

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

**Substantive Hearing
Wednesday, 22 April 2026 – Thursday, 23 April 2026**

Virtual Hearing

Name of Registrant: **Vigneswari Ganason**

NMC PIN: 1413139E

Part(s) of the register: Registered Nurse - Adult (RNA) 7 July 2016

Relevant Location: Westminster

Type of case: Conviction

Panel members: Margaret Wolff (Chair, Lay member)
Amanda Revill (Registrant member)
Alan McCrum (Lay member)

Legal Assessor: Gerard Coll

Hearings Coordinator: Emily Mae Christie (22 April 2026)
Adaobi Ibuaka (23 April 2026)

Nursing and Midwifery Council: Represented by Sophia Ewulo, Case Presenter

Miss Ganason: Present and represented by Alejandra Tascon,
instructed by the Royal College of Nursing

Facts proved: Charge 1a

Fitness to practise: Impaired

Sanction: **Striking-off order**

Interim order: **Interim suspension order (18 months)**

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

At the outset of the hearing, your representative, Ms Tascon, made a request that this case be held partly in private on the basis that proper exploration of your case involves mention of your health. The application was made pursuant to Rule 19 of the *'Nursing and Midwifery Council (Fitness to Practise) Rules 2004'*, as amended (the Rules).

Ms Ewulo, on behalf of the Nursing and Midwifery Council (NMC), did not oppose this application.

The legal assessor reminded the panel that while Rule 19(1) provides, as a starting point, that hearings shall be conducted in public, Rule 19(3) states that the panel may hold hearings partly or wholly in private if it is satisfied that this is justified by the interests of any party or by the public interest.

The panel determined to go into private session as and when such issues pertaining to your health are raised in order to protect your privacy.

Details of charge

That you, a registered nurse:

1. On 10 October 2024 were convicted of:
 - a. between 6 January 2023 and 7 January 2023 at London in the Borough of Westminster stole bank card, of a value unknown belonging to Patient A, contrary to section 1 (1) and 7 of the Theft Act 1968.

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

Background

On 1 February 2023, the NMC received a referral from St John & St Elizabeth Hospital, London (the Hospital), concerning you, a registered nurse, who worked at the Hospital through T2 Healthcare Agency (the Agency). The referral alleged that you stole a bank card belonging to Patient A while on shift and used it to make multiple transactions in the course of a day.

Patient A was admitted to the high dependency unit at the Hospital on 5 January 2023, where you were working as the assigned nurse to look after her. Patient A kept her belongings in her suitcase, including bank cards in her phone case, which was inside a bag, in her suitcase.

On 8 January 2023, upon returning home, Patient A noted three unauthorised bank transactions, which included:

- A transaction for £2.90 at the Hospital canteen, at 13:01 on 7 January 2023;
- A transaction for £308 at Argos, at 17:45 on 7 January 2023; and
- A transaction for £90 at Argos, at 18:40 on 7 January 2023.

Patient A reported these to the Chief Nursing Officer at the Hospital, who found that the £2.90 transaction at the Hospital canteen was linked to you. The Chief Nursing Officer interviewed you on 16 January 2023, when you indicated that you may have accidentally picked up the bank card from the floor by mistake and accidentally used it. When presented with your phone, the Chief Nursing Officer noted a number of deleted emails on your phone that corresponded to Patient A's address, as well as a deleted email relating to an air fryer and an electric blanket purchased from Argos.

You sent an apology letter to Patient A's home address, which included a refund voucher from Argos for approximately £400 and an extra £100 gift card.

You were interviewed by the police on 24 February 2023 and gave a no comment interview. On 19 November 2024, you were convicted at Highbury Corner Magistrates' Court for theft from the person of another contrary to section 1(1) and 7 of the Theft Act 1968. You received a community order requiring you to complete up to 25 days of rehabilitation activity, which you have now completed.

Decision and reasons on facts

At the outset of the hearing, the panel heard from Ms Tascon, who informed the panel that you made full admissions to the charge.

The panel, therefore, finds the charge proved by way of your admissions.

Fitness to practise

Having announced its findings on the facts, the panel then considered whether, on the basis of the facts found proved, your fitness to practise is currently impaired by reason of your conviction.

There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's ability to practice safely and effectively without restriction.

At this stage, the panel heard evidence from you under affirmation.

Submissions on impairment

Ms Ewulo addressed the panel on the issue of impairment and reminded the panel to have regard to protecting the public and the wider public interest. This included the need to

declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body.

Ms Ewulo invited the panel to find your fitness to practise as currently impaired by reason of your conviction. She referred the panel to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin) and submitted that all four limbs in Dame Janet Smith's 'test' outlined in this case are engaged in your case.

Ms Ewulo submitted that impairment is not only a backwards-looking exercise, and the panel must also consider whether your fitness to practise is currently impaired, having regard to the nature of your conduct, your insight, whether you have taken steps to strengthen your practise, whether the concern has been addressed, and whether it is highly unlikely that the conduct will be repeated.

Ms Ewulo submitted that this case concerns a serious offence of dishonesty, namely the theft of a bank card from Patient A. She submitted that Patient A was vulnerable at the time because they were dependent on your care. Furthermore, Ms Ewulo submitted that you abused your position of trust and that Patient A suffered a financial loss as a result.

Ms Ewulo acknowledged [PRIVATE] your actions. However, Ms Ewulo submitted that [PRIVATE] does not of itself resolve the question of your current impairment.

In relation to insight, Ms Ewulo submitted that although you have demonstrated some insight, you have placed significant reliance [PRIVATE] as an explanation. She submitted that the panel may consider that this does not show a fully developed understanding of the seriousness of the conduct, particularly in terms of the breach of trust and the impact on the vulnerable patients. She submitted that your conviction concerns an attitudinal issue, which is very difficult to remediate.

Ms Ewulo submitted that there is a risk of repetition, and the risk of harm to patients cannot be understated. She submitted that the conviction relates to the exploitation of direct access to a vulnerable patient arising solely from your role as Patient A's nurse. She submitted that this was not a momentary lapse in judgment, as it occurred over a sustained period of several hours. Although the harm caused was primarily financial, Ms Ewulo submitted that there is a mental element due to the abuse of trust in relation to Patient A's property that put Patient A at a risk of harm in terms of her mental well-being.

Ms Ewulo submitted that your conviction brings the profession into disrepute as your conduct is seriously damaging to public confidence in the nursing profession. She submitted that members of the public entering a hospital are in a position of profound vulnerability, and that the expectation is that nursing staff will care for patients, not steal from them whilst they are under their care.

Ms Ewulo outlined the specific parts of the code that your conduct has breached. This includes sections 1.1, 20.1, and 20.2. She submitted that your actions breached a number of the fundamental tenets of the nursing profession and are a fundamental departure from the standards expected of a registered nurse. Ms Ewulo submitted that you have acknowledged these in your reflective statement.

In relation to dishonesty, Ms Ewulo submitted that dishonesty is a key element of your conviction and should be treated as a serious matter. She reminded the panel that your dishonesty was not a momentary lapse in judgment; it involved multiple transactions over several hours using the bank card of a vulnerable patient.

Ms Ewulo referred the panel to your reflective statement and references. She explained that you entered a guilty plea at the earliest opportunity and that you provided an apology letter to Patient A, as well as compensation of an additional £100. You also complied with your community order and the court-ordered rehabilitation activity requirement. However, she submitted that when questioned by the Hospital, you initially provided an implausible explanation of having stumbled upon the bank card. Additionally, Ms Ewulo submitted that

your reflective statement does not address why you stole the bank card, and that during cross-examination, you were unable to provide a clear reason. In light of this, Ms Ewulo submitted that this indicates a potential risk of repetition.

Therefore, Ms Ewulo invited the panel to find your fitness to practice impaired on the grounds of public protection and the public interest.

Ms Tascon submitted that there are two components for the panel to consider: firstly, a personal component; and secondly, a public component. She told the panel that, when considering the personal components, it should take into account your level of insight, any remedial work you have undertaken, and your remorse. Then, when considering the public components, the panel should have regard to the public confidence.

In relation to the personal component, Ms Tascon invited the panel to consider your reflective piece, as well as your character references and the evidence that you gave in the hearing. She submitted that it is clear from your reflective piece and what you said in evidence that you have had significant time to reflect on your actions and the impact on your career, Patient A, and the general public. She submitted that your level of insight goes beyond regret and demonstrates an understanding of where you went wrong, why it was wrong and how it impacted others. She submitted that your insight was also influenced [PRIVATE]; however, you have made it clear that it was a lapse of judgment and not considering the consequences before acting, that led to that lapse of judgment.

Ms Tascon submitted that there is a low risk of repetition in the future. She submitted that you are fully aware of the NMC code and have reminded yourself of what is expected of you. Furthermore, Ms Tascon submitted that the risk of repetition is low because you have an awareness and understanding of where you went wrong, and how you were not acting in accordance with the standards expected of a registered nurse.

Ms Tascon submitted that you are also working towards addressing your previous behaviour and ensuring it does not happen again. She explained that you have done

some remedial work with various charities. You volunteer to help members of your community where they may need assistance in completing paperwork, for example. She submitted that these are things that have been helping you address your previous behaviour and demonstrate that you are somebody who can behave professionally, uphold professional standards, and act competently in a professional setting. Ms Tascon submitted that you are committed to turning your life around.

In relation to the public component, Ms Tascon submitted that you have demonstrated a level of insight and reflection that is exceptional in the circumstances of this case. She submitted that if a member of the public were aware of all of the relevant factors in this case, not only the fact of the conviction but also the steps you have taken to turn your life around, including your early admissions and the things you have been doing within your community, then the panel would not diminish the trust placed by the public upon the profession if it were to not make a finding of impairment.

Ms Tascon submitted that it has been three years since you committed the offence and have successfully completed the requirements imposed on you by the court. You have also made significant changes in your life. She reminded the panel that the offence occurred due to your lapse of judgment. In light of all of this, Ms Tascon invited the panel to find that your fitness to practise is not impaired.

The panel accepted the advice of the legal assessor, which included reference to a number of relevant judgments. These included: *Nandi v General Medical Council* [2004] EWHC 2317 (Admin); *General Medical Council v Meadow* [2007] QB 462 (Admin); *Zygmunt v GMC* [2008] EWHC 2643 (Admin); *Professional Standards Authority for Health and Social Care v General Medical Council & Uppal* [2015] EWHC 1304 (Admin) at paragraph 27; and *GMC v Chaudhary* [2017] EWHC 2561 (Admin).

Decision and reasons on impairment

The panel next went on to decide if, as a result of the conviction, your fitness to practise is currently impaired.

In coming to its decision, the panel had regard to the NMC Guidance on *'Impairment'* (DMA-1, last updated 28 January 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.'

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

The panel considered the first limb of the ‘test’. The panel was of the view that whilst Patient A was not physically harmed, she was a vulnerable patient who was under your care. Your actions included stealing her bank card from her possessions whilst she was in the room and in a vulnerable position. You then used that bank card a number of times that day. The panel took into account that Patient A described in her victim impact statement that she felt taken advantage of and found the process very draining. In light of this, the panel determined that your actions put Patient A at a risk of harm.

The panel went on to consider the second limb of the ‘test’. The panel was of the view that anyone hearing about this case would focus on the fact that the theft was committed by a nurse, rather than by you as an individual. As a representative of the nursing profession, the panel found that your actions have brought the profession into disrepute. In light of this, the panel found that your conduct breached a number of fundamental tenets of the

nursing profession, including putting your needs before those of Patient A; thereby engaging the third limb of the ‘test’.

The panel was satisfied that your conviction for theft from Patient A was dishonest and, consequently, that confidence in the nursing profession would be undermined if its regulator did not find charges relating to dishonesty extremely serious. Therefore, the panel determined that all four limbs of the test set out above had been met.

In considering whether you are liable in the future to act so as to put a patient at unwarranted risk of harm, bring the profession into disrepute, to breach the fundamental tenets of the profession, or to act dishonestly, the panel considered the factors set out in the case of *Cohen v GMC* [2008] EWHC 581 (Admin) para 63.

The panel first considered whether your conviction was remediable. The panel was of the view that this type of dishonesty is very difficult to remediate, especially as it involved theft from a patient you were providing personal care to and were responsible for at the time. You took Patient A’s bank cards whilst she was in the room, and although it may have been a momentary lapse in judgement to take the bank card, you then used the card several times throughout the day. Furthermore, when asked about it during the Hospital’s investigation, you were dishonest, saying you had picked it up from the floor by mistake and accidentally used it. In evidence, you were unable to explain the reason behind why you took the card, other than saying that it was a lapse in judgment and was related to your [PRIVATE]. The panel took into account that [PRIVATE], which may have contributed to your lack of judgment. However, it was of the view that there was not enough evidence to demonstrate that your actions were solely caused by [PRIVATE]. In light of all of this, the panel determined that your conduct was not easily remediable.

The panel then considered your insight. It noted that you apologised to Patient A by writing her a letter, repaying her the full amount, and providing additional compensation. Further, the panel noted that you admitted to the offence at the first opportunity and complied with all court orders, which have now been completed. The panel also had sight of your three

testimonials from two colleagues with whom you volunteer, and one from your employment advisor. The panel was of the view that these were positive and spoke to your character. It also had sight of your reflective statement, in which you have demonstrated insight and remorse for your actions. It also took into account that you have been volunteering in your local community, making positive contributions. In light of all of this, the panel was of the view that you have demonstrated both insight and remorse.

The panel considered whether the concern can be addressed by taking steps to strengthen your practice. The panel was of the view that, whilst you committed this offence in a clinical setting, as the concern is attitudinal in nature and relates to dishonesty, it would be difficult to identify measures that would achieve this.

The panel then considered whether it is highly unlikely that your conduct will be repeated. The panel took into account that you have [PRIVATE], which may have contributed to your lack of judgment, and that you have demonstrated insight and remorse. Furthermore, the panel noted that you spoke in evidence about how you would act differently in the future. However, the panel noted that you were unable to answer the question of why the lapse in your judgment happened. Therefore, it could not be satisfied that there was no real possibility of a further lapse in your judgment. Additionally, it noted that there is insufficient evidence before it to suggest that [PRIVATE] was the sole reason for your actions. In light of this, the panel was of the view that there is no evidence before it to satisfy its concern that your lapse of judgment would not happen again. Therefore, the panel determined that your conduct is likely to be repeated.

In light of all of this, the panel returned to the test set out by Dame Janet Smith. The panel determined that, in light of the likelihood of repetition, as set out above, you are liable to put patients at a risk of harm in the future due to your actions in putting your needs above those of Patient A. Furthermore, it found that there remains a risk that you will repeat that behaviour, thereby breaching the fundamental tenets of the nursing profession as set out above, and in doing so, would seriously damage the reputation of the profession. The

panel also found that due to the nature of your dishonesty, you are liable to repeat this in the future.

In all these circumstances, the panel determined 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/protect the wider public interest, which 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 was of the view that your dishonesty, which included stealing and using a bank card of a vulnerable patient that you were personally caring for, and then using that card for your own use, was, by and of itself, so serious that a finding of impairment is necessary to maintain the public's confidence and trust in the professions and to uphold professional standards. Therefore, the panel determined that a finding of impairment on public interest grounds is required.

Having regard to all of the above, the panel was satisfied that your fitness to practise is currently impaired.

Sanction

The panel has carefully considered this case and has decided to issue a striking-off order. It directs the registrar to strike you off the register. The effect of this order is that the NMC register will show that you have been struck off the register.

In reaching this decision, the panel has had regard to all the evidence adduced in this case and to the NMC Guidance on '*The sanctions available*' (SAN-2, last updated 28 January 2026).

The panel accepted the advice of the legal assessor.

Submissions on sanction

Ms Ewulo invited the panel to make a Striking-off order in light of its findings of impairment. She referred the panel to the sanction guidance.

Ms Ewulo submitted that there are a number of aggravating features, which are as follows:

- Abuse of a professional position, in that the bank card was accessible to you, solely because of your role as Patient A's nurse;
- Exploitation of the vulnerability of Patient A, as they were an inpatient and were medically dependent on you;
- Premeditation and persistence, in that the card was used across three transactions across several hours, which was not impulsive;
- Deliberate dishonesty, including that you gave a false account at the local stage;
- Financial value, in that £400 is a meaningful sum of money;
- The impact on Patient A; and
- That the offence was committed in a clinical setting.

Ms Ewulo submitted that there were also some mitigating features which she identified as follows:

- You pleaded guilty at the earliest opportunity in the criminal proceedings;
- You repaid the amount you stole from Patient A; and
- You apologised to Patient A;
- You completed your community order;
- You have demonstrated remorse and reflected on your actions; and
- There is an absence of financial benefit, as although you took the money, you repaid it in full.

Ms Ewulo referred the panel to the NMC Guidance on '*Sanctions for the highest risk cases*' (SAN-4, last updated 28 January 2026). She submitted that this is a case of dishonesty, which is specifically noted in this guidance. Ms Ewulo submitted that this case involved misuse of power, personal or financial gain from a breach of trust, a direct risk to people receiving care, and premeditated, systematic or long-standing deception. She submitted that the panel should consider these when making its decision. Ms Ewulo also informed the panel that factors such as remorse, your engagement with the NMC, your health condition, and your positive references can be considered. However, she submitted that this type of dishonesty is difficult to remediate.

In relation to a suspension order, Ms Ewulo submitted that this would not be the appropriate sanction in this case as your dishonesty was deliberate, sustained, and directed towards Patient A; and your initial response was that of denial. She submitted that a suspension order would not satisfy the public interest in maintaining confidence in the nursing profession.

In relation to a striking-off order, Ms Ewulo referred the panel to the NMC Guidance entitled '*Striking-off order*' (SAN-2e, last updated 28 January 2026). She submitted that a striking-off order is appropriate and proportionate, as your actions deliberately exploited Patient A for financial gain, which is fundamentally incompatible with continued registration. She submitted that your actions were not a momentary lapse of judgement as you took Patient A's card and used it across three separate transactions over several hours. Although you were dishonest when asked about this initially, you pleaded guilty at the first opportunity.

Ms Ewulo referred the panel to Patient A's victim impact statement, which makes it clear how she felt that you took advantage of her during a vulnerable point in her life, and she has now had to change her behaviour to ensure the security of her belongings as a result. She submitted that the abuse of trust is very serious, and the public must be able to trust that nursing staff will not steal from them when they are hospitalised and in a vulnerable position. In light of this, Ms Ewulo submitted that this trust has been severely violated, and

the public interest cannot be satisfied by conditions on your practice, or a short period of suspension. Therefore, Ms Ewulo invited the panel to make a striking-off order.

In her submissions, Ms Tascon invited the panel to make a suspension order. She invited the panel to consider the principle of proportionality.

Ms Tascon submitted that there are additional mitigating factors, which include that you made admissions at the first available opportunity in the criminal proceedings and also made early admissions in these proceedings through your communication with the NMC. She submitted that another mitigating factor is that you completed all of your court orders successfully and in a timely manner.

In relation to your health, Ms Tascon submitted that it is a mitigating factor that at the relevant time, you were undergoing [PRIVATE]. [PRIVATE].

Ms Tascon submitted that further mitigation includes that you have expressed remorse and insight through your evidence and in your reflective piece; you wrote a letter of apology to Patient A; and that you have taken steps to remediate and ensure nothing like this happens again. Furthermore, she reminded the panel that you are volunteering for three different charities to help members of your community in order to help you turn your life around and address your behaviour.

Ms Tascon referred the panel to your character references. She submitted that these demonstrate your dishonesty was out of character, and you have done all you can since then to ensure something like this never happens again. In light of these mitigating factors, Ms Tascon submitted that it would be disproportionate in the circumstances for the panel to make a striking-off order. Therefore, she invited the panel to make a suspension order.

Decision and reasons on sanction

Having found your 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 decision on sanction is a matter for the panel independently exercising its own judgment.

The panel took into account the following aggravating features:

- Abuse of a professional position;
- Exploitation of the vulnerability of Patient A,;
- Deliberate dishonesty;
- The meaningful sum of money you stole;
- The impact on Patient A; and
- That the offence was committed in a clinical setting.

The panel also took into account the following mitigating features:

- You pleaded guilty at the earliest opportunity in the criminal proceedings;
- You repaid the amount you stole from Patient A; and
- You apologised to Patient A;
- You completed the orders imposed on you by the criminal court;
- You have demonstrated remorse and reflected on your actions; and
- There is an absence of financial benefit, as although you took the money, you repaid it in full.

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case. The panel decided that it would be neither proportionate nor in the public interest to take no further action.

The panel next considered a caution order and had regard to the NMC Guidance on '*Caution order*' (SAN-2b, last updated on 28 January 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 your actions were 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 your practise 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 on your registration. 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*' (SAN-2c, last updated 28 January 2026). Having regard to the nature and seriousness of your conduct and dishonesty, the panel determined that a conditions of practice order would not be appropriate in the circumstances. The panel considered that there are no relevant, proportionate, workable or measurable conditions that could be formulated to either protect patients or to uphold professional standards.

The panel then considered whether a suspension order was appropriate in this case. The panel had regard to the NMC Guidance on '*Suspension order*' (SAN-2d, last updated on 28 January 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 found that your dishonesty was a serious breach of the fundamental tenets of the profession and is fundamentally incompatible with you remaining on the register. Even if the panel were to suspend your practice for a period of time, it was of the view that this is unlikely to ensure that your lapse of judgment does not happen again. Furthermore, the panel determined that temporarily removing you from the register would not be sufficient to uphold public confidence in the profession and maintain professional standards due to the seriousness and nature of your dishonesty.

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

In considering a striking-off order, the panel first had regard to the NMC Guidance, SAN-4. It found that the circumstances of your case demonstrate a misuse of power, which you abused for financial gain, and your actions caused harm to a vulnerable patient in your care. It also took into account that you severely abused Patient A's trust, and that the public must be able to trust that nursing staff will not steal from them when they are hospitalised and vulnerable. Having regard to this, the panel determined that this case falls within the definition of being a '*highest risk case*'.

The panel then took into account the following considerations as set out in SAN-2e:

- *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?*

The panel acknowledged the mitigating features set out by Ms Tascon; however, it was of the view that, in this case, your dishonesty is so serious, it raises fundamental questions about your professionalism. Furthermore, the panel noted that your dishonesty would be difficult to remediate, and as there was nothing before it to demonstrate that your lapse of judgement would not happen again, it was of the view that there is no realistic prospect that you will have gained insight and strengthened your practice such that the risk you pose will have reduced.

The panel determined that your actions were significant departures from the standards expected of a registered nurse and are fundamentally incompatible with you remaining on

the register. The panel was of the view that the findings in this particular case demonstrate that your actions were serious and that allowing you to continue practising would not protect the public and 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 in this case, the panel determined that the appropriate and proportionate sanction is a striking-off order. The panel determined that this is the only order that would sufficiently protect patients and members of the public, whilst maintaining professional standards and upholding public confidence in the nursing profession, by removing an individual who presents a risk of repeating their dishonest actions directed towards patients under their care, which are not compatible with remaining on the register. Having regard to the effect of your actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct themselves, the panel has concluded that nothing short of this would be sufficient in this case.

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

This will be confirmed to you 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 your own interests until the striking-off sanction takes effect.

Submissions on interim order

The panel took account of the submissions made by Ms Ewulo. She submitted that the panel should impose an interim suspension order for a period of 18 months to cover any potential period of appeal.

Ms Tascon said that she had no submissions.

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

Decision and reasons on interim order

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

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

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

That concludes this determination.