

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

**Substantive Order Review Hearing
Thursday, 16 April 2026**

Virtual Hearing

Name of Registrant: Ellie Louise Bennett

NMC PIN: 19B1531E

Part(s) of the register: Registered Nurse -Sub Part 1
Adult Nursing – March 2019

Relevant Location: Blackpool

Type of case: Misconduct

Panel members: Linda Owen (Chair, lay member)
Penelope Howard (Registrant member)
Lorraine Chalk (Lay member)

Legal Assessor: Paul Hester

Hearings Coordinator: Tyra Andrews

Nursing and Midwifery Council: Represented by Assad Badruddin, Case Presenter

Miss Bennett: Present and supported by Paul Fulcher, McKenzie friend, at this hearing

Order being reviewed: Conditions of practice order (9 months)

Fitness to practise: Impaired

Outcome: **Conditions of practice order extended (9 months)
in accordance with Article 30(1)**

Decision and reasons on review of the substantive order

The panel decided to extend the conditions of practice order for a period of 9 months.

This order will come into effect at the end of 14 May 2026 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the first review of a substantive conditions of practice order imposed for a period of 9 months by a Fitness to Practise Committee panel on 17 July 2025.

The current order is due to expire at the end of 14 May 2026.

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

The charges found proved by way of admission which resulted in the imposition of the substantive order are as follows:

'That you a registered nurse:

- 1. On one or more occasions between 14 February 2022 and 21 March 2022 did not wear a face mask when visiting patients when you were required to do so.*
- 2. When asked by your employer to provide a medical exemption letter or reasons for your not wearing a face mask, you did not do so in a timely manner.*

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:

- 1. 'It is agreed that Miss Bennett's fitness to practise is currently impaired by reason of her misconduct.*

2. *The NMC's guidance entitled 'Impairment (Ref: DMA-1)' explains that impairment is not defined in legislation but is a matter for the Fitness to Practise Committee to decide. 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?"*
3. *Guidance can also be found in case law. The following considerations were suggested by Dame Janet Smith in in the 5th Shipman Report (as endorsed in the case of Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin)) by Cox J;
 - 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 professions 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 professions; and/or*
 - d) *Has in the past acted dishonestly and/or is liable to act dishonestly in the future?**
4. *The Parties have also considered the comments of Cox J in Grant at paragraph 101:
"The Committee should therefore have asked themselves not only whether the Registrant continued to present a risk to members of the public, but whether the need to uphold proper professional standards and public confidence in the Registrant and in the profession would be undermined if a finding of impairment of fitness to practise were not made in the circumstances of this case."*
5. *In this case, it is agreed that limbs (a) to (c) are engaged. Taking the limbs in turn:
Limb (a)*
6. *Miss Bennett conducted home visits with vulnerable patients without wearing a face mask, as stipulated by Government guidelines and Trust policies. The*

patients she visited were vulnerable to infection because e.g., they were undergoing chemotherapy, due to their age, and/or other health conditions. Her actions therefore placed the patients she visited at unwarranted risk of harm.

Limb (b)

7. Registered professionals occupy a position of privilege and trust in society and are expected at all times to be professional. Members of the public must be able to trust registered professionals with their lives and the lives of their loved ones. It is agreed that by not wearing a face mask to conduct home visits, thereby placing vulnerable patients at unwarranted risk of harm, and not providing medical reasons to her employer in a timely manner, Miss Bennett has brought the profession into disrepute.

Limb (c)

8. All nurses must act first and foremost to care for and safeguard the public. Prioritisation of people, effective and safe practice, and professionalism are fundamental tenets of the Code. It is agreed that Miss Bennett's actions breached these fundamental tenets.

Public protection

9. Impairment is a forward-thinking exercise which looks at the risk the registrant's practice poses in the future. NMC guidance adopts the approach of Silber J in the case of R (on application of Cohen) v General Medical Council [2008] EWHC 581 (Admin) by asking the questions which the court set out as being 'highly relevant' to the determination of the question of current impairment, these are:
 - i) Whether the conduct that led to the charge(s) is easily remediable.
 - ii) Whether it has been remedied.
 - iii) Whether it is highly unlikely to be repeated.

Limb (i)

10. Having regard to the NMC's guidance 'Can the concern be addressed?' (FTP-15a), the Parties agree that the misconduct in this case is remediable. The failings in this case relate to discrete and easily identifiable areas of Miss Bennett's clinical practice, namely infection control.

Limbs (ii) and (iii)

11. *The Parties have considered the NMC's guidance entitled: Has the concern been addressed? (Reference: FTP-15b) and Is it highly unlikely that the conduct will be repeated? (Reference: FTP-15c).*
12. *The Parties agree that Miss Bennett has demonstrated some insight. She accepts the substance of the regulatory concerns and acknowledges the risk of harm her conduct caused to patients.*
13. *In an undated reflective piece, received by the NMC on 27 June 2023, Miss Bennett wrote:*

'... I had only recently returned from [PRIVATE] additional annual leave to working in the midst of coronavirus. My return to work was at a time of mask-wearing policy for Covid-19. During [PRIVATE], I had exercised my right to self-exemption of mask-wearing in public settings. This was for health reasons, which I had no requirement to divulge. I believed that when returning to work I would be able to continue with what I had done for the last 12 months and only need to self-exempt myself under the law.

On reflection I can see that it would've been best to sit down with my manager and have a confidential meeting to discuss my reasons but during that time I didn't feel comfortable and felt threatened as discussions about my mask wearing would be emotional and overwhelming. Looking back, I can also understand why it would've been better to have had my exemption letter sooner, the delay came as I was under the erroneous impression I was allowed to self-exempt under Acts and Statutes and due to my usual GP and other NHS GPs stating they were not writing exemption letters. However, I now recognise I should've had a meeting sooner to discuss reasons why I self-exempt. I feel that this experience has made me realise the importance of communication as I feel like it could've been a completely different outcome had I been able to communicate effectively.

I realise the importance of policy and procedures and the reasons they are in place. At no stage was I trying to cause any trouble in regards to my own situation. I understand that the trust is continuously doing what they can to

ensure the public feel safe and secure when being cared for. Therefore, since this account, I have followed in line with other employers' policy's and recognise the reason for them being put in place. I realise how important communication is with other members of staff and how crucial it is to approach in a calm and understanding way to develop understanding and trust. I feel like my communication skills are improving towards staff in a higher role to myself in the sense of being more confident to approach them and ask for help when I am concerned.

This links to all 4 of the codes, professionalism and trust, preserving safety, prioritising people and practicing effectively. Trust being from the patients I care for, protecting them and ensuring they are safe and providing them with a nice experience feeling comfortable in their own homes about the care they are receiving. To identify risk and ensure the delivery of care is safe and effective, putting patients' needs first. It's critical to ensure the wellbeing of patients is second to none. Communication in healthcare is paramount and even more so between staff members to make sure patients receive the upmost care and staff are able to ask for help when needed...'

14. *However, Miss Bennett has not worked as a nurse since her dismissal from the Trust in 2022. She has therefore been unable to demonstrate strengthened practice in the workplace. Miss Bennett has also not provided evidence of any training undertaken in infection control to address the concerns. It is therefore agreed that a risk of repetition remains.*

15. *The Parties agree that absent evidence of remediation and strengthened practice, there is a continuing risk to the public. Consequently, a finding of impairment is necessary on the ground of public safety.*

Public interest

16. *In Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin) at paragraph 74 Cox J commented that:*

“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.”

17. *Consideration of the public interest therefore requires the Fitness to Practise Committee to decide whether a finding of impairment is needed to uphold proper professional standards and conduct and/ or to maintain public confidence in the profession.*
18. *In upholding proper professional standards and conduct and maintaining public confidence in the profession, the Fitness to Practise Committee will need to consider whether the concern is easy to put right. For example, it might be possible to address clinical errors with suitable training. A concern which has not been put right is likely to require a finding of impairment to uphold professional standards and maintain public confidence.*
19. *However, there are some types of concerns that are so serious that, even if the professional addresses the behaviour, a finding of impairment is required either to uphold proper professional standards and conduct or to maintain public confidence in the profession.*
20. *It is agreed that there is public interest in a finding of impairment being made in this case to declare and uphold proper standards of conduct and behaviour. It is agreed that a member of the public would be extremely concerned to hear that a nurse responsible for visiting vulnerable patients in the community had repeatedly failed to wear a face mask in breach of Government guidelines, thereby placing said patients at unwarranted risk of harm, and not provided a medical exemption certificate or reasons for not wearing a mask to her employer in a timely manner, was allowed to practise without restriction. As such, the need to protect the wider public interest calls for a finding of impairment to uphold proper professional*

standards, maintain trust and confidence in nursing and the NMC as its regulator. Without a finding of impairment, public confidence in the profession, and the regulator, would be seriously undermined, particularly where there is a risk of repetition, as is present in this case.

21. *The Parties therefore agree that a finding of impairment is also necessary on the grounds of public interest.'*

The original panel determined the following with regard to sanction:

22. *'It is agreed that the appropriate and proportionate sanction in this case is a **9-months conditions of practise order with review before expiry.***
23. *Any sanction imposed must do no more than is necessary to meet the public interest and must be balanced against Miss Bennett's right to practice in her chosen career. To achieve this the panel is invited to consider each sanction in ascending order.*
24. *The Parties agree that the following aggravating features are present in this case:*
 - *Significant risk of harm to vulnerable patients in the community*
25. *The Parties agree that the following mitigating features are present in this case.*
 - *Potential health concerns*
26. *The Parties have considered the NMC's guidance to assist with the determination of the appropriate and proportionate sanction. The Parties acknowledge that the panel will want to consider the available sanctions in ascending order of seriousness.*
 - 26.1. ***Taking no further action** or imposing a **caution order** would be wholly inappropriate as they would not sufficiently address the seriousness of the concerns in this case and would not meet the wider public interest.*
 - 26.2. *A **conditions of practice order** would be appropriate and proportionate. The NMC's guidance (SAN-3c) provides that conditions will be appropriate*

where there are identifiable areas of the nurse's practice in need of assessment/retraining, there is potential and willingness to respond positively to retraining, patients will not be put in danger directly or indirectly as a result of the conditions, patient will be protected for the period they are in force, and the conditions can be monitored and assessed. The Parties agree that these factors are all present. There is no evidence of harmful deep-seated personality or attitudinal problems, nor evidence of general incompetence. Workable conditions could be put in place in relation to identifiable areas of Miss Bennett's practice in need of assessment and retraining, for example in infection control.

26.3. *In the circumstances, the Parties agree that a **suspension order** or **striking-off order** would be wholly disproportionate. Whilst this was not a single isolated incident, Miss Bennett has demonstrated insight. The misconduct is not fundamentally incompatible with ongoing registration and does not warrant removal, temporary or permanent, from the register. A lesser sanction would suffice to protect patients, maintain professional standards, and uphold public confidence in the profession and the NMC as a regulator.*

27. *The Parties consider that 9 months would provide Miss Bennett sufficient time to strengthen her practise. A review before expiry would afford the NMC the opportunity to ensure that the misconduct has been sufficiently remediated.'*

Decision and reasons on current impairment

The panel has considered carefully whether your fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as the ability of a professional on our register to practise as a nurse, midwife or nursing associate safely and effectively without restriction. 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, and documentation you have provided including email correspondence and training certificate.

It has taken account of the submissions made by Mr Badruddin on behalf of the NMC. He referred the panel to the findings of the original panel that you had placed vulnerable patients at a significant risk of harm by failing to wear the appropriate Personal Protective Equipment (PPE) when conducting home visits for elderly patients.

Mr Badruddin noted that you had accepted the charges against you at the original hearing and have engaged with the NMC from the outset. He further acknowledged the efforts you have made to address the concerns raised by the original panel and comply with the conditions imposed.

Mr Badruddin submitted that you have been unable to gain employment in a nursing role since 2022 and you are therefore unable to demonstrate a prolonged period of safe and effective practice. He submitted that the public protection and public interest concerns raised by the original panel remain engaged.

Mr Badruddin submitted that a conditions of practice order remains appropriate in this case and invited the panel to extend the order for a further 6 months. He further submitted that condition 1 should be revised to facilitate your return to practice and address the infection control concerns raised in a practical setting. Mr Badruddin suggested that a period of indirect supervision and regular meetings with your line manager with a report provided would be sufficient to address the concerns raised.

The panel also had regard to your submissions. You submitted that you are fully aware of the mistake you made during the time of the incidents, and you understand the importance of public safety. You stated that you have never intended to put people in danger or create an unsafe environment. You highlighted that at the time you had just returned to work following [PRIVATE] and had concerns relating to PPE requirements following your online research.

You submitted that prior to this incident you had never had a record of unsafe practice and stated that patients would ask specifically for you when receiving care. You apologised for the mistake made and you have learned from this following the incident. Mr Fulcher, on your behalf, stated that you are doing your best to maintain and strengthen your skills by engaging in the relevant courses and numerous attempts to gain employment within a nursing role. He submitted that you are [PRIVATE] and have since worked in a self-employed role in a sales job. He stated that you are keen to return to nursing and highlighted the difficulties you have faced since the commencement of these proceedings.

You submitted that you were working as a healthcare assistant in a carer role at Visiting Angels where you were using PPE at all times when caring for patients. You stated that you were not aware this experience was relevant and compliant with the conditions and would be able to provide any references should it assist.

You submitted that you are open to completing a return-to-work course prior to engaging in any nursing role as you have not been in nursing practise for 5-6 years. You further submitted that currently you are working around arrangements with [PRIVATE] and currently you are not in the position to return to full-time nursing practice.

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 your fitness to practise remains impaired. The panel noted that there is an existing finding that your fitness to practise is impaired and that the evidential burden is upon you to persuade the panel that your fitness to practise is no longer impaired.

Upon review of the evidence before it, the panel found that you had not complied with the conditions imposed by the original panel.

The panel carefully considered the certificate you have provided regarding your completion of an 'Infection Prevention and Control in Caregiving' course. The panel noted that you have only provided a copy of the certificate at this hearing and had regard to condition 1 which requires the course to be assessed by a fellow registered nurse who will sign you as competent at its conclusion. The panel had no information before it to show the contents of the course, the modules covered, how the course was assessed and whether it had been signed off by a registered professional. It therefore found that you had not complied with the theoretical component of condition 1 imposed by the original panel.

The panel further considered the practical component of condition 1 which required your application of the infection control competency course in a practical setting. The panel acknowledged the email correspondence evidence you have provided at this hearing which shows your efforts in gaining a practical role to demonstrate your learning. It noted that you were unable to obtain practical experience and therefore found that you had not complied with the practical component of condition 1.

The panel noted that the original panel found that you had demonstrated some insight. At this hearing the panel considered that your insight has improved and developed. The panel found that you demonstrated an understanding of why what you did was wrong and how your actions put patients at a risk of harm. It had regard to your oral submissions where you provided examples of using the appropriate PPE during your work as a healthcare assistant, and was of the view that you are aware of the protective measures required when working with vulnerable patients.

In its consideration of whether you have taken steps to strengthen your practice, the panel took into account your course completion certificate and your numerous attempts to gain practical experience as required by the conditions imposed. However, the panel determined that there is no evidence before it to demonstrate you have strengthened your practice. It noted that you had experience within your role as a carer, however, it found that there is no documentary evidence from supervisors or managers to suggest you have demonstrated your skills and knowledge in relation to infection prevention in a healthcare setting.

The original panel determined that you were liable to repeat matters of the kind found proved. As there is an existing finding that your fitness to practise is impaired and the burden today is upon you to provide evidence that your practice is no longer impaired, the panel noted that you have not provided any independent documentary evidence that you have strengthened your practice in relation to infection prevention. Accordingly, as there is no evidence, you remain liable to repeat matters of the kind found proved.

The panel considered that although you have made some positive steps to comply with the conditions imposed, and have demonstrated improved insight, the information provided is insufficient to suggest that you are able to practice safely without restriction at this time. In light of this, this panel determined that you remain liable to repeat matters of the kind found proved. The panel therefore decided that a finding of continuing impairment is necessary on the grounds of public protection.

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 your fitness to practise remains impaired.

The panel first considered whether to take no action but concluded that this would be inappropriate. The panel found that you had not complied with the conditions imposed. It therefore 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 your failure to demonstrate maintenance of your skills and knowledge and compliance with the conditions imposed, an order that does not restrict your 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, but the Committee wants to mark that what happened was unacceptable and must not happen again.'* The panel considered that your

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 imposing a conditions of practice order on your registration would still be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable.

The panel determined that it would be possible to formulate appropriate and practical conditions which would address the failings highlighted in this case. The panel accepted that you have been unable to comply with conditions of practice due to your current employment and personal circumstances, but you are engaging with the NMC and are willing to comply with any conditions imposed.

The panel was of the view that a conditions of practice order is sufficient to protect patients and the wider public interest, noting as the original panel did that there was no evidence of general incompetence or deep-seated attitudinal problems. It considered that the misconduct related to poor judgement rather than clinical competence. In this case, there are conditions that could be formulated which would protect patients during the period they are in force.

The panel was of the view that to impose a suspension order would be wholly disproportionate and would not be a reasonable response in the circumstances of your case because the panel found the misconduct identified to be remediable. It found that you have demonstrated developing insight and noted the numerous attempts made to comply with the conditions imposed. In light of the circumstances of this case, an order that precludes any opportunity for remediation would be inappropriate.

Accordingly, the panel determined, pursuant to Article 30(1) to extend the conditions of practice order for a period of 9 months, which will come into effect on the expiry of the current order, namely at the end of 14 May 2026. The panel found that a period of 9 months would provide sufficient time for you to comply with the conditions imposed and prevent any delays to your potential return to practice.

It decided to impose the following conditions which it considered are appropriate and proportionate in this case:

‘For the purposes of these conditions, ‘employment’ and ‘work’ mean any paid or unpaid post in a nursing, midwifery or nursing associate role. Also, ‘course of study’ and ‘course’ mean any course of educational study connected to nursing, midwifery or nursing associates.

1. You must successfully complete an infection control competency course. The course may be completed online or in person.
2. Following the completion of this course, you must demonstrate the practical application of your learning in relation to infection control in a healthcare setting. This may be undertaken within a non-registered nursing role.
3. You must complete monthly reviews with your line manager/supervisor showing your practical knowledge around infection control. You must obtain a report from your line manager/supervisor addressing your practical knowledge around infection control. This report to be provided to the NMC 7 days before the next review.
4. You will send your case officer evidence that you have successfully completed an infection control competency course within 9 months of this order coming into effect. You must provide evidence of the following:
 - a) A certificate of completion.
 - b) A summary of the contents of the course, modules covered, duration of the course and how the course was assessed, including details of the assessor and assessment process.
 - c) A reflective piece following completion of the infection control competency course and following its application in the workplace

which demonstrates how you have utilised your knowledge in a healthcare setting.

5. You must keep the NMC informed about anywhere you are working by:
 - a) Telling your case officer within seven days of accepting or leaving any employment.
 - b) Giving your case officer your employer's contact details.

6. You must keep the NMC informed about anywhere you are studying by:
 - a) Telling your case officer within seven days of accepting any course of study.
 - b) Giving your case officer the name and contact details of the organisation offering the course of study.

7. You must immediately give a copy of these conditions to:
 - a. Any organisation or person you work for.
 - b. Any agency you apply to or are registered with for work.
 - c. Any employers you apply to for work (at the time of application).
 - d. Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.

8. You must tell your case officer, within seven days of your becoming aware of:
 - a) Any clinical incident you are involved in.
 - b) Any investigation started against you.
 - c) Any disciplinary proceedings taken against you.

9. You must allow your case officer to share, as necessary, details about your performance, your compliance with and / or progress under these conditions with:
 - a) Any current or future employer.
 - b) Any educational establishment.

- c) Any other person(s) involved in your retraining and/or supervision required by these conditions.'

This conditions of practice order will take effect upon the expiry of the current conditions of practice order, namely the end of 14 May 2026 in accordance with Article 30(1).

Before the end of the period of the order, a panel will hold a review hearing to see how well you have complied with the order. At the review hearing the panel may revoke the order or any condition of it, it may confirm the order or vary any condition of it, or it may replace the order for another order.

Any future panel reviewing this case would be assisted by:

- Evidence of satisfying the conditions of practice order.

This will be confirmed to you in writing.

That concludes this determination.