

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

**Substantive Order Review Hearing**

**Tuesday, 11 November 2025**

**Virtual Hearing**

<b>Name of Registrant:</b>	Stephanie Benyon
<b>NMC PIN</b>	09F1451E
<b>Part(s) of the register:</b>	Nursing, Sub part 1 RNMH, Registered Nurse - Mental Health (20 April 2010)
<b>Relevant Location:</b>	Worcestershire
<b>Type of case:</b>	Misconduct
<b>Panel members:</b>	Bryan Hume (Chair, Lay member) Deepa Leelamany (Registrant member) Callum Lamont (Lay member)
<b>Legal Assessor:</b>	Melissa Harrison
<b>Hearings Coordinator:</b>	Rodney Dennis
<b>Nursing and Midwifery Council:</b>	Represented by Ben Anson Jones, Case Presenter
<b>Stephanie Benyon:</b>	Present and represented by Emily Kettell, instructed by Kings Chambers
<b>Order being reviewed:</b>	Conditions of practice order (9 months)
<b>Fitness to practise:</b>	Not Impaired
<b>Outcome:</b>	<b>Order to lapse upon expiry in accordance with Article 30 (1), namely 24 December 2025</b>

## **Decision and reasons on review of the substantive order**

The panel decided to allow the current conditions of practice order to lapse at the end of the expiry date.

This will come into effect at the end of 24 December 2025 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the first review of a substantive conditions of practice order originally imposed for a period of nine months by a Fitness to Practise Committee panel on 21 February 2025.

The current order is due to expire at the end of 24 December 2025.

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

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

1...

a. ...

b. ...

c. ...

2...

3. *On 16 March 2021 did not conduct an adequate assessment of Patient A in that you*

*a. Did not discuss with Patient A the content and context of voices that he was hearing or did not record such a discussion in Patient A's records [PROVED]*

*b. Did not discuss with Patient A whether he had thoughts of harming himself/suicidal thoughts or did not record such a discussion in Patient A's records [PROVED]*

c. As part of your assessment you did not read Patient A's:

- i. Summary care record **[PROVED]**
- ii. Liaison and diversion records **[PROVED]**
- iii. System One notes including a nursing assessment of Patient A entered in his notes on 7 March 2021**[PROVED]**

d. Did not put in place a risk management plan **[PROVED]**

4. Between 8 and 23 March 2021 did not complete a care plan for Patient A**[PROVED]**

5. ...

6. On 23 March 2021 during a welfare check on Patient A :

- a. ...
- b. Did not adequately explore Patient A's well being with him or did not record this within Patient A's records **[PROVED]**

Whilst working as a nurse at the Kings Norton Hospital:

7. ...
8. ...
9. ...
10. ...

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

The original panel determined the following with regard to impairment:

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

'In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the

*practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.'*

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

*'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her/ fitness to practise is impaired in the sense that S/He:*

- a. has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
- b. has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
- c. has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*
- d) has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

*The panel was satisfied that limbs (a) to (c) above are engaged in this case. The panel considered each of the engaged limbs in turn.*

*On whether patients were put at unwarranted risk of harm as a result of your misconduct, the panel took into account that you have put patients at risk of harm by failing to conduct adequate assessments and keep proper records and develop appropriate care plans.*

*The panel considered whether the concerns in this case can be addressed, and they agreed that they could, the Panel then went on to consider whether or not you have addressed those concerns.*

*The panel first of all considered your insight provided by your response and reflection and oral evidence and decided that taken collectively was a mixture of a narrative about the events and the working environment. You told the panel little about how far your actions fell short of meeting professional standards and how the wider impact of your failings would damage public confidence in nursing. You failed to demonstrate how you would manage your actions should you be faced with a similar situation in another challenging environment. The panel determined that you have not fully addressed the nature of the concerns that led to the proved charges.*

*The panel next considered your practise strengthening, it carefully considered the evidence both documentary and oral. The supervision documents showed some recognition of what you were seeking to achieve but did not provide substantial evidence of outcomes. The training course certificates appeared to be either mandatory or generic training and little in the way of addressing the specific failings identified by the proved charges. The appraisal proffered was historic (July 2021) and provided little assistance in the consideration of current impairment.*

*A number of testimonials were considered and whilst they spoke highly of you, most of the authors did not speak to knowing the detail of the proved charges (although many knew of the referral, no other detail was given) and their testimonies did not fully address the failings identified by the proved charges.*

*The panel therefore determined that you have not satisfactorily addressed the concerns yet.*

*The panel next went onto consider whether or not the conduct was likely to be repeated and determined that you have not demonstrated through insight and practise strengthening that there would not be a repeat. The panel determined that there remains a risk of repetition.*

*The panel determined that a finding of impairment was necessary to protect the public. The panel bore in mind that 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 determined that a finding of impairment on public interest grounds was necessary in order to ensure that the public confidence in the profession would not be undermined.*

*Having regard to all of the above, the panel was satisfied that your fitness to practise is currently impaired.*

The original panel determined the following with regard to sanction:

*'Having found your 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:*

- *Lack of developed insight into failings*
- *Putting vulnerable patients at risk of harm*

*The panel also took into account the following mitigating features*

- *Early acceptance of the concerns*
- *Evidence of remorse to address the concerns*
- *Some evidence of practice strengthening*

*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 placing conditions of practice on your registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel took into account the SG, in particular:*

- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *Potential and willingness to respond positively to retraining;*
- *Patients will not be put in danger either directly or indirectly as a result of the conditions;*
- *The conditions will protect patients during the period they are in force; and*
- *Conditions can be created that can be monitored and assessed.*
- *Identifiable areas of the Nurse, Midwife or Nursing associates' practice in need of assessment and/or retraining*

*The panel determined that it would be possible to formulate appropriate and practical conditions which would address the failings highlighted in this case. The panel accepted that you would be willing to comply with conditions of practice.*

*The panel had regard to the fact that these incidents happened nearly four years ago. You have continued to practice as a nurse and no further concerns have been raised in that period. Other than these incidents, you have had an unblemished career of 11 years as a nurse. The panel was of the view that it was in the public interest that, with appropriate safeguards, and as an experienced nurse that you should be allowed to continue to practise.*

*Balancing all of these factors, the panel determined that that the appropriate and proportionate sanction is that of a conditions of practice order for 9 months which will be sufficient time to enable you to demonstrate further practise strengthening and develop full*

*Insight.*

*The panel was of the view that to impose a suspension order or a striking-off order would be wholly disproportionate and would not be a reasonable response in the circumstances of your case and was not necessary to protect the public or act in the public interest.*

*Having regard to the misconduct proved, the panel has concluded that a conditions of practice order will protect the public and mark the importance of maintaining public confidence in the profession and will send to the public and the profession a clear message about the standards of practice required of a registered nurse.*

*The panel determined that the following conditions are appropriate and proportionate in this case:*

*‘For the purposes of these conditions, ‘employment’ and ‘work’ mean any paid or unpaid post in a nursing, midwifery or nursing associate role. Also, ‘course of study’ and ‘course’ mean any course of educational study connected to nursing, midwifery or nursing associates.*

- 1. You must ensure that you have monthly supervision meetings with your line manager. Your supervision must consist of:*

- a) *Risk assessment*
- b) *Care planning*
- c) *Escalation of concerns*

2. *You must send the NMC a report from your line manager in advance of the next NMC hearing or meeting from which should comment on your progress in relation to:*

- a) *Risk assessment*
- b) *Care planning*
- c) *Escalation of concerns*

*This report should include evidence that your line manager has examined samples of your work and report on how you have demonstrated a, b, and c, above.*

3. *You must demonstrate that you have undertaken training targeted at the areas that are identified by your misconduct.*

4. *You must continue to develop your insight into the misconduct proved by writing further reflective pieces detailing your understanding of the wider impact of your actions what you have learned and how you would manage yourself in a similar situation.*

5. *You must keep the NMC informed about anywhere you are working by:*

- a) *Telling your case officer within seven days of accepting or leaving any employment.*
- b) *Giving your case officer your employer's contact details.*

6. *You must keep the NMC informed about anywhere you are studying by:*

- a) *Telling your case officer within seven days of accepting any course of study.*

- b) *Giving your case officer the name and contact details of the organisation offering that course of study.*

7. *You must immediately give a copy of these conditions to:*

- a) *Any organisation or person you work for.*
- b) *Any employers you apply to for work (at the time of application).*
- c) *Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.*

8. *You must tell your case officer, within seven days of your becoming aware of:*

- a) *Any current or future employer.*
- b) *Any educational establishment.*
- c) *Any other person(s) involved in your retraining and/or supervision required by these conditions*

*The period of this order is for 9 months.*

*Before the order expires, a panel will hold a review hearing to see how well you have complied with the order. At the review hearing the panel may revoke the order or any condition of it, it may confirm the order or vary any condition of it, or it may replace the order for another order.'*

## **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 Nursing and Midwifery Council (NMC) has defined fitness to practise as a registrant's ability to practise, safely, kindly and professionally and their 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, your bundle and submissions made by Ms Kettell on your behalf. It has taken account of the submissions made by Mr Jones on behalf of the NMC.

Mr Jones submitted that the NMC has chosen to take a neutral position in regard to whether your fitness to practice remains impaired.

Mr Jones submitted an account of the events and circumstances which resulted in the substantive order being made in February 2025. Mr Jones referred the panel to relevant documentation detailing the background of the case.

Mr Jones referred the panel to the relevant guidance concerning a finding of impairment and outlined the options available to the panel in reviewing the conditions of practice order.

Mr Jones submitted that the NMC has not identified any further issues contributing to a finding of continued impairment and reminded the panel that a continued finding of impairment should be based on the seriousness of the case.

Mr Jones submitted that should a finding of impairment be made, the NMC would not recommend a more onerous sanction to replace the current order but that the existing conditions of practice order can continue.

Ms Kettell submitted that your primary position is that the conditions of practice order should be allowed to lapse on 24 December 2025, that you are no longer impaired, pose no risk to the public and should be allowed to practice without restriction.

Ms Kettell submitted that should a finding of impairment be made, and that your position is that Conditions 3 and 4 are lifted.

Ms Kettell submitted that condition 3 is onerous and disproportionate given the amount of training you have undertaken since the first hearing. She further submitted that condition 4 is no longer necessary or proportionate due to the significant reflection and reflective statements that you have provided.

Ms Kettell submitted that in relation to your compliance with the order, you have complied firstly with the interim conditions of practice order made in February 2025 and the substantive conditions of practice order which came into effect in March 2025.

Ms Kettell submitted that you have complied with condition 1 and have undertaken monthly supervision. She referred the panel to the relevant pages of the registrant bundle including the supervision reports and highlighted the three required aspects that included: risk assessment, care planning, and escalation of concern.

Ms Kettell submitted that you have complied with condition 2 and made reference to the report provided from your line manager which addresses the three aspects of risk assessment, care planning, and escalation of concern and how you have complied with each one.

Ms Kettell submitted that you have demonstrated your commitment to improving and working on these three aspects of your practice. She provided evidence and examples setting out in the registrant bundle the actions you have undertaken to improve in these areas.

Ms Kettell submitted in relation to training and development, conditions 3 and 4 the extensive training that you have undertaken is evidence of a dedication to improve your knowledge and to address the concerns first identified.

Ms Kettell referred the panel the specific certificates relating to training and provided examples of how you have embedded such training into your practice.

Ms Kettell submitted that you have demonstrated insight and reflection evidenced by reflective pieces and statements regarding the incident and how the events should have been managed

Ms Kettell submitted that you have shown insight and remorse and provided evidence of your development, your learning and implementation of improvements in line with the conditions or practice order.

Ms Kettell submitted that you have over 25 years' experience as a healthcare worker and 11 years as a registered nurse without previous concerns raised. Ms Kettell further submitted that it is no longer necessary or appropriate for a conditions of practice order to remain in place either on the grounds of patient safety or in public interest.

Ms Kettell submitted that there is no impairment and that the conditions of practice order be allowed to lapse.

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.

In its consideration of whether you have taken steps to strengthen your practice, the panel took into account the extensive amount of the evidence of training and development that you have undertaken with regards to risk assessment, care planning, and escalation of concern. The panel acknowledged the degree of third-party validation on the application of your reflection in the workplace by several testimonials.

The panel were satisfied that you have discharged the persuasive burden on you to demonstrate that you have fully acknowledged why your past professional performance fell far below what was expected of you as a registered nurse. You have fully complied with the existing order and have provided high quality evidence to demonstrate this including in the form of monthly reports. The training courses you have completed alongside your renewed attitude and commitment to the high standards expected within the profession demonstrate your commitment to maintaining and developing your current skill and

knowledge base. Through multiple references, you have demonstrated that you have been able to have a record of safe practice without further incident since the last hearing. In these circumstances the panel are satisfied that your insight has increased considerably since the original order was made and your compliance with the order has meant that you are now safe to practice unrestricted and no risk to patient safety remains.

In considering whether you are currently impaired, the panel applied the highly relevant factors as set out in the case of *Cohen v GMC* [2007] EWHC 581 (Admin). The panel was satisfied that you have now fully remediated the conduct that led to the charge and that through your considerable efforts since the substantive hearing that the conduct which led to the original concerns are highly unlikely to be repeated.

You have shown a high level of insight, remorse and provided a high level of reflection in your reflective piece which the panel found to be sincere and showed evidence of deep thought.

In light of this, this panel determined that you are not liable to repeat matters of the kind found proved. The panel therefore decided that a finding of continuing impairment is not necessary on the grounds of public protection.

The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. The panel determined that, in this case, a finding of continuing impairment on public interest grounds not required.

For these reasons, the panel finds that, although your practise was impaired at the time of the incidents, given all of the above, your fitness to practise is no longer impaired.

In accordance with Article 30(1), the substantive conditions of practice order will lapse upon expiry, namely the end of 24 December 2025.

This will be confirmed to you in writing.

That concludes this determination.