Nursing and Midwifery Council

Fitness to Practise Committee

Substantive Hearing

Monday, 07 July 2025 – Tuesday, 08 July 2025

Friday, 11 July 2025 – Tuesday, 15 July 2025

Tuesday, 28 October 2025- Friday, 31 October 2025

Nursing and Midwifery Council
2 Stratford Place, Montfichet Road, London, E20 1EJ

Friday 11 July 2025
Virtual Hearing

Name of Registrant:	**Jane McConnell**
NMC PIN:	99I4236E
Part(s) of the register:	Sub Part 1 RNLD: Learning disabilities nurse, level 1 (09 October 2002)
Relevant Location:	Nottinghamshire
Type of case:	Misconduct
Panel members:	Museji Ahmed Takolia CBE (Chair, lay member) Alyson Young (Lay member) Roisin Toner (Registrant member)
Legal Assessor:	Suzanne Palmer (7-8 July 2025, 11 July 2025) Tracy Ayling KC (14 – 15 July 2025) Charles Conway (28-31 October 2025)
Hearings Coordinator:	Bartek Cichowlas (7-8 July 2025, 11 July 2025 and 14-15 July 2025) Eidvile Banionyte (28-31 October 2025)

Nursing and Midwifery Council:	Represented by Kathryn Pitters (7-8 July 2025, 11 July 2025 and 14-15 July 2025) Stephanie Stevens (28-31 October 2025), Case Presenters
Ms McConnell:	Not present and unrepresented
Facts proved:	1a, 1b, 1c, 2a, 2b
Facts not proved:	N/A
Fitness to practise:	Impaired
Sanction:	**Striking-off order**
Interim order:	**Interim suspension order (18 months)**

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Ms McConnell was not in attendance and that the Notice of Hearing letter had been sent to Ms McConnell's registered email address by secure email on 9 June 2025.

Ms Pitters, on behalf of the Nursing and Midwifery Council (NMC), submitted that it had complied with the requirements of Rules 11 and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The panel accepted the advice of the legal assessor.

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

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

Decision and reasons on proceeding in the absence of Ms McConnell

The panel next considered whether it should proceed in the absence of Ms McConnell. It had regard to Rule 21 and heard the submissions of Ms Pitters who invited the panel to continue in the absence of Ms McConnell. She submitted that Ms McConnell had voluntarily absented herself.

Ms Pitters submitted that Ms McConnell, in correspondence with the NMC, had made it clear that she had received the notice of hearing, and that she did not intend to attend. As

a consequence, she submitted there was no reason to believe that an adjournment would secure her attendance on some future occasion.

The panel accepted the advice of the legal assessor.

The panel noted that its discretionary power to proceed in the absence of a registrant under the provisions of Rule 21 is not absolute and is one that should be exercised *'with the utmost care and caution'* as referred to in the case of *R* v *Jones (Anthony William)* (No.2) [2002] UKHL 5

The panel has decided to proceed in the absence of Ms McConnell. In reaching this decision, the panel has considered the submissions of Ms Pitters and the advice of the legal assessor. It has had particular regard to the factors set out in the decision of *R v Jones* and had regard to the overall interests of justice and fairness to all parties. The panel had regard to the emailed correspondence from Ms McConnell in which she states:

> '*Just to let you know I have received the paperwork. I will not be responding to any of this..As I have stated before I am not working as a nurse and do not want to pursue this as a career. Please feel free to continue your investigations that will no doubt costs the NMC money..Proceed to do whatever you feel fit to do .I will not respond to any correspondences in the future'* [sic]

The panel noted that:

- No application for an adjournment has been made by Ms McConnell;
- Ms McConnell has informed the NMC that she has received the Notice of Hearing
- There is no reason to suppose that adjourning would secure her attendance at some future date;
- A number of witnesses are due to attend the hearing this week;

- Not proceeding may inconvenience the witnesses, their employer(s) and, for those involved in clinical practice, the clients who need their professional services;
- Further delay may have an adverse effect on the ability of witnesses accurately to recall events; and
- There is a strong public interest in the expeditious disposal of the case.

There is some disadvantage to Ms McConnell in proceeding in her absence. Although the evidence upon which the NMC relies will have been sent to her at her registered address, she has made no response to the allegations. She will not be able to challenge the evidence relied upon by the NMC in person and will not be able to give evidence on her own behalf. However, in the panel's judgement, this can be mitigated. The panel can make allowance for the fact that the NMC's evidence will not be tested by cross-examination and, of its own volition, can explore any inconsistencies in the evidence which it identifies. Furthermore, the limited disadvantage is the consequence of Ms McConnell's decision to absent herself from the hearing, waive her right to attend, and/or be represented, and to not provide evidence or make submissions on her own behalf.

In these circumstances, the panel has decided that it is fair to proceed in the absence of Ms McConnell. The panel will draw no adverse inference from Ms McConnell's absence in its findings of fact.

Details of charge

That you a registered nurse

1. On 13 October 2021 in relation to patient A

    a. Shouted the following words "stop being stupid, take your medication" or words to that effect.

b. Pushed them onto the bed without clinical justification.

c. Slapped them on their arm or thereabouts.

2. On an unknown date in 2021 did not administer medication appropriately to Patient A in that you:

a. Gave them medication that had previously been on the floor.

b. Gave them medication covertly when you were not supposed to.

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

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

At the outset of the hearing, Ms Pitters made a request that this case be held partly in private on the basis that proper exploration of Ms McConnell's case may involve reference to [PRIVATE] She submitted that the session go into private as and when these matters arise. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

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 [PRIVATE] of Ms McConnell as and when such issues are raised in order to protect her privacy.

Background

The charges arose whilst Ms McConnell was employed as a registered nurse by Cygnet Views ('the Home'). The Home is a 10-bed high dependency complex care service for women with learning disabilities, associated complex needs and who may have behaviours that challenge.

It is alleged that on 13 October 2021 a patient was provided care on a 2:1 observation when Miss McConnell went into the bedroom to give the patient her medication the patient attempted to hit her, and she attempted to block the blow using her arm. Miss McConnell shook loose from the grab and the patient attempted to grab her again, this time she again, blocked the attempted grab with her left forearm resulting in a sound of bare skin on bare skin. One of the staff on the patient's 2:1 then alleged that Miss McConnell had 'slapped' the patient.

It is also alleged that Miss McConnell pushed a patient, and that Miss McConnell gave the patient medication covertly in cold mashed potato that had been left by the patient an hour before.

Decision and reason on application to adjourn

On day three of the hearing, the panel heard an application from Ms Pitters to adjourn the hearing until day four. She submitted that there had been difficulties with securing the presence of Witness 6, due to changes in the scheduling of the hearing.

The panel accepted the advice of the legal assessor.

The panel considered whether any unfairness would be caused to either party in allowing the adjournment. The panel concluded that there is time left in the hearing, and that it would benefit both parties to make further efforts to engage the witness. The panel

determined to adjourn until 14:00 on day three and reconvene for any update, and should there be no reengagement, to adjourn until day four.

Decision and reasons on application to admit hearsay evidence

The panel heard an application made by Ms Pitters under Rule 31 to allow the signed written statement and the exhibits of Witness 6 into evidence. Witness 6 was not present at this hearing and, whilst the NMC had made efforts to ensure that this witness was present, it was not possible to secure the presence of this witness.

Ms Pitters submitted that there would be no unfairness caused to the registrant by allowing this application. She submitted that the evidence was not sole and decisive in respect of either of the charges. Charge 1 involved the evidence of both Witness 1 and Witness 4. Whilst Witness 6 gave evidence of Charge 2, this was to some extent supported by Witness 5. Efforts have been made over the week to engage with Witness 6, who although originally responsive to the NMC requests to join, disengaged. She submitted that numerous attempts have been made via telephone call to her work and via email. It is likely, in her submission, that Witness 6 has knowledge of the request but is not willing to join. She submitted that a witness summons was not an avenue which the NMC would be pursuing, in light of the limited time remaining and the public interest in the expeditious disposal of this case.

Ms Pitters submitted that there may be some inconsistencies between the evidence of Witness 6 and the evidence of other witnesses heard in this case. However, she submitted that it is open to the panel to disregard paragraph 6 of the witness's statement. She also submitted that the panel may attach less weight to the evidence of Witness 6 should it decide to do so.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgements, including the case of *v Thorneycroft v Nursing and Midwifery Council* [2014] EWHC 1565 (Admin).

In reaching its decision, the panel had regard to the following seven steps from the case of Thorneycroft

(i) whether the statements were the sole or decisive evidence in support of the charges;

The panel was of the view that this was not the sole and decisive evidence in support of Charge 2. It also noted that the evidence on this part of the case had some inconsistencies. Despite the absence of Ms McConnell, the panel had asked questions of several witnesses with regard to possible inconsistency and ambiguity and in relation to the workplace culture and working relationships between colleagues.

(ii) the nature and extent of the challenge to the contents of the statements;

The panel relies on the same reasoning as set out in paragraph *(i)* above.

(iii) whether there was any suggestion that the witnesses had reasons to fabricate their allegations;

At this stage the panel had no reason to believe that Witness 6 had a reason to fabricate their evidence.

(iv) the seriousness of the charge, taking into account the impact which adverse findings might have on the Appellant's career;

This is a charge of Misconduct and is serious because it relates to a vulnerable patient with a diagnosis of mild learning disability, bipolar disorder, and autism spectrum disorder.

(v) whether there was a good reason for the non-attendance of the witnesses;

The panel accepted from the case presenter that numerous phone calls and emails had been sent and efforts made to contact the witness during the course of the timetabled hearing. It has before it no supporting evidence of communications, in the form of a log of calls or emails made to, or responses from, Witness 6 or her workplace.

(vi) whether the Respondent had taken reasonable steps to secure their attendance; and

The panel reiterates its findings in paragraph *(v)* above.

(vii) the fact that the Appellant did not have prior notice that the witness statements were to be read.

Although absent, the panel came to the conclusion that Ms McConnell could not have known that Witness 6 was not attending the hearing, or that the application to read her statement would be made.

Taking all of the matters above into account, the panel came to the conclusion that to allow the application to read Witness 6 statement and exhibits as hearsay would be unfair. The panel was particularly concerned that the evidence submitted contained matters which remain ambiguous and potentially inconsistent. In these circumstances, it would not be appropriate or fair to admit this evidence without having the ability to question the witness under oath or affirmation.

In these circumstances the panel refused the application.

Decision and reasons on application to adjourn

On day four of the hearing, the panel heard submissions from Ms Pitters who invited the panel to adjourn the hearing in order to allow the NMC time to apply for a witness

summons for Witness 6. She submitted that, the evidence of Witness 6 is relevant, and the hearing is already delayed such that it will be adjourning part heard, the best way forward would be to adjourn the hearing to secure a witness summons for Witness 6.

The panel accepted the advice of the legal assessor which included reference to rule 32 of the Rules.

The panel considered the information that Witness 6 is scheduled to be at work on day five of the hearing, it would allow the NMC final time to secure the presence of Witness 6 before 10:00 on day five.

Decision and reasons on service of Notice of Hearing for the resuming hearing

The panel was informed at the start of the resuming hearing that Ms McConnell was not in attendance and that the Notice of Hearing letter had been sent to Ms McConnell's registered email address by secure email on 22 September 2025.

Ms Stevens, counsel on behalf of the NMC for the resuming hearing, submitted that it had complied with the requirements of Rules 11 and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The panel accepted the advice of the legal assessor.

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

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

Decision and reasons on proceeding in the absence of Ms McConnell

The panel next considered whether it should proceed in the absence of Ms McConnell. It had regard to Rule 21 and heard the submissions of Ms Stevens who invited the panel to continue in the absence of Ms McConnell. She submitted that Ms McConnell had voluntarily absented herself.

Ms Stevens submitted that previously, in correspondence with the NMC, Ms McConnell had made it clear that she had received the notice of hearing for the first part of the substantive hearing, and that she did not intend to attend. Ms Stevens submitted that since then, there has been no further engagement or response from Ms McConnell. As a consequence, Ms Stevens submitted there was no reason to believe that an adjournment would secure her attendance on some future occasion.

The panel accepted the advice of the legal assessor.

The panel noted that its discretionary power to proceed in the absence of a registrant under the provisions of Rule 21 is not absolute and is one that should be exercised *'with the utmost care and caution'* as referred to in the case of *R* v *Jones (Anthony William)* (No.2).

The panel has decided to proceed in the absence of Ms McConnell. In reaching this decision, the panel has considered the submissions of Ms Stevens and the advice of the legal assessor. It has had particular regard to the factors set out in the decision of *R v Jones* and had regard to the overall interests of justice and fairness to all parties.

The panel noted that:

- No application for an adjournment has been made by Ms McConnell;

- Ms McConnell has not engaged with the NMC with regards to this resuming hearing;
- There is no reason to suppose that adjourning would secure her attendance at some future date;
- A witness is due to attend the hearing today;
- Not proceeding may inconvenience the witness, their employer(s) and, for those involved in clinical practice, the clients who need their professional services;
- Further delay may have an adverse effect on the ability of the witness to accurately recall events; and
- There is a strong public interest in the expeditious disposal of the case.

There is some disadvantage to Ms McConnell in proceeding in her absence. Although the evidence upon which the NMC relies will have been sent to her at her registered address, she has made no response to the allegations. She will not be able to challenge the evidence relied upon by the NMC in person and will not be able to give evidence on her own behalf. However, in the panel's judgement, this can be mitigated. The panel can make allowance for the fact that the NMC's evidence will not be tested by cross-examination and, of its own volition, can explore any inconsistencies in the evidence which it identifies. Furthermore, the limited disadvantage is the consequence of Ms McConnell's decision to absent herself from the hearing, waive her right to attend, and/or be represented, and to not provide evidence or make submissions on her own behalf.

In these circumstances, the panel has decided that it is fair to proceed in the absence of Ms McConnell. The panel will draw no adverse inference from Ms McConnell's absence in its findings of fact.

Decision and reasons on facts

In reaching its decisions on the facts, the panel took into account all the oral and documentary evidence in this case together with the submissions made by Ms Stevens behalf of the NMC.

The panel has drawn no adverse inference from the non-attendance of Ms McConnell.

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.

Across the two hearings, the panel heard live evidence from the following witnesses called on behalf of the NMC:

- Witness 1: Support worker at the Home
- Witness 2: Hospital Manager
- Witness 3 Peripatetic manager, local investigator
- Witness 4 Bank support worker
- Witness 5 Student Nurse
- Witness 6 Team Leader

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

At the outset of its deliberations, the panel was of the view that it would be helpful at the beginning of its findings to set the allegations in context, and therefore carefully considered what was known about Patient A prior to the incidents.

The panel noted that Patient A was described as a small frail lady who had a diagnosis of Mild Learning Disability, Bipolar Disorder and Autism Spectrum Disorder. It further noted that Patient A was supported on 2:1 basis, due to unpredictability, and bouts of spontaneous aggression. She was in the Home so that she could be appropriately and safely supported with activities of daily living. It finally noted that there were not always triggers to explain her violence and that Patient A would '*hit out'* without warning and has made attempts to strike both peers and staff in the past.

The panel noted that Charges 1b and 1c arose from a single incident and that one incident immediately followed the other. Based on the evidence presented at this hearing, the panel was of the view that the first part of the incident involved Patient A being "pushed on to the bed", to which Patient A then is alleged to have reacted by hitting out at Ms McConnell. As a response to this, Ms McConnell, in her words '*used a block movement*' towards Patient A and according to the evidence of the witnesses "*slapped*" Patient A.

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

Charge 1a

> "That you, a registered nurse, on 13 October 2021 in relation to patient A, shouted the following words "stop being stupid, take your medication" or words to that effect.

This charge is found proved.

In reaching this decision, the panel took into account the documentary evidence provided by the NMC as well as the oral evidence of the witnesses at this hearing.

The panel first noted Witness 1's account given in the local investigation meeting of November 2021. He confirmed that Patient A '*wasn't agitated and Jane came in with her medications, she began shouting at her and gave her, her medication'.* He then went on to say that Ms McConnell *'shouted "Stop being stupid, take your medication"'*.
Witness 1's written statement was consistent with his oral evidence: *"I remember her saying "Stop being stupid", or she said something like that. I remember the whole sentence or something along the lines of "Don't be stupid".*

The panel also took into account Witness 4's evidence. It noted in particular Witness 4's answers to questions in the local investigation meeting with Witness 3. When asked about the incident on 13 October 2024, Witness 4 explained that Ms McConnell shouted, "*Stop being stupid and take your medication"*. Witness 4 reiterated the same account in her oral evidence. She also stated that Patient A "*was a very, very challenging patient…and a lot of the time she would only take medication from certain nurses".*

The panel finally had regard to Ms McConnell's account in the local investigation meeting where she denied shouting aggressively at Patient A.

The panel accepted the evidence of Witnesses 1 and 4 and found their evidence to be consistent and reliable, preferring it over the response of Ms McConnell. Taking all of the relevant evidence into account, the panel concluded that it was more likely than not that Ms McConnell, in relation to Patient A, shouted the words as per the charge. The panel therefore found this charge proved.

Charge 1b)

> "That you, a registered nurse, on 13 October 2021 in relation to patient A pushed them onto the bed without clinical justification"

This charge is found proved.

In reaching this decision, the panel took into account the documentary evidence provided by the NMC as well as the oral evidence of the witnesses at this hearing.

The panel first considered the evidence of Witness 4. In the local investigation meeting, Witness 4 explained: '*..Patient A was stood in the doorway, Jane comes upstairs shouting "[Patient A] take your medication". Jane had her hand on her chest and pushed her down onto the bed"*. In her oral evidence at his hearing, when asked what precisely Ms McConnell did, Witness 4 replied: *"So she shoved her onto the bed"*.

The panel also had regard to the evidence of Witness 1, one of the carers in the room at the time who in his written evidence said that '*Jane went to leave and but she turned back and made a swiping movement which connected with Patient A causing her to fall onto the bed'*.

The panel noted in particular that Witness 4's account of this incident was consistent with the evidence of Witness 1. The panel also noted that both Witnesses 1 and 4 were direct witnesses to this incident and therefore considered their evidence to be reliable.

The panel noted Witness 2's evidence in his local investigation meeting where he explained:

> '*Yes, I spoke with [Witness 1, Witness 4 and Witness 6] they said that Jane had had meds in right hand, and used her left forearm over her chest to inappropriate guide her to sit on her bed with inappropriate force'*

The panel had to address conflicting accounts. On the one hand it heard evidence from Witnesses 1 and 4 which describes an active action on the part of Ms McConnell to slap Patient A which makes her fall towards or onto her bed. The other evidence before the panel comes from Witness 6. The panel found a significant contradiction in the accounts given by her. In her written statement says '*I did not witness the incident but it was reported to me by support worker Witness 4 that she had been dealing with Patient A'.*

However, her oral evidence was "*I think it was an accident, I never saw her do this. Jane did not push her on the bed", "She lost her footing, stumbled and fell on to the bed", "I witnessed her push.. it was due to trying to punch Jane"*. Having taken all the evidence into account, the panel prefers the accounts of Witnesses 1 and 4 over that of Witness 6 as they are unambiguous and consistent with each other.

In her internal investigation meeting Ms McConnell responded by explaining that:

> '*..I completed the medication I heard staff say "be careful she is on one today", I turned her around and sat her on the bed, she then tried to grab me and I reacted with a block..'*

When asked if she had pushed Patient A onto the bed Ms McConnell said, '*I did not do it'.* Ms McConnell denies the allegation.

The panel however concluded that there was no evidence that there was any clinical justification for Ms McConnell's actions.

Taking all of the evidence before it into account, the panel found the accounts given by Witnesses 1 and 4 to be consistent and attached more weight to their evidence than the denials made by Ms McConnell and the evidence given by Witness 6. The panel therefore found this charge proved on the balance of probabilities.

Charge 1c)

> "That you, a registered nurse, on 13 October 2021 in relation to patient A slapped them on their arm or thereabouts."

This charge is found proved.

In reaching this decision, the panel took into account the documentary evidence provided by the NMC as well as the oral evidence of the witnesses at this hearing.

The panel first noted Witness 1's oral evidence in which he confirmed that Ms McConnell swiped with force at Patient A causing her to fall onto her bed.

Witness 2 confirms in his witness statement that it was reported to him that there was a slap on Patient A's arm (rather than a push) because there was skin to skin contact and a slapping sound.

Witness 4 in her oral evidence described the incident and said that Patient A:

> "*Had stood up and gone to like touch [Ms McConnell's] arm because Patient A was very known for grabbing you and thing like that and scratching you and stuff. And then as she looked like – as Patient A made contact with Jane, Jane turned around and slapped her arm out of the way"*

The panel noted that this incident was directly witnessed by two support workers, Witnesses 1 and 4 and reported to Witness 2, it considered this to be consistent and reliable evidence.

The panel also took into account the evidence of Colleague B who in her local investigation meeting explained to Witness 3:

> '*[Ms McConnell] came into the kitchen and stated "I just don't believe what I have done, I have slapped her back", I told her to go to the manager. Then she fell to the floor, I offered her cigarettes'*
>
> *'I am 99% sure that she said slapped she didn't say push'*

The panel noted that whilst Colleague B did not give evidence at these proceedings, she did give evidence in an internal investigation led by Witness 3, who was a witness to these proceedings and gave oral evidence at this hearing.

The panel also heard from Witness 6, who in her oral evidence confirmed overhearing the conversation that took place between Colleague B and Ms McConnell outside the kitchen. At the time, Witness 6 was in the conservatory and said that she could clearly heard the conversation taking place outside because the windows were open. She confirmed in oral evidence that she heard Colleague B say: '*What you had done is wrong',* to which Ms McConnell responded '*No, I have messed up'.*

Finally, the panel had regard to Ms McConnell's evidence, who in her local investigation, admitted that Patient A tried to grab her and that she reacted with a block and accepted that this could have '*looked like a slap'*.

On the balance of probabilities, the panel also found this charge proved.

Charge 2a)

> "On an unknown date in 2021 did not administer medication appropriately to Patient A in that you gave them medication that had previously been on the floor."

This charge is found proved.

In reaching this decision, the panel took into account the documentary evidence provided by the NMC as well as the oral evidence of the witnesses at this hearing.

The panel first had regard to Witness 5's evidence. In her witness statement, Witness 5 stated that Ms McConnell '*came upstairs to Patient A to give her medication; she tipped medication into her mouth and because of the salver [sic] these ended up on the floor…Jane*

picked up the medication, I presumed that she was going to disprove [sic] of them, and take it back to the clinic but then took the spoon from the plate….she put the medication on the spoon and put it in Pat A mouth'. The panel's understanding is that the word '*salver'* above is meant to read as saliva, and the word '*disprove'* is meant to read as dispose.

Witness 5 later confirmed the same account in the local investigation meeting and at this hearing during her oral evidence.

The panel further noted Witness 6's witness statement in which she explained that Ms McConnell '*gave the patient their tablet, which she then spat out onto the floor, Jane picked it up and hid it in the mashed potatoes which had been left over an hour prior'*. In the local investigation meeting, Witness 6 when asked whether there were any other incidents in relation to Ms McConnell confirmed: *'One when [Ms McConnell] went upstairs and went to give medication that was on the floor, she picked this up and put in mash potatoes that had been there for over 1 hour'*. Witness 6 later confirmed this account in her oral evidence at this hearing.

Finally, the panel took into account of Ms McConnell's evidence who in response to questions about this allegation in the local investigation meeting stated that she had '*no recollection of these incidents'*.

On balance of probabilities, the panel therefore found this charge proved.

Charge 2b)

> "On an unknown date in 2021 did not administer medication appropriately to Patient A in that you gave them medication covertly when you were not supposed to."

This charge is found proved.

In reaching this decision, the panel took into account the documentary evidence provided by the NMC as well as the oral evidence of the witnesses at this hearing.

The panel first had regard to Witness 5's witness statement in which she confirmed that Ms McConnell *'picked up the medication….took the spoon from the plate, it had mash and gravy on and it had a long hair, she put the medication on the spoon and put it in Patient A's mouth'.* Witness 5 confirmed the same in her internal investigation meeting with Witness 4.

In her oral evidence, Witness 5 went on to say that Ms McConnell placed the medication on a spoon and that there was enough food on the spoon to fill it. During her oral evidence she was specifically asked whether the medication was placed into the mashed potato or on top of it. Witness 5 responded by saying that it *"was kind of just like [Ms McConnell], she shoved it on with, with her fingers. So I suppose a bit of both".* When asked whether Ms McConnell said anything to Patient A about there being medication in the mashed potato on the spoon, she told the panel that Patient A *"didn't really have any capacity to consent. Obviously, shed had a learning disability so she wouldn't have sort of understood what was sort of happening. But I challenged obviously Jane to obviously not give it her. I can remember it had a hair dangling off it as well"*. This account is consistent with the evidence given at the internal investigation meeting with Witness 3.

In response to a panel question about whether Ms McConnell had attempted to gain Patient A's prior consent, Witness 5 responded: "*Not much, but I cannot recall"*.

The panel next took into account the oral evidence of Witness 6 who confirmed that with regards to concealing medicines in the food "*sometimes we have to do this to help [patients]".* She explained that she saw Ms McConnell place the fallen medication on to a spoon and then scoop up mash potato. She confirmed that it was unlikely that Patient A saw the medication. When asked by the panel whether the medication could be seen she said "*No, I did not see it"*. When further questioned by the panel about what if anything had concerned her, Witness 6 explained: "*The medication being on the floor, the fact that food*

was cold and was there for an hour and that the best interests of the patient were not taken into account".

The panel also had regard to Witness 2's evidence. The panel noted that Witness 2 had investigated this incident and was also Ms McConnell's line manager. As part of his investigation, Witness 2 spoke to Patient A, but she was not responsive at the time and did not convey how she felt and how this had affected her. Witness 2's report stated the following:

> *'I have been asked by the NMC about another incident where it is reported that Janes was attending to a patient, she tipped their medication into their mouth and this came out of their mouth and dropped on the floor, that it was witness [sic] that she picked it up, hid the medication in some mashed potatoes and gravy that had been standing for several hours and fed it to the patient on a spoon. And what Jane should have done under these circumstances? Although I am not familiar with this complaint, Cygnet have strict protocols in place for the use of Covert medication, which are held within its own policy. Albeit some time ago, I cannot recollect Patient A being care planned for covert medication.'*

In his oral evidence, Witness 2 was clear that if medication is placed on top of food such as yogurt, that this is not, in his opinion, the same as giving covert medication but is done to aid the administration of giving that medication. He made it clear however that Patient A was not to be given covert medication as it was not in her care plan and that Ms McConnell would have been aware of this. Witness 2's impression of the incident was that Ms McConnell did not give covert medication. The panel noted however that Witness 2 was not a direct witness to the incident and was only conducting the investigation based on other witnesses' accounts. It therefore attached less weight to his evidence.

The panel noted that the only direct witnesses to this incident were Witnesses 5 and 6 and that their accounts were consistent with each other and accepted their evidence as reliable in relation to this charge.

Ms McConnell in her response to questions at the internal investigation meeting appears to have denied this charge.

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

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 McConnell'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 McConnell's fitness to practise is currently impaired as a result of that misconduct.

Submissions on misconduct

In coming to its decision, the panel had regard to the case of *Roylance v General Medical Council (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.'*

Ms Stevens invited the panel to take the view that the facts found proved amounted to misconduct. She referred the panel to 'The Code: Professional standards of practice and behaviour for nurses and midwives 2015' (the Code).

Ms Stevens identified the relevant standards where Ms McConnell's actions amounted to misconduct. She referred the panel specifically to sections 1.1, 1.2, 1.5, 2.5, 3.1, 4.1, 4.2, 6.2, 19.1, 19.3, 20.1, 20.3, 20.5 and 20.8 of the Code.

Ms Stevens submitted that whilst the breaches of the Code do not automatically amount to a finding of misconduct, the facts found proved in this case are '*sufficiently serious*' including actions such as shouting, pushing, slapping, and giving medication that was on the floor covertly to a patient. These would be seen as deplorable by other nurses, midwives and nursing associates and therefore can be properly described as misconduct.

Ms Stevens further submitted that Ms McConnell's actions were both distressing and alarming to both Patient A and staff. She reminded the panel that all the witnesses expressed alarm at Ms McConnell's actions.

With reference to charge 1b, Ms Stevens submitted that the action was intentional and out of frustration, and that it can be reasonably perceived as violence that breached Ms McConnell's duty of care to Patient A to keep her safe.

In relation to charge 1c, Ms Stevens submitted that whilst the panel could see Ms McConnell's actions as a reflex in order to protect herself. As a nurse she is held to a high standard of care and there is no excuse for such behaviour as found proved. She invited the panel to find that Ms McConnell's action were a deliberate or reckless act that was forceful and amounted to abuse.

Ms Stevens submitted that the behaviour in charge 1 is made worse by the fact that Ms McConnell never apologised and did not voluntarily report what had happened.

Referring to charge 2a, Ms Stevens submitted that Ms McConnell's actions were deliberate and demonstrated a blatant disregard for the wellbeing of her patient and a serious lapse of professional judgment.

Ms Stevens submitted that in relation to charge 2b, giving medication covertly breaches the human rights of patients, specifically their right to autonomy and self-determination. She submitted that by giving covert medication, Ms McConnell acted beyond her competency, infringed on Patient A's human rights and as such this is serious misconduct.

Ms Stevens further submitted that Ms McConnell's conduct fell far below the standards acceptable, her actions demonstrated a serious lapse in professional judgment and a duty to safeguard the patient's well-being. She invited the panel to find that all charges amount to misconduct.

Submissions on impairment

Ms Stevens moved on to the issue of impairment and addressed the panel on the need 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) and Grant* [2011] EWHC 927 (Admin).

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

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

a) *has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*

b) *has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*

c) *has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*

d) *…'*

Ms Stevens submitted that the first three limbs of the *Grant* test are engaged in this case.

Ms Stevens submitted that Ms McConnell's actions in all charges caused an unquantifiable level of psychological and emotional harm and in respect of charges 1b, 1c and 2a, there was an unwarranted risk of physical harm.

Ms Stevens further submitted that Ms McConnell's actions brought the nursing profession into disrepute. She submitted that the public expects registrants to be individuals of unimpeached probity, to be kind and compassionate, and to respect the dignity of the people they care for and that it is clear that Ms McConnell's actions did not meet this expectation.

With reference to the Code, Ms Stevens submitted that Ms McConnell has clearly breached the fundamental tenets of the nursing profession. She did so by failing to prioritise people, namely Patent A, by failing to preserve Patient A's safety and by failing to promote professionalism and trust by acting with disregard for Patient A and abusing the trust placed in Ms McConnell as the only nurse on shift.

Ms Stevens referred the panel to the case of *Cohen v General Medical Council* [2008] EWHC 581 (Admin) and the questions posed by Silber J:

a. whether the misconduct is capable of remediation;
b. whether it has been remediated; and
c. whether the misconduct is highly unlikely to be repeated.

Ms Stevens submitted that the actions of Ms McConnell involved incidents of violence and abuse of Patient A. She submitted that Ms McConnell's actions suggest an underlying attitudinal or behavioural issues and this conduct is therefore not easy to remediate.

Ms Stevens further submitted that Ms McConnel has shown no insight, has not responded to any of the charges, did not provide a reflective piece, did not explain how her practice would change in the future and did not show recognition of how the allegations would affect the wider profession. Ms Stevens submitted that Ms McConnell also did not show that she can address these concerns through strengthening of practice having decided to no longer work as a nurse.

Ms Stevens submitted that the concerns in this case have not been remediated and that as a result there is a likelihood of repetition.

Ms Stevens accepted that there were some mitigating factors in this case, such as Patient A being a difficult patient and Ms McConnell working excessive hours. However, she submitted, that these did not excuse Ms McConnell's responsibilities or actions.

Ms Stevens submitted that a finding of impairment is appropriate on public protection grounds as there is nothing to indicate to the panel that the conduct found proved will never be repeated.

Ms Stevens also submitted that there is also a public interest in finding of impairment being made in this case to declare and uphold proper standards of conduct and behaviour.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Roylance v General Medical Council* (No 2) [2000] 1 A.C. 311 and *Nandi v General Medical Council* [2004] EWHC 2317 (Admin).

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 McConnell's actions did fall significantly short of the standards expected of a registered nurse, and that Ms McConnell'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

1.5 respect and uphold people's human rights.'

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

To achieve this, you must:

2.5 respect, support and document a person's right to accept or refuse care and treatment.'

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

To achieve this, you must:

3.1 pay special attention to promoting wellbeing, preventing ill health and meeting the changing health and care needs of people during all life stages.'

*'**4 Act in the best interests of people at all times***

To achieve this, you must:

4.1 balance the need to act in the best interests of people at all times with the requirement to respect a person's right to accept or refuse treatment

4.3 keep to all relevant laws about mental capacity that apply in the country in which you are practising, and make sure that the rights and best interests of those who lack capacity are still at the centre of the decision-making process.'

*'**6 Always practise in line with the best available evidence***

To achieve this, you must:

6.2 maintain the knowledge and skills you need for safe and effective practice.'

*'**14 Be open and candid with all service users about all aspects of care and treatment, including when any mistakes or harm have taken place***

To achieve this, you must:

14.2 explain fully and promptly what has happened, including the likely effects, and apologise to the person affected and, where appropriate, their advocate, family or carers.'

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

To achieve this, you must:

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

19.3 keep to and promote recommended practice in relation to controlling and preventing infection

19.4 take all reasonable personal precautions necessary to avoid any potential health risks to colleagues, people receiving care and the public.'

*‘**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

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

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.’

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. It then considered each of the individual charges found proved.

With regards to charge 1a, the panel determined that Ms McConnell’s actions displayed emotional abuse of a vulnerable patient who was frail and had multiple health conditions. In the panel’s view, her actions reflected poor professional judgment and showed no concern for the welfare of her patient. This marks a fundamental failure in basic care by a nurse in a position of trust in a leadership role. The panel noted that this conduct was also distressing for Ms McConnell’s colleagues which is why they reported it. It therefore determined that her actions amounted to serious misconduct.

The panel considered the possibility that Ms McConnell’s conduct in charge 1b could have been a reflex action, a reaction to Patient A, who found herself falling onto the bed and reacted. Ms McConnell however was a nurse in a leadership role. She was there as a role model to provide high standards of nursing care, that both her colleagues and the public expect. The panel was of the view that there could be no justification under any circumstances, for Ms McConnell to use violence against Patient A. It also determined that working with a “*difficult”* patient and excessive hours could and should never excuse such conduct as found proved. It therefore concluded that her reaction to Patient A was unprofessional, deliberate and forceful and amounted to serious misconduct.

The panel went on to consider charges 2a and 2b together, because they arose as part of the same incident.

The panel determined that Patient A was put at risk of harm by Ms McConnell giving her medication that had previously been on the floor as this exposed her to a clear risk of contamination and cross-infection. This was further aggravated by Ms McConnell's subsequent action which was concealing such medication in mashed potatoes. The panel considered Ms McConnell's actions in this regard were also deliberate and demonstrated a disregard for Patient A's wellbeing and right to refuse medication.

It noted that even if Patient A had no capacity, there were protocols and policies Ms McConnell was under a duty to follow which she failed to do. The panel determined that Ms McConnell's actions therefore fell far below the standards expected of a nurse and amounted to serious misconduct.

The panel found that Ms McConnell's actions, separately and cumulatively, did fall seriously short of the conduct and standards expected of a nurse and amounted to serious misconduct.

Decision and reasons on impairment

The panel next went on to decide if as a result of its findings of misconduct, Ms McConnell'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. 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/ fitness to practise is impaired in the sense that S/He:

a) *has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*

b) *has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*

c) *has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*

d) *…'*

The panel finds that patients, and specifically Patient A, was put at risk and was caused physical and emotional harm as a result of Ms McConnell's misconduct. It determined that Ms McConnell failed to safeguard and prioritise Patient A's wellbeing.

The panel further determined that Ms McConnell's misconduct had in the past breached fundamental tenets of the nursing profession and had brought its reputation into disrepute.

The panel then went on to consider whether Ms McConnell is likely to breach fundamental tenets of the nursing profession and to bring its reputation into disrepute in the future.

The panel took into account the evidence before it of Ms McConnell's insight and noted the fact that she had acknowledged to Colleague B that she '*had messed up'*, which could be considered as an indication of immediate remorse, insight and regret. However, Ms McConnell has failed to engage with the NMC's proceedings (save for an email from her to the NMC saying '*...I will not respond to any correspondences in the future').* Other than this email, it had no evidence of any meaningful insight before it to assist the panel on the question of management of future risk of harm to patients and the members of the public. It therefore determined that in the absence of meaningful insight into her misconduct, Ms McConnell continues to present a risk to patients and the public.

The panel was however satisfied that some aspects of the misconduct are capable of being addressed. It determined that Ms McConnell could get further training on medicines management, safeguarding, the Mental Health Act, the Human Rights Act and management of violence and aggression.

The panel further determined that Ms McConnell had a professional responsibility to limit the additional hours to [PRIVATE] and this is something that she failed to do.

Furthermore, the panel finds that there appear to be underlying attitudinal and behavioural issues with regards to Ms McConnell's erratic emotional behaviour. According to Ms McConnell's line manager Witness 2, she '*has a unique approach to dealing with her team and patients. Unfortunately, she can be perceived as being very abrupt and rude at times'*. It heard evidence that Ms McConnell sometimes used a loud voice when speaking to colleagues and patients. Of particular concern to the panel is the evidence it heard of her use of violence against Patient A. It is of the view that such misconduct is more difficult to remedy. Finally, it had no evidence before it to assess whether or not Ms McConnell had taken steps to strengthen her practice or remediate her misconduct in the intervening period.

The panel therefore determined that there is a real risk of repetition based on Ms McConnell's lack of meaningful insight, absence of reflection, remorse and concern for the impact of her actions on colleagues, patients and the public. It has also noted that there is no evidence that she has undertaken work or training to support the strengthening of her practice. In any event, Ms McConnell's decision to no longer practise a nurse has made this impossible. The panel therefore decided that she poses a continuing risk to patients and the public in future and 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 and protect the wider public interest. This includes promoting and maintaining public

confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

The panel determined that a finding of impairment on public interest grounds is also required in this case because public confidence in the profession would be seriously undermined if a finding of impairment were not made.

The panel determined that a member of the public, knowing that a nurse who verbally and physically assaulted her patient and gave them concealed medication that was at risk of being contaminated, would have concerns about being cared for by a nurse who had acted like this. This would impact negatively on the confidence and trust they could place in the nursing profession. In such circumstances, the panel was of the view that public confidence in the profession and the NMC as a regulator would be undermined if a finding of impairment were not made. Therefore, the panel also finds Ms McConnell's fitness to practise impaired on the grounds of public interest.

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

Sanction

The panel has considered this case very carefully and has decided to make a striking-off order. It directs the registrar to strike Ms McConnell off the register. The effect of this order is that the NMC register will show that Ms McConnell 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. The panel accepted the advice of the legal assessor.

Submissions on sanction

Ms Stevens submitted that the appropriate and proportionate sanction in this case is a striking-off order.

She invited the panel to consider these aggravating factors:

- Risk of emotional, psychological and physical harm to patients;
- Conduct indicative of an attitudinal or behavioural issue;
- The conduct was deliberate;
- No insight/remediation demonstrated;
- Abuse of position of trust;
- Escalation of behaviour – verbal to physical abuse;
- High risk of repetition.

Ms Stevens invited the panel to consider these mitigating factors:

- Issues in the workplace/lack of staff in workplace;
- Patient A was an aggressive/difficult patient.

Ms Stevens submitted that given the issue of public protection, it would not be appropriate to take no further action or to impose a caution order. She submitted that these orders would be insufficient to protect the public from unwarranted risk of harm. She also submitted that the misconduct found proved is at the higher end of the spectrum of seriousness.

Ms Stevens further submitted that whilst conditions of practice order could address the clinical concerns around medicines management, safeguarding, the Mental Health Action, the Human Rights Act and management of violence and aggression, it was not possible to formulate conditions o fully manage and address the risks in this case due to attitudinal and behavioural issues in the case. She further submitted that there is no evidence that the Ms McConnell is or would potentially be willing to respond positively to any retraining or conditions as she has made it clear she has no intention to work as a nurse due to

these allegations. Finally, Ms Stevens submitted that conditions will not mark the severity of the matters concerned and as such conditions of practice order is not suitable.

Ms Stevens submitted that the misconduct in this case is on the higher end of the seriousness and therefore that a removal from the register is required for the following reasons:

- Misconduct involves pushing, slapping and giving compromised medication to a patient covertly which can be considered as abuse or neglect of a vulnerable person;
- Ms McConnell deliberately abused her position as a registered nurse;
- Ms McConnell was directly responsible for the care being given to Patient A and there was a serious failure to prioritise Patient A's safety and well-being;
- Misconduct in this case suggest and attitudinal and behavioural issue;
- Escalation of behaviour from verbal to physical abuse;
- Ms McConnell failed to uphold Patient A's dignity, treat her with kindness, respect and compassion;
- Ms McConnell did not maintain the knowledge and skill for safe and effective practice;
- Ms McConnell worked outside her competence by deciding to administer medication covertly;
- Ms McConnell has not made any effort to apologise or raise the concern without prompting by her employers; and
- Ms McConnell has not made any attempt to reflect, show insight or take any steps to put the misconduct right.

Ms Stevens submitted that the misconduct in this case is severe and requires temporal removal from the register. She submitted that a suspension order would not be the appropriate no proportionate sanction and it would not sufficiently protect the patients, and the public confidence in the profession.

Ms Stevens submitted that a striking-off order is the only sanction which will be sufficient to protect patients, members of the public, and maintain professional standards for all the reasons highlighted already. She invited the panel to strike Ms McConnell of the register.

Decision and reasons on sanction

Having found Ms McConnell'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:

- Risk of emotional, psychological and physical harm to patients;
- Conduct indicative of an attitudinal or behavioural issue;
- The conduct was deliberate;
- Abuse of a vulnerable patient;
- No insight/remediation demonstrated;
- Abuse of position of trust;
- Escalation of behaviour – verbal to physical abuse;
- High risk of repetition.

The panel also took into account the following mitigating features:

- Issues in the workplace/lack of staff in workplace and long hours on shift;
- Patient A was an aggressive/difficult patient.

The panel considered the NMC Guidance on Sanctions for particularly serious cases (SAN-2):

'*Safeguarding and protecting people from harm, abuse and neglect is an integral part of the standards and values set out in the Code, and any allegation involving the abuse or neglect of children or vulnerable people will always be treated seriously.'*

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 fact that the misconduct in this case is not at the lower end of seriousness and that breaches of the Code included breaching fundamental tenets of the nursing profession. It determined that to make no order would fail to address the seriousness of the regulatory concerns found proved. It would also fail to protect the public. The panel decided, in these circumstances, that it would be neither proportionate nor in the public interest to take no further action.

The panel next 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 McConnell's practice would not be appropriate. 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 McConnell'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 McConnell's registration would be a sufficient and appropriate response. The panel is of the view that there are no practical or workable conditions that could be formulated, given the nature and seriousness of the charges in this case. The panel noted that whilst some misconduct identified in this case could be addressed through retraining (on medicines management, safeguarding, the Mental Health Act, the Human Rights Act and management of violence), there is no evidence before the panel to suggest that Ms McConnell would be willing to

engage with retraining. The panel noted that in her last communication to the NMC she stated: '*As I have stated before I am not working as a nurse and do not want to pursue this as a career.'*. Furthermore, the panel determined that given the risks in this case, close and continuous supervision of Ms McConnell's practice would be required, which, in panel's view, would not be workable or practicable.

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

The panel then went on to consider whether a suspension order would be an appropriate sanction. The panel considered the Sanction Guidance and determined that none of the factors when a suspension order may be appropriate were apparent in this case.

The panel determined that this was not a single act of misconduct but two incidents that resulted in five separate charges found proved. It further determined that Ms McConnell's misconduct raised concerns of attitudinal problems and that she did not show any meaningful insight or remorse.

The panel further determined that the conduct, as highlighted by the facts found proved, was a significant departure from the standards expected of a registered nurse. The panel noted that the serious breach of the fundamental tenets of the profession evidenced by Ms McConnell's actions is fundamentally incompatible with Ms McConnell remaining on the register.

In this particular case, the panel determined that a suspension order would not be a sufficient, appropriate or proportionate sanction.

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

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

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

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel determined that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the effect of Ms McConnell's actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct herself, the panel has concluded that nothing short of this would be sufficient in this case.

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

This will be confirmed to Ms McConnell in writing.