Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Meeting
Tuesday, 30 September – Wednesday, 1 October 2025

Virtual Meeting

Name of Registrant:	**Ewa Sylwia Dziduch-Francis**
NMC PIN	15F0637C
Part(s) of the register:	Registered Nurse – Adult Nursing RNA – (17 June 2015)
Relevant Location:	Bristol
Type of case:	Misconduct
Panel members:	Angela Kell (Chair, Lay member) Anne Murray (Registrant member) Jane Malcolm (Lay member)
Legal Assessor:	Charlene Bernard
Hearings Coordinator:	Nicola Nicolaou
Facts proved:	Charges 1, 2a, 2b(i), 2b(ii), 2b(iii), 2c(i), 2c(ii), 2d, 3a, and 3b
Fitness to practise:	Impaired
Sanction:	**Suspension order (12 months)**
Interim order:	**Interim suspension order (18 months)**

Decision and reasons on service of Notice of Meeting

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

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Meeting provided details of the allegations, the time, dates and the fact that this meeting was heard virtually.

In the light of all of the information available, the panel was satisfied that Ms Dziduch-Francis has been served with notice of this meeting in accordance with the requirements of Rules 11A and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Details of charge

That you, a registered nurse on 23 December 2022:

1) Did not visit one or more patients set out in Schedule 1 **[PROVED]**

2) Said to Colleague A;
    a) You had no issues with any of your visits **[PROVED]**
    b) There were no concerns in relation to:
        i. Patient A **[PROVED]**
        ii. Patient B **[PROVED]**
        iii. Patient C **[PROVED]**
    c) You were unable to take a blood sample from:
        i. Patient D **[PROVED]**
        ii. Patient E **[PROVED]**
    d) In relation to Patient F, you creamed their legs and put on yellowline **[PROVED]**

3) Your conduct at 2 was dishonest in that you:

a) Knew you had not visited one or more patients set out in Schedule 1 **[PROVED]**

b) Intended to mislead Colleague A that care had been provided to one or more patients set out in Schedule 1. **[PROVED]**

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

Schedule 1

Patient A

Patient B

Patient C

Patient D

Patient E

Patient F

Background

The Nursing and Midwifery Council (NMC) received a referral on 9 January 2023 from TFS Healthcare ('the Agency') who raised concerns about Ms Dziduch-Francis, who was working a shift as a Community Health Nurse through Sirona Care and Health Agency ('Sirona').

The following has been taken from the NMC's Statement of Case:

1. *'Ms Dziduch-Francis was employed by TFS Healthcare, a recruitment agency who placed Ms Dziduch-Francis at Sirona Care and Health as an Agency Community Health Nurse. On 23 December 2022, Ms Dziduch-Francis was tasked with attending patients at their home address. Ms Dziduch-Francis failed to visit 5 of the 9 patients on her list and handed over false information to the Team Leader,* [Colleague A]*, to cover up her omissions.*

2. *On the morning of her shift, Ms Dziduch-Francis had told* [Colleague A] *that she had been feeling unwell. They agreed she could finish at 16:00, instead of 20:00. Ms Dziduch-Francis also communicated that she was uncomfortable doing venipuncture. It was agreed that she should attempt to attain bloods from the patients and to let* [Colleague A] *know if there were any problems. At the end of her shift, Ms Dziduch-Francis verbally handed over to* [Colleague A]*, stating that she had no issues with any of her visits, but that she had been unable to attain bloods as planned from two of the patients.*

3. *A little later,* [Colleague A] *received a phone call from the next of kin of one of the patients advising that no visit had taken place that day.* [Colleague A] *called the remaining patients on the list and discovered that Ms Dziduch-Francis had only visited 4 out of 9 patients.*

4. *Ms Dziduch-Francis admitted her failures in the local statement dated 17 January 2023. She stated that she attended one patient to perform venipuncture, but this was unsuccessful; she then did not attend the remaining 3 venipuncture visits. She also failed to attend one patient for wound care due to being unable to find the house and admits to falsely handing over that the visit took place.'*

Decision and reasons on facts

In reaching its decisions on the facts, the panel took into account all the documentary evidence in this case together with the representations made by the NMC and from Ms Dziduch-Francis.

The panel was aware that the burden of proof rests on the NMC, and that the standard of proof is the civil standard, namely the balance of probabilities. This means that a fact will be proved if a panel is satisfied that it is more likely than not that the incident occurred as alleged.

The panel had regard to the written statements of the following witness on behalf of the NMC:

- Witness 1: District Nurse Team Leader at Sirona

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor. It considered the documentary evidence provided by both the NMC and Ms Dziduch-Francis.

The panel then considered each of the charges and made the following findings.

Charge 1

That you, a registered nurse on 23 December 2022:

1) Did not visit one or more patients set out in Schedule 1

This charge is found proved.

In reaching this decision, the panel took into account Colleague A's NMC Witness statement which stated:

'[…] *I received a phone call from a family member of one of the patients. The family member wanted to let us know that they would be heading out for a little while and wouldn't be home in case the nurse visited. I asked them if the nurse had already visited them on that day to which they responded that they hadn't. I was concerned and therefore went through all of Nurse Diziduch-Francis'* [sic] *list of patients for the day and called each of them. I found out that the registrant had only attended 4 out of the 9 patients on her list.'*

The panel also took into account the contemporaneous clinical notes for five patients. There was no record of any care given, or visits made from Ms Dziduch-Francis. The only pertinent record in these notes for 23 December 2022 was a

reference to the calls made by Colleague A and Ms 2, which confirmed that the patients were not visited by Ms Dziduch-Francis.

The panel determined that there was no evidence before it to suggest that Colleague A would fabricate her evidence, which was corroborated by the patient notes. The panel considered that Colleague A was consistent in her local statement, which was produced five weeks after the alleged event, and her NMC witness statement which was signed for approximately 18 months after the alleged event.

The panel determined that, on the balance of probabilities, it is more likely than not that you did not visit one or more patients set out in schedule 1 and therefore found this charge proved.

Charge 2a

2) Said to Colleague A;
a) You had no issues with any of your visits

This charge is found proved.

In reaching this decision, the panel took into account Colleague A's NMC witness statement which stated:

'[…] *When the registrant returned from her day of work,* [...] *Nurse Diziduch-Francis* [sic] *said that she had no issues with any of her visits, but that she had been unable to attain bloods. She did not speak to each individual case in this conversation, she only said that she had no problems. This is pretty standard practice.'*

The panel noted the local account provided by Colleague A dated 30 January 2023 which stated:

'[…] *Ewa returned to the* [PRIVATE] *clinic at around 15:30. We then went through the patients that she visited that day. Ewa reported that she was*

unable to obtain bloods for two of the patients on her list. No concerns raised around wound care visits.

One patient was new to the caseload and required ongoing schedules, Ewa reported she had seen this patient that her legs were dry, so she creamed them and put yellow line over. Ewa did not think we needed to see her again however I felt we needed to review as she had some treatment so added the patient for a follow up.'

The panel noted that Colleague A also said in her witness statement that sometimes agency nurses do not have much experience in taking bloods. The witness statement stated:

'"[…] *Not being able to take blood or not being confident in taking blood is quite standard with agency nurses. They all have different backgrounds, and some don't have much experience in doing this. You expect them to tell you if there is something that they can't do.'*

Colleague A's witness statement explains that she had a conversation with Ms Dziduch-Francis about this and Ms Dziduch-Francis said she would report back. The panel considered that Ms Dziduch-Francis did report back about not being able to take bloods from two of the patients, but that she did not raise any other issues. The panel considered that not being able to take bloods did not count as being an issue as Colleague A was already aware of this. The panel considered that not visiting several patients on her case load would have been an issue and should have been reported back to Colleague A, as alternative arrangements for the care of these highly vulnerable patients would need to be made.

The panel therefore found this charge proved on the balance of probabilities.

Charge 2b(i)

2) Said to Colleague A;

b) There were no concerns in relation to:

i. Patient A

This charge is found proved.

In reaching this decision, the panel took into account Colleague A's email response to NMC questions dated 30 January 2023 which stated that in relation to the visit for Patient A:

> *'*[…] *One off visit for bloods. Handed over all ok on visit. Notes stated all ok but no laboratory results.'*

The panel also took into account Colleague A's account that it was *'picked up next day by another team leader that the visit had not taken place. Notes on EMIS from nurse in questions states she visited and all ok.'*

The panel considered Ms Dziduch-Francis's account that she was unable to take bloods from Patient A, however, the evidence before the panel suggests that Ms Dziduch-Francis did not visit Patient A and therefore would not have been able to attempt to take bloods from them.

The panel therefore found this charge proved on the balance of probabilities.

Charge 2b(ii)

2) Said to Colleague A;
b) There were no concerns in relation to:
ii. Patient B

This charge is found proved.

In reaching this decision, the panel took into account Colleague A's email response to NMC questions dated 30 January 2023 which stated that in relation to the visit for Patient B:

'[…] *Seen once weekly. Handed over all ok. No Notes.'*

The panel also took into account Patient B's clinical notes dated 23 December 2022 which stated:

'Connecting care shows patient is an inpatient. No visit appears to have taken place today.'

The panel considered that Ms Dziduch-Francis told Colleague that there were no concerns with Patient B during the visit. However, the panel noted that Patient B was in hospital at the time and therefore Ms Dziduch-Francis would not have been able to visit them at their home address.

The panel therefore found this charge proved on the balance of probabilities.

Charge 2b(iii)

2) Said to Colleague A;
b) There were no concerns in relation to:
iii. Patient C

This charge is found proved.

In reaching this decision, the panel took into account Colleague A's email response to NMC questions dated 30 January 2023 which stated that in relation to the visit for Patient C:

'[…] *Seen weekly. Handed over he was ok. No Notes.'*

The panel also took into account Colleague A's response that a Team Manager *'spoke to son of Patient C and he stated that someone had called earlier to ask how his Dad was but no name or job title given. The individual that called stated no visit was needed.'*

The panel further took into account Patient C's clinical notes dated 23 December 2022 which stated:

> *'Telephoned and spoke with patient son who advised he believes no visit took place today. A telephone call was received this morning at approximately 11am where a lady asked after his Father but advised no visit was necessary. It is unknown who made this call. The Team Leader did not make this call or decision.'*

The panel considered that if it was decided that a visit was not necessary, this should have been handed over to Colleague A and documented in the clinical notes.

The panel found this charge proved on the balance of probabilities.

Charge 2c(i)

> 2) Said to Colleague A;
>
> c) You were unable to take a blood sample from:
>
> i. Patient D

This charge is found proved.

In reaching this decision, the panel took into account Colleague A's email response to the NMC's request to provide a brief summary of each patient's overall care needs and the specific care the registrant was meant to provide on that shift, dated 30 January 2023 which stated that in relation to the visit for Patient D:

> *'*[…] *Scheduled for urgent venepuncture as acutely unwell.* […] *One off visit as acutely unwell – Handed over not able to get blood. No Notes.'*

The panel also took into account Colleague A's response that she had a *'Telephone conversation with daughter of Patient D as she had waited for the nurse to visit but no nurse had been* […]*'*

The panel also took into account Patient D's clinical notes dated 23 December 2022 at 17:07 which stated:

> *'Telephone call and spoke to daughter regarding visit*
> *Due for visit from DN team today for venepuncture*
> *No Nurse has yet to visit today* […]*'*

The panel considered that Ms Dziduch-Francis did not take a blood sample from Patient D because she did not visit Patient D, and not because she attempted and failed to take the blood sample.

The panel therefore found this charge proved on the balance of probabilities.

Charge 2c(ii)

> 2) Said to Colleague A;
> c) You were unable to take a blood sample from:
> ii. Patient E

This charge is found proved.

In reaching this decision, the panel took into account Colleague A's email response to the NMC's request to provide a brief summary of each patient's overall care needs and the specific care the registrant was meant to provide on that shift, dated 30 January 2023 which stated that in relation to the visit for Patient E:

> *'*[…] *Seen monthly for monitoring. Handed over not able to do* [bloods]*. No Notes.'*

The panel also took into account Colleague A's response that a Team Manager *'spoke to Patient E and she confirmed that she had not had any bloods taken today and no one had visited her.'*

The panel also took into account Patient E's clinical notes dated 23 December 2022 at 17:03 which stated:

> *'Telephone call to patient.*
> *Patient advised no visit took place today.*
> *Venepuncture not performed and visit needed to be deferred.'*

The panel considered that Ms Dziduch-Francis did not take a blood sample from Patient E because she did not visit Patient E, and not because she attempted and failed to take a blood sample.

The panel therefore found this charge proved on the balance of probabilities.

Charge 2d

> 2) Said to Colleague A;
> d) In relation to Patient F, you creamed their legs and put on yellowline

This charge is found proved.

In reaching this decision, the panel took into account Colleague A's email response to the NMC's request to provide a brief summary of each patient's overall care needs and the specific care the registrant was meant to provide on that shift, dated 30 January 2023 which stated that in relation to the visit for Patient F:

> '[…] *Handed over creamed legs and put on yellowline, advised did not need to see again. No Notes.'*

The panel also took into account Colleague A's response that she *'Spoke to the partner of Patient F he had been home all day and only the carers had visited* […]'

The panel also took into account Patient F's clinical notes dated 23 December 2022 at 18:25 which stated:

‘Telephone call and spoke to partner
Scheduled for visit today by agency nurse and concerns raised visits were not completed
[…] *he has been with Patient F all day today and has not seen a nurse.*
He reports there is no dressings of any kind on her legs.’

The panel considered that although Ms Dziduch-Francis reported that she had creamed Patient F’s legs and put on yellowline, she did not do this as she did not visit Patient F.

The panel therefore found this charge proved on the balance of probabilities.

Charge 3a

3) Your conduct at 2 was dishonest in that you:
a) Knew you had not visited one or more patients set out in Schedule 1

This charge is found proved.

The panel considered that Ms Dziduch-Francis misreported to Colleague A what her day had covered and the patients she visited. The panel considered that Ms Dziduch-Francis knew that she had not visited one or more patients, but did not tell her supervisor this.

The panel took into account Ms Dziduch-Francis’s reflective piece where she states that she was feeling unwell on the day in question and also felt uncomfortable regarding venepuncture. However, the panel considered that an ordinary decent person would consider Ms Dziduch-Francis’s actions, in implying that she had visited all patients when she had not, to be dishonest.

The panel therefore found this charge proved on the balance of probabilities.

Charge 3b

3) Your conduct at 2 was dishonest in that you:

b) Intended to mislead Colleague A that care had been provided to one or more patients set out in Schedule 1.

This charge is found proved.

The panel considered that Ms Dziduch-Francis knew that she had not visited several patients, taken their bloods, or provided wound care. The panel noted that Ms Dziduch-Francis had agreed to finish her shift at 16:00 instead of 20:00 as she was feeling unwell, however it noted that she did not report that she had failed to visit five patients, so that plans could be put in place to cover the work that she did not do during her shift. She allowed Colleague A to believe that the work had been completed when it had not.

Regarding Patient F specifically, Ms Dziduch-Francis had told Colleague A in some detail that she had dressed their wounds, however, the panel considered that this was not true as Ms Dziduch-Francis did not visit Patient F on 23 December 2022.

The panel considered that Ms Dziduch-Francis spoke to Colleague A at the end of her shift and had opportunities to be honest with Colleague A regarding her handover, but that she did not do so.

The panel considered that there was no evidence before it to suggest that Colleague A would fabricate their evidence. The panel considered that Ms Dziduch-Francis intentionally misled Colleague A and as a result, put several extremely vulnerable patients at a risk of harm.

The panel considered that an ordinary decent person would consider Ms Dziduch-Francis's actions to be dishonest. The panel therefore found this charge proved on the balance of probabilities.

Fitness to practise

Having reached its determination on the facts of this case, the panel then moved on to consider, whether the facts found proved amount to misconduct and, if so, whether Ms Dziduch-Francis's fitness to practise is currently impaired. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's ability to practise kindly, safely and professionally.

The panel, in reaching its decision, has recognised its statutory duty to protect the public and maintain public confidence in the profession. Further, it bore in mind that there is no burden or standard of proof at this stage and it has therefore exercised its own professional judgement.

The panel adopted a two-stage process in its consideration. First, the panel must determine whether the facts found proved amount to misconduct. Secondly, only if the facts found proved amount to misconduct, the panel must decide whether, in all the circumstances, Ms Dziduch-Francis's fitness to practise is currently impaired as a result of that misconduct.

Representations on misconduct and impairment

In coming to its decision, the panel had regard to the case of *Roylance v GMC (No. 2)* [2000] 1 AC 311 which defines misconduct as a 'word of general effect, involving some act or omission which falls short of what would be proper in the circumstances.'

The NMC, in its Statement of Case, invited the panel to take the view that the facts found proved amount to misconduct. The panel had regard to the terms of 'The Code: Professional standards of practice and behaviour for nurses and midwives 2015' ('the Code') in making its decision.

The NMC identified the specific, relevant standards where Ms Dziduch-Francis's actions amounted to misconduct. The NMC Statement of Case states the following in terms of misconduct:

'[…] *10.We consider the misconduct serious because Ms Dziduch-Francis's actions, as detailed in the charges, fell significantly short of what would be expected of a registered nurse. The areas of concern identified relates to patient care and dishonesty about patient care. This misconduct was a significant departure from the fundamental principles of the Code of prioritising people, practising effectively, and promoting professionalism and trust in the professions.'*

The NMC requires the panel to bear in mind its overarching objective to protect the public and the wider public interest. This includes the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body. The panel referred to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin).

The NMC, in its Statement of Case, invited the panel to find Ms Dziduch-Francis's fitness to practise impaired on the grounds of public protection and public interest. The NMC state that all four limbs of the *Grant* test are engaged. The Statement of Case states the following regarding impairment:

'[…] *21.We consider that Ms Dziduch-Francis has displayed some insight. She admitted the facts although she has sought to make excuses for her failures.*

22.Ms Dziduch-Francis completed a course which included safeguarding adults, mental health understanding, complaints, hygiene, and others; date of completion is 11 February 2023. This does not seem directly relevant to missing appointments and not delivering necessary care, and it is not relevant to dishonesty.

23.We note that Ms Dziduch-Francis has worked since the issues of concern. […]

24.We consider there is a continuing risk to the public due to Ms Dziduch-Francis's lack of full insight; there is no evidence that she has addressed the concerns and strengthened her practice.

[…]

29.We consider that there is a public interest in a finding of impairment being made in this case to declare and uphold proper standards of conduct and behavior [sic]. *The actions of Ms Dziduch-Francis fell below the professional standards required of a nurse. Ms Dziduch-Francis's conduct engages the public interest because members of the public would be appalled to hear that a nurse neglecting to attend on patients needing change of dressing and tests is permitted to continue to work without limitations.'*

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments.

Decision and reasons on misconduct

When determining whether the facts found proved amount to misconduct, the panel had regard to the terms of the Code.

The panel was of the view that Ms Dziduch-Francis's actions did fall significantly short of the standards expected of a registered nurse, and that Ms Dziduch-Francis's actions amounted to a breach of the Code. Specifically:

*'**1 Treat people as individuals and uphold their dignity***
To achieve this, you must:
***1.1** treat people with kindness, respect and compassion*
***1.2** make sure you deliver the fundamentals of care effectively*
***1.4** make sure that any treatment, assistance or care for which you are responsible is delivered without undue delay*

8 Work cooperatively

To achieve this, you must:
***8.1** respect the skills, expertise and contributions of your colleagues, referring matters to them when appropriate*
***8.2** maintain effective communication with colleagues*
***8.3** keep colleagues informed when you are sharing the care of individuals with other health and care professionals and staff*
***8.5** work with colleagues to preserve the safety of those receiving care*
***8.6** share information to identify and reduce risk*

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 and without discrimination, bullying or harassment'*

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. The panel considered misconduct in relation to Ms Dziduch-Francis's failure to deliver care, and dishonesty, separately.

Regarding Ms Dziduch-Francis's failure to deliver care, the panel considered that Ms Dziduch-Francis actively put vulnerable patients at risk of suffering harm. The panel took into account Colleague A's email response to the NMC's enquiry as to whether patients had been at risk of harm, dated 30 January 2023 in which she said that Patients A, D, and F in particular were put at risk of harm due to Ms Dziduch-Francis's failings. The panel considered that other healthcare practitioners would have been unaware that these patients were still in need of care as a result of not being visited during the shift on 23 December 2022.

The panel considered that public confidence in the nursing profession was undermined as a result of Ms Dziduch-Francis's actions and that Ms Dziduch-Francis should have reported to Colleague A if she was unable to complete the tasks assigned to her. The panel determined that Ms Dziduch-Francis did not practise kindly, safely, or professionally, and that her actions were so serious as to amount to misconduct.

Regarding the dishonesty element, the panel considered that Ms Dziduch-Francis sought to conceal that she had not undertaken the visits for several vulnerable patients. The panel considered that the public, and other registered nurses would find this behaviour deplorable. It found that Ms Dziduch-Francis's actions did fall seriously short of the conduct and standards expected of a registered nurse and amounted to misconduct.

Decision and reasons on impairment

The panel next went on to decide if as a result of the misconduct, Ms Dziduch-Francis's fitness to practise is currently impaired.

In coming to its decision, the panel had regard to the Fitness to Practise Library, updated on 27 February 2024, which states:

> *'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 professional. 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. In paragraph 74, she said:

> *'In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider*

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

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

'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her/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.'*

The panel considered that highly vulnerable, frail, and elderly patients were put at risk of harm as a result of Ms Dziduch-Francis's misconduct. Ms Dziduch-Francis's misconduct had breached the fundamental tenets of the nursing profession to such an extent that it brought the reputation into disrepute. The panel was satisfied that confidence in the nursing profession would be undermined if its regulator did not find charges relating to dishonesty extremely serious.

Regarding insight, the panel considered that Ms Dziduch-Francis has not demonstrated sufficient understanding of how her actions put vulnerable patients at a risk of harm, nor has she demonstrated an understanding of why what she did was wrong and how this negatively impacted the reputation of the nursing profession. It considered that Ms Dziduch-Francis concealed that care had not been delivered to several patients and noted that this was in the lead up to Christmas, and would likely have caused significant delays in patients receiving care in a timely manner. The panel considered that Ms Dziduch-Francis has demonstrated limited insight. It took into account Ms Dziduch-Francis's reflective piece but considered that she sought to blame others, rather than taking accountability for her own actions. It considered that there was limited evidence before it of any remorse or meaningful remediation.

The panel considered the factors set out in the case of *Ronald Jack Cohen v General Medical Council* [2008] EWHC 581 (Admin) and determined that the misconduct is potentially capable of being addressed through meaningful reflection, specific targeted training, and leadership support as well as commitment by the registrant to address the regulatory concerns. Therefore, the panel carefully considered the evidence before it in determining whether or not Ms Dziduch-Francis has taken sufficient steps to strengthen her practice. The panel took into account the training that Ms Dziduch-Francis has undertaken but did not consider most of this to be relevant to the concerns in this case. Most of the training was completed on one day via an online training course and there is no evidence of reflection on what she has learnt from the training, nor how it would change her practice. The panel acknowledged that Ms Dziduch-Francis was feeling unwell on the day in question, and had agreed at the start of the day with Colleague A to finish her shift at 16:00 instead of 20:00, however, the panel considered that this was not a reason to omit visiting patients and then be dishonest about doing so.

Given the limited insight, remorse and remediation, the panel was of the view that there is a risk of repetition and consequential risk of harm. 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; to protect, promote and maintain the health, safety, and well-being of the public and patients, and to uphold and protect the wider public interest. This includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

The panel considered that public confidence in the profession would be undermined if a finding of impairment were not made in this case and therefore also finds Ms Dziduch-Francis's fitness to practise impaired on the grounds of public interest.

Having regard to all of the above, the panel was satisfied that Ms Dziduch-Francis's fitness to practise is currently impaired.

Sanction

The panel has considered this case very carefully and has decided to make a suspension order for a period of 12 months. The effect of this order is that the NMC register will show that Ms Dziduch-Francis's registration has been suspended.

In reaching this decision, the panel has 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.

Representations on sanction

The NMC's Statement of Case states the following in regard to sanction:

> *'30.We consider that the appropriate action is a 12-month suspension order.*
>
> […]
>
> *5) A suspension order is warranted in this case for the following reasons:*

i. The seriousness of the case requires temporary removal from the register;

ii. A period of suspension be sufficient to protect patients, public confidence in nurses, midwives or nursing associates, or professional standards;

iii. This was a single instance of misconduct but where a lesser sanction is not sufficient;

iv. There is no evidence of repetition of behaviour since the incident;

v. It should be noted that dishonesty suggests the existence of attitudinal problem, this is the only factor suggesting that a suspension order would not be appropriate. Considering the fact that the misconduct occurred over one shift only, the NMC suggests that a suspension order would be a proportionate sanction.

6) Temporary removal from the register would mark the conduct appropriately and satisfy the need for public protection and would also satisfy the need to maintain and uphold standards in the profession by marking that the conduct found proved is not acceptable and a member of the public would be satisfied with the regulator in maintaining and upholding standards. […]'

The panel accepted the advice of the legal assessor.

Decision and reasons on sanction

Having found Ms Dziduch-Francis'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:

- Conduct which put vulnerable patients at risk of suffering harm.
- Lack of remediation and limited insight into failings

The panel also took into account the following mitigating features:

- Personal mitigation in that Ms Dziduch-Francis felt unwell on the day in question

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

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

The panel next considered whether placing conditions of practice on Ms Dziduch-Francis's registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel took into account the SG, in particular:

- *No evidence of harmful deep-seated personality or attitudinal problems;*

- *Identifiable areas of the nurse or midwife's practice in need of assessment and/or retraining;*
- *No evidence of general incompetence;*
- *…*
- *...*
- *Patients will not be put in danger either directly or indirectly as a result of the conditions;*
- *The conditions will protect patients during the period they are in force; and*
- *Conditions can be created that can be monitored and assessed.*

The panel is of the view that whilst it may be possible to formulate conditions regarding the failure to deliver care, there are no practical or workable conditions that could be formulated to manage the dishonesty element in this case.

Furthermore, the panel concluded that the placing of conditions on Ms Dziduch-Francis's registration would not adequately address the seriousness of this case and would not protect the public or meet the public interest.

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;*
- *…*
- *…*

The panel was satisfied that in this case, the misconduct was not fundamentally incompatible with remaining on the register. It considered that the dishonesty was serious but that it was an isolated incident that occurred on one day in Ms Dziduch-Francis's career. The panel considered that whilst there is no evidence before it of repetition since the events in 2022, there is a risk of repetition given the limited insight, remorse and remediation. The panel acknowledged its previous finding of an attitudinal concern, but noted that it did not have sufficient evidence to form a view on the extent of the attitudinal concern and could not be certain that it was a deep-seated attitudinal concern.

Further, the panel considered that it has not heard from Ms Dziduch-Francis and determined that she should be given further opportunity to demonstrate insight, remorse, remediation, and take steps to strengthen her practice and re-engage with the NMC.

The panel did go on to consider whether a striking-off order would be proportionate but, taking account of all the information before it, the panel concluded that it would be disproportionate. The panel considered that public confidence in the profession can be maintained without striking Ms Dziduch-Francis off the register, and that a suspension order can protect the public and uphold professional standards. Whilst the panel acknowledged that a suspension may have a punitive effect, it would be unduly punitive in Ms Dziduch-Francis's case to impose a striking-off order.

Balancing all of these factors the panel has concluded that a suspension order would be the appropriate and proportionate sanction.

The panel noted the hardship such an order will inevitably cause Ms Dziduch-Francis. However, this is outweighed by the public interest in this case.

The panel considered that this order is 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.

The panel determined that a suspension order for a period of 12 months was appropriate in this case to mark the seriousness of the misconduct.

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

Any future panel reviewing this case would be assisted by:

- Evidence of training relevant to the regulatory concerns, including, but not limited to professional ethics, communication with colleagues, accountability, safeguarding, and vulnerability of elderly patients.
- Written reflection on training undertaken and how to apply the training in a clinical setting.
- Written reflection on the misconduct identified and the impact that the misconduct may have had on patients and the public.
- Positive testimonials from the workplace.
- A report from a mentor/supervisor which may include evidence of active discussion around reflections and training undertaken.

This will be confirmed to Ms Dziduch-Francis in writing.

Interim order

As the suspension 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 Ms Dziduch-Francis's own interests until the suspension sanction takes effect. The panel heard and accepted the advice of the legal assessor.

Representations on interim order

The panel took account of the representations made by the NMC in the Statement of Case that:

> *'*[…] *33.If a finding is made that Ms Dziduch-Francis's fitness to practise is impaired on a public protection basis is made and a restrictive sanction imposed we consider an interim order in the same terms as the substantive order should be imposed on the basis that it is necessary for the protection of the public and otherwise in the public interest.* […]*'*

The panel accepted the advice of the legal assessor.

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 allow time for any possible appeal.

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

That concludes this determination.