

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

**Substantive Hearing
Monday 22 September 2025 – Friday 26 September 2025**

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

Name of Registrant:	Pamela Young Hope
NMC PIN:	94I0111S
Part(s) of the register:	Registered Nurse – Sub Part 1 Adult Nursing – 31 August 1997
Relevant Location:	Invernesshire
Type of case:	Misconduct
Panel members:	Graham Gardner (Chair, Lay member) Julia Briscoe (Registrant member) Carson Black (Lay member)
Legal Assessor:	Robin Hay
Hearings Coordinator:	Emma Hotston (22 -23 September 2025) Anya Sharma (24 – 25 September 2025)
Nursing and Midwifery Council:	Represented by Rosie Welsh, Case Presenter
Mrs Hope:	Not present and unrepresented
Facts proved:	Charges 1a, 1b, 1c and 2
Facts not proved:	Charge 3 (not proceeded with)
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 Mrs Hope was not in attendance and that the Notice of Hearing letter had been sent to Mrs Hope's registered email address by secure email on 14 August 2025.

Ms Welsh, 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 Mrs Hope'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 Mrs Hope 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 Mrs Hope

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

Ms Welsh referred the panel to an email from Mrs Hope's former representative dated 12 December 2024, which sets out the following:

'Please note that Mrs Hope has taken the decision to disengage in the NMC process. She is content for the hearing to proceed in her absence and we will not be in attendance.

Please remove us as her representative from file.'

Ms Welsh submitted that there had been no engagement at all by Mrs Hope with the NMC in relation to these proceedings and, as a consequence, 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'*.

The panel has decided to proceed in the absence of Mrs Hope. In reaching this decision, the panel has considered the submissions of Ms Welsh, the representations from Mrs Hope, 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 General Medical Council v Adeogba* [2016] EWCA Civ 162 and had regard to the overall interests of justice and fairness to all parties. It noted that:

- No application for an adjournment has been made by Mrs Hope;
- Mrs Hope has not engaged with the NMC and has not responded to any of the letters sent to her about this hearing;
- The NMC has made numerous efforts by way of email correspondence and phone calls to engage Mrs Hope, which were unsuccessful;
- There is no reason to suppose that adjourning would secure her attendance at some future date;
- Two witnesses have attended today to give live evidence;

- Not proceeding may inconvenience the witnesses, their employer(s) and, for those involved in clinical practice, the clients who need their professional services;
- The charges relate to events that occurred in 2021;
- 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 Mrs Hope in proceeding in her absence. 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 Mrs Hope's decisions to absent herself from the hearing, waive her rights 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 Mrs Hope. The panel will draw no adverse inference from Mrs Hope's absence in its findings of fact.

Decision and reasons on application to amend the charge

The panel heard an application made by Ms Welsh to amend the wording of charges 1b and 3b.

Ms Welsh provided the panel with a document detailing the proposed amendments to the charges. It was submitted by Ms Welsh that the proposed amendment would provide clarity and more accurately reflect the evidence.

That you, a registered nurse:

*b) Failed to disclose that Person A ~~was at the time~~ **had been** under investigation **and/or suspended** for ~~misappropriation of medication~~.*

2) Your actions in Charge 1 were dishonest in that you knowingly provided false information in order to assist Person A to obtain employment.

OR

3) Your conduct in Charge 1 showed a lack of integrity in that ~~you~~:

*a) You were not open and honest about one or more of the following: your employment status, **and/or** your relationship with Person A and/or your knowledge as to whether Person A ~~was~~ **had been** under investigation **and/or suspended** when providing an employment reference.*

The panel accepted the advice of the legal assessor and had regard to Rule 28 of 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The panel was of the view that such amendments, as applied for, were in the interest of justice and would better reflect the factual background of the case. The panel was satisfied that there would be no prejudice to Mrs Hope and no injustice would be caused to either party by the proposed amendment being allowed. It was therefore appropriate to allow the amendment, as applied for, to ensure clarity and accuracy.

Details of charge (as amended)

That you, a registered nurse:

1. On 3 February 2021, provided an inaccurate employment reference for Person A in that you:

a) Signed the reference as the Night Sister / Manager of [PRIVATE] when you were not.

b) Failed to disclose that Person A had been under investigation and/or suspended.

- c) Failed to disclose that you were related to Person A when providing the employment reference.
2. Your actions in Charge 1 were dishonest in that you knowingly provided false information in order to assist Person A to obtain employment.

OR

3. Your conduct in Charge 1 showed a lack of integrity in that:
- a) You knew you ought to have apprised yourself of any investigations Person A may be under in order to provide an employment reference, but you did not.
 - b) You were not open and honest about one or more of the following: your employment status, and/or your relationship with Person A and/or your knowledge as to whether Person A had been under investigation and/or suspended when providing an employment reference.

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 submissions on facts stage, Ms Welsh made a retrospective application that this case be held partly in private on the basis that proper exploration of Mrs Hope's case involved reference to Person A's health. 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 Person A's health as and when such issues are raised.

Background

On 19 March 2021, the Nursing and Midwifery Council (NMC) received a referral from [PRIVATE] (the Home), raising concerns about Mrs Hope, a registered nurse.

The charges arose due to regulatory concerns that Mrs Hope had allegedly provided an inaccurate employment reference for Person A, and that her alleged conduct was dishonest in that she allegedly knowingly provided false information and/or knowingly omitted relevant information.

From 2006, Mrs Hope was employed at [PRIVATE] (the 'House'). She subsequently left her role but returned on 26 August 2019 as a Night Sister, where she remained until her resignation on 17 November 2020.

Person A, Mrs Hope's daughter-in-law, undertook voluntary work at the House in 2012 and, in 2013, became employed there as an Activities Co-ordinator, during which time Mrs Hope was her manager. From August 2019 until November 2020, Person A was employed as the Manager at the House.

In late 2020, Person A became the subject of an internal investigation at the House relating to the alleged theft of medication prescribed to residents. Person A was suspended from her role and went on to resign from her role (prior to the conclusion of the investigation) during the course of this disciplinary process in November 2020. Mrs Hope similarly left her role without notice on 17 November 2020.

Following this, Person A applied for a position as Senior Care Worker at the Home and provided Mrs Hope as a referee. On 29 January 2021, the Recruitment Co-ordinator at the Home, emailed Mrs Hope requesting a written reference.

In line with the House policy, employment references were ordinarily completed by line managers, including former line managers where relevant. The Home later chased

Person A for completion of the reference form, which was subsequently sent on 10 February 2021 by Person A from her own email account.

The reference stated that Mrs Hope had been both Person A's Manager and Night Sister at the House. Mrs Hope left blank the section asking for the reason that Person A had left their employment. It is alleged that Ms Hope similarly neglected to provide relevant details surrounding her family connection to Person A (despite a specific question of 'relationship/how is applicant known to you'), the time elapsed since she had actually managed Person A or the fact she herself was no longer employed at the House. The form was signed by Mrs Hope as "Night Sister/Manager, Company [the House]," and dated 3 February 2021.

On receipt of the reference, the Manager of the House informed the Home that Mrs Hope had not worked as Manager at the Home for several years and that she had left her most recent role there as Night Sister in November 2020. The House also confirmed that Person A had been under investigation at the time of her resignation.

As a result of these concerns, Person A was not offered the role at the Home.

In addition to Mrs Hope's employment at the House, records show that she was employed by [PRIVATE] as an agency nurse from 18 March 2016 until 25 August 2017, before re-joining the agency on 23 December 2020. On 10 October 2021, Mrs Hope was still employed by [PRIVATE]. However, Mrs Hope has since advised that she is not currently in employment.

Decision and reasons on facts

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

The panel has drawn no adverse inference from the non-attendance of Mrs Hope.

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 heard live evidence from the following witnesses called on behalf of the NMC:

- Witness 1: Care Home Manager at the Home
- Witness 2: Company Director and Shareholder at the House at the time of the incidents
- Witness 3: Deputy Nurse Manager at the House

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.

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

Charge 1a)

This charge is found proved.

1. On 3 February 2021, provided an inaccurate employment reference for Person A in that you:
 - a. Signed the reference as the Night Sister / Manager of [PRIVATE] when you were not.

This charge is found proved

In reaching this decision, the panel took into account the oral and written evidence of Witness 1, Witness 2 and Witness 3, as well as Mrs Hope's written response dated 6 October 2021.

The panel had sight of the written employment reference that the Home had received from Mrs Hope in relation to Person A's application for a role at the Home. It noted that the reference was dated 3 February 2021 and had been signed by Mrs Hope. The panel further noted that next to Mrs Hope's signature, it can also be seen that the '*Position*' section of the document had been filled in by Mrs Hope with '*Night Sister/Manager*'. The panel took into account that Mrs Hope had resigned from the House on 17 November 2020. It considered that, in light of the way Mrs Hope had filled in the employment reference, anyone reading this employment reference would infer that Mrs Hope, as the Night Sister/Manager, is currently or very recently Person A's supervisor.

The panel also had sight of the following from Mrs Hope's written response dated 6 October 2021:

'... I was [Person A]'s manager for a period of time ...

...She [referring to Person A] is my daughter in law... I have looked over the reference and to my knowledge I can't find anything wrong in what I said..'

The panel also considered that Mrs Hope would not have been able to have been Person A's supervisor since 2018, and was of the view that there would have been other people more appropriate to give a reference for Person A who were employed in the Home, as per the Home's policy dated 1 July 2012:

'Policy in relation to employment of family members.'

It is essential that all staff are treated with equity, therefore in the event of staff members being related or in a personal relationship, there needs to be clear

guidance in relation to accessing staff files, the grievance procedure, the disciplinary procedure, or raising any issues of concern.

Senior staff who have authority to access staff files in the event that they are related to other staff they are not able to access their relatives staff file.'

Taking all of this into account the panel determined that Mrs Hope deliberately provided an inaccurate employment reference for Person A in signing the reference as the Night Sister/Manager of the Home. The panel was of the view that Mrs Hope had done this without specifying that she was no longer in this role and had not been for some years and thereby made material omissions. Albeit Mrs Hope was no longer employed at the Home, the panel were of the view that whilst writing a reference as Night Manager, she should adhere to prevailing Home Policy. The panel were of the view that the wording of the reference was constructed in such a way as to deliberately mislead the reader into believing that Person A was still, or had until very recently, been supervised by Mrs Hope.

The panel therefore find this charge proved.

Charge 1b)

b) Failed to disclose that Person A had been under investigation and/or suspended.

This charge is found proved.

In reaching this decision, the panel took into account the oral and written evidence of Witness 1, Witness 2 and Witness 3, as well as Mrs Hope's written response dated 6 October 2021.

The panel took into account the oral and written evidence of Witness 3, who set out that Mrs Hope '*would have probably known that there was a [PRIVATE] family investigation ongoing... by 2021 she would have definitely known, no doubt, 100%*'. The panel also heard evidence in relation to a conversation which took place between Mrs Hope and Witness 3, where Mrs Hope had been trying to figure out what was going on. It was clear to Witness 3 that Mrs Hope was aware of an ongoing investigation and that she

pressed her for the detail of it – *'is it codeine? Oh, she has done that before'*. Witness 3 set out that following this, she had then raised it to Witness 2.

In response to panel questions, Witness 3 had clarified that internal investigations were not very common, and staff would gossip about it. Witness 3 was of the opinion it was inevitable Mrs Hope would be aware of the rumours circulating about Person A being under investigation.

The panel also took into account the oral and written evidence of Witness 2. It considered evidence around the content of a telephone call that Witness 2 had with Mrs Hope. Witness 2 said that albeit Mrs Hope had never formally been told of the investigation into Person A, she sent a series of aggressive text messages insisting that Person A should be trusted and resigned her own post at the Home as she felt the investigation had been fabricated/*'in my mind, Pamela definitely knew'*. The panel also considered that Witness 2 also spoke in their evidence of gossip and rumours among the staff regarding the internal investigation.

The panel also had sight of the following from Mrs Hope's written response dated 6 October 2021:

'...My employer contacted me to say that Person A had been suspended and I asked what has happened but no information was given to me as it was classed as confidential'

The panel noted that whilst Person A was not suspended from the national register by the Scottish Social Services Council (SSSC) until after the employment reference was made, there is evidence before the panel that Person A had been suspended by her employer in November 2020, some three months before. The panel found evidence that Mrs Hope would be well aware of Person A's initial suspension from the House and the ongoing internal investigation. The panel, therefore, on the balance of probabilities, finds this charge proved.

Charge 1c)

c) Failed to disclose that you were related to Person A when providing the employment reference.

This charge is found proved.

In reaching this decision, the panel took into account the oral and written evidence of Witness 1 and Witness 2, as well as Mrs Hope's written response.

The panel had sight of the following from Mrs Hope's written response dated 6 October 2021:

'... I was [Person A]'s manager for a period of time...

...She [referring to Person A] is my daughter in law... I have looked over the reference and to my knowledge I can't find anything wrong in what I said..'

The panel also had sight of the employment reference Mrs Hope had filled in for Person A's application for a role at the Home. It considered that in response to the question '*in what capacity do you know him/her?*', Mrs Hope had filled in the box '*I have been both Night Sister and Person A's Manager*'. The panel also noted that the bottom of the document has the line '*Character reference: Please enter relationship/how applicant is known to you*' which has been left blank by Mrs Hope.

The panel was of the view that it would have been expected of Mrs Hope, as a professional registered nurse of some experience, and that she would have had a duty to disclose that Person A was her daughter in law. The panel therefore finds this charge proved.

Charge 2)

2) Your actions in Charge 1 were dishonest in that you knowingly provided false information in order to assist Person A to obtain employment.

This charge is found proved.

In reaching this decision, the panel took into account its findings in relation to charge 1.

The panel had sight of the following extract from Mrs Hope's written response:

'All I know was that there were prescription drugs that had went missing and Person A was blamed for it. I knew of no disciplinary issues at the time. My employer contacted me to say that Person A had been suspended and I asked what had happened but no information was given to me as it was classed as confidential. Person A's SSSC was still active at the time so I saw no reason not to give a reference. No action has been taken since and Person A has been cleared of any misconduct... to my knowledge.'

Taking all of this into account, the panel was of the view that Mrs Hope was aware that she was no longer the Night Sister/Manager at the House at the time when she had written the employment reference for Person A and was aware that she had failed to disclose that Person A had been under investigation and or had been suspended. The panel was also of the view that Mrs Hope was also aware that she did not provide details of the personal relationship that she had with Person A, namely that Person A was her daughter in law. The panel also considered that it had heard witness evidence that Mrs Hope was fully aware that Person A's investigation and subsequent suspension .

In addition to its previous findings, the panel also took into account that in light of Mrs Hope's resignation from the House on 17 November 2020, she would not have worked with Person A from November 2020 to February 2021. It noted the question in the employment reference *'How many days sickness has he/she had in the last 12 months'*, to which Mrs Hope had responded with '0'. The panel considered how Mrs Hope could have known this, in light of her not having managed Person A in the past 12 months and determined that Mrs Hope had therefore knowingly provided false information.

The panel was of the view that Mrs Hope had sought to cover up, by omission, and to deceive the recipient of the reference by providing misleading and false information within the reference, in order to assist Person A to obtain employment. The panel considered that the manner in which Mrs Hope constructed the reference was considered and calculated. The deception only came to light when the omissions and falsehoods were brought to the attention of Witness 1 by a third party. The panel therefore determined that Mrs Hope's actions in charge 1 were dishonest and falls short of what an ordinary decent person would expect of a registered nurse.

The panel therefore finds this charge proved.

In light of the panel's findings in relation to charge 2, it is unnecessary for the panel to consider the alternative charge 3.

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

Ms Welsh identified the specific, relevant standards where Mrs Hope’s actions amounted to misconduct, and invited the panel to consider the NMC Guidance on Misconduct, FTP-2a. She submitted that Mrs Hope’s actions fell short of what would be expected to be proper in the circumstances, and she had failed to ensure that the reference that she gave for Person A was accurate. Mrs Hope provided an inaccurate reference, was dishonest in doing so, and in providing this inaccurate reference, she prioritised the interests of her own family member above the protection of the public and the reputation of the nursing profession and the NMC as a regulator. Mrs Hope did so to ensure that Person A would obtain a job, whilst knowing that there were concerns around Person A’s ability to carry out such a role.

Ms Welsh then addressed the panel in relation to dishonesty. She referred the panel to the following NMC Guidance on cases involving dishonesty and set out that honesty is of central importance to a nurse’s practice, and allegations of dishonesty will always be serious. In looking at the nature of the dishonesty, Ms Welsh invited the panel to consider

the extent of the dishonesty that had taken place, and whether it impacts on the seriousness of the case. Ms Welsh said that the NMC Guidance sets out factors for the panel to consider in relation to the forms of dishonesty which are most likely to call into question whether a nurse, midwife or nursing associate should be allowed to remain on the register, which may involve whether the dishonesty results in a risk to people receiving care.

Ms Welsh set out that the NMC Guidance stated that some concerns are more serious as they may have led to people suffering harm, or a loss of trust and confidence in the nursing profession. Dishonesty that has occurred while acting in the course of or closely associated with professional practice would also be considered serious.

Ms Welsh submitted that Mrs Hope was purporting to be giving a professional employment reference, that is demonstrated by her signing as Night Sister/Manager, although this was a managerial role over Person A that she had not held for some years. Ms Welsh set out that whilst the NMC Guidance does acknowledge that one-off incidents may be considered less serious, it is the NMC's case that the panel could regard the surrounding circumstances of this one-off incident to be serious. Ms Welsh submitted that the panel have before it Mrs Hope's written response, in which she states that she saw no reason not to give the reference, that she *'would also like to add that I would do so again'* and *'I have looked over the reference and to my knowledge I can't find anything wrong in what I said'*.

Ms Welsh submitted that although this is a one-off reference, there is a high risk of repetition and is an aggravated case of dishonesty. She submitted that Ms Hope has not reflected, she was not in any way remorseful and her attitude in relation to this response can be considered when factoring in how serious this dishonesty is, as she has said that she would act this way in the future.

Ms Welsh submitted that acting with honesty and integrity is a fundamental part of the NMC Code. She submitted that it is the NMC's case that the charges found proved in this case call into question Mrs Hope's ability to uphold these fundamental tenets of the profession and in particular that her conduct represents a significant breach of one of the fundamental standards in the Code, namely:

20 Uphold the reputation of your profession at all times

To achieve this, you must:

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

20.2 act with honesty and integrity at all times, treating people fairly and without discrimination, bullying or harassment

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

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

Ms Welsh submitted that on the basis of this, the panel can conclude that Mrs Hope's conduct represented serious breaches of fundamental tenets of the Code, and the panel can make a finding that this conduct amounts to misconduct.

Submissions on impairment

Ms Welsh 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 of conduct and of behaviour and to maintain public confidence in the profession and in the NMC as a regulatory body. This included reference to the cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin).

Ms Welsh submitted that it is the NMC's case that Mrs Hope is impaired on both public protection and public interest grounds. She invited the panel to consider the NMC Guidance on Impairment, reference DMA-1, namely the question "*Can the nurse, midwife or nursing associate practise kindly, safely and professionally?*", as well as the four limbs set out in the case of *Grant*:

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

Ms Welsh submitted that it is the NMC's case that all four of the above questions can be answered in the affirmative. In relation to the first limb, the panel has heard evidence from Witness 1 that Mrs Hope's reference for Person A was relied upon and contributed to the Home's decision to offer Person A the role. Witness 1 also gave evidence about the duty of care as nurses to ensure that others are given the correct information to avoid putting vulnerable people at risk. The panel also heard about the nature of the role that Person A was applying for. Witness 1 gave evidence about the requirements and responsibilities of the role and raised concerns that Mrs Hope omitting this relevant information was a serious issue. The ongoing investigation into Person A and the allegations she faced brought into question the competency of Person A and whether she would be a trustworthy applicant. Witness 1 also stated that in relying on that reference, vulnerable patients were put at risk, and that there was also a risk to colleagues. This was a role for a senior carer in a position of responsibility, who would have been managing medication and left in charge of the unit. Witness 1 also spoke about concerns surrounding the influence on younger staff if Person A continued in the job and had been in a position of trust.

Ms Welsh went on to address the panel in relation to Witness 3. She submitted that Witness 3 stated Mrs Hope's actions presented a significant risk and should not have been done.

Ms Welsh submitted that in giving an inaccurate reference, Mrs Hope has deprived the Home of properly assessing the appropriateness of Person A for this role, and in having

this role offered to Person A would have exposed vulnerable patients and colleagues at that Home to a risk of harm.

In relation to the second limb, Ms Welsh referred the panel to Mrs Hope's written response, in which she has indicated that she would act in the same way in the future. She submitted that the panel could conclude from this that there is a high risk of repetition and a likelihood that the same behaviour would be repeated in the future.

In relation to the third limb, Ms Welsh set out that she has addressed the panel on the fundamental tenets of the NMC Code that Mrs Hope has breached and Mrs Hope's likelihood to act that way in the future.

In relation to the fourth limb, Ms Welsh set out that she has addressed the panel in relation to dishonesty. She submitted that the panel has found that Mrs Hope has acted dishonestly, and Mrs Hope's response to this case is in such a way that there is no indication of remorse, no reflection or learning undertaken and has said that she would act the same way in the future. Ms Welsh submitted that this indicates a deep attitudinal concern, which puts people at risk of harm and also puts the professional reputation at risk.

Ms Welsh referred the panel to its findings in relation to dishonesty, namely that Mrs Hope had omitted information and did so to deceive the recipient of the reference. Mrs Hope provided misleading and false information to assist with Person A gaining employment. Ms Welsh submitted that Mrs Hope has provided no information in relation to remorse or insight into the risk relating to her dishonest conduct. Ms Welsh submitted that there is no evidence of strengthened practice or relevant training, and the panel can therefore find that Mrs Hope would act this way in the future.

In relation to public protection and public interest, Ms Welsh submitted that the NMC Guidance sets out that dishonest conduct is particularly difficult to remediate, and the panel have before it evidence of deep seated and persistent attitudinal issues. She submitted that Mrs Hope's conduct has exposed patients to a risk of harm in that she had prioritised the interests of her family above her duty to ensure safe and professional

care to patients, and the lack of insight and remediation indicates that this risk remains and could be repeated in the future. Ms Welsh submitted that taking all of this into account, an informed member of public would be shocked if there was no finding of impairment in this case.

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

Decision and reasons on misconduct

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

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

20 Uphold the reputation of your profession at all times

To achieve this, you must:

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

20.2 act with honesty and integrity at all times, treating people fairly and without discrimination, bullying or harassment

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

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

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel was of the view that Mrs Hope's actions in filling out the reference for Person A with false information were considered, calculated and premeditated, and in doing so, she had prioritised her wider family's interests over future patients, the reputation of the nursing profession and the NMC as a regulator.

The panel considered that whilst Mrs Hope's actions were a one-off incident, the circumstances were that Mrs Hope had sought to deceive the recipient of the reference in order to assist Person A in obtaining employment. The panel considered that omitting important information from a reference and providing false information was serious.

The panel was of the view that this is not a less serious case of dishonesty, and that Mrs Hope's actions could have had serious consequences.

The panel therefore determined that Mrs Hope's actions at charges 1a, 1b, 1c and 2 did fall seriously short of the conduct and standards expected of a nurse and amounted to misconduct.

Decision and reasons on impairment

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

In coming to its decision, the panel had regard to the Fitness to Practise Library, updated on 27 March 2023, which states:

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

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

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

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

In this regard the panel considered the judgment of Mrs Justice Cox in the case of *CHRE v NMC and Grant* in reaching its decision. In paragraph 74, she said:

'In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.'

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

'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her/ 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) has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

The panel determined that limbs (a), (b), (c) and (d) of the *Grant* test are engaged in this case. The panel finds that vulnerable patients and colleagues were put at a real risk of harm as a result of Mrs Hope's misconduct. Mrs Hope's misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute. It was satisfied that confidence in the nursing profession would be undermined if its regulator did not find charges relating to dishonesty extremely serious.

Regarding insight, the panel considered the following from Mrs Hope's written response:

'My perspective of this concern is unfair that to consider my fitness to practise in based on a reference that I gave at that time to be correct and in good faith. I would also like to add that I would do so again...

...

She is my daughter in law... I have looked over the reference and to my knowledge I can't find anything wrong in what I said.'

The panel was of the view that Mrs Hope has not shown any insight into the regulatory concerns. It considered that Mrs Hope has not demonstrated any understanding of the severity of the circumstances surrounding why what she did was wrong and noted that she has gone so far to mention in her written response that she '*would do so again*' if she were faced with a similar situation in the future. The panel also considered that Mrs Hope has not demonstrated any understanding of how her actions have impacted negatively on the reputation of the nursing profession or how they may have impacted patient safety.

The panel noted the NMC Guidance on misconduct that '*where behaviour suggests deep-seated attitudinal issues ... it is less likely that the nurse, midwife or nursing associate will be able to remediate and take steps to address the underlying concerns*'. Despite this, the panel took into account that it has no evidence or up-to-date information from Mrs Hope which demonstrates that she is remorseful or has made

efforts to remediate her conduct. The panel was therefore not satisfied that Mrs Hope has taken any steps to address the regulatory concerns in this case.

Taking all of this into account, the panel is therefore of the view that there is a risk of repetition, based on the fact that Mrs Hope's actions had the potential to put vulnerable patients at a significant risk of harm. The panel considered that Mrs Hope had filled in a reference for Person A where she had signed the reference as Night Sister/Manager when she was not, had failed to disclose that Person A was under investigation for the misappropriation of medication and had failed to disclose that she was related to Person A. Mrs Hope had dishonestly provided misleading and false information in order to assist Person A to obtain employment, and her reference was relied upon and contributed to the Home's decision to offer Person A the role. The panel considered that in relying on Mrs Hope's reference, vulnerable people were put at risk, and there was also a risk to colleagues. It noted that this was a role for a senior carer in a position of responsibility, who would have been managing medication, left in charge of the unit, and potentially supervising more junior staff and there would have been an associated risk if Person A had continued in this role.

The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

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

The panel considered that a well-informed member of the public would be shocked and concerned to learn that Mrs Hope were permitted to practise unrestricted in light of the serious dishonesty concerns in this case. The panel therefore determined that a finding of impairment on public interest grounds is required.

In addition, the panel concluded that public confidence in the profession would be undermined if a finding of impairment were not made in this case and therefore also finds Mrs Hope's fitness to practise impaired on the grounds of public interest.

Having regard to all of the above, the panel was satisfied that Mrs Hope'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 Mrs Hope off the register. The effect of this order is that the NMC register will show that Mrs Hope 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 heard and accepted the advice of the legal assessor.

Submissions on sanction

Ms Welsh invited the panel to take into account the NMC SG when reaching its decision. She submitted that in light of the panel's finding that Mrs Hope's fitness to practice is impaired, the NMC SG requires it to consider what sanction would be appropriate and proportionate in the circumstances. Ms Welsh submitted that the panel should ensure that the sanction imposed is fair and justified and proportionate to the risks identified. It should also meet the panel's overarching duties to protect the public, promote public confidence in the nursing profession and maintain proper professional standards,

Ms Welsh submitted that it is the NMC's case that there are no mitigating features in this case. She submitted that the NMC has identified the following aggravating features in this case:

- Conduct which puts patients at risk of suffering harm. There was a real and significant risk to vulnerable patients through Mrs Hope's dishonest actions.
- No insight was demonstrated when taking into account Mrs Hope's written response.
- There is a likelihood that the conduct is likely to be repeated. There is a risk of repetition based on Mrs Hope's actions.
- Dishonesty, in that Mrs Hope was dishonest and in a calculated manner, provided misleading and false information in order to assist a family member, Person A, in obtaining employment. That reference was relied on and contributed to the Home's decision to offer the role to Person A, over the consideration of safety for vulnerable patients.

Ms Welsh referred the panel to the following NMC Guidance on *Can the concern be addressed? FTP-15a*:

Examples of conduct which may not be possible to address, and where steps such as training courses or supervision at work are unlikely to address the concerns include:

- *dishonesty, particularly if it was serious and sustained over a period of time, or is directly linked to the nurse, midwife or nursing associate's professional practice*

Ms Welsh also referred the panel to the following NMC Guidance on *Has the concern been addressed? FTP-15b*:

Before effective steps can be taken to address concerns, the nurse, midwife or nursing associate must recognise the problem that needs to be addressed. Therefore insight on the part of the nurse, midwife or nursing associate is crucially important.

A nurse, midwife or nursing associate who shows insight will usually be able to:

- *step back from the situation and look at it objectively*
- *recognise what went wrong*
- *accept their role and responsibilities and how they are relevant to what happened*
- *appreciate what could and should have been done differently*
- *understand how to act differently in the future to avoid similar problems happening.*

Ms Welsh set out that the panel have before it Mrs Hope's written response. She submitted that it is the NMC's case that Mrs Hope has not demonstrated any insight into the misconduct. She further submitted that in terms of remediation, the panel had before it Mrs Hope's written response, where she has stated that she would act again in this way in the future, she would not change the reference she gave and she saw nothing wrong with it. Ms Welsh submitted that the panel does not have any evidence of relevant or effective steps Mrs Hope has taken to address this dishonest misconduct, and there is no evidence about Mrs Hope's current circumstances.

Ms Welsh submitted that there is nothing before the panel from Mrs Hope to demonstrate that there has been a period of strengthened practice or any updated reflection on what has occurred.

Ms Welsh submitted that to take no further action would be inappropriate in the circumstances. She submitted that in light of the nature of this case, there is a lack of insight and a risk of repetition, and to take no action would not sufficiently protect the public against the continuing risk that the panel has identified, nor would it meet the public interest concerns.

Ms Welsh submitted that a caution order would also not be appropriate in light of the panel's findings that there is a significant and real risk of harm to patients and colleagues, no evidence of insight, and a future risk of misconduct. She submitted that a caution order would therefore be insufficient to meet the public protection and public interest concerns in this case.

Ms Welsh then addressed the panel in relation to a conditions of practice order. She submitted that the NMC Guidance sets out that a conditions of practice order may be appropriate where there is no evidence of deep-seated attitudinal issues. She submitted that it is the NMC's case that there is evidence before the panel of a significant deep-seated attitudinal issue. She referred the panel to its findings of Mrs Hope prioritising Person A's employment above the safety of others and acting dishonestly in doing so. Ms Welsh submitted that these are traits that are fundamentally incompatible with the NMC Code and the NMC Register. Ms Welsh submitted that Mrs Hope has jeopardised public confidence in the nursing profession for her family's own interests, and a well-informed member of the public who was aware of this behaviour in omitting relevant information and providing false information may have serious questions about those remaining on the NMC register.

Ms Welsh submitted that Mrs Hope in her written response had set out that she sees nothing wrong with her reference and that she would act in the same way again, and it is the NMC's case that this is a harmful deep-seated attitudinal issue. She submitted that conditions of practice would not be suitable in this case, as there are no identifiable areas which are capable of assessment or retraining. Ms Welsh submitted that the panel should consider whether there is a particular willingness to respond to retraining. Ms Welsh further submitted that dishonesty is an issue in practice which is very difficult to take steps to remediate.

Ms Welsh submitted that patients could also be put in danger, either directly or indirectly, if conditions of practice were imposed in this case.

Ms Welsh submitted that the NMC Guidance sets out that a suspension order is appropriate where the misconduct in the case is not fundamentally incompatible with the registrant remaining on the NMC register, and that the panel's overarching objectives may be satisfied with a less severe outcome of not being permanently removed from the NMC register.

Ms Welsh submitted that the NMC SG states that a 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;*

Ms Welsh submitted that the panel's findings are contrary to these factors and that a suspension order is ultimately not appropriate and is not proportionate to the risks identified. She submitted that Mrs Hope has not taken steps to engage with these proceedings, there is no information before this panel for it to be confident that Mrs Hope will not act in a similar way in the future, and there is in fact evidence by way of Mrs Hope's written response to suggest that she would act in the same way again.

Ms Welsh submitted that there is no evidence before the panel in respect of improved practice or Mrs Hope's future intentions, and in light of this, the panel should go on to consider the most serious sanction available to it, which is that of a striking-off order. She submitted that this would be the appropriate and proportionate sanction in the circumstances of this case. Ms Welsh invited the panel to consider whether it is in agreement that Mrs Hope's conduct raises fundamental questions about her professionalism. She submitted that it is the NMC's case that it does, and that this relates to dishonest behaviour. Ms Welsh submitted that there is a risk of repetition, a lack of remorse, lack of insight and no evidence of strengthened practice. She submitted that in light of this, the NMC invites the panel to consider whether public confidence and the public protection and public interest concerns in this case would be maintained if Mrs Hope was not removed from the NMC register.

Ms Welsh submitted that it is the NMC's case that this is a serious case that does warrant and justify a striking off order in the circumstances.

Decision and reasons on sanction

Having found Mrs Hope'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:

- Mrs Hope's lack of insight into her misconduct, as evidenced by her written response where she indicates that she would act in the same way again and saw no issue with her reference. The panel was of the view that Mrs Hope is not remorseful, and has offered no evidence of positive reflection which indicates a harmful deep-seated attitude relating to her actions.
- Mrs Hope's conduct was premeditated and calculated with the intention to deceive, and put patients and colleagues at a potential risk of harm. She had ample time to choose a different course of action but instead carefully crafted wording and made omissions intended to mislead the reader.
- Mrs Hope had abused her position of trust by using her former appointment as a Night Sister/Manager to assist Person A in obtaining employment.

The panel also took into account the following mitigating features:

- This was a single, one-off incident.
- The panel heard evidence from witnesses that Mrs Hope was a registered nurse with a wealth of experience and was previously held in good regard.

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 Mrs Hope'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 Mrs Hope's misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the seriousness of the case. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order. The panel decided that a sanction that did not restrict Mrs Hope's practice would not protect the public and would not meet the public interest concerns.

The panel next considered whether placing conditions of practice on Mrs Hope's registration would be a sufficient and appropriate response. The panel is of the view that there are no practical or workable conditions that could be formulated, given the nature of the charges in this case. The misconduct and dishonesty identified in this case was not something that can be addressed through retraining. Furthermore, the panel concluded that the placing of conditions on Mrs Hope's registration would not adequately address the seriousness of this case and would not address the public protection and public interest concerns. The panel considered that Mrs Hope has disengaged from the process and that there would be no way for the NMC to monitor compliance with a conditions of practice order.

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;*

- ...
- ...

Mrs Hope's 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 Mrs Hope's actions is fundamentally incompatible with her remaining on the register. The panel noted that honesty is one of the fundamental tenets of the nursing profession, and a breach of this tenet calls into question Mrs Hope's compatibility with remaining on the register. Mrs Hope has chosen not to offer any meaningful evidence of remorse or reflection since this incident, save a solitary email in October 2021 (some eight months after the reference was written), indicating Mrs Hope '*would do it again*'. The panel was of the view that Mrs Hope has had ample time to make amends in terms of self-reflection and/or remorse but has chosen not to do so.

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?*

The panel also had regard to the following NMC Guidance on *Sanctions for particularly serious cases*, SAN-2, in particular:

Examples of this type of concern are:

- *breaching the professional duty of candour to be open and honest when things go wrong, including covering up, falsifying records, obstructing, victimising or hindering a colleague or member of the public who wants to raise a concern, encouraging others not to tell the truth, or otherwise contributing to a culture which suppresses openness about the safety of care;*
- *being directly responsible (such as through management of a service or setting) for exposing people receiving care to harm or neglect, especially where the evidence shows the nurse, midwife or nursing associate putting their own priorities, or those of the organisation they work for, before their professional duty to ensure the safety and dignity of people receiving care.*

Mrs Hope's actions were significant departures from the standards expected of a registered nurse. Mrs Hope had produced a dishonest reference for the benefit of a family member which could have put patients at risk. She has shown no insight and no remorse and has stated that she has done nothing wrong and that she would act the same way again. The panel considers this to indicate a harmful deep-seated attitude. The panel was of the view that the findings in this particular case demonstrate that Mrs Hope's actions were fundamentally incompatible with her remaining on the register. To allow Mrs Hope to continue practising would undermine public confidence in the nursing profession and in the NMC as a regulatory body, and present a continuing risk to public safety.

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 Mrs Hope'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 public protection, 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 Mrs Hope 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 Mrs Hope's own interests until the striking-off sanction takes effect.

The panel heard and accepted the advice of the legal assessor.

Submissions on interim order

The panel took account of the submissions made by Ms Welsh.

Ms Welsh made an application under Article 31.2 of the Order for an interim suspension order. She submitted that the striking-off order imposed by the panel will not take effect until the 28-day appeal period after this hearing, and Mrs Hope's nursing practice will therefore be unrestricted during this time.

Ms Welsh submitted that an interim suspension order for a period of 18 months should be imposed in order to address the public protection and public interest concerns in this case and for the reasons previously set out by the panel in its determination.

Decision and reasons on interim order

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

The panel concluded that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order. The panel therefore imposed an interim suspension order for a period of 18 months to cover any appeal period.

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

That concludes this determination.