

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

**Substantive Meeting
Thursday, 16 October 2025 – Friday, 17 October 2025**

Virtual Meeting

Name of Registrant:	Jordyn Louise Hadden
NMC PIN:	1512075S
Part(s) of the register:	Registered Nurse – Children RNC – 13 December 2018
Relevant Location:	East Lothian
Type of case:	Misconduct
Panel members:	Nicholas Rosenfeld (Chair, Lay member) Jason Flannigan-Salmon (Registrant member) Olan Jenkins (Lay member)
Legal Assessor:	Robin Hay
Hearings Coordinator:	Hamizah Sukiman
Facts proved:	Charges 1 and 2
Facts not proved:	None
Fitness to practise:	Impaired
Sanction:	Striking-off order
Interim order:	Interim suspension order (18 months)

Decision and reasons on service of Notice of Meeting

The panel was informed at the start of this meeting that the Notice of Meeting had been sent to Miss Hadden's registered email address by secure email on 8 September 2025.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Meeting provided details of the allegation, the time, that this meeting will take place on or after 13 October 2025 and the fact that this meeting was to be heard virtually.

In the light of all of the information available, the panel was satisfied that Miss Hadden 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:

1. In respect of one or more of the PIP assessment reports in Schedule 1, inaccurately recorded information given by claimants.
2. Your actions at charge 1 were dishonest in that you recorded information you knew not to be accurate.

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

Schedule 1

PIP Report 21508471

PIP Report 21508545

PIP Report 21371486

PIP Report 21490083

PIP Report 21501791

PIP Report 21502597
PIP Report 21511574
PIP Report 21381363
PIP Report 21370181
PIP Report 21402337
PIP Report 21499524
PIP Report 21502656
PIP Report 21368868
PIP Report 21365946
PIP Report 21505609
PIP Report 21371591
PIP Report 21508486
PIP Report 21507301

Background

The charges arose whilst Miss Hadden was employed by Capita ('the Employer') as a Disability Assessor working on behalf of the Department for Communities. She entered onto the Nursing and Midwifery Council ('NMC') register in December 2018 and began her role as a Disability Assessor in April 2021.

As part of her role, Miss Hadden would conduct phone interviews with claimants, assessing them, the history of their conditions and how their ability to complete 12 activities of daily living may have been impacted by their conditions. This information would form part of a Personal Independence Payment ('PIP') report, which would be produced by Miss Hadden.

During an internal audit by the Employer, it was alleged that Miss Hadden had not personalised her PIP reports based on individual claimants (as she should have done), and that she did not follow the PIP Assessment Guide. It was alleged that 18 PIP reports contained identical or nearly identical wording. This was identified mainly but not solely in the '*Functional History*' section of the report, which was designed to allow claimants to express, in their own words, how their condition is affecting their independent functional living standards.

The Employer conducted an internal investigation and found gross misconduct and a serious breach of confidence. Miss Hadden's employment was terminated.

Miss Hadden informed the NMC she no longer wishes to practice nursing and wants to be removed from the register by an email dated 14 September 2022. The NMC received an application for Agreed Removal on 13 June 2023, but this was rejected by the Assistant Registrar.

Decision and reasons on facts

In reaching its decisions on the facts, the panel took into account all the documentary evidence in this case. 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: Team Manager working for the Employer

The panel accepted the advice of the legal assessor. He advised the panel that the burden of proof rests with the NMC, and that the NMC must prove the facts on the balance of probabilities. He drew the panel's attention to Miss Hadden's admissions to both charges, as outlined within her application for Agreed Removal (dated 13 June 2023). In relation to dishonesty, he advised the panel that "dishonesty" bears its ordinary meaning. He advised that, in deciding whether Miss Hadden had acted dishonestly, the panel must first decide upon her conduct, namely what she did, and why she did so. Having reached those decisions, the panel must then decide whether ordinary and decent people would have regarded what she did was dishonest.

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

Charge 1

‘That you a Registered Nurse:

- 1. In respect of one or more of the PIP assessment reports in Schedule 1, inaccurately recorded information given by claimants.*

Schedule 1

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PIP Report 21368868

PIP Report 21365946

PIP Report 21505609

PIP Report 21371591

PIP Report 21508486

PIP Report 21507301’

This charge is found proved.

In reaching this decision, the panel considered Miss Hadden’s application for a removal from the nursing register, dated 13 June 2023. Within it, Miss Hadden had ticked ‘Yes’ to the question ‘*Do you admit: The regulatory concerns against you?*’.

The panel also considered Witness 1's witness statement, which stated:

On 5 August 2022 I received notification from Auditor [Ms 1], [...] that there was a possible copy and paste issue with Miss Hadden's PIP reports. The auditor flagged it to me as a professional standards issue. Once it had been flagged, an Auditor was ring-fenced to Miss Hadden's report reviews. This means, the same Auditor was assigned to further review PIP reports completed by Miss Hadden's to because of the quality concerns already discovered.

[...]

[Mr 1] dipped checked into Miss Hadden's PIP reports and found nineteen (19) other reports that demonstrated evidence of copy and paste. [Mr 1] began the investigation on 5 August 2022 and completed the investigation report on 16 August 2022, [...] and found misconduct had occurred and recommended formal disciplinary action. [...]

[...]

On 23 August 2022 a disciplinary hearing was held, with me as Team Leader and disciplinary manager, [Mr 2] as note taker and Miss Hadden. Miss Hadden was advised she could bring a representative to the meeting however she chose and declined to bring one.

Miss Hadden was provided with examples of her work which demonstrated she had cut and pasted information across PIP reports when she should have taken a personalised approach. Miss Hadden said she knew cutting and pasting wasn't allowed and denied cutting and pasting across reports, and that she had written down what the claimant had told her. Miss Hadden was not able to adequately explain why her reports read the same or similar. Miss Hadden said she received a standardised Independent Assessment ("IO") form from her buddy Tenured Disability Assessor [Ms 2] when she began her employment and was advised by her to change the wording as required and assumed this was the correct way to do things.

[...]

For our investigation, we focused on the Functional Section of the PIP Reports that were completed by Miss Hadden, because this demonstrated clearly where she failed to follow the PIP Assessment Guide to apply a personalised approach when completing her reports.'

The panel noted that, whilst Witness 1 focused on the Functional History section, there were other similarities between the PIP reports in other sections.

The panel also had sight of PIP Assessment Guide, produced by the Department for Work & Pensions (updated 21 July 2022), which stated:

'The functional history is the claimant's own perspective on how they manage the daily living and mobility activities. It is not the HP's opinion of what the claimant should be able to do. It should be recorded in the third person, and should make it clear that this is the claimant's story. For example, "He gets up at ... and says he can wash and dress without any difficulty"; "She states that she finds it difficult to lift heavy saucepans". Wherever possible, the record should contain specific examples to illustrate difficulty with activities. For example, "He finds buttons difficult and tends to wear clothes that can be pulled over his head"; " manages to feed herself but needs to have meat cut up for her".'

The panel was therefore satisfied that the PIP Assessment Guidance indicated that the information recorded should be from '*the claimant's own perspective*' and thus individualised.

The panel considered that, of the 18 assessments, three had the exact wording to each other and the remaining 15 were virtually similar with minor variants between them. The panel determined that on the balance of probabilities it was not credible, that all 18 claimants would have said or used the same or similar words as each other as was recorded by Miss Hadden in the '*Functional History*' section.

Taking all the above into account, including Miss Hadden's admission, the panel determined that it was more likely than not that Miss Hadden may have asked the claimants either leading questions which precipitated generic and therefore inaccurate answers, or simply copied and pasted pre-determined answers across 18 applications. In any event, the panel was satisfied that Miss Hadden inaccurately recorded the information given to her by the claimants.

Accordingly, the panel found this charge proved on the balance of probabilities.

Charge 2

'That you a Registered Nurse:

- 2. Your actions at charge 1 were dishonest in that you recorded information you knew not to be accurate.'*

This charge is found proved.

In reaching this decision, the panel considered Miss Hadden's application for a removal from the nursing register, dated 13 June 2023. Within it, Miss Hadden had ticked 'Yes' to the question *'Do you admit: The regulatory concerns against you?'*

The panel first considered the Notes of Disciplinary Hearing, dated 23 August 2022, which stated:

'[Witness 1] : On 16th June 2022 and 4th July 2022, [Mr 2]'s weekly message was clear that copying and pasting across customer assessments was not allowed. Do you read the weekly messages?

JH: most weeks yes – think she does remember reading them'

The panel also considered the PIP Assessment Guide (as outlined in full above).

The panel was therefore satisfied that Miss Hadden would have been aware that, as part of her role, she should gather individualised information from each claimant, and produce a report based on that information, rather than transfer the same generic information between claimants.

In determining dishonesty, the panel considered the two-stage test, pursuant to the legal advice it received, in determining this charge.

The panel first considered Miss Hadden's conduct and what she did at the relevant time.

The panel considered the Investigation Summary Report, dated 16 August 2022, which stated:

'JH: I understand, I only use copy and paste if it is for the same customer, and I am copying information across. I would not use for different reports.

[Mr 1]: Would you use pre pop?

JH: I don't know what that is? I ask the same sort of questions to each person unless the circumstances are really different, so a lot of the answers would be similar.

[Mr 1]: What do you perceive as copy and paste?

JH: Not to transfer answers between customers, just copying and pasting the information on the same report. Copying the same information.

[Mr 1]: These responses that you have been using, were you ever advised by anyone to use them?

JH: My buddy gave me some tips on what to write so I don't forget anything, but that's it.'

The Notes of Disciplinary Hearing also stated:

'[Witness 1]: asked JH if all customers gave the exact same answers to her questions during the assessment process?

JH: Didn't know – the answers they gave is what I wrote – I don't write what wasn't said'

The panel considered that Miss Hadden provided two explanations for her conduct. Firstly, she asserted that she recorded the information given by the claimants as they are told to her, and the implication is that all of the claimants had similar information to each other, despite their different conditions. Secondly, she further asserted that she was advised by her colleague, Ms 2 (who was her 'buddy'), as to 'tips' which could help her in her role.

The panel considered its findings in charge 1 that, of the 18 PIP reports, 3 were identical, and the remaining 15 had only minor variations between them. The panel did not find her explanation credible and therefore rejected Miss Hadden's explanation that all 18 applicants provided the same or similar answers to the functional history section on the form.

The panel next considered whether it is possible that Miss Hadden was guided by her 'buddy' to utilise cutting and pasting answers. The panel had sight of the Investigation Summary Report, dated 16 August 2022, which stated:

'Interview with [Ms 2] confirms she did not tell Jordyn to copy & Paste

[Mr 1]: [...] As part of an ongoing investigation around copying and pasting we just wanted to check something with you. When you are buddying, do you ever advise your buddies to copy and paste?

[Ms 2]: No defiantly [sic] not! I never advise anyone to copy and paste. I would advise them to use the phrasing tool, more for heading than anything else. I don't do it myself [Mr 1] so I wouldn't tell anyone else to do it.

[Mr 1]: So, you would never has advised to use phrasing such as, He/Her felt anxious before the journey, sweaty palms, heart would race, and hands would shake? On each report and then change it depending on the customer.

[Ms 2]: No not at all.'

On the basis of the evidence before it, the panel rejected Miss Hadden's assertion that the similarities were due to her following 'tips' from her 'buddy'. The panel was satisfied that Ms 2 was clear in her account that she does not advise anyone to copy and paste information, and that she would not advise using specific phrases as leading questions.

Taking all the above into account, the panel determined that, on the balance of probabilities, Miss Hadden was aware that she should not record inaccurate information from the claimants in their PIP assessment, and she nonetheless did so.

The panel next considered whether Miss Hadden's conduct would be regarded as dishonest by the standards of ordinary, decent people. The panel determined that her conduct – namely to record either the exact same information or information which had little difference in each claimants' PIP assessment, when her role involved gathering individualised information – would be regarded as dishonest. The panel determined that ordinary, decent people would expect Miss Hadden to gather the claimant's information and accurately record what was told to her in the PIP assessment report.

Accordingly, the panel 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 Miss Hadden'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, Miss Hadden's fitness to practise is currently impaired as a result of that misconduct.

Representations on misconduct and impairment

The NMC, within its representations, invited the panel to conclude that the facts found proved amounted to misconduct. It drew the panel's attention to paragraphs 2.1, 2.2, 2.2, 2.4, 3.1, 3.3, 3.4, 10.1, 10.2, 10.3, 20.1, 20.2, 20.5 and 20.8 of the Code: Professional standards of practice and behaviour for nurses and midwives 2015 ('the Code').

The panel had sight of the NMC's representations, which stated:

'We consider the misconduct serious because Miss Hadden's actions, as detailed in the charges, fell significantly short of what would be expected of a registered nurse. The areas of concern identified relate to knowingly noting inaccurate information on a large number of PIP forms. The conduct was dishonest and fell far short of what is expected by a registered nurse who holds a position of trust in recording information for each person accurately and honestly.'

This misconduct was a significant departure from the fundamental principles of the Code namely, prioritising people, practicing effectively and promoting professionalism and trust in the professions. The conduct only came to an end when Miss Hadden was confronted following an internal audit of her work.'

In respect of impairment, the NMC's representations stated:

'Question 1 is engaged because by not completing the forms for PIP adequately, Miss Hadden exposed her patients to risk of not receiving - or receiving inappropriate - benefits.'

Question 2 is engaged because Miss Hadden's actions would shock a bystander should they learn of a nurse who simply copies-and-pastes (or similar) into parts of PIP forms without completing them with care and regard to each individual's comments and needs.'

Question 3 is engaged because Miss Hadden, by her actions, breached the fundamental tenets of nursing profession of prioritising people, practising

effectively, and promoting professionalism and trust in the professions.

Question 4 is engaged because Miss Hadden's actions were dishonest as she knowingly recorded information she knew to be inaccurate or false. As there is no evidence of insight, this dishonesty suggests a deep-seated attitudinal issue and, as such, shows risk of repetition.

[...]

Miss Hadden acted dishonestly on 18 separate occasions over a prolonged period of time. Dishonesty indicates a deep-seated attitudinal concern which is more difficult to put right.

We consider that Miss Hadden has displayed limited insight into her misconduct. Miss Hadden denied the conduct during internal investigation and sought to place blame on others. Although she later admitted the concerns, she only did this in the application for Agreed Removal; there is no full response to concerns, reflection or any other evidence of insight.

Miss Hadden has not undertaken any relevant training, and she has since resigned from working as a nurse. She expressed her wish to be removed from the register.

[...] As identified above, Miss Hadden demonstrated behaviour which breached multiple sections of the Code. As such she failed to uphold the standards and values expected of her and acted in a way that is likely to deter members of the public seeking treatment from the profession. We consider that there is continuing risk to the public due to Miss Hadden's lack of full insight and having not had the opportunity to demonstrate strengthened practice through work in a relevant area.'

On the public interest, the NMC's representations stated:

'We consider that there is public interest in a finding of impairment being made in this case to declare and uphold proper standards of conduct and behaviour. The

actions of Miss Hadden fell below the professional standards required of a nurse. Miss Hadden's conduct engages the public interest because members of the public would be appalled to hear that a nurse not completing PIP forms adequately and being dishonest about the information she recorded is permitted to continue to work. There is a risk that the public would be deterred from seeking assistance or trusting nurses if impairment were not found.'

The panel noted that no specific representations were made by Miss Hadden in respect of misconduct and impairment. However, the panel considered Miss Hadden's application for a removal from the nursing register, dated 13 June 2023. Within it, Miss Hadden had ticked 'Yes' to the question '*Do you admit: That your fitness to practise is impaired?*'.

The panel accepted the advice of the legal assessor. He advised the panel to exercise its own professional judgment in determining whether Miss Hadden's fitness to practise is impaired, irrespective of Miss Hadden's indication (within the Agreed Removal application, dated 13 June 2023) that her fitness to practise was impaired. He advised the panel to adopt a two-stage process, namely to first consider whether the facts found proved amount to misconduct, and if so, whether the misconduct is so serious that Miss Hadden's fitness to practise is currently impaired. He advised the panel that it should bear in mind the principles of good practice, as set out in the Code. In considering impairment, he advised the panel on the four limbs as set out in *Council for Healthcare Regulatory Excellence v (1) Nursing & Midwifery Council and Grant* [2011] EWHC 927 (Admin), and he referred the panel to the relevant NMC guidance.

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 as well as to the decision in, and principles derived from, 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 panel was of the view that Miss Hadden's actions did fall significantly short of the standards expected of a registered nurse, and that Miss Hadden's actions amounted to a breach of the Code. Specifically:

'2 Listen to people and respond to their preferences and concerns

To achieve this, you must:

- 2.2 *recognise and respect the contribution that people can make to their own health and wellbeing*
- 2.4 *respect the level to which people receiving care want to be involved in decisions about their own health, wellbeing and care*

3 Make sure that people's physical, social and psychological needs are assessed and responded to

To achieve this, you must:

- 3.3 *act in partnership with those receiving care, helping them to access relevant health and social care, information and support when they need it*

10 Keep clear and accurate records relevant to your practice

This applies to the records that are relevant to your scope of practice. It includes but is not limited to patient records.

To achieve this, you must:

- 10.2 *identify any risks or problems that have arisen and the steps taken to deal with them, so that colleagues who use the records have all the information they need*
- 10.3 *complete records accurately and without any falsification, taking immediate and appropriate action if you become aware that someone has not kept to these requirements*

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 [...] at all times [...]*

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

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct.

However, in respect of charge 1, the panel considered that it was incumbent upon Miss Hadden, as a Disability Assessor, to accurately record information given by claimants in respect of their relevant conditions and disabilities. In order to undertake a comprehensive assessment of the level of benefits which they would be entitled to, the information gathered has to be individualised and not generic. The panel determined that the misconduct was in breach of the fundamental tenet of prioritising people, practising effectively as well as promoting professionalism and trust and amounted to serious professional misconduct.

In respect of charge 2, the panel considered that it was incumbent upon Miss Hadden to act with honesty. The panel determined the misconduct was in breach of the fundamental tenet of promoting professionalism and trust and amounted to serious professional misconduct.

Accordingly, the panel found that Miss Hadden's actions fell seriously short of the conduct and standards expected of a nurse and amounted to serious professional misconduct.

Decision and reasons on impairment

The panel next went on to decide if as a result of the misconduct, Miss Hadden's fitness to practise is currently impaired.

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

'The question that will help decide whether a professional's fitness to practise is impaired is:

“Can the nurse, midwife or nursing associate practise kindly, safely and professionally?”

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

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. 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 *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 each of the above limbs in turn.

On whether patients were put at unwarranted risk of harm as a result of Miss Hadden's misconduct, the panel noted that there is no evidence suggesting any actual harm came to any of the claimants involved. However, the panel determined that the claimants were placed at an unwarranted risk of harm through her inaccurate recording of information in the PIP assessment reports. The panel considered that claimants may not have received the benefit, or level of benefit, which would have been warranted given their personal circumstances which would assist them in managing their condition or disability. There may also have been a need to reinterview them to remedy this which of itself is an intrusive and difficult experience.

In respect of limb (b), the panel was satisfied that Miss Hadden's misconduct brought the nursing profession's reputation into disrepute, and that confidence in the nursing profession would be seriously undermined where claimants may not have received the correct level of financial support as a result of Miss Hadden's inaccurate assessments.

Further, in respect of limb (c), the panel was also satisfied that Miss Hadden's misconduct had breached a fundamental tenet of the nursing profession, namely prioritising people, practising effectively as well as promoting professionalism and trust as a result of her misconduct.

In respect of limb (d), the panel found that Miss Hadden's actions were dishonest, and that she knew the information she was recording was not personalised to each claimant, as it should have been in accordance with the PIP Assessment Guide.

The panel next considered whether Miss Hadden was liable, in the future, to put patients at unwarranted risk of harm, bring the nursing profession into disrepute, breach one of the fundamental tenets of the nursing profession and act dishonestly, pursuant to limbs (a) to (d) of *Grant*. In reaching its decision, the panel also considered the principles derived from *R (on application of Cohen) v General Medical Council* [2008] EWHC 581 (Admin), namely:

- Whether the concern is easily remediable;
- Whether it has in fact been remedied; and
- Whether it is highly unlikely to be repeated.

The panel first considered whether Miss Hadden's actions are remediable. The panel was of the view that dishonest conduct, particularly when it has been repeated, can be difficult to remedy. However, the panel determined that the concerns are remediable, albeit requiring a high degree of insight to be shown before the panel can be satisfied that it has, in fact, been remedied.

On whether it has been remedied, the panel considered that there was no evidence before it substantiating any insight, remediation or strengthening of Miss Hadden's practice since the incident. The panel noted that Miss Hadden provided no evidence of her understanding of the gravity of her misconduct, and its potential impact on the claimants, namely that they may have received an incorrect level of benefits or they may have been exposed to a further intrusive assessment. The panel took into account that, short of the admission made within the Agreed Removal application, dated 13 June 2023, Miss Hadden had not provided any evidence of insight into her misconduct.

Accordingly, based on Miss Hadden's lack of remediation, insight or strengthening of her practice, the panel determined that there was no evidence before it to reassure it that the conduct would not be repeated.

The panel therefore determined that Miss Hadden is liable, in the future, to put patients at unwarranted risk of harm, bring the nursing profession into disrepute, breach one of the fundamental tenets of the nursing profession or act dishonestly, pursuant to limbs (a) to (d)

of *Grant*. The panel therefore determined that a finding of impairment is necessary on public protection grounds.

The panel next considered whether a finding of impairment is necessary on public interest grounds. The panel bore in mind that the overarching objectives of the NMC, namely to protect, promote and maintain the health, safety, and well-being of the public and patients, and to uphold and protect the wider public interest. This includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

The panel determined that public confidence in the profession would be undermined if a finding of impairment were not made in this case, particularly given the nature of Miss Hadden's misconduct, namely that she consistently and dishonestly recorded inaccurate information given to her by claimants as part of their PIP assessment. The panel concluded that a reasonable and well-informed member of the public would be concerned if a finding of impairment was not made against a nurse who was found to be dishonest in the recording of claimants PIP assessments, which may have led to claimants not receiving the appropriate level of financial support. The panel also noted that PIP derives from public funds, and that the public would expect a finding of impairment when a nurse's inaccurate records may have led to a misdirection of public funds. The panel therefore determined that a finding of impairment is necessary on public interest grounds.

Having regard to all of the above, the panel was satisfied that Miss Hadden's fitness to practise is currently impaired on both public protection and public interest grounds.

Sanction

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

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.

Representations on sanction

The panel had sight of the NMC's representations on sanction, which stated:

'We consider a Striking-off Order to be the appropriate and proportionate sanction.

[...]

The following factors apply:

- 1) Aggravating:*
 - Abuse of position of trust*
 - Lack of insight into failings*
 - Pattern of misconduct over time*
 - Conduct placing claimants at risk of harm*
- 2) No mitigating factors present.*

With regard to our sanctions guidance the following aspects have led us to this conclusion:

- 1) In light of the seriousness of the case, as highlighted above, **taking no action** or a **Caution Order** would not be appropriate in this case.*
- 2) A **Conditions of Practice Order** would not be appropriate in this case. This case deals with allegations of harmful deep-seated personality or attitudinal problems and it is unlikely Miss Hadden would be willing to respond positively to retraining in any event as she has stated repeatedly that she has left nursing and will not be returning to practice.*
- 3) A **Suspension Order** would not be appropriate in this case. This is not a single instance of misconduct as the conduct was repeated in 18 applications. The dishonest actions in this are evidence of a harmful deep-seated personality or attitudinal problem and lack of any insight which shows a risk of repetition remains. For those reasons a suspension order would not be appropriate.*

4) A *Striking-off Order* is the only appropriate and proportionate sanction considering the details of this case. The regulatory concerns, particularly dishonesty, raise fundamental questions about professionalism, and public confidence in nurses cannot be maintained if Miss Hadden is not struck off the register. Striking off is the only sanction sufficient to protect patients, members of the public and maintain professional standards. Miss Hadden's actions are incompatible with being a registered nurse.'

The panel noted that no specific representations were made by Miss Hadden in respect of sanction.

The panel accepted the advice of the legal assessor. He advised the panel that the purpose of the imposition of a sanction is not punitive, but the protection of patients and the public interest. He further advised the panel that the public interest, includes the maintenance of public confidence in the profession and in the NMC as its regulator as well as declaring and upholding proper standards of conduct and of behaviour. He advised the panel that, in deciding what, if any, sanction it should impose, it must apply the principles of proportionality, weighing the interests of the public with that of Miss Hadden.

Decision and reasons on sanction

Having found Miss Hadden'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:

- Abuse of a position of trust;
- No evidence of any insight into failings;
- A pattern of misconduct over a period of time;
- Conduct which put patients at risk of suffering harm;

- Denial of the misconduct throughout the disciplinary proceedings, and sought to blame other colleagues for her actions.

The panel also took into account the following mitigating features

- Admissions, albeit at a late stage, obviating the necessity of a contested hearing.

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

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

The panel next considered whether placing conditions of practice on Miss Hadden's registration would be a sufficient and appropriate response. The panel considered that the misconduct did not concern Miss Hadden's clinical practice, and was instead of an attitudinal nature, involving several instances of dishonesty. Given this finding the panel was unable to formulate any conditions which would be appropriate or workable, bearing in mind both the attitudinal nature and seriousness of Miss Hadden's misconduct.

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 considered the above factors in turn.

The panel determined that this was not a single instance of misconduct, but was instead a course of conduct which persisted, despite guidance from the Employer.

In respect of whether there is evidence of harmful deep-seated attitudinal issues, the panel considered that Miss Hadden, in the disciplinary hearing, dated 23 August 2022, sought to blame others (such as her ‘buddy’) for her practice when conducting the PIP assessments. The panel also considered that despite evidence of the contrary she provided explanations which lacked credibility. The panel was of the view that this indicated a harmful deep-seated attitudinal issue, as Miss Hadden sought to shift blame to a colleague (who was her buddy) for her misconduct.

The panel accepted that there is no evidence before it of any repetition of the behaviour since the incident. The panel noted that, in an email sent by Miss Hadden to the NMC on 14 September 2022, she indicated that she ‘[was not] working as a nurse in any capacity and [she was] also not looking for work as a nurse’.

The panel next considered whether it was satisfied that the Miss Hadden has insight and does not pose a significant risk of repeating behaviour. In considering this, the panel had sight of the NMC Guidance, which stated:

‘The Fitness to Practise Committee will use our guidance on insight and strengthened practice, and in particular whether the concern has been

addressed, when weighing up whether the level of insight demonstrated by a nurse [...]

The panel determined that there was no evidence before it of any insight, remediation or strengthening of practice or any intention to undertake remedial steps, which would reassure this panel that Miss Hadden would not pose a risk of repeating the behaviour. Accordingly, the panel was of the view that the concerns have not been addressed.

Taking all the above into account, the panel determined that a suspension order would not be a sufficient, appropriate or proportionate sanction.

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

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

The panel considered the above factors in turn.

The panel was satisfied that Miss Hadden's misconduct does raise fundamental questions about her professionalism, particularly as it involved repeated instances of dishonesty and an attempt to shift the blame onto others.

The panel also determined that public confidence in nurses could not be maintained if Miss Hadden was not removed from the register. It considered that Miss Hadden's actions were significant departures from the standards expected of a registered nurse, and to allow her to continue practising would undermine public confidence in the profession and in the NMC as a regulatory body.

Accordingly, the panel determined that a striking-off order is the only sanction which would sufficiently protect patients, members of the public, and maintain professional standards.

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 Miss Hadden in writing.

Interim order

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

Representations on interim order

The panel took account of the representations made by the NMC, which stated:

'If a finding is made that the registrant's fitness to practise is impaired on a public protection basis and a restrictive sanction imposed, we consider an interim suspension order should be imposed on the basis that it is necessary for the protection of the public and otherwise in the public interest. We request that an 18-month interim order is imposed to cover the 28-day appeal period and, in the event that Miss Hadden lodges an appeal, the time it will take for the appeal to be determined.'

If a finding is made that the registrant's fitness to practise is impaired on a public interest only basis and that their conduct was fundamentally incompatible with continued registration, we consider an interim order of suspension should be imposed on the basis that it is otherwise in the public interest. We request that an 18-month interim order is imposed to cover the 28-day appeal period and, in the

event that Miss Hadden lodges an appeal, the time it will take for the appeal to be determined.'

The panel noted that no specific representations were made by Miss Haden in respect of interim orders.

The panel accepted the advice of the legal assessor.

Decision and reasons on interim order

The panel considered the guidance on interim orders (SAN-5). The panel was satisfied that an interim order is necessary for the protection of the public and is also otherwise in the public interest. The panel had regard to 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 suspension order is consistent with its findings on impairment and sanction.

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 any relevant appeal period and allow any appeal, if made, to conclude.

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

That concludes this determination.