Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Hearing
Wednesday, 26 November 2025

Virtual Hearing

Name of Registrant:	**Kayleigh Jane De Jersey**
NMC PIN:	10D1297E
Part(s) of the register:	RNC: Children's nurse, level 1 (23 September 2010)
Relevant Location:	Guernsey
Type of case:	Misconduct
Panel members:	Des McMorrow (Chair, registrant member) Isobel Leaviss (Lay member) Linda Redford (Lay member)
Legal Assessor:	Jayne Salt
Hearings Coordinator:	Hanifah Choudhury
Nursing and Midwifery Council:	Represented by Richard Webb, Case Presenter
Miss De Jersey:	Not present and unrepresented
Consensual Panel Determination:	Accepted
Facts proved:	Charges 1, 2, 3, 4 and 5
Facts not proved:	N/A
Fitness to practise:	Impaired
Sanction:	**Striking-off order**

Interim order:	**Interim suspension order (18 months)**

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Miss De Jersey was not in attendance and that the Notice of Hearing letter had been sent to Miss De Jersey's registered email address by secure email on 3 June 2025. The panel noted that a hearing had been scheduled to be held physically from 17 November to 26 November 2025.

Mr Webb, on behalf of the Nursing and Midwifery Council (NMC), submitted that the NMC has been in continuous communication with Miss De Jersey. He referred the panel to the emails between Miss De Jersey and the NMC from October 2025 until 14 November 2025, where the Consensual Panel Determination (CPD) was signed and returned by Miss De Jersey.

Mr Webb submitted that the purpose of notice had been met and that the NMC had complied with the requirements of Rules 11 and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules). He submitted that Miss De Jersey has clearly been aware of the proceedings, engaged throughout, and that her signed CPD and confirmation of availability for panel queries further demonstrate effective service. He therefore invited the panel to find that notice has been properly given.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Hearing provided details of the allegation, the time, date of the hearing and, amongst other things, information about Miss De Jersey's right to attend, be represented and call evidence, as well as the panel's power to proceed in her absence.

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

Decision and reasons on proceeding in the absence of Miss De Jersey

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

Mr Webb informed the panel that a provisional Consensual Panel Determination (CPD) agreement had been reached and signed by Miss De Jersey on 14 November 2025. He submitted that there has been no request for an adjournment and there was nothing before the panel to suggest that an adjournment would serve any useful purpose. He also submitted that Miss De Jersey's own correspondence, included within the CPD, indicates her wish for the case to be concluded.

The panel accepted the advice of the legal assessor.

The panel noted that its discretionary power to proceed in the absence of a registrant under the provisions of Rule 21 is not absolute and is one that should be exercised *"with the utmost care and caution."*

The panel decided to proceed in the absence of Miss De Jersey. In reaching this decision, the panel considered the submissions of Mr Webb, the emails from Miss De Jersey to the NMC, and the advice of the legal assessor. It had particular regard to the factors set out in the decision of *General Medical Council v Adeogba* [2016] EWCA Civ 162 and had regard to the overall interests of justice and fairness to all parties. It noted that:

- Miss De Jersey has engaged with the NMC and has signed a provisional CPD agreement which is before the panel today;
- No request for an adjournment has been made by Miss De Jersey;
- There is no reason to suppose that adjourning would secure her attendance at some future date; and

- There is a strong public interest in the expeditious disposal of the case.

In these circumstances, the panel has decided that it is fair to proceed in the absence of Miss De Jersey.

Details of charge

That you, a registered nurse, whilst employed at [PRIVATE]
Princess Elizabeth Hospital ("the Hospital"):

1) On 19 February 2020 took Dexamethasone medication from ward stock and gave it to Colleague 1 when:-

a) no prescription had been written for the said medication;

b) you gave the medication to Colleague 1 knowing that she intended to administer it to her child;

c) the said child was not a patient on the ward.

2) By giving Colleague 1 the medication referred to in Charge 1 above you acted beyond your scope of competence.

3) Your conduct at Charge 1 was dishonest in that you knew that the said medication should only have been provided to patients of the hospital.

4) On 19 February 2020 when asked by Colleague 2 whether you had given Colleague 1 Dexamethasone medication stated "no I absolutely didn't" or words to that effect.

5) Your conduct at Charge 4 above was dishonest in that you knew you had given Colleague 1 the said medication and, by your statement, you sought to conceal from Colleague 2 that you had done so.

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 hearing, Mr Webb informed the panel that a provisional agreement of a Consensual Panel Determination (CPD) had been reached with regard to this case between the NMC and Miss De Jersey.

The agreement, which was put before the panel, sets out Miss De Jersey'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:

> *'The Nursing & Midwifery Council ("the NMC") and Kayleigh Jane De Jersey, PIN 10D197E ("the Parties") agree as follows:*
>
> *1. Ms De Jersey is aware of the CPD hearing. Ms De Jersey does not intend to attend the hearing and is content for it to proceed in her absence. Ms De Jersey will endeavour to be available by telephone should clarification on any point be required, or should the panel wish to make other amendments to the provisional agreement that are not agreed by Ms De Jersey.*
>
> ***Preliminary issues***
> *2. The parties invite the panel to hold parts of the hearing in private in accordance with r.19(3) of the NMC (Fitness to Practise) Rules 2004. There will be some reference made to [PRIVATE] and the application is made in order to protect her*

privacy. It is agreed that such a direction is justified in the interests of Ms De Jersey and outweighs the interests of any other party or the public interest.

The charge

3. Ms De Jersey admits the following charges:

That you, a registered nurse, whilst employed at [PRIVATE] Princess Elizabeth Hospital ("the Hospital"):-

1) On 19 February 2020 took Dexamethasone medication from ward stock and gave it to Colleague 1 when:-
a) no prescription had been written for the said medication;
b) you gave the medication to Colleague 1 knowing that she intended to administer it to her child;
c) the said child was not a patient on the ward.

2) By giving Colleague 1 the medication referred to in Charge 1 above you acted beyond your scope of competence.

3) Your conduct at Charge 1 was dishonest in that you knew that the said medication should only have been provided to patients of the hospital.
4) On 19 February 2020 when asked by Colleague 2 whether you had given Colleague 1 Dexamethasone medication stated "no I absolutely didn't" or words to that effect.

5) Your conduct at Charge 4 above was dishonest in that you knew you had given Colleague 1 the said medication and, by your statement, you sought to conceal from Colleague 2 that you had done so.

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

The facts

4. Ms De Jersey appears on the register of nurses, midwives and nursing associates maintained by the NMC as a Registered Nurse – Children and has been on the NMC register since 7 October 2010.

5. A referral was received on 6 July 2020 from Colleague 4, Head of Midwifery and Paediatrics at Princess Elizabeth Hospital, Guernsey. At the time of the incident Ms De Jersey was a Band 6 senior staff nurse on [PRIVATE] at the Hospital. On the day of the incident set out in the charges she was the nurse in charge of the ward. Ms De Jersey had worked on the ward for 10 years and had been a Band 6 nurse for some 4-5 years.

Charges 1(a), 1(b) and 1(c)

6. On 25 February 2020 two nurses, Colleague 2 and Colleague 3 approached Colleague 4, the Head of Midwifery and Paediatrics at the Hospital to inform her that Ms De Jersey and another nurse had given Dexamethasone medication from ward stock to a healthcare assistant, Colleague 1, for her to take home to administer to her minor son on February 2020. The child was not a patient at the hospital, did not have a prescription for the said medication and Ms De Jersey was not qualified to prescribe any such medication.

7. On 19 February 2020 Health Care Assistant Colleague 1 told Colleague 2 that her son was ill and had croup. Colleague 2 advised Colleague 1 to take her son to see a GP to obtain a dose of Dexamethasone. Later that morning Colleague 1 asked Colleague 5 (a Band 5 nurse) if there was some Dexamethasone on the ward which could be given to her son. Colleague 5 asked Colleague 2 and Ms De Jersey whether they would be happy to give Colleague 1 one tablet of dexamethasone for her son. Ms De Jersey said (along with Colleague 5) that she would look into it. Colleague 2 states that Colleague 5 came to her and asked if it was possible to get the drug for Colleague 1's son. As Colleague 2 was aware it

could not be given without a prescription she stated to Colleague 1 "Isn't that something that needs to be looked up in the BNF (British National Formulary)? She then walked away and considered that her comment would have alerted Colleague 5 to the fact a prescription was needed. Colleague 2 then saw Colleague 5 speak to Ms De Jersey and observed them going to the clean utility room where the medication cupboard was. Colleague 2 says that Colleague 1 observed that Colleague 2 was unhappy with the situation and Colleague 1 then told Ms De Jersey and Colleague 5 not to bother getting the medication.

8. When Colleague 2 went on her lunchbreak, Ms De Jersey gave Colleague 1 a Dexamethasone tablet which she had taken from a medication cupboard.

9. As Colleague 1 was finishing her shift at around 1pm that day she saw Ms De Jersey who explained how to dissolve the tablet in water and give it to Colleague 1's son. Colleague 1 took the tablet home and administered it to her son.

Charge 2

10. Ms De Jersey agrees that she was not qualified to prescribe medication. By giving Colleague 1 the said medication she acted beyond her scope of competence.

Charge 3

11. Ms De Jersey agrees that by giving Colleague 1 the said medication she acted dishonestly in that she had taken medication from ward stock which was intended only for the use of patients. The test for dishonesty is set out in Ivey v Genting Casinos (UK) Ltd t/a Crockfords [2017] UKSC 67 at paragraph 74:-
"When dishonesty is in question the fact-finding tribunal must first ascertain (subjectively) the actual state of the individual's knowledge or belief as to the facts. The reasonableness or otherwise of his belief is a matter of evidence (often in practice determinative) going to whether he held the belief, but it is not an additional requirement that his belief must be reasonable; the question is whether it is

genuinely held. When once his actual state of mind as to knowledge or belief as to facts is established, the question whether his conduct was honest or dishonest is to be determined by the fact-finder by applying the (objective) standards of ordinary decent people. There is no requirement that the defendant must appreciate that what he has done is, by those standards, dishonest."

12.Applying that test to the facts a) Ms De Jersey was aware that the ward stock belonged to the hospital and was intended only for the use of patients and b) her conduct in giving such stock to a colleague would be considered as dishonest by the objective standards of ordinary decent people.

Charge 4

13. During the afternoon of 19 February 2020 Colleague 2 asked Ms De Jersey if she had given Colleague 1 any medication for her son as this was something that should not happen. Ms De Jersey responded "Oh no, absolutely, I didn't give anyone anything. That wouldn't be right" or words to that effect. The next day Colleague 2 discovered that Colleague 1 had been given the Dexamethasone.

Charge 5

14. Ms De Jersey acted dishonestly in denying to Colleague 2 that she had given Colleague 1 the said medication. Applying the "Ivey" test as set out above a) Ms De Jersey knew that when she made the statement to Colleague 2 that she had, in fact, given Colleague 1 the said medication and b) her conduct would be regarded as dishonest applying the standards of ordinary decent people. By making the statement she did Ms De Jersey sought to conceal from Colleague 2 that she had given Colleague 1 the medication.

15.A local investigation took place during which Ms De Jersey did not accept responsibility for her actions or demonstrate any remorse or insight.

16.In a case management form dated 24 April 2024 Ms De Jersey admitted charges 1(a) and 2. The form was signed by the Royal College of Nursing, who at that time, were representing Ms De Jersey. The Royal College of Nursing have since ceased to represent Ms De Jersey.

17.On 6 November 2025 Ms De Jersey requested that the matter be resolved by way of a Consensual Panel Determination.

Misconduct

18. It is agreed that the admitted charges amount to misconduct. 19.The comments of Lord Clyde in Roylance v General Medical Council [1999] UKPC 16 may provide some assistance when considering what could amount to misconduct:
"[331B-E] Misconduct is a word of 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"

20.Further assistance may be found in 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):
"[Misconduct] connotes a serious breach which indicates that the [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 practitioners".

21.At the relevant time, Ms De Jersey was subject to the provisions of The Code (published 29 January 2015 and amended in 2018). The Parties agree that the following provisions of the Code have been breached in this case:

8 Work co-operatively

8.2 Maintain effective communication with colleagues

16 Act without delay if you believe that there is a risk to patient safety or public protection

16.2 raise your concerns immediately if you are being asked to practise beyond your role, experience and training

16.5 not obstruct, intimidate, victimise or in any way hinder a colleague who wants to raise a concern

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

18.1 prescribe, advise on, or provide medicines or treatment, including repeat prescriptions (only if you are suitably qualified) if you have enough knowledge of that person's health and are satisfied that the medicines or treatment serve that person's health needs

18.4 take all steps to keep medicines stored securely

18.5 wherever possible, avoid prescribing for yourself or for anyone with whom you have a close personal relationship

19 Be aware of, and reduce as far as possible, any potential for harm associated with your practice

19.1 take measures to reduce as far as possible, the likelihood of mistakes, near misses, harm and the effect of harm if it takes place

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

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

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

22.NMC guidance at FTP-2a confirms that "Not all breaches of the Code or issues with practice will be a matter of regulatory concern. We should only take regulatory action where there is evidence of serious professional misconduct." Nurses, by virtue of their professional status, enjoy a privileged position and a position of trust. Miss De Jersey accepts that the failings set out above are a serious departure from the professional standards and behaviour expected of a registered nurse.

23.Ms De Jersey's conduct in a) giving a colleague medication for a child from ward stock which had not been prescribed for that child b) acting beyond her scope of competence and c) dishonestly denying that she had given Colleague 1 any medication when subsequently challenged by a colleague (in order to conceal the truth) fell far short of the standards which would be expected of a registered professional. Her conduct would be considered as deplorable by other fellow registered professionals. Ms De Jersey was in a position of authority in that she was an experienced Band 6 nurse and was the nurse in charge of the shift.

Impairment

24. The Parties agree that Ms De Jersey's fitness to practise is currently impaired by reason of her misconduct.

25.Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. It is therefore imperative that nurses make sure that their conduct at all times justifies both their patients' and the public's trust in them and in their profession. A nurse must be able to practise kindly, safely and professionally

26.The NMC's guidance explains that impairment is not defined in legislation but is a matter for the Fitness to Practise Committee to decide. 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?"

27.If the answer to this question is yes, then the likelihood is that the professional's fitness to practise is not impaired.

28.Answering this question involves a consideration of both the nature of the concern and the public interest. In addition to the following agreed submissions the panel is invited to consider carefully the NMC's guidance on impairment at DMA-1.

29. The NMC's guidance 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.

30.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;

i) 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
ii) Has in the past brought and/or is liable in the future to bring the professions into disrepute; and/or
iii) Has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the professions; and/or 1 DMA-1
iv) Has in the past acted dishonestly and/or is liable to act dishonestly in the future?

31.It is agreed that all four limbs are engaged in this case.

32.With respect to the first limb, whilst there is no evidence that Colleague 1's child came to harm, Ms De Jersey placed the child at unwarranted risk of harm. As the child had not been prescribed the medication, no examination of the child had taken place by a registered medical professional. No medical professional had taken the child's medical history, considered allergies or discussed possible side effects or

interactions with other medication. Ms De Jersey was not qualified to assess whether the medication was required by the child or the risks of administering such medication. As the child could have suffered an adverse reaction, Ms De Jersey placed them at serious risk of harm. In addition, by circumventing the correct route for medication to be prescribed, the child's medical records would be inaccurate leading to a risk of incorrect treatment being given.

33.With respect to the second limb, it is agreed that Ms De Jersey's conduct in giving non-prescribed medication to a colleague from ward stock (thereby acting outside of her scope of competence) and dishonestly denying to a colleague that she had done so in order to cover up the true position is conduct which is liable to bring the nursing profession into disrepute and to erode trust and confidence in the nursing profession.

34.With respect to the third limb Ms De Jersey has breached the fundamental tenets of acting with honesty and integrity, acting within her scope of practice and carrying out her nursing duties in a safe manner consistent with preserving the health and safety of members of the public.

35.With respect to the fourth limb Ms De Jersey has acted dishonestly by a) taking medication from ward stock which was intended for patients and giving this to a colleague and b) denying that she had done so to a colleague.

36.The panel is referred to the case of Cohen v General Medical Council [2008] EWHC 581 (Admin) in which the court set out three matters which it described as being 'highly relevant' to the determination of the question of current impairment;
i) Whether the conduct that led to the charge(s) is easily remediable.
ii) Whether it has been remedied.
iii) Whether it is highly unlikely to be repeated.

37.The misconduct is not easily remediable. Ms De Jersey acted dishonestly and breached the professional duty of candour by denying to Colleague 2 that she had given medication to Colleague 1. NMC guidance at DMA 8 – "Making decisions on dishonesty charges and the professional duty of candour" states that breaches of the professional duty of candour are amongst the most serious category of concerns. Such a concern is more difficult to put right. Similarly NMC guidance at SAN-2 "Sanctions for particularly serious cases" indicates that one of the forms of dishonesty which are most likely to call into question whether a nurse should be allowed to remain on the register include "deliberately breaching the duty of candour by covering up when things have gone wrong, especially if it could cause harm to people receiving care". Ms De Jersey's denial was intended to cover up the true situation and her actions could have caused serious harm to Colleague 1's child.

38.NMC guidance at FtP-15a "Can the concern be addressed" indicates that it may not be possible to address some forms of conduct such as "dishonesty, particularly if it was serious and sustained over a period of time, or is directly linked to the nurse, midwife or nursing associate's professional practice". As Ms De Jersey's dishonest conduct is directly linked to her professional practice her conduct falls into this category. Remorse, reflection, insight, training and strengthening practice

39.During a local investigation Ms De Jersey provided a Reflective Accounts Form. [Private]

40.Ms De Jersey indicated in that form that, on the day before the incident, she had a meeting with a member of staff from Human Resources in the middle of the day which [PRIVATE] Ms De Jersey stated that she was dealing with a very challenging patient on the day before and the day of the incident.

41.Ms De Jersey stated that, on the day of incident she continued to deal with the challenging patient and [PRIVATE]. [End of private]

42. In the form Ms De Jersey stated that Colleague 5 asked Ms De Jersey if she had the medication keys, asked for a check for dexamethasone and that she had checked the British National Formulary and the dose required was 4mg. Ms De Jersey gave Colleague 5 dexamethasone "and was advised by Colleague 5 they were for Colleague 1, so I gave them to her."

43.Ms De Jersey stated at that time that she only realised the medication was for Colleague 1's son when Colleague 1 was going home. She stated that "throughout the remainder of the shift I had several short conversations with Colleague 2, I can't recall the nature of these conversations."

44.In a reflection provided by Ms De Jersey for consideration by the Case Examiners in July 2022 Ms De Jersey admitted that the medication had been provided to Colleague 1. However, Ms De Jersey did not take full responsibility for her actions but sought to place blame upon others. Ms De Jersey stated:-
"In hindsight, I realise with a lot of regret that I should have raised objections sooner. The request for medication should not have been made to myself. It was inappropriate to begin with. We are all there to help the children in our care and I personally always work hard to go above and beyond to help, but in this instance, the child in question was not even a patient of the hospital. In my desire to help, and given the pressures I faced that day, I rushed into the situation without thinking that the whole request – making and entertaining it – was uncalled for, awkward and unacceptable. The HCA was talking to a very experienced nurse about the issues with her child and the nurse and the HCA were looking at the BNF about the dexamethasone when I entered the nursing desk area. From reading other people's reflections I understand it had also been discussed with a second qualified nurse prior to myself. The request could have been denied by these other staff, not further investigated by BNF checking and asking for medication keys. Many steps should have been different, including mine at the end of the incident chain. One of these steps should have been educating the HCA on why this was unable to occur and

discussing her request with the ward manager. By dispensing medication to the HCA I potentially endangered her child, I did not know his medical history (including any allergies) or his current medical condition both of which could have led to a detrimental deterioration in his condition. I also had no authority to prescribe. Regardless of how well we all knew her, we should have each referred her to her GP."

45.Ms De Jersey also stated in that reflection:-
"During this incident, [PRIVATE]. On reflection I should not have been at work, I had asked to go home the previous day and should have pushed for this. [PRIVATE] I know I should have pushed going home, and I'm not making excuses, but when I'm that way I often just do whatever is asked or required of me in order to keep the peace and avoid inconveniencing others. I just end up going with the flow & people pleasing. I did not want to leave my colleagues short-staffed and in difficulty particularly with inadequate notice. I also did not want the patients to suffer as a consequence of my absence. I went in but realise now that I should have avoided it. I have since been better with my self-care, [PRIVATE] and also am more efficient at maintaining boundaries, saying no when it is needed not just for myself but for the benefit and safety of others, which includes my colleagues and the patients. I cannot take care of others when I fail to look after or prioritise my own health, and this understanding has made such a significant improvement to my outlook and health recently."

46. Ms De Jersey stated that, at the time of the incident [PRIVATE]. She stated:-
"[PRIVATE]. When I walked into the situation with the medication request I was not fully myself. I was putting my trust in a nursing colleague whom I respected and trusted fully." [END OF PRIVATE]

47.Ms De Jersey also stated:-
"As a result of feeling completely overwhelmed when asked about the medication, I didn't fully take in the circumstances and didn't completely listen to the explanations

given by the other staff members involved. The staff nurse who was asking me for the keys and a check for the medication is an extremely experienced nurse. She has been nursing for much longer than I have, and in many more settings than I have which includes abroad. I had huge respect and trust for this nurse, I thought of her as a role model and friendly mentor, as she had so many experiences that she never failed to share and pass on. Unfortunately, I allowed this to cloud my judgement in a time when I should have pulled out of the situation. Instead of pulling out of the situation I went ahead and checked medications without being fully aware of the full circumstances"

48. Ms De Jersey has expressed some remorse and provided some, but not full, insight into the potential consequences of dispensing medication when it has not been prescribed. She stated:-
"Prescribing and dispensing of medications is strictly controlled and requires additional training to enable nurses to complete. I do not have this additional qualification. Therefore what I did, in dispensing medication, is wrong. Plus it goes against many of the NMC guidelines, in addition to this it also against the hospitals guidelines and policies on safe and secure medication management. In dispensing to a child there also could have been many serious complications from the medication as I was unaware of the child's previous medical history and current medical conditional. In dispensing without an authorised prescription it also meant there was no record or audit trail of the child ever being given the medication."

49.However, Ms De Jersey has not provided any reflection or insight which adequately addresses her serious dishonesty and breach of duty of candour in denying to Colleague 2 that she had given the medication to Colleague 1. Her explanation does not excuse her conduct.

50.Therefore, it cannot be concluded that the misconduct is highly unlikely to be repeated.

51.Ms De Jersey has not remedied her misconduct.

Public protection impairment

52.A finding of impairment is necessary on public protection grounds. As Ms De Jersey has not demonstrated sufficient insight into the misconduct there is a risk of repetition. The parties agree that Ms De Jersey's fitness to practise is impaired on public protection grounds.

Public interest impairment

53.A finding of impairment is necessary on public interest grounds. 54.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."

55.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/ or to maintain public confidence in the profession.

56.In upholding proper professional standards and conduct and maintaining public confidence in the profession, consideration needs to be given to whether the concern is easy to put right. For example, it might be possible to address clinical errors with suitable training. A concern which hasn't been put right is likely to require a finding of impairment to uphold professional standards and maintain public confidence.

57.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.

58. Having regard to the very serious nature of Ms De Jersey's misconduct and the principles referred to above, a finding of impairment is required to uphold proper professional standards and conduct and to maintain public confidence in the profession.

59.Ms De Jersey's fitness to practice is impaired on public protection and public interest grounds.

Sanction

60.Whilst sanction is a matter for the panel's independent professional judgement, the Parties agree that the appropriate sanction in this case is a striking-off order.

61.The aggravating features are:-

• Colleague 1's child was placed at risk of harm;

• Lack of insight into the failings;

• The initial misconduct in giving Colleague 1 non-prescribed medication was compounded by Ms De Jersey's breach of duty of candour in then denying that she had done so to Colleague 2;

• Ms De Jersey was the nurse in charge and therefore in a position of seniority.

[Private]

62.Ms De Jersey states that, on the day of the incident [PRIVATE]. Whilst this could be regarded as personal mitigation, NMC guidance at SAN-1 "Factors to consider before deciding on sanctions" states that personal mitigation is usually less relevant than it would be to punishing offenders in the criminal justice system. In any event

the parties agree that, if [PRIVATE] on the day in question she should have removed herself from the workplace. [End of private]

63. As stated above NMC guidance indicates that Ms De Jersey's misconduct should be regarded as very serious. NMC guidance at DMA 8 – "Making decisions on dishonesty charges and the professional duty of candour" states that breaches of the professional duty of candour are amongst the most serious category of concerns. NMC guidance at SAN-2 "Sanctions for particularly serious cases" indicates that one of the forms of dishonesty which are most likely to call into question whether a nurse should be allowed to remain on the register include "deliberately breaching the duty of candour by covering up when thing things have gone wrong, especially if it could cause harm to people receiving care".

Taking no action

64.The NMC's guidance ('SAN-3a') states that it will be rare to take no action where there is a finding of current impairment. The parties agree the seriousness of the misconduct means that taking no action would not be appropriate in view of the public protection issues identified. Such a sanction would not mark the seriousness of the relevant conduct and would be insufficient to maintain public confidence in the profession and maintain professional standards.

Caution order

65.This sanction addresses misconduct on the lower end of the spectrum and due to the seriousness of the misconduct in this case, it cannot be said that this case is at the lower end of the spectrum. The parties agree a caution order is neither proportionate nor appropriate given the circumstances of the case and would not mark the seriousness and would be insufficient to maintain high standards within the profession or the trust the public place in the profession.

Conditions of Practice order

66.NMC guidance at SAN-3c indicates that such an order may be appropriate when some or all of the following factors are apparent:-

• no evidence of harmful deep-seated personality or attitudinal problems

• identifiable areas of the nurse, midwife or nursing associate's practice in need of assessment and/or retraining

• no evidence of general incompetence

• potential and willingness to respond positively to retraining

• the nurse, midwife or nursing associate has insight into any health problems and is prepared to agree to abide by conditions on medical condition, treatment and supervision

• 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

• conditions can be created that can be monitored and assessed.

67.Ms De Jersey's conduct in a) taking medication from ward stock and giving it to Colleague 1 for her child b) acting beyond her scope of competence c) concealing from Colleague 2 that she had given Colleague 1 the medication is indicative of serious attitudinal issues related to Ms De Jersey's practice which cannot be sufficiently addressed by a conditions of practice order.

Suspension order

68.NMC guidance at SAN-3d indicates that such an order may be appropriate where the following factors apply:-

• a single instance of misconduct but where a lesser sanction is not sufficient

• no evidence of harmful deep-seated personality or attitudinal problems

• no evidence of repetition of behaviour since the incident

• the Committee is satisfied that the nurse, midwife or nursing associate has insight and does not pose a significant risk of repeating behaviour

• in cases where the only issue relates to the nurse, midwife or nursing associate's health, there is a risk to patient safety if they were allowed to continue to practise even with conditions
• in cases where the only issue relates to the nurse, midwife or nursing associate's lack of competence, there is a risk to patient safety if they were allowed to continue to practise even with conditions

69. Whilst the charges relate to incidents which took place on one day there was more than one incident of misconduct in dispensing the medication from ward stock and then seeking to conceal such conduct by seeking to mislead Colleague 2.

70.In addition, the misconduct is indicative of harmful deep-seated personality or attitudinal problems.

71. Whilst there has been no repetition since the incident Ms Jersey has not worked in a nursing role since leaving the Hospital, so this factor is of no relevance.

72.Ms De Jersey has not provided evidence of sufficient insight into the consequences of her misconduct and there remains a risk of repetition should she return to practice.

73.In the circumstances a suspension order will not be a sufficient sanction either to protect the public or to maintain standards and confidence in the profession.

Striking-off order
74.This sanction is appropriate when what the nurse has done is fundamentally incompatible with being a registered professional. NMC guidance at SAN-3e indicates that key matters to consider are:-
• Do the regulatory concerns about the nurse, midwife or nursing associate raise fundamental questions about their professionalism?

• Can public confidence in nurses, midwives and nursing associates be maintained if the nurse, midwife or nursing associate is not struck off from the register?
• Is striking-off the only sanction which will be sufficient to protect patients, members of the public, or maintain professional standards?

76.Ms De Jersey has breached basic and fundamental duties of nursing practice relating to dispensing of medication without prescription for a child who was not a patient, acting outwith [sic] her scope of practice and acting dishonestly and in breach of the duty of candour. Such conduct raises fundamental questions regarding her professionalism.

77.It is agreed that public confidence in the nursing register cannot be maintained if Ms De Jersey is not struck off the register in view of the seriousness of the conduct.

78.A striking-off order is the only sanction which will be sufficient to protect patients, the public and maintain professional standards.

Maker of allegation comments
79. These have been sought from the Referrer but not yet received.

Interim order
80. An interim order is required in this case. The interim order is necessary for the protection of the public and otherwise in the public interest for the reasons given above. The interim order should be for a period of 18 months in the event that Ms De Jersey seeks to appeal the panel's decision. The interim order should take the form of an interim suspension order.

The Parties understand that this provisional agreement cannot bind a panel, and that the final decision on findings 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.'

This provisional CPD agreement was signed by Miss De Jersey and the NMC on 14 November 2025.

Decision and reasons on the CPD

The panel decided to accept the CPD.

Mr Webb referred the panel to the 'NMC Sanctions Guidance' (SG) and to the 'NMC's guidance on Consensual Panel Determinations'. He reminded the panel that they could accept, amend or outright reject the provisional CPD agreement reached between the NMC and Miss De Jersey. 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 accepted the advice of the legal assessor.

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

Decision and reasons on misconduct and impairment

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

In respect of misconduct, the panel determined that Miss De Jersey's actions fell significantly below the standards expected of a registered nurse. Although the incident was isolated, it involved multiple serious elements: the taking of Trust medication, conduct amounting to theft and dishonesty, and the supplying of prescription-only medication to a baby unable to consent, and when challenged by a colleague the following day, Miss De Jersey made dishonest denials and failed to uphold her duty of candour. The panel also took into account that Miss De Jersey was the most senior member of staff on duty at the time of the incident and, as such, was expected to behave as a role model to her colleagues. These combined features compound the gravity of the behaviour. The panel therefore concluded that Miss De Jersey's conduct was sufficiently serious to amount to misconduct.

In this respect, the panel endorsed paragraphs 18 to 23 of the provisional CPD agreement in respect of misconduct.

The panel then considered whether Miss De Jersey's fitness to practise is currently impaired by reasons 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 considered the test in *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin) and found that all four of the limbs were engaged in the past and, if repeated, would be engaged in the future.

The panel noted that Miss De Jersey has undertaken some reflective work and has accepted her actions and that her fitness to practise is currently impaired. The panel also noted that Miss De Jersey, in her reflections, referred to [PRIVATE] which led to her misconduct. However, the panel considered that this does not adequately explain the significant lapse in judgment. In the panel's view, a nurse experiencing such difficulties should remove herself from practice to avoid placing patients at risk.

The panel considered whether the concerns are remediable. While dishonesty can be capable of remediation, it is often difficult to achieve, and in this case, there is no evidence that meaningful remediation has taken place. The panel determined that the incident indicated attitudinal issues, and the panel was therefore concerned that there is a real risk of repetition, particularly if Miss De Jersey faced similar personal pressures in future. Given these factors, the panel determined that Miss De Jersey's fitness to practise is currently impaired on the grounds of public protection and on public interest grounds.

In this respect the panel endorsed paragraphs 24 to 59 of the provisional CPD agreement.

Decision and reasons on sanction

Having found Miss De Jersey's fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose in this case. The panel has borne in mind that any sanction imposed must be appropriate and proportionate and, although not intended to be punitive in its effect, may have such consequences. The panel had careful regard to the SG. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- Colleague 1's child was placed at risk of harm;
- Lack of insight into the failings;
- The initial misconduct in giving Colleague 1 non-prescribed medication was compounded by Ms De Jersey's breach of duty of candour in then denying that she had done so to Colleague 2;
- Ms De Jersey was the nurse in charge and therefore in a position of seniority

When considering the mitigating features in this case, the panel took into account Miss De Jersey's assertions that [PRIVATE] at the time of the incident. However, the panel was of the view that, if Ms De Jersey [PRIVATE] on the day, she should have removed herself from the workplace. The panel therefore determined that there were no mitigating features in this case.

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

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

The panel next considered whether placing conditions of practice on Miss De Jersey'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. In the panel's view Miss De Jersey's misconduct revealed deep-seated attitudinal problems including dishonesty. It determined that, given the seriousness of the concerns, the deep-seated attitudinal problems and Miss De Jersey's lack of insight into the impact of her actions on patients, the nursing profession and the wider public, there were no proportionate and workable conditions that could be formulated. Furthermore, the panel concluded that the placing of conditions on Miss De Jersey'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;*

Although this was a single incident, the panel noted that it contained a number of significant aggravating features which raise concerns about Miss De Jersey's attitude. These include her decision to take prescription-only medication and her subsequent dishonesty about her actions.

The conduct, as highlighted by the facts found proved, was a significant departure from the standards expected of a registered nurse. The panel noted that the serious breach of the fundamental tenets of the profession evidenced by Miss De Jersey's actions is fundamentally incompatible with Miss De Jersey 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?*

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

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel agreed with the 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 Miss De Jersey's actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct herself, the panel has concluded that nothing short of this would be sufficient in this case.

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

Decision and reasons on interim order

As the striking-off order cannot take effect until the end of the 28-day appeal period, the panel has considered whether an interim order is required in the specific circumstances of this case. It may only make an interim order if it is satisfied that it is necessary for the protection of the public, is otherwise in the public interest or in Miss De Jersey's own interests until the striking-off sanction takes effect. The panel heard and accepted the advice of the legal assessor.

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

The panel agreed 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 to cover any potential period of appeal.

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

This will be confirmed to Miss De Jersey in writing.

That concludes this determination.