

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

**Substantive Hearing
Monday, 17 November 2025 – Wednesday, 19 November 2025**

Virtual Hearing

Name of Registrant: **Sade-Sarah Grassick**

NMC PIN: 1713029S

Part(s) of the register: Registered Nurse – Sub Part 1
Adult Nursing (Level 1) – 30 January 2022

Relevant Location: Aberdeen

Type of case: Conviction

Panel members: Des McMorrow (Chair, Registrant member)
Corinne Foy (Registrant member)
Jayanti Durai (Lay member)

Legal Assessor: Natalie Amey-Smith

Hearings Coordinator: Zahra Khan

Nursing and Midwifery Council: Represented by Alex Radley, Case Presenter

Miss Grassick: Present and represented by Sam Oestreicher from Unison

Facts proved: Charge 1

Facts not proved: None

Fitness to practise: Impaired

Sanction: **Striking-off order**

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

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

At the outset of the hearing, Mr Oestreicher, on your behalf, made an application that this case be held partly in private on the basis that proper exploration of your case involves information relating to your [PRIVATE]. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Mr Radley, on behalf of the Nursing and Midwifery Council (NMC), did not oppose to the application.

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

The panel determined to go into private session in connection with your [PRIVATE] and personal matters as and when such issues are raised in order to protect your privacy.

Decision and reasons on application to hear Witness 1's evidence at the sanction stage under Rule 24(13)(c) of the Rules

Mr Radley informed the panel that Witness 1 has been warned to give evidence at this hearing, but only at the sanction stage.

Mr Radley referred the panel to Rule 24(13)(c) of the Rules, which states:

'(13) When making its decision on sanction the Committee—

...

(c) where the allegation is of a kind referred to in article 22(1)(a) of the Order, may hear evidence from the parties as to any previous history or mitigating circumstances or other relevant factors which may affect the Committee's decision on the sanction, if any, to be imposed'.

Mr Radley submitted that Witness 1 could provide relevant information as to the impact of the criminal offence on Witness 1's family. He submitted that such information is a relevant factor for the panel at the sanction stage and, as a consequence, the panel has the power to call Witness 1 to give oral evidence to elaborate on those factors.

Mr Oestreicher submitted that, whilst the panel has Witness 1's witness statement dated 18 September 2024 and he does not object to the contents of that statement being admitted, he urges caution in calling Witness 1. He submitted that any oral evidence must not go beyond the contents of Witness 1's witness statement, as this could raise issues of rebuttal and potentially open up new matters which have not been previously notified. Mr Oestreicher indicated that he does not object in principle to Witness 1 attending to speak to her statement but emphasised that there must be no elaboration on its content, which had already been redacted in part. He submitted that any questions asked should not go beyond the statement. He noted that this poses some risk, but he did not make a formal objection to the application, indicating that he was sure Mr Radley would brief Witness 1 accordingly.

The panel accepted the advice of the legal assessor.

In reaching its decision, the panel had regard to Rule 24(13)(c) of the Rules and to the NMC's guidance titled 'Evidence' (Reference: DMA-6).

The panel determined that it would not add value to call Witness 1 to give oral evidence at the sanction stage. The panel considered that Witness 1's witness statement, dated 18 September 2024, clearly outlines the impact of your conviction on Witness 1's family and

her now late father. The information before the panel is eloquent and comprehensive and already demonstrates the impact of your actions.

The panel was satisfied that it can fully take Witness 1's written evidence into account during the impairment stage and, if reached, the sanction stage, without the need for oral evidence.

Accordingly, the NMC's application to call Witness 1 at the sanction stage is refused. Her written witness statement remains admitted and will be considered by the panel in the round.

Details of charge

That you, a registered nurse:

On 29 May 2024 were convicted of theft at Aberdeen Sheriff Court.

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

Decision and reasons on facts

At the outset of the hearing, you admitted the charge. The charge concerns your conviction and, having been provided with a copy of the extract conviction, the panel found the facts proved in accordance with Rule 31 (2).

Background

The charge arose whilst you were employed as a Health Care Support Worker whilst being a registered nurse. You stole a watch that belonged to a vulnerable patient whilst they were in hospital on the night of 1 December 2023. The vulnerable patient (Witness 1's father) was admitted to the Aberdeen Royal Infirmary. Witness 1 said in her written statement that that the watch had been in her father's possession for over 60 years and

was estimated to value about £7,000. Witness 1 also said that her father never took the watch off and it was considered his most beloved possession.

On 1 December 2023, Witness 1 visited her father and noted the watch on his wrist. On 2 December 2023, Witness 1 visited her father in the hospital to find him in a distressed state. Witness 1's father was unable to communicate because of his health condition and was unable to tell staff that his watch was gone. The watch was not found in the hospital and Witness 1 reported the watch stolen to the police. It was thereafter registered on the Watch Register list to raise awareness of the potential theft. Witness 1 also circulated the information of the missing watch on social media.

Sometime during December 2023, you visited Ramsdens ('the Pawnshop') in Aberdeen, asking for assistance with a watch. The staff provided advice, and you left the store with the watch remaining in your possession.

On 22 February 2024, you again visited the Pawnshop and advised that you wanted to sell the watch. A staff member took your details and advised you that a quote would be provided the next day.

On 24 February 2024, you entered the Pawnshop and handed the watch to staff. You provided identification and signed a form consenting to the watch being checked against stolen and fake registers. The watch was sent to the Pawnshop's head office to be assessed.

On 27 February 2024, Witness 1 received a call from the Watch Register company who advised that her father's watch had been located. Witness 1 contacted Police Scotland

and provided the new information. The watch was reunited with Witness 1's father shortly before he passed.

On 7 May 2024, you were arrested by Police Scotland. Then, on 29 May 2024, you were convicted of Theft under the Criminal Procedure (Scotland) Act 1995. You pleaded guilty and were fined £1,000 and ordered to pay a Victim Surcharge of £40.

Fitness to practise

Having announced its findings on the facts, the panel then considered whether, on the basis of the facts found proved, your fitness to practise is currently impaired by reason of your conviction. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's suitability to remain on the register unrestricted.

Your evidence

At the outset of the impairment stage, you gave evidence under affirmation.

You told the panel that, at the time of the incident in December 2023, [PRIVATE]. You said that these issues affected your decision-making. Although you did not offer this as an excuse for your behaviour, you stated that [PRIVATE] impaired your ability to respond appropriately to the situation you were faced with. You described yourself as functioning under [PRIVATE], which led you to act irrationally and impulsively. You told the panel that you were not thinking clearly; that you were in "survival mode"; and that your actions were not planned or malicious. You confirmed that there was no financial motive behind your behaviour.

You informed the panel that [PRIVATE].

You told the panel that [PRIVATE].

You stated that [PRIVATE].

You told the panel that you have engaged in deep reflection and gained insight into your actions. [PRIVATE].

You were referred to your various reflective pieces, including your updated reflective account dated 13 November 2025. When asked about the impact of the conviction, you told the panel that you had struggled significantly with your employment status both before and after the incident. You said that you have always worked and never previously had difficulty finding employment. You explained that after your first nursing post ended after a year, you could not find further nursing employment for several months. During this time, you worked bank shifts as a healthcare support worker, which you had done prior to and after the incident.

You told the panel that this period was extremely difficult. You described working long hours, while also dealing with [PRIVATE] and the pressure of trying to obtain stable employment. You felt [PRIVATE]. You said that these circumstances contributed to [PRIVATE], although you did not recognise it at the time. You described [PRIVATE]. You said you now recognise that you should have [PRIVATE], but you had never experienced anything like this before and did not know how to seek help.

You informed the panel that you are currently working in customer service within a restaurant and bar setting, a role you had previous experience in before nursing. You said that you have recently been offered a new role within the rail industry [PRIVATE], with a potential start date in December 2025 or early January 2026.

When asked about the impact of your actions on the patient and the patient's family, you told the panel that you believed they lost a great deal of trust, and that the incident would have made them feel vulnerable and unsafe. You accepted that your behaviour could be viewed as an abuse of power and a breach of the trust placed in you as a nurse. You

explained that you had found the watch on a cabinet in the nursing station and did not know who it belonged to when you took it.

You said that you deeply regret your actions, which were never intended to harm the patient or their family. You told the panel that you had always been a diligent and professional worker during your years in the NHS and would never knowingly take advantage of a patient. You said that learning the patient had since passed away “broke your heart”, and you understood how your actions may have continued to impact the family.

You accepted that your actions breached several aspects of the NMC Code, including the duty to uphold public trust. You told the panel that you take responsibility and are committed to meeting the professional standards required of a nurse going forward.

In relation to the risk of repetition, you told the panel that you fully understand the seriousness of your actions and the impact on your profession. You said you have undertaken extensive reflection, accepted responsibility, and taken steps to address the underlying issues by [PRIVATE] and developing stronger [PRIVATE] and support networks with friends and family.

You told the panel that you began volunteering with Oxfam in August 2025 in order to give back to the community, something you had long wished to do. You described the experience as fulfilling and rewarding. You also continue to assist at your church, which you have done consistently for the past year. You said these activities have helped stabilise you and reduce the pressures that previously contributed to your poor judgement.

You said that, looking back, you would have immediately left the item where it was, informed the nurse in charge, and, once you realised your mistake, come forward sooner rather than allowing fear and [PRIVATE] to take over. You said that honesty from the outset would have been the correct approach.

Finally, you told the panel that not working as a nurse has [PRIVATE]. You explained that nursing and healthcare work were roles you worked hard to achieve and were proud of. You said that you have had to find alternative employment and remove yourself from healthcare environments for now, both for your [PRIVATE] and until you are able to return, if possible. You acknowledged this as a consequence of your actions and something you have had to accept and manage.

Submissions on impairment

Mr Radley addressed the panel on the issue of impairment and reminded the panel to have regard to protecting the public and the wider public interest. This included the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body. This included reference to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin).

Mr Radley referred the panel to the guidance of Dame Janet Smith in the Fifth Shipman Report, as outlined in *Grant*, and invited the panel to consider whether your conduct engaged any of the four limbs. He submitted that all four limbs were engaged, namely that you had:

1. Placed a vulnerable patient at risk of unwarranted harm.
2. Brought the profession into disrepute.
3. Breached fundamental tenets of the profession.
4. Acted dishonestly, with an ongoing risk of repetition.

In relation to seriousness, Mr Radley reminded the panel of the authorities of *Roylance v GMC* [1999] UKPC 16, *Calhaem v GMC* [2007] EWHC 2606 (Admin), and *Nandi v GMC* [2004] EWHC 2317 (Admin). He submitted that although this is a conviction case rather than a misconduct case, the principles articulated in these decisions remain directly relevant when assessing how serious the behaviour is, and how it impacts on impairment.

He noted the emphasis placed in these authorities on conduct that fellow professionals would regard as deplorable, and conduct that represents a serious departure from professional standards.

Mr Radley submitted that the nature of the conviction (theft from a vulnerable patient) represents a very serious breach of professional standards, striking at the heart of trust, honesty, integrity, and professionalism expected of nurses. He noted that the patient was vulnerable due to Motor Neurone Disease and unable to communicate or advocate for himself, and that the theft caused clear distress shortly before his death. Mr Radley submitted that the length of time you retained the watch, and the subsequent valuation and attempted sale, demonstrated planning and a sustained course of conduct.

Mr Radley further submitted that your subsequent actions heightened the seriousness of the behaviour, including:

- The valuation of the stolen watch in December 2023.
- The attempted resale two months later.
- The lack of early admission.
- The “no comment” police interview.
- The absence of early remorse or reparation.

Mr Radley submitted that while you may have been advised to make no comment, you remained a registered professional and could have provided an account, demonstrated candour, or taken steps to mitigate harm.

Mr Radley submitted that multiple sections of ‘The Code: Professional standards of practice and behaviour for nurses and midwives’ (2015) were engaged. He emphasised that the exact paragraphs were a matter for the panel, but identified the following paragraphs as relevant to this case: 1, 1.1, 1.2, 1.5, 2.1, 2.2, 2.6, 3.4, 4.3, 9.2, 10.2, 10.3, ‘*Preserve safety*’, 13.4, 14.1, 14.2, 14.3, 15.3, 16.1, 16.2, 16.3, 16.4, 16.6, 17.1, 17.3, 19.4, 20.1, 20.2, 20.3, 20.5, 20.6, 20.8, 20.9, 23.3, 25.1, and 25.2.

Mr Radley submitted that the conviction represented a breach of fundamental tenets, including honesty, integrity, putting patients first, and acting in the best interests of vulnerable individuals. He submitted that the panel is entitled to consider contextual factors, including your [PRIVATE] at the time of the offence. He acknowledged the evidence relating to [PRIVATE] but submitted that the workload on the ward had been manageable and that the behaviour was not attributable to environmental pressures. He reminded the panel of the need to weigh contextual factors carefully against the seriousness of the behaviour and the need to maintain public confidence.

In relation to insight, remediation and risk of repetition, Mr Radley submitted that the NMC had concerns about whether you had fully demonstrated insight into your behaviour and its impact on the patient, the family, the profession, and the public. He noted the [PRIVATE], which, he submitted, contributed to a continuing risk of repetition.

Mr Radley referred the panel to the public interest limb, emphasising the significant impact that theft from a vulnerable patient has on public confidence in the nursing profession. He referred to *Ige v NMC* [2011] EWHC 3721 (Admin), highlighting the importance of maintaining trust and confidence where dishonesty is involved. He also invited the panel to consider the evidence of Witness 1, whose account illustrated the distress caused to the family and the wider implications for public trust.

Mr Radley submitted that the consequences of your behaviour were exceptionally serious, including the breach of security on a hospital ward, the distress caused to a dying patient, and the impact on colleagues and the wider profession. He submitted that these factors strongly supported a finding of current impairment.

For all these reasons, Mr Radley submitted that your fitness to practise is currently impaired on both grounds of public protection and public interest. He submitted that a finding of impairment is necessary to mark the unacceptability of the behaviour, reaffirm the importance of fundamental professional standards, and maintain public confidence in the profession and the NMC as its regulator.

Mr Oestreicher submitted that the panel should approach the issue of impairment with care and should not simply transpose the findings or reasoning from cases involving different factual matrices. He referred to the case cited by Mr Radley and noted that, in the extract relied upon, the professional in that case had denied dishonesty, shown no remorse, and had pleaded not guilty. He submitted that this was in stark contrast to your position as you have admitted the offence, accepted responsibility, and expressed genuine remorse.

Mr Oestreicher submitted that the reference to the monetary value of the stolen item was not directly comparable with the case relied upon by the NMC. He submitted that comparisons with high-value mortgage frauds were unhelpful. In this case, the true significance of the watch was not its financial value, but the sentimental value it held for the patient. He emphasised that the distress caused to the patient would have arisen regardless of whether the watch was worth £7,000, £1,000 or £50. He reminded the panel that you had never disputed the impact on the patient or his family, and that you had clearly articulated your remorse for the distress caused.

Mr Oestreicher submitted that, in assessing impairment, the panel should draw a distinction between past misconduct and current impairment, noting that impairment is always a current assessment based on your position today rather than at the time of the offence.

In relation to public protection, Mr Oestreicher submitted that you had been unable to practise as a nurse since the incident, having been subject to an interim suspension order. He confirmed that the interim suspension order had been imposed on 27 June 2024 for a period of 18 months. He submitted that, through no fault of yours, you therefore had no opportunity to demonstrate recent safe and effective nursing practice, which would ordinarily be the most valuable evidence of remediation. He noted that while you had undertaken zero-hours employment in non-clinical roles, these positions were not comparable to frontline nursing and did not offer opportunities to demonstrate patient-facing remediation.

Mr Oestreicher submitted that the panel should therefore approach the question of remediation with caution, as the absence of recent practice was not due to unwillingness or lack of insight, but simply due to circumstances beyond your control. He reminded the panel that remediation in conviction cases can be more complex where the registrant has been unable to practise during the regulatory process.

Turning to the public interest limb, Mr Oestreicher accepted that public interest considerations were significant in this case. He acknowledged that, given the nature of the offence, the panel may well consider that a finding of impairment is necessary to uphold public confidence. He did not dispute the seriousness of the conviction and accepted that the public interest was “a major factor” in the panel’s assessment. Nevertheless, he submitted that this remained a matter entirely for the panel’s judgment.

Mr Oestreicher also submitted that the panel should treat with caution the extensive list of paragraphs from the Code referred to by the NMC. He accepted that breaches of the Code were relevant but submitted that not all of the paragraphs listed were engaged on the facts, and that some had only a tenuous connection to the circumstances of this case. He invited the panel to be selective, proportionate, and focused when determining which specific sections of the Code had been breached, rather than adopting a blanket approach.

Mr Oestreicher emphasised that you had no previous record of dishonest conduct, and that aside from this incident, though it involved retention of the watch over a period, there was no evidence of any wider pattern of behaviour or other offences of a similar nature.

In these circumstances, Mr Oestreicher submitted that the essence of the case was one of public interest rather than ongoing risk to patients. He invited the panel to focus its assessment of impairment on your current position, your acceptance of the offence, your remorse, and the absence of any broader concerns about your professional behaviour.

The panel accepted the advice of the legal assessor.

Decision and reasons on impairment

The panel next went on to decide if, as a result of the conviction, your fitness to practise is currently impaired.

The panel considered whether any paragraphs of the Code were engaged in the context of your case. In reaching its decision, the panel referred to the NMC Guidance on *'Concerns outside professional practice'* (Reference: FTP-2a, last updated on 6 May 2025).

The panel bore in mind that, although you were a Health Care Support Worker at the time of the incident, you were nevertheless a qualified registered nurse. Whether or not you were aware that the watch belonged to a patient was not determinative; the fact remains that the act constituted theft. Further, the panel considered that by taking the watch to a pawn shop for valuation, you must have appreciated that it held value. For these reasons, the determined that the following sections of the Code were engaged, in that your conduct breached fundamental tenets of the nursing profession:

'20 Uphold the reputation of your profession at all times

To achieve this, you must:

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

20.2 act with honesty and integrity at all times, treating people fairly...

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

20.4 keep to the laws of the country in which you are practising

20.5 treat people in a way that does not take advantage of their vulnerability or cause them upset or distress

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

20.9 maintain the level of health you need to carry out your professional role’.

The panel then considered the NMC Guidance on ‘*Impairment*’ (Reference: DMA-1, last updated on 3 March 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.’

Nurses occupy a position of privilege and trust in society and are expected at all times to be professions. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. To justify that trust, nurses must be honest and open and act with integrity. They must make sure that their conduct at all times justifies both their patients’ and the public’s trust in the profession.

In this regard the panel considered the judgment of Mrs Justice Cox in the case of *CHRE v NMC and Grant* in reaching its decision. At 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.'

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

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

- a) has in the past acted and/or is liable in the future to act 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.'*

Limb a) of Grant

The panel found that Witness 1's father (the patient whose watch was stolen), together with his family, experienced emotional and psychological harm as a result of your actions.

The panel also accepted that the consequences were not intended and occurred during a period in which you were experiencing significant personal and family pressures.

The panel placed weight on character references describing you as caring, compassionate and patient-focused, and considered it unlikely that you would deliberately harm a patient in the future or intentionally repeat such conduct. The panel accepted that the theft was not motivated by a desire to cause harm.

However, the panel concluded that, although the future risk of deliberate harm is low, some risk of poor judgment arising from [PRIVATE] or situational stresses remains.

Therefore, there is a potential risk of harm to the public in the future.

Limbs b) and c) of *Grant*

The panel determined that your conduct constituted a clear breach of fundamental tenets of the nursing profession, particularly honesty and integrity, and therefore brought the profession into disrepute.

In terms of the future, the panel was not satisfied that you have yet developed robust strategies to manage the types of pressures that contributed to your behaviour. You gave evidence that you are still “in the process of healing” and developing greater resilience. While the panel accepted that this was sincere, it did not consider that you had demonstrated sufficient insight or the practical tools required to prevent recurrence should similar circumstances arise again. [PRIVATE].

Accordingly, the panel considered that there remains a risk that, if faced with comparable pressures, you may again act in a way that brings the profession into disrepute or breaches fundamental tenets.

Limb (d) of *Grant*

The panel was satisfied that findings relating to theft and dishonesty are inherently serious and that confidence in the nursing profession would be undermined if its regulator did not find charges relating to the act of theft and dishonesty extremely serious.

The panel also considered the wider circumstances surrounding your dishonest actions, including the length of time the watch remained in your possession and the subsequent valuation attempt. In the panel's view, aspects of the behaviour were opportunistic and went beyond a single impulsive moment.

In relation to the future, the panel noted that your reference, dated 6 November 2025, from a registered nurse who is aware of the charges against you, said:

'... Ms Sade - Sarah, is a lovely individual and she has learnt from her mistake. I am confident, she will always put her patients first and remain reliable, honest, dedicated and trustworthy.'

Although you have expressed remorse, the panel noted that there was no substantial evidence before it from current employers, both paid and/or voluntary, demonstrating that the risk of future dishonesty had been fully addressed. This, combined with your developing insight, which is set out in further detail below, means that the risk of repetition remains.

Insight and remediation

The panel had regard to the NMC Guidance on *'Insight and strengthened practice'* (Reference: FTP-15, last updated on 14 April 2021) and on *'Has the concern been addressed?'* (Reference: FTP-15b, last updated on 29 November 2021).

The panel considered your oral evidence that you were "not yourself" at the time of the incident and that [PRIVATE] contributed to your acting impulsively. However, the panel noted that it had not seen [PRIVATE].

Although you described feeling [PRIVATE], the panel concluded that this did not excuse the act of theft. Theft may, in some circumstances, be impulsive, but in this case the panel noted that you retained the watch and took it to a pawn shop, which suggested a degree of decision-making beyond a solely impulsive act. Had you truly wished to dispose of it immediately, there were alternative actions you could have taken, such as discarding it.

The panel noted [PRIVATE].

You also described [PRIVATE], and that you continued working despite [PRIVATE]. The panel considered it plausible that [PRIVATE] contributed to behaviour that was out of character. However, the extent of that contribution remains unclear. The panel accepted that [PRIVATE] but noted that this appears to arise at least in part from your feelings of guilt and distress following the consequences of your actions.

This context was taken into account when considering risk and insight. The panel considered that you admitted the charge at the outset of the hearing, demonstrated some developing understanding of the impact of your actions, expressed remorse, and apologised for your actions.

The panel took into account your character references. It noted that you volunteer at a church within the coffee bear team. In their reference dated 6 November 2025, a registered nurse that previously worked with you stated:

'... For the time spent with Ms Sade-Sarah, she is of good character, she is a professional individual, and she is caring and kind towards others. She has spent time pondering on her actions with great regret and is making amends to prevent this re-occurring. She is aware, patient safety and trust is vital in nursing and she is willing to ensure her future patients are safe in her care. I trust her and I know she will not make this mistake again, because she is empathetic towards her patients and their family. She is aware of the hurt caused and is determined to take this as a

learning experience and once given the opportunity, she will safeguard her patients in the future...’.

The panel accepted that you have taken steps to [PRIVATE] and support network, have engaged with [PRIVATE], and have produced several reflective pieces between 2023 and 2025. However, the panel considered that your insight remains partial and under-developed at this stage. While you recognise that your actions were wrong, your reflections lacked detail and specificity about what you would do differently, and how you would identify and manage early warning signs when [PRIVATE].

The panel noted that some of your reflections suggested improved self-awareness, but when questioned, you were unable to articulate the strategies you had established following [PRIVATE] or the tools you would use to manage pressures in future. Your reflective piece dated September 2024 stated:

‘... I need to be more upfront in the future with the NMC and any other registered body, this way I am following the policy by being honest and not hiding anything...’.

Although dishonesty can be remediated, the panel found insufficient evidence that you had yet fully addressed the underlying factors that contributed to your behaviour. The panel was not assured that you had developed clear, practical or reliable strategies to help you recognise early signs of [PRIVATE], manage pressures, or seek support appropriately. While you spoke about improved self-awareness, your reflections and oral evidence did not demonstrate specific coping mechanisms or structured tools arising from the [PRIVATE] you described. Your action plans were broad and lacked detail about how you would act differently in real time when faced with similar challenges. In addition, as you are currently subject to an interim suspension order, you have not had the opportunity to demonstrate strengthened practice in a clinical environment or to test whether any strategies you are developing are effective when under workplace [PRIVATE]. The panel could not be satisfied that the risk factors contributing to your behaviour have been sufficiently remediated.

For these reasons, the panel concluded that there is a risk of repetition. The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind that the overarching objectives of the NMC are to protect, promote and maintain the health safety and well-being of the public and patients, and to uphold/protect the wider public interest, which includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

Given the serious nature of the conviction, the breach of fundamental tenets, and your limited insight and remediation, the panel determined that a finding of impairment is also required on public interest grounds. A reasonable and well-informed member of the public would expect the NMC to uphold the integrity of the profession and mark behaviour involving dishonesty and theft as unacceptable.

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

Sanction

The panel considered this case very carefully and decided to make a striking-off order. It directs the registrar to strike your name off the register. The effect of this order is that the NMC register will show that you have been struck off the NMC register.

In reaching its decision, the panel had regard to all the evidence that has been adduced in this case and had careful regard to the Sanctions Guidance (SG) published by the NMC.

The panel accepted the advice of the legal assessor.

Submissions on sanction

Mr Radley informed the panel that, in the Notice of Hearing, dated 14 October 2025, the NMC had advised you that it would seek the imposition of a striking-off order if the panel found your fitness to practise currently impaired.

Mr Radley directed the panel to the NMC's SG on '*Sanctions for particularly serious cases*' (Reference: SAN-2). He asked the panel to consider the question: "Would a nurse practising with you be able to trust and rely upon the work of their fellow professional?"

Mr Radley submitted that the following aggravating features were engaged in this case:

- Abuse of power and trust as a registered nurse.
- Lack of insight into your failings over a significant period of time, reflected in the length of time you retained the watch.
- High impact on the profession, as members of the public would not expect a nurse to remain in practice following findings of dishonesty in circumstances such as these. He highlighted that the watch was described as the patient's 'most beloved possession'.
- Engagement of all four limbs of the *Grant* test.
- Emotional distress and frustration caused to Witness 1's father, who was unable to express himself during end-of-life care due to his condition.
- Breach of fundamental tenets of the nursing profession.
- Limited understanding of the seriousness of your actions, demonstrated by the extent to which you prioritised your personal circumstances over your professional responsibilities.
- Public protection and public interest grounds both clearly engaged.
- Aggravated dishonesty, directly linked to your practice, and in the NMC's submission amounting to a deliberate breach of the duty of candour.

Mr Radley submitted that the following mitigating features were relevant:

- No previous regulatory or disciplinary findings.

- Your young age and limited experience at the time of the incident.
- Positive character references.
- [PRIVATE].

Mr Radley submitted that, having considered all sanctions in ascending order, neither no order nor a caution order would be sufficient, given the seriousness of the conviction.

Mr Radley submitted that a conditions of practice order would not be appropriate, as dishonesty of this nature is 'difficult to put right; through conditions and does not lend itself to retraining or supervision.

In relation to a suspension order, Mr Radley submitted that such an outcome would be fundamentally incompatible with the facts of the case. In his submission, you should not be permitted to return to nursing practice given the significant ongoing risk identified and the strength of the public interest considerations, both of which demand a more serious outcome.

Mr Radley submitted that your dishonesty and your disregard for a seriously ill and vulnerable patient were extremely serious. In the NMC's view, a striking-off order is the only appropriate sanction, as your behaviour raises fundamental concerns regarding your professionalism, and public confidence in the nursing profession could not be maintained if you were permitted to remain on the register.

For these reasons, Mr Radley invited the panel to impose a striking-off order, in view of the clear and significant impact on the patient and his family, the dishonesty involved, the associated risks to patients, and the damage caused to public perception of the profession.

Mr Oestreicher submitted that any sanction imposed by the panel must be proportionate and must not be punitive in nature. He reminded the panel that this principle is central to

the NMC's SG and distinguishes the role of the regulator from that of a criminal court or employer.

Mr Oestreicher submitted that, at the time of the theft, and in the period that followed, you had been experiencing a range of [PRIVATE], the details of which were set out in your bundle and in your oral evidence. He referred to the panel's own finding that *'it was plausible that [PRIVATE] contributed to behaviour that was out of character'*. He emphasised that you fully acknowledged that these factors do not excuse your actions.

Mr Oestreicher submitted that you have demonstrated meaningful engagement throughout these proceedings. As the panel already noted, you admitted the charge at the outset, expressed remorse, apologised for the harm caused, and demonstrated a developing understanding of the impact of your actions. You also gave oral evidence, were open to cross-examination, and have cooperated fully with the regulatory process.

Mr Oestreicher acknowledged the panel's observation that it had *'found insufficient evidence that you had yet fully addressed the underlying factors that contributed to your behaviour'*. However, he submitted that this was not due to any lack of willingness by the you, but rather the natural limitations imposed by the interim suspension order, which has prevented you from demonstrating strengthened practice in a clinical environment.

Mr Oestreicher reminded the panel that you pleaded guilty to the criminal charge, and that your conviction is now spent. Nonetheless, he submitted that the conviction continues to appear on disclosures to employers through Disclosure Scotland. In his submission, this offers an existing layer of public protection, as prospective employers will be made aware of the conviction.

Mr Oestreicher accepted that the public interest is an important consideration but submitted that it has already been partly addressed through the criminal process and the consequences you have already faced. He also submitted that public protection is

engaged but is already supported by the continuing disclosure obligations through Disclosure Scotland.

Further, Mr Oestreicher acknowledged the seriousness and its position at the higher end of the sanction range. However, he submitted that the sanction imposed must remain proportionate, and the panel should take account not only of the public interest but also your own interests, as required by the NMC's guidance.

Mr Oestreicher submitted that you are [PRIVATE] years old and were at a relatively early stage of your nursing career at the time of the incident. There is no evidence of any concerns about your clinical practice, and the panel has already referred to the positive professional reference within your bundle. Mr Oestreicher also drew attention to the other character references included in the bundle, which the panel noted, all attesting to your caring nature and good character.

In these circumstances, Mr Oestreicher submitted that a suspension order would adequately address the public protection, public interest, and proportionality considerations arising in this case. He reminded the panel that you have complied fully with the interim suspension order since 27 June 2024.

Mr Oestreicher submitted that a suspension order would give you an opportunity to respond positively to the constructive feedback the panel provided regarding gaps in your insight and remediation. It would also allow you to develop the strategies the panel identified as necessary, and to demonstrate strengthened practice before returning to nursing.

Finally, Mr Oestreicher submitted that a suspension order would give you a second chance, enabling you to address the remaining concerns and potentially rebuild your nursing career. He submitted that such remediation would be almost impossible should the panel impose a striking-off order.

The panel accepted the advice of the legal assessor.

Decision and reasons on 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, in particular '*Sanctions for particularly serious cases*' (Reference: SAN-2) which contains cases involving dishonesty. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel considered the following aggravating features:

- Conduct that caused a vulnerable patient emotional and psychological harm.
- One off-incident of dishonesty and deception sustained over a period of two months.
- Lack of full insight.
- Attempt of personal financial gain from a breach of trust as you endeavoured to sell the watch.

The panel considered the following mitigating features:

- No previous or regulatory findings.
- Personal mitigation in relation to [PRIVATE].
- Demonstrated remorse and apologised.
- [PRIVATE].
- Your young age at the time of the incident.

The panel determined that this was a serious case of dishonesty involving intended personal financial gain, committed while you were working in a position of trust with vulnerable people. Although it was a single incident, it was sustained over a two-month period and involved deliberate actions, including retaining the watch and attempting to sell it. The conviction relates directly to a theft committed within a clinical setting, which significantly aggravates the seriousness of the behaviour and represents a profound breach of the standards expected of a registered nurse.

Further, as noted in its decision on impairment, the panel also reminded itself that while theft can, in some circumstances, be impulsive, this was not the case here. You retained the watch for a sustained period and subsequently took it to a pawn shop for valuation. In the panel's view, these actions demonstrated a degree of deliberate decision-making that went beyond a momentary lapse. Had you genuinely wished to dispose of the watch immediately, there were simple alternative actions available to you, such as discarding it. This further heightened the seriousness of the dishonesty and was an important consideration for the panel when determining the appropriate sanction.

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.

The panel 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 conduct was not at the lower end of the spectrum of seriousness 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 your registration would be a sufficient and appropriate response. The panel was of the view that there are no practical or workable conditions that could be formulated, given the nature of the conviction and the element of dishonesty. Further, the panel concluded that the placing of conditions on your 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; and*
- *The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour.*

The conduct, as highlighted by the facts found proved, was a significant departure from the standards expected of a registered nurse. The panel considered that the breach of the fundamental tenets of the profession arising from your actions was significant and fundamentally incompatible with your remaining on the register. The panel acknowledged that you have not repeated this behaviour since the incident and that you have shown remorse through both your oral and written evidence. However, the panel placed considerable weight on the serious impact your actions had on a vulnerable, elderly patient during the final stage of his life. Your behaviour breached his trust at a time when he was particularly dependent on those caring for him. In addition, the panel took into account Witness 1's witness statement, dated 18 September 2024, in which she stated:

'... My father was always kind and caring to others, a man who was quiet, thoughtful and someone who was very private. Not only was this a complete

invasion of dad's personal space and possessions, but it breached trust and care of a patient... My father and I felt very betrayed by this invasion, and the nursing professional completely crossed the line here in morals, trust, professionalism, and goes against every aspect of being a nurse. To cause such a negative impact on someone towards the end of their life is disgusting and heartbreaking... The whole distressing episode from theft and the knock-on effects has also been very upsetting to the family. The family brought comfort to dad during his final stage of life and managed all the emotions and feelings which resulted from the theft and associated fear and mistrust. The incident and actions from this nurse have had a direct impact on my own and my family's perception and safety association in relation to hospitals...'

For these reasons, 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?*

Your actions were significant departures from the standards expected of a registered nurse and are fundamentally incompatible with your remaining on the register. The panel determined that the findings demonstrate that your actions were serious and to allow you to continue practising would undermine public confidence in the profession and in the NMC as a regulatory body.

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel determined that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the effect of your actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct yourself, the panel 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.

This will be confirmed to you in writing.

Interim order

As the striking-off order cannot take effect until the end of the 28-day appeal period, the panel 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 your own interests until the striking-off sanction takes effect.

The panel accepted the advice of the legal assessor.

Submissions on interim order

Mr Radley submitted that that an interim suspension order for a period of 12 months is necessary given the panel's findings in order to protect the public and meet the wider public interest. He also submitted that this was required to cover the 28-day appeal period and, if you do appeal the decision, the period for which it may take for that appeal to be heard.

Mr Oestreicher did not oppose the NMC's application.

Decision and reasons on interim order

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 concluded 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 the 28-day appeal period and any period which an appeal may be heard. The panel determined that the maximum period allowed should be in place to offset any delays in the appeal being heard.

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

That concludes this determination.