Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Hearing
Tuesday, 2 April 2024 – Friday, 12 April 2024

Virtual Hearing

Name of Registrant:	**Nabeelah Hasan**
NMC PIN	20E0945E
Part(s) of the register:	Registered Nurse Children's Nurse – November 2020
Relevant Location:	London
Type of case:	Misconduct
Panel members:	Alan Greenwood (Chair, Lay member) Vivienne Stimpson (Registrant member) Kevin Connolly (Lay member)
Legal Assessor:	Suzanne Palmer
Hearings Coordinator:	Dilay Bekteshi
Nursing and Midwifery Council:	Represented by Ben Edwards, Case Presenter
Miss Hasan:	Not present and not represented
Facts proved:	Charges 2a) i), 2a) ii), 2a) iii), 2a) iv), 2b) i), 2b) ii), 2c), 2d) ii), 2e), 2f) i), 2f) ii), 2g) i), 2g) ii), 2h) i), 2h) ii), 2i) i), 2i) ii), 2j) i), 2j) ii), 2l) i), 2l) ii), 2l) iii), 2l) iv), 2l) v), 2l) vi), 3a), 3b) and 4)
Facts not proved:	Charges 1a), 1b), 2d) i), 2k) i), 2k) ii), 2k) iii), 2k) iv), 2k) v), 2k) vi) and 3a (only in respect of Patient 20)
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 Miss Hasan was not in attendance and that the Notice of Hearing had been sent to Miss Hasan's registered email address by secure email on 4 March 2024.

Further, the panel noted that the Notice of Hearing was also sent to Miss Hasan 's representative at the Royal College of Nursing (RCN) on 4 March 2024.

Mr Edwards, on behalf of the Nursing and Midwifery Council (NMC), submitted that it had complied with the requirements of Rules 11 and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The panel accepted the advice of the legal assessor.

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

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

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

[PRIVATE].

Decision and reasons on proceeding in the absence of Miss Hasan

The panel next considered whether it should proceed in the absence of Miss Hasan. It had regard to Rule 21 and heard the submissions of Mr Edwards who invited the

panel to continue in the absence of Miss Hasan. He submitted that Miss Hasan had voluntarily absented herself.

Mr Edwards referred the panel to the letter from the RCN from Miss Hasan's representative dated 27 March 2024, which states:

> *"Our member will not be attending the hearing nor will she be represented. No disrespect is intended by her non-attendance*. [PRIVATE].
>
> *Our member has received the notice of hearing and is happy for the hearing to proceed in her absence."*

Mr Edwards outlined in subsequent paragraphs of the letter the various submissions made on behalf of Miss Hasan. He submitted that the hearing should proceed in the absence of Miss Hasan based on clear indications from the RCN stating that she will not attend and that she is content for the hearing to proceed without her and without representation.

Mr Edwards submitted that there was no request for an adjournment, indicating voluntary absence. He submitted that there is a public interest in expeditiously addressing the serious allegations to ensure timely resolution and uphold public protection. Therefore, Mr Edwards invited the panel to proceed in the absence of Miss Hasan not only for her benefit but also in the public interest. He highlighted the seriousness of the allegations, Miss Hasan's voluntary absence, and the absence of any adjournment request as reasons supporting the continuation of the proceedings for the timely and fair resolution of the matter.

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 Miss Hasan. In reaching this decision, the panel has considered the submissions of Mr Edwards, the representations made on Miss Hasan's behalf, 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:

- No application for an adjournment has been made by Miss Hasan;
- Miss Hasan's RCN representative has informed the NMC that Miss Hasan has received the Notice of Hearing and confirmed she is content for the hearing to proceed in her absence;
- There is no reason to suppose that adjourning would secure her attendance at some future date;
- Three witnesses are due to attend to give evidence; and not proceeding may inconvenience the witnesses, their employers and, for those involved in clinical practice, the clients who need their professional services;
- The charges relate to events that occurred in 2021;
- Further delay may have an adverse effect on the ability of witnesses accurately to recall events; and
- There is a strong public interest in the expeditious disposal of the case.

The panel acknowledged that there is some disadvantage to Miss Hasan in proceeding in her absence. Although the evidence upon which the NMC relies has been sent to her at her registered address, she will not be able to challenge the evidence relied upon by the NMC in person and will not be able to give evidence on her own behalf. However, in the panel's judgement, this can be mitigated. The panel can make allowance for the fact that the NMC's evidence will not be tested by cross-examination and, of its own volition, can explore any inconsistencies in the evidence which it identifies. Furthermore, the limited disadvantage is the consequence of Miss Hasan 's decisions to absent herself from the hearing, waive her rights to attend,

and/or be represented, and to not provide evidence or make submissions on her own behalf.

In these circumstances, the panel has decided that it is fair to proceed in the absence of Miss Hasan. The panel will draw no adverse inference from Miss Hasan's absence in its findings of fact.

Details of charge

That you a registered nurse, whilst working at University College London Hospital NHS Foundation Trust ('the Trust');

Between 17 March 2021 and 9 December 2021;

1) Whilst working in Clinic K, inaccurately recorded that you had administered Covid-19 vaccination on the National Immunisation Vaccination Software (NIVS) for;

a) Patient 1 on 18 March 2021.

b) Patient 1 on 11 April 2021.

2) Whilst Clinic K was not operational/running, inaccurately recorded that you had administered Covid-19 vaccinations ('the vaccine') on the NIVS for one or more patients, in that you.

a) On 6 August 2021 inaccurately recorded that you had administered the vaccine on 30 July 2021 to;

i) Patient 3;

ii) Patient 4;

iii) Patient 5;

iv) Patient 6.

b) On 22 August 2021 inaccurately recorded that you had administered the vaccine on 20 August 2021 to;

i) Patient 3;

ii) Patient 4.

c) On 3 September 2021 inaccurately recorded that you had administered the vaccine to Patient 2 on 25 June 2021.

d) On 18 September 2021 inaccurately recorded that you had administered the vaccine on;

i) 25 June 2021 to Patient 2;

ii) 21 August 2021 to Patient 2.

e) On 18 October 2021 inaccurately recorded that you had administered the vaccine to Patient 7 on 20 August 2021.

f) On 26 October 2021 inaccurately recorded that you had administered the vaccine on;

i) 25 June 2021 to Patient 8;

ii) 20 August 2021 to Patient 8.

g) On 2 November 2021 inaccurately recorded that you had administered the vaccine on;

i) 25 June 2021 to Patient 9;

ii) 20 August 2021 to Patient 9.

h) On 3 November 2021 inaccurately recorded that you had administered the vaccine on;

i) 25 June 2021 to Patient 10;

ii) 20 August 2021 to Patient 10.

i) On 5 November 2021 inaccurately recorded that you had administered the vaccine on;

i) 25 June 2021 to Patient 11;

ii) 20 August 2021 to Patient 11.

j) On 8 November 2021 inaccurately recorded that you had administered the vaccine on;

i) 25 June 2021 to Patient 12;

ii) 20 August 2021 to Patient 12.

k) On 17 November 2021 inaccurately recorded that you had administered vaccines on 26 June 2021 to;

i) Patient 13;

ii) Patient 14;

iii) Patient 15;

iv) Patient 16;

v) Patient 17;

vi) Patient 18.

l) On 17 November 2021 inaccurately recorded that you had administered vaccines on 20 August 2021 to;

i) Patient 13;

ii) Patient 14;

iii) Patient 15;

iv) Patient 16;

v) Patient 17;

vi) Patient 18.

3) On 8 December 2021 whilst working at the Hospital Hub Clinic;

a) Whilst using Colleague Z's log in details, inaccurately recorded that you had administered Covid-19 vaccinations for one or more patients listed in Schedule 1;

b) Left the clinic without informing Colleague Z.

4) Your actions in one or more of charges, 1 a), 1 b), 2 a), 2 b), 2 c), 2 d), 2 e), 2 f), 2 g), 2 h), 2 i), 2 j), 2 k), 2 l) and 3 a) were dishonest, in that you sought to misrepresent, that you had administered Covid-19 vaccinations to one or more patients when you had not.

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

Schedule 1:

1. Patient 19
2. Patient 20
3. Patient 21
4. Patient 22
5. Patient 23
6. Patient 24
7. Patient 25
8. Patient 26
9. Patient 27
10. Patient 28
11. Patient 29
12. Patient 30
13. Patient 31
14. Patient 32
15. Patient 33

NMC opening and Background

Miss Hasan was referred to the NMC on 24 June 2022 by the Deputy Chief Nurse at University College Hospitals NHS Foundations Trust (the Trust) based on a referral following an audit of Covid-19 vaccination records in November 2021. The audit conducted by the Trust revealed multiple entries by Miss Hasan on the National Immunisation Vaccination System (NIVS) indicating patients had received Covid-19 vaccines.

Witness 1 performed an audit of the National Immunisation Vaccination System (NIVS), which raised various concerns. These concerns included instances where Miss Hasan recorded administering vaccinations on days when there were no clinics

and administering both first and second doses to the same patient on the same day in relation to charge 1. The audit data indicated these incidents occurred between March and November 2021.

In relation to charge 2, the allegations relate to the apparent administration of vaccinations when Clinic K was closed from 7 May 2021. The vaccinations could not have been carried out by Miss Hasan. The vaccinations were recorded on the NIVS system retrospectively.

The Trust's Interim Summary Report highlighted that during some of the dates of concern, Miss Hasan was not on duty, indicating she could not have administered the vaccines as recorded.

In relation to charge 3, it was discovered that Miss Hasan had used Colleague Z's login details, with the number of entries she made surpassing the actual stock levels of vaccines administered. Miss Hasan had left the clinic without informing Colleague Z on 8 December 2021.

In charge 4, it is alleged that Miss Hasan was dishonest in her actions in the previous three charges, in that she misrepresented that she had administered COVID-19 vaccines to one or more patients when she had not.

Application to admit the evidence of Witness 2

The panel heard an application made by Mr Edwards under Rule 31 to allow the written statement and exhibits of Witness 2 into evidence. He informed the panel that the witness statement dated 17 March 2024 and exhibits were provided on the first day of the hearing, with copies shared with those representing Miss Hasan.

Mr Edwards invited the panel to admit Witness 2's statement and exhibits, clarifying that the witness is available, emphasising the importance of assessing the relevance of this material at this stage. Furthermore, Mr Edwards submitted that Witness 2, a former Senior Employee Relations Adviser at UCLH, played a crucial role in

investigating employee relation cases, including the disciplinary interview with Miss Hasan during her employment at the Trust. Witness 2's interim summary report from 19 January 2023, was also submitted as an exhibit.

Mr Edwards submitted that Witness 2's evidence is relevant to the allegations against Miss Hasan. Mr Edwards submitted that it is fair to admit this evidence, having notified the RCN of this submission the previous week. Mr Edwards pointed out that the provided exhibits were already included in the hearing bundle, posing no surprise to Miss Hasan or her representatives. The only new document, Witness 2's statement, was shared last week and there was no response from Miss Hasan or her representatives. Mr Edwards submitted that admitting this evidence would not prejudice Miss Hasan, as Witness 2's availability for questioning would allow for thorough examination by both Mr Edwards and the panel, aligning with Miss Hasan's interests and the public interest. Lastly, Mr Edwards clarified that Witness 2 served as an investigator rather than a witness of facts, leaving the weight of her evidence for the panel to deliberate upon at the appropriate time.

Decision on application to adduce the evidence of Witness 2

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

The panel concluded that the evidence of Witness 2 was relevant because Witness 2 was the investigator. It included the witness's account of the responses to the allegations given by Miss Hasan within the local investigation. This provided relevant evidence and information which the panel could take into account when exploring the evidence of the NMC's other witnesses.

The panel was informed that Miss Hasan had received a copy of Witness 2's statement and had voluntarily chosen not to attend the proceedings. The panel acknowledged her inability to cross-examine the witness. However, the panel

identified fairness in allowing Witness 2 to present Miss Hasan's written explanations, particularly regarding the potential misplacement and misuse of her personal details.

The panel concluded that it was fair to admit Witness 2's written statement and exhibits into evidence.

Further decision to hold parts of the hearing in private

During the course of Witness 1's evidence, the panel sought further advice from the legal assessor and determined that it would make it possible to analyse the evidence and assist its understanding of the case, both when hearing evidence and when deliberating on the charges, to be provided with unredacted copies of the hearing bundle including patient names and identifiers.

The NMC duly provided the key to the anonymisation and the unredacted copies of the relevant exhibits.

The panel then determined of its own volition to hold the entirety of its questioning of Witness 1, and the closing submissions on behalf of the NMC, in private in order to protect the privacy of the patients concerned.

Application to amend the charge

The panel heard an application made by Mr Edwards, to amend the date in charge 2 k) from 26 June 2021 to 25 June 2021:

> k) On 17 November 2021 inaccurately recorded that you had administered vaccines on ~~26~~ **25** June 2021 to;

Mr Edwards acknowledged that while the essence of the charge is accurate, there is a minor discrepancy regarding the date of 26 June 2021, being a day later. Despite recognising the lateness of this application, Mr Edwards emphasised that procedural rules do not bar him from rectifying such errors at this stage of the proceedings. He

submitted that the proposed correction does not alter the fundamental issue addressed by the charge and merely serves to align with the evidence presented, without any substantive changes. Mr Edwards submitted that rectifying this date discrepancy poses no risk of injustice towards Miss Hasan. He invited the panel to decide whether the date amendment is more of a technical detail rather than a substantive alteration, emphasising that a charge should not be dismissed solely on technical grounds.

Decision on application

The panel accepted the advice of the legal assessor and had regard to Rule 28 of 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The panel took into consideration Miss Hasan's absence and the timing of the late-stage application, recognising the potential impact on fairness to her. The panel noted the importance of charges being drafted accurately so that a registrant has a full opportunity to respond.

The panel concluded that the public was sufficiently protected bearing in mind the other charges. Consequently, the panel decided against allowing the amendment at this stage.

Summary of the NMC's evidence

The panel considered the evidence of Witness 1, who served as the Lead Pharmacist for the Covid-19 Vaccination Programme at UCLH from December 2019 to March 2023. According to Witness 1, the NIVS functioned as a point-of-care system utilised for recording influenza and Covid-19 vaccinations conducted on Trust premises. Furthermore, Witness 1 highlighted that the NIVS operates as a nationwide system accessible remotely via an internet browser.

During the period of December 2020 to January 2021, management of the NIVS software fell under the responsibility of the Covid-19 Vaccination Operation Team. In

January 2021, the Trust initiated the establishment of mass vaccination sites at various locations. A new system named Pinnacle was adopted at these sites for tracking vaccine administrations by GPs. The panel was made aware of challenges encountered with Pinnacle, notably the inability to generate a list of patients vaccinated on a specific day or the total number of patients attended to.

Staff members were instructed to shift from using Pinnacle to NIVS for vaccine recordings. Vaccinations were scheduled to take place at Outpatients Clinic K, a mass vaccination centre operational from December 2020 to 7 May 2021.

In November 2021, a winter booster vaccination campaign targeting staff and patients at the Trust was launched.

In preparation for the winter campaign, Witness 1 conducted an audit which highlighted discrepancies in the vaccination records within NIVS. Concerns were raised about vaccination entries attributed to Miss Hasan, including instances of recording both the first and second vaccine doses on the same day, noting vaccine administrations on non-clinic days, and discrepancies between electronic and paper records.

Witness 1 stated that Clinic K ceased operations on 7 May 2021, yet Miss Hasan continued to input vaccination data into the system between August and November 2021 for numerous patients. Miss Hasan's data entries were backdated, implying they were inputted after the purported vaccination dates, which were dates when the clinic was non-operational. In Witness 1’s written statement, it states:

> *“I can confirm that the following NIVS entries were made with Nabeelah’s username:*
>
> *a. On 06 August 2021 four entries were made dated 30 July 2021.*
> *b. On 22 August 2021 two entries were made dated 20 August 2021.*
> *c. On 3 September 2021 one entry was made dated 25 June 2021*
> *d. On 18 September 2021 two entries were made dated 25 June and 21 August 2021*

e. On 18 October 2021 one entry was made dated 20 August 2021
f. On 26 October 2021 two entries were made dated 25 June and 20 August 2021
g. On 2 November 2021 two entries were made dated 25 June and 20 August 2021
h. On 3 November 2021 two entries were made dated 25 June and 20 August 2021
i. On 5 November 2021 two entries were made dated 25 June and 20 August 2021
j. On 8 November 2021 two entries were made dated 25 June and 20 August 2021

I can confirm that there were no clinics running on the dates of vaccination listed as above as Clinic K had closed on 7 May 2021. I can also confirm that there were no clinics running anywhere else in the Hospital on any of the dates listed above."

On 10 November 2021, Miss Hasan's NIVS account was requested to be deactivated due to the number of inaccurate entries. It would appear that the NIVS account was reactivated sometime after 10 November 2021 by Miss Hasan. On 17 November 2021, Miss Hasan made six entries dated 26 June 2021 and further six entries dated 20 August 2021.

On 8 December 2021, Miss Hasan utilised the login details of Colleague Z (as Miss Hasan's account had been deactivated) to input vaccine records for 14 patients, although there were actually 15 records logged with inaccuracies. Colleague Z was aware that Miss Hasan was logged in with her details but was not aware of the entries that Miss Hasan was making until they were revealed to her by Witness 1.

Miss Hasan's responses

May 2022
At the Formal Disciplinary Investigation Meeting on 26 May 2022, the allegations were put to Miss Hasan and she made some responses.

Regarding the events of 8 December 2021, Miss Hasan explained that due to technical issues with NIVS, she was told to call IT and Colleague Z gave Miss Hasan her NIVS log in details. She stated that there was a backlog of patients and that she was writing some patient details on a piece of paper. Miss Hasan also stated that there were instances where she administered vaccinations but did not update the records accordingly. Miss Hasan further stated that there was a situation during a bank shift where she suspected unauthorised use of her login credentials on NIVS. She also highlighted the prevalence of theft in the workplace, citing instances like her lunch clothes and a bag which contained a notebook containing her login details and passwords being stolen.

In response to the allegations of falsifying Covid-19 vaccination records on thirty-two occasions between June 2021 and November 2021, Miss Hasan stated that she was on leave and out of the country from 17 August 2021 to 9 September 2021, denying any knowledge of remote data entries on NIVS. She denied intentionally falsifying vaccination records and said that she did not input data falsely regarding patients' vaccinations.

Miss Hasan's reflective statement dated 22 February 2024 and accompanying letter

The panel also noted Miss Hasan's most recent reflection statement dated 22 March 2024 and the written submissions made on her behalf, and various other documents. It noted that Miss Hasan admitted *"inappropriate behaviour"* but did not provide any admissions to the charges. [PRIVATE].

Decision and reasons on facts

In reaching its decisions on the facts, the panel took into account all the oral and documentary evidence in this case together with the submissions made by Mr Edwards on behalf of the NMC and the letter sent by Miss Hasan's representative, on her behalf.

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

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

- Witness 1: Lead Pharmacist for Quality Assurance at the Trust
- Witness 2: Senior Employee Relations Adviser at the Trust
- Colleague Z: Intensive Care Nurse at the Trust

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

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

Charge 1)

1) Whilst working in Clinic K, inaccurately recorded that you had administered Covid-19 vaccination on the National Immunisation Vaccination Software (NIVS) for;

a) Patient 1 on 18 March 2021.

b) Patient 1 on 11 April 2021

This charge is found NOT proved in its entirety.

In the case of charge 1a), the panel determined that this charge could not be proved. The allegation is that Miss Hasan had inaccurately recorded that she had administered the Covid-19 vaccination on 18 March 2021. However, the evidence indicates that Miss Hasan had logged that Ms 1 was the one who administered the vaccination. Consequently, charge 1a) was found not proved.

Concerning charge 1b), Mr Edwards raised the point that it was recorded in the paper records that Patient 1 had received the vaccination from Miss Hasan. As a result, charge 1b) was not proved because what Miss Hasan had recorded appeared to be accurate.

Charge 2a)

> 2) Whilst Clinic K was not operational/running, inaccurately recorded that you had administered Covid-19 vaccinations ('the vaccine') on the NIVS for one or more patients, in that you.
>
> a) On 6 August 2021 inaccurately recorded that you had administered the vaccine on 30 July 2021 to;
>
> i) Patient 3;
>
> ii) Patient 4;
>
> iii) Patient 5;
>
> iv) Patient 6.

This charge is found proved in its entirety.

Regarding charge 2a) i) concerning Patient 3, the panel considered the NIVS records and noted that Patient 3 was recorded as having received the Covid-19 vaccination on 30 July 2021, a time when the clinic was not operational, and concluded that the entry on 6 August 2021 was inaccurate.

The panel considered Witness 1's statement, where it was highlighted that Miss Hasan had made entries on non-clinic days and dated them for non-operational days:

> *"I can confirm that the following NIVS entries were made with Nabeelah's username:*
> *a. On 06 August 2021 four entries were made dated 30 July 2021.*
> *b. On 22 August 2021 two entries were made dated 20 August 2021.*
> *…*
> *23.I can confirm that there were no clinics running on the dates of vaccination listed as above as Clinic K had closed on 7 May 2021. I can also confirm that there were no clinics running anywhere else in the Hospital on any of the dates listed above."*

In oral evidence, Witness 1 confirmed that no clinics were running on the stated dates, with Clinic K having closed on 7 May 2021 and no other UCLH clinics using NIVS being in operation in the hospital on those dates.

Witness 1 also gave evidence regarding NIVS access on the internet anywhere in the world and the deactivation of Miss Hasan's account. Miss Hasan had stated in May 2022 that her login details were stolen. However, her NIVS was requested to be deactivated by Witness 1 on 10 November 2021 due to inaccurate data recording issues on the NIVS system. The panel noted that Miss Hasan subsequently reactivated her account without reporting the theft or updating her login details. This undermined Miss Hasan's initial account of her NIVS login details being stolen.

During the Formal Disciplinary Investigation Meeting on 26 May 2022, Miss Hasan suggested that the recorded additional vaccination entries could be attributable to someone misusing her login credentials. However, the panel having considered the reflective statement submitted by Miss Hasan's representative, concluded that it indicated her acceptance of *"inappropriate behaviour*" in the context of the allegations made against her. While Miss Hasan's reflection did not explicitly admit

the allegations, it also did not refute them. In the reflective statement, which is signed by Miss Hasan and dated 22 February 2024, she states the following:

> *"*[PRIVATE].*"*

Concerning charge 2a) i) and all other charges, the panel also took into account the written representations made by Miss Hasan's representative on her behalf, stating:

> *"We are instructed that Ms Hasan acknowledges and accepts that her previous actions were inappropriate which she apologises sincerely for, as noted within her reflective statement enclosed.*
>
> *From review of Ms Hasan's reflective statement we would contend that it is evident that she has taken the time to carefully reflect, learn and gain valuable insight into her previous actions* [PRIVATE] *at the relevant time. She also demonstrates that she understands the significance of matters, that she has learned lessons and that she has considered how she should have dealt with matters differently.*
>
> [PRIVATE]
>
> *We would therefore ask that Ms Hasan's admissions and response to the charges, her reflection, insight and learning and the wider context* [PRIVATE] *at the relevant time all be taken into account and afforded appropriate weight when deciding this matter."*

The panel considered that, although not an explicit admission of any particular charge, these reflections and representations appeared to acknowledge "*inappropriate behaviour*" in the context of these allegations. The explanation previously given in relation to potential theft had not been repeated in recent representations and appeared inconsistent with Miss Hasan's current position. This, coupled with the other evidence, the absence of any formal report of the theft at the time and with Miss Hasan's reactivation of her account without any change of login

details, led the panel to conclude on the balance of probabilities that it was Miss Hasan herself who had made the entries in question on the NIVS system.

The panel noted the absence of paper records of vaccination from this date, due to the clinic not being operational on the date in question. Witness 1 was clear in his evidence that all paper records from vaccination clinics held while the clinic was operational had been reconciled with the stock of vaccine used. The panel concluded on all the evidence that it was more likely than not that Miss Hasan inaccurately documented administering the Covid-19 vaccine on 30 July 2021, as Clinic K was not operational during that time. It therefore found charge 2a) i) proved based on the following reasons: Patient 3 was listed in the electronic NIVS records as having received the vaccine from Miss Hasan on the specified date. The NIV's records could be accessed globally with an internet connection, and it was verified that no clinics were operational on the particular day and therefore there were no paper records. Consequently, the panel found charge 2a) i) proved.

The same conclusions were reached in respect of similar charges which followed.

Regarding charge 2a) ii) concerning Patient 4, evidence from the NIVS shows that Miss Hasan documented administering the vaccine on 30 July 2021. Patient 4's vaccination record on the NIVS also confirms having received the vaccination on the same date. The panel noted that there were no paper records and Clinic K was not in operation on that day, the panel determined charge 2a) ii) to be proved.

Likewise, in addressing charge 2a) iii) related to Patient 5, similar considerations apply as above. The panel noted that Patient 5's NIVS record shows vaccination on 30 July 2021. It noted that there are no paper records and Clinic K was not in operation that day. The panel therefore found charge 2a) iii) proved.

For the same reasons as set out above, charge 2a) iv) concerning Patient 6, was also found proved.

Charge 2b)

2) Whilst Clinic K was not operational/running, inaccurately recorded that you had administered Covid-19 vaccinations ('the vaccine') on the NIVS for one or more patients, in that you.

b) On 22 August 2021 inaccurately recorded that you had administered the vaccine on 20 August 2021 to;

i) Patient 3;

ii) Patient 4.

This charge is found proved.

For charge 2b) i) pertaining to Patient 3, the panel found this charge proved for similar reasons as in charge 2a). The panel considered the NIVS record which shows that Miss Hasan recorded on 22 August 2021 administering a vaccine on 20 August 2021. Furthermore, the panel noted that Miss Hasan was on leave on 20 August 2021, which makes it even less likely that she had administered the vaccine at that time. Consequently, the panel found charge 2b) i) proved.

In respect of charge 2b) ii) concerning Patient 4, the panel also found this charge proved for the same reasons as in charge 2b) i).

Charge 2c)

> 2) Whilst Clinic K was not operational/running, inaccurately recorded that you had administered Covid-19 vaccinations ('the vaccine') on the NIVS for one or more patients, in that you.
>
> c) On 3 September 2021 inaccurately recorded that you had administered the vaccine to Patient 2 on 25 June 2021.

This charge is found proved.

In respect of charge 2c), involving Patient 2, the same considerations apply as above in charges 2b) i) and 2b) ii). The panel considered the NIVS record and noted that on 3 September 2021, Miss Hasan inaccurately recorded that she had administered the vaccine to Patient 2 on 25 June 2021. The panel considered Witness 1's evidence that no clinics were running on 25 June 2021. Therefore, the panel found charge 2c) proved.

Charge 2d)

> 2) Whilst Clinic K was not operational/running, inaccurately recorded that you had administered Covid-19 vaccinations ('the vaccine') on the NIVS for one or more patients, in that you.
>
> d) On 18 September 2021 inaccurately recorded that you had administered the vaccine on;
>
> i) 25 June 2021 to Patient 2;
>
> ii) 21 August 2021 to Patient 2.

This charge is found NOT proved in respect of charge 2d i) but proved in respect of charge 2 d) ii).

Regarding charge 2d) i) concerning Patient 2, the panel considered Mr Edwards' concession, where he acknowledged that the date of the entry was 3 September 2021, instead of the charged date of 18 September 2021. Mr Edwards acknowledged the lack of evidence to support 2d) i), the panel accordingly determined that this charge is found not proved.

As for charge 2d) ii), Miss Hasan documented on 18 September 2021 in the NIVS system the administration of the vaccine to Patient 2 on 21 August 2021. The panel noted that Miss Hasan was on leave on 21 August 2021 which makes it even less likely that she administered the vaccine at that time. Consequently, the panel found charge 2d ii) proved.

Charge 2e)

2) Whilst Clinic K was not operational/running, inaccurately recorded that you had administered Covid-19 vaccinations ('the vaccine') on the NIVS for one or more patients, in that you.

e) On 18 October 2021 inaccurately recorded that you had administered the vaccine to Patient 7 on 20 August 2021.

This charge is found proved.

The panel had sight of the NIVS records and noted that Patient 7 appears on the NIVS as having received a vaccination on 20 August 2021 and Miss Hasan had recorded it on 18 October 2021. On 20 August 2021, Miss Hasan was on leave and therefore it is even less likely that she administered the vaccine at that time. The panel therefore found charge 2e) proved.

Charge 2f)

2) Whilst Clinic K was not operational/running, inaccurately recorded that you had administered Covid-19 vaccinations ('the vaccine') on the NIVS for one or more patients, in that you.

f) On 26 October 2021 inaccurately recorded that you had administered the vaccine on;

i) 25 June 2021 to Patient 8;

ii) 20 August 2021 to Patient 8.

This charge is found proved.

Concerning charge 2f) i) involving Patient 8, the panel considered the NIVS records, noting Patient 8's recorded vaccination on 25 June 2021, which was recorded by

Miss Hasan on 26 October 2021. Witness 1 stated that the clinic was non-operational during this time. Based on the evidence presented, the panel found charge 2f) i) proved.

Regarding charge 2f) ii) concerning Patient 8, the panel found that on 26 October 2021, Miss Hasan recorded administering the vaccine on 20 August 2021 to Patient 8. The panel also noted that Miss Hasan was on leave on 20 August 2021, making it even less likely that she had administered the vaccine at that time. As a result, the panel found charge 2f) ii) proved.

Charge 2g)

> 2) Whilst Clinic K was not operational/running, inaccurately recorded that you had administered Covid-19 vaccinations ('the vaccine') on the NIVS for one or more patients, in that you.
>
> g) On 2 November 2021 inaccurately recorded that you had administered the vaccine on;
>
> i) 25 June 2021 to Patient 9;
>
> ii) 20 August 2021 to Patient 9.

This charge is found proved.

In relation to charge 2g) i), concerning Patient 9, the panel considered the NIVS record which shows that Miss Hasan inaccurately recorded on 2 November 2021 that she had administered the vaccine to Patient 9 on 25 June 2021. It was confirmed by Witness 1 that Clinic K was not operational on 25 June 2021. Consequently, the panel found charge 2g) i) proved.

Regarding charge 2g) ii), the panel noted discrepancies in the NIVS records, indicating that on 2 November 2021 Miss Hasan incorrectly documented administering the vaccine to Patient 9 on 20 August 2021. Since Miss Hasan was on

leave on 20 August 2021, it is even less likely that she administered the vaccine at that time. As a result, the panel found charge 2g) ii) proved.

Charge 2h)

> 2) Whilst Clinic K was not operational/running, inaccurately recorded that you had administered Covid-19 vaccinations ('the vaccine') on the NIVS for one or more patients, in that you.
>
> h) On 3 November 2021 inaccurately recorded that you had administered the vaccine on;
>
> i) 25 June 2021 to Patient 10;
>
> ii) 20 August 2021 to Patient 10.

This charge is found proved.

With regards to charge 2h) i) involving Patient 10, the panel considered the NIVS record and found that on 3 November 2021, Miss Hasan documented administering the vaccine on 25 June 2021. The panel took into account the evidence of Witness 1, indicating that Clinic K was not operational at that time. Consequently, the panel found charge 2h) i) proved.

Concerning charge 2h) ii), after examining the NIVS record, the panel found that on 3 November 2021, Miss Hasan inaccurately recorded administering the vaccine on 20 August 2021. Given that Miss Hasan was on leave on 20 August 2021, it is even less likely that she would have administered the vaccine on this day. As a result, the panel found charge 2h) ii) proved.

Charge 2i)

2) Whilst Clinic K was not operational/running, inaccurately recorded that you had administered Covid-19 vaccinations ('the vaccine') on the NIVS for one or more patients, in that you.

i) On 5 November 2021 inaccurately recorded that you had administered the vaccine on;

i) 25 June 2021 to Patient 11;

ii) 20 August 2021 to Patient 11.

This charge is found proved.

Regarding charge 2) i) i) concerning Patient 11, the panel considered the NIVS record and found that on 5 November 2021, Miss Hasan inaccurately documented administering the vaccine on 25 June 2021 to Patient 11. Witness 1 confirmed that Clinic K was non-operational at that time. Therefore, the panel found charge 2i) i) proved.

In relation to charge 2) i) ii), the panel considered the NIVS record and found that on 5 November 2021, Miss Hasan inaccurately recorded administering the vaccine on 20 August 2021 to Patient 11. Considering Miss Hasan's absence due to leave on 20 August 2021, it is even less likely that she had administered the vaccine at that time. Consequently, the panel found charge 2i) ii) proved.

Charge 2j)

2) Whilst Clinic K was not operational/running, inaccurately recorded that you had administered Covid-19 vaccinations ('the vaccine') on the NIVS for one or more patients, in that you.

j) On 8 November 2021 inaccurately recorded that you had administered the vaccine on;

i) 25 June 2021 to Patient 12;

ii) 20 August 2021 to Patient 12.

This charge is found proved.

Concerning charge 2 j) i) in relation Patient 12, the panel considered the NIVS records which shows that on 8 November 2021, Miss Hasan inaccurately documented administering the vaccine on 25 June 2021 to Patient 12. The panel considered Witness 1's evidence regarding Clinic K's non-operational status during that period. As a result, the panel found charge 2j) i) proved.

Regarding charge 2 j) ii), the panel considered the NIVS records, and found that on 8 November 2021, Miss Hasan inaccurately recorded administering the vaccine on 20 August 2021 to Patient 12. Given Miss Hasan's absence on leave on 20 August 2021, it is even less likely that she had administered the vaccine at that time. Therefore, the panel found charge 2j) ii) proved.

Charge 2k)

2) Whilst Clinic K was not operational/running, inaccurately recorded that you had administered Covid-19 vaccinations (‘the vaccine’) on the NIVS for one or more patients, in that you.

k) On 17 November 2021 inaccurately recorded that you had administered vaccines on 26 June 2021 to;

i) Patient 13;

ii) Patient 14;

iii) Patient 15;

iv) Patient 16;

v) Patient 17;

vi) Patient 18.

This charge is found NOT proved in its entirety.

The panel noted discrepancies in the NIVS record, indicating that the recorded administration date was 25 June 2021. However, the charge states the date as 26 June 2021, and there is no evidence to support the date charged. Therefore, the panel found charge 2k) not proved in its entirety.

Charge 2l)

> 2) Whilst Clinic K was not operational/running, inaccurately recorded that you had administered Covid-19 vaccinations ('the vaccine') on the NIVS for one or more patients, in that you.
>
> l) On 17 November 2021 inaccurately recorded that you had administered vaccines on 20 August 2021 to;
>
> i) Patient 13;
>
> ii) Patient 14;
>
> iii) Patient 15;
>
> iv) Patient 16;
>
> v) Patient 17;
>
> vi) Patient 18.

This charge is found proved in its entirety.

Regarding charge 2 l) i) concerning Patient 13, the panel considered the NIVS record, which revealed that on 17 November 2021 Miss Hasan recorded administering the vaccine on 20 August 2021. It noted that on 20 August 2021, Miss Hasan was on annual leave, and the clinical facility was non-operational. The panel found 2 l) i) proved.

In relation to charge 2 l) ii) concerning Patient 14, the panel considered the NIVs record, and it showed that on 17 November 2021, Miss Hasan recorded administering the vaccine on 20 August 2021. Miss Hasan was on annual leave on

20 August 2021 and the clinic was non-operational. The panel found charge 2 l) ii) proved.

Concerning charge 2 l) iii) involving Patient 15, the panel considered the NIVS record, which shows that on 17 November 2021, Miss Hasan recorded the vaccine administration on 20 August 2021. Miss Hasan was on annual leave on 20 August 2021, and the clinical facility was not operational at that time. The panel found 2 l) iii) proved.

For charge 2 l) iv) regarding Patient 16, Miss Hasan recorded the vaccination on 17 November 2021, Miss Hasan recorded the administering of the vaccine on 20 August 2021. Miss Hasan was on annual leave on 20 August 2021, and the clinic was not operational. The panel found charge 2 l) iv) proved.

For charge 2 l) v) regarding Patient 17, Miss Hasan recorded the vaccination on 17 November 2021, Miss Hasan recorded the administering of the vaccine on 20 August 2021. Miss Hasan was on annual leave on 20 August 2021, and the clinic was not operational. The panel found charge 2 l) v) proved.

For charge 2 l) vi) regarding Patient 18, Miss Hasan recorded the vaccination on 17 November 2021, Miss Hasan recorded the administering of the vaccine on 20 August 2021. Miss Hasan was on annual leave on 20 August 2021, and the clinic was not operational. The panel found charge 2 l) vi) proved.

The panel therefore found the entirety of charge 2l) proved.

Charge 3a)

> 3) On 8 December 2021 whilst working at the Hospital Hub Clinic;
>
> a) Whilst using Colleague Z's log in details, inaccurately recorded that you had administered Covid-19 vaccinations for one or more patients listed in Schedule 1;

Schedule 1:

1. Patient 19
2. Patient 20
3. Patient 21
4. Patient 22
5. Patient 23
6. Patient 24
7. Patient 25
8. Patient 26
9. Patient 27
10. Patient 28
11. Patient 29
12. Patient 30
13. Patient 31
14. Patient 32
15. Patient 33

This charge is found proved in relation to patients 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32 and 33. It is found not proved in relation to Patient 20.

Mr Edwards provided the panel with a schedule listing each of the entries made and referring to the record on each occasion. With the help of that schedule, the panel reviewed the entries made by Miss Hasan on 8 December 2021, along with the paper records of all vaccinations administered on that day, not only by Miss Hasan but by others as well. It was noted that the patients listed as vaccinated in the schedule did not have corresponding paper documentation, indicating that the recorded vaccinations did not take place and were inaccurately entered on the NIVS record. Witness 1 was clear that the paper clinic records tallied with the vaccine stock and were more likely to be accurate than the NIVS record.

Colleague Z's evidence was that Miss Hasan mentioned leaving a record on a piece of paper. Colleague Z was clear that she had been unable to locate any such paper record. The panel accepted her evidence and found on the balance of probabilities that additional entries were made on the NIVS system without supporting paper records.

Regarding Patient 20, the panel heard from Witness 1 that Patient 20 was a member of staff, and that an enquiry with that individual confirmed that they had received the vaccine. Mr Edwards conceded this charge. The panel accordingly found that schedule 1 was not proved in relation to Patient 20.

The panel therefore found charge 3a) proved in relation to patients 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32 and 33.

Charge 3b)

3) On 8 December 2021 whilst working at the Hospital Hub Clinic;

b) Left the clinic without informing Colleague Z.

This charge is found proved.

The panel took into account Colleague Z's evidence who was working alongside Miss Hasan during a day shift on 8 December 2021. Colleague Z recalled in her statement a sudden emergency that called her away briefly. Upon her return to the clinic at about lunchtime to the best of her recollection, she discovered Miss Hasan had left without informing her which was not normal. Colleague Z expressed surprise at Miss Hasan's departure and promptly contacted her [PRIVATE].

The panel considered the paper records documenting all vaccinations administered on 8 December 2021, including those by Miss Hasan and other staff members. Notably, the final vaccination recorded by Miss Hasan occurred at 12:03, leading the panel to infer that she had left the clinic thereafter without administering any further vaccinations.

The panel found the facts alleged in charge 3b) proved based on the evidence presented.

Charge 4)

4) Your actions in one or more of charges, ~~1 a), 1 b),~~ 2 a), 2 b), 2 c), 2 d), 2 e), 2 f), 2 g), 2 h), 2 i), 2 j), ~~2 k),~~ 2 l) and 3 a) were dishonest, in that you sought to misrepresent, that you had administered Covid-19 vaccinations to one or more patients when you had not.

This charge is found proved in relation to charges 2a) – 2j), 2l) and 3a).

In respect of charge 4, the panel bore in mind that some of the charges have not been found proved, namely 1a), 1b), 2d) i) and 2k). The allegation of dishonesty therefore falls away in relation to those charges.

The panel also considered the NMC Code of Conduct, the NMC Guidance on *'Making decisions on Dishonesty charges'*, as well as the test set out in the case of *Ivey v Genting Casinos (UK) Ltd* [2017] UKSC 67.

The panel considered the first part of the *Ivey* test. It had to consider what Miss Hasan's genuine state of mind was when she carried out these acts. The panel noted that she was an experienced vaccinator and knew the professional expectations upon her at the time in terms of the accurate recording of vaccines administered by her.

The panel considered Miss Hasan's reflective statement, where she acknowledges her actions as *"inappropriate behaviour"* and not reflecting best practice. She states:

> *"I accept that my actions were inappropriate and did not reflect best practise* [PRIVATE]. *I believe that this can impact the reputation of the profession as it shows dishonesty and mistrust, both of which do not reflect me as a person or the job and profession which I initially intended to pursue.*
> *…*
> [PRIVATE]. *Looking back, I feel extremely disappointed in myself. I sincerely regret the decisions that I made. I have taken and learnt a serious lesson from this, I do not recognise that person I was and I would have never thought I would find myself in a situation like that. I would like to take this opportunity to apologise sincerely for my actions".*

Considering the material submitted on behalf of Miss Hasan, which contained written representations, and the reflective statement provided by Miss Hasan, the panel noted her acknowledgment of the inappropriateness of her actions. The panel considered Miss Hasan's representations regarding her circumstances at the time [PRIVATE]. However, the panel concluded that her conduct was dishonest.

The panel took into account that Clinic K was closed throughout the majority of the period to which the charges relate. It noted that there were established electronic and paper recording systems, with balances checked and reconciled daily. There was evidence from Witness 1 that it was rare for paper records to go missing and that an audit had revealed multiple discrepancies in Miss Hasan's records. The panel also had regard to the wide geographical spread of patients in respect of whom there were inaccurate records, and the fact that it was possible for the NIVS system to be accessed from anywhere. It also had regard to the evidence about the de-activation and subsequent reactivation of Miss Hasan's account without changing login details.

Based on the evidence presented of a course of conduct over a period, the panel concluded that the pattern of incorrect entries made by Miss Hasan over the span of different dates, coupled with delayed data input and absence of valid reasons, demonstrated that there was no honest explanation on a balance of probabilities. When taken together with the observations made in Miss Hasan's reflective statement, the panel considered that the only inference it could draw from the available evidence was that Ms Hasan's actions were deliberate, and were done in order to misrepresent the fact that she had administered vaccinations to patients when she had not in fact done so.

Applying the test set out in the case of *Ivey*, the panel was of the view that Miss Hasan's actions would be considered dishonest by ordinary decent members of the public. Therefore, the panel found charge 4) proved.

Misconduct and Fitness to practise

Having reached its determination on the facts of this case, the panel then moved on to consider whether the facts found proved amount to misconduct and, if so, whether Miss Hasan's fitness to practise is currently impaired. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's suitability to remain on the register unrestricted.

The panel, in reaching its decision, has recognised its statutory duty to protect the public and maintain public confidence in the profession. Further, it bore in mind that there is no burden or standard of proof at this stage and it has therefore exercised its own professional judgement.

The panel adopted a two-stage process in its consideration. First, the panel must determine whether the facts found proved amount to misconduct. Secondly, only if the facts found proved amount to misconduct, the panel must decide whether, in all the circumstances, Miss Hasan's fitness to practise is currently impaired as a result of that misconduct.

Submissions on misconduct and impairment

Mr Edwards referred the panel to the case of *Roylance v General Medical Council (No. 2)* [2000] 1 AC 311 which defines misconduct as a *'word of general effect, involving some act or omission which falls short of what would be proper in the circumstances.'*

Mr Edwards invited the panel to take the view that the facts found proved amount to misconduct. The panel had regard to the terms of 'The Code: Professional standards of practice and behaviour for nurses and midwives (2015)' (the Code) in making its decision. Mr Edwards identified the specific, relevant standards where the NMC alleges that Miss Hasan's actions amounted to misconduct.

In respect of charge 3b), Mr Edwards submitted that provisions 8.3 and 8.5 of the Code were relevant. He said that the clinic, being a vaccination centre, had patients arriving - both scheduled and walk-ins - to receive their vaccinations. However, Miss Hasan left abruptly without explanation, failing to comply with the codes related to

working effectively with colleagues to ensure patient safety. He submitted that there was a risk to patients who had received vaccinations, and to patients who had planned to attend for vaccinations that day. Regarding provision 8.6 of the Code, Mr Edwards submitted that Miss Hasan failed to share information or communicate her actions, which could have led to confusion among her colleagues.

In relation to charge 2) and 3a), Mr Edwards submitted that Miss Hasan inaccurately recorded vaccinations on the NIVS system, misleadingly recording that she had administered Covid-19 vaccinations that she had not. Mr Edwards noted that these actions were deemed dishonest by the panel, and submitted that this amounted to misconduct.

In relation to charge 4), Mr Edwards submitted that Miss Hasan's actions of inaccurately recording vaccinations were to misrepresent the administration of Covid-19 vaccinations, and that these actions breached codes 10.1 and 10.3 by falsifying records. He submitted that Miss Hasan’s conduct did not align with the honesty and integrity expected of the nursing profession, undermining trust in the profession as a whole.

Mr Edwards emphasised the seriousness of the misconduct, describing it as repeated dishonest behaviour over an extended period. He highlighted the potential impact on individuals who did or did not receive vaccinations due to the falsified records. Consequently, Mr Edwards invited the panel to find that the charges found proved amounts to misconduct.

Mr Edwards moved on to the issue of impairment and addressed the panel on the need to have regard to protection of the public and the wider public interest. This included the need to declare and uphold professional standards and maintain public confidence in the profession and in the NMC as a regulatory body. His submissions included reference to the cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin).

Mr Edwards submitted that Miss Hasan has in the past acted so as to put patients at unwarranted risk of harm, has brought the profession into disrepute, breached professional tenets, and acted dishonestly. He therefore submitted that all four limbs of *Grant* were engaged by her actions.

Mr Edwards referred to the case of *Cohen v GMC* [2008] EWHC 581 (Admin) and submitted that the charges found proved primarily revolve around serious dishonesty, which may pose a greater challenge than other misconduct types. He submitted that there is no indication that Miss Hasan has taken steps to rectify her behaviour by undergoing any specific training. He said that the panel may question the depth of insight provided in her reflective statement. Although she touches on the possibility of her actions being viewed as dishonest, she falls short of fully acknowledging her dishonest behaviour. The vagueness in her admissions makes it challenging for the panel to ascertain whether she is genuinely reflecting on her actions or evolving in her understanding. Mr Edwards submitted that instead Miss Hasan appears to shift blame to others.

Mr Edwards submitted that it is likely that such conduct would be repeated in the future. He submitted that the charges found proved indicate that Miss Hasan repeated the same behaviour consistently over several months. Considering the entirety of the case, her actions, and her responses, Mr Edwards submitted that the panel cannot confidently conclude that such conduct will not be repeated.

Mr Edwards therefore invited the panel to determine that Miss Hasan is impaired on the grounds of public protection and otherwise in public interest.

Decision and reasons on misconduct

The panel accepted the advice of the legal assessor in relation to misconduct and impairment. This made reference to a number of relevant judgments, including: *Roylance, Nandi v General Medical Council* [2004] EWHC 2317 (Admin), *R (Remedy UK Ltd) v GMC* [2010 EWHC 1245 (Admin), *R (Calhaem) v GMC* [2007] EWHC 2606 (Admin), *Johnson & Maggs v NMC (No. 2)* [2013] EWHC 2140 (Admin), *Cohen v GMC* [2008] EWHC 581 (Admin), *CHRE v NMC & Grant* [2011] EWHC 927

(Admin), *Kimmance v GMC* [2016] EWHC 1808 (Admin), and *Lusinga v NMC* [2017] EWHC 1458 (Admin).

When determining whether the facts found proved amount to misconduct, the panel had regard to the terms of the Code. The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct.

The panel was of the view that Miss Hasan's actions did fall significantly short of the standards expected of a registered nurse, and that Miss Hasan's actions amounted to breaches of numerous provisions of the Code. Specifically:

8 Work cooperatively
To achieve this, you must:
8.2 maintain effective communication with colleagues
8.3 keep colleagues informed when you are sharing the care of individuals with other health and care professionals and staff
8.5 work with colleagues to preserve the safety of those receiving care
8.6 share information to identify and reduce risk

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:
10.3 complete all records accurately and without any falsification, taking immediate and appropriate action if you become aware that someone has not kept to these requirements

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…

Charges 2) and 3a)

In accordance with the advice of the legal assessor, the panel considered each charge separately. It noted, however, that the proven sub-charges in charges 2(a) to (j) inclusive, 2(l) and 3(a) amounted to twelve separate but similar allegations of the inaccurate recording of the administration of Covid-19 vaccinations to various patients on various dates. By virtue of Charge 4, the inaccurate recording had in each case been found to be a dishonest misrepresentation that vaccinations had been administered when they had not been administered.

In assessing misconduct, the panel therefore first gave careful consideration to the general themes or matters which related to all those similar allegations, and which were relied upon by Mr Edwards in his submissions (summarised above). It then turned to the specific allegations in turn.

Regarding charge 2a), the panel determined that this charge, taken in isolation, was sufficiently serious to amount to misconduct. It noted that Miss Hasan's actions in charge 2a) breached the Code, specifically the requirement in paragraph 10.3 to make records accurately and without falsification. The panel considered that these actions involved a breach of trust, as she misused her access to recording systems with which she was entrusted as a nurse. The panel noted its earlier finding that Miss Hasan was an experienced vaccinator. She was also an experienced nurse, and would have known how to use the recording systems and would have known the importance of accurate documentation. The panel had regard to its finding that Miss Hasan’s actions were dishonest and deliberately misleading. It also considered that there was an element of premeditation in her actions, in that she would have had to obtain the patient details such as NHS numbers and dates of birth in order to enter them onto the system inaccurately.

The panel noted that it had no clear evidence in relation to Miss Hasan’s motivation. Regardless of motivation, however, the panel considered that the deliberate falsification of clinical records in the course of Miss Hasan’s professional role represented a serious departure from the standards expected of her. It noted that inaccurate clinical records have the potential to cause harm to the patients concerned as other healthcare providers may rely on those records when making subsequent clinical decisions.

The panel further noted the context in which these actions occurred. The conduct took place against the backdrop of a serious pandemic and heightened concerns for public safety. At the time, the necessity for proof of vaccination was, or was likely to become, crucial for various reasons, including travel and certain categories of employment, for example in care homes or the NHS. The panel considered that the recording of false information about vaccination status had the potential to cause harm to the wider public through exposure to people who had not in fact been vaccinated.

In the circumstances, the panel considered that the conduct found proved in charge 2(a) represented a serious departure from professional standards and would be regarded as deplorable by fellow members of the profession. It concluded that this conduct represented a sufficiently serious departure from the required professional standards to amount to misconduct.

The panel considered that the same reasoning applied to the remainder of sub-charges 2(b), 2(c), 2(d), 2(e), 2(f), 2(g), 2(h), 2(i), 2(j), 2(l) and 3(a). In each case the conduct was the same as that discussed in relation to charge 2(a), and in each case the panel considered that those actions, even viewed in isolation, amounted to misconduct.

When viewed cumulatively, the panel considered that these actions represented a course or pattern of repeated similar misconduct extending over a considerable period from 6 August 2021 to 8 December 2021. Inaccurate entries were recorded on 12 separate days during that period, in relation to 31 separate patients.
The panel therefore concluded that the matters found proved in charges 2 and 3(a), when considered individually or cumulatively, amounted to misconduct.

Charge 3b)

The panel concluded that the failure by Miss Hasan to notify Colleague Z of her early departure from her shift breached the Code, specifically the paragraphs identified above from part 8 of the Code. By leaving the clinic early and without notifying

Colleague Z, who was the nurse with responsibility for the clinic, Miss Hasan failed to communicate effectively with colleagues in order to maintain patient safety and avoid the risk of harm. Because Colleague Z had been called away, the effect of Miss Hasan's actions was that there was no registered nurse present to manage the clinic in Colleague Z's absence. This could have had significant consequences for patient safety if a patient had an adverse reaction to the vaccine or became unwell at the clinic. It could also have had implications for scheduled patients and potential walk-in patients at the clinic who may not have been able to receive vaccines.

While no patients suffered harm on this occasion, Miss Hasan's actions exposed patients and the employing organisation to risks. The panel concluded that Miss Hasan's actions represented a serious departure from required professional standards for which no satisfactory explanation had been provided. Consequently, the panel determined that Miss Hasan's behaviour in charge 3b) fell sufficiently far below the conduct and standards expected of a nurse to amount to misconduct.

Charge 4)

The panel noted that charge 4) relates to the dishonesty which is an ingredient of Ms Hasan's actions in each sub-charge of charges 2 and 3(a). That has already been taken into account in the discussion of those charges above and the panel made no separate finding of misconduct in relation to charge 4.

Decision and reasons on impairment

The panel next went on to decide whether, as a result of the misconduct identified, Miss Hasan's fitness to practise is currently impaired.

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. To justify that trust, nurses must be honest and open and act with integrity. They must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

In this regard the panel considered the judgment of Mrs Justice Cox in the case of *CHRE v NMC and Grant* in reaching its decision. In paragraph 74, she said:

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

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

> *'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her/ 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 medical profession into disrepute; and/or*
>
> c) *has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*
>
> d) *has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

The panel identified the following as particularly relevant tenets of the profession in this case:

- Practise effectively;
- Preserve safety;
- Promote professionalism and trust.

The panel considered that limbs a), b), c) and d) of Dame Janet Smith's test as set out in the Fifth Shipman Report were engaged by Miss Hasan's past actions. The panel determined Miss Hasan's actions put patients at unwarranted risk of harm. Although patients were not harmed, they could have been harmed indirectly. Miss Hasan's misconduct had breached the fundamental tenets of the nursing profession identified above, and therefore brought its reputation into disrepute. It was satisfied that confidence in the nursing profession would be undermined if its regulator did not find charges relating to dishonesty extremely serious.

The panel went on to consider whether Miss Hasan was liable in the future to place patients at risk of harm, bring the profession into disrepute, breach fundamental tenets of the profession and act dishonestly. In doing so, the panel assessed the available evidence about Miss Hasan's levels of insight, remorse and remediation. The panel had regard to the factors set out in the case of *Cohen*. It noted that dishonesty is often more difficult to remediate than clinical concerns.

Despite Miss Hasan providing a reflective statement and written representations from those representing her, the panel noted Miss Hasan's lack of active engagement with this hearing process. The panel took into account Miss Hasan's reflective statement, where she states:

> *"I accept that my actions were inappropriate and did not reflect best practise… I believe that this can impact the reputation of the profession as it shows dishonesty and mistrust, both of which do not reflect me as a person or the job and profession which I initially intended to pursue.*
>
> *….*

[PRIVATE]. *Looking back, I feel extremely disappointed in myself. I sincerely regret the decisions that I made. I have taken and learnt a serious lesson from this, I do not recognise that person I was and I would have never thought I would find myself in a situation like that. I would like to take this opportunity to apologise sincerely for my actions."*

The panel acknowledged some self-reflection and admission of her actions as "*inappropriate*" and considered that this could be characterised as demonstrating limited insight. However, it also considered that Miss Hasan's reflections were somewhat vague and non-specific, and did not fully address or acknowledge the specific allegations against her. This lack of clarity made it difficult for the panel to assess the level of Miss Hasan's understanding of her actions, the risks her behaviour posed to patients, colleagues and the wider public, why her actions were wrong, and the negative impact of her conduct on the reputation of the nursing profession.

The panel therefore concluded that Miss Hasan had demonstrated insufficient insight into her actions. Furthermore, there was insufficient evidence to indicate that Miss Hasan had taken steps to address her past failings or strengthen her practice. Consequently, the panel could not be satisfied that Miss Hasan fully understands and appreciates the seriousness of her misconduct and her dishonesty, or how to avoid it recurring in the future.

The panel noted that Miss Hasan's misconduct had involved a pattern of conduct on multiple occasions over a significant period of time, involving repeated dishonesty and breaches of fundamental tenets of the profession. In the absence of sufficient evidence of insight and remediation, it considered that there remained a significant risk of repetition should adequate safeguards not be imposed on Miss Hasan's nursing practice. Any repetition of similar dishonest misconduct would once again place patients at unwarranted risk of harm, breach fundamental tenets of the profession and bring the profession into disrepute. Therefore, the panel decided that a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind the overarching objectives of the NMC; to protect, promote and maintain the health, safety, and well-being of the public and patients, and to uphold and protect wider public interest considerations. Those wider public interest considerations include declaring and upholding proper professional standards for members of the nursing and midwifery professions in order to promote and maintain public confidence in those professions.

The panel considered that in the circumstances of this case, a finding of impairment was also required on wider public interest grounds. It noted that the proven charges and misconduct identified in this case are serious and include dishonesty. It considered that a fully informed member of the public would be concerned by the findings in this case. The panel concluded that public confidence in the nursing profession would be undermined if a finding of impairment was not made.

Having regard to all of the above, the panel was satisfied on the grounds of public protection and in the wider public interest that Miss Hasan's fitness to practise is currently impaired.

Sanction

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

In reaching this decision, the panel has had regard to all the evidence that has been adduced in this case and had careful regard to the Sanctions Guidance (SG) published by the NMC. The panel accepted the advice of the legal assessor.

Submissions on sanction

Mr Edwards submitted that the NMC invited the panel to make a striking-off order in this case. He referred the panel to two guidance documents: *'Considering sanctions*

for serious cases' (SAN-2, last updated on 27 February 2024) and *'Available sanction orders'* (SAN-3, last updated on 28 July 2017).

Mr Edwards highlighted what he submitted were the aggravating and mitigating factors in this case.

Mr Edwards submitted that a suspension order would not be appropriate in this case. He submitted that the severity of the case warranted permanent removal from the register rather than temporary suspension. He emphasised the lack of insight into the dishonesty, suggesting a risk of repetition. He submitted that a suspension would not address regulatory or public protection concerns adequately.

Mr Edwards submitted that Miss Hasan's misconduct raised concerns about Miss Hasan's professionalism and trustworthiness, given the repeated dishonesty over an extended period, particularly noting the context of the Covid-19 pandemic and the need for public confidence in the profession.

Mr Edwards submitted that there are no other suitable sanctions available to the panel, and that a conditions of practice order is inappropriate given the dishonesty found proved and the challenges in formulating conditions. He therefore invited the panel to impose a striking-off order.

Decision and reasons on sanction

Having found Miss Hasan's fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose in this case. The panel bore in mind that any sanction imposed must be appropriate and proportionate and, although not intended to be punitive in its effect, may have punitive 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 considered that the aggravating features of this case were as follows:

- A pattern of dishonest conduct over a considerable period of time, involving a significant number of entries made on a number of different occasions.
- Breach of trust by misusing access to the recording systems.
- An element of premeditation.
- An attitudinal aspect to the concerns, including Miss Hasan seeking to shift the blame onto others rather than being fully accountable for her own actions, and a lack of candour when responding to the allegations locally.
- Actions which placed individual patients and the wider public at risk of harm, against the backdrop of a global pandemic when vaccinations were required in some contexts for public protection, and false proof of vaccination heightened the risk to members of the public, although there was no evidence of actual harm caused to patients.

The panel considered that the mitigating features of this case were as follows:

- Partial, though limited, engagement with the NMC and the hearing process.
- Some degree of insight and remorse in her reflective statement, although these are limited. Miss Hasan acknowledged that her behaviour at the time was inappropriate and would have brought the profession into disrepute.
- No previous regulatory findings.
- [PRIVATE].

The panel bore in mind that dishonesty is always a serious matter because honesty and integrity are fundamental to safe nursing practice and public confidence in the nursing profession. However it was mindful that within dishonesty, there is a scale or spectrum of seriousness. It had regard to the SG guidance *'Considering sanctions for serious cases'* (SAN-2, last updated on 27 February 2024) and gave consideration to the level of seriousness of the dishonesty in this case.

The panel noted that this was not an isolated, momentary or opportunistic instance of dishonesty. The conduct was deliberate and systematic, involved an element of premeditation, and was repeated on numerous occasions over a protracted period, involving multiple inaccurate entries for multiple patients. It took place within Miss

Hasan's professional practice and within a clinical setting, and involved the deliberate creation of false vaccination records during a pandemic. Ms Hasan's dishonest conduct, as the panel had noted at the impairment stage, had a potential impact not just on individual patients, for whom the false records could have impacted on future care, but also on the safety of the wider public because people were recorded as being vaccinated when in fact they were not. The panel noted a lack of candour in Ms Hasan's responses at local level, and a tendency to seek to deflect blame, which were aggravating features to the dishonesty.

The panel noted that the guidance indicates that, when assessing the seriousness of dishonest conduct, it can take into account a nurse's engagement with the Fitness to Practise Committee in order to express remorse, demonstrate understanding of their misconduct, and provide assurances as to non-recurrence. In this case, within these proceedings, Ms Hasan has provided a reflective statement which demonstrates only limited insight and remorse in relation to her conduct, and does not appear fully to have accepted her own accountability for her actions and the seriousness and potential impact of her conduct. Ms Hasan chose not to attend the hearing to provide any further evidence of her current levels of insight and remorse.

Having taken all these factors into account, the panel concluded that the dishonesty in this case was relatively high on the scale of dishonest conduct.

The panel took into account the guidance '*Available sanction orders'* (SAN-3, updated 28 July 2017). The panel considered the sanctions available in ascending order starting from the least restrictive.

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case. To take no action would be wholly insufficient to mark the seriousness of the case. Moreover, it would not protect the public from the potential for harm associated with the ongoing risk of repetition, because it would not restrict Miss Hasan's practice.

The panel then considered the imposition of a caution order but for the same reasons determined that such an order would not be appropriate in the circumstances of this case.

The panel next considered whether placing conditions of practice on Miss Hasan's registration would be a sufficient and appropriate response. It concluded that a conditions of practice order would be neither sufficient nor appropriate. It considered that no practical or workable conditions could be formulated to address the concerns identified in this case, which involve repeated dishonesty with limited accountability and limited insight.

The panel further noted that Miss Hasan's engagement with the proceedings has been very limited, and she has indicated in her reflective statement that she does not wish or intend to continue practising as a nurse. In the circumstances, the panel had nothing to indicate that Miss Hasan would be able or willing to comply with a process of reflection and remediation of her past failings and strengthening of her practice, even were conditions to be imposed. In any event, the panel concluded that the placing of conditions on Miss Hasan's registration would not adequately address the seriousness of this case and would be insufficient to protect the public.

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

- *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 panel did not consider that these factors applied in this case. It has found lack of insight, and consequently a significant risk of repetition. It has also found that there

appear to be deep-seated attitudinal concerns. The misconduct took place over a prolonged period of time and was not a single incident.

The panel again noted Miss Hasan's expressed wish to leave the profession and there was nothing to suggest that she would be able or willing to engage with a further period of reflection or remediation if her registration was suspended for a period. In any event, the panel considered that this case was so serious that a suspension order would be an insufficient and inappropriate sanction.

The panel took into account the guidance '*Striking-off order'* (SAN-3e, updated on 27 February 2024) and it noted 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?*

The panel determined that Miss Hasan's actions, involving repeated dishonesty and multiple breaches of fundamental tenets of the profession, represented a very significant departure from the standards expected of a registered nurse, and raised fundamental questions about her professionalism. It considered that Miss Hasan's actions were fundamentally incompatible with ongoing registration.

The panel considered that Miss Hasan's actions, coupled with the very limited evidence of insight, remorse and accountability, were so serious that the only sanction which would be sufficient to protect the public and address the wider public interest considerations in this case was a striking-off order. It noted that honest recording is an integral part of nursing duties, and in the absence of reassurance that Miss Hasan fully understands that, and has addressed her past failings, the panel considered that a risk of repetition remains, with associated risk of harm to the public.

Turning to wider public interest considerations, the panel considered that anything less than a striking-off order would not send a sufficiently clear message to the profession and the public about the unacceptability of Miss Hasan's conduct and the importance of honesty in the profession. A lesser sanction would therefore not sufficiently declare and uphold professional standards to maintain public confidence in the profession and the regulatory process. The panel therefore considered that to impose anything less than a striking-off order in this case would undermine public confidence in the profession and in the NMC as a regulatory body.

Balancing all of these factors and having regard to the effect of Miss Hasan's actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct herself, the panel has concluded that nothing short of a striking off order would be sufficient in this case.

The panel weighed the public interest considerations against the effect the order would have on Miss Hasan in ending her career as a nurse. The panel noted that the purpose of a sanction is not to punish, although a sanction may have a punitive effect. The panel noted Miss Hasan's stated intention to leave the nursing profession. In those circumstances, any potential hardship to her appears to be reduced. In any event, however, the panel considered that the need to protect the public and the wider public interest considerations in this case outweigh Miss Hasan's own interests.

The panel considered that nothing short of a striking-off order would serve to mark the seriousness of this case. It considered that such an order was necessary to protect the public, and to send to the public and the profession a clear message about the standard of behaviour required of a registered nurse, in order to maintain public confidence in the profession and the regulatory process.

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 Miss Hasan's own interests until the striking-off sanction takes effect. The panel heard and accepted the advice of the legal assessor.

Submissions on interim order

Mr Edwards invited the panel to impose an interim suspension order for a period of 18 months on the basis that it is necessary for the protection of the public and otherwise in the public interest. He submitted that the interim order is to provide for the gap between the making of any substantive order and closure of the statutory appeal window or any actual appeal. Should no appeal be lodged, or an appeal be resolved, that interim order would fall away.

Decision and reasons on interim order

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

The panel concluded that 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 allow for the possibility of an appeal to be made and determined.

The panel noted the potential hardship caused by an interim suspension order. However, as Miss Hasan is not currently working as a nurse and does not intend to return to nursing, the impact of this interim order is likely to be minimal. Her interests are, in any event, outweighed by the need for public protection and the wider public interest.

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

That concludes this determination.