Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Hearing
Wednesday, 22 April 2026 – Thursday, 23 April 2026
Monday, 27 April 2026 – Thursday, 30 April 2026

Virtual Hearing

Name of Registrant:	**Xoisa Hlatshwayo**
NMC PIN:	09F2144E
Part(s) of the register:	Registered Nurse - Adult RNA November 2009
Relevant Location:	West Berkshire
Type of case:	Misconduct
Panel members:	Paul Grant (Chair, Lay member) Hlupe Perpetua Knight (Registrant member) Richard Mann (Lay member)
Legal Assessor:	Robin Hay
Hearings Coordinator:	Dilay Bekteshi
Nursing and Midwifery Council:	Represented by Giedrius Kabasinkas, Case Presenter
Miss Hlatshwayo:	Present and not represented
Facts proved by way of admission:	1(b)(i), 1(b)(ii), 1(d), 1(e), 2(b), 2(c) and 3 (in relation to charges 1(d), 1(e), 2(b), 2(c))
Facts proved:	2(a)
Facts not proved:	1(a), 1(c), 1(f) and 3(in relation to charge 1(f))
Fitness to practise:	Impaired
Sanction:	Striking-off order
Interim order:	Interim suspension order (18 months)

Details of charge

That you, a registered nurse:

1. During the night shift on 11 to 12 April 2024 at Hollies Care Home:

a. Slept whilst on duty. **[NOT PROVED]**

b. Failed to follow the controlled drugs procedure:

i. When carrying out controlled drugs check. **[PROVED BY WAY OF ADMISSION]**

ii. When administering controlled drugs. **[PROVED BY WAY OF ADMISSION]**

c. Dispensed patient medication too far in advance of its administration, or in the alternative, administered medication before it was due. **[NOT PROVED]**

d. Sought to persuade Colleague A to sign documentation to reflect that she had witnessed the administration of controlled drugs when she had not done so **[PROVED BY WAY OF ADMISSION]**

e. Forged the signature of Colleague A in the controlled drug book **[PROVED BY WAY OF ADMISSION]**

f. Removed the MAR charts of residents from the Hollies Care Home without authorisation. **[NOT PROVED]**

2. On unknown dates, other than 11-12 April 2024, between January 2023 and 12 April 2024 at Hollies Care Home:

a. Slept whilst on duty. **[PROVED]**

b. Sought to persuade Colleague A to sign documentation to reflect that she had witnessed to administration of controlled drugs when she had not done so. **[PROVED BY WAY OF ADMISSION]**

c. Forged the signature of Colleague A in the controlled drug book **[PROVED BY WAY OF ADMISISON]**

3. That your actions at Charges 1(d) and/or 1(e) and/or 1(f) and/or 2(b) and/or 2(c) were dishonest in that you sought to mislead others that you had complied with controlled drugs protocols **[PROVED ONLY IN RELATION TO CHARGES 1(d), 1(e), 2(b), 2(c)]**

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

Background

You were referred to the Nursing and Midwifery Council (NMC) on 16 April 2024 from Hollies Care Home (the Home). You worked at the Home for a number of years (over 10 years), and at the time of the alleged incidents you had been working as the clinical lead at the Home for approximately one year.

- On 12 April 2024, an unannounced night check was carried out by the Home Manager, Yasemin Ucan, accompanied by staff trainer Shbana Hussain, in the early hours at which point they allegedly found:

    - You lying down in the lounge on two chairs with a pillow and blankets in the dark, as such you were suspected to have been sleeping whilst on shift.
    - You did not follow the correct procedure when carrying out the controlled drugs check or when administering controlled drugs.

- Yasemin Ucan spoke with the senior carer on shift, Michelle Mason, who had then explained that she had not witnessed the controlled drugs being administered and that you often administered them on your own and had then given her the controlled drugs book to sign to make it appear that the controlled drugs process had been adhered to.

- During the unannounced check, the MAR Charts were reviewed, and it appeared that the

medications had been countersigned, however, on checking further, Michelle Mason advised she had not signed these charts and alleged that her signature had been forged. Michelle Mason alleged that it had become the norm that at around 00:00 you would bring her the controlled drug book for signing despite her having not witnessed the medication being counted, dispensed or administered. She said that you would never bring the MAR charts as you allegedly had counter-signed them with her signature.

- It is alleged that Yasemin Ucan confronted you about these concerns, and you stated you were sorry, and following this you resigned with immediate effect.

- On 12 April 2024, it is alleged that a number of MAR charts were found to be missing. It was suspected that these MAR charts had previously been filled in ready for the morning and dispensed, or the medication had been administered prior to the unannounced check.

Special Measures application in relation to Michelle Mason

Mr Kabasinskas said that Ms Mason expressed anxiety with giving evidence before the panel and highlighted the duty to support witnesses in providing their best evidence. He referred the panel to the NMC Guidance "*Supporting people to give evidence in hearings*" (CMT-12) and proposed that Ms Mason's daughter be allowed to act as a support person. He said that the daughter has no connection to the Home, the parties involved, or the case itself. He submitted that this measure was both proportionate and appropriate.

You did not object to the application.

The panel accepted the advice of the legal assessor.

The panel acceded to the application, allowing the support person to attend to ensure Ms Mason could provide her best evidence.

Decision and reasons on facts

At the outset of the hearing, you made full admissions to charges 1bi, 1bii, 1d, 1e, 2b, 2c, 3 (in relation to charges 1d, 1e, 2b, 2c).

The panel therefore finds charges 1bi, 1bii, 1d, 1e, 2b, 2c, 3 (in relation to charges 1d, 1e, 2b, 2c) proved in their entirety, by way of your admissions.

In reaching its decisions on the disputed facts, the panel took into account all the oral and documentary evidence together with the submissions made by Mr Kabasinskas and by you.

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

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

- Ms Yasemin Ucan: Care Home Manager at the time
- Ms Shbana Hussain: Clinical Lead at the time
- Ms Michelle Mason: Senior Carer at the time

Before making any findings on the facts, the panel accepted the advice of the legal assessor. It considered the witness and documentary evidence provided by both the NMC and by you.

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

Charge 1a

1. During the night shift on 11 to 12 April 2024 at Hollies Care Home:
    a. Slept whilst on duty.

This charge is found NOT proved.

The panel took into account the oral and documentary evidence of Ms Ucan, Ms Hussain and Ms Mason.

In Ms Hussain’s NMC witness statement, she states:

"Before we arrived at the Home to carry out our spot check, Michelle had text Yasemin to say that Xoisa had gone to the Lounge, which is where she would sleep. Yasemin and I entered the home I went to the lounge and I believe Yasemin went to the nurses station.

I went to the lounge, which was in darkness. As I entered the lounge I saw Xoisa laying on two chairs facing each other with some blankets on top of her. I did not see her sleeping. She must have been awake as she asked what I was doing there. I asked her the same question. Xoisa answered that she was on her break. I then said to her that breaks were not for sleeping. She said she was not asleep. Yasemin then came into the lounge as well and saw Xoisa.

…

When I was at the nurse's station, I heard a phone alarm going off. It was at 5am exactly. It was Xoisa's phone. Michelle had said that Xoisa would normally come to her with all paperwork that needed signing after 5am. My assumption would be that Xoisa was sleeping during her shifts, but I could not know for sure. I took a picture of the set-up chairs in the lounge and a picture of her phone going off at 5am which."

The panel considered Ms Hussain's exhibits from the 12 April 2024 spot check. These included a photo of your phone displaying an alarm set for 05:01, and another showing two armchairs angled toward each other, each with a cushion/pillow.

During her oral evidence, Ms Hussain said she did not actually see you sleeping. Regarding the photographs of the armchairs and your phone, she stated she could not recall exactly when they were taken.

The panel also had regard to Ms Ucan's NMC witness statement, which states:

"Shbana and I arrived at the Home at approximately 03:00, to start our spot-check. Shabana had then gone into the downstairs lounge. This is where she had found Xoisa lying down with two chairs pulled together with the lights turned off and the curtains drawn. It is also noted that Xoisa had pillows and blankets as well. I had followed Shbana into the lounge, and saw this as well. I think the sound of Shbana and I approaching the lounge had stirred Xoisa and she had woken up very quickly.

It was at this point that I had pulled her up for sleeping on shift, and I reminded her that staff are categorically not to sleep during shifts, as it is a clear breach of the NMC's code of conduct. I also reminded her of her role as the Clinical Lead, and that she was responsible for the night-shift as a whole, and by having her asleep on shift could pose a risk to the residents as well as other staff members."

In oral evidence, Ms Ucan said *"I didn't see her with her eyes shut. But when we went in, she appeared … sort of jump at our entrance. For me, it was more that there were two chairs pulled together. Xoisa was lying in a sleeping position as such, or what one would perceive to be a sleeping position, and had pillows and blankets as well, and all of the lights were turned off. So that was my observation. But no, I can't say that. I definitely saw her eyes closed. I just saw her sort of jump up when we went in."*

It also considered the NMC witness statement of Ms Mason, which states:

"…This occurrence of Xoisa sleeping on shift would occur almost every shift. On one occasion, I even found her sleeping on the floor under the desk at the nurses' station located on the ground floor. She normally sleeps on two chairs pushed together and she would have blankets and cushions.

This occurred from the date I started in the Home, up until the date when the spot-check was carried out by [Ms Ucan], and one of the trainers [Ms Hussain] on 12 April 2024."

You disputed this, stating that you had pushed the armchairs together to elevate your legs and rest during your allocated break. You further said that no colleagues complained about you sleeping on shift prior to this night.

Regarding the evidence of Ms Ucan and Ms Hussain, you denied meeting Ms Ucan in the lounge. You said that you left the lounge after Ms Hussain entered, eventually meeting Ms Ucan outside. You explained the photo of the alarm was simply a reminder for you to take your medication.

While the panel noted that there was circumstantial evidence of a potential sleeping arrangement and an alarm, the panel was not satisfied that this was sufficient to prove that you were sleeping. It also noted that Ms Ucan and Ms Hussain in oral evidence said that they did not witness you

sleeping. In the absence of direct evidence, the panel cannot be satisfied that the NMC has proved on the balance of probabilities that you slept on shift. The panel therefore found the charge not proved.

Charge 1c)

1. During the night shift on 11 to 12 April 2024 at Hollies Care Home:

c. Dispensed patient medication too far in advance of its administration, or in the alternative, administered medication before it was due.

This charge is found NOT proved.

The panel took into account Ms Ucan's NMC witness statement, which states:

> *"We checked through the drug cabinets in order to carry out a general medication check. During this check I noticed that there were 2-3 MAR charts which Xoisa had already been completed, for the residents' morning medication. This medication was meant to be administered at around 06:30/07:00am. It was however, still too early for the medication to be administered, but the medication had been accounted for in the count. Therefore, I had absolutely no way of checking if the medication had been administered early, or if Xoisa had potted it in readiness and as she was taking the MAR charts, if she took the medication with her also. This placed 2-3 residents at risk of either missing a dose of their critical medication or having a second dose administered unnecessarily. We could not check with the residents themselves as they did not have capacity to be able to say if they'd had the medication or not."*

The panel found this charge not proved due to a lack of supporting evidence. The only evidence provided was from Ms Ucan, which concerned the completion of MAR charts rather than the actual dispensing or administration of medication. While it was alleged that morning MAR charts were signed prematurely, no MAR charts were produced as evidence, nor was there any information regarding which specific medications or patients were involved. There was before the panel no evidence by way of audit to cross-reference nor any witness evidence in relation to actual dispensing or administration. In the absence of direct evidence that medication was dispensed or administered before it was due, the panel did not find charge 1c proved.

Charge 1f)

1. During the night shift on 11 to 12 April 2024 at Hollies Care Home:

    f. Removed the MAR charts of residents from the Hollies Care Home without authorisation.

This charge is found NOT proved.

The panel considered the NMC witness statement of Ms Ucan, which states:

> *"I had gone back downstairs then to speak to Xoisa and to confront her. As I did this I asked Shbana to go upstairs to retrieve the rest of the MAR charts, however, when Shabana had checked for the rest of the MAR charts, there were a number unaccounted for (around 3-4 charts). I cannot say with complete certainty that Xoisa took them, however, given the circumstances and the timing I strongly suspected that she did. These MAR charts still remain unaccounted for to date."*

The panel also considered the NMC witness Statement of Ms Hussain, which states:

> *"Yasemin and Xoisa had then gone to the nurses station. Yasemin already had the controlled drug book and was checking it through. I then suggested checking the MAR charts as well. Yasemin therefore asked if I could collect the MAR charts from upstairs. I went upstairs to collect these from Michelle. When I asked Michelle for these she said Xoisa had already taken them. This had confused me and I said to Michelle why did she come and get them when she knew I was coming to get them. It was almost as if Xoisa knew that we were going to find something in the charts and therefore, decided to take them away so that we could not check them.*
> *…*
> *When another nurse came in the next morning, she could not find some of the medication charts. We suspected that Xoisa had taken the charts and left the Home with them the night before. I do not know if the charts have ever been found or returned."*

The panel noted that Ms Hussain's written statement states that "*when I asked Michelle for these she said Xoisa had already taken them*". However, In Ms Mason's oral evidence regarding the missing MAR charts, Ms Mason stated: "*They were just gone. The book was there... the*

controlled drug book was there, but the MAR charts weren't." When questioned by the panel, she stated that she had not seen who removed them.

It was unclear how many charts were missing, which patients they referred to, and no audit was provided to identify the specific records lost. In your evidence you said that you were left alone for 10 to 20 minutes, this occurred while Ms Ucan was interviewing Ms Mason - after they had already conducted their initial checks, therefore it was not clear if you ever had the opportunity to remove the MAR charts.

The panel determined that whilst it was alleged that you had a motive to remove the MAR charts, there was insufficient evidence to prove the charge. Ms Mason did not witness the removal of the documents, and neither Ms Ucan nor Ms Hussain could definitively link you to the removal of the MAR charts. Furthermore, the lack of a clear chronology regarding the sequence of events left the panel confused as to what actually took place. Consequently, the panel determined that the NMC did not provide sufficient evidence to support the charge.

The panel therefore found charge 1f not proved.

Charge 2a)

2. On unknown dates, other than 11-12 April 2024, between January 2023 and 12 April 2024 at Hollies Care Home:
    a. Slept whilst on duty.

This charge is found proved.

The panel took into account Ms Mason's NMC witness statement:

> *"From the start of my time within the Home, it was a very regular thing for Xoisa to go off floor and into the lounge, where she would then turn the lights off, so it was dark, and she would go to sleep, normally until approximately 04:30am-5:00am. if you then wanted to know something or seek advice, you would go in and wake her up.*
>
> *…This occurrence of Xoisa sleeping on shift would occur almost every shift. On one occasion, I even found her sleeping on the floor under the desk at the nurses' station*

location on the ground floor. She normally sleeps on two chairs pushed together and she would have blankets and cushions.

…

I recall that there had been one incident after a night shift in February… when Xoisa had been working the previous night shift and from that shift she had then gone directly to her day-job at Basingstoke Hospital. So, it was obvious that she must have been sleeping at some point during the night shift before she had to go back to her day-job…

I was also quite concerned, that as I had now reported Xoisa, that I may now be set-up by other staff members. I therefore felt as though I was having to be very cautious when I was at work as to what I say and to who. A lot of staff members often cover for others, for things they haven't done properly, or not done at all."

The panel also considered Ms Mason's handwritten statement dated 14 April 2024. In this document, Ms Mason stated "*I Informed my manager regarding this and the fact that the same named nurse was sleeping for the majority of their shifts on numerous occasions. Reporting this nurse was extremely hard to do as the nurse had been established at the hollies for many years and was the night sister who should have been guiding us all."*

In her oral evidence, in response to the panel question about if she had raised concerns previously about you sleeping on shift: Ms Mason explained that she initially raised her concerns with the deputy manager a few months before speaking with Ms Ucan. She suggested that the deputy manager must have informed you, as you subsequently asked her why she had raised this concern. When asked about the delay in reporting, Ms Mason said that you were her senior and she had only been in the post for a short time; consequently, she feared that speaking up might impact on her position. The panel heard that Ms Mason first informed Ms Ucan on the morning of 9 April 2024. She raised these concerns again in the early hours of 12 April 2024, prior to the spot-check, and subsequently wrote a formal statement on 14 April 2024.

You denied the allegation of sleeping on duty. You stated that you were resting by elevating your legs in the lounge. You said, *"I usually take my breaks in the lounge since we're not allowed to sleep. So I'll just go there, put my feet up*." Furthermore, you said that as a Clinical Lead, the manager did not bring this to your attention at the time, and were shocked at the allegation of sleeping on the floor.

The panel noted Ms Ucan's oral evidence regarding a culture of both nurses and care workers sleeping at the Home; however, she said that no specific concerns had been raised about you. Her witness statement states:

> *"When I first started within the Home as the home manager, there was a terrible culture amongst the staff/care team. This was something I was looking to change and improve, and Xoisa had said that she wanted to help. The issues that were identified included:*
> - *Covering up incidents*
> - *Not reporting safeguarding concerns*
> - *De-escalations not being completed*
> - *Residents' pressure sores not being reported*
> - *Medication errors being made and not being reported"*

The panel noted that your workload averaged 70.5 hours a week across two jobs. You admitted to working shifts at the Home on the same day following your early shifts at Basingstoke Hospital (the Hospital). You also gave evidence that you would work afternoon shifts at the Hospital following the completion of your night shift at the Home. The panel noted that you stated that whilst you averaged three shifts a week at the Home, you would sometimes work four or five shifts a week and on one occasion worked six shifts on successive days, resulting in excessively long hours. The panel determined that working these hours would likely be extremely taxing for any individual.

Having considered all the evidence, the panel found Ms Mason to be a credible, consistent, and reliable witness whose evidence was supported by the contextual evidence with regard to your working patterns and hours as well as the prevailing culture at the Home. It noted that she had no reason to fabricate a complaint, particularly as a newcomer to the Home. Her delay in raising concerns was regarded by the panel as reasonable given your seniority and her brief time in post. The panel also acknowledged that you were working significantly excessive hours. Although your evidence was that you did not work consecutive shifts at the Home and the Hospital, the panel was cognisant that you worked very long hours, the evidence of meeting Ms Mason at the Hospital after a shift to return the keys to the drug cabinet, and your explanation that other staff came into work early to enable you to go home to rest after a night shift. For all these reasons, the panel preferred Ms Mason's evidence to yours. Consequently, the panel was satisfied that charge 2a is proved on the balance of probabilities.

Charge 3)

3. That your actions at Charges 1(f) were dishonest in that you sought to mislead others that you had complied with controlled drugs protocols

This charge is found NOT proved.

As charge 1f was found not proved, the panel did not consider charge 3 in relation to that matter.

Fitness to practise

Having found the facts proved, the panel next considered whether the facts found proved amount to misconduct and, if so, whether your 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, your fitness to practise is currently impaired as a result of that misconduct.

Submissions on misconduct

Mr Kabasinskas referred the panel to the case of *Roylance v General Medical Council (No. 2)* [2000] 1 AC 311 which defines misconduct as a *'word of general effect, involving some act or omission which falls short of what would be proper in the circumstances.'* He also referred the panel to the case of *Nandi v General Medical Council* [2004] EWHC 2317 (Admin*) and Holder v Nursing And Midwifery Council* [2017] EWHC 647 (Admin).

Mr Kabasinskas submitted that the facts found proved amount to misconduct. He referred the panel to 'The Code: Professional standards of practice and behaviour for nurses and midwives

2015' (the Code) in making its decision. He identified the specific, relevant standards where your actions amounted to misconduct.

Mr Kabasinskas moved on to the issue of impairment and addressed the panel on the need to have regard to protecting the public and the wider public interest. This included the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body. This included reference to the cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin).

Mr Kabasinskas submitted that, whilst sleeping on duty, residents' needs were potentially not being met in a timely manner and therefore they were placed at risk of harm. Ms Mason said that when you were sleeping on shift, residents would wander in and out of the lounge. She described this as unprofessional and, as a clinical lead, you were responsible for the shift as a whole. By not adhering to the medication policy, your actions could have created a risk of errors being made with controlled drugs. In relation to acting dishonestly by falsifying documentation – that is very serious and had the potential to cause confusion about who had administered the controlled drugs and could have caused serious harm.

Mr Kabasinskas referred the panel to the NMC guidance '*Can the concerns be addressed?'* (FTP-16a). He said that, looking holistically at the charges, there are four themes: medication administration, record keeping, dishonesty and sleeping on duty. However, he submitted that, in the exhibits bundle, there is evidence that you had been assessed as competent in administering medication in December 2023 – this suggests that issues with your medication administration and record keeping were not due to lack of knowledge or competence, but a deliberate decision to disregard the appropriate procedures.

Mr Kabasinskas also referred the panel to the NMC guidance on "*Impairment*" (DMA-1), particularly the section relating to 'deep-seated attitudinal issue'. He submitted that there are attitudinal issues in this case and that these are more difficult to address. This is also because there is evidence of dishonesty, which was persistent and was directly linked to your clinical practice.

Mr Kabasinskas said that you had accepted the regulatory concerns in relation to the charges, apart from sleeping on duty at the outset of the proceedings. In your registrant's bundle, it

suggests that you did disclose the regulatory concerns to the Hospital and discussed the concerns, which indicates that you accept some of the issues. He said there are documents provided by you in the form of testimonials, references and training courses. He says that there is some insight, but it is insufficient. He submitted that, given the steps you have taken, the risk of repetition has reduced and is now low. He submitted that the concerns are more difficult to address. He therefore submitted that public protection is engaged.

In respect of public interest, Mr Kabasinskas submitted that you put your own priorities, including sleeping whilst on duty and taking shortcuts with controlled drugs procedures, above the safety of vulnerable elderly residents at the Home. You, as a clinical lead, were in a position of trust and responsibility and other staff were put in a difficult position. The dishonesty undermines public confidence and raises concerns about your ability to uphold the standards and values set out in the Code.

You said that when you left the Home, you continued working at the Hospital. You attended a meeting with HR to discuss your restrictions, which included being supervised at all times. You said you repeated your medication management training, including for Controlled Drugs (CDs), and that this restriction was removed following a review hearing. You said that the training was really helpful, supported your professional development, and gave you good insight into the importance of openness, honesty and, as a leader, having clear and effective communication.

You said your trainer emphasised the importance of maintaining integrity in all aspects of practice, particularly in relation to accurate documentation and the proper use of signatures. You said you now have insight and awareness that misrepresentation can have serious consequences. You said you ensure you adhere to policy and legal requirements. You said you were under supervision and could not make decisions without being observed or having your decisions countersigned.

You said you are an advocate for students and that you promote the importance of the Code – you are honest and follow policies and procedures. You have been completing incident reports, including investigating serious incidents involving medication. You said you learned from the training, that your changes were noticed, and that you were awarded a Chief Nursing Officer Award for Clinical Lead in August 2025.

In response to panel questions, you said that as an advocate for students you talk about the importance of documentation, signatures and clear communication. You said that since leaving the Home you no longer work more than 50 hours a week – you made this decision so that you can be committed to one job, give your full attention to it, and avoid any complications that might arise from working two jobs. You said you will continue with this approach and that you would not work in a nursing home again. You said that if you found someone sleeping on duty, you would first find out the reason, give them a warning, and if it happened again you would report it formally. You said you have worked night shifts in the Hospital and have not slept at all, remaining at the nurses' station. You said that sleeping on duty can have serious implications, although there are two nurses on shift who can attend to patients' needs.

You said you are fit to work and that, despite what happened previously, you have managed to prove yourself in your monthly reviews with your mentor.

The panel accepted the advice of the legal assessor.

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 appreciated that breaches of the Code do not automatically result in a finding of misconduct.

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

8 Work cooperatively
To achieve this, you must:
8.1 respect the skills, expertise and contributions of your colleagues, referring matters to them when appropriate
8.2 maintain effective communication with colleagues
8.5 work with colleagues to preserve the safety of those receiving care
8.6 share information to identify and reduce risk

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

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:
18.2 keep to appropriate guidelines when giving advice on using controlled drugs and recording the prescribing, supply, dispensing or administration of controlled drugs

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
19.4 take all reasonable personal precautions necessary to avoid any potential health risks to colleagues, people receiving care and the public

20 Uphold the reputation of your profession at all times
To achieve this, you must:
20.1 keep to and uphold the standards and values set out in the Code

20.2 act with honesty and integrity at all times…
20.3 be aware at all times of how your behaviour can affect and influence the behaviour of other people

The panel determined that your misconduct is extremely serious because it took place during the course of your clinical practice. As the Clinical Lead and most senior nurse on duty, you repeatedly bypassed essential Controlled Drug procedures, creating a direct risk of patient harm. You then attempted to hide these failings through a premeditated cover-up, which involved forging a colleague's signature and abusing your senior position. Your dishonesty was longstanding, included pressuring a junior colleague to participate in your misconduct and when

your misconduct was discovered during the spot-check you then sent a message to Ms Mason in an attempt to persuade her to conceal your dishonesty in relation to the completion of the MAR charts. The panel determined that given the nature and circumstances of your dishonesty it was at the upper end of the scale in terms of seriousness.

Furthermore, your sleeping on shift was not an isolated occurrence, but longstanding. The panel found that these actions may have been consequent on your choice to work at two jobs for financial gain, prioritising your own interests over the safety of vulnerable patients.

The panel therefore found that your actions did fall seriously short of the conduct and standards expected of a nurse and amounted to misconduct.

Decision and reasons on impairment

The panel next went on to decide if as a result of the misconduct, your 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.'*

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

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

> *'In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the*

practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.'

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

'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her/ fitness to practise is impaired in the sense that S/He:

a) *has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*

b) *has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*

c) *has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*

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

When considering the above test, the panel determined that all limbs a, b, c and d are engaged. Your actions potentially put patients at unwarranted risk of harm; you brought the nursing profession into disrepute; you breached fundamental tenets of the profession, namely to act with honesty and integrity, practise effectively, preserve safety, promote professionalism and trust and prioritise people. It was satisfied that confidence in the nursing profession would be undermined if its regulator did not find charges relating to longstanding, premediated dishonesty in the course of professional practice extremely serious. The panel was mindful that the medication breaches and the forging of a signature created a direct risk to patient safety. Furthermore, by sleeping on duty, you compromised the safety of both patients and colleagues; your lack of awareness and immediate availability during shifts meant you would be unable to respond promptly to potential emergencies and oversee the clinical environment.

Looking at the test in *Ronald Jack Cohen v General Medical Council* [2008] EWHC 581 (Admin), the panel first considered whether the misconduct is easily remediable. While some aspects of clinical failings may be remediable, dishonesty is inherently difficult to remediate. It took account of its findings that the dishonesty was premediated and longstanding, placing it at the higher end of the scale of seriousness. Similarly, the sleeping on duty was also longstanding and put patients at risk of harm.

The panel next considered whether the misconduct had been remedied. It acknowledged your early admission to several charges, including dishonesty, and noted that there has been no evidence of repeated misconduct. Since the initial concerns were raised, you have continued to work at the Hospital, receiving objective positive feedback and completing additional training, such as the "Nurse in Charge" workshop. The panel also took into account your submissions on the importance of integrity and accuracy, you said you had received an award, and said you are only working a single job to ensure better focus and to prevent further complications.

However, the panel determined that your misconduct represents a significant departure from the professional standards expected of a nurse, specifically regarding the fundamental tenets of honesty and integrity. While you have taken steps towards showing strengthened practice, your submissions demonstrated a lack of deeper insight into your dishonesty, the risks it posed, and its impact on your colleagues and patients. Furthermore, as clinical lead you failed to grasp the implications of sleeping on duty, showing a limited understanding of the risk to patient safety and colleagues. You also failed to adequately address the implications of your conduct on public confidence and the reputation of the profession.

The panel found your insight into the charges to be limited. While the risk of repetition has decreased due to the restrictions and close supervision provided by the Hospital, the panel noted that this case is not about your clinical abilities, but about your professional attitude and leadership. The panel found that, given the serious and prolonged nature of these failings together with your still limited insight, some two years after the latest of the events in question, your misconduct appears to be indicative of an underlying deep-seated attitudinal issue. You prioritised personal convenience over professional responsibility in that as the Clinical Lead and most senior nurse on duty, you repeatedly bypassed Controlled Drug procedures and attempted to hide these failings through a premeditated cover-up. This involved forging a colleague's signature and abusing your senior position. The panel therefore cannot be satisfied that the

misconduct has been fully remedied and it has found that a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind the overarching objectives of the NMC, namely; 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 determined that a finding of impairment on public interest grounds is required. Honesty and integrity are fundamental tenets of the nursing profession. The panel determined that a finding of impairment is necessary to maintain public confidence in the profession and its regulator. The public must be reassured that nurses will act honestly and with integrity and that patients will be protected from harm. Given the seriousness of your misconduct, failing to make a finding of impairment would seriously undermine public confidence in the profession and the NMC as its regulator.

Having regard to all the above, the panel concluded that your fitness to practise is currently impaired on both public protection and public interest grounds.

Sanction

The panel decided to make 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 that has been adduced and had regard to the NMC Guidance on *'The sanctions available'* (Reference: SAN-2 Last Updated: 28/01/2026).

Submissions on sanction

Mr Kabasinskas referred the panel to the NMC guidance on '*The purpose of an approach to sanctions'* (SAN-1). He outlined the aggravating factors: you abused your position of trust, engaged in repetitive conduct and a pattern of behaviour. It was premeditated dishonesty. Your

misconduct also placed patients and colleagues at risk of harm and you have shown limited insight. In terms of mitigating factors, there were early admissions to facts, evidence of safe practice since leaving the Home, evidence of relevant training, evidence of discussion with colleagues regarding the conduct, and positive employment references.

Mr Kabasinskas said that you have been on an interim conditions of practice order since May 2024. He took the panel through the least restrictive orders and submitted that they are not suitable as the misconduct has not been fully remedied. In respect of a conditions of practice order, he submitted that the panel may find it appropriate as you have been practising with an interim conditions of practice order. However, he submitted that the allegations were not proved at the time; now that the panel has found them proved, it needs to consider what is appropriate and necessary to protect the public. He said the panel has made a finding that there is a deep-seated attitudinal issue. He said it is difficult to address and train on dishonesty. He submitted that conditions can be created to be monitored and assessed; however, the level of insight in relation to dishonesty cannot be monitored by conditions and therefore it is not suitable, as it would not meet the public interest.

Mr Kabasinskas submitted that, although a suspension order recognises that the charges are serious, this is a case of fundamental incompatibility, therefore a suspension order is not sufficient. He submitted that although you have engaged, there is limited development of insight and change of attitude.

Mr Kabasinskas submitted that, due to the seriousness of the charges, a permanent removal is required. He submitted that the appropriate sanction is a striking-off order.

You outlined the conditions imposed on your practice. You said you completed your medication training and, according to the review, there were no concerns regarding the CD books, although this was closely monitored. There were no concerns regarding you working nights, as spot-checks were conducted and no issues were raised. You said that this led to changes in your conditions – the requirement to give medications only with supervision was lifted and the medication restriction was removed.

You said you developed a student pack for the ward for newly qualified nurses. This was reviewed and there had been no concerns. You referred the panel to your documents, including references, and said that you have been up to date with your competencies. You said this has

helped you improve. You explained that it has been a hard journey for you and told the panel about your circumstances at the time. You said you are the breadwinner of your family and that the proceedings have impacted you emotionally.

You said you understand the severity of what you had done and that you were not looking forward to more bad news which is why you initially did not wish to attend the final hearing. You submitted that, in light of your references, you are not a danger to the public, given the good care you provide as a nurse, as described by your colleagues. You asked the panel not to strike you off. You said you can continue working under supervision and continue presenting evidence until the panel is satisfied with your improvement.

The panel accepted the advice of the legal assessor.

Decision and reasons on sanction

Having found your fitness to practise currently impaired, the panel next considered 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 judgement.

The panel took into account the following aggravating features:

- abuse of a position of trust
- conduct which recklessly put people receiving care at risk of suffering harm
- potential risk of significant harm to vulnerable people receiving care
- deliberate breaches of the Code
- a pattern of misconduct over a prolonged period of time
- premeditated behaviour
- limited insight
- seeking to involve a junior colleague in dishonest conduct and seeking to cover up dishonesty when challenged by the manager

The panel also took into account the following mitigating features:

- early admission of the facts in relation to dishonesty
- evidence of safe and effective practice since the incidents
- positive reports from employer
- relevant training courses
- evidence of openness regarding the concerns in your discussions with colleagues, including acting as a student advocate

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of your misconduct. Also, there were no exceptional circumstances. 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'* (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.'*

Your actions were not at the lower end of the spectrum, and the panel found that there is a risk to patient and public safety. It 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 placing conditions of practice on your registration would be appropriate. The panel is mindful that any conditions imposed must be relevant, proportionate, workable and measurable. The panel had regard to the NMC Guidance on *'Conditions of practice order'* (Reference: SAN-2c Last Updated: 28/01/2026) and had regard to the following factors which are indicative of when a conditions of practice order may be appropriate:

- *‘no evidence of deep-seated personality or attitudinal problems*
- *…*
- *…*
- *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 determined that there are no relevant, proportionate, workable or measurable conditions that could be formulated, given the nature of your misconduct. The misconduct identified was not something that can be addressed through retraining. The panel determined that the behaviour stemmed from underlying attitudinal issues. The panel noted that the misconduct arose over a prolonged period, demonstrating a pattern of behaviour. The panel also noted that, despite the passage of time since the events and your early admissions to some charges in relation to dishonesty, there was limited evidence of insight and targeted remediation.

In these circumstances, the panel concluded that a conditions of practice order would not be sufficient to address the seriousness of the misconduct, would not adequately protect the public, and would not meet the wider public interest in maintaining confidence in the profession and upholding professional standards. It therefore determined that such an order would not be appropriate or proportionate.

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 concluded that your conduct was fundamentally incompatible with continuing to be a registered nurse and that the suspension order would not 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 took into account its findings in earlier stages regarding the seriousness of the conduct, including aggravating and mitigating factors. The panel was not convinced that there is a realistic prospect that you will develop full insight after a period of suspension. Despite having two years to do so, you failed to recognise the risks your conduct posed to those receiving care and your colleagues. The panel determined that you had only limited insight into your dishonesty and misconduct. Your evidence focused on compliance and the impact on yourself rather than a deeper understanding of the effect of your actions on others. You made no reference to the vulnerable residents or the impact on Ms Mason in attempting to draw her into dishonesty.

The panel recognised that whilst a suspension order theoretically provides an opportunity to address behaviour, your deep-seated attitudinal issues, combined with your limited insight, mean there is no realistic prospect of you returning to unrestricted practice. Having failed to address these concerns over the last two years and given the seriousness of your misconduct, the panel concluded that a suspension order would not be a sufficient, appropriate, or proportionate sanction.

In considering a striking-off order, the panel had regard to the NMC Guidance on *'Sanctions for the highest risk cases'* (Reference SAN-4 Last Updated: 28/01/2026). The panel determined that this case falls within the definition of being a '*highest risk case'*.

The Guidance states:

> *"Not all dishonesty is equally serious.[1] Generally, the forms of dishonesty which are most likely to require consideration of striking-off will involve (but are not limited to):*
>
> - *deliberately breaching the professional duty of candour by covering up when things have gone wrong, especially if this could cause harm to people receiving care*
> - *misuse of power*
> - *personal or financial gain from a breach of trust*
> - *direct risk to people receiving care*
> - *premeditated, systematic or longstanding deception."*

The panel determined that bullet points 1, 2, 4 and 5 were applicable to your case.

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?*

The panel has found your misconduct to be very serious in nature and involves concerns related to premeditated and longstanding sleeping on duty and dishonest conduct involving forgery of medical records, which raises fundamental questions about your professionalism. The panel noted that in particular, this includes deep-seated attitudinal issues. It therefore determined that public confidence in the profession could not be maintained if you were permitted to remain on the register, particularly in view of your lack of meaningful remediation.

The panel decided that your actions represented significant departures from the standards expected of a registered nurse and are fundamentally incompatible with you remaining on the register.

The panel determined that when dishonesty is found, there is an extremely high bar to pass in terms of demonstrating sufficient remediation to keep members of the public safe, maintain public confidence in the profession, and uphold professional standards. Despite having two years to show insight and remediation, you have shown only limited insight and a lack of reflection on the potential impact of your conduct on residents and colleagues. The panel found that you chose to put both your own material gain in securing financial reward from additional secondary employment and also your own convenience, before the safety and wellbeing of vulnerable patients. The panel determined that you had demonstrated a total disregard for following procedures and policies.

The panel concluded that your conduct was so serious that permitting you to continue practising would fail to protect the public and would undermine public confidence in the profession and in the NMC as a regulator.

The panel took into account the evidence that you have practised safely and effectively under interim conditions of practice since May 2024 as well as the positive testimonials from your manager and other colleagues. The panel as also mindful of your submissions regarding your personal circumstances and noted that, while sanctions are not intended to be punitive, a

striking-off order will have a punitive effect. However, given the nature and seriousness of the charges found proved, as well as the significant aggravating factors, the panel concluded that your own interests are outweighed by the public interest.

Taking into account all the evidence, the panel determined that the only appropriate and proportionate sanction is that of a striking-off order.

The panel determined 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.

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 a striking-off order would be sufficient.

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. The panel accepted the advice of the legal assessor.

Submissions on interim order

Mr Kabasinskas referred the panel to the NMC Guidance "*Decision making factors for interim orders*" (INT-2). He submitted that, given the panel's findings, an interim suspension order is necessary for public protection and the wider public interest. He proposed an order for a period of 18 months to cover the gap between the making of any substantive order and closure of the statutory appeal window or any actual appeal.

You agreed to the application.

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 risk of repetition identified as 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 allow for the possibility of an appeal to be made and determined.

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

That concludes this determination.

This will be confirmed to you in writing.