Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Order Review Hearing
Wednesday, 17 September 2025

Virtual Hearing

Name of Registrant:	**Elizabeth Sarah Lennon**
NMC PIN:	97D0010E
Part(s) of the register:	Registered Nurse – Sub Part 1 Children's Nurse – Level 1 (30 June 2000)
Relevant Location:	Northampton
Type of case:	Misconduct
Panel members:	Bryan Hume (Chair, lay member) Sally Hatt (Registrant member) Robin John Barber (Lay member)
Legal Assessor:	John Bassett
Hearings Coordinator:	Fionnuala Contier-Lawrie
Nursing and Midwifery Council:	Represented by Omar Soliman, Case Presenter
Mrs Lennon:	Not present and unrepresented
Order being reviewed:	Suspension order (12 months)
Fitness to practise:	Impaired
Outcome:	**Suspension order (6 months) to come into effect on 23 October 2025 in accordance with Article 30 (1)**

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Mrs Lennon was not in attendance and that the Notice of Hearing had been sent to Mrs Lennon's registered email address by secure email on 18 August 2025

Mr Soliman, 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 substantive order being reviewed, the time, date and that the hearing was to be held virtually, including instructions on how to join and, amongst other things, information about Mrs Lennon'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 Lennon has been served with notice of this hearing in accordance with the requirements of Rules 11 and 34.

Decision and reasons on proceeding in the absence of Mrs Lennon

The panel next considered whether it should proceed in the absence of Mrs Lennon. The panel had regard to Rule 21 and heard the submissions of Mr Soliman who invited the panel to continue in the absence of Mrs Lennon. He submitted that Mrs Lennon had voluntarily absented herself.

Mr Soliman referred the panel to the email from Mrs Lennon which states she will not be attending.

The panel accepted the advice of the legal assessor.

The panel has decided to proceed in the absence of Mrs Lennon. In reaching this decision, the panel has considered the submissions of Mr Soliman and the advice of the legal assessor. It has had particular regard to any relevant case law and to the overall interests of justice and fairness to all parties. It noted that:

- No application for an adjournment has been made by Mrs Lennon
- Mrs Lennon has informed the NMC that she has received the Notice of Hearing and confirmed she would not be attending;
- Mrs Lennon had not been present or represented at the substantive hearing;
- There is no reason to suppose that adjourning would secure her attendance at some future date; and
- There is a strong public interest in the expeditious review of the case.

In these circumstances, the panel has decided that it is fair to proceed in the absence of Mrs Lennon.

Decision and reasons on review of the substantive order

The panel decided to extend the current suspension order.

This order will come into effect at the end of 23 October 2025 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the first review of a substantive suspension order originally imposed for a period of 12 months by a Fitness to Practise Committee panel on 25 September 2024.

The current order is due to expire at the end of 23 October 2025.

The panel is reviewing the order pursuant to Article 30(1) of the Order.

The charges found proved which resulted in the imposition of the substantive order were as follows:

‘That you, a registered nurse:

1. On 16 March 2022:

a) Failed to conduct regular hourly checks of Baby A’s cannula site.

b) On one or more occasion failed to investigate the reason for Baby A’s Alaris pump to be alarming.

c) Failed to escalate the repeated alarming of Baby A’s Alaris pump.

d) On one or more occasion inappropriately raised the pressure level of Baby A’s Alaris pump.

2. On 16 March 2022:

a) Failed to record accurately and/or at all the care provided to Baby A.

b) Failed to document that Baby A’s Alaris pump had been alarming.

c) Failed to document the actions you took in response to the Alaris pump alarming.

3. On 16 March 2022 incorrectly recorded that you had observed Baby A’s cannula site.

4. On 16 March 2022 incorrectly recorded pressure readings from Baby A’s Alaris pump.

5. Your actions in charge 3 above were dishonest in that you knew you had not observed Baby A’s cannula site.

6. Your actions in charge 4 above were dishonest in that you knew the pressure readings you had recorded were incorrect.

7. On 16 March 2022 incorrectly told Doctor A that ‘Baby A’s pump pressure readings had been normal during the day’ or words to that effect.

8. Your conduct in charge 7 was dishonest in that you knew the pressure readings were not normal.

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

The original panel determined the following with regard to impairment:

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

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

> *'The question that will help decide whether a professional's fitness to practise is impaired is: "Can the nurse, midwife or nursing associate practise kindly, safely and professionally?" If the answer to this question is yes, then the likelihood is that the professional's fitness to practise is not impaired.'*

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional and to maintain professional boundaries. 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 38 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 all four limbs of Grant are engaged in this case. The panel found that Baby A was put at an unwarranted risk of harm, and it had sight of the physical harm caused to Baby A as a result of Mrs Lennon's misconduct. Mrs Lennon's misconduct, for example, by overriding the alarm settings on the Alaris pump and failing to conduct hourly cannula site observations on a young vulnerable infant, then falsifying readings brought the profession into disrepute and breached the fundamental professional 39 tenets of acting with honesty and integrity. 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 determined that Mrs Lennon demonstrated developing insight into her misconduct. The panel considered that Mrs Lennon admitted to all but two of the charges in her CMF and demonstrated, in her reflective statements, an understanding of why her conduct was wrong and how her actions caused harm to Baby A as well as apologising to Baby A's family for her failures. She has

expressed genuine remorse for her conduct. It noted that she addressed how she would handle a similar situation differently in the future.

The panel accepts from Mrs Lennon statement that although she made mistakes, she thought she was acting in Baby A's best interests. In her reflective statement, the panel took note of the following passage,

> *'On [Baby A],s fluid balance chart, I had ticked to say that [Baby A],s cannula site was checked hourly . but in fact I checked his arm periodically throughout the morning to check for signs of swelling and tissuing. However I didn't take the bandage and directly to observe the cannula site, which was wrong , I should have been more vigilant and looked at the cannula site and not just [Baby A] arm for signs of the cannula tissuing. I can't recall the exact times at which I observed and looked his arm, but When I did it was on occasions that he was unsettled and needed comforting, or his nappy changed, the reasoning for not doing it every hour was that when he was asleep and settled, he was swaddled as this would help him settle. He was also needing regular analgesia and chloral hydrate to try and keep him settled as at times not tolerating the Nasal CPAP, and he was hungry as he was on iv fluids, and initially nil by mouth at the beginning of the shift. When he was settled and asleep I wanted to leave so that the Nasal CPAP could work effectively. When [Baby A] became unsettled, he would cry and move around causing the Nasal CPAP to come off and it would take a while to settle him back down again, 40 therefore during those unsettled times the CPAP would not be as effective. So I felt at the times he was settled it was important to leave him and let him rest.' (sic)*

However, the panel took the view that Mrs Lennon's insight is limited because she has not meaningfully engaged with the dishonesty element of the charges in the same depth that she dealt with the other concerns identified. The panel determined that she does not sufficiently reflect on the seriousness of her misconduct in terms of the nature and gravity of her failures. Further, it noted that she has not demonstrated an understanding of how this impacted on her colleagues and the reputation of the nursing profession.

Dishonesty is difficult to remediate but the panel considered whether it was possible in this case. The panel was satisfied that the misconduct in this case is capable of being remedied. It took the view that Mrs Lennon demonstrated remorse into her actions regarding Baby A but did not specifically address her dishonesty.

The panel carefully considered the evidence before it. It acknowledged Mrs Lennon's reflective statements and determined that these contributed to its finding of developing insight. It also had regard to the positive testimonials she provided, the authors of which all stated that they knew of the allegations faced by Mrs Lennon. It determined that the evidence of courses undertaken, and certificates of training suggest that she has taken steps to strengthen her practice and address the relevant areas of concern.

When considering whether there remains a future risk, the panel considered that there were several failings that were avoidable. Given Mrs Lennon's limited insight into the dishonesty charges, the panel determined that there is an ongoing risk of repetition. It therefore decided that a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind that the overarching objectives of the NMC are to protect, promote and maintain the health, safety, and well-being of the public and patients, and to uphold and protect the wider public interest. This includes promoting and maintaining public 41 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 required because Mrs Lennon's actions breached fundamental tenets of the profession, pose an ongoing risk to patient safety and would be deemed concerning by the members of the public fully appraised of the particulars of this case. The panel conclude 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 Lennon's fitness to practise impaired on the grounds of public interest.

Having regard to all of the above, the panel was satisfied that Mrs Lennon's fitness to practise is currently impaired'

The original panel determined the following with regard to sanction:

'Having found Mrs Lennon'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:

- *Vulnerable nature of Baby A*
- *Actual harm caused to Baby A*

The panel also took into account the following mitigating features:

- *Admissions to most of the charges*
- *Genuine remorse with developing insight*
- *Apologised to Baby A and Baby A's family 45*
- *A series of incidents in a single shift*
- *Evidence of steps taken to address the concerns such as relevant training.*

The panel gave consideration to the health matters raised by Mrs Lennon in the documents she provided. However, the panel afforded this limited weight because there was no independent verification.

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, the public protection issues identified and the public interest considerations, an order that does not restrict Mrs Lennon'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 Lennon'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 Mrs Lennon's registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel took into account the SG, in particular:

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

As set out in its decision on impairment, the crux of the panel's concern in this case relates to the dishonesty charges found proved. The panel has noted Mrs Lennon's efforts to strengthen her practice in relation to the clinical failures in this case. In light of the ongoing concerns in relation to Mrs Lennon's insight around her dishonesty, the panel concluded that conditions of practice are not appropriate. There are no practicable or workable conditions that could be formulated to address the dishonesty.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG states that suspension order may be appropriate where some of the following factors are apparent:

- *A single instance of misconduct but where a lesser sanction is not sufficient;*
- *No evidence of harmful deep-seated personality or attitudinal problems;*

• No evidence of repetition of behaviour since the incident;

• The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour;

The panel accepted Mr McPhee's submission that these concerns have raised fundamental questions about Mrs Lennon's professionalism. However, the panel viewed Mrs Lennon's failings as one incident on one shift, with different elements as opposed to a repetitive series of incidents. It did not accept that Mrs Lennon's clinical failings were an act of deliberate neglect but instead, a display of poor professional judgement and clinical decision making within the context of what she thought was in Baby A's best interests.

The panel considered that Mrs Lennon has demonstrated sufficient insight into her clinical failings but limited insight into her dishonesty. Having taken into account Mrs Lennon's genuine remorse and positive testimonials, together with her 22-year unblemished nursing career prior to this incident, the panel was satisfied that Mrs Lennon's misconduct was not fundamentally incompatible with remaining on the register.

The panel went on to consider whether a striking-off order would be proportionate but, taking account of all the information before it, and of the mitigation provided, the panel concluded that it would be disproportionate. The panel determined that the dishonesty it found in this case appears to be out of character, based on the positive character references Mrs Lennon provided and her 22-year nursing career with no other concerns. As per Atkinson, the panel was satisfied that there is the prospect of Mrs Lennon returning to practice without the reputation of the nursing profession being disproportionately damaged.

Whilst the panel acknowledges that a suspension may have a punitive effect, it would be unduly punitive in Mrs Lennon's case to impose a striking-off order. Balancing all of these factors the panel has concluded that a suspension order would be the appropriate and proportionate sanction.

The panel noted the hardship such an order will inevitably cause Mrs Lennon. However, this is outweighed by the public interest in this case. The panel considered that this order is necessary to mark the importance of maintaining public confidence in the profession, and to send to the public and the profession a clear message about the standard of behaviour required of a registered nurse.

In making this decision, the panel carefully considered the submissions of Mr McPhee in relation to the sanction that the NMC was seeking in this case. However, the panel considered that a suspension order would be the most appropriate and proportionate order in this case, for the reasons set out above.

The panel determined that a suspension order for a period of 12 months was appropriate in this case to mark the seriousness of the misconduct, protect the public and maintain the public interest.

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

Any future panel reviewing this case would be assisted by:

- *Mrs Lennon's attendance at the at any future review.*
- *A reflective statement addressing the importance of honesty and integrity in the nursing profession and particularly reflecting on the dishonesty found proved in this case.'*

Decision and reasons on current impairment

The panel has considered carefully whether Mrs Lennon's fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC guidance DMA1 indicates that the panel should ask the question *''can the nurse, midwife or nursing associate practise kindly, safely and professionally''.* Only if the question can be answered in the affirmative is it likely that the panel will find that their fitness to practise is not currently impaired. In considering this case, the panel has carried out a comprehensive

review of the order in light of the current circumstances. Whilst it has noted the decision of the last panel, this panel has exercised its own judgement as to current impairment.

The panel has had regard to all of the documentation before it, including the NMC bundle. It has taken account of the submissions made by Mr Soliman on behalf of the NMC.

Mr Soliman began setting out the background of the case and explained the outcome from the original substantive hearing.

Mr Soliman noted that Mrs Lennon carries the persuasive burden to show she is no longer impaired, however the NMC has received no engagement with her since the original hearing in September 2024 and therefore there is nothing to demonstrate that she is no longer impaired.

Mr Soliman noted that the previous panel had requested Mrs Lennon's attendance and proof of insight into her previous honesty, however she did not attend today's hearing or provide any sort of reflection on the nature and gravity of her dishonesty to show her insight had improved.

Mr Soliman submitted that due to the lack of engagement and no new information presented before the panel, there is an ongoing risk of repetition and therefore Mrs Lennon remains impaired on the grounds of public protection and public interest.

Mr Soliman invited the panel to impose a suspension order for a period of six months as he submitted this to be appropriate and proportionate to maintain public safety and confidence in the profession, while also allowing Mrs Lennon an opportunity to engage with the NMC.

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

In reaching its decision, the panel was mindful of the need to protect the public, maintain public confidence in the profession and to declare and uphold proper standards of conduct and performance.

The panel considered whether Mrs Lennon's fitness to practise remains impaired.

The panel noted that the original substantive hearing panel found that there was sufficient insight into the clinical aspects of the facts found proved, however there remained a lack of insight into the dishonesty element of the facts. The panel found that there had been no progress on this matter and that on this occasion Mrs Lennon had not provided any new information to show remediation and insight.

The panel referred to the mitigating circumstances from the original hearing and noted that although Mrs Lennon had initially shown genuine remorse, there has since been no further engagement. The panel therefore determined that there remained a risk of repetition due to the lack of evidence of strengthened practice or current insight into the impact her actions may have had on patients, colleagues, and the reputation of the profession and maintaining public confidence.

In light of the above continued risk to patients, the panel determined that a finding of continuing impairment on public protection grounds is necessary.

The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. The panel determined that, in this case, a finding of continuing impairment on public interest grounds is also required.

For these reasons, the panel finds that Mrs Lennon's fitness to practise remains impaired.

Decision and reasons on sanction

Having found Mrs Lennon's fitness to practise currently impaired, the panel then considered what, if any, sanction it should impose in this case. The panel noted that its powers are set out in Article 30 of the Order. The panel has also taken into account the 'NMC's Sanctions Guidance' (SG) and has borne in mind that the purpose of a sanction is not to be punitive, though any sanction imposed may have a punitive effect.

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 Lennon'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 Lennon'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 a conditions of practice on Mrs Lennon's registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel bore in mind the seriousness of the facts found proved at the original hearing and concluded that a conditions of practice order would not adequately protect the public or satisfy the public interest. The panel was not able to formulate conditions of practice that would adequately address the concerns relating to Mrs Lennon's dishonesty.

The panel considered the imposition of a further period of suspension. It was of the view that a suspension order would allow Mrs Lennon further time to fully reflect on her previous dishonesty. It considered that Mrs Lennon needs to gain a full understanding of how the dishonesty of one nurse can impact upon the nursing profession as a whole and not just the organisation that the individual nurse is working for. The panel concluded that a further six month suspension order would be the appropriate and proportionate response and would afford Mrs Lennon adequate time to further develop her insight and take steps to strengthen their practice. It would also give Mrs Lennon an opportunity to approach past and current health professionals to attest to her honesty and integrity in her workplace assignments since the substantive hearing.

The panel determined therefore that a suspension order is the appropriate sanction which would continue to both protect the public and satisfy the wider public interest. Accordingly, the panel determined to impose a suspension order for the period of six months which would provide Mrs Lennon with an opportunity to engage with the NMC. It considered this to be the most appropriate and proportionate sanction available.

This suspension order will take effect upon the expiry of the current suspension order, namely the end of 23 October 2025 in accordance with Article 30(1)

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

Any future panel reviewing this case would be assisted by:

- Mrs Lennon's attendance at the at any future review;
- A reflective statement addressing the importance of honesty and integrity in the nursing profession and particularly reflecting on the dishonesty found proved in this case.

The panel noted that a future reviewing panel may consider a strike off order, should Mrs Lennon continue to fail to engage with the NMC and fail to provide evidence of strengthening her practice and insight.

This will be confirmed to Mrs Lennon in writing.

That concludes this determination.