

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

**Substantive Meeting
Monday, 22 December 2025**

Virtual Meeting

Name of Registrant:	Amanda Catherine Mann
NMC PIN:	89D0659E
Part(s) of the register:	Nursing, Sub part 1 RN1, Registered Nurse – Adult (14 August 1992)
Relevant Location:	South Yorkshire
Type of case:	Misconduct
Panel members:	John Kelly (Chair, Lay member) Kate Richards (Lay member) Tiago Horta Reis da Silva (Registrant member)
Legal Assessor:	Hala Helmi
Hearings Coordinator:	Daisy Sims
Consensual Panel Determination:	Accepted
Facts proved:	All
Facts not proved:	None
Fitness to practise:	Impaired
Sanction:	Striking-off order
Interim order:	Interim suspension order (18 months)

Decision and reasons on service of Notice of Meeting

The panel was informed at the start of this meeting that the Notice of Meeting had been sent to Ms Mann's registered email address by secure email on 11 December 2025.

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.

The panel noted that the notice of this meeting was served on Ms Mann on 11 December 2025. It had regard to email traffic between Ms Mann and the NMC dated 23 October 2025 in which Ms Mann confirmed that she consents to this case going to a Consensual Panel Determination ('CPD') meeting. It also had regard to an email from Ms Mann to the NMC dated 31 July 2025 in which she admitted to the charges as set out, that her practise is impaired and to the sanction recommended by the NMC. Taking these documents together the panel was of the view that Ms Mann is aware of this meeting and drew the inference that she has waived the full period of 28 days for notice to be provided.

In the light of all of the information available, the panel was satisfied that Ms Mann 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).

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

The panel saw an application within the CPD for parts of this hearing that relate to [PRIVATE]. The application was made pursuant to Rule 19.

The panel noted that Ms Mann had signed the CPD.

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 [PRIVATE].

Details of charge

That you, a registered nurse:

- 1) On one or more occasions on or around 10-11 January 2024, you:
 - a. Fraudulently used Colleague A's passwords to countersign medication.
 - b. Fraudulently used Colleague B's passwords to countersign medication.
 - c. Falsified one or more records for medication administration.
 - d. Did not ensure administration of medications were second checked.
- 2) Your conduct at charge 1 was dishonest, in that:
 - a. You knew that you were not authorised to use Colleague A and/or Colleague B's signatures to countersign on their behalf.
 - b. You intended to cause others to believe that medication had been second checked and/or countersigned by Colleague A and/or Colleague B.
- 3) On or around 11 January 2024, you accessed confidential records on a personal device without clinical justification.

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

Consensual Panel Determination

At the outset of this meeting, the panel was made aware that a provisional agreement of a CPD had been reached with regard to this case between the NMC and Ms Mann.

The agreement, which was put before the panel, sets out Ms Mann's full admissions to the facts alleged in the charges, that her actions amounted to misconduct, and that her fitness to practise is currently impaired by reason of that misconduct. It is further stated in the agreement that an appropriate sanction in this case would be a striking-off order.

The panel has considered the provisional CPD agreement reached by the parties.

That provisional CPD agreement reads as follows:

5. *Ms Mann appears on the register of nurses, midwives and nursing associates maintained by the NMC as a Nurse. She joined the NMC register on 13 August 1992.*
6. *On 7 February 2025, the NMC received a fitness to practise referral from Colleague A, who worked with Ms Mann at Bennett Court Complex Needs Nursing Home ("the Home"), part of Exemplar Health Care. Ms Mann was employed at the Home from 5 September 2023, until 06 April 2024, when she resigned with immediate effect.*
7. *From 20 November 2023, Ms Mann began a role for the Home, as Unit Manager of Buttercup Bungalows. Buttercup Bungalows was a 9-bed unit situated separately, in a stand-alone building close to the Home's main building. Buttercup Bungalows offered supported living for those who could not live with others.*
8. *The Home used a system called the Electronic Medication Administration Record System ("eMAR"), to record service users' medication requirements, and when medication has been given.*
9. *The Home required two nurses, or a nurse and an appropriately qualified Health Care Assistant ("HCA"), to be present whilst common drugs such as anti-psychotic medication and insulin were being administered. The administering nurse must sign into eMAR. Once the drug had been administered or refused and destroyed the second qualified person was prompted to input their password to electronically countersign that they had witnessed the administering nurse dispense*

the right medication to the right service user. This two check drug administration system was in place to prevent medication errors and harm to service users.

10. The Parties agree the following facts in relation to the charges:

11. On 11 January 2024, Colleague A (a registered nurse) went to the Buttercup Bungalows to check if medications needed to be countersigned. Colleague A entered the office and observed that Ms Mann had eMAR open on both her personal laptop and the unit's desktop computer. Ms Mann said that Colleague A had already signed for medications that required a dual signature.

12. Colleague A had not been asked to go over to Buttercup Bungalows to check medications or countersign that day. Ms Mann explained that she had Colleague A's eMAR password saved, and that she had input Colleague A's password to countersign as Colleague A. Ms Mann had done so without Colleague A's consent or knowledge.

13. The Home Manager asked Ms Mann about using Colleague A's signature. Ms Mann denied doing so and said words to the effect of "no I haven't, that would be so wrong".

14. The Home Manager suspended Ms Mann from clinical duties whilst a local investigation took place. During the Home investigation, an additional concern arose from a Senior Health Care Assistant, Colleague B.

15. On 10 January 2024, Ms Mann asked Colleague B to countersign for insulin medication on Ms Mann's personal laptop. Colleague B checked and countersigned for insulin medication in relation to one service user. Ms Mann did not ask Colleague B to check or countersign for any further medications that day. Ms Mann informed Colleague B that Ms Mann's laptop had the option to save passwords, and that Ms Mann had saved Colleague B's password. Ms Mann had saved Colleague B's eMAR password to enable her to fraudulently countersign as Colleague B.

16. The Home Manager discussed the allegations made by Colleague B with Ms Mann. When asked whether she had saved colleagues' password to eMAR, Ms Mann initially replied, "not deliberately". Ms Mann maintained that it was not deliberate but admitted to having saved passwords to access the eMAR system to

avoid going to get someone to countersign for medications. Ms Mann also referenced that the weather had been rubbish, and she was just being lazy.

[PRIVATE].

17. *At the local investigation meeting, Ms Mann acknowledged Home Policy that she was required to have a second signature for drugs, including insulin. However, she stated that she did not consider these to be controlled drugs and therefore did not need someone else to counter sign.*

18. *Ms Mann had been placed on suspended duties pending the outcome of the Home's disciplinary proceedings. On 29 February 2024, the Home Manager held a meeting regarding Ms Mann clinical duties and providing second signatures for medications while she had been on suspended duties. On 6 March 2024, Ms Mann resigned with immediate effect.*

19. *Ms Mann was invited to attend the Home's disciplinary hearing regarding the allegations but did not respond to disciplinary meeting invitations. On 12 April 2024, the Home held a disciplinary meeting and determined that if the Ms Mann had not resigned, she would have been dismissed.*

20. *On 2 April 2024, the NMC received Ms Mann written reflective piece, Appendix 1, in which she stated, "unfortunately due to a lack of judgement I failed to document correctly and falsified records..." and "I failed, in allowing myself to give in to temptation to do this". Ms Mann also stated, "you should follow local policies for medication on the administration of drugs in all there [sic] form again to standardise care even when they are not controlled drugs".*

Charge 2 (a) - (b)

21. *Ms Mann knew that Colleagues A and B did not authorise her to use their signatures to countersign on their behalf. Colleague A and Colleague B did not have knowledge, nor consent to Ms Mann saving and using their signatures on eMAR. Ms Mann intended to cause others to believe that medication had been second checked and/or countersigned by Colleague A and Colleague B.*

22. *Ms Mann also had knowledge of the medication administration and controlled drug policy, and that second checks and countersignatures were required by the Home to preserve the safety of patients.*

23. *During the Home investigation, Ms Mann initially denied using her colleagues' signatures. Later in the Home's investigation, Ms Mann admitted that she had falsified records and used Colleague A and B's passwords to enable her to countersign for medication.*

24. *Ms Mann's admits her actions were dishonest within her written reflection and offers context about her personal circumstances and state of mind at the time of the incidents. [PRIVATE]*

Charge 3

25. *On 10 January 2024, Colleague B observed Ms Mann using her personal laptop to access eMAR to do the medication rounds.*

26. *On 11 January 2024, Colleague A observed Ms Mann had eMAR open on both her personal laptop and the unit's desktop computer.*

27. *The Home Manager asked Ms Mann about using her personal laptop to do medication rounds. Ms Mann stated that she had done so because there were issues with the computer, and it was easier to do it from a laptop than a desktop computer. Ms Mann stated that no data is saved on her personal laptop. Ms Mann apologised and said she would inform the Home Manager she would not use her personal laptop for eMAR. [PRIVATE]*

28. *On 31 July 2025, Ms Mann confirmed that she agreed to the charges against her.*

Misconduct

29. *The parties agree that the acts and omissions of Ms Mann amount to misconduct. The comments of Lord Clyde in Roylance v General Medical Council [1999] UKPC 16 may provide some assistance when seeking to define misconduct:*

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

30. *The comments of Jackson J in Calhaem v GMC [2007] EWHC 2606 (Admin) and Collins J in Nandi v General Medical Council [2004] EWHC 2317 (Admin), provide further assistance:*

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

And

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

31. *Where the acts or omissions of a registered nurse are in question, what would be proper in the circumstances (per Roylance) can be determined by having reference to the Nursing and Midwifery Council's Code of Conduct 2021 ("the Code"). The parties agree that at all relevant times, Ms Mann was subject to the provisions of the Code.*

32. *Ms Mann's conduct involves a serious departure from the standards expected of a registered professional. Ms Mann was aware of the required standards, as she attended training in medication administration. Ms Mann was also aware of the second checks and counter signing required for administration of medication. Ms Mann has stated in her reflective piece "I failed to document correctly and falsified records, an act of dishonesty that I freely admit. I acknowledge the seriousness of this act and I have admonished myself multiple times regarding this act".*

33. *The parties agree that the following provisions of the Code have been breached in this case:*

8. *Work co-operatively*

8.1 *respect the skills, expertise and contributions of your colleagues, referring matters to them when appropriate.*

8.4 *work with colleagues to evaluate the quality of your work and that of the team*

8.5 work with colleagues to preserve the safety of those receiving care

10. Keep clear and accurate records relevant to your practice

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

10.4 attribute any entries you make in any paper or electronic records to yourself, making sure they are clearly written, dated and timed...

10.5 take all steps to make sure that records are kept securely

10.6 collect, treat and store all data and research findings appropriately

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

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

20 Uphold the reputation of your profession at all times

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

34. Ms Mann's conduct could result in harm if not put right. Ms Mann knowingly falsified service user records, by saving Colleague A and Colleague B's eMAR passwords, to enable her to countersign for medications on their behalf.

Confidential records and information were also put at risk by using her personal laptop. Ms Mann knew the Home's drug policy and knew that Colleague A and B had not authorised her to complete second checks and countersignatures on their behalf. Ms Mann wanted to create the impression that drug administration policy had been adhered to and prioritised her own convenience.

35. *Ms Mann's actions placed colleagues at a risk of imposing harm on service users, in that clinical records completed by Ms Mann could not be relied on as accurate. Ms Mann's actions also exposed service users to an unnecessary risk of harm, as colleagues would have given care based on inaccurate service user records. This could lead to mistakes in service user care, and incorrect administration of drugs such as insulin or anti-psychotics.*

36. *Ms Mann prioritised her own comfort above service user's receiving the appropriate second checks, and above the safe, secure and accurate completion of clinical records. Ms Mann's conduct put service users at risk of harm.*

37. *Ms Mann's actions amount to a serious departure from the standards expected of a registered professional, and as such amounts to a serious professional misconduct.*

Impairment

38. *Ms Mann's fitness to practise is currently impaired by reason of her misconduct.*

39. *The NMC's guidance¹ explains that impairment is not defined in legislation but is a matter for the Fitness to Practise Committee to decide. This involves a consideration of both the nature of the concern and the public interest.*

40. *The parties agree that consideration of the nature of the concern involves looking at the factors set out by Dame Janet Smith in her Fifth Report from Shipman, approved in the case of Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin) by Cox J;*

a. Has in the past acted and/or is liable in the future to act so as to put service users at an unwarranted risk of harm; and/or

b. Has in the past brought and/or is liable in the future to bring the professions 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 professions; and/or

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

41. The parties agree that limbs a, b, c and d are engaged in this case.

(a) *Placing service users at unwarranted risk of harm*

42. The parties agree that Ms Mann's actions placed service users at unwarranted risk of harm. The records could have resulted in harm to service users, as the purpose of the Home's second check drug administration system was to prevent medication errors. By failing to adhere to the system, there was no second checker to witness medication management and administration. Ms Mann exposed service users to a risk of harm, such as mistakes in medication being given to the wrong person or the wrong dose being administered. There was also a risk to colleagues, as they could not be confident in the medication documentation for service users, and this may translate into delays to check documents were completely correct, or mistakes in care if they were not confident to act on incorrect medication records.

43. Within her reflective piece, Appendix 1, Ms Mann has considered the rules and standards expected of nurses in relation to medication, in which she states "incorrect documentation leads to misunderstandings. Resulting in issues in the continuity of care. it may cause delays in treatment. Misdiagnosis and medication errors". Ms Mann acknowledges that correct documentation is there to protect service users, public and colleagues. [PRIVATE]

44. [PRIVATE]

45. The parties agree that although there is some limited insight and reflection from Ms Mann, there is a remaining future risk of unwarranted harm. Ms Mann's insight does not sufficiently address the concerns in the case, which relate to repeated dishonesty. The parties agree that the level of dishonesty is serious, and by nature, intrinsically dishonest as it involves a premeditated, and repeated forgery. Ms Mann also had the opportunity to cooperate with the local investigation, and her initial response was not open and honest, in that she initially denied using colleagues' passwords to countersign and did not accept the concern about falsifying second checks, and the use of personal laptop.

46. Ms Mann's actions include dishonesty in relation to her professional practice which indicate a deep-seated attitudinal issue. Dishonest conduct is particularly

difficult to address, and training courses or supervision at work would be unlikely to address the concern. Ms Mann has not provided evidence of relevant training in relation to drug administration and management, information security, or provided further reflection in relation to dishonest conduct, or a period of strengthened practise with no further incident. Given that there is limited insight, reflection and no independent evidence of remediation, there is an ongoing risk of repetition and liability to act this way again in future.

(b) Has in the past brought and/or is liable in the future to bring the professions into disrepute

47. The service users at the Buttercup Bungalows were vulnerable people, with care and medication needs which Ms Mann was, as the Unit Manager, responsible for ensuring.

48. Ms Mann failed to prioritise the safe and effective care of service users, through bypassing the Home's policy for second check and countersigning when administering common drugs, including insulin and anti-psychotics. Ms Mann exposed the security of service user records to an unnecessary risk of being compromised when she accessed records on her personal laptop. Ms Mann's actions include dishonesty in relation to her professional practice.

49. The nature of the dishonesty indicates a deep-seated attitudinal issue, as Ms Mann's rationale for her actions demonstrates that she prioritised her own convenience and comfort, above the safety of service users and the security of their information. Within Ms Mann's reflective piece, Appendix 1, she considers the rules and standards expected of nurses in relation to medication, and states "dishonesty leads to lack of self-respect. Lack of respect from others, lack of trust from co-workers. Lack of credibility."

50. Nurses occupy a position of trust and are required to keep and uphold the standards in the Code of Conduct. Members of the public are entitled to have trust and confidence in those who treat the public. A member of the public, such as a service user at Buttercup Bungalows, or their family, would be shocked to learn that service users records and safe administration of medication were compromised for

the convenience of a registered nurse. The family members of a service user, or a service user themselves may be reluctant to seek care, if they fear that drugs will not be administered safely and effectively. Further, they may lose confidence to share the details of their health openly and honestly with professionals, in the fear that their confidential health records would not be kept securely. Ms Mann's breaches of the Code, as set out in paragraph 33 above, fall far below the standards expected of a registered nurse.

(c) Has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the professions

51. Ms Mann's actions demonstrate a departure from the standards expected of a registered nurse. Ms Mann has breached fundamental tenets of the profession by failing to prioritise people, practise safely and effectively, and to maintain and uphold trust and professional standards.

52. Ms Mann prioritised her own convenience and comfort above keeping accurate and secure records for service users. Ms Mann did not practise effectively on more than one occasion, as she did not carry out the safety check system that the Home had in place to preserve service user safety, and avoid error in the administration of drugs, including common drugs such as insulin and anti-psychotics. Ms Mann also prioritised her own convenience and jeopardised the security of confidential service users' clinical records by accessing them on her personal laptop.

(d) Has in the past acted dishonestly and/or is liable to act dishonestly in the future

53. Ms Mann acted dishonestly and is liable to act dishonestly in the future. Ms Mann made full admissions within her reflective statement, "I failed to document correctly and falsified records, an act of dishonesty that I freely admit..." and "I countersigned for the medication without involving others". Ms Mann acted dishonestly and prioritised her own convenience above second checks and

countersigning medication. The parties agree that the nature and extent of dishonesty was serious, and indicative of a deep-seated attitudinal issue for the same reasons set out at paragraph 45, 46 and 49 above.

54. The case of Cohen v General Medical Council [2008] EWHC 581 (Admin) sets out three matters which are described as being ‘highly relevant’ to the determination of the question of current impairment;

- a) Whether the conduct that led to the charge(s) is easily remediable.*
- b) Whether it has been remedied.*
- c) Whether it is highly unlikely to be repeated.*

The Parties agree the following in relation to the above factors set out in Cohen:

- (a) Whether the conduct that led to the charge is easily remediable.*

55. Ms Mann admits that she had used colleagues’ passwords to enable her to fraudulently countersign for service users’ medication, and that she was dishonest in doing so. Ms Mann also admits she had used a personal laptop to access confidential service user records

56. [PRIVATE]

57. The Parties acknowledge the NMC guidance², which states that, in cases where the behaviour suggests an underlying problem with the nurses’ attitude, it is less likely that the nurse will be able to address their conduct by taking steps such as completing training courses, or supervised practise. The guidance gives examples of conduct which may not be possible to address, including dishonesty that was directly linked to the nurse’s practice. In accordance with the guidance, the Parties agree that Ms Mann’s conduct is not easily remediable, as it involves dishonesty directly linked to her practice.

- (b) Whether it has been remedied*

58. The Parties acknowledge the NMC guidance³, which sets out non-exhaustive factors that may demonstrate that conduct has been addressed

including (a) the quality and sufficiency of insight, (b) apologies and (c) sufficiency of steps taken to address the concern.

59. *The Parties agree that the quality of the insight is limited. Ms Mann has demonstrated some insight, in that she has recognised what went wrong, accepted responsibility and appreciated what should have been done differently, and how to act differently in the future. Ms Mann provided her written reflection in April 2024, Appendix 1, in which she expresses remorse and admitted to the substance of the charges. On 31 July 2025, Ms Mann admitted to the charges and admitted that she was impaired.*

60. *Notwithstanding the above factors, Ms Mann initially denied the concerns when put to her at local investigation level and denied her actions. Ms Mann did not voluntarily or without prompting, draw her conduct to the Employer's attention and she did not self-report to the NMC.*

61. *The Parties refer to NMC guidance FTP-15a, and agree that Ms Mann's conduct was dishonest, directly linked to her practise, and demonstrative of an underlying attitudinal issue unlikely to be addressed with steps such as completing training courses, or supervised practise. Ms Mann has not worked in a nursing capacity since 11 July 2024, and has not provided evidence of relevant, measurable or effective steps taken that are directly linked to the nature of the concerns.*

62. *Given the above factors, the Parties agree that the concern has not been addressed.*

(c) Whether it is highly unlikely to be repeated

63. *The Parties acknowledge the NMC guidance⁴, which sets out non-exhaustive factors when assessing the likelihood of conduct being repeated in future. The guidance states that the risk of repetition may be reduced where there has been a) a demonstration of full insight, and appropriate steps to address any concerns arising from the allegations, b) the behaviour arose in unique circumstances, c) the nurse has an otherwise positive professional record, d) the nurse has engaged with the regulatory process.*

64. Ms Mann has provided a written reflection, Appendix 1, in which she provides some limited insight and self-reported steps taken to address the personal circumstances she says contributed to her conduct. Ms Mann has engaged with the regulatory proceedings and has no history of fitness to practise matters.

65. Ms Mann has not been working in a nursing capacity on 11 July 2024. Due to the seriousness of the concerns, the risk of repetition remains, and Ms Mann is a risk to the health, safety and wellbeing of the public.

66. Ms Mann has not provided evidence of relevant training in relation to medication administration and management, information security, or provided further reflection in relation to dishonest conduct, or a period of strengthened practise with no further incident. Given that there is limited insight, reflection and no independent evidence of remediation, there is an ongoing risk of repetition and liability to act this way again in future.

Public protection impairment

67. For the reasons set out above, the parties agree that a finding impairment is necessary on public protection grounds. While there was no evidence of direct harm to service users, the need for second checks is a safety measure. By not ensuring a second checker to witness medication, there is a risk of mistakes in care such as medication being given to the wrong person or the wrong dose being administered.

68. Ms Mann used colleagues' passwords and accessed confidential information records on her personal device. There was a potential to put service users' confidential health information at risk. Personal computers may not have the same rigorous protective measures in place as workplace computers, and information stored would be open to external hackers.

69. The NMC guidance⁵ on cases involving dishonesty is clear, that generally, forms of dishonesty which are particularly serious involve: a deliberate breach of professional duty of candour by covering up when things have gone wrong, especially if it could cause harm to people receiving care, risk to people receiving

care, and premeditated deception. The concerns relate to dishonesty that was directly linked to clinical practice. Ms Mann's dishonesty calls into question her attitude and integrity and exposed service users in her care to an unwarranted risk of harm due to falsified signatures and records, and a failure to ensure second checks. Ms Mann's dishonesty was premeditated and repeated, in that she admits that she used colleagues' signatures for her own convenience.

70. In the absence of full insight and remediation the risk of repetition remains, and a finding of impairment on the grounds of public protection is justified.

Public interest impairment

71. It is agreed that a finding of impairment is necessary on public interest grounds. In Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council

(2) Grant [2011] EWHC 927 (Admin) at paragraph 74 Cox J commented that: "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."

72. Consideration of the public interest therefore requires the Fitness to Practise Committee to decide whether a finding of impairment is needed to uphold proper professional standards and conduct and to maintain public confidence in the profession.

73. The Fitness to Practise Committee will need to consider whether the concern is easy to put right. For example, it might be possible to address clinical errors with

suitable training. A concern which has not been put right is likely to require a finding of impairment to uphold professional standards and maintain public confidence.

74. However, there are types of concerns that are so serious that, even if the professional addresses the behaviour, a finding of impairment is required either to uphold proper professional standards and conduct or to maintain public confidence in the profession.

75. For the reasons set out above, the parties agree that the concerns are attitudinal in nature, the dishonesty relates to clinical care and calls into question Ms Mann's integrity as a professional. Members of the public, including the service users who reside at the Home and their family members, were entitled to rely on Ms Mann to access their confidential records securely; and to act in accordance with the medications policy which was in place to ensure that medication was safely administered with second checks.

76. The parties agree that Ms Mann's fitness to practice is impaired on both public protection and public interest grounds.

Sanction

77. The Parties agree that the appropriate sanction in this case is a striking-off order. The parties have considered the NMC's sanction guidance⁶, in reaching this agreement.

78. The Parties agree the aggravating factors in this case include:

☐ *Limited insight into conduct*

☐ *An emerging pattern of misconduct over a period of time, across multiple service users and using two colleagues' signatures fraudulently, demonstrating a real risk of repetition.*

☐ *While on suspended duties for dishonestly signing for medication, countersigned for medication to avoid personal/professional embarrassment to a bank staff colleague.*

☐ *Although there was no evidence of actual harm to service users, conduct put colleagues and service users at a real risk of suffering potential harm.*

79. The parties agree that the mitigating factors in this case include:

□ *Personal mitigation [PRIVATE] The Parties acknowledge the NMC guidance⁷, which notes that the purpose of sanctions is to protect the public and not to punish nurses, and therefore personal mitigation is usually less relevant than it would be to punishing offenders in the criminal justice symptoms.*

80. *No further action or Caution Order: The parties agree that a lesser sanctions such as taking no further action, or a caution order would not be appropriate in the circumstances of this case. This is because the conduct includes breaches of fundamental tenets of the profession that may undermine public trust in the profession, and an agreed continuing risk of repetition which indicates a risk of future harm to service users and colleagues.*

81. *Conditions of practice: The Parties agree that a Conditions of Practice Order is neither appropriate nor proportionate in this case. The NMC guidance is clear that a Conditions of Practice Order may be appropriate when there is no evidence of harmful deep-seated attitudinal issue, where there may be identifiable areas capable of assessing or retraining, where there is a potential and willingness to respond positively to retraining, conditions would ensure service users protection whilst in force, and conditions can be monitored and assessed. The NMC guidance requires that Conditions should also be relevant, proportionate, workable and measurable.*

82. *The Parties agree that Ms Mann conduct was serious, repeated and demonstrative of a deep-seated attitudinal issue which is difficult to remediate with supervision or training. The conduct occurred despite Ms Mann's awareness and training in the requirements for second checks and information security.*

83. *The Parties also acknowledge that during the local investigation, Ms Mann was placed on suspended duties where she was prohibited from signing for medication. Despite suspended duties, Ms Mann countersigned for medication and stated this was to avoid personal/professional embarrassment to a bank staff colleague. The Parties agree that this indicates that supervision or monitored practise would be insufficient to guard against repetition and risk to service users and colleagues.*

84. *The parties agree that there is limited insight and no period of remediation or strengthened practise, in that Ms Mann has not practised since the concerns and has no intention to do so in future. Ms Mann is clear that she wishes to be removed from the register. There is no potential willingness for retraining or to engage with conditions. The Parties agree that Conditions of Practice would not be relevant, proportionate, workable or measurable and would be insufficient to meet the public protection and public interest concerns.*

85. *Suspension Order: the NMC guidance on suspension orders at SAN-3d states that this sanction may be appropriate where a) there is a single instance of misconduct b) where there is no evidence of deep-seated personality or attitudinal issues and c) where the nurse has insight and does not pose a significant risk of repeating behaviour. None of those factors apply in this case. The Parties agree that Ms Mann's conduct was not a single instance of misconduct. Ms Mann admits to the conduct, which by its very nature is intrinsically dishonest and also placed the security of service users' confidential records at risk. Ms Mann's conduct is indicative of a very serious attitudinal issue. Ms Mann indicated that her conduct was to prioritise her own interests, and has provided an explanation within her written reflection, Appendix 1, in which she provides personal mitigation and admits to the conduct. However, Ms Mann has not addressed through insight, remediation or other achievement such as strengthened practise, how she will ensure that the conduct is not repeated in future. Ms Mann has not practised since the concerns, is clear that she does not wish to practise in future and wishes to be removed from the register. The Parties agree that the conduct was serious and seriously below the standards expected for the profession. Given there is a continuing risk of repetition and to service users and colleagues, and a demonstration of conduct and attitude that is fundamentally incompatible with the profession, the Parties agree that a period of suspension would be insufficient to protect the public or in the wider public interest.*

86. *Striking off: Ms Mann falsified medication administration records, by forging the countersignature of her colleagues. By not ensuring a second checker to witness medication, there was a clear risk of medication being given to the wrong or*

the wrong dose being administered, which could have resulted in harm. Ms Mann also risked the security of service users' confidential records by accessing them on her personal laptop. Ms Mann's conduct is fundamentally incompatible with professional registration, as it falls far below the standards expected to ensure safe and effective nursing care.

87. The NMC guidance on sanctions for particularly serious cases ('SAN-2') relates to the seriousness of an act of dishonesty and makes clear that a nurse who has acted dishonestly will always be at some risk of being removed from the register. Honesty and integrity are fundamental cornerstones of the profession, and the Parties agree that Ms Mann's conduct has fallen far below the standards expected of a registered nurse. With reference to the NMC guidance on striking off ('SAN-3e'), the Parties agree that Ms Mann's actions have raised fundamental concerns surrounding her professionalism and trustworthiness and are incompatible with continued registration.

88. The Parties agree that a striking off order is the only sanction which will be sufficient to protect the public, including service users and colleagues. The Parties agree that public confidence in the nursing professional could not be maintained if Ms Mann were not removed from the register, and a striking off order is required to declare and maintain proper professional standards.

Referrer's comments

89. The NMC has sought the Referrer's comments, but no response has been received. If a response is received before the hearing, then these will be provided to the panel at the CPD hearing.

Interim Order

90. If a finding is made that Ms Mann's fitness to practise is impaired, and a restrictive sanction imposed, the parties agree that an Interim Suspension Order is necessary for the protection of the public and otherwise in the public interest, for the reasons given above at paragraphs 38-75.

91. *The parties agree that an Interim Order should be for a period of 18 months, and this is appropriate and proportionate to cover the initial 28 days before the sanction comes into effect, and the time taken for the Court to consider any appeal, in the event that one is lodged.*

92. *The Parties agree that this provisional agreement cannot bind a panel, and that the final decision on facts, impairment and sanction is a matter for the panel. The Parties understand that, in the event that a panel does not agree with this provisional agreement, the admissions to the charges and the agreed statement of facts set out above, may be placed before a differently constituted panel that is determining the allegation, provided that it would be relevant and fair to do so.*

Here ends the provisional CPD agreement between the NMC and Ms Mann. The provisional CPD agreement was signed by Ms Mann on 6 December 2025 and the NMC on 9 December 2025.

Decision and reasons on the CPD

The panel decided to accept the CPD.

The panel heard and accepted the legal assessor's advice. She referred the panel to the 'NMC Sanctions Guidance' (SG) and to the 'NMC's guidance on Consensual Panel Determinations'. She reminded the panel that they could accept, amend or outright reject the provisional CPD agreement reached between the NMC and Ms Mann. Further, the panel should consider whether the provisional CPD agreement would be in the public interest. This means that the outcome must ensure an appropriate level of public protection, maintain public confidence in the professions and the regulatory body, and declare and uphold proper standards of conduct and behaviour.

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

Having regard to the dishonesty allegation set out in charge 2, the panel took into account all of the information in the draft agreement in particular, Ms Mann's reflections to determine her state of mind at the time. The panel determined that Ms Mann's subjective state of mind between 10 to 11 January 2024 was such that she was aware that using Colleague A and Colleague B's passwords was wrong, that drugs administration required two appropriately qualified colleagues to sign off entries onto the electronic system and that the process was aimed at safeguarding residents and ensuring that the risk of mistakes was minimised. From Ms Mann's reflections it was clear to the panel that at the time in question that she knew that she was circumventing the rules and requirements and while intending to give the impression that they had been complied with. Therefore, she intended to mislead, with the express wish to further her own comfort and convenience. The panel noted that there was no evidence of any other plausible alternative explanation for this behaviour other than dishonesty. It determined that an ordinary member of the public would find that these actions to be dishonest.

Decision and reasons on impairment

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

In considering misconduct, the panel considered each charge and sub charge in turn. The panel endorsed paragraphs 29 to 37 of the provisional CPD agreement in respect of misconduct. The panel noted that Ms Mann's conduct included several breaches of the NMC Code as set out in the provisional agreement and the panel agreed with those. It determined that each of the charges and sub charges reflect serious departures from the standards expected of registered nurses, and included placing residents at risk, circumventing established procedures and potentially compromising colleagues' integrity and professional standing.

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

In coming to its decision, the panel had regard to the NMC Guidance on 'Impairment' (Reference: DMA-1 Last Updated: 03/03/2025) in which the following is stated:

'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 noted the personal mitigation provided by Ms Mann. Whilst there is no reason not to believe this, it noted that there is no independent evidence to support this.

The panel determined that there is limited evidence of remediation and insight. It determined that there is a continued real risk of repetition and so determined that a finding of impairment is required on public protection grounds. The panel considered that the public would be deeply concerned to learn that drugs administrations procedures in a residential home had been circumvented by a registered nurse for no good reason other than personal convenience. The panel approved of the provisional draft agreement which stated:

'Nurses occupy a position of trust and are required to keep and uphold the standards in the Code of Conduct. Members of the public are entitled to have trust and confidence in those who treat the public. A member of the public, such as a service user at Buttercup Bungalows, or their family, would be shocked to learn that service users records and safe administration of medication were compromised for

the convenience of a registered nurse. The family members of a service user, or a service user themselves may be reluctant to seek care, if they fear that drugs will not be administered safely and effectively. Further, they may lose confidence to share the details of their health openly and honestly with professionals, in the fear that their confidential health records would not be kept securely. Ms Mann's breaches of the Code... fall far below the standards expected of a registered nurse.'

The panel believed that a nurse who had used other colleagues passwords to countersign medication and did not have a finding of current impairment made against them would not be in the public interest and would damage the reputation of the nursing profession. It therefore determined that a finding of impairment is also required in the public interest.

The panel determined that Ms Mann's fitness to practise is currently impaired and endorsed paragraphs 38 to 76 of the provisional CPD agreement.

Decision and reasons on sanction

Having found Ms Mann'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 such consequences. The panel had 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:

- Limited insight into conduct;
- An emerging pattern of misconduct over a period of time, across multiple service users and using two colleagues' signatures fraudulently, demonstrating a real risk of repetition.

- While on suspended duties for dishonestly signing for medication, countersigned for medication to avoid personal/professional embarrassment to a bank staff colleague.
- Although there was no evidence of actual harm to service users, conduct put colleagues and service users at a real risk of suffering potential harm;
- That this conduct had the potential to compromise colleagues whose passwords had been used without their knowledge.
- Compromising data protection and regulations.

The panel also took into account the following mitigating features:

- Personal mitigation – [PRIVATE]

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 Ms Mann'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 Ms Mann'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 Ms Mann's registration would be a sufficient and appropriate response. The panel is of the view that there are no practical or workable conditions that could be formulated, given the nature of the charges in this case. The misconduct identified in this case was not something that can be addressed through retraining. Furthermore, the panel concluded that the placing of

conditions on Ms Mann's registration would not adequately address the seriousness of this case and would not protect the public.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG states that 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;*
- ...

Ms Mann's misconduct, as highlighted by the facts found proved, includes significant departures from the standards expected of a registered nurse. The panel took the view that the serious breach of the fundamental tenets of the profession evidenced is fundamentally incompatible with Ms Mann remaining on the register.

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

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

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

The panel was of the view that the findings in this particular case demonstrate that Ms Mann's actions were serious and to allow her to continue practising in light of the limited insight, no independent evidence of remediation and/or strengthened practise would undermine public confidence in the profession and in the NMC as a regulatory body.

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel agreed with the provisional CPD that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the matters it identified, in particular the effect of Ms Mann's actions in bringing the profession into disrepute by adversely affecting the public's view of how registered nurses conduct themselves, the panel has concluded that nothing short of this would be sufficient in this case.

The panel considered that this order is necessary to protect the public and to mark the seriousness of the misconduct, to maintain 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 took into account proportionality and that the sanction of the striking off order will have a potential impact on Ms Mann reputationally and financially, as well as upon her right to practise her profession. However, the panel decided that the need to protect the public and uphold the public interest outweighed her interests in this regard.

The panel noted that the referrer has made no comment in relation to sanction.

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 Ms Mann'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 interests. The panel had regard to the seriousness of the facts found proved and the reasons set out in its decision for the substantive order in reaching the decision to impose an interim order.

The panel agreed with the CPD that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order. The panel therefore imposed an interim suspension order for a period of 18 months due to adequately protect the public over any appeal period.

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

That concludes this determination.