# Nursing and Midwifery Council
# Fitness to Practise Committee

**Substantive Meeting**
**Friday, 10 April 2026 – Monday, 13 April 2026**

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

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| **Name of Registrant:** | **Naomi Kathlynne Amanda Butcher** |
| **NMC PIN:** | 83Y1881E |
| **Part(s) of the register:** | Registered Nurse - Sub part 1<br>RN1: Adult Nursing (Level 1) – 10 November 1986 |
| **Relevant Location:** | West Sussex |
| **Type of case:** | Misconduct |
| **Panel members:** | Geraldine O'Hare (Chair, lay member)<br>Lisa Holcroft (Registrant member)<br>Jan Bilton (Lay member) |
| **Legal Assessor:** | Jayne Salt |
| **Hearings Coordinator:** | Stanley Udealor |
| **Facts proved by admission:** | Charges 1, 2, 3, 4, 5, 6, 7, 8, 9, 10a, 10b, 11a, 11b (i), 11b (ii), and 12 |
| **Facts proved:** | Charge 11b (iii) |
| **Facts not proved:** | None |
| **Fitness to practise:** | Impaired |
| **Sanction:** | **Striking-off order** |
| **Interim order:** | **Interim suspension order (18 months)** |

**Decision and reasons on service of Notice of Meeting**

The panel was informed at the start of this meeting that the Notice of Meeting had been sent to Mrs Butcher's registered email address by secure email on 9 February 2026.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Meeting provided details of the allegation, the time, and that the meeting would take place on or after 16 March 2026.

In the light of all of the information available, the panel was satisfied that Mrs Butcher has been served with notice of this meeting in accordance with the requirements of Rules 11A and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

**Decision and reasons on application to admit stand-alone documents**

The Nursing and Midwifery Council (NMC) made an application under Rule 31 to admit stand-alone documents into evidence. In its written representations, the NMC invited the panel to admit the following documents into evidence:

- Email from Eirian Levell, 23 April 2024
- Summary of medication error incident that occurred on 4 September 2023
- Email from Eirian Levell, 15 April 2023
- Rosie Audis incident report, 17 March 2024
- Summary of syringe driver incidents

The NMC submitted that the evidence of the stand-alone documents is relevant because the documents contain evidence that supports the charges against Mrs Butcher. The NMC referred the panel to the factors to be considered in admitting hearsay evidence as set out in the case of *Thorneycroft v Nursing and Midwifery Council* [2014] EWHC 1565 (Admin). The NMC asserted that the stand-alone documents were not the sole or decisive evidence in support of the charges having regard to Alice Thomas' evidence and the admissions

made by Mrs Butcher in her Case Management Form (CMF) in October 2025. The NMC highlighted that Mrs Butcher did not challenge the contents of the documents and her non-engagement with these proceedings was an indication that there was no challenge to the contents of the documents. The NMC submitted that there was no suggestion that the authors of these documents had reason to fabricate their documentation.

The NMC submitted that given the response from Mrs Butcher which included admissions to the alleged misconduct, it was not considered necessary or proportionate to obtain NMC witness statements as part of the investigation. The NMC concluded that it would be fair to admit the stand-alone documents into evidence having regard to Mrs Butcher's admissions and her indication of future lack of engagement with these proceedings.

The panel accepted the legal assessor's advice on the issues it should take into consideration in respect of this application. This included that Rule 31 provides that, so far as it is '*fair and relevant'*, a panel may accept evidence in a range of forms and circumstances, whether or not it is admissible in civil proceedings.

The panel first considered whether the evidence of the stand-alone documents is relevant to this case. The panel determined that the documents are relevant to this case because it forms part of the NMC evidence adduced to support the charges against Mrs Butcher.

Having determined that the hearsay evidence is relevant, the panel next considered whether it would be fair to admit it. The panel had regard to the case of *Thorneycroft* which laid out the factors to be considered in admitting hearsay evidence. The panel considered whether the stand-alone documents are the sole or decisive evidence with respect to the charges. The panel decided that the stand-alone evidence is not the sole or decisive evidence in support of the charges given that Mrs Butcher had made admissions to the charges save from charge 11b (iii) and the evidence of Alice Thomas corroborate the contents of the documents.

The panel noted that the NMC had sent the hearing bundle containing the stand-alone documents to Mrs Butcher as part of the evidence to be considered by the panel in these proceedings. The panel was therefore satisfied that Mrs Butcher had prior knowledge that the stand-alone documents would be adduced. The panel took into account that Mrs

Butcher had made admissions to all of the charges, save from charge 11b (iii), and the stand-alone documents do not contain any evidence in support of that charge. Therefore, Mrs Butcher had not challenged the contents of the documents. The panel was satisfied that there was no suggestion that the stand-alone documents were fabricated by their authors given that Mrs Butcher had made admissions.

The panel considered the charges to be very serious as any adverse finding could have a negative impact on Mrs Butcher's nursing career. It accepted the reasons provided by the NMC for not obtaining witness statements from the authors of the stand-alone documents given that Mrs Butcher had made admissions, and she had agreed with the contents of the documents.

Having considered these factors, the panel determined that it is relevant and fair to admit the stand-alone documents into evidence.

**Details of charge**

'That you, a registered nurse, whilst working at St Peter and St James Hospice (the Hospice):

1) On 10 August 2023, failed to check in a box of 10mg Morphine Sulphate tablets to the control drug cupboard.

2) On 16 August 2023, in relation to Patient D, failed to administer their 17:00 dose of 1g of Paracetamol.

3) On 19 August 2023, in relation to an unknown patient, attached/ programmed a Terumo 20ml syringe to the pump instead of a Plastipak 20ml syringe.

4) On 4 September 2023, in relation to Patient D, failed to give them their full dose of Oxycodone.

5) On 21 September 2023, in relation to an unknown patient, failed to check their syringe driver at 18:00

6) On 12 November 2023, Mrs Butcher failed to give a patient (Patient D) their Promethazine medication.

7) On 21 November 2023, in relation to an unknown patient, attached a 30ml Plastipak syringe to the driver instead of a 30ml Omnifix syringe.

8) On 11 December 2023, in relation to Patient E, said “I make a bet with all of you that he will die on Christmas day” or words to that effect.

9) On 11 March 2024, in relation to Patient B, administered 80 mg of Oxycodone instead of 80 mg of Morphine Sulphate tablets.

10) On 12 March 2024, in relation to Patient A:

    a) Administered 50mg of Midazolam to Patient A over a 24-hour period instead of the 5mg that had been prescribed over a 24-hour period;
    b) Recorded that you had administered 5mg of Midazolam when you had given 50mg.

11) On 12 March 2024:

    a) Refused Patient X’s family’s request to visit the sanctuary;
    b) Said about Patient X’s family words to the effect of:
        i) They would stay for hours because they are gypsies;
        ii) It was too late and/or there would be 20 of them;
        iii) They burn their bodies in caravans when they die.

12) Your conduct at charge 11 was discriminatory in that you treated the subject of your actions and/or comments less favourably due to a protected characteristic, namely the subject’s ethnicity.

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

**Background**

The charges arose whilst Mrs Butcher was employed as a registered nurse by St Peter and St James Hospice (the Hospice) as a Band 6 Team Leader. On 4 April 2024, the NMC received a referral from the Hospice raising a number of alleged concerns against Mrs Butcher.

The alleged concerns were in relation to several medication administration and management errors, record keeping error, unprofessional comments made in relation to patients, discriminatory comments and conduct towards a patient's family. The Hospice intended to discuss the medication incidents with Mrs Butcher on her return to work and therefore it sent her an email on 19 March 2024 to that effect. However, on 25 March 2024, Mrs Butcher handed in her notice and was on sick leave during the resignation period, therefore, the Hospice could not speak to her about the incidents.

In her CMF, the registrant made admissions to all of the allegations except charge 11b(iii). In her response to these allegations, Mrs Butcher stated that she was under stress, the Hospice was short staffed, and she had no experience in palliative care. She stated that she had not worked hands on for over 15 years and had been in social care, which the Hospice knew.

**Decision and reasons on facts**

The panel took into account that Mrs Butcher had, in her CMF and her email to the NMC dated 10 October 2025, made full admissions to charges 1, 2, 3, 4, 5, 6, 7, 8, 9, 10a, 10b, 11a, 11b (i), 11b (ii), and 12.

The panel therefore finds charges 1, 2, 3, 4, 5, 6, 7, 8, 9, 10a, 10b, 11a, 11b (i), 11b (ii), and 12 proved in their entirety, by way of Mrs Butcher's admissions.

In reaching its decisions on the disputed facts, the panel took into account all the documentary evidence in this case together with the representations made by the NMC.

The panel was aware that the burden of proof rests on the NMC, and that the standard of proof is the civil standard, namely the balance of probabilities. This means that a fact will be proved if a panel is satisfied that it is more likely than not that the incident occurred as alleged.

The panel had regard to the written statements of the following witnesses on behalf of the NMC:

- Kelly Viner: Healthcare Assistant at the Hospice at the time of the incidents
- Alice Thomas: Ward Manager at the Hospice at the time of the incidents
- Kathleen Chu-Spear: Team Leader at the Hospice at the time of the incidents
- Faye Bravant: Team Leader at the Hospice at the time of the incidents

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor.

The panel then considered the disputed charge and made the following findings:

**Charge 11b (iii)**

11) On 12 March 2024:

a. Refused Patient X's family's request to visit the sanctuary
b. Said about Patient X's family words to the effect of:
iii) They burn their bodies in caravans when they die

**This charge is found proved.**

The panel took into account that Kelly Viner, in her witness statement, stated:

> *'Until the incident on 12 March 2024, I have never come across a situation where a family was turned down from seeing their loved one. On this day, Naomi and I and 2 others were at our desks in the nurses office, writing up patient notes. Then Naomi said she had just got a call from Patient X's (then deceased) family saying they wanted to come and see Patient X again but she said no to them coming to the Hospice……. She also said they normally burn their bodies in caravans when they die…..'*

The panel took account of the witness statement of Faye Bravant, in which they stated:

> *'On 13 March 2024, a family called the Hospice to request a visit to see their relative who had just passed away and I said it was okay for them to come in. After the call, one of the healthcare assistants told me that the family had called the previous day, wanting to visit but Naomi said they could not come.... She also said Naomi was talking about how the family were gypsies and so they would burn the patient in a caravan'*

The panel took into consideration that Mrs Butcher denied the allegation.

The panel considered that the respective accounts of Kelly Viner and Faye Bravant were supported by their local statements which were consistent with each other and made contemporaneously to the alleged incident. Faye Bravant had sent an email dated 13 March 2024 to Alice Thomas and Eirian Levell in which they reported that Kelly Viner had reported the incident. Kelly Viner had also provided a local statement dated 21 April 2024 in which she described the incident. The panel also noted that the accounts were also supported by the email from Alice Thomas dated 13 September 2024 and the investigation notes of Eirian Levell.

The panel considered the surrounding circumstances of the alleged incident and it took into account that the incident was alleged to have occurred in the same context in which Mrs Butcher had admitted using similar discriminatory words about Patient X's family. The panel found no reason for Kelly Viner and Faye Bravant to fabricate their evidence and it therefore accepted their evidence.

Based on the evidence before it, the panel was satisfied that it was more likely than not, that on 12 March 2024, Mrs Butcher had said about Patient X's family words to the effect of *'They burn their bodies in caravans when they die.'* Accordingly, the panel found charge 11b (iii) proved.

**Fitness to practise**

Having reached its determination on the facts of this case, the panel then moved on to consider, whether the facts found proved amount to misconduct and, if so, whether Mrs Butcher'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 safely and effectively without restriction.

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

**Representations on misconduct**

The NMC provided written representations on misconduct to the panel. In its written representations, the NMC referred the panel to the comments of Lord Clyde in *Roylance v General Medical Council* [1999] UKPC 16 in which misconduct was defined:

> *'[331B-E] Misconduct is a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rule and standards ordinarily required to be followed by a [nurse] practitioner in the particular circumstances'*

The NMC noted that there was no burden or standard of proof required as highlighted in the case of *Council for the Regulation of Health Care Professionals v (1) General Medical Council (2) Biswas [2006] EWHC 464 (Admin)*. The NMC further referred the panel to the comments of Jackson J in *Calheam v GMC* [2007] EWHC 2606 (Admin) and Collins J in *Nandi v General Medical Council* [2004] EWHC 2317 (Admin), respectively:

> *'[Misconduct] connotes a serious breach which indicates that the doctor's* (nurse's) *fitness to practise is impaired';* and,
>
> *'The adjective "serious" must be given its proper weight, and in other contexts there has been reference to conduct which would be regarded as deplorable by fellow practitioner'.*

The NMC submitted that the following parts of 'The Code: Professional standards of practice and behaviour for nurses and midwives 2018' (the Code) are engaged in this case and have been breached. They are sections 1.1, 1.2, 1.4, 10.3, 14.1, 14.2, 14.3, 18.3, 18.4, 20.1, 20.2, 20.3, 20.5, 20.7, and 20.8. The NMC submitted that these are the standards that patients and members of the public expect from health professionals.

The NMC submitted that Mrs Butcher's conduct is serious, fell far short of what is expected of a registered nurse and was a flagrant departure from the standards expected of a registered nurse. The NMC highlighted that Mrs Butcher made a number of significant

errors in relation to patients under her care which placed them at unwarranted risk of harm. It noted that, in relation to Patient A, the medication error resulted in a change of the patient's demeanour in that it was considered that he was close to death and became more sleepy. Following her error, Mrs Butcher failed to accurately record and address the error, thus, failing to adhere to her duty of candour.

The NMC highlighted that Mrs Butcher discriminated against the family of Patient X and refused them access to visit their family member because of their ethnicity. It asserted that Mrs Butcher's conduct was a serious breach of the Code and standards expected of her as a registered nurse, would damage the trust that the public places on the profession and would be regarded as deplorable by fellow practitioners. The NMC also submitted that Mrs Butcher's comments in respect of Patient E were unkind, uncaring and unprofessional. It noted that registered nurses occupy a position of privilege and trust in the society and are expected at all times to be professional.

In conclusion, the NMC submitted that Mrs Butcher's conduct fell far below what would be expected of a registered nurse and it therefore invited the panel to find that the charges, if found proved, amounted to misconduct.

**Representations on impairment**

The NMC provided written representations on impairment to the panel. In its written representations, the NMC referred the panel to the NMC Guidance on Impairment (DMA-1). The NMC submitted that, in considering impairment, the panel should consider the test formulated by Dame Janet Smith in the *Fifth Shipman Report,* quoted in the case of *CHRE v NMC and Grant* [2011] EWHC 927 (Admin). The NMC submitted that limbs a, b, and c of the *Grant* test are engaged in this case when looking at past conduct, and also when looking forward to the future.

The NMC submitted that limb a) is engaged because Mrs Butcher had in the past acted and she is liable in the future to act so as to put patients at unwarranted risk of harm. It highlighted that Mrs Butcher, on several occasions, incorrectly administered medication to patients who were vulnerable. In relation to Patient D, Mrs Butcher's failure to give him his daily dose of paracetamol risked placing the patient in pain and she did cause the pain

when she failed to administer the full dose of oxycodone. In relation to Patient A, who was terminally ill, Mrs Butcher placed him at risk of death by administering 50mg of Midazolam instead of the prescribed 5mg over a period of 24 hour. Mrs Butcher also failed to report the error and had incorrectly recorded that the correct dose had been given. The NMC asserted that this further placed the patient at risk as there was no immediate intervention to ensure that any impact on the patient was reduced.

The NMC noted that Mrs Butcher was no longer working and the Hospice was her last employer. It submitted that there was no evidence that Mrs Butcher had taken steps to strengthen her clinical practice and although the incidents have not been repeated, she has not had a nursing role since leaving the Hospice. The NMC asserted that, in those circumstances, Mrs Butcher is liable in the future to put patients at unwarranted risk of harm. It submitted that Mrs Butcher's discriminatory attitude is liable to place patients at risk of harm.

In relation to limb b), the NMC submitted that Mrs Butcher had brought and is liable in the future to bring the nursing profession into disrepute. It submitted that registered nurses are expected to ensure that they do not act in a way which would place patients at unwarranted risk of harm. Further, registered nurses occupy a position of privilege and trust in society and are always expected to be professional and to be open and honest, when mistakes are made. Members of the public must be able to trust registered professionals with their lives and the lives of their loved ones. Repeated medication errors and a failure to be open and honest about the error are capable of seriously undermining the public confidence in the nursing profession.

The NMC further submitted that members of the public expect that nurses will treat and care for patients from all backgrounds equally. Discriminatory behaviours of any kind can negatively impact public protection and the trust and confidence the public places in nurses. When a professional engages in these types of behaviours, the possible consequences are far-reaching. Members of the public may experience less favourable treatment, or they may feel reluctant to access health and care services in the first place. The NMC submitted that there have been no steps taken by Mrs Butcher to address the concerns and thus she is liable in the future to bring the profession into disrepute.

In relation to limb c), the NMC submitted that Mrs Butcher has breached the fundamental tenets of the nursing profession and is liable in the future to breach fundamental tenets of the profession. It submitted that Mrs Butcher failed to prioritise people, practise effectively, preserve safety and to promote professionalism and trust.

With regard to future risk, the NMC referred the panel to the case of *R (on application of Cohen) v General Medical Council* [2008] EWHC 581 (Admin) and it stated that the NMC Guidance adopts the approach of the case of Cohen by asking the questions whether the concern is easily remediable, whether it has in fact been remedied and whether it is highly unlikely to be repeated.

The NMC submitted that the concerns in this case are not easily remediable as they include discriminatory conduct which is an attitudinal concern. It asserted that conduct of an attitudinal nature is difficult to remediate and referred the panel to the NMC Guidance '*Can the concern be addressed?*' (FTP-16a).

The NMC submitted that Mrs Butcher has shown limited insight into her conduct and has failed to demonstrate an understanding of the impact of her actions on patients, colleagues and members of the public. It submitted that there remains a risk of repetition as Mrs Butcher has also not taken any steps to address the concerns raised in relation to her clinical practice. The NMC highlighted that Mrs Butcher has also not undertaken any relevant training to address the concerns raised in these proceedings.

The NMC submitted that there is a continuing risk to the public due to Mrs Butcher's limited insight, lack of strengthening of clinical practice and a lack of understanding of how her behaviour would impact members of the public and public confidence in the profession. Further, Mrs Butcher's discriminatory behaviour demonstrates deep-seated attitudinal problems, which may impact on her care of patients in the future. The NMC therefore invited the panel to make a finding of impairment on public protection grounds.

The NMC submitted that there is a public interest in a finding of impairment on public interest grounds being made in this case to declare and uphold proper standards of conduct and behaviour and to maintain confidence in the nursing profession. The NMC highlighted that Mrs Butcher made several medication errors which placed patients at unwarranted risk of harm. She also breached her duty of candour by recording that she

had administered the correct volume of medication when she had not. She also discriminated against the family of a patient and made an unkind comment in respect of another patient. She has demonstrated limited insight into her conduct in respect of the regulatory concerns. The NMC therefore invited the panel to make a finding of impairment on public interest grounds.

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 Butcher's actions did fall significantly short of the standards expected of a registered nurse, and that her actions amounted to a breach of the Code. Specifically, the following sections of the Code:

> ***'1 Treat people as individuals and uphold their dignity***
> *To achieve this, you must:*
> ***1.1** treat people with kindness, respect and compassion*
> ***1.2** make sure you deliver the fundamentals of care effectively*
> ***1.3** avoid making assumptions and recognise diversity and individual choice*
> ***1.4** make sure that any treatment, assistance or care for which you are responsible is delivered without undue delay*
> ***1.5** respect and uphold people's human rights*
>
> ***6 Always practise in line with the best available evidence***
> *To achieve this, you must:*
> ***6.2** maintain the knowledge and skills you need for safe and effective practice*
>
> ***10 Keep clear and accurate records relevant to your practice***
> *This applies to the records that are relevant to your scope of practice. It includes but is not limited to patient records.*

*To achieve this, you must:*

***10.3*** *complete all records accurately and without any falsification, taking immediate and appropriate action if you become aware that someone has not kept to these requirements*

***13 Recognise and work within the limits of your competence***

*To achieve this, you must, as appropriate:*

***13.5*** *complete the necessary training before carrying out a new role*

***18 Advise on, prescribe, supply, dispense or administer medicines within the limits of your training and competence, the law, our guidance and other relevant policies, guidance and regulations***

*To achieve this, you must:*

***18.1*** *prescribe, advise on, or provide medicines or treatment, including repeat prescriptions (only if you are suitably qualified) if you have enough knowledge of that person's health and are satisfied that the medicines or treatment serve that person's health needs*

***18.3*** *make sure that the care or treatment you advise on, prescribe, supply, dispense or administer for each person is compatible with any other care or treatment they are receiving, including (where possible) over-the-counter medicines*

***18.4*** *take all steps to keep medicines stored securely*

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

*To achieve this, you must:*

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

***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 …. integrity at all times, treating people fairly and without discrimination, ….*

***20.3*** *be aware at all times of how your behaviour can affect and influence the behaviour of other people*
***20.5*** *treat people in a way that does not take advantage of their vulnerability or cause them upset or distress*
***20.6*** *stay objective and have clear professional boundaries at all times with people in your care (including those who have been in your care in the past), their families and carers*
***20.7*** *make sure you do not express your personal beliefs (including political, religious or moral beliefs) to people in an inappropriate way*
***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.

**Charges 1, 2, 3, 4, 5, 6, 7, 9 and 10a**

The panel took into consideration that Mrs Butcher made multiple medication administration and management errors over a six-month period of time involving several patients under her care. The panel was of the view that Mrs Butcher's conduct demonstrated a lack of a professional attitude towards the administration and management of medication as well as her duty of care towards her patients. The panel noted that Mrs Butcher's conduct placed several patients at unwarranted risk of harm and caused actual harm to patients. Alice Thomas, in her witness statement, stated that due to Mrs Butcher's conduct in administering 50mg of midazolam instead of 5mg to Patient A, *'the patient was thought to be close to death*'. Alice Thomas also stated that Mrs Butcher's conduct, in failing to give Patient D their full dose of oxycodone, led to the patient being in pain.

The panel was of the view that Mrs Butcher's conduct, in failing to check in a controlled drug to the control drug cupboard, placed both colleagues and patients at risk of harm as such a drug could have been stolen or misused with its attendant risks.

The panel therefore determined that Mrs Butcher's actions fell short of the standard of nursing care expected from a registered nurse and amounted to a breach of the fundamental duty of care to patients. Consequently, the panel determined that Mrs Butcher's conduct in charges 1, 2, 3, 4, 5, 6, 7, 9 and 10a was serious and amounts to misconduct.

**Charge 8**

The panel considered Mrs Butcher's comment in relation to Patient E to be inappropriate, unprofessional and wholly unacceptable. The panel was of the view that Mrs Butcher's comment was degrading to Patient E, a vulnerable person with high care needs and could have caused emotional and psychological distress to the patient and their family, if they had heard it. The panel therefore found Mrs Butcher's conduct to be extremely serious and a serious breach of the fundamental standards of professional conduct and behaviour that a registered nurse is expected to maintain. Accordingly, the panel determined that Mrs Butcher's comment in charge 8 amounts to misconduct.

**Charge 10b**

The panel took into account that Mrs Butcher had recorded that she had administered 5mg of Midazolam when she had given 50mg to Patient A. The panel considered accurate record-keeping as one of the fundamental tenets of the nursing profession. It noted that Mrs Butcher's conduct would have deprived her colleagues and the appropriate health professionals from being appraised with the relevant information pertaining to her medication administration error. The panel determined that this could have had a consequent impact on Patient A's continuity of care and therefore posed a risk of harm to them.

The panel therefore found Mrs Butcher's conduct to be serious and that it constituted a breach of fundamental standards of professional conduct and behaviour that a registered nurse is expected to maintain. Accordingly, the panel determined that Mrs Butcher's behaviour in charge 10b amounts to misconduct.

**Charges 11a, 11b (i), 11b (ii), 11b (iii) and 12**

The panel considered Mrs Butcher's conduct towards Patient X's family to be wholly unacceptable, degrading and unprofessional. It was of the view that there was no reasonable justification for Mrs Butcher's discriminatory conduct towards Patient X's family, and it noted that her conduct caused serious concern and shock to her colleagues. Mrs Butcher's conduct would have caused emotional and psychological distress to Patient X's family as they were prevented from visiting the sanctuary.

The panel found that, as a result of her conduct, Mrs Butcher failed to respect and uphold the dignity of Patient X's family. The panel therefore found Mrs Butcher's actions to be an extremely serious breach of fundamental standards of professional conduct and behaviour that a registered nurse is expected to maintain and that they would be seen as deplorable by other members of the profession. Therefore, the panel determined that Mrs Butcher's actions in charges 11a, 11b (i), 11b (ii), 11b (iii) and 12 amounts to misconduct.

Consequently, having considered all the charges individually and as a whole, the panel determined that Mrs Butcher's actions in the charges found proved, did fall significantly 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, Mrs Butcher's fitness to practise is currently impaired.

In coming to its decision, the panel had regard to the NMC Guidance on *'Impairment'* (Reference: DMA-1 Last Updated:28/01/2026) in which the following is stated:

> *'Being fit to practise is not defined in our legislation but for us it means that a professional on our register can practise as a nurse midwife or nursing associate safely and effectively without restriction.'*

Registered 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/their fitness to practise is impaired in the sense that S/He/They:*
>
> *a) has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
>
> *b) has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
>
> *c) has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*
>
> *d) …..'*

The panel first considered whether any of the limbs of the *Grant* test were engaged in the past. The panel determined that Mrs Butcher's multiple medication administration and management errors as well as her inaccurate recordkeeping placed several patients at unwarranted risk of harm and caused actual harm to Patients A and D.

The panel found Mrs Butcher's misconduct constituted a serious breach of fundamental tenets of the nursing profession in that she failed to prioritise people, practise effectively, preserve safety and promote professionalism and trust. It determined that Mrs Butcher failed to uphold the standards and values of the nursing profession, thereby bringing the reputation of the nursing profession into disrepute.

The panel therefore concluded that limbs a, b and c of the *Grant* test are engaged in respect of Mrs Butcher's past conduct.

The panel next considered whether the limbs of the *Grant* test are engaged as to the future. In this regard, the panel considered the case of *Cohen v GMC* in which the court addressed the issue of impairment with regard to the following three considerations:

a. *'Is the conduct that led to the charge easily remediable?*

b. *Has it in fact been remedied?*

c. *Is it highly unlikely to be repeated?'*

In this regard, the panel also considered the factors set out in the NMC Guidance on Insight and strengthened practice (FTP-16).

The panel first considered whether Mrs Butcher's misconduct is capable of being addressed. In the NMC Guidance – Can the concern be addressed? (FTP-16a), the panel noted the following paragraph:

> *'In cases like this, and in cases where the behaviour suggests underlying problems with the nurse, midwife or nursing associate's attitude, it is less likely the nurse, midwife or nursing associate will be*

*able to address their conduct by taking steps, such as completing training courses or supervised practice.*

*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:*

- *….*
- *incidents of discrimination that have taken place either inside or outside professional practice*

*Generally, issues about the safety of clinical practice are easier to address, particularly where they involve isolated incidents. Examples of such concerns include:*

- *medication administration errors*
- *poor record keeping*
- *failings in a discrete and easily identifiable area of clinical practice*
- *…'*

The panel was of the view that Mrs Butcher's misconduct with respect to medication administration and management error as well as her inaccurate record-keeping could be addressed through a process of insightful reflections, retraining in the areas of concern and evidence of good practice. However, the panel was of the view that Mrs Butcher's discriminatory behaviour towards Patient X's family was suggestive of deep-seated attitudinal concerns, which are difficult but not impossible to remediate.

The panel then went on to consider whether the concerns have been addressed and remediated. It had regard to the NMC Guidance *'Has the concern been addressed'* (FTP-16b). The panel took into account Mrs Butcher's responses in the Nurse context form, her reflective account, and the case management form.

Regarding insight, the panel considered that Mrs Butcher made admissions to majority of the charges, shown limited remorse and had apologised for her actions. The panel took into account that Mrs Butcher had demonstrated some insight into the seriousness of her

medication administration and management errors. Mrs Butcher had also set out how she would prevent such a situation from re-occurring.

However, the panel noted that Mrs Butcher sought to deflect responsibility for some of her actions and blamed the Hospice's management system for her failings. The panel was concerned that Mrs Butcher failed to demonstrate any understanding of the seriousness of her discriminatory behaviour, its impact on Patient X's family, her colleagues, the nursing profession and the wider public. She also failed to demonstrate insight into the impact of her medication administration errors and inaccurate record-keeping on patients, her colleagues, the nursing profession and the wider public. The panel therefore determined that Mrs Butcher has failed to demonstrate sufficient insight into her misconduct.

In considering whether Mrs Butcher has strengthened her nursing practice, the panel considered her e-learning history. The panel noted that none of the training certificates were provided to the panel, the training modules were all dated 2023 and most did not relate to the concerns against Mrs Butcher. The panel noted that there was no other evidence of strengthened practice before it.

In light of this, the panel was not satisfied that any of the concerns had been remediated nor had Mrs Butcher strengthened her nursing practice. Accordingly, the panel determined that Mrs Butcher's misconduct is highly likely to be repeated, and limbs a, b and c of the *Grant* test are engaged in the future. The panel was of the view that Mrs Butcher's misconduct was so deplorable that it could discourage members of the public, from seeking/accessing clinical care when required. A well-informed member of the public may be reluctant to receive clinical care if they were aware that a member of the nursing profession had exhibited such discriminatory behaviour as Mrs Butcher had done.

The panel therefore concluded 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

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

The panel had regard to the serious nature of Mrs Butcher's misconduct and the public protection issues it had identified. It determined that public confidence in the profession, particularly as the misconduct involved discriminatory behaviour towards a patient's family, would be undermined if a finding of impairment were not made in this case. For these reasons, the panel determined that a finding of current impairment on public interest grounds is required. It decided that this finding is necessary to mark the seriousness of the misconduct, the importance of maintaining public confidence in the nursing profession, and to uphold proper professional standards for members of the nursing profession.

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

**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 Butcher off the register. The effect of this order is that the NMC register will show that Mrs Butcher 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 regard to the NMC Guidance on *'The sanctions available'* (Reference: SAN-2 Last Updated: 28/01/2026).

**Representations on sanction**

The NMC provided written representations on sanction to the panel. In its written representations, the NMC submitted that a striking-off order is appropriate and proportionate sanction in this case.

The NMC submitted that the aggravating factors in this case are as follows:

- Limited insight into failings
- A pattern of misconduct over a period of time

- Discriminatory behaviour
- Unwarranted risk of harm to vulnerable patients

The NMC submitted that the mitigating factors in this case are as follows:

- Some remorse
- Personal mitigation – Mrs Butcher had not been in clinical practice for many years and states that the level of support in the workplace was questionable

The NMC submitted that taking no further action would not be appropriate in the circumstances of this case. It asserted that there was a risk of repetition due to Mrs Butcher's limited insight and lack of steps taken to address the concerns. It submitted that the allegations were too serious to take no further action as action does need to be taken to secure public trust in nurses and to promote proper professional standards of conduct.

The NMC submitted that a caution order would also not be appropriate as it could not be said that the case is at the lower end of the spectrum of impaired fitness to practise due to the seriousness of the misconduct.

The NMC referred the panel to the NMC Guidance on conditions of practice order (SAN-3C) which sets out the factors to consider in determining whether a conditions of practice order is suitable. It submitted that although there were concerns that related to Mrs Butcher's clinical competence, there were also concerns that related to her behaviour and attitude in the manner in which she treated vulnerable patients and a patient's families which demonstrated a lack of kindness, dignity and respect. It submitted that Mrs Butcher's conduct in relation to her discriminatory conduct was evidence of harmful deep-seated attitudinal problems which could not be adequately addressed by a conditions of practice order. The NMC noted that Mrs Butcher had indicated that she no longer wishes to return to nursing practice. It submitted that Mrs Butcher has not shown any willingness to strengthen her practice or return to practice. The NMC submitted that there were no conditions which could be created that could be monitored and assessed in light of the nature of the concerns and Mrs Butcher's indication that she does not wish to continue practising as a nurse. The NMC asserted that, having regard to the Guidance, a conditions of practice order would be unworkable.

The NMC referred the panel to the NMC Guidance on Suspension Orders (SAN-3d). It submitted that Mrs Butcher's conduct was repeated, placed patients at unwarranted risk of harm and in the case of some patients, caused actual harm. It submitted that there was also evidence of deep-seated attitudinal issues and although, some of the concerns are remediable, Mrs Butcher has failed to provide any evidence of sufficient insight and a willingness to strengthen her practice. The NMC submitted that, in light of Mrs Butcher's lack of insight, there remains a risk of repetition and a suspension order would not be a sufficient sanction to protect the public nor be in the wider public interest.

The NMC highlighted that the NMC Guidance on Sanctions for particularly serious cases (SAN-2) sets out that the NMC may need to take restrictive regulatory action against nurses, midwives or nursing associates who have been found to display discriminatory views and behaviours and have not demonstrated comprehensive insight, remorse and strengthened practice, which addresses the concerns from an early stage. If a nurse, midwife or nursing associate denies the problem or fails to engage with the fitness to practise process, it is more likely that a significant sanction, such as removal from the register, will be necessary to maintain public trust and confidence.

The NMC referred the panel to the NMC Guidance on striking off (SAN-3e). The NMC submitted that a striking off order is the appropriate and proportionate sanction in this case. It highlighted that Mrs Butcher placed patients at unwarranted risk of harm and caused actual harm to patients. In the case of Patient A, Mrs Butcher's conduct caused that patient to be close to death. Further, she breached her duty of candour in relation to this patient by recording that she had administered 5mg of Midazolam when in fact she had given 50mg. Moreover, she discriminated against a deceased patient's family by reason of their ethnic group, which is evidence of her deep-seated attitudinal issues. The NMC submitted that Mrs Butcher has also not undertaken any training, she has demonstrated limited insight as she had failed to show her understanding into the impact of her conduct on patients and public confidence in the profession. The NMC asserted that Mrs Butcher's conduct raises fundamental questions about her professionalism. It argued that that public confidence could not be maintained if Mrs Butcher was not struck off from the register. It concluded that there were no other sanctions which were appropriate or sufficient to protect members of the public or maintain professional standards. Thus, a striking off order is the only sanction which will be sufficient in this case.

The panel accepted the advice of the legal assessor.

**Decision and reasons on sanction**

Having found Mrs Butcher's fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose. 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 regard to the NMC Guidance on *'The sanctions available'* (Reference: SAN-2 Last Updated: 28/01/2026). The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel identified the following aggravating features:

- Mrs Butcher's limited insight into her misconduct and its impact on patients, her colleagues, the nursing profession and the wider public
- It was a pattern of misconduct over a period of time
- Mrs Butcher's discriminatory behaviour towards a patient's family
- Mrs Butcher's misconduct placed vulnerable patients at unwarranted risk of harm and caused actual harm to Patients A and D

The panel identified the following mitigating features:

- Mrs Butcher had made admissions to majority of the charges
- Mrs Butcher had shown some remorse and apologised for her actions
- Mrs Butcher stated that she had not been in clinical practice for many years and the level of support at the Hospice was questionable
- Mrs Butcher stated that she was facing personal difficult circumstances at the time of the incidents

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case. It had found that there remains a risk of repetition, that Mrs Butcher breached fundamental tenets of the nursing profession, and that her misconduct would undermine the public's confidence in the nursing profession if she were allowed to practise without restriction. The panel therefore determined that it would neither protect the public nor be in the public interest to take no further action.

The panel next considered a caution order and had regard to the NMC Guidance on *'Caution order'* (Reference: SAN-2b Last Updated: 28/01/2026) in which the following is stated:

> *'A caution is only appropriate if the Committee has decided there's no risk to the public or to people using services that requires the professional's practice to be restricted. This means 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 Mrs Butcher's misconduct was not at the lower end of the spectrum, and it found that there is a risk to patient and public safety. The panel therefore determined that a sanction that does not restrict Mrs Butcher's nursing practice would not protect the public. The panel also determined that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether to place a conditions of practice order on Mrs Butcher's registration. The panel is mindful that any conditions imposed must be relevant, proportionate, measurable and workable. In considering whether conditions of practice are appropriate, the panel had regard to the factors set out in the NMC Guidance on 'Conditions of practice order' (Reference: SAN-2c Last Updated: 28/01/2026) particularly:

- *'no evidence of deep-seated personality or attitudinal problems*
- *identifiable areas of the professional's practice in need of assessment and/or retraining*
- *……*
- *potential and willingness to respond positively to retraining (this should be based on specific evidence provided by the professional)*
- *……*
- *people using services will not be put at risk either directly or indirectly as a result of the conditions*

- *conditions can be created that can be monitored and assessed.'*

The panel was of the view that although Mrs Butcher's clinical failings could be addressed through retraining, her discriminatory behaviour, which it had earlier identified as deep-seated attitudinal problem, could not be addressed through retraining and is difficult to remediate. The panel was not satisfied that there was any evidence to show that Mrs Butcher would comply with any conditions of practice given that she had indicated that she did not intend to practise as a registered nurse in the future.

The panel determined that given the seriousness of the concerns, the deep-seated attitudinal issues and Mrs Butcher's insufficient insight into the severity and the impact of her misconduct, there were no relevant, proportionate, workable and measurable conditions that could be formulated to address the risk of repetition. Consequently, the panel determined that a conditions of practice order would not protect the public nor be in the public interest.

The panel went on to consider whether a suspension order is appropriate in this case. The panel had regard to the NMC Guidance on *'Suspension order'* (Reference: SAN-2d Last Updated: 28/01/2026) in which the following factors on when a suspension order may be appropriate are set out:

- *'the impairment is very serious but not fundamentally incompatible with continuing to be a registered professional*
- *an outcome less severe than strike-off would still satisfy the over-arching objective.'*

The panel also had regard to the key considerations as set out in the NMC Guidance to weigh up before imposing a suspension. It noted the following list of circumstances that may make a suspension order an appropriate sanction:

- *'the charges found proved are at the most serious end of the spectrum and call into question the professional's suitability to continue practising, either currently or at all*

- *while it is possible that the professional could be fit to practise in future, only a period out of practice would be sufficient to allow them to fully strengthen their practice through reflection, the development of their professional skills and / or development of insight and remediation*
- *there is a risk to the safety of people using services if the professional were allowed to continue to practise even with conditions*
- *what went wrong is so serious that public confidence in the profession and professional standards could not be maintained if the professional were able to continue practising without stopping for a period of time*
- *despite the seriousness of what happened, the professional has engaged in the proceedings and has shown at least some meaningful insight which evidences a realistic possibility that they will continue to develop this insight, address their concerns and return to practice.'*

The panel noted that this was not a single instance of misconduct but rather a sustained pattern of misconduct over an extended period of time towards several patients under Mrs Butcher's care. It had earlier determined that Mrs Butcher had failed to demonstrate sufficient insight into the severity of her misconduct and its impact on patients, her colleagues, the nursing profession and the wider public. The panel was very concerned that there was no evidence that Mrs Butcher had demonstrated any insight into her discriminatory behaviour towards Patient X's family. The panel noted that Mrs Butcher had not provided any evidence that she had strengthened her nursing practice since the incidents occurred in 2024. It further noted that Mrs Butcher had not worked as a registered nurse since 2024 and had therefore not provided any evidence to demonstrate sufficient insight into her actions and strengthen her nursing practice. She had however indicated that she would not return to nursing practice in future. Therefore, the panel was not satisfied that a period of suspension would serve any useful purpose as there remains a high risk of repetition and her discriminatory behaviour is so serious that public confidence in the profession and professional standards could not be maintained even if Mrs Butcher was placed on a period of suspension.

Accordingly, the panel determined that a period of suspension would not be a sufficient, appropriate or proportionate sanction. It would neither protect the public nor satisfy the public interest consideration in this case.

In considering a striking-off order, the panel had regard to the following considerations as set out in the NMC Guidance entitled *'Striking-off order'* (Reference: SAN-2e Last Updated; 28/01/2026):

- *Do the charges found proved raise fundamental questions about their professionalism?*
- *Can public confidence in the profession be maintained if the professional is not removed from the Register?*
- *Is there any amount of insight and reflection which could keep people receiving care and members of the public safe, maintain public confidence in the profession, and uphold professional standards?*
- *Is there a realistic prospect that, after suspension, the professional will have gained insight and strengthened their practice such that the risk they pose will have reduced?'*

In view of the findings, the panel was of the view that all of the criteria as set out above are met in this case. The panel also had regard to the NMC Guidance on Sanctions for the highest risk cases (SAN-4) which identified discriminatory conduct as one of the concerns that fall under the higher risk cases and likely to attract the strongest sanctions.

The panel had earlier noted that there was no evidence that Mrs Butcher had demonstrated any insight into her discriminatory behaviour towards Patient X's family. It had earlier determined that a period of suspension would not serve any useful purpose as Mrs Butcher had not demonstrated sufficient insight into her actions nor strengthened her nursing practice since 2024. She had also indicated that she would not return to nursing practice in future.

The panel concluded that the serious breach of fundamental tenets of the profession, evidenced by Mrs Butcher's actions and discriminatory conduct, is fundamentally incompatible with her remaining on the register. The panel was of the view that the findings in this particular case raise serious and significant questions about Mrs Butcher's professionalism and to allow her to continue practising would undermine public confidence in the profession and in the NMC as a regulatory body.

Balancing all of these factors and after taking into account all the evidence before it, the panel determined that the appropriate and proportionate sanction is that of a striking-off order.

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 standards of behaviour expected and required of a registered nurse.

This will be confirmed to Mrs Butcher 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 Butcher's own interests until the striking-off sanction takes effect.

**Representations on interim order**

The panel took account of the representations made by the NMC. The NMC submitted that if a finding is made that Mrs Butcher's fitness to practise is impaired on a public protection basis and a suspension or striking-off order is imposed, an interim suspension order should be imposed for 18 months to cover the appeal period on the basis that it is necessary for the protection of the public and otherwise in the public interest.

The NMC submitted that, otherwise, if a finding is made that Mrs Butcher's fitness to practise is impaired on a public interest only basis and that her conduct was fundamentally incompatible with continued registration, an interim suspension order should be imposed on the basis that it is otherwise in the public interest.

The panel accepted the advice of the legal assessor.

**Decision and reasons on interim order**

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 was therefore satisfied that an interim order is necessary for the protection of the public and is otherwise in the public interest.

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 in order to protect the public and also, in the public interest, during any potential appeal period. The panel determined that not to impose an interim order would be inconsistent with its earlier decisions.

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

That concludes this determination.