

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

**Substantive Order Review Hearing
Monday 15 December 2025**

Virtual Hearing

Name of Registrant:	Karen Faith Campbell
NMC PIN:	90D0317E
Part(s) of the register:	Nursing, Sub part 1 RN1, Registered Nurse – Adult 19 September 1998 Nursing, Sub part 2 Registered Nurse – Adult 2 June 1992
Relevant Location:	East Cheshire
Type of case:	Misconduct
Panel members:	Shubhaa Krishnan (Chair, Lay member) Mary Karasu (Registrant member) Philippa Hardwick (Lay member)
Legal Assessor:	Juliet Gibbon
Hearings Coordinator:	Rebecka Selva
Nursing and Midwifery Council:	Represented by Alvaro Loxton, Case Presenter
Miss Campbell:	Present and not represented at this hearing
Order being reviewed:	Suspension order (6 months)
Fitness to practise:	Impaired
Outcome:	Extension to suspension order (5 months) to come into effect on 17 December 2025 in accordance with Article 30 (1)

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

At the outset of the hearing, Mr Loxton on behalf of the Nursing and Midwifery Council (NMC) made a request that this case be held partly in private on the basis that proper exploration of your case involves references to your private life and your health. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

You indicated that you supported the application.

The legal assessor reminded the panel that while Rule 19(1) provides, as a starting point, that hearings shall be conducted in public, Rule 19(3) states that the panel may hold hearings partly or wholly in private if it is satisfied that this is justified by the interests of any party or by the public interest.

The panel determined to go into private session in connection with your private life and health as and when such issues are raised in order to protect your right to privacy.

Decision and reasons on review of the substantive order

The panel decided to extend the current suspension order for a period of 5 months.

This order will come into effect at the end of 17 December 2025 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the second review of a substantive suspension order originally imposed for a period of 12 months by a Fitness to Practise Committee panel on 17 May 2024. This was reviewed on 2 June 2025 and where the panel extended the suspension order for a further period of six months.

The current order is due to expire at the end of 17 December 2025.

The panel is reviewing the order pursuant to Article 30(1) of the Order.

The charges found proved which resulted in the imposition of the substantive order were as follows:

‘That you, a registered nurse:

- 1. On 1 August 2022 failed to ensure Patient A’s safety in that you:*
 - a. Failed to carry out clinical observations during your initial visit;*
 - b. Failed to promptly call the co-ordinator for assistance or advice during your initial or subsequent visit;*
 - c. Failed to manage/ escalate the care of Patient A in that you failed to:*
 - i. Promptly inform Colleague A of Patient A’s deterioration when you returned to the office/during handover, following your initial visit;*
 - ii. Promptly call a GP during or following your visit/s;*
 - iii. Promptly call an ambulance during or following your visit/s;*
 - d. Failed to ‘ACT NOW’ in accordance with the NEWS2 guidelines.*
- 2. On 1 August 2022, you failed to make a clear and accurate record of your visits to Patient A on EMIS, in that you recorded:*
 - a. one visit when you had made two visits;*
 - b. that you had taken observations at 12.30 when you had not;*
 - c. that you had left Patient A in the care of his father at 12.30 when you had not;*
 - d. that you had called 999 at 12.30 when you had not.*
- 3. Your actions as specified at any of the charges at 2a. – 2d. above were dishonest, in that you intended to mislead others to believe that you:*
 - a. had carried out one visit to Patient A when you knew that you had carried out two visits;*
 - b. That you had carried out observations at 12.30 when you knew that you had not;*
 - c. That you had left Patient A in the care of his father at 12.30 when you knew you had not;*
 - d. That you had called 999 at 12.30 when you knew you had not.*

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

The first reviewing panel determined the following with regard to impairment:

'The panel took note that you have not provided any evidence of steps taken to remediate, reflect or keep your clinical skills and knowledge up to date. The panel also considered that you did not demonstrate insight at today's hearing; when asked specific questions regarding what you would do differently, you were unable to answer adequately. It particularly noted this when you were asked about your record keeping which is a basic and fundamental part of nursing. Although the panel is of the view that the misconduct in this case is capable of being remediated, it determined that you have not remediated the concerns at present. The panel therefore determined that the risk of repetition is high and there remains a real risk of harm to patients.

The panel took into account the letter from Manchester Mind indicating your health at this time. It also took into account your oral evidence that you are currently on medication, and your challenges during the hearing, namely that you appeared to be unable to fully comprehend and respond to questions or engage with the hearing without Ms Wynter's assistance.

The panel therefore decided that a finding of continuing impairment is necessary on the grounds of public protection.

The panel bore in mind that its primary function is to protect patients and the wider public interest which includes maintaining public confidence in the nursing profession and the NMC as a regulator and upholding proper standards of conduct and performance. The panel determined that, in this case, a finding of continuing impairment on public interest grounds is also required.

For these reasons, the panel finds that your fitness to practise remains impaired.

The first reviewing panel determined the following with regard to sanction:

'Having found your fitness to practise currently impaired, the panel then considered what, if any, sanction it should impose in this case. The panel noted that its powers are set out in Article 30 of the Order. The panel took into account the 'NMC's Sanctions Guidance' (SG) and bore in mind that the purpose of a sanction is not to be punitive, though any sanction imposed may have a punitive effect.

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 your 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 your misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether a conditions of practice on your registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be relevant, proportionate, measurable and workable. The panel determined that this order would not be workable or appropriate to protect the public or satisfy the public interest as you are currently not employed or seeking employment. Further, you have not shown a willingness to comply with conditions or strengthen your practice.

The panel considered the imposition of a further period of suspension. The panel concluded that a further 6-month suspension order would be the appropriate and

proportionate response and would afford you adequate time to further develop insight and take steps to strengthen your practice. It would also give you an opportunity to approach past and current health professionals to support you in your management of your health condition.

Having regard to the circumstances of this case, including your personal circumstances, the panel considered that a striking-off order would be inappropriate and disproportionate at this stage.

The panel determined therefore that a suspension order is the appropriate and proportionate sanction which would continue to both protect the public and satisfy the wider public interest. Accordingly, the panel determined to impose a suspension order for the period of 6 months would provide you with an opportunity to engage with the NMC in terms of your health and any remediation.

Having seen the letter from Manchester Mind, heard your oral evidence and observed your difficulty in giving evidence and engaging with the hearing, the panel would invite the NMC to consider whether it should investigate your health prior to the next review.

This suspension order will take effect upon the expiry of the current suspension order, namely the end of 17 June 2025 in accordance with Article 30(1).

Before the end of the period of suspension, another panel will review the order. At the review hearing the panel may revoke the order, or it may confirm the order, or it may replace the order with another order.

Any future panel reviewing this case would be assisted by the following from you:

- *Continued engagement with the NMC*
- *Attendance at a future review*
- *An up-to-date letter from your GP in respect of your current health*

- *Any reflection using a recognised model on failings showing insight into the impact of your clinical failings on patients and colleagues and the nursing profession as a whole*
- *Evidence of additional relevant training in recognising deteriorating patients*
- *Evidence of additional training in the duty of candour*
- *An explanation as to your current working situation and intentions going forward*
- *Testimonials from any employer or voluntary agency you work with.'*

Decision and reasons on current impairment

The panel has considered carefully whether your fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as a registrant's suitability to remain on the register without restriction. In considering this case, the panel has carried out a comprehensive review of the order in light of the current circumstances. Whilst it has noted the decision of the last panel, this panel has exercised its own judgement as to current impairment.

The panel has had regard to all of the documentation before it, including the NMC bundle, and documents submitted by you. It has taken account of the submissions made by Mr Loxton on behalf of the NMC and your oral evidence.

Mr Loxton referred the panel to the background of the case.

Mr Loxton invited the panel to impose a further period of suspension. He clarified that the period of the suspension order is at the discretion of the panel. He submitted that this would allow you to develop your insight and take steps to strengthen your practice.

Mr Loxton reminded the panel that the persuasive burden is on you to demonstrate that you are no longer impaired.

You gave evidence on oath.

You told the panel that you accept the findings of the original panel.

You said that since the original hearing you have reflected extensively and completed targeted learning and developed clear strategies to ensure patient safety, including timely observations, accurate documentations and early escalation. You said that you are committed to learning from this experience and practising safely in line with the Code.

You explained that the incidents took place shortly after COVID and after a breakdown of a personal relationship. You clarified that this is not an excuse, but this is only to provide context to the panel.

You clarified that you have not been doing any nursing work for the past three years, but prior to the substantive hearing you had no previous professional concerns or referrals.

You said that you have been off sick from work since 2022 [PRIVATE]. But since the last review hearing you have got your confidence back and understand your previous mistakes.

You told the panel that you hope to return to nursing. You explained that you would like to set up a nursing and care agency with a previous nursing colleague of yours.

You told the panel that you are deeply remorseful for your previous failings.

In cross examination, you confirmed that prior to being suspended you had not been working for two years. You confirmed that in this time you have been completing reading in relation to updated policies. You said that you have kept a reflective log of the reading and training you have completed. You clarified that perhaps you had not sent this to the NMC for today's review hearing.

You said that the breakdown of the personal relationship impacted your judgment in your daily duties and nursing abilities. You clarified that this distracted you. You felt that your judgement was altered and not '*a hundred percent*'.

You said that your health is much better than it was at the last review in June 2025. You said that your last communication with your GP surgery was around 17 November 2025 to

request an appointment. You accepted that you had delayed your communication with your GP and left it '*too late*' to receive an up-to-date letter from them and you apologised to the panel for this.

You accepted that your four learning certificates before the panel are dated as recent as six days ago. You accept that it was recommended by the previous panel that you complete further training from June 2025. You outlined that you had been struggling with anxiety around the imposition of the original substantive order. You clarified that each online learning course took around 20 to 30 minutes to complete. You confirmed that this was around two hours of online learning in total.

You said that your understanding of the findings was that you had to be open and honest when something goes wrong and how to rectify mistakes. You said that in the future you would do timely observations accurately and make sure that you are aware of what to look out for in a deteriorating patient.

You said that to separate your work and professional life you would immediately seek to speak to a nurse in charge or supervisor if you were in a similar situation. You further elaborated on this response and said that you would not bring your personal life into your professional practise. When asked to provide a response of how specifically you would manage this you were unable to provide a response.

[PRIVATE]. You said that you have not completed any voluntary work.

You said that you have learnt your lesson and what warning signs to look out for with a deteriorating patient, utilising communication tools such as SBAR. You clarified using SBAR involves communicating openly and honestly and documentation and record keeping.

[PRIVATE]. You said that this impacted you up until the last review you had.

In response to panel questions, you said that NEWS2 is a communication tool that you use to assess communication via clear and precise documentation, namely for a deteriorating patient. This can also be escalating any problems to the nurse in charge. You said that

SBAR is a structured document, for safe escalation and reporting incidents quickly. You clarified that with NEWS2 this could include raised blood pressure or where observations of a patient are not stable.

In response to a further panel question you told the panel that you started caring responsibilities for your family in August 2023 and this continued up until December 2024.

Mr Loxton, in closing, submitted that whilst you have taken steps in a positive direction, further insight and remediation were still needed, and a detailed reflective piece would be beneficial for a future reviewing panel.

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

In reaching its decision, the panel was mindful of the need to protect the public, maintain public confidence in the profession and to declare and uphold proper standards of conduct and performance.

The panel considered whether your fitness to practise remains impaired.

The panel noted that the last reviewing panel found that you had insufficient insight. At this hearing you apologised to this panel for your misconduct and showed genuine remorse for your failings. However, when questioned during the course of this hearing about how you would handle the situation differently in the future, you were unable to provide sufficiently detailed answers and therefore it determined your insight was still developing.

In its consideration of whether you have taken steps to strengthen your practice, the panel took into account the additional online learning courses you have undertaken, which included: Duty of Candour, Self-Care and Personal Wellbeing, Record Keeping and Mental Capacity. The panel noted that these four learning courses were all completed on 9 December 2025. The panel also had sight of the reflective piece written by you dated 11 December 2025 addressing the findings of the original panel. The panel noted these positive steps to addressing your previous failings. However, the panel considered that the online courses, albeit relevant, were short and only completed shortly before this hearing today. The panel noted that you said you felt you were in a better position as of June 2025,

yet the panel had limited evidence of efforts to strengthen your practice during much of this period. The panel also noted that there was no updated letter from your GP before the panel outlining the current status of your mental health. Accordingly, the panel concluded that there remained a real risk of repetition and subsequent risk of harm.

The panel therefore decided that a finding of continuing impairment is necessary on the grounds of public protection.

The panel bore in mind that its primary function is to protect patients and the wider public interest which includes maintaining public confidence in the nursing profession and the NMC as a regulator and upholding proper standards of conduct and performance. The panel determined that, in this case, a finding of continuing impairment on public interest grounds is also required.

For these reasons, the panel finds that your fitness to practise remains impaired.

Decision and reasons on sanction

Having found your fitness to practise currently impaired, the panel then considered what, if any, sanction it should impose in this case. The panel noted that its powers are set out in Article 30 of the Order. The panel has also taken into account the 'NMC's Sanctions Guidance' (SG) and has borne in mind that the purpose of a sanction is not to be punitive, though any sanction imposed may have a punitive effect.

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 your 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 your misconduct

was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether a conditions of practice order would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be relevant, proportionate, measurable and workable. The panel considered the limited insight and insufficient strengthened practice before it. The panel bore in mind the seriousness of the facts found proved at the original hearing and concluded that a conditions of practice order would not adequately protect the public or satisfy the public interest. The panel also considered that there is no updated information from the GP addressing your current mental health. The panel was not able to formulate conditions of practice at this stage that would adequately address the concerns relating to your misconduct.

The panel considered a further extension of the current suspension order. It was of the view that a further period of suspension would allow you more time to fully reflect on your previous failings. It considered that, whilst progress has been made you still need to gain a better understanding of how the dishonesty of one nurse can impact upon the nursing profession as a whole and not just the organisation that the individual nurse is working for. The panel concluded that a further extension of the current suspension order would be the appropriate and proportionate response and would afford you adequate time to further develop your insight and take steps to strengthen your practice. It would also give you an opportunity to approach past and current health professionals and/or work colleagues to attest to your honesty and integrity.

Having regard to the circumstances of this case, including your personal circumstances, the panel considered that a striking-off order would be inappropriate and disproportionate at this stage.

The panel determined therefore that a further extension of the current suspension order is the appropriate order which would continue to both protect the public and satisfy the wider public interest. Accordingly, the panel determined to extend the current suspension order by a period of 5 months to provide you with a further opportunity to engage with the NMC,

strengthen your practice and address the identified risks. It considered this to be the most appropriate and proportionate order available.

This extension of the current suspension order will take effect upon the date of expiry, namely the end of 17 December 2025 in accordance with Article 30(1).

Before the end of the period of suspension, another panel will review the order. At the review hearing the panel may allow the order to lapse upon expiry, it may further extend the suspension order, or it may replace the order with another order.

Any future panel reviewing this case would be assisted by:

- Continued engagement with the NMC.
- Attendance at a future review.
- A letter from your GP at the earliest opportunity in respect of any current mental health concerns and management.
- A further developed reflective statement using a recognised model (e.g. Gibbs model) showing insight into the impact of your clinical failings on patients and colleagues and the nursing profession as a whole. This statement must also address your previous dishonesty.
- Evidence of additional relevant training in duty of candour and recognising and escalating deteriorating patients.
- Evidence of a reflective reading log.
- An explanation as to your current working/volunteering situation and intentions going forward.
- Testimonials from any employer/voluntary work/colleagues or former colleagues addressing your previous failings including your integrity and honesty.

This will be confirmed to you in writing.

That concludes this determination.