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Supporting employers with concerns about nurses, midwives and nursing associates

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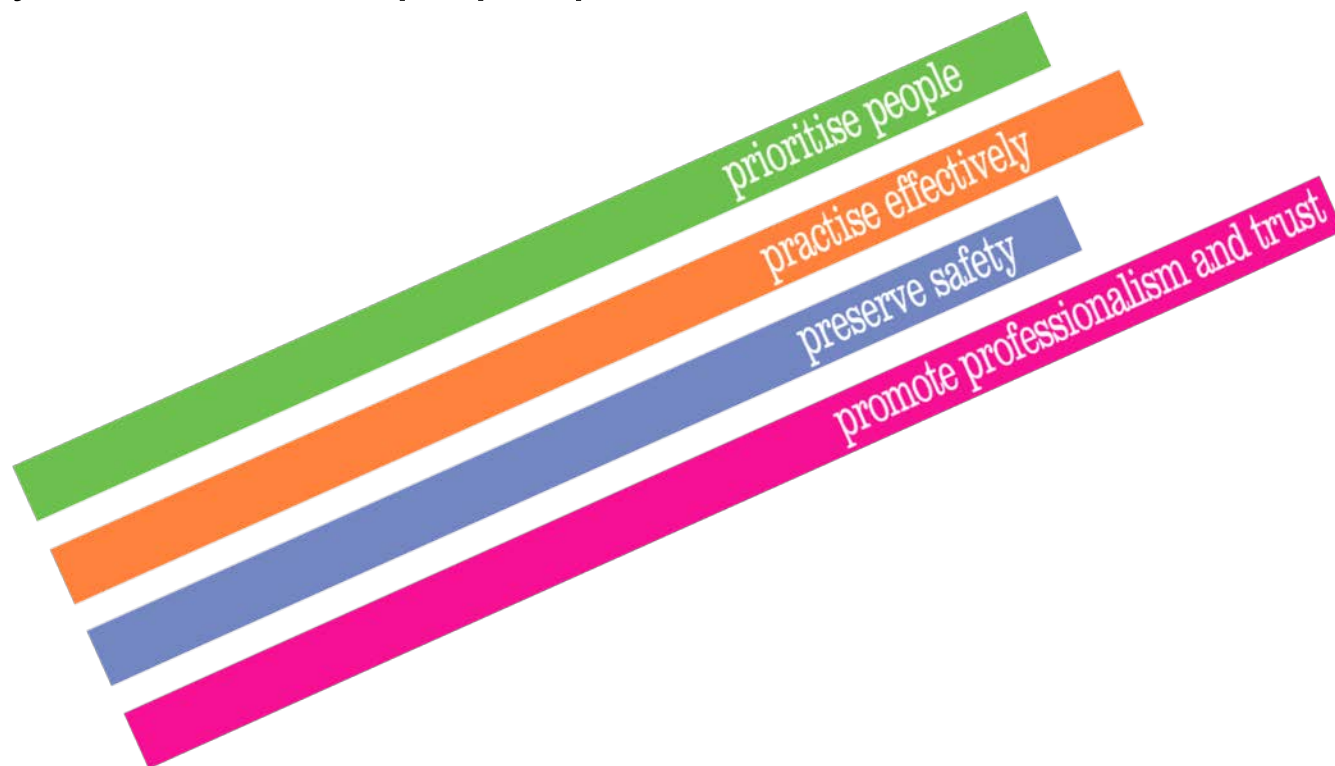


Presentation:

- Our purpose and vision
- How we support employers
- Our approach to Fitness to Practise
- Case scenarios
- Support and resources

What we do:

As the professional regulator of nurses and midwives in the UK, and nursing associates in England, we work to ensure these professionals have the knowledge and skills to deliver consistent, quality care that keeps people safe.



NMC purpose and vision

Our purpose is to:

- *Promote and uphold the highest professional standards in nursing and midwifery to protect the public and inspire confidence in the professions.*

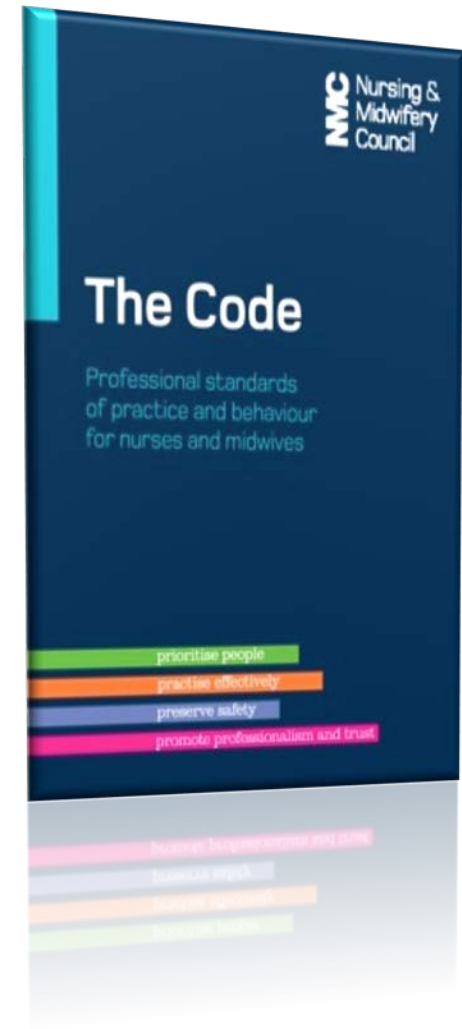
Fulfilling our purpose helps us to realise our vision:

- *Safe, effective and kind nursing and midwifery practice, improving everyone's health and wellbeing.*

Our core functions:

- Setting and promoting standards and guidance for the nursing and midwifery profession
- Setting standards for and quality assuring the provision of education and training
- Maintaining a register of nurses, midwives and nursing associates
- Taking action where a nurse, midwife or nursing associates fitness to practise may be impaired

The NMC Code



“...commitment to professional standards is fundamental to being part of a profession...”
revised March 2015 and updated to reflect nursing associates 10 October 2018

Caring with confidence-the Code in action & Covid 19



Proficiencies & your responsibilities



1. Being an accountable professional
2. Promoting health and preventing ill health
3. Assessing needs and planning care
4. Providing and evaluating care
5. Leading and managing nursing care and working in a team
6. Improving safety and quality of care
7. Coordinating care



1. Being an accountable professional
2. Promoting health and preventing ill health
3. Provide and monitor care
4. Working in teams
5. Improving safety and quality of care
6. Contributing to integrated care

Proficiencies & your responsibilities



1. Being an accountable, autonomous, professional midwife
2. Safe and effective midwifery care: promoting and providing continuity of care and carer
3. Universal care for all women and new-born infants 18
4. Additional care for women and new-born infants with complications
5. Promoting excellence: the midwife as colleague, scholar and leader
6. The midwife as skilled practitioner

Employer Link Service (ELS):

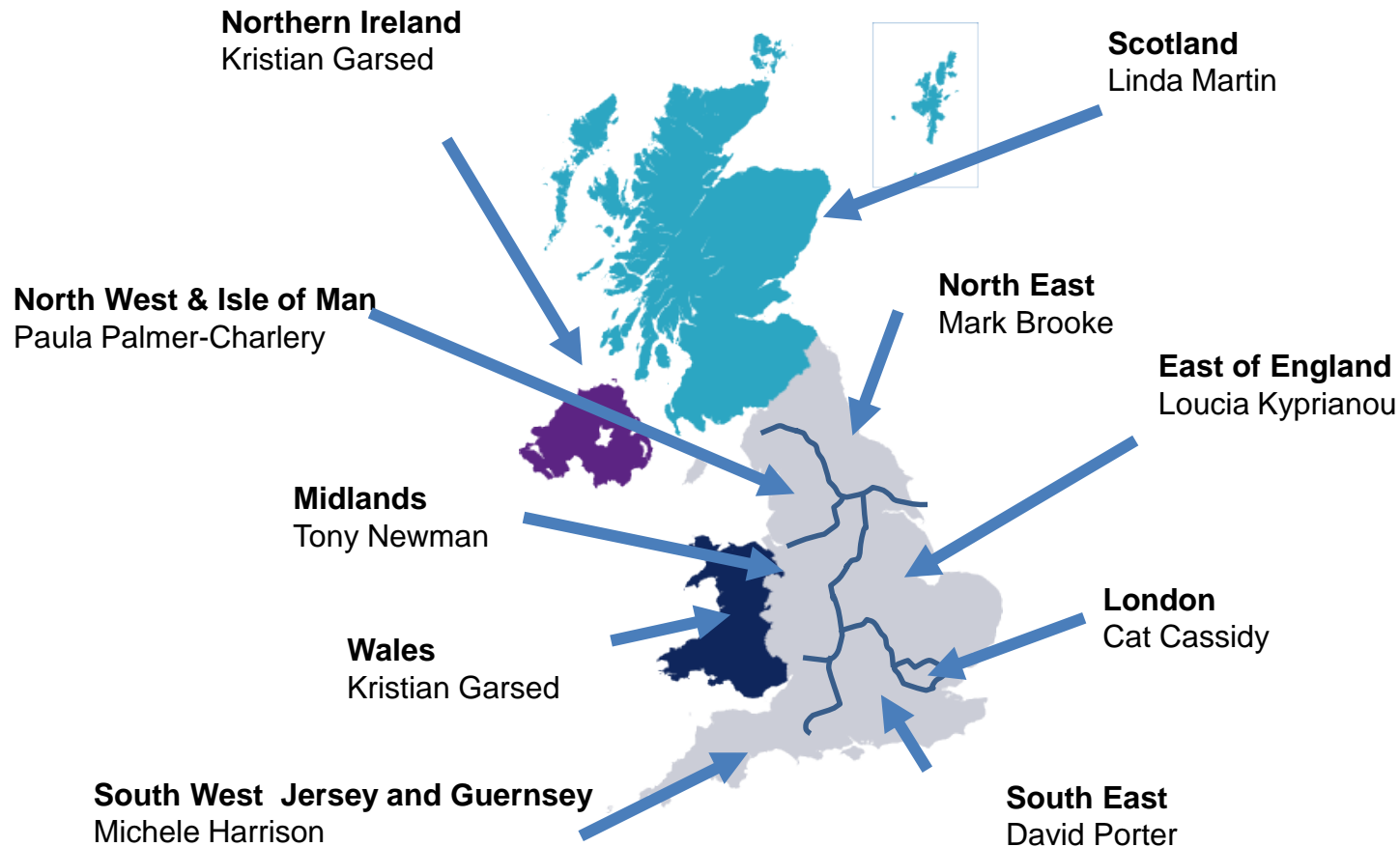


- ***Recommendation 232*** *The Nursing and Midwifery Council could consider a concept of employment liaison officers, similar to that of the General Medical Council, to provide support to directors of nursing.*

The Employer Link Service is designed to:

- encourage robust local investigation, performance management and clinical governance
- ensure that we are receiving the right referrals at the right time
- improve our ability to access and share data and intelligence between employers, the NMC and other regulators
- communicate key regulatory messages

Employer Link Service



Employer advice line: 0207 462 8850

Email: employerlinkservice@nmc-uk.org

Employer Link Service-what do we do?

- **Providing advice and guidance;**
 - Telephone advisory service for employers, from 9am to 5pm, Monday to Friday – 0207 462 8850
 - Supporting NHS and independent sector employers re making referrals.
 - Delivering learning sessions.
- **Supporting functions across the NMC;**
 - Helping to progress FtP cases.
 - Delivering key messages and updates and gathering feedback from employers.
 - Contributing to the NMC's programme of continual improvement.
- **Improving patient safety and public protection;**
 - Receive, react and share intelligence with employers, healthcare regulators and other bodies

What is 'fitness to practise'?

We say that a nurse, midwife or nursing associate is fit to practise when they have the skills, knowledge, health and character to do their job safely and effectively


Current impairment means:

- The fitness to practise of the nurse, midwife or nursing associate concerned is called into question.
- There are serious concerns about an individual's conduct, performance, health or knowledge of English.
- There are doubts as to whether they should be allowed to continue to practise as a registered professional, either with some form of restriction on their practice, or at all.

Fitness to Practise Strategy



What type of cases are investigated?

- 
- Dishonesty
 - Patient abuse
 - Neglect
 - Lack of competence
 - Failure to maintain adequate records
 - Incorrect administration of drugs
 - Accessing illegal pornography
 - Serious ill health
 - Serious criminal convictions/cautions (including events outside the workplace)

Stages of a fitness to practise case

- **Screening**

- Prioritise and assess those cases which most need our involvement.

- **Investigation**

- Enables the NMC to understand the full extent of the regulatory concerns and establish the facts by undertaking reasonable lines of enquiry

- **Case Examiners (decision-makers)**

- may issue warnings, undertakings or advice OR refer to a hearing/meeting OR find no case to answer)

- **Adjudication – Fitness to Practise Committee (decision-makers)-hearing or meeting, 3 staged approach**

1. Are the alleged facts proven or not?
2. Is the fitness to practise currently impaired or not?
3. Which sanction is the most appropriate and proportionate?

Putting it into context

01 April 2019 – 31 March 2020

Concerns received: 5,704

Employers = 32%
Patient/Public = 33%
Self-Referral = 8%

Closed at screening: 2,981 (64%)

Interim Suspension Orders: 245
Interim Conditions of Practice Orders: 316

Register: 716,607

669,854 = nurses
37,918 = midwives
7,142 = dual
1,693 = nursing associates

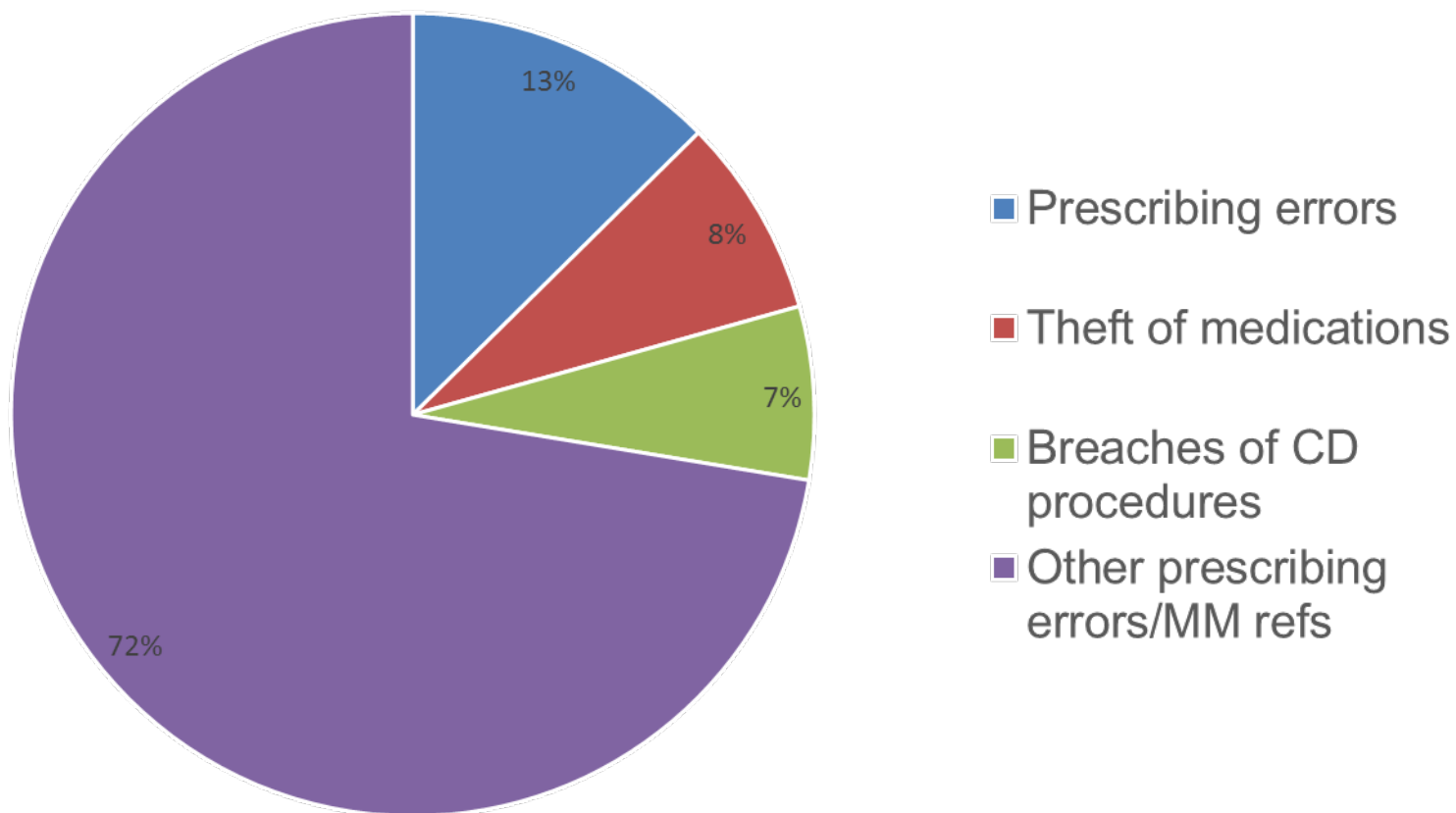
Decisions: 1,405

No further action: 812 (58%)
Agree advice, warning or undertakings:
59 (4%)
Referred for Hearing/Meeting: 534(38%)

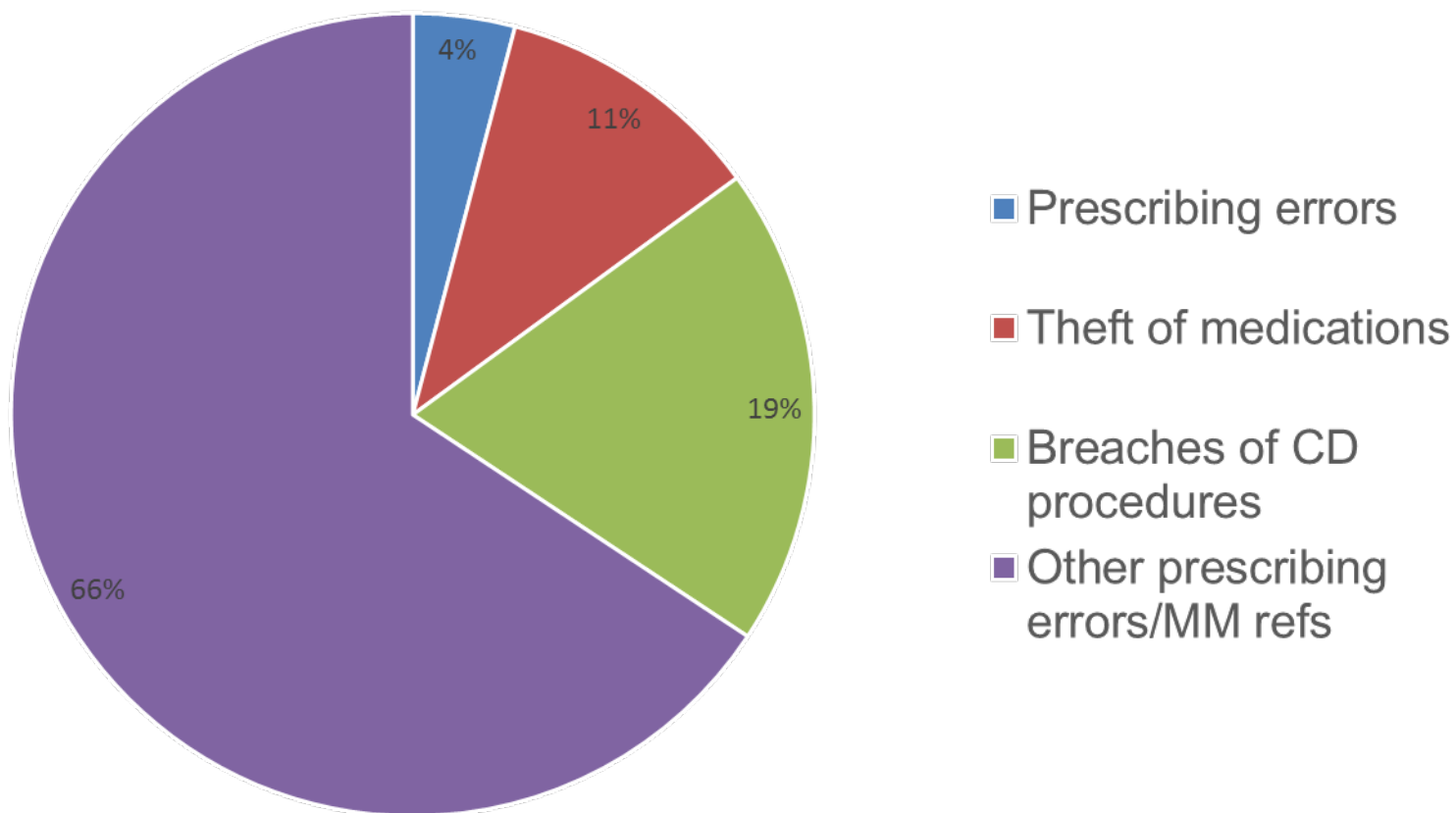
Hearing Outcomes: 380

Caution Order: 42 (9%)
Conditions of Practice Order: 69 (15%)
Suspension Order: 142 (32%)
Striking off: 127 (28%)

2019 Prescribing errors and medicines management referrals (total 373)



2020 Prescribing errors and medicines management referrals (total 341)



Case study 1

- Nurse H has recently given birth and has been referred to a community mental health team as she has been suffering with post-natal depression.
- She's agitated during an appointment and discloses she has been alcohol dependent since about a year ago, including during her pregnancy, as she was stressed and unable to cope. She further discloses that since giving birth she has occasionally used cocaine and cannabis to alleviate her depression.
- Nurse H says she's been engaging in treatment for her alcohol dependency but does not believe her drug use is problematic.
- Trust A is concerned about patient confidentiality as it doesn't employ Nurse H – she's employed by, and is on maternity leave from, Trust B.
- Should Trust A make a referral to the NMC?

Case study 1 outcome

Yes - Trust A should refer Nurse H to the NMC

- Nurse H's ***extended alcohol dependency and recent illicit drug use, indicates her FtP may be significantly impaired*** and this needs to be considered and responded to by the NMC. This would be considered by the NMC for an ***Interim Order*** to restrict her practice on the grounds of public protection, public interest and in her own interests. Being on maternity leave from her employment is not an adequate safeguard.
- ***Relevant Provisions of the GDPR*** allow the Trust to disclose information (including “special category data”) which is necessary to enable the NMC to carry out its statutory function in the public interest (see Articles 6(1)(e) and 9 (2)(g),(h) and (i).
- The Code, para 5.4 allows disclosure to Trust B of “necessary information.....only when the interests of patient safety and public protection override the need for confidentiality”.

Case study 2 (a)

Nurse D has worked in a community hospital for 11 years without any previous clinical concerns. However he has recently made two drug errors:

- 1) gave a drug to the wrong patient, concealed the error and admitted it the next day-the patient was admitted to A&E for treatment and then recovered.
- 2) gave a drug via a sub-cutaneous route instead of oral-error was picked up by Nurse C later in the day-the patient was unharmed.

Both were serious errors and the organisation commenced an investigation. Disciplinary hearing was arranged but he went off sick and then resigned and the hearing did not conclude. It was thought that he joined an agency but no-one really knew.

Is it necessary to refer Nurse D to the NMC?

Case study 2 (a) outcome

Yes-the concerns amount to a regulatory concern which should be referred to the NMC:

- the errors are serious
- it is not known if he is working or where.
- there is an element of dishonesty in the first error as he concealed it initially.
- the nurse has left the employer raising the risk to other patients

Case study 2 (b)

Nurse D has worked in a community hospital for 11 years without any previous clinical concerns. However he has recently made two drug errors:

- 1) gave a drug to the wrong patient, concealed the error and admitted it the next day-the patient was admitted to A&E for treatment and then recovered.
- 2) gave a drug via a sub-cutaneous route instead of oral-error was picked up by Nurse C later in the day-the patient was unharmed.

Both were serious errors and an investigation was commenced. Nurse D engaged readily with the employer, sought to remediate the errors and admitted he should not have concealed the error. He submitted a reflective piece of work and went through a period of medication retraining and supervision. The outcome of the disciplinary hearing was a final written warning.

Is it still necessary to refer Nurse D to the NMC?

Case study 2 (b) outcome

No-at this stage the concern is being effectively managed at a local level by the employer who has oversight and supervision of the practice of the registrant.

- Nurse D has insight and is willing to try and put things right.
- However the dishonesty is serious but the employer is satisfied that there is a low risk or reoccurrence.
- Despite the fact that there were two errors and there is a risk of repetition, that risk is being guarded against by the support of the employer and by the measures being taken to address these mistakes.

It is therefore appropriate for these ***concerns to continue to be managed and addressed locally*** and a referral not made subject to completion of the capability programme.

What difference has the following made to this outcome in that case?

- Insight and remediation
- Engaging with the employer in putting things right
- Could this nurse be capable of safe and effective practice?
- What about the dishonesty?

Key NMC Resources

- Employer Link Service Advice Line: 0207 462 8850 Monday to Friday 09:00 to 17:00. Email: employerlinkservice@nmc-uk.org
- Managing Concerns: a resource for employers: <https://www.nmc.org.uk/employer-resource/>
- FtP Care Line: 0800 587 7396
- Emotional support line for anyone involved in an FtP concern 0300 303 3731.
- Public support service: <https://www.nmc.org.uk/concerns-nurses-midwives/support-for-patients-families-and-public/here-to-support-you/nmc-public-support-service/>
- Web: <https://www.nmc.org.uk/concerns-nurses-midwives/what-we-do/services-employers/>
 - [Covid-19 Stakeholder Pack:](https://www.nmc.org.uk/globalassets/sitedocuments/stakeholder-packs-covid/nmc-covid19-stakeholder-pack-11-june.pdf)
<https://www.nmc.org.uk/globalassets/sitedocuments/stakeholder-packs-covid/nmc-covid19-stakeholder-pack-11-june.pdf>
- NMC Code: <https://www.nmc.org.uk/standards/code/>
- Revalidation microsite: <http://revalidation.nmc.org.uk/>
- Employer confirmations: <https://www.nmc.org.uk/registration/employer-confirmations/>
- Preliminary consideration of allegations guidance: https://www.nmc.org.uk/globalassets/sitedocuments/ftp_information/preliminary-consideration-of-allegations-guidance.pdf
- Guidance on using social media responsibly: <https://www.nmc.org.uk/standards/guidance/social-media-guidance/>
- Witness liaison service 020 7681 5390 and virtual hearing centre tour: <https://www.nmc.org.uk/concerns-nurses-midwives/information-for-witnesses/>
- Online FtP guidance library: <https://www.nmc.org.uk/ftp-library/>
- Summary of the recent FtP changes: <https://www.nmc.org.uk/concerns-nurses-midwives/changes-to-fitness-to-practise-legislation/>
- Link to subscribe to NMC employers' newsletter: <http://tools.nmc.org.uk/page/s/employer-newsletter-sign-up>



Thank You

Contact details:
Tel: ELS: 020 7462 8850
Email: employerlinkservice@nmc-uk.org



NMC Nursing &
Midwifery
Council