Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Meeting
Thursday 28 August – Friday 29 August 2025

Virtual Meeting

Name of Registrant:	**Jillian Catherine Elizabeth Hart**
NMC PIN:	00B0529S
Part(s) of the register:	Registered Nurse – Sub Part 1 Adult Nursing – February 2003
Relevant Location:	Jersey
Type of case:	Misconduct/Conviction
Panel members:	Rachel Childs (Chair, lay member) Jim Blair (Registrant member) Shelley Hemsley (Lay member)
Legal Assessor:	Ian Ashford-Thom
Hearings Coordinator:	Rene Aktar
Facts proved:	Charges 2, 3 and 4
Facts not proved:	Charge 1
Fitness to practise:	Impaired
Sanction:	**Striking-off order**
Interim order:	**Interim suspension order (18 months)**

Decision and reasons on service of Notice of Meeting

The panel was informed at the start of this meeting that that the Notice of Meeting had been sent to Miss Hart's registered email address by secure email on 7 July 2025 and by registered address by recorded delivery and by first class post on 15 July 2025.

Following a bounce back of emails and the postal packet at the registered address, the NMC provided evidence of making a call to the mobile number on which they had spoken to Miss Hart previously and made efforts using a company to trace her new address to ensure service.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Meeting provided details of the allegation, the time, dates and the fact that this meeting was heard virtually.

In the light of all of the information available, the panel was satisfied that Miss Hart has been served with notice of this meeting in accordance with the requirements of Rules 11A and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The panel noted that the Rules do not require delivery and that it is the responsibility of any registrant to maintain an effective and up-to-date registered address.

Details of charge

'That you, a registered nurse,

1) On an unknown date, left your shift to go on a smoke break, without informing anyone.

2) On 9 April 2023,
a) [PRIVATE].
b) [PRIVATE].

3) [PRIVATE].

4) [PRIVATE].

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

In addition to this:

'That you, a registered nurse,

1) On 23 January 2024, at the Magistrates Court of Jersey, were convicted of:

a) Driving a motor vehicle on 5 December 2023 after consuming so much alcohol, that the proportion of it in your breath, namely 106 micrograms of alcohol in 100 millilitres of breath, exceeded the prescribed limit.

b) Driving a motor vehicle on 5 December 2023 whilst not being the holder of a valid licence authorising you to drive a motor vehicle.

c) Having on 5 December 2023 acted in contravention of Article 12(1)(a) of the Motor vehicle Registration (Jersey) Law 1993 in that you used a motor vehicle which was not registered by the inspector of Motor Traffic in accordance with Article 4 of the said law, thus rendering yourself liable to the penalties set forth in Article 12(3) of the said law.

d) Using a motor vehicle registration number [PRIVATE] on 5 December 2023 whilst there was not in force in relation to the user of the said vehicle, such a policy of insurance in respect of third-party risks as complies with the requirements of the Law.

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

Background

Miss Hart was referred to the Nursing and Midwifery Council (NMC) on 6 January 2024 by an anonymous referrer. This referral resulted in an investigation by the NMC, which identified regulatory concerns.

The regulatory concerns are:

1. Conviction – Miss Hart was convicted of offences of –
    a. Driving or being in charge of a motor vehicle with alcohol concentration above the prescribed limit.
    b. Driving without a licence
    c. Driving with no insurance
    d. Driving a vehicle without registration.

2. Dishonesty – [PRIVATE].

3. Failure to work cooperatively with others – in that Miss Hart left her shift for a break without informing any colleagues.

Regulatory concerns 2 and 3 relate to incidents that are said to have taken place at [PRIVATE] between May 2022 and June 2023 whilst Miss Hart was working as a nurse. Regulatory concern 1 relates to an incident that is said to have taken place on 5 December 2023 whilst Miss Hart was driving to work at [PRIVATE].

Decision and reasons on facts

Conviction case

Charges 1 a-d concern Miss Hart's conviction and, having been provided with a copy of the certificate of conviction from the Magistrate's Court of Jersey, the panel finds that these facts are found proved. The panel, in reaching this decision had regard to Rule 31 (2) and (3). These state:

'31.— (2) Where a registrant has been convicted of a criminal offence—

(a) a copy of the certificate of conviction, certified by a competent officer of a Court in the United Kingdom (or, in Scotland, an extract conviction) shall be conclusive proof of the conviction; and

(b) the findings of fact upon which the conviction is based shall be admissible as proof of those facts.

(3) The only evidence which may be adduced by the registrant in rebuttal of a conviction certified or extracted in accordance with paragraph (2)(a) is evidence for the purpose of proving that she is not the person referred to in the certificate or extract.'

The panel noted that the conviction was from Jersey, which is within the British Isles but not part of the United Kingdom. However, it was satisfied that this was clear evidence of the conviction to which the charges relate and on that basis was satisfied, on the balance of probabilities, that the facts were proved.

Misconduct case

In reaching its decision, the panel took into account the skeleton argument provided by the NMC and all the documentary evidence, including signed and dated witness statements from the following:

- Witness 1: Health Care Assistant at the Hospice
- Witness 2: Senior Nurse at the Hospice at the time of the incident

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor. It considered the documentary evidence provided by the NMC.

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

Charge 1)

‘That you, a registered nurse,

1) On an unknown date, left your shift to go on a smoke break, without informing anyone.

This charge is found NOT proved.

The panel reviewed the signed and dated witness statement of Witness 1, in which she stated:

> *“Jill did regularly leave shift to go on a break to smoke without telling anyone. There were multiple times when we were looking for her and couldn’t find her and she had been outside smoking but hadn’t told anyone she was going on a break. You aren’t allowed to smoke on the premises, and I know that she had been told not to do this, but nothing changed, and she continued to do it.”*

The panel in no way questioned the sincerity of Witness 1. However, it considered that the evidence in relation to this charge was weak. There was no statement from Miss Hart’s line manager in relation to the charge and no contemporaneous evidence of a concern. There was no date given in relation to the allegation and no supporting policy that outlined the Hospice’s expectations about breaks. It was also not clear to the panel whether Miss Hart accepted this charge or not. In her communication with the NMC upon referral, she explained that she had made a “*mistake*”, but it was not clear that this was in relation to taking an unauthorised smoking break at work. The allegation was also not detailed in the investigation meeting minutes from May and June 2023.

The panel therefore concluded, on the balance of probabilities that there was insufficient evidence that Miss Hart had left her shift to go for a smoke break without informing anyone and found the charge not proved.

Charge 2)

2) On 9 April 2023,

a) [PRIVATE].

This charge is found proved.

The panel reviewed the signed and dated witness statement of Witness 2, a senior nurse at the Hospice, who had conducted a local investigation into Miss Hart's alleged misconduct. Within this statement, Witness 2 confirmed that:

"*Jill then admitted that the picture she had sent was the picture taken from google. [PRIVATE]…"*

Witness 2 also provided a number of exhibits. Within the signed and dated record of an informal investigation meeting with Miss Hart on 6 June 2023, Miss Hart *[PRIVATE]".*

[PRIVATE].

"[PRIVATE]."

The panel also bore in mind that Miss Hart had not denied the allegations in her responses to the NMC about these proceedings.

It considered that Witness 2's witness statement was supported by the contemporaneous record of meetings held with Miss Hart at the time of the incident. The meeting minutes had been signed by Miss Hart as an accurate record of what had been said. [PRIVATE].

Charge 2b)

b) [PRIVATE].

This charge is found proved.

[PRIVATE].

In reaching this decision, the panel bore in mind that Miss Hart had not denied the allegation, referring to it in her correspondence with the NMC as a "*mistake*." Furthermore, in the signed record of the meeting on 6 June 2023, Miss Hart is recorded as saying that "*[PRIVATE].*"

[PRIVATE].

Charge 3)

3) [PRIVATE].

This charge is found proved.

[PRIVATE].

Charge 4)

4) [PRIVATE].

This charge is found proved.

[PRIVATE].

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 Hart'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 Hart's fitness to practise is currently impaired as a result of that misconduct.

Representations on misconduct

In coming to its decision, the panel had regard to the case of *Roylance v GMC (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.'

The NMC 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.

The NMC identified the specific, relevant sections of the Code and standards where Miss Hart's actions amounted to misconduct and submitted the following:

> *'It is submitted that the following provisions of the Code have been breached in this case:*
>
> ***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*

20. Uphold the reputation of your profession at all times

To achieve this, you must:

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

20.2 act with honesty and integrity at all times […]

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

20.8 act as a role model of professional behaviour for students and newly qualified nurses, midwives and nursing associates to aspire to

Whilst not all breaches of the Code will constitute serious professional misconduct it is submitted that the acts and omissions in this case do amount to such.

It is asserted that Miss Hart departed from the standard expected of nurses to preserve patient safety and work cooperatively with others by failing to inform her colleagues that she was leaving her duty for a smoke break. Miss Hart's failure to inform her colleagues that she was taking a break from her duty created a risk to the continuity of patient care and safety in the Hospice, which cares for patients under palliative care.

[PRIVATE]. Such dishonesty brings into question Miss Hart's trustworthiness as a nurse.

Honesty and integrity are the cornerstones of the nursing profession and Miss Hart's dishonest conduct is a significant departure from the standards of a registered nurse.

The public interest is engaged as Miss Hart's misconduct has the potential to damage public confidence in the profession.

Miss Hart's conduct and behaviour is such that it amounts to misconduct.'

Representations on impairment in the misconduct case

The NMC made the following submissions in relation to impairment:

'When determining whether Miss Hart's fitness to practice is impaired, the questions outlined by Dame Janet Smith in the 5th Shipman Report (as endorsed in the case of Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin)) are instructive. Those questions were:

(1) has [Miss Hart] in the past acted and/or is liable in the future to act as so to put a patient or patients at unwarranted risk of harm; and/or

(2) has [Miss Hart] in the past brought and/or is liable in the future to bring the [nursing] profession into disrepute; and/or

(3) has [Miss Hart] in the past committed a breach of one of the fundamental tenets of the [nursing] profession and/or is liable to do so in the future and/or

(4) has [Miss Hart] in the past acted dishonestly and/or is liable to act dishonestly in the future.

It is the submitted that all limbs can be answered in the affirmative in this case.

In relation to limb 1, Miss Hart has in the past acted in a way that created an unwarranted risk of harm. Nurses are expected to conduct themselves in a manner that preserves patient safety, and Miss Hart's failure to inform her colleagues that she was taking a break from her duty, created a risk to patient care and safety.

In relation to limb 2, 3, and 4 Miss Hart's misconduct breached the fundamental tenets of the nursing profession, namely, to promote professionalism and trust, and as such brought its reputation into disrepute. Registered nurses occupy a position of trust in society and must act with integrity at all times. [PRIVATE].

Impairment is a forward-thinking exercise which looks at the risk Miss Hart's practice poses in the future. NMC guidance adopts the approach of Silber J in the

case of R (on application of Cohen) v General Medical Council [2008] EWHC 581 (Admin) by asking the questions:

(1) whether the misconduct is easily remediable;

(2) whether it has in fact been remedied; and

(3) whether it is highly unlikely to be repeated.

Miss Hart's misconduct includes an attitudinal concern of dishonesty, which is difficult, but not impossible, to remediate. The NMC's guidance titled "Can the concern be addressed?" (FTP-15a), states as follows:

Examples of conduct which may not be possible to address, and where steps such as training courses or supervision at work are unlikely to address the concerns include:

[…]

• dishonesty, particularly if it was serious and sustained over a period of time, or directly linked to the nurse, midwife or nursing associate's practice"

Miss Hart has not provided a response to the charges or any evidence demonstrating remorse, insight into her misconduct or strengthened practice. Miss Hart has indicated that she is not working as a nurse and has not therefore been able to show strengthened practice. Without a comprehensive response to the allegations and evidence of strengthened practice, it is difficult to assess whether the misconduct has in fact been remedied; and without such assessment, it cannot be said that the likelihood of repetition is low. It is therefore submitted that there remains a risk of repetition.

…

In this case, it is considered that a finding of impairment is necessary on the grounds of public interest to declare and uphold proper standards of conduct and behaviour. Miss Hart's conduct engages the public interest because the public would be shocked to hear that a registered professional acted in such a careless and dishonest manner. The public rightly expects nurses to always perform their duties safely, honestly, and behave in a professional manner. The absence of a finding of impairment risks undermining public confidence in the profession.'

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments.

Representations on impairment in the conviction case

The NMC requires the panel to bear in mind its overarching objective to protect the public and the wider public interest. This included the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body. The panel has referred to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin).

The NMC made the following submissions in relation to impairment:

'Miss Hart's conviction calls into question her fitness to practise. At the time of the offence, Miss Hart was within the premises of her workplace, indicating that she drove to work whilst under the influence of alcohol and intended to work whilst intoxicated. The conviction is also aggravated by the fact that the reading of her alcohol level was more than three times the legal limit and she was a disqualified driver at the time.

Miss Hart's conviction brings the nursing profession into disrepute. Registered nurses are held to a high standard and are expected to the uphold the law. Driving whilst intoxicated, especially on route to work, puts people's lives at risk, which is contrary to the fundamental role of a nurse – care and safety. Driving whilst disqualified, driving a car not registered with the relevant authority, and without insurance, also calls into question Miss Hart's judgment. It is therefore submitted

that Miss Hart's conviction negatively impacts the public perception of nurses as responsible and safe individuals.

Miss Hart's actions have breached the fundamental tenets of the nursing profession relating to promoting professionalism and trust specifically:

> ***'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*
> *20.3 be aware at all times of how your behaviour can affect and influence the behaviour of other people*
> *20.4 keep to the laws of the country in which you are practising*
> *20.8 act as a role model of professional behaviour for students and newly qualified nurses, midwives and nursing associates to aspire to'*

[…]

In this case, it is asserted that a finding of impairment is necessary on the grounds of public interest to declare and uphold proper standards of conduct and behaviour. Miss Hart's conduct engages the public interest because the public would be shocked to hear that a registered professional acted in the manner that Miss Hart did. The public trust and confidence in the profession and the NMC as regulator will be undermined if a finding of impairment is not made.'

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments.

Decision and reasons on misconduct

When determining whether the facts found proved amount to misconduct, the panel had regard to the terms of the Code.

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

> ***'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, treating people fairly and without discrimination, bullying or harassment*
> *20.3 be aware at all times of how your behaviour can affect and influence the behaviour of other people*
> *20.8 act as a role model of professional behaviour for students and newly qualified nurses, midwives and nursing associates to aspire to'*

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct.

The panel carefully considered whether Miss Hart's dishonesty amounted to misconduct and concluded that it did.

[PRIVATE]. The panel considered this to be multiple instances of repeated dishonesty that fell seriously short of the conduct and standards expected of a nurse and amounted to misconduct.

Decision and reasons on impairment

Impairment due to conviction

The panel next went on to decide if, as a result of her conviction, Miss Hart's fitness to practise is currently impaired. It was mindful that driving offences do not necessarily lead to a finding of impairment. It had regard to the NMC's guidance on "Criminal offences we don't investigate" (FTP-2c-2) states:

> *'Drink-driving offences will only call into question a nurse, midwife or nursing*

associate's fitness to practise if:
• the offence occurred either in the course of a nurse, midwife or nursing associate's professional duties, driving to or from those duties, or during on-call or standby arrangements
• there are aggravating circumstances connected with the offence, or
• it is a repeat offence.'

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

'The question that will help decide whether a professional's fitness to practise is impaired is:

"Can the nurse, midwife or nursing associate practise kindly, safely and professionally?"
If the answer to this question is yes, then the likelihood is that the professional's fitness to practise is not impaired.'

The panel also 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/their fitness to practise is impaired in the sense that S/He/They:

a) *has in the past acted and/or is liable in the future to act as so 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) *…..*

In these circumstances, the panel was satisfied that these offences were sufficiently serious and to lead to a finding of impairment. Miss Hart had been driving to and had arrived at work over three times over the drink drive limit, with the apparent intention of attending work while intoxicated. This put patients at potential risk of harm. She was not licensed to drive in Jersey and had, in any event, been disqualified from driving in the UK. In addition, she held no valid insurance, and her vehicle was not legally registered in Jersey. The panel considered that this demonstrated complete disregard for the safety of other road users, was far below the standard of behaviour that would be expected from a registered nurse and brought the profession into disrepute.

The panel went on to assess whether Miss Hart's practice is currently impaired. Miss Hart had engaged to a limited degree with the NMC investigation during earlier stages but had more recently disengaged and had provided no substantive reflection for the panel to consider. The panel therefore had no evidence before it that would reassure it that Miss Hart had reflected meaningfully upon the conviction and the circumstances that led to it. The panel considered that there was therefore a real risk of repetition. On that basis, the panel had no option but to find Miss Hart's fitness to practise impaired on public protection grounds by reason of her conviction.

The panel next went onto consider whether Miss Hart's fitness to practise was impaired on public interest grounds by reason of her conviction. It considered that through her conviction Miss Hart had breached the following elements of the Code:

‘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
20.3 be aware at all times of how your behaviour can affect and influence the behaviour of other people
20.4 keep to the laws of the country in which you are practising
20.8 act as a role model of professional behaviour for students and newly qualified nurses, midwives and nursing associates to aspire to’

The panel considered that circumstances that led to these breaches of the Code were sufficiently serious for it to conclude that Miss Hart had breached fundamental tenets of the profession and had also brought the profession into disrepute.

The panel considered members of the public, being made aware of the nature of Miss Hart’s conviction and the events that led to it, would be shocked and very concerned if a finding of current impairment were not made in this case. The panel therefore also concluded that a finding of impairment in relation to the conviction was required on the grounds of public interest.

Impairment due to misconduct

The panel also had to determine whether Miss Hart’s fitness to practise was impaired by reason of her misconduct.

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

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

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.

The panel again considered the judgment of Mrs Justice Cox in the case of *CHRE v NMC and Grant* in reaching its decision.

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/their fitness to practise is impaired in the sense that S/He/They:*
>
> a) *has in the past acted and/or is liable in the future to act as so 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 finds that Miss Hart's dishonest conduct breached fundamental tenets of the nursing profession and therefore brought its reputation into disrepute.

[PRIVATE].

The panel also took into account the impact of Miss Hart's dishonesty on residents of the Hospice. Within the investigation meeting minutes, Witness 2 had explained to Miss Hart that, as a direct result of her dishonesty, patients and colleagues [PRIVATE].

The panel considered that this was evidence of significant emotional harm to vulnerable patients and colleagues and that this illustrated the potentially unintended consequences of dishonesty of this nature.

The panel had nothing before it from Miss Hart to reassure it that she had reflected on her misconduct and strengthened her practice as a result. The panel noted Miss Hart's apologies during the local investigation but considered that these were insufficient to provide assurance that the misconduct would not be repeated. Dishonesty is difficult to remediate in any event, and in this case the panel had no evidence that Miss Hart had made any meaningful attempt to do so.

The panel therefore decided that a finding of current 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 the wider public interest. This includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

The panel concluded that public confidence in the profession would be undermined if a finding of impairment were not made in this case and therefore finds Miss Hart's fitness to practise impaired on the grounds of public interest.

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 Hart off the register. The effect of this order is that the NMC register will show that Miss Hart 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.

Representations on sanction

The panel noted that in the Notice of Meeting, dated 7 July 2025, the NMC had advised Miss Hart that it would seek the imposition of a striking-off order if it found Miss Hart's fitness to practise currently impaired.

The NMC made the following submissions in relation to sanction:

'The following features of this case have led us to this conclusion:

i. The following aggravating factors are present:
- *Conduct which put people receiving care at risk of suffering harm.*
- *Dishonesty.*
- *Lack of insight.*

ii. No mitigating factors have been identified in this case.

Taking no further action would go against the NMC's overarching objective of public protection, securing public trust in the profession and maintaining professional standards.

A caution order is not appropriate in this case. The NMC guidance on sanction suggests a caution is appropriate for cases at the lower end of the spectrum for fitness to practice. The guidance on caution order (SAN-3b) states:

"A caution order is only appropriate if the Fitness to Practise Committee has decided there's no risk to the public or to patients requiring the nurse, midwife or nursing associate's practice to be restricted, meaning the case is at the lower end of the spectrum of impaired fitness to practise, however the Fitness to Practise committee wants to mark that the behaviour was unacceptable and must not happen again."

Miss Hart's misconduct is serious and does not fall at the lower end of the spectrum. 44.A conditions of practice order is not appropriate. There are no conditions that can be formulated to address the intentional dishonesty.

The NMC's guidance on suspension order (SAN-3d), states that a suspension order:

"suspends the nurse, midwife or nursing associate's registration for a period of up to one year and may be appropriate in cases where the misconduct isn't fundamentally incompatible with the nurse, midwife or nursing associate continuing to be a registered professional, and our overarching objective may be satisfied by a less severe outcome than permanent removal from the register."

The guidance also provides a non-exhaustive list when considering whether a suspension order is appropriate, namely:

- *'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, midwife or nursing associate has insight and does not pose a significant risk of repeating behaviour*
- *in cases where the only issue relates to the nurse, midwife or nursing associate's health, there is a risk to patient safety if they were allowed to continue to practise even with conditions*
- *in cases where the only issue relates to the nurse, midwife or nursing associate's lack of competence, there is a risk to patient safety if they were allowed to continue to practise even with conditions'*

A suspension order is not considered appropriate as Miss Hart's action was not a single instance of misconduct. The NMC contend that there is a deep-seated attitudinal problem, a risk of repetition and a lack of insight.

The NMC's guidance on sanctions for particularly serious cases (SAN-2) states:

> *"Honesty is of central importance to a nurse, midwife or nursing associate's practice. Therefore allegations of dishonesty will always be serious and a nurse, midwife or nursing associate who has acted dishonestly will always be at some risk of being removed from the register."*

A striking-off order is the most appropriate sanction. As per the NMC guidance:

"..allegations of dishonesty will always be serious and a nurse who has acted dishonestly will always be at some risk of being removed from the register...Generally, the forms of dishonesty which are most likely to call into question whether a nurse, midwife or nursing associate should be allowed to remain on the register will involve:

- *Direct risk to people receiving care.*
- *Pre-meditated, systematic or longstanding deception.*

[PRIVATE]. Her conduct is fundamentally incompatible with continued registration, and a striking-off order is therefore the only appropriate sanction to protect patients, members of the public and to maintain professional standards.'

The panel heard and accepted the advice of the legal assessor.

Decision and reasons on sanction

Having found Miss Hart's fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose in this case. The panel has borne in mind that any sanction imposed must be appropriate and proportionate and, although not intended to be punitive in its effect, may have such consequences. The panel had careful

regard to the SG. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- Patients were caused anxiety and emotional harm [PRIVATE]
- Lack of reflection and insight
- Repeated and premeditated dishonesty
- The combination of conviction and misconduct demonstrate a pattern of regulatory concerns over an extended period

The panel took into account the following mitigating features:

- Miss Hart made "*profuse*" apologies to her employer

The panel considered that the aggravating features far outweighed any mitigation in this case. Miss Hart had provided little for the panel to consider and what was available to the panel did not address the seriousness of the regulatory concerns.

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case. The panel decided that it would be neither proportionate nor in the public interest to take no further action.

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict Miss Hart's practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'* The panel considered that Miss Hart's misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the seriousness of the case. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether placing conditions of practice on Miss Hart's registration would be a sufficient and appropriate response. The panel considered that it would not. The conviction and misconduct do not relate to clinical concerns that could be addressed through workplace support and conditions but are rather attitudinal concerns. Furthermore, the panel considered the conviction and misconduct to be too serious to justify the imposition of such an order.

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, midwife or nursing associate has insight and does not pose a significant risk of repeating behaviour*

The panel gave careful consideration to whether a suspension order would be the appropriate and proportionate sanction for this case. It was mindful that the concerns about Miss Hart's practice were not linked to her competence and, wherever possible, there is a public interest in keeping nurses within the profession. It was conscious that there was much that it did not know about the circumstances that may have led to Miss Hart's misconduct and conviction, as she had not engaged meaningfully with these proceedings. It also bore in mind that Miss Hart had served a custodial sentence for the conviction and was still subject to a 3-year disqualification from driving. It had no wish to punish Miss Hart a second time.

However, the panel concluded that a suspension order was not the appropriate sanction in this case. It considered that the conduct was not one-off or isolated. The concerns related to two separate incidents, separated by some months, and raised fundamental questions about Miss Hart's suitability to remain on the register. They involved a serious conviction for four separate driving offences and repeated and premeditated dishonesty [PRIVATE]. It bore in mind that it had not received any reflective statement from Miss Hart or any real

evidence that she had insight into her failings, beyond the apologies she gave to her employer when her deception was discovered.

The panel considered that the dishonesty and behaviour that involved drink driving and driving while disqualified, in a car unregistered in Jersey, and without insurance were indicative of deep-seated attitudinal issues that were incompatible with continued registration.

For all these reasons, the panel did not consider that a suspension order was appropriate either to protect the public or to uphold the public interest.

The panel therefore went on to consider a striking-off order. In so doing it bore in mind the NMC Guidance: '*SAN-2 Sanctions for particularly serious cases'*. This guidance reminds panels that:

> "*Honesty is of central importance to a nurse, midwife or nursing associate's practice. Therefore allegations of dishonesty will always be serious and a nurse, midwife or nursing associate who has acted dishonestly will always be at some risk of being removed from the register."*

The panel considered the seriousness of Miss Hart's dishonesty. It determined that it was at the more serious end of the spectrum given that it was premeditated and persisted until uncovered for the purposes of [PRIVATE].

The panel reviewed the guidance in relation to striking-off orders, which sets out the following:

> "*A striking-off order is the most serious sanction. It results in removing the nurse, midwife or nursing associate's name from the register, which prevents them from working as a registered nurse, midwife or nursing associate.*
>
> *This sanction is likely to be appropriate when what the nurse, midwife or nursing associate has done is fundamentally incompatible with being a registered professional. Before imposing this sanction, key considerations the panel will take into account include:*

- *Do the regulatory concerns about the nurse, midwife or nursing associate raise fundamental questions about their professionalism?*
- *Can public confidence in nurses, midwives and nursing associates be maintained if the nurse, midwife or nursing associate is not struck off 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 considered that Miss Hart's repeated and premeditated dishonesty did raise fundamental questions about her integrity and her professionalism. Combined with the convictions for serious driving offences that had put both patients and the wider public at risk of harm, her behaviour, in the panel's view, was fundamentally incompatible with being a registered nurse.

The public has to be able to trust nurses, as they place their health and wellbeing in their hands, and Miss Hart had seriously undermined such trust.

The panel did bear in mind that, as far as it was aware, no actual and direct physical harm to patients had been caused by Miss Hart's dishonest conduct, but it reminded itself of its previous finding that the dishonesty had adversely impacted vulnerable patients within a Hospice and the colleagues that Miss Hart worked alongside. It therefore considered that a striking off order was the only order that would adequately protect the public.

The panel further considered that only through a striking-off order would the public interest be addressed.

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

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel determined that the appropriate and proportionate sanction is that of a

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

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

The panel noted the hardship such an order would inevitably cause Miss Hart. However, this is outweighed by the need to protect the public and to uphold the public interest in this case.

This will be confirmed to Miss Hart in writing.

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

Representations on interim order

The panel took account of the representations made by the NMC that an interim suspension order was the most appropriate order.

Decision and reasons on interim order

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 Hart's own interest. The panel heard and accepted the advice of the legal assessor.

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

The panel agreed 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 due to cover the period of any potential appeal of this order.

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

That concludes this determination.