerable patients at risk of significant harm; and
- Repeated failures despite a significant level of support from colleagues and senior members of staff.

In relation to mitigating features, Ms Cockburn submitted you engaged with the NMC and ...[PRIVATE]...an effect in relation to your competency failures.

Ms Cockburn submitted it is for the panel to decide where the conduct lies on the scale of seriousness and invited the panel to impose a conditions of practice order for 12 to 18 months with a review.

Ms Cockburn submitted that to take no further action or impose a caution order would not be appropriate because a real risk of harm remained as the concerns raised were wide-ranging and serious in nature. She submitted that a risk of repetition remained as you have not yet had the chance to demonstrate that you have strengthened your practice,

and having found current impairment on your practice, an order is required on the grounds of public protection and is otherwise in the public interest.

Ms Cockburn submitted that workable conditions of practice could be formulated which would protect the public, maintain trust and confidence in the profession and in the NMC as regulator.

You made no submissions at this stage.

The panel accepted the advice of the legal assessor.

### **Decision and reasons on sanction**

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

The panel took into account the following aggravating features:

- That you needed to be supervised continuously.
- Repetitive instances of conduct which put patients at risk of harm.

The panel also took into account the following mitigating features:

- Your engagement with the NMC throughout the process;
- [PRIVATE];
- You have continued to work within the healthcare sector.

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 further action.

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict your practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where *‘the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.’* The panel considered that your actions were not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

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

- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *Identifiable areas of the nurse or midwife’s practice in need of assessment and/or retraining;*
- *Potential and willingness to respond positively to retraining;*
- *Patients will not be put in danger either directly or indirectly as a result of the conditions;*
- *The conditions will protect patients during the period they are in force; and*
- *Conditions can be created that can be monitored and assessed.*

The panel was satisfied that your case fell within all of the above categories.

The panel therefore determined that it would be possible to formulate appropriate and practical conditions which would address the failings highlighted in this case. The panel noted that your current employer has indicated they would be willing to support you in order for you to continue your nursing career. The panel accepted that you would be willing to comply with conditions of practice.

The panel was of the view that it was in the public interest that, with appropriate safeguards, you should be able to return to safe practice as a registered nurse.

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

The panel was of the view that to impose a suspension order would be disproportionate and would not be a reasonable response in the circumstances of your case.

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

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

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

1. You must limit your nursing practice to one substantive employer, which must not be an agency.
2. You must not be the nurse in charge.

3. You must ensure that you are supervised by another registered nurse any time you are working. Your supervision must consist of working at all times on the same shift as, but not always directly observed by, another registered nurse.
4. You must not carry out medications administration and management unless directly supervised by another registered nurse until you have successfully completed a recognised medication competency assessment and are signed off as competent by your line manager/supervisor.
5. You must work with your line manager/supervisor to create a personal development plan (PDP). Your PDP must address the concerns about:
  - Admission and discharge of patients;
  - Clinical knowledge relevant to your work place;
  - Medicines management and administration;
  - Effective communication;
  - Identification and escalation of deteriorating patients.and send your case officer a copy of your PDP by no later than 21 days after you start work as a nurse.
6. You must meet with your line manager/supervisor at least every two weeks to discuss your progress towards achieving the aims set out in your PDP.
7. You must send your case officer a report from your line manager/supervisor every three months. This report must show your progress towards achieving the aims set out in your PDP.
8. You must keep the NMC informed about anywhere you are working by:



- a) Telling your case officer within seven days of accepting or leaving any employment.
- b) Giving your case officer your employer's contact details.

9. You must keep the NMC informed about anywhere you are studying by:

- a) Telling your case officer within seven days of accepting any course of study.
- b) Giving your case officer the name and contact details of the organisation offering that course of study.

10. You must immediately give a copy of these conditions to:

- a) Any organisation or person you work for.
- b) Any employers you apply to for work (at the time of application).
- c) Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.

11. You must tell your case officer, within seven days of your becoming aware of:

- a) Any clinical incident you are involved in.
- b) Any investigation started against you.
- c) Any disciplinary proceedings taken against you.

12. You must allow your case officer to share, as necessary, details about your performance, your compliance with and / or progress under these conditions with:

- a) Any current or future employer.
- b) Any educational establishment.
- c) Any other person(s) involved in your retraining

and/or supervision required by these conditions.

The period of this order is for 12 months.

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

Any future panel reviewing this case would be assisted by:

- Your attendance at any future hearing;
- Testimonials/positive references from your current employer in relation to your clinical practice;
- [PRIVATE];
- A reflective statement focusing on the impact of your conduct on patients and the nursing profession; and
- Evidence of your continuing professional development

This will be confirmed to you in writing.

### **Interim order**

As the conditions of practice order cannot take effect until the end of the 28-day appeal period, the panel has considered whether an interim order is required in the specific circumstances of this case. It may only make an interim order if it is satisfied that it is necessary for the protection of the public, is otherwise in the public interest or in your own interests until the conditions of practice sanction takes effect. The panel heard and accepted the advice of the legal assessor.

### **Submissions on interim order**

The panel took account of the submissions made by Ms Cockburn. She submitted that an interim conditions of practice order should be imposed, on the same terms as highlighted above, for a period of 18 months to cover the 28-day appeal period.

You made no objection to the application.

### **Decision and reasons on interim order**

The panel was satisfied that an interim order is necessary for the protection of the public and is otherwise in the public interest. The panel had regard to the seriousness of the facts found proved and the reasons set out in its decision for the substantive order in reaching the decision to impose an interim order.

The panel concluded that the only suitable interim order would be that of a conditions of practice order, as to do otherwise would be inconsistent with its earlier findings. The conditions for the interim order will be the same as those detailed in the substantive order for a period of 18 months to cover the 28-day appeal period.

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

That concludes this determination.