

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

**Substantive Order Review Hearing  
Friday, 5 April 2024**

Virtual Hearing

**Name of Registrant:** Sandreen Prescott

**NMC PIN** 16D0338E

**Part(s) of the register:** Nurses part of the register Sub part 1  
RNA: Adult nurse, level 1 (15 September 2016)

**Relevant Location:** Hertfordshire

**Type of case:** Misconduct

**Panel members:** James Lee (Chair, registrant member)  
Sharon Aldridge-Bent (Registrant member)  
Helen Kitchen (Lay member)

**Legal Assessor:** Graeme Henderson

**Hearings Coordinator:** Catherine Blake

**Nursing and Midwifery Council:** Represented by Fiona McAddy, Case Presenter

**Miss Prescott:** Not present and not represented at the hearing

**Order being reviewed:** Suspension order (9 months)

**Fitness to practise:** Impaired

**Outcome:** **Suspension order (6 months) to come into effect on 16 May 2024 in accordance with Article 30 (1)**

## **Decision and reasons on service of Notice of Hearing**

The panel was informed at the start of this hearing that Miss Prescott was not in attendance and that the Notice of Hearing had been sent to Miss Prescott's registered email address by secure email on 28 February 2024.

Ms McAddy, on behalf of the Nursing and Midwifery Council (NMC), submitted that it had complied with the requirements of Rules 11 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.

The panel took into account that the Notice of Hearing provided details of the substantive order being reviewed, the time, date and that the hearing was to be held virtually, including instructions on how to join and, amongst other things, information about Miss Prescott's right to attend, be represented and call evidence, as well as the panel's power to proceed in her absence.

In the light of all of the information available, the panel was satisfied that Miss Prescott has been served with notice of this hearing in accordance with the requirements of Rules 11 and 34.

## **Decision and reasons on proceeding in the absence of Miss Prescott**

The panel next considered whether it should proceed in the absence of Miss Prescott. The panel had regard to Rule 21 and heard the submissions of Ms McAddy who invited the panel to continue in the absence of Miss Prescott.

Ms McAddy referred the panel to an email sent to the NMC by Miss Prescott dated 29 March 2024 which states:

*'...As for the hearing scheduled for next month I would prefer the hearing to be held in my absence.'*

Ms McAddy submitted that Miss Prescott has voluntarily absented herself.

The panel accepted the advice of the legal assessor.

The panel has decided to proceed in the absence of Miss Prescott. In reaching this decision, the panel has considered the submissions of Ms McAddy, the email received from Miss Prescott dated 29 March 2024, and the advice of the legal assessor. It has had particular regard to the relevant case law and to the overall interests of justice and fairness to all parties. It noted that:

- No application for an adjournment has been made by Miss Prescott;
- Miss Prescott has informed the NMC that she has received the Notice of Hearing and confirmed she is content for the hearing to proceed in her absence;
- There is no reason to suppose that adjourning would secure Miss Prescott's attendance at some future date; and
- There is a strong public interest in the expeditious review of the case as the order is due to expire at the end of 16 May 2024.

In these circumstances, the panel has decided that it is fair to proceed in the absence of Miss Prescott.

### **Decision and reasons on review of the substantive order**

The panel decided to confirm the current suspension order.

This order will come into effect at the end of 16 May 2024 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 9 months by a Fitness to Practise Committee panel on 19 July 2023.

The current order is due to expire at the end of 16 May 2024.

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

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

*'That you, a registered nurse, whilst employed at Lister Hospital;*

- 1) *On or around 14/15 October 2017; **[PROVED BY ADMISSION]***
  - a) *Did not administer Patient A's insulin as prescribed.*
  - b) *Did not check whether Patient A had the capacity to self-administer insulin.*
  - c) *Did not accurately record the administration time/dose of insulin to Patient A.*
  - d) *On one or more occasion used the incorrect code in the blood glucose monitoring meter.*
  - e) *On one or more occasion did not use the correct NHS number for patients in the blood glucose monitoring meter.*
  - f) *Did not comply with the staff nurse competency book.*
  
- 2) *On 18 October 2017 when Patient B was in a collapsed state;*  
***[PROVED BY ADMISSION]***
  - a) *Did not provide adequate support to Colleague A in that you;*
  - b) *Did not enquire/communicate with Colleague A about Patient B's deteriorating condition.*
  - c) *After bringing the arrest/resuscitation trolley to Patient B's bedside, left the bay/Colleague A alone.*
  - d) *Did not provide Colleague A with advice.*
  - e) *Did not provide Colleague A with any clinical support/assistance.*
  
- 3) *On 1 November 2017; **[PROVED BY ADMISSION]***
  - a) *Did not ensure that Patient C was administered intravenous antibiotics/Tazocin as prescribed.*

- b) *Did not ensure that Patient D was administered IV fluids/Dexamethasone as prescribed.*
  - c) *Did not alert Colleague B to administer the medication prescribed for;*
    - i. *Patient C.*
    - ii. *Patient D.*
  
- 4) *On 10 November 2017; [PROVED BY ADMISSION]*
  - a) *Did not ensure that Patient C was administered evening insulin.*
  - b) *Did not notify Colleague C that Patient C was to be administered evening insulin.*
  
- 5) *On 28 November 2017 after being placed on restricted clinical duties; [PROVED BY ADMISSION]*
  - a) *Carried a needle/syringe driver through a public area/lifts.*
  - b) *Removed a cannula/pain medication from a patient, without questioning the instruction.*
  - c) *Left a syringe driver containing a controlled drug in an unsecure area.*
  - d) *Left a syringe driver by Patient D's bedside with;*
    - i. *An exposed needle.*
    - ii. *A used needle.*
    - iii. *A needle wrapped in Tegaderm.*
  
- 6) *As a result of your actions in charges 5 a), 5 b), 5 c), & 5 d) above, Colleague D suffered a needle stick injury. [PROVED BY ADMISSION]*

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

The original panel determined the following with regard to impairment:

*'The panel finds that a colleague was harmed and patients were put at risk and may have been caused physical and emotional harm as a result of your misconduct. You were unable to assist with a patient who had a cardiac arrest and left your colleague alone during this incident. The panel was of the view that you should have been able to respond to the situation and not have frozen. It considered your misconduct in not administering insulin to patients when they were required to or notifying a colleague of the patients needing to receive the medication had the potential for serious harm. An incident of a medication error where a potential wrong dose of medication was nearly given to a patient, this was only prevented by your supervisor. This occurred when you were working at Luton and Dunstable Hospital whilst you were subject to undertakings, and were aware of the need to check medications thoroughly. The panel found that your misconduct for charges 1 to 6 had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute. The panel was of the view that a member of the public would find your conduct concerning and confidence in the nursing profession and the NMC as a regulator would be undermined if a finding of current impairment was not made.*

*The panel considered that you made admissions to the charges at the earliest opportunity of the investigation and have admitted the charges in the Case Management Form and the email to the NMC dated 3 July 2023. It was of the view that you are still developing your insight and have shown some understanding that your actions were wrong as demonstrated in your reflective accounts and your oral evidence today. You demonstrated, during questions from the panel, sincere remorse and were able to describe what you would have done differently in certain situations if faced with similar scenarios. You have demonstrated that you have undertaken training in the areas of concern that were identified, however you have not been able to work as a nurse and cannot evidence this in a clinical setting.*

*The panel is aware that this is a forward-looking exercise and accordingly, it went on to consider whether your misconduct was remediable and whether it*

*had been remediated. The panel then considered the factors set out in the case of Cohen v GMC [2007] EWHC 581 (Admin).*

*The panel was satisfied that the misconduct in this case is potentially capable of being addressed. Therefore, the panel carefully considered the evidence before it in determining whether or not you have taken steps to strengthen your practice. The panel took into account that you have undertaken training while working at Luton and Dunstable Hospital in Medicines Management and Management of deteriorating patients. You also completed online training in July 2023 in the following areas: Introduction to Insulin Safety: An introduction for Everyone, Statutory & Mandatory Training: Medication Awareness & Management, Statutory & Mandatory Training: Basic Life Support (Clinical), Safe Use of Insulin: Administration. From your submissions today, you told the panel you were reading policies around medication management and administration and reading articles relating to the nursing profession.*

*The panel considered Ms Forsyth's submission that they could be attitudinal issues. The panel was not persuaded that given the circumstances it was attitudinally based misconduct.*

*The panel considered your submissions that you want to return to your nursing and demonstrated your passion and determination to even initially return at a lower band in order to build your confidence and understand working on a ward. The panel noted the many personal challenges you have faced and were impressed by your resilience, determination and commitment to nursing.*

*However, the panel is of the view that there is a risk of repetition based on the facts of the case, as these were not isolated incidents. Concerns were raised at two different hospitals, the latter hospital being Luton and Dunstable, you were subject to undertakings, and it was reported to the NMC, on your last supervision of a medication round that you had to be*

*stopped from administering the wrong dose of medication to a patient. The manager indicated in an email to the NMC dated 8 December 2021 stating:*

*'She has not met the requirements stated in the restrictions to practice which were imposed.*

*The deadline to be able to complete her objectives in order to practice safely have not been met (after an extension following her maternity leave and COVID etc the timescale had been extended to the 4th December 2021)*

*She is unsafe with her medication rounds...'*

*The panel was of the view that you are currently not in employment and have therefore been unable to demonstrate your ability to practise safely and effectively and address the concerns raised. There is no evidence before the panel today which shows you have put your training regarding medication management and administration into practice in the health or social care sector. Therefore, the panel cannot be satisfied that you have remediated and strengthened your practice. The panel determined 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 public confidence in the profession would be undermined if a finding of impairment were not made in this case and therefore also finds your fitness to practise impaired on the grounds of public interest.*

*Having regard to all of the above, the panel was satisfied that your fitness to practise is currently impaired on public protection and public interest grounds.'*

The original panel determined the following with regard to sanction:

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

- No evidence of harmful deep-seated personality or attitudinal problems;*
- Identifiable areas of the nurse or midwife's practice in need of assessment and/or retraining;*
- No evidence of general incompetence;*
- Potential and willingness to respond positively to retraining;*

- ...

*The panel is of the view that there are currently no practical or workable conditions that could be formulated, given the nature of the charges in this case. The misconduct identified in this case is capable of being remedied, but despite the level of insight demonstrated, you are not yet at a point where you are clinically able to integrate your learning and knowledge into independent safe practise within a clinical setting. The panel noted that there were no allegations of general incompetence put before it. The panel considered that there was no evidence before it today, that you have strengthened your practice clinically since you stopped working. The panel have had sight of online training certificates, but it was of the view that you have not been able to demonstrate how you would function safely in a pressurised clinical environment e.g. on a ward.*

*The panel noted that Luton and Dunstable Hospital have indicated that you are able to return to work as a Healthcare Assistant as that option is available to you. It considered your own oral submissions that you wish to return at a lower band, to build your confidence and familiarise yourself with the ward.*

*Furthermore, the panel concluded that a conditions of practice order would restrict your ability to practice unrestricted and protect the public. However, the panel found that there were no workable conditions that could be imposed as any condition implemented would be so restrictive that it would be tantamount to suspension.*

*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;*

- *No evidence of repetition of behaviour since the incident;*
- *...*
- *...*
- *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 was satisfied that in this case, the misconduct was not fundamentally incompatible with remaining on the register.*

*It found that the circumstances of this case were incompatible with the implementation of a conditions of practice. The panel determined that a suspension order would restrict you from working as a nurse, this would protect the public and satisfy the public interest. It also considered that you would be able to work as a Healthcare Assistant, which you indicated during oral evidence that you would like to initially start off to build your confidence and also allow you to reintegrate into a clinical setting.*

*It did go on to consider whether a striking-off order would be proportionate but, taking account of all the information before it, and of the mitigation provided, the panel concluded that it would be disproportionate. Whilst the panel acknowledges that a suspension may have a punitive effect, it would be unduly punitive in your case to impose a striking-off order.*

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

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

The panel has considered carefully whether Miss Prescott's fitness to practise remains impaired. 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, including the NMC bundle, and emails received from Miss Prescott. It has taken account of the submissions made by Ms McAddy on behalf of the NMC.

Ms McAddy referred the panel to the decision of the original panel, which indicated the further information that would assist reviewing panels. These were:

- *‘Evidence of professional development by way of your progress and performance in a clinical setting e.g. as a Healthcare Assistant.*
- *Testimonials from your employer in a clinical role about your progress and performance as a Healthcare Assistant.*
- *Any training you have undertaken by providing certificates and how you have kept up to date with the nursing profession.*
- *A reflective piece addressing the charges found proved, this should include how you have learnt and how you will deal with clinical situations differently to demonstrate safe practise.’*

Ms McAddy informed the panel that no further information has been received from Miss Prescott.

Ms McAddy submitted that a recent email sent by Miss Prescott to the NMC suggests Miss Prescott may be considering a request to be removed from the register. In that email, Miss Prescott said:

*‘I feel it’s right that I request to voluntarily have my name removed from the register.’*

Ms McAddy informed the panel that Miss Prescott was then provided with information about what voluntary removal would entail and added if there was further information she would like to put before the panel. Ms McAddy informed the panel that so far, the NMC has received no further material from Miss Prescott regarding her voluntary removal.

Ms McAddy referred the panel to the decision of the original panel and submitted that this is not an instance in which the order should be allowed to lapse and Miss Prescott permitted to return to practise without restriction.

Ms McAddy submitted that there is no evidence Miss Prescott has remediated the risks identified at the Substantive Hearing, or that she has been working in a clinical setting in any capacity. She submitted that the concerns identified at the Substantive Hearing persist.

Ms McAddy submitted that a finding of continuing impairment in this case is necessary to protect patients in the absence of any steps being taken by Miss Prescott to ensure the risk has sufficiently reduced and that she can now maintain appropriate standards of basic care.

Ms McAddy invited the panel to impose a further period of suspension for any period the panel deems fit.

The panel heard 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 considered whether Miss Prescott's fitness to practise remains impaired.

The panel noted that the original panel found that Miss Prescott has insufficient insight. At this hearing the panel considered that there has been no information since the previous hearing to indicate that Miss Prescott's insight has developed further.

In its consideration of whether Miss Prescott has taken steps to strengthen her practice, the panel took into account that it has not seen any information to suggest Miss Prescott has strengthened her practice, is working in a healthcare setting, or undertaken further training. The panel has also not seen any employer testimonials, nor evidence of any reflective work completed by Miss Prescott.

The original panel determined that Miss Prescott was liable to repeat matters of the kind found proved. Today's panel has heard no new information to suggest that the level of risk has changed since the original hearing.

In light of this, this panel determined that Miss Prescott is liable to repeat matters of the kind found proved. The panel therefore decided that a finding of continuing impairment is 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 Miss Prescott's fitness to practise remains impaired.

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

Having found Miss Prescott 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 taking no action. The panel had careful regard to the NMC Guidance Rev 3h which discusses allowing orders to lapse upon expiry. Although Ms Prescott's subscription expired on 30 September 2018 she remains on the register because of these proceedings. Were the panel to make no order it is likely that her name would be removed from the register.

The panel had careful regard to Ms Prescott's recent emails. On 20 March 2024 she indicated that she would be attending the hearing. On 30 March 2024 she indicated that she was considering removal and sought further advice. The panel was not satisfied that she fully understood the consequences of removal and did not interpret this email as an

unequivocal demand to be removed. Moreover, the panel had no information with regard to what she would be doing in the event of not practising as a registered nurse. It considered that she required to explain what her future intentions were in the event that she left nursing.

In light of this the panel decided that it should not follow the unusual step of making no order.

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 Miss Prescott'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 Miss Prescott's misconduct 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 a conditions of practice on Miss Prescott'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 bore in mind the seriousness of the facts found proved at the original hearing and concluded that a conditions of practice order would not adequately protect the public or satisfy the public interest. The panel was not able to formulate conditions of practice that would adequately address the concerns relating to Miss Prescott's misconduct, especially in light of the lack of new information including any evidence of Miss Prescott's willingness to engage with conditions of practice and her employment situation.

The panel considered the imposition of a further period of suspension. It was of the view that a suspension order would allow Miss Prescott further time to fully reflect on her previous failings. The panel concluded that a further six month suspension order would be the appropriate and proportionate response and would afford Miss Prescott adequate time to provide the additional information as requested by the original panel, or, if she would like to proceed with voluntary removal, to take appropriate steps to that effect

The panel determined therefore that a suspension order is the appropriate sanction which would continue to both protect the public and satisfy the wider public interest. Accordingly, the panel determined to impose a suspension order for the period of six months would provide Miss Prescott with an opportunity to provide the NMC with the information requested by the original panel. It considered this to be the most appropriate and proportionate sanction available.

This suspension order will take effect upon the expiry of the current suspension order, namely the end of 16 May 2024 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.

Should Miss Prescott not wish to remain on the register, any future panel reviewing this case would be assisted by:

- Evidence of new employment (or that Miss Prescott is seeking employment in a new field).
- Letters from medical professionals evidencing a long-term health condition that would prevent her from returning to work (if relevant).
- Documents to show she have retired (such as pension payslips).
- A detailed statement clearly setting out her current situation and her future intentions, focusing specifically on work as a registered nurse, or work in any other area which does not require registration with the NMC.
- A clear indication as to her intentions and whether she wishes to stay on the register.

If Miss Prescott does wish to return to nursing, future panels would benefit from the following:

- Evidence of professional development by way of her progress and performance in a clinical setting e.g. as a Healthcare Assistant.
- Testimonials from her employer in a clinical role about her progress and performance as a Healthcare Assistant.

- Any training she has undertaken by providing certificates and how she has kept up to date with the nursing profession.
- A reflective piece addressing the charges found proved, this should include how she has learnt and how she will deal with clinical situations differently to demonstrate safe practise.

This will be confirmed to Miss Prescott in writing.

That concludes this determination.