Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Hearing
Monday 27 November 2023

Virtual Hearing

Name of Registrant:	Matthew Lee Ridout
NMC PIN	13A0091W
Part(s) of the register:	Nurses part of the register Sub part 1 RNA: Adult nurse, level 1 (26 March 2013)
Relevant Location:	Newport
Type of case:	Misconduct
Panel members:	Konrad Chrzanowski (Chair, Lay member) Sandra Lamb (Registrant member) Suzanna Jacoby (Lay member)
Legal Assessor:	Nigel Pascoe KC
Hearings Coordinator:	Anya Sharma
Nursing and Midwifery Council:	Represented by Leesha Whawell, Case Presenter
Mr Ridout:	Not present and unrepresented at this hearing
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)**

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Mr Ridout was not in attendance and that the Notice of Hearing letter had been sent to Mr Ridout's registered email address by secure email on 27 October 2023.

Further, the panel noted that the Notice of Hearing was also sent to Mr Ridout's representative at the Royal College of Nursing (RCN) on 27 October 2023.

Ms Whawell, 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, who emphasised the independence of the panel in considering the provisional CPD agreement.

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

In the light of all of the information available, the panel was satisfied that Mr Ridout has been served with the Notice of Hearing in accordance with the requirements of Rules 11 and 34.

Decision and reasons on proceeding in the absence of Mr Ridout

The panel next considered whether it should proceed in the absence of Mr Ridout. It had regard to Rule 21 and heard the submissions of Ms Whawell, who invited the panel to continue in the absence of Mr Ridout. She submitted that Mr Ridout had voluntarily absented himself.

Ms Whawell informed the panel that a provisional Consensual Panel Determination (CPD) agreement had been reached and signed by Mr Ridout on 4 November 2023.

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 has decided to proceed in the absence of Mr Ridout. In reaching this decision, the panel has considered the submissions of Ms Whawell and the advice of the legal assessor. It has had particular regard to the factors set out in the decision of *R v Jones* and *General Medical Council v Adeogba* [2016] EWCA Civ 162 and had regard to the overall interests of justice and fairness to all parties. It noted that:

- Mr Ridout has engaged with the NMC and has signed a provisional CPD agreement which is before the panel today;
- There is no reason to suppose that adjourning would secure his attendance at some future date; and
- There is a strong public interest in the expeditious disposal of the case.

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

Details of charge

That you, a registered nurse:

1) On 10 December 2019, whilst on shift at Royal Gwent Hospital ("the Hospital") on the Cardiology Ward:

a) removed medication from the medication cupboard.

b) consumed the medication.

2) On 7 January 2020, during a medication round:

a) Left the medication trolley unattended on one or more occasion.

b) Left the medication trolley unlocked on one or more occasion.

3) On 31 January 2020:

a) administered Rifampicin 600 mg intravenously on one or more occasion to Patient A when this was not clinically justified.

b) Did not review Patient A's notes prior to administering medication.

c) Did not follow Patient A's oral prescription.

4) On 5 February 2020:

5) Did not review Patient B's record prior to discharging Patient B from the Hospital.

6) Incorrectly discharged Patient B.

7) did not provide Patient B with their take home medication.

5) On 16 September 2020 whilst setting up for a furosemide infusion procedure used an incorrect infusion device, namely a syringe driver pump.

6) On 16 September 2020 did not complete a fluid balance chart for Patient H.

7) On 18 September 2020:

a) Incorrectly prepared an intravenous antibiotic, IV Tazocin, for Patient C.

b) Did not review Patient C's prescribed medication prior to preparation.

8) On 20 September 2020:

a) Prepared an incorrect dose of Dalteparin of 18000 units Patient D.

b) Did not review Patient D's drug chart for correct dosage of Dalteparin prescribed medication prior to preparation.

c) During a medication round, did not dispose of medication that was not administered to patients.

d) In relation to Patient E, inappropriately delegated a cannulation exercise to Colleague A, in that you knew Colleague A was not trained in cannulation

e) Re-cannulated Patient E incorrectly.

f) Did not complete a pump chart for Patient E.

g) Did not complete a fluid balance chart for Patient E.

h) Did not administer intravenous fluids to Patient E that was clinically prescribed.

i) Did not administer intravenous antibiotics to Patient E at the prescribed time.

j) Did not record your conduct at 8) i)-j) in the patient's Transforming Care at the Bedside live nursing documentation ('TCAB').

k) Did not take a blood sample from Patient F.

l) Incorrectly took a blood sample from Patient G.

m) Did not review Patient G's notes prior to taking a blood sample.

9) On 1 February 2021, whilst on shift at the Hospital:

a) consumed one or more co-codamol tablets.

b) Were unfit to work.

10) Did not disclose to Aneurin Bevan Health Board ("ABUHB") that you were employed by Bluestones Medical Healthcare Staffing Agency ("the Agency").

11) Your conduct at charge 10 was lacking integrity.

12) On or before 14 August 2021, in your application for work with the Agency said you have not been subject to a disciplinary investigation or proceedings by a previous employer in any position you have held

13) On or before 14 August 2021, on application for work with the Agency, did not disclose that you were subject to a disciplinary investigation with the Hospital.

14) On or before 14 August 2021, did not disclose to the Agency that you were on restricted duties namely:

a) You were not allowed to work weekends.
b) You were not allowed to work nights.
c) You were not allowed to administer medication.

15) Your conduct at charges 12 and/or 13 and/or 14 was dishonest, in that you knew you were:

a) Subject to a disciplinary investigation.
b) Subject to restricted duties.

16) On 14 August 2021:

a) attended the Hospital to work in breach of the Hospital's restrictions on your working hours.

b) Fell asleep whilst on duty.

c) Were not fit to work.

17) Your conduct at 16 a) was dishonest in that you knew you were restricted from working weekend shifts.

18) On or around 14 August 2021, told ABUHB that the Agency was aware of the restrictions made byABUHB, but the Agency allowed you to continue administering medication in your role at the Agency.

19) Your conduct at charge 18 was dishonest in that you told ABUHB that you had disclosed the restrictions to the Agency when you knew you had not done so.

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

Consensual Panel Determination

At the outset of this hearing, Ms Whawell informed the panel that a provisional agreement of a Consensual Panel Determination (CPD) had been reached with regard to this case between the NMC and Mr Ridout.

The agreement, which was put before the panel, sets out Mr Ridout's full admissions to the facts alleged in the charges, that his actions amounted to misconduct, and that his fitness to practise is currently impaired by reason of that 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 CPD agreement reached by the parties.

That provisional CPD agreement reads as follows:

> ***'Fitness to Practise Committee***
> ***Consensual panel determination ("CPD"): provisional***
> ***Agreement***
>
> *The Nursing & Midwifery Council ("the NMC") and Mr Matthew Lee Ridout ("Mr Ridout") PIN 13A0091W ("the Parties") agree as follows:*
>
> *1. Mr Ridout is aware of the CPD hearing. Mr Ridout does not intend on attending the hearing and is content for it to proceed in his and their representative's*

absence. Mr Ridout's representative, the Royal College of Nursing, will endeavour to be available by telephone should clarification on any point be required, or should the panel wish to make other amendments to the provisional agreement that are not agreed by Mr Ridout.

The charge

2. Mr Ridout admits the following charges:

"That you, a registered nurse:

1) On 10 December 2019, whilst on shift at Royal Gwent Hospital ("the Hospital") on the Cardiology Ward:
a) removed medication from the medication cupboard.
b) consumed the medication.

2) On 7 January 2020, during a medication round:
a) Left the medication trolley unattended on one or more occasion.
b) Left the medication trolley unlocked on one or more occasion.

3) On 31 January 2020:
a) administered Rifampicin 600 mg intravenously on one or more occasion to Patient A when this was not clinically justified.
b) Did not review Patient A's notes prior to administering medication.
c) Did not follow Patient A's oral prescription.

4) On 5 February 2020:
a) Did not review Patient B's record prior to discharging Patient B from the Hospital.
b) Incorrectly discharged Patient B.
c) did not provide Patient B with their take home medication.

5) On 16 September 2020 whilst setting up for a furosemide infusion procedure used an incorrect infusion device, namely a syringe driver pump.

6) On 16 September 2020 did not complete a fluid balance chart for Patient H.

7) On 18 September 2020:
a) Incorrectly prepared an intravenous antibiotic, IV Tazocin, for Patient C.
b) Did not review Patient C's prescribed medication prior to preparation.

8) On 20 September 2020:
a) Prepared an incorrect dose of Dalteparin of 18000 units Patient D.
b) Did not review Patient D's drug chart for correct dosage of Dalteparin prescribed medication prior to preparation.
c) During a medication round, did not dispose of medication that was not administered to patients.
d) In relation to Patient E, inappropriately delegated a cannulation exercise to Colleague A, in that you knew Colleague A was not trained in cannulation
e) Re-cannulated Patient E incorrectly.
f) Did not complete a pump chart for Patient E.
g) Did not complete a fluid balance chart for Patient E.
h) Did not administer intravenous fluids to Patient E that was clinically prescribed.
i) Did not administer intravenous antibiotics to Patient E at the prescribed time.
j) Did not record your conduct at 8) i)-j) in the patient's Transforming Care at the Bedside live nursing documentation ('TCAB').
k) Did not take a blood sample from Patient F.
l) Incorrectly took a blood sample from Patient G.
m) Did not review Patient G's notes prior to taking a blood sample.

9) On 1 February 2021, whilst on shift at the Hospital:
a) consumed one or more co-codamol tablets.
b) Were unfit to work.

10) Did not disclose to Aneurin Bevan Health Board ("ABUHB") that you were employed by Bluestones Medical Healthcare Staffing Agency ("the Agency").

11) Your conduct at charge 10 was lacking integrity.

12) On or before 14 August 2021, in your application for work with the Agency said you have not been subject to a disciplinary investigation or proceedings by a previous employer in any position you have held

13) On or before 14 August 2021, on application for work with the Agency, did not disclose that you were subject to a disciplinary investigation with the Hospital.

14) On or before 14 August 2021, did not disclose to the Agency that you were on restricted duties namely:
a) You were not allowed to work weekends.
b) You were not allowed to work nights.
c) You were not allowed to administer medication.
15) Your conduct at charges 12 and/or 13 and/or 14 was dishonest, in that you knew you were:
a) Subject to a disciplinary investigation.
b) Subject to restricted duties.

16) On 14 August 2021:
a) attended the Hospital to work in breach of the Hospital's restrictions on your working hours.
b) Fell asleep whilst on duty.
c) Were not fit to work.

17) Your conduct at 16 a) was dishonest in that you knew you were restricted from working weekend shifts.

18) On or around 14 August 2021, told ABUHB that the Agency was aware of the restrictions made by ABUHB, but the Agency allowed you to continue administering medication in your role at the Agency.

19) Your conduct at charge 18 was dishonest in that you told ABUHB that you had disclosed the restrictions to the Agency when you knew you had not done so.

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

The facts

3. Mr Ridout appears on the register of nurses, midwives and nursing associates maintained by the NMC as an Adult Registered Nurse and has been on the NMC register since 2013.

4. Mr Ridout was initially referred to the NMC on 20 August 2021 by LA, Assistant Director of Nursing at ABUHB.

5. A subsequent referral to the NMC was made on 24 January 2022 by DL, Managing Director at the Agency.

6. On 10 December 2019 Mr Ridout was on shift at the Hospital and was witnessed going to the medication cupboard and self-administering medication taken from the cupboard.

7. Mr Ridout made a number of medication errors between January 2020 and February 2020 which included medication left unattended, administering medication incorrectly, and incorrectly discharging a patient.

8. These matters were investigated locally by the Ward Manager at the time. ABUHB closed these concerns with further learning identified for Mr Ridout.

9. In September 2020 a number of concerns were reported to ABUHB. Mr Ridout attempted to set up an incorrect infusion device, incorrect medication was being prepared to be administered to more than one patient, medication was left unattended, a cannulation task was incorrectly delegated to an unqualified nurse, records were not updated, and a blood sample was taken from the wrong patient.

10. Following the incidents raised a decision was made to conduct an investigation into Mr Ridout's professional conduct. Restrictions were placed on Mr Ridout's practice, that required him to refrain from administering medication, and not to work weekends or nights.

11. On 14 August 2021, a Saturday, Mr Ridout attended the Hospital to work for an unrostered shift as an agency staff member with Bluestones Agency. Mr Ridout was observed to be slurring his speech and was unsteady on his feet.
12. Mr Ridout did not disclose to ABUHB that he was employed by Bluestones Agency. Mr Ridout told ABUHB that the Agency was aware of his restrictions and confirmed that he was able to administer medication. The Agency confirmed that Mr Ridout had not disclosed the restrictions made by ABUHB, and they confirmed that they did not inform Mr Ridout that they were content for Mr Ridout to administer medication.

The facts relating to Charges 1 a) and 1 b)

13. On 10 December 2019, Mr Ridout was observed taking a box of medication from the medication cupboard in the Cardiology Ward. Mr Ridout removed a tablet from the box of medication and placed the tablet in his mouth. Mr Ridout then placed the box of medication back into the medication cupboard.

The facts relating to Charges 2a) and 2b)

14. On 7 January 2020, the Ward Manager was observing Mr Ridout during a medication round. Mr Ridout was observed leaving the medication trolley unattended and unlocked twice. On the first occasion this was fed back to Mr Ridout that it was unacceptable and on the second occasion Mr Ridout was advised that this was unsafe practice and may be considered a drug error.

The facts relating to Charges 3a) and 3b) and 3c)

15. On 31 January 2020, Mr Ridout did not review Patient A's notes prior to administering Patient A with Rifampicin 600 mg. Mr Ridout administered Rifampicin to Patient A intravenously on 3 occasions. Mr Ridout did not follow Patient A's prescription which stated that the drug should be given orally and not intravenously.

The facts relating to Charges 4a) and 4b) an 4c)

16. On 5 February 2020, Mr Ridout discharged Patient B from the Hospital without reviewing their patient records to confirm whether Patient B had any 'to take home' ('TTH') medications. Mr Ridout did not recognise that Patient B was not supposed to be discharged at that time as Patient B was required to take a dossette box with the prescribed TTH medication, that was not available until 7 February 2020.

The facts relating to Charge 5

17. On 16 September 2020, Mr Ridout was observed setting up a furosemide infusion. The Datix report sets out that Mr Ridout was attempting to use an incorrect infusion device. Mr Ridout was about to attempt to set it up with a syringe driver

pump. This was classed as a 'near miss' event because although the infusion did not take place, as the error was noticed by a colleague, the use of the wrong infusion device could have resulted in the infusion taking place at the incorrect rate.

The facts relating to Charge 6

18. On 16 September 2020 Mr Ridout did not complete a fluid balance chart for Patient H. Patient H was in a deteriorating state and when colleagues assessed Patient H it was evident there was no fluid balance or weight chart. Mr Ridout was informed that it was expected to understand the importance of the charts and that he was required, as the nurse in charge, to create and complete the charts.

The facts relating to Charges 7a) and 7 b)

19. On 18 September 2020 Mr Ridout incorrectly prepared an intravenous antibiotic Tazocin for Patient C who was prescribed intravenous paracetamol. Mr Ridout did not review Patient C's prescribed medication prior to the preparation. Mr Ridout had a duty to correctly check Patient C's prescribed medication and prepare the correct medication. Intravenous Tazocin is normally reconstituted from a powder and comes in a small vial and intravenous Paracetamol is in a 100ml bottle of water and already constituted. Mr Ridout was prevented from administering the incorrect medication to Patient C as his colleague identified it being the wrong drug. This was a serious concern because there was a risk that the patient would receive a medication that was not prescribed for them. On being questioned as to how Mr Ridout had mistaken paracetamol for Tazocin, Mr Ridout confirmed this was an error on his part.

The facts relating to Charges 8 a) and b)

20. On 20 September 2020 Mr Ridout prepared 18000u Dalteparin for Patient D. Mr Ridout asked a colleague to second-check the medication who noticed that Patient

D was prescribed 5000u Dalteparin. Mr Ridout did not review Patient D's drug chart for the correct dosage of the medication prior to preparation. A colleague noticed the error and ensured the correct dose was administered. If Mr Ridout had administered the wrong dosage, it is likely there would have been no immediate harm to Patient D but if the dosage is administered incorrectly consistently, high doses of Dalteparin can cause anticoagulation of the blood, which places patients at risk of bleeding.

The facts relating to Charge 8 c)

21. On 20 September 2020 several medications were identified lying around on patients' tables following Mr Ridout's morning drug round. Mr Ridout was advised that medications should be taken when administering them or discarded if a patient does not want to take them at the time.

The facts relating to Charges 8 d – 8 j)

22. On 20 September 2020 whilst on shift, before going on a break, Mr Ridout advised a colleague that he would re-cannulate Patient E. Mr Ridout asked Colleague A to remove the cannula so he could go on break in a timely manner.

23. Patient E used the nurses alarm 10 minutes later to say their drip was leaking. Upon inspecting the site, the IV fluids were still attached and running although the pump had been switched off. This resulted in a build-up of Saline 0.9% within the patient's hand.

24. Mr Ridout inappropriately delegated the cannulation task to Colleague A, which resulted in the build-up of fluid in the patient's hand. Mr Ridout admitted that he knew that Colleague A had not received training in cannulation.

25. The nurse attending on Patient E removed the cannula. Mr Ridout returned from his break and was notified what had happened. Mr Ridout explained that he had stopped the pump but didn't detach the fluids as assumed they wouldn't still be running. It was explained to Mr Ridout that he should have stopped the fluids completely and removed the cannula as this has resulted in harm to the patient.

26. On 20 September 2020 Patient E was prescribed intravenous fluids and had been found to have not had fluids running all shift. The fluids should have been completed at 14:45 but there were approximately 750mls left in the bag of 1000ml at this time. The incident was reported and Mr Ridout was asked for the pump chart and fluid balance. No documentation was found. Mr Ridout had set up the pump but not started a pump chart or fluid balance monitoring. When a nurse sets up an infusion device, the nurse must start an infusion device chart, known as a pump chart, to make sure the device infuses at the correct rate. Hourly checks are then required to make sure the correct amount remains in the syringe. Infusion devices are electronic devices and can sometimes break down, so charts are used to make sure the infusion is infusing correctly and at the correct rate. This error meant the patient was not receiving the medication they were prescribed, not being appropriately monitored for fluid balance, and checks were not completed as charts were not commenced or maintained.

27. On 20 September 2020 Patient E's notes were reviewed and it was noted that Mr Ridout did not administer intravenous antibiotics to Patient E, which were due at 12:00. Mr Ridout was notified of this and was requested to administer them immediately. No entries had been made in the patient's Transforming Care at the Bedside live nursing documentation ("TCAB") for the whole shift to state intravenous antibiotics has been given at any time. TCAB is live nursing documentation that nurses should update as timely as possible when providing care to patients.

Facts relating to Charge 8 k) and 8l) and 8m)

28. On 20 September 2020 Mr Ridout did not take Patient F's blood to assess the required Vancomycin level. This resulted in medication being omitted. Mr Ridout then went to take the patient's blood but took it from Patient G incorrectly. Mr Ridout did not review Patient G's notes to confirm that this was the correct patient to be taking a blood sample from. Mr Ridout's taking blood from the incorrect patient meant that the patient was subjected to an unnecessary invasive procedure.

The facts relating to Charge 9

29. On 1 February 2021 Mr Ridout had been seen taking Co-codamol tablets in the Discharge Lounge while on duty. Mr Ridout was observed to be slurring his speech and acting incoherently. Mr Ridout told a colleague that he had taken six Cocodamol30/500 tablets throughout his shift. This matter was subsequently added to ABUHB's disciplinary investigation into Mr Ridout's conduct.

The facts relating to Charges 10 and 11

30. On 14 August 2021, a Saturday, Mr Ridout attended the Hospital for an un-rostered
shift in an unfamiliar uniform which said 'Bluestones' on it. The Ward Manager spoke with Mr Ridout to make enquires as to why he was in a different uniform and why was he working the shift. Mr Ridout said that he had been undertaking nursing shifts through the Agency and that he had administered medication to patients while employed by the Agency. Mr Ridout did not previously disclose to ABUHB that he was employed by the Agency.

31. Mr Ridout had a duty under his contract of employment with ABUHB to disclose any secondary employment, which he did not do. Mr Ridout concealed his secondary employment until 14 August 2021 when ABHUB discovered this only by his attendance at the Hospital. Mr Ridout did not disclose his secondary

employment as he knew that ABUHB would notify the Agency of his restrictions. Mr Ridout concealed this information as he intended to work without restrictions. Mr Ridout's conduct was below the expected standards of a registered professional.

The facts relating to Charges 12, 13, 14 and 15

32. Mr Ridout submitted a Candidate registration form to the Agency on 12 May 2021. The form is electronically signed. The form asks, "Have you ever been the subject of a disciplinary investigation or proceedings by a previous employer in any position you have held?" Mr Ridout's response to this question is recorded as "No".

33. As a result of the issues with Mr Ridout's practice a formal investigation into his professional conduct was carried out by ABUHB. Restrictions were placed on Mr Ridout's practice until the conclusion of the investigation. The following restrictions were imposed on Mr Ridout:

- not to work bank shifts, weekends or night shifts due to the reduced capacity to supervise his practice.
- not to have his own caseload of patients.
- to work in a supervised, supernumerary capacity.
34. A Senior Practitioner from Newport Safeguarding informed the Agency, in August 2021, that there was an ongoing disciplinary investigation into Mr Ridout's professional conduct. The Agency subsequently contacted ABUHB and were advised about the restrictions placed on Mr Ridout's practice by ABUHB while the disciplinary investigation was ongoing.

35. Mr Ridout did not disclose to the Agency that he was subject to a disciplinary investigation at ABUHB. Mr Ridout did not disclose that he was placed on restricted duties that he was not allowed to work weekends, nights and was not allowed to administer medication. ABUHB confirmed with the Agency in an email dated 20 August 2021 that Mr Ridout was on restricted duties, and Mr Ridout's practice was

supervised with the above restrictions.

36. Prior to this information the Agency placed Mr Ridout with healthcare providers without restrictions. The Agency was unable to protect service users and would have applied similar restrictions if Mr Ridout had declared these when he made his application to the Agency. Mr Ridout's contract with the Agency was terminated in September 2021.

37. When applying for a role at the Agency Mr Ridout was aware that he was subject to a disciplinary investigation and was subject to restricted duties but did not disclose this to the Agency.

38. At the end of the application for employment there is a declaration that the candidate signing the form is submitting true and correct information. The declaration was dishonest as Mr Ridout knew that he was aware he was subject to an ongoing investigation and restrictions.

39. Applying the objective standards of ordinary decent people, it is clear that by failing to disclose to the Agency that he was subject to an investigation and subject to restricted duties, would be considered dishonest.

The facts relating to Charges 16 and 17

40. On 14 August 2021 Mr Ridout was working through the Agency. At the time of the shift Mr Ridout was restricted from working weekend shifts. At this time, Mr Ridout was moved by ABUHB to working in the Discharge Lounge at the Hospital. This is because it was considered that he would be dealing with lower risk patients that had already been assessed as medically fit to be discharged from hospital.

41. Mr Ridout was observed slurring his speech whilst on duty and then fell asleep. The Ward Manager was alerted that Mr Ridout was not well and found Mr Ridout was attempting to enter the Medical Assessment Unit ("MAU"), where he had

previously been restricted from doing so. When Mr Ridout was asked what he doing, he told them he was trying to help the nurses in the MAU. Mr Ridout was described as incoherent and behaving strangely.

42. Mr Ridout was described as alarmingly clammy and pale at the time and that he was in no fit state to provide nursing care. The Ward Manager was concerned about preserving Mr Ridout's safety and welfare. The Ward Manager also noted that Mr Ridout's lack of physical and mental wellness could have been detrimental to patient safety as well as his own safety. The Ward Manager noted that Mr Ridout was clearly unable to look after himself at that time therefore was completely unfit to look after any patients. Having conducted numerous clinical observations on Mr Ridout, the view was formed that Mr Ridout needed to be assessed by a doctor. The Ward Manager left Mr Ridout in the care of a doctor in MAU.

43. Mr Ridout attended the Hospital to work a shift directly in breach of his restrictions with the Hospital. Mr Ridout gained employment through the Agency, and as such the Agency was not aware of any restrictions, leaving Mr Ridout to practise unrestricted. By the standards of ordinary decent people this conduct would be considered dishonest.

The facts relating to Charges 18 and 19

44. As part of the investigation by ABUHB and initial assessment, Mr Ridout was questioned as to what was said to the Agency. He was asked whether he had worked any agency shifts and he replied yes. Mr Ridout was asked if he made the Agency aware he could not dispense medication, he stated they did and they said just give them.

45. Mr Ridout's conduct was dishonest in that he knew he had not informed the Agency of the restrictions but told ABUHB that he had done so. Mr Ridout deliberately told ABUHB that the Agency, in the knowledge that he was subject to

restrictions, which included medication administration, were content for him to administer medication. Mr Ridout deliberately deflected his conduct by saying that the Agency allowed him to work unrestricted. The Agency confirmed during the investigation that they were not made aware of the restrictions at any point.

Misconduct

46. The parties agree that the conduct as particularised in the admitted charges amounts to misconduct.

47. The comments of ***Lord Clyde in Roylance v General Medical Council [1999] UKPC 16*** *may provide some assistance when considering what could amount to misconduct:*

"[331B-E] Misconduct is a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rules and standards ordinarily required to be followed by a [nurse] practitioner in the particular circumstances".

48. Further assistance may be found in the comments of ***Jackson J in Calhaem v GMC [2007] EWHC 2606 (Admin)*** *and* ***Collins J in Nandi v General Medical Council [2004] EWHC 2317 (Admin)****:*

"[Misconduct] connotes a serious breach which indicates that the [nurse's] fitness to practise is impaired"

and

"The adjective "serious" must be given its proper weight, and in other contexts there has been reference to conduct which would be regarded as deplorable by fellow practitioners".

49. The Parties agree that Mr Ridout's actions are serious and fall far short of what is expected of a registered nurse. Mr Ridout abused his position of trust by accessing medication from the medication cupboard and consuming medication whilst on shift, making numerous clinical errors in the management and administration of medication, which had the potential to cause a serious risk of harm to patients. After Mr Ridout was placed on restricted duties, he gained employment with the Agency and did not disclose this to ABUHB. Mr Ridout attended the Hospital in his role with the Agency and on more than one occasion was unfit to work. His conduct was both lacking integrity and dishonest in that he did not disclose his further employment to AHUHB and did not disclose to the Agency that he was placed on restricted duties. The lack of integrity and dishonesty related to concealing the concerns around his practice increases the seriousness of those concerns.

50. The conduct in this case is a serious departure from the standards expected in the nursing profession, and the conduct has placed patients at a risk of serious harm.

51. The conduct has the potential to cause harm to the public and bringing the nursing profession into disrepute. Nurses occupy a position of privilege and trust in society and are expected at all times to be professional.

52. At the relevant time, Mr Ridout was subject to the provisions of ***The Code: Professional standards of practice and behaviour for nurses and midwives (2015)*** *("the Code"). The Parties agree that the following provisions of the Code have been breached in this case;*

1 Treat people as individuals and uphold their dignity

To achieve this, you must:

1.2 *make sure you deliver the fundamentals of care effectively.*

3 Make sure that people's physical, social and psychological needs are assessed and responded to

To achieve this, you must:

3.1 *pay special attention to promoting wellbeing, preventing ill health and meeting the*

changing health and care needs of people during all life stages.

6 Always practise in line with the best available evidence

To achieve this, you must:

6.1 *make sure that any information or advice given is evidence-based including information relating to using any health and care products or services.*

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

10 Keep clear and accurate records relevant to your practice

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

To achieve this, you must:

10.1 *complete records at the time or as soon as possible after an event, recording if the notes are written some time after the event*

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

11 Be accountable for your decisions to delegate tasks and duties to other people

To achieve this, you must:

11.1 *only delegate tasks and duties that are within the other person's scope of competence, making sure that they fully understand your instructions.*

11.2 *make sure that everyone you delegate to is adequate supervised and supported so they can provide safe and compassionate care.*

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

To achieve this, you must:

18.1 *prescribe, advise on, or provide medicines or treatment, including repeat prescriptions (only if you are suitably qualified) if you have enough knowledge of that person's health and are satisfied that the medicines or treatment serve that person's health needs.*

18.2 *keep to appropriate guidelines when giving advice on using controlled drugs and recording the prescribing, supply, dispensing or administration of controlled drugs.*

18.3 *make sure that the care or treatment you advise on, prescribe, supply, dispense or administer for each person is compatible with any other care or treatment they are receiving, including (where possible) over-the-counter medicines.*

18.4 *take all steps to keep medicines stored securely.*

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

with your practice.

To achieve this, you must:

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

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

20 Uphold the reputation of your profession at all times.

To achieve this, you must:

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

20.2 *act with honesty and integrity at all times…*

20.3 *be aware at all times of how your behaviour can affect and influence the*

behaviour of other people.
20.8 *act as a role model of professional behaviour for students and newly qualified nurses, midwives and nursing associates to aspire to*
20.9 *maintain the level of health you need to carry out your professional role.*

23 Cooperate with all investigations and audits.
To achieve this, you must:
23.3 *Tell any employers you work for if you have your practice restricted or had any other conditions imposed on you by us or any other relevant body.*

53. By removing medication from the Hospital's medication cupboard and consuming it without justification Mr Ridout breached the trust placed in him as a nursing professional. Consuming unknown medication and co-codamol tablets that were intended for patients' use could place the patients, who might be denied that medication, at a risk of harm. Additionally, Mr Ridout placed patients at a risk of harm as a result of consuming medication on one occasion and on one or more occasion co-codamol tablets whilst on shift. Mr Ridout was seen on more than one occasion to be slurring his speech whilst on duty, and unfit to care for patients.

54. Mr Ridout left the medication trolley unattended, unlocked, and left medication on the patients' tables on one or more occasion. Safe and effective handling and management of medication is at the heart of safe nursing practice. This conduct has the potential to cause harm to patients if the patients are not witnessed at the time of administering to consume the medication or have unsupervised access to medication stocks.

55. Mr Ridout's failure to correctly prepare and administer medication in the incidents involving patients A, C, D, and E is a serious departure from the standards expected of a registered professional and put the above patients at a serious risk of harm. Preparing and administering medication correctly is a basic and fundamental tenet of the nursing profession.

56. Mr Ridout's failure to review patient records, which resulted in him making inappropriate clinical decisions in relation to patients A, B, C, D, and G, was a serious breach of Mr Ridout's professional responsibilities and had the risk of placing patients at a serious risk of harm.

57. Mr Ridout's failure to appropriately keep clinical records by not completing a pump chart, fluid balance chart and TCAB for Patient E exposed them to a serious risk of harm, as colleagues would be unable to see what medication has been taken at the time, and whether there was any concern with the fluid intake.

58. Mr Ridout's failure to take blood samples from Patient F and taking a blood sample from Patient G by mistake caused a delay in diagnosing Patient F and caused an unnecessary invasive procedure to Patient G. Identifying the correct patient is a fundamental aspect of nursing care that is expected of a registered professional.

59. Mr Ridout's inappropriate delegation of canulation of Patient E to Colleague A while he knew that Colleague A was not trained in cannulation placed the patient at a serious risk of harm.

60. Mr Ridout applied successfully for employment with Bluestones Agency, knowing he was subject to restricted duties, and did not disclose the employment as required by ABUHB. This demonstrates a lack of integrity because Mr Ridout was aware that ABUHB's restrictions on his practice meant they were unlikely to permit him to work outside of his substantive post. Mr Ridout's conduct falls far short of what is expected as being subject to an internal investigation, there was a serious risk of harm to patients being treated by Mr Ridout whilst the clinical concerns were being formally investigated. Mr Ridout was able to administer medication whilst working for Bluestones. Patients cared for by Mr Ridout could have come to harm given the number of alleged medication errors he had made and concerns surrounding his overall poor conduct.

61. Attending his place of work through the Agency was a clear breach of Mr Ridout's employer's restrictions of his working hours. Mr Ridout attended whilst unfit for work, confirmed by his falling asleep, and placed patients at a serious risk of harm.

62. Nurses are expected to act with honesty and integrity. Mr Ridout failed to disclose to his substantive employer that he was also employed by the Agency. Mr Ridout did not disclose to the Agency that he was subject to a disciplinary investigation by his substantive employer or that he was on restricted duties. Mr Ridout knew of the internal investigation and disciplinary proceedings and restricted duties imposed on him at the time when he failed to make the above disclosures to the Agency. Mr Ridout told ABUHB that the Agency was aware of the restrictions made by them but that the Agency had allowed him to continue administering medication in his role at the Agency, when Mr Ridout knew that was not the case. This conduct this is particularly serious given Mr Ridout's dishonesty in obtaining employment without restriction. Mr Ridout's conduct would be seen as deplorable by fellow colleagues.

63. It is acknowledged that not every breach of the Code will result in a finding of misconduct. However, the parties agree that the failings set out above are a serious departure from the professional standards and behaviour expected of a registered nurse.

64. The overall conduct is a serious matter. It is submitted that these failings are clear examples of misconduct, falling far short of what is deemed proper conduct of a professional, and these errors on such basic and fundamental matters of patient care are inexcusable.

65. The role of nurses is to provide safe and effective care to patients and to practise within their competencies. This failure to provide safe care put patients at a serious risk of harm.

66. The conduct found proved has fallen far short of what is expected of a registered nurse and that the facts are sufficiently serious to constitute misconduct. Mr Ridout acknowledges that his actions amount to misconduct.

Impairment

67. The Parties agree that Mr Ridout's fitness to practise is currently impaired by reason of his misconduct. The NMC's guidance on impairment (DMA-1) says when considering whether a persons fitness to practise is impaired is to consider whether a nurse, [midwife or nursing associate] can practise kindly, safely and professionally. If a nurse is able to practise in this way then it is likely to conclude that a person's fitness to practise is not impaired. In determining impairment, the guidance says to consider the nature of the concern, as detailed in the test set out in paragraph 69, and the public interest, whether a finding of impairment is required to uphold proper professional standards and maintain public confidence in the profession.

68. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. It is therefore imperative that nurses make sure that their conduct at all times justifies both their patients' and the public's trust in them and in their profession.

69. In addressing impairment, the Parties have considered the factors ***outlined by Dame Janet Smith in the Fifth Shipman Report and approved by Cox J in the case of CHRE v Grant & NMC [2011] EWHC 927 (Admin)*** *("Grant"). A summary is set out in the case at paragraph 76 in the following terms:*

“Do our findings of fact in respect of the [nurse’s] misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her fitness to practise is impaired in the sense that s/he:

a. has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or
b. has in the past brought and/or is liable in the future to bring the [nursing] 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 [nursing] profession; and/or
d. has in the past acted dishonestly and/or is liable to act dishonestly in the future.”

70. The panel should also consider the comments of Cox J in Grant at paragraph 101:

“The Committee should therefore have asked themselves not only whether the Registrant continued to present a risk to members of the public, but whether the need
to uphold proper professional standards and public confidence in the Registrant and in the profession would be undermined if a finding of impairment of fitness to practise were not made in the circumstances of this case.”

71. The Parties agree that all four limbs as identified in the above case are engaged.

72. Dealing with each limb in turn:

<u>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</u>

73. Mr Ridout's conduct had the ability to cause patients in his care unwarranted harm. Many clinical errors were prevented only once colleagues noticed the errors that Mr Ridout was making prior to administering medication. By making a number of medication errors, failing to consult medical records and inappropriately managing medication Mr Ridout placed patients at a significant risk of harm.

74. Mr Ridout consumed medications which were kept for treating patients in his care and attended work while being unfit. As a consequence, Mr Ridout placed the patients and himself at a significant risk of harm.

75. Mr Ridout gained employment dishonestly and did not disclose that he was subject to restrictions. This meant that the risk he posed was not being managed and placed patients at a risk of harm.

76. In the absence of any strengthened practice or further evidence it is agreed that there is the potential to place patients at risk of harm in the future. Mr Ridout was dismissed from ABUHB and the Agency and is not currently working as a registered nurse.

<u>Has in the past brought and/or is liable in the future to bring the medical profession into disrepute</u>

77. Registered professionals occupy a position of trust in society to be responsible for the care of residents or patients. Mr Ridout was taking medication from his work place and consuming them without permission, rendering, on more than one occasion, his fitness to work in question. He has made a number of serious clinical failures and lacked honesty on a number of occasions. This directly constitutes a breach of the trust placed in Mr Ridout as a registered professional.

78. The Parties agree that such behaviour not only brought Mr Ridout's reputation into disrepute, but also that of the wider profession. This in turn undermined the public's confidence in the profession as a whole.

79. Furthermore, this seriously undermines the reputation of the nursing profession as a result of Mr Ridout's repeated failure to act with honesty by not disclosing information about his disciplinary proceedings and restrictions on his practice which he was aware of and stating that he was allowed to administer medication by the Agency while this was not the case.

80. The public should feel assured that their needs will be met. If they cannot be confident in registered nurses' ability to safely manage, prepare and administer medication, be open and honest about restrictions and further employment this undermines the reputation of the profession. The public are reliant upon the Regulator for upholding certain levels of standards.

Has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession.

81. The Code divides its guidance for nurses in to four categories which can be considered as representative of the fundamental principles of nursing care. These are:

a) Prioritise people;
b) Practise effectively;
c) Preserve safety and
d) Promote professionalism and trust

82. The Parties have set out above, how, by identifying the relevant sections of the Code, Mr Ridout has breached fundamental tenets of the profession. These

sections of the Code define, in particular, the responsibility to promote professionalism and trust.

Has in the past acted dishonestly and/or is liable to act dishonestly in the future.

97. Mr Ridout acted dishonestly in that he knew he was subject to a disciplinary proceeding, and that restrictions were imposed on his practice, but deliberately did not disclose this information to his subsequent employers. Mr Ridout knew it was not that case that the Agency allowed him to administer medications, but he deliberately stated the contrary to his employer. Mr Ridout's conduct shows repeated dishonesty to gain unrestricted employment and deflect blame.

83. Dishonesty is regarded as conduct which is more difficult to remediate. The NMC's guidance entitled "Can the concern be addressed?" (FTP13a) states as follows:

"Examples of conduct which may not be possible to address, and where steps such as training courses or supervision at work are unlikely to address the concerns include…. dishonesty, particularly if it was serious and sustained over a period of time, or directly linked to the nurse, midwife or nursing associate's practice."

84. The dishonesty in this case was so serious and sustained over time, as Mr Ridout was able to work without restrictions potentially exposing patients to harm, without either employer aware.

Remediation, reflection, training, insight, remorse

85. NMC guidance adopts the approach of ***Silber J in the case of R (on application of Cohen) v General Medical Council [2008] EWHC 581 (Admin)*** *by*

asking the questions whether the concern is easily remediable, whether it has in fact been remedied and whether it is highly unlikely to be repeated.

86. The Parties have also considered the NMC's guidance entitled ***'Insight and strengthened practice' (FTP-13****) states, "Evidence of the nurse, midwife or nursing associate's insight and any steps they have taken to strengthen their practice will usually be central to deciding whether their fitness to practise is currently impaired".*

87. Mr Ridout has fully admitted the charges in the Case Management Form dated 28 July 2023 and he has provided some local reflections. In the local statement dated 10 December 2019 Mr Ridout explains that he took the medication from the medication cupboard due to overfilling and that the medication stock was counted and found to be correct.

88. In his undated local reflection and Intravenous Furosemide Reflection dated 23 March 2019 Mr Ridout refers to shortage of staff, being unfamiliar with the agency staff and the ward surrounding which were the contributing factors of his medication error and he states:

"On reflection I can see that I should have taken into account that I was familiar with the dose of furosemide and its infusions and should have been quicker to identify that the dose was incorrectly prescribed. I recognise that in this instance I should have contacted the oncall doctor to review and provide guidance on the prescription to ensure that the incident did not take place.

As a result of this incident I have learned that I should take more care in trusting a prescription chart and should question issues that I identify, raising them to other members of the multidisciplinary team in a timely manner and should consider that although a medication has been checked by another member of staff that they might also be incorrect in their assumption that the dose is correct. The lessons

learned will be applied in all activities in future to ensure correct and safe care for all patients under my care."

89. Apart from admitting the charges Mr Ridout has not provided a formal substantive response to the regulatory concerns raised by the NMC.

90. In accordance with ***Article 3(4) of the Nursing and Midwifery Order 2001*** *("the Order") the overarching objective of the NMC is the protection of the public.*

91. The Order states:

The pursuit by the Council of its overarching objective involves the pursuit of the following objectives-
(a) to protect, promote and maintain the health, safety and well-being of the public;
(b) to promote and maintain public confidence in the professions regulated under this Order; and
(c) to promote and maintain proper professional standards and conduct for members of those professions.

Public protection impairment

92. A finding of impairment is necessary to protect the public.

93. The case of Grant makes it clear that the public protection must be considered paramount, and Cox J stated at para 71:

"It is essential, when deciding whether fitness to practise is impaired, not to lose sight of the fundamental considerations … namely, the need to protect the public and the need to declare and uphold proper standards of conduct and behaviour so as to maintain public confidence in the profession"

94. Mr Ridout's overall conduct has placed patients at risk of serious harm. Basic medication preparation, management and administration is at the heart of nursing care and clearly place patients at a risk of harm.

95. It is agreed by Parties that a finding of impairment is necessary on the ground of public protection.

Public interest impairment

96. In ***CHRE v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin)*** *Cox J commented as follows at paragraphs 71, 74 and 75:*

71. "It is essential, when deciding whether fitness to practise is impaired, not to lose sight of the fundamental considerations… namely, the need to protect the public and the need to declare and uphold proper standards of conduct and behaviour so as to maintain public confidence in the profession .."

74. "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."

75. "I regard that as an important consideration in cases involving fitness to practise proceedings before the NMC where, unlike such proceedings before the General Medical Council, there is no power under the rules to issue a warning, if the committee finds that fitness to practise is not impaired. As Ms McDonald observes, such a finding amounts to a complete acquittal, because there is no mechanism to mark cases where findings of misconduct have been made, even where that misconduct is serious and has persisted over a substantial period of time. In such

circumstances the relevant panel should scrutinise the case with particular care before determining the issue of impairment."

97. For the reasons set out above, it is agreed by the Parties that Mr Ridout's conduct has brought the profession into disrepute and that he has breached the trust placed in him. A fully informed member of the public would be concerned by Mr Ridout's actions.

98. In the circumstances of this case, the Parties agree that a reasonable and fully informed member of the public would expect a finding of impairment to follow, and public confidence would be diminished should that not happen. It is also for the NMC as a regulatory body to declare and maintain proper professional standards of conduct. Notwithstanding that Mr Ridout showed some remorse and insight into his behaviour at local level, the concerns in this case are so serious that, a finding of impairment is required to uphold proper professional standards and conduct and to maintain public confidence in the profession.

99. The Parties agree that Mr Ridout's fitness to practise is impaired on public protection and public interest grounds.

Sanction

100. In accordance with Article 3(4) of the Order, the overarching objective of the NMC is the protection of the public.

101. Whilst sanction is a matter for the panel's independent professional judgement, the Parties agree that the appropriate and proportionate sanction in this case is a striking-off order.

102. The NMC's guidance on factors to consider before deciding on sanctions SAN-1 states that:

"Being proportionate means finding a fair balance between the nurse, midwife or nursing associate's rights and our overarching objective of public protection. We need to choose a sanction that doesn't go further than we need to meet this objective. This reflects the idea of right-touch regulation, where the right amount of 'regulatory force' is applied to deal with the target risk, but no more."

103. In reaching this agreement, the Parties considered the ***NMC's Sanctions Guidance ("SG")****, bearing in mind that it provides guidance and not firm rules. The panel will be aware that the purpose of sanctions is not to be punitive but to protect the public and satisfy public interest. The panel should take into account the principle of proportionality and it is agreed between the parties that the proposed sanction is a proportionate one that balances the risk to public protection and the public interest with Mr Ridout's interests.*

104. The aggravating features of this case have been identified as follows:

a) Repeated medication failures that had or had the potential to cause harm to patients.
b) Repeated dishonesty.
c) Limited insight.

105. The mitigating features of this case have been identified as follows:
a) Partial admissions at local level
b) Admissions to charges.

106. Considering each sanction in turn starting with the least restrictive:

*107. **No further action - Taking no action** - The NMC's guidance (SAN-3a) states that it will be rare to take no action where there is a finding or current impairment, and this is not one of those rare cases. The seriousness of the misconduct means that taking no action would not be appropriate.*

108. The Parties agree that taking no further action would be wholly disproportionate in this case as the conduct is so serious that it undermines the public's trust in nurses.

*109. **Caution Order** -The NMC's guidance (SAN-3b) states that a caution order is only appropriate if the Fitness to Practise Committee has decided there is no risk to the public or to patients requiring the nurse's practice to be restricted, meaning the case is at the lower end of the spectrum of impaired fitness, however the Fitness to Practise Committee wants to mark the behaviour as unacceptable and must not happen again.*

110. The Parties agree that such an order would also be disproportionate in light of the seriousness of the conduct. A caution order would not mark the seriousness and would be insufficient to maintain high standards within the profession or maintain the trust the public place in the profession, nor would it sufficiently protect the public.

*111. **Conditions of Practice Order** – The NMC's guidance (SAN-3c) states that a conditions of practice order may be appropriate when some or all of the following factors are apparent:*

• no evidence of harmful deep-seated personality or attitudinal problems
• identifiable areas of the nurse, midwife or nursing associate's practice in need of assessment and/or retraining
• no evidence of general incompetence
• potential and willingness to respond positively to retraining.

• the nurse, midwife or nursing associate has insight into any health problems and is prepared to agree to abide by conditions on medical condition, treatment and supervision.
• 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.
• conditions can be created that can be monitored and assessed.

112. The Parties agree that the conduct and the concerns behind the misconduct are indicative of harmful, deep-seated personality or attitudinal concerns. This is not a case that relates solely to concerns regarding Mr Ridout's clinical practice. A conditions of practice order would potentially protect the public if it provided for by Mr Ridout to be supervised and not administrate medication as a minimum. However, such a restrictive set of conditions would likely be tantamount to a suspension. Further, there are no conditions that can address dishonesty. Therefore, a conditions of practice order would not be workable. Further, it would not adequately protect the public interest in the profession given his dishonesty and disregard of his restrictive duties previously.

113. Mr Ridout's intention not to return to nursing imminently further demonstrates that a conditions of practice order is not workable.

114. Therefore, the Parties agree that a conditions of practice order is not appropriate, proportionate, or workable and would be insufficient to mark the seriousness of the misconduct and would not sufficiently maintain confidence in the profession.

115. ***Suspension Order*** *– The NMC's guidance (SAN-3d) states that a suspension order may be appropriate in cases where the misconduct isn't fundamentally*

incompatible with the nurse, midwife or nursing associate continuing to be a registered professional, and the overarching objective may be satisfied by a less severe outcome than permanent removal from the register.

116. In deciding whether a suspension order is appropriate the guidance asks a panel to consider the following:

I. A single instance of misconduct but where a lesser sanction is not sufficient.
II. No evidence of harmful deep-seated personality or attitudinal problems
III. No evidence of repetition of behaviour since the incident
IV. The Committee is satisfied that the nurse, midwife or nursing associate has insight and does not pose a significant risk of repeating behaviour.
V. In cases where the only issue relates to the nurse, midwife or nursing associate's health, there is a risk to patient safety if they were allowed to continue to practise even with conditions.
VI. In cases where the only issue relates to the nurse, midwife or nursing associate's lack of competence, there is a risk to patient safety if they were allowed to continue to practise even with conditions.

117. The Parties agree that this sanction would not reflect the seriousness of Mr Ridout's misconduct. The incidents occurred over the period of two years; the concerns raised have not yet been remedied; and the conduct displayed in this case demonstrates a harmful deep-seated personality and attitudinal issues by Mr Ridout's disregard of his restrictive duties and dishonesty. A suspension order would not send a message to the professions that such behaviour is wholly unacceptable for a registered nurse. A suspension order would not address the public interest in the particular circumstances of this case. According to the NMC guidance (SAN-3d), a suspension order would be most appropriate where the misconduct is not fundamentally incompatible with continuing registration. Mr Ridout's conduct overall is fundamentally incompatible with continuing registration.

118. Therefore, the overarching objective of public protection would not be satisfied by a suspension order and would not be in the public interest. Mr Ridout has not practised nursing since he was dismissed from his last nursing role approximately two years ago.

119. Furthermore, there is evidence of a risk of repetition. As set out above, Mr Ridout has not practised as a nurse for nearly two years, and he has not strengthened his practice.

120. The Parties agree that a temporary removal from the register is insufficient to mark the seriousness of the misconduct and to meet the wider public interest. Having regard to the high risk of repetition, limited insight, lack of remediation and further safe practice, a suspension order is not appropriate in this case.

121. ***Striking-off Order*** *– The Parties agree that this is the most appropriate and proportionate sanction. The Parties have considered the NMC Guidance SAN-3e entitled "****Striking-off Order"*** *which states:*

"This sanction is likely to be appropriate when what the nurse, midwife or nursing associate has done is fundamentally incompatible with being a registered professional. Before imposing this sanction, key considerations the panel will take into account include:

• Do the regulatory concerns about the nurse, midwife or nursing associate raise fundamental questions about their professionalism?
• Can public confidence in nurses, midwives and nursing associates be maintained if the nurse, midwife or nursing associate is not removed from the register?
• Is striking-off the only sanction which will be sufficient to protect patients, members of the public, or maintain professional standards?
The panel should refer to our guidance on seriousness, which highlights a number of factors indicating which kinds of concern it may not be possible for the nurse,

midwife or nursing associate to address or put right, and which will most seriously affect their trustworthiness as a registered nurse, midwife or nursing associate."

122. The Parties agree that for the reasons stated above Mr Ridout's misconduct is fundamentally incompatible with being a registered professional, that the concerns about Mr Ridout's practice do raise fundamental questions about his professionalism and that public confidence in nurses, midwives and nursing associates cannot be maintained if Mr Ridout continues to remain on the register.

123. The Parties further agree that given the serious nature of misconduct whilst on restricted duties, potential patient harm and repeated dishonesty of misleading the Hospital and the Agency being so serious that a lesser sanction would not adequately protect the public and address the public interest. Parties agree that a striking-off order is the only sanction which will be sufficient to protect patients, members of the public, and maintain professional standards.

Interim order

124. An interim order is required in this case. The interim order is necessary for the protection of the public and otherwise in the public interest for the reasons given above. The interim order should be for a period of 18 months in the event the panel's decision is appealed. The interim order should take the form of an interim suspension order.

The Parties understand that this provisional agreement cannot bind a panel, and that the final decision on findings 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 and the agreed statement of facts set out 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 provisional CPD agreement between the NMC and Mr Ridout. The provisional CPD agreement was signed by Mr Ridout on 4 November 2023 and the NMC on 7 November 2023.

Decision and reasons on the CPD

The panel decided to accept the CPD.

The panel heard and accepted the legal assessor's advice. Ms Whawell referred the panel to the 'NMC Sanctions Guidance' (SG) and to the 'NMC's guidance on Consensual Panel Determinations'. She reminded the panel that they could accept, amend or outright reject the provisional CPD agreement reached between the NMC and Mr Ridout. Further, the panel should consider whether the provisional CPD 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 nursing profession and the regulatory body, and declare and uphold proper standards of conduct and behaviour.

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

Decision and reasons on impairment

The panel then went on to consider whether Mr Ridout's fitness to practise is currently impaired. Whilst acknowledging the agreement between the NMC and Mr Ridout, the panel has exercised its own independent judgement in reaching its decision on impairment.

In respect of misconduct, the panel determined that the charges found proved against Mr Ridout are very serious, involving repeated dishonesty, are wide-ranging in nature and took place over a long period of time. The panel considered that Mr Ridout's actions had

the potential to cause a serious risk of real harm to patients and his conduct falls far short of what is expected of a registered nurse. The panel was therefore of the view that Mr Ridout's actions are sufficiently serious to constitute serious professional misconduct. In this respect, the panel endorsed paragraphs 46 to 66 of the provisional CPD agreement in respect of misconduct.

The panel then considered whether Mr Ridout's fitness to practise is currently impaired by reason of misconduct.

In coming to its decision, the panel had regard to the Fitness to Practise Library, updated on 27 March 2023, which states:

> *'The question that will help decide whether a professional's fitness to practise is impaired is:*
> *"Can the nurse, midwife or nursing associate practise kindly, safely and professionally?"*
> *If the answer to this question is yes, then the likelihood is that the professional's fitness to practise is not impaired.'*

The panel determined that Mr Ridout's fitness to practise is currently impaired. It was of the view that all four limbs as identified in the case of Grant are engaged. The panel was of the view that Mr Ridout's repeated clinical errors, attending work while being unfit and gaining employment dishonestly by not disclosing that he was subject to restrictions, in the absence of any evidence of strengthened practice demonstrates that he is liable to place patients at risk of harm in the future.

The panel had sight of and was in agreement with the relevant sections of the Code highlighted at paragraph 52 of the provisional CPD agreement.

The panel considered that Mr Ridout's dishonesty in this case was serious, repeated and sustained over a long period of time, which potentially exposed patients to harm.

The panel considered that whilst there is some evidence of insight and reflection from Mr Ridout, his conduct overall had placed patients at a risk of serious harm, and a finding of impairment is therefore necessary to protect the public. Further, the concerns in this case are so serious that a finding of impairment is required to uphold proper professional standards and conduct and to maintain public confidence in the profession.

The panel is of the view that Mr Ridout's fitness to practise is impaired on public protection and public interest grounds. In this respect the panel endorsed paragraphs 67 to 99 of the provisional CPD agreement.

Decision and reasons on sanction

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

The panel took into account the following aggravating features:

- Repeated medication failures that had the potential to cause harm to patients
- Repeated dishonesty
- Limited insight

The panel also took into account the following mitigating features:

- Partial admissions at local level
- Admissions to charges

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 Mr Ridout'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 Mr Ridout'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 be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether placing conditions of practice on Mr Ridout's registration would be a sufficient and appropriate response. 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. The misconduct identified in this case was not something that can be addressed through retraining. Furthermore, the panel concluded that the placing of conditions on Mr Ridout's registration would not adequately address the seriousness of this case and would not protect the public.

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

- *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;*

- *The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour;*
- *…*
- *…*

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 Mr Ridout's actions is fundamentally incompatible with Mr Ridout remaining on the register.

In this particular case, the panel determined that a suspension order would not be a sufficient, appropriate or proportionate sanction.

Finally, in looking at a striking-off order, the panel took note of the following paragraphs of the SG:

- *Do the regulatory concerns about the nurse or midwife raise fundamental questions about their professionalism?*
- *Can public confidence in nurses and midwives be maintained if the nurse or midwife is not removed from the register?*
- *Is striking-off the only sanction which will be sufficient to protect patients, members of the public, or maintain professional standards?*

Mr Ridout's actions were significant departures from the standards expected of a registered nurse and are fundamentally incompatible with him remaining on the register. The panel was of the view that the findings in this particular case demonstrate that Mr Ridout's actions were serious and to allow him 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 agreed with the CPD 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 Mr Ridout's actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct himself, 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.

This will be confirmed to Mr Ridout in writing.

Decision and reasons on interim order

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

The panel was satisfied that an interim order is necessary for the protection of the public and 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 agreed with the CPD that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order. The panel therefore imposed an interim suspension order for a period of 18 months to cover the 28-day appeal period.

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

That concludes this determination.