

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

25 November 2019 – 26 November 2019

Nursing and Midwifery Council, 2 Stratford Place, Montfichet Road, London, E20 1EJ

Name of registrant:	Monica Julie Watterson
NMC PIN:	86D0737E
Part(s) of the register:	Registered Adult Nurse (1 December 2000)
Area of Registered Address:	Barnstaple
Type of Case:	Misconduct
Panel Members:	Clive Chalk (Chair, Lay member) Sally Underwood (Registrant member) David Evans (Lay member)
Legal Assessor:	Hala Helmi
Panel Secretary:	Sam Headley
Registrant:	Not present and not represented
Nursing and Midwifery Council:	Represented by Julian Norman, Case Presenter
Consensual Panel Determination:	Accepted
Facts proved:	All
Facts not proved:	None
Fitness to practise:	Impaired
Sanction:	Striking-off order
Interim order:	Interim suspension order (18 months)

This case was heard jointly with three other cases, one of which was severed from the joint substantive hearing so that a CPD could be considered at a later date by a later panel and the remaining two to be heard jointly at a substantive hearing which began 25 November 2019 when charges were read in respect of all registrants.

Decision on Service of Notice of Hearing

The panel noted at the start of this hearing that Mrs Watterson was not in attendance and that written notice of this hearing had been sent to Mrs Watterson's registered address by recorded delivery and by first class post on 25 October 2019. Further, the panel noted that notice of this hearing was also sent to Mrs Watterson's representative at the Royal College of Nursing (RCN) on 25 October 2019.

The panel took into account that the notice letter provided details of the allegation, the time, dates and venue of the hearing and, amongst other things, information about Mrs Watterson's right to attend, be represented and call evidence, as well as the panel's power to proceed in her absence.

Ms Norman submitted that the NMC 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.

In the light of all of the information available, the panel was satisfied that Mrs Watterson had been served with notice of this hearing in accordance with the requirements of Rules 11 and 34. It noted that the rules do not require delivery and that it is the responsibility of any registrant to maintain an effective and up-to-date registered address.

Decision on proceeding in the absence of Mrs Watterson

The panel next considered whether it should proceed in the absence of Mrs Watterson.

The panel had regard to Rule 21 (2) states:

- (2) Where the registrant fails to attend and is not represented at the hearing, the Committee—
- (a) shall require the presenter to adduce evidence that all reasonable efforts have been made, in accordance with these Rules, to serve the notice of hearing on the registrant;
 - (b) may, where the Committee is satisfied that the notice of hearing has been duly served, direct that the allegation should be heard and determined notwithstanding the absence of the registrant; or
 - (c) may adjourn the hearing and issue directions.

Ms Norman invited the panel to continue in the absence of Mrs Watterson on the basis that there is a signed CPD agreement which Mrs Watterson wishes to have considered by the panel.

The panel accepted the advice of the legal assessor.

The panel noted that its discretionary power to proceed in the absence of a registrant under the provisions of Rule 21 is not absolute and is one that should be exercised “*with the utmost care and caution*” as referred to in the case of *R v Jones (Anthony William)*, (No.2) [2002] UKHL 5. The panel further noted the case of *R (on the application of Raheem) v Nursing and Midwifery Council* [2010] EWHC 2549 (Admin) and the ruling of Mr Justice Holman that:

“...reference by committees or tribunals such as this, or indeed judges, to exercising the discretion to proceed in the person's absence "with the utmost caution" is much more than mere lip service to a phrase used by Lord Bingham of Cornhill. If it is the law that in this sort of situation a committee or tribunal should exercise its discretion "with the utmost care and caution", it is extremely important that the committee or tribunal in question demonstrates by its language (even though, of course, it need not use those precise words) that it appreciates that the discretion which it is exercising is one that requires to be exercised with that degree of care and caution.”

The panel noted that Mrs Watterson had voluntarily agreed not to come and had made a CPD agreement with the NMC. Mrs Watterson's representative have clearly stated that they wish for the panel to hear this case today in her absence.

The panel decided to proceed in Mrs Watterson's absence on the basis that she has signed a CPD agreement with the NMC and that she would like the panel to consider today. The panel decided that it would be fair to Mrs Watterson and in the public interest to proceed.

Consensual panel determination

At the outset of this hearing, Ms Norman on behalf of the NMC informed the panel that prior to this hearing a provisional agreement of a consensual panel determination had been reached with regard to this case between the NMC and Mrs Watterson.

By request of the panel, Ms Norman explained to Mrs Watterson's representative that the panel was minded that if the CPD agreement was not approved by it today, then it would hear the case against Mrs Watterson by way of a full substantive hearing to begin 27 November 2019. This is because Mrs Watterson has been joined with other registrants who are subject to this substantive hearing. Ms Norman informed to the panel that Mrs Watterson's representative did not object to this possibility and he specifically requested that the panel considered the CPD agreement today.

The agreement, which was put before the panel, sets out Mrs Watterson's full admission to the facts alleged in the charges, that Mrs Watterson's actions amounted to misconduct, and that Mrs Watterson's fitness to practise is currently impaired by reason of that to misconduct. It is further stated in the agreement that an appropriate sanction in this case would be a striking-off order.

The panel has considered the provisional agreement reached by the parties.

That provisional agreement reads as follows:

"Mrs Watterson is aware of the CPD hearing. She is represented by the Royal College of Nursing (RCN). Mrs Watterson does not intend to attend the hearing and is content for it to proceed in her and her representative's absence. Mrs Watterson's representative will endeavour to be available by telephone should any clarification on any point be required.

The Nursing and Midwifery Council and Mrs Monica Julie Watterson, PIN 86D0737E (“the parties”) agree as follows:

1. Mrs Watterson admits the following charges:

That you, a registered nurse,

- 1. Did not ensure that all of resident B’s care plans were in place*
- 2. Did not ensure that food & fluid charts, bed rail safety assessments and MAR charts for resident B were being completed properly*
- 3. Did not ensure that all risk assessments for resident C were completed*
- 4. Did not ensure wound care for resident C was properly carried out or recorded*
- 5. Did not ensure that all risk assessments and care plans for resident D were completed*
- 6. Incorrectly recorded on the home’s computer system that one member of nursing staff had completed their annual medication competency assessment.*
- 7. Your conduct at charge 6 was dishonest in that you knew the member of nursing staff had not completed their annual medication competency and you intended to mislead your colleagues to believe that they had.*
- 8. Incorrectly entered staff appraisals on the home’s computer system as complete*

9. *Your conduct at charge 8 was dishonest in that you knew the staff appraisals had not been completed and you intended to mislead your colleagues to believe that they had been*
10. *Did not raise a safeguarding concern when you were notified that resident E had been slapped, had her nose held and her head shaken by a care assistant*
11. *Did not raise a safeguarding concern when you were notified that a care assistant had picked up resident F's arm and made her hit herself with it*
12. *Did not raise a safeguarding concern when you were notified that a care assistant had made sexually inappropriate comments towards resident G*
13. *Did not address concerns of a care assistant making inappropriate sexual advances and comments towards another member of staff*

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

Facts

2. The facts are as follows:

2.1 Mrs Watterson appears on the register of nurses and midwives maintained by the NMC as a registered nurse – RN1 Adult Nursing. Mrs Watterson first registered with the NMC in 2000. Mrs Watterson commenced employment as a General Manager at the Tyspane Care Home (“the Home”) in June 2014.

2.2 This case represents the first time Mrs Watterson's practice has come to the attention of her regulator.

Charges 1 – 5

2.3 Mrs Watterson was the General Manager for the Home from June 2014 until 29 November 2017. She therefore had the overall responsibility for the care of the residents in the Home and the clinical documentation.

2.4 A safeguarding investigation that had been carried out into the care of a resident, Resident A, in September 2017, had revealed a number of record-keeping concerns in respect of Residents B, C and D during the period extending from September 2017 to several months following this.

2.5 There were failures in record-keeping and care planning for Resident B, who had been admitted on 4 September 2017. As the Home Manager, Mrs Watterson was responsible for checking that documentation for all residents was up to date and was being completed accurately by the nurses and care assistants.

2.6 Mrs Watterson was not on duty the week that Resident B was admitted. However, by the time of the investigation it was almost three months later and not all care plans were in place, and food and fluid charts, bed rail safety assessments and MAR charts were not being completed properly. There was no evidence that this had been picked up or addressed by Mrs Watterson.

2.7 Failures in record-keeping and care planning for Resident C, who had been admitted on 6 September 2017, were also found. Mrs Watterson did not ensure that all risk assessments for the resident were completed. She

also did not ensure wound care for Resident C was properly carried out or recorded.

2.8 Further, failures in record-keeping and care planning were also identified for Resident D, who had been admitted on 7 September 2017. Mrs Watterson did not ensure that all risk assessments and care plans for Resident D had been completed.

2.9 These failings were Mrs Watterson's overall responsibility as Home Manager, as she had responsibility for checking that all documentation for residents was up to date and was being completed accurately. However, there was no evidence that any of these failings had been picked up or addressed by Mrs Watterson.

Charges 6 – 9

2.10 Mrs Watterson entered false data in to the Home's internal computer system, stating that employees at the Home had completed training and had appraisals when this had not been undertaken. She also falsified the medication competency assessment form for one nurse, Colleague 1, when she had not completed her medication competency assessment. She made admissions to these falsifications to Mr 1, Senior Regional Director, during a meeting with him on 28 November 2017.

Charge 10 – 13

2.11 On 13 July 2017, a whistleblowing disclosure was made to the CQC that residents had been verbally and physically abused at the Home by a care assistant, Mr 2. A Safeguarding Adults meeting was held on 13 July 2017 regarding the allegations of abuse which Mrs Watterson attended.

2.12 Mr 2 was suspended and Mrs Watterson instructed Mr 3, Clinical Lead, to carry out an investigation. The police and safeguarding also carried out an investigation. The police did not pursue the matter further due to insufficient evidence.

2.13 Mrs Watterson was informed about verbal and physical abuse to residents by a care assistant at the Home but failed to adequately safeguard the residents or take any action. During the course of the police investigation, another care assistant stated that she had reported the abuse by Mr 2 to Mrs Watterson at the beginning of June 2017 but Mrs Watterson had not taken any action until contacted by the CQC in July 2017. Another care assistant had also reported inappropriate sexual advances and comments made by Mr 2 towards a member of staff in April 2017 but again, Mrs Watterson failed to take any action.

Misconduct

3. In the case of *Royle v General Medical Council (No.2)* [2001] 1 AC 311, Lord Clyde stated that:

“misconduct is a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rules and standards ordinarily required to be followed by the medical practitioner in the particular circumstances.”

4. It is agreed that the following paragraphs of The Code: Professional standards of practice and behaviour for nurses and midwives 2015 (“the Code”), have been breached:

1 Treat people as individuals and uphold their dignity

To achieve this, you must:

- 1.1 treat people with kindness, respect and compassion
- 1.2 make sure you deliver the fundamentals of care effectively

8 Work cooperatively

To achieve this, you must:

- 8.6 share information to identify and reduce risk

10 Keep clear and accurate records relevant to your practice

This includes but is not limited to patient records. It includes all records that are relevant to your scope of practice.

To achieve this, you must:

- 10.2 identify any risks or problems that have arisen and the steps taken to deal with them, so that colleagues who use the records have all the information they need
- 10.3 complete all records accurately ...

14 Be open and candid with all service users about all aspects of care and treatment, including when any mistakes or harm have taken place

To achieve this, you must:

- 14.2 explain fully and promptly what has happened, including the likely effects, and apologise to the person affected and, where appropriate, their advocate, family or carers, and
- 14.3 document all these events formally and take further action (escalate) if appropriate so they can be dealt with quickly.

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

To achieve this, you must:

19.1 take measures to reduce as far as possible, the likelihood of mistakes, near misses, harm and the effect of harm if it takes place

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

20 Uphold the reputation of your profession at all times

To achieve this, you must:

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

5. Not every breach of the Code and not every falling short in the particular circumstances will amount to misconduct. It be serious, or as Elias LJ put it in the case of *R (on the Application of Remedy UK Ltd) v GMC [2010] EWHC 1245 (Admin)*, “sufficiently serious... that it can properly be described as misconduct going to fitness to practise.”
6. Mrs Watterson accepts that the facts in charges 1 to 13 are sufficiently serious so as to amount to misconduct as her actions and omissions were a significant departure from the standards expected of a registered nurse.
7. The charges represent failures in basic and fundamental areas of nursing practice and failure to safeguard the needs and wellbeing of vulnerable residents at the Home. Mrs Watterson failed to ensure that documentation for residents was up to date and was being completed accurately. Further, she was informed about verbal and physical abuse to residents by a care

- assistant at the Home but failed to adequately safeguard the residents or take any action. She was also told about the same care assistant making inappropriate sexual advances and comments towards a member of staff and again failed to take any action.
8. Mrs Watterson falsified records in order to raise the total percentage of training and appraisals completed at the home. The dishonesty in this case is extremely serious as it was deliberate and took place over a prolonged period of time. Acting with integrity and honesty are integral to the standards expected of a registered nurse and central to the Code. Mrs Watterson breached the trust placed in nurses and the profession and her actions put the residents at the Home at significant risk of harm.
 9. Mrs Watterson accepts that her failings were unacceptable and that her acts and omissions had fallen significantly below the standards expected of her.

Impairment

10. Mrs Watterson accepts that her fitness to practise is impaired by reason of her misconduct.
11. The parties have considered the questions formulated by Dame Janet Smith in her Fifth Report from Shipman, approved in the case of *CHRE v Grant & NMC [2011] EWHC 927 (Admin)* ('Grant') by Cox J. They are as follows:

Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her fitness to practice is impaired in the sense that s/he:

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

12. The Parties agree that all four limbs are engaged.

13. Mrs Watterson's failings put the residents at the Home at significant risk of harm. She failed her duty as the Home Manager to safeguard the needs and wellbeing of the residents at the Home. The parties agree that, due to her misconduct, Mrs Watterson is liable in the future to put patients at unwarranted risk of harm were she to practise without any restrictions.

14. Acting in patients' best interests and acting with integrity and honesty are cornerstones of the nursing profession. By failing to act in the best interests of the residents under overall responsibility and by not acting with integrity, the Parties agree that Mrs Watterson has breached fundamental tenets of the profession and brought the profession into disrepute.

15. The Parties also agree that seriously dishonest nature of Mrs Watterson's misconduct, raises fundamental questions about her professionalism.

16. Mrs Watterson is engaging with the NMC and has demonstrated some insight by way of her full acceptance of the charges and that her fitness to practise is

currently impaired by reason of his misconduct. However, in the absence of any reflective piece these admissions represent the extent of Mrs Watterson's insight.

17. In *Cohen v GMC [2007] EWHC 581 (Admin)*, the court set out three matters which it described as being 'highly relevant' to the determination of the question of current impairment:

1. Whether the conduct that led to the charge(s) is easily remediable
2. Whether it has been remedied
3. Whether it is highly unlikely to be repeated

18. The three questions set out in *Cohen* (above) can be answered as follows:

1. The concerns in this case are serious, wide-ranging and includes dishonest conduct, which is more difficult to remediate.
2. The misconduct has not yet been remedied by Mrs Watterson. She has not been able to demonstrate that she can practise without restriction.
3. In the absence of any remediation and full insight, the concerns are highly likely to be repeated should Mrs Watterson be permitted to practise on an unrestricted basis.

19. The Parties agree that the reputation of the nursing profession would be seriously damaged if Mrs Watterson were to be permitted to practise unrestricted due to the seriousness of the misconduct.

20. The Parties also agree members of the public appraised of Mrs Watterson dishonest conduct would also expect a finding of impairment to mark the

conduct as unacceptable and Mrs Watterson accepts that a finding of current impairment is necessary to declare and uphold proper standards.

21. For the reasons above, the parties agree that Mrs Watterson's fitness to practise is currently impaired, both on the grounds of public protection and the wider public interest.

Sanction

22. The parties agree that the appropriate sanction in this case is a **Striking-Off order**.

23. In reaching this agreement, the parties considered the current edition of the NMC's Sanctions Guidance ('the Guidance'), bearing in mind that it provides guidance and not firm rules. In coming to this view, the parties have kept in mind the principle of proportionality and the principle that sanctions are not intended to be punitive. It is agreed that the proposed sanction is a proportionate one that balances the risk to public protection and the public interest with the Registrant's interests.

24. The aggravating features of the case are as follows (non-exhaustive):

- No evidence of remediation.
- Limited insight.
- Mrs Watterson abused her senior position.
- Mrs Watterson's failings put residents at significant risk of harm.
- Mrs Watterson's actions were deliberately dishonest and occurred over a prolonged period of time.

25. The mitigating features of the case are as follows (non-exhaustive):

- No previous NMC findings.

- Mrs Watterson has been working without concern since December 2017.

26. The parties first considered whether to take no action or make a caution order. They decided that neither of these would be appropriate in view of the seriousness of the misconduct, the need to protect the public interest and the need to declare and uphold proper standards of conduct.

27. With regard to a conditions of practice order, the parties agree that a conditions of practice order would not be sufficient to address the serious nature of the charges and the dishonest conduct in this case. Nor would it be sufficient to satisfy the significant public interest in this case. For these reasons, the parties agree that a conditions of practice order would not be appropriate or proportionate in this case.

28. The Parties also agree that a suspension order would not be sufficient to protect the public and satisfy the significant public interest in this case. Mrs Watterson misused her position as Home Manager by falsifying records in order to raise the total percentage of training and appraisals completed at the Home. This was deliberate and took place over a prolonged period of time. By falsifying appraisals and training documentation, Mrs Watterson placed residents at a direct risk of harm as she could not be sure that nurses at the Home were competent and able to provide adequate care.

29. The parties agree that the dishonesty alongside the serious clinical and managerial misconduct had the potential to seriously damage public confidence in the profession and the NMC as the regulator. The nature of the conduct to which the charges relate is serious and fundamentally incompatible with the expectation that a reasonable member of the public would have of the standards expected of a registered nurse. In these circumstances, notwithstanding the mitigating factors, the parties agree that a

suspension order would not be a sufficient, appropriate or proportionate sanction.

30. The dishonesty in this case is extremely concerning, it is premediated and long standing deception involving misuse of power. Mrs Watterson's actions and omissions were significant departures from the standards expected of a registered nurse and such serious breaches of the fundamental tenets of the profession are incompatible with her remaining on the register. Members of the public would be dismayed if a registered nurse with such serious failings were to be allowed to remain on the register.

31. The parties therefore agree that the only appropriate and proportionate sanction is that of a striking-off order. This is the only sanction that will adequately protect the public interest and mark the importance of maintaining public confidence in the profession. It will send to the public and the profession a clear message about the standard of behaviour required of a registered nurse.

Interim Order

32. Finally, given that the Parties agree that there is a risk that patients would be placed at an unwarranted risk of harm and the public interest would be engaged should Mrs Watterson be permitted to practise without any restrictions, the parties agree that an interim order is necessary in this case.

33. It is agreed that the likelihood of Mrs Watterson appealing this determination is remote, given it has been reached by agreement. Furthermore, the public would not expect a nurse who had admitted the conduct which is the subject of these charges to frustrate the process by appealing the order.

34. For these reasons, the parties agree that an **interim suspension order for a period of 18 months** is necessary on the grounds of public protection and otherwise in the public interest. In the event no appeal is made, the interim order will fall away once the 28-day appeal period has elapsed, and the substantive order will take effect.

The parties understand that this provisional agreement cannot bind a panel, and that the final decision on findings of fact, impairment and sanction is a matter for the panel. The parties understand that, in the event that a panel does not agree with this provisional agreement, the admissions to the charges set out at section 1 above, and the agreed statement of facts set out at section 2 above, may be placed before a differently constituted panel that is determining the allegation, provided that it would be relevant and fair to do so.”

Here ends the provision agreement between the NMC and Mrs Watterson. The provisional agreement was signed by the parties on 25 November 2019.

Decision and reasons on the consensual panel determination

The panel decided to accept the consensual panel determination.

Ms Norman provided the panel with the background to Mrs Watterson's case and the circumstances relating to the charges put to Mrs Watterson. She invited the panel to accept the CPD in its current form.

The panel heard and accepted the legal assessor's advice. She referred the panel to the NMC Sanctions Guidance (SG) and to the NMC's guidance on Consensual Panel Determinations, January 2013. She reminded the panel that they could accept, amend or outright reject the provisional agreement reached between the NMC and Mrs Watterson. Further, the panel should consider whether the provisional agreement would be in the public interest. This means that the outcome must ensure an appropriate level of public protection, maintain public confidence in the professions and the regulatory body, and declare and uphold proper standards of conduct and behaviour.

The panel noted that Mrs Watterson admitted the facts of the charges. Accordingly the panel was satisfied that the charges are found proved by way of Mrs Watterson's admissions as set out in the signed provisional agreement before the panel.

In respect of misconduct the panel determined there was evidence of repeated clinical failures, dishonesty and safeguarding concerns over a prolonged period of time. In this respect the panel endorsed paragraph three to paragraph nine of the provisional agreement in respect of misconduct. The panel acknowledge the significant departure from the parts of the Code that both parties agree have been breached.

The panel then went on to consider whether Mrs Watterson's fitness to practise is currently impaired. Whilst acknowledging the agreement between the NMC and Mrs

Watterson, the panel has exercised its own independent judgement in reaching its decision on impairment.

The panel determined that Mrs Watterson's fitness to practise is currently impaired not only by her own admission, but that there was a lack of full insight or any remediation into her repeated failings, including her repeated dishonesty. The panel noted that there were significant safeguarding failings which did not protect patients nor colleagues and put patients at real risk of harm. It also noted that there was misuse of power in Mrs Watterson's case because she was the senior manager at the Home.

The panel considered that there is current impairment on public protection grounds, as well as noting that fundamental tenets of the nursing profession had been breached. The panel also found, due to the nature and seriousness of the misconduct, Mrs Watterson is also impaired on public interest grounds. In this respect the panel endorsed paragraph 10 to 21 of the provisional agreement.

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

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

In reaching this decision, the panel has had regard to all the contents of the CPD and representations of the NMC. The panel accepted the advice of the legal assessor. 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 Sanctions Guidance (“SG”) published by the NMC. It recognised that the decision on sanction is a matter for the panel, exercising its own independent judgement. The panel also agreed with the proposed aggravating and mitigating factors contained in the CPD.

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case. The panel decided that it would not protect the public nor be in the public interest to take no further action.

Next, in considering whether a caution order would be appropriate in the circumstances, the panel took into account the SG, which states that a caution order may be appropriate where *‘the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.’* The panel considered that Mrs Watterson’s misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the seriousness of the case. The panel decided that it would also not protect the public nor be in the public interest to impose a caution order.

The panel next considered whether placing conditions of practice on Mrs Watterson’s registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel took into account the SG, which indicated a conditions of practice order would be appropriate where (but not limited to):

- 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;
- 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 is of the view that there are no practical or workable conditions that could be formulated, given the nature of the charges in this case, including serious dishonesty. Furthermore the panel concluded that placing conditions on Mrs Watterson's registration would not adequately address the seriousness of this case, uphold the public interest and would not protect the public.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG indicates that a suspension order would be appropriate where (but not limited to):

- A single instance of misconduct but where a lesser sanction is not sufficient;
- No evidence of harmful deep-seated personality or attitudinal problems;
- No evidence of repetition of behaviour since the incident; and
- The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour.

The aggravating factors that the panel took into account, in particular, are the actual and potential patient harm and the very limited insight into Mrs Watterson's failings raising the issue of a real risk of repetition.

The panel has taken into account the mitigation put forth on Mrs Watterson's behalf referred to in the CPD.

The conduct, as highlighted by the facts found proved, was a significant departure from the standards expected of a registered nurse. The panel noted that the serious breach of the fundamental tenets of the profession evidenced by your actions, including the unremediated dishonesty, is fundamentally incompatible with your remaining on the register.

Balancing all of these factors, the panel has determined that a suspension order would not be an appropriate or proportionate sanction.

Finally, in looking at a striking-off order, the panel took note of the paragraphs in the SG concerning the sanction of strike-off.

Mrs Watterson's actions were significant departures from the standards expected of a registered nurse, and are fundamentally incompatible with her remaining on the register. The panel was of the view that the findings in this particular case, including dishonesty, demonstrate that her actions were very serious and to allow Mrs Watterson to continue practising would undermine public confidence in the profession and in the NMC as a regulatory body.

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel determined that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the matters it identified, in particular the effect of Mrs Watterson's actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct herself, the panel has concluded that nothing short of this would be sufficient in this case.

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

Determination on interim order

The panel has considered the submissions made by Ms Norman that an interim order should be made on the grounds that it is necessary for the protection of the public and is otherwise in the public interest.

The panel accepted the advice of the legal assessor.

The panel was satisfied that an interim suspension 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. To do otherwise would be incompatible with its earlier findings.

The period of this order is for 18 months to allow for the possibility of an appeal to be made and determined.

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

That concludes this determination.