

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

**Substantive Hearing  
Monday, 27 April 2026 – Thursday, 30 April 2026**

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

**Name of Registrant:** Pauline Lino

**NMC PIN:** 12G2145E

**Part(s) of the register:** Registered Nurse – Sub Part 1  
Adult Nursing – (January 2013)

**Relevant Location:** Birmingham

**Type of case:** Misconduct

**Panel members:** Isabelle Parasram (Chair, lay member)  
Purushotham Kamath (Registrant member)  
Simon Alexander (Lay member)

**Legal Assessor:** John Bassett

**Hearings Coordinator:** Charis Benefo (27 April 2026)  
Samara Baboolal (28 April 2026 - 30 April 2026)

**Nursing and Midwifery Council:** Represented by Richard Webb, Case Presenter

**Mrs Lino:** Present and represented by Nathan Palmer,  
Counsel instructed by Blackfords LLP

**Facts proved:** Charge 1

**Facts not proved:** N/A

**Fitness to practise:** Impaired

**Sanction:** Suspension order (6 months)

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

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

At the outset of the hearing, Mr Webb, on behalf of the Nursing and Midwifery Council (NMC), made a request that this case be held in public in the first instance. He indicated, however, that he was making a pre-emptive application that if any reference were to be made to your [PRIVATE], it ought to be heard in private. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Mr Palmer, on your behalf, indicated that he supported the application to the extent that any reference to your [PRIVATE] should be heard in private. He submitted that he was content for the remainder of the hearing to proceed in public.

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 decided to hold in private the parts of this hearing that involve reference to [PRIVATE], as and when such issues are raised in order to protect the privacy of [PRIVATE].

### **Details of charge**

That you, a registered nurse:

1. On 26 March 2024 attended work when unfit to carry out your duties safely due to being under the influence of alcohol and/or drugs. **[PROVED]**

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

### **Background**

The NMC received a referral in respect of you on 27 March 2024. You first entered onto the NMC's register on 18 January 2013.

The allegations in this case arose whilst you were employed as a registered nurse by Totally Care Agency (the Agency). On 26 March 2024, you attended Asprey Court Care Home (the Home) as an agency nurse, via the Agency, to complete a night shift where you are alleged to have attended whilst under the influence of alcohol. It is alleged that you were acting in a manner that did not "*appear to be [yourself]*" and you were behaving oddly. It became clear that you were not in a fit state to carry out your duties as the nurse in charge of the night shift.

### **Decision and reasons on facts**

In reaching its decisions on the disputed facts, the panel took into account all the oral and documentary evidence in this case together with the submissions made by Mr Webb, on behalf of the NMC, and by Mr Palmer, on your behalf.

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 live evidence from the following witnesses called on behalf of the NMC:

- Perpetua Mazaiwana: Deputy Manager at the Home at the time of the concerns;  
and
- Nana Adifah: Agency Nurse at the Agency, who was also working at the Home at the time of the concerns.

Having been advised of the potential consequences of not giving evidence on your own behalf, Mr Palmer confirmed that you would not be giving evidence at this stage.

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 you. The documentary evidence provided by you included the Context Form and the FtP Reflective Account Form completed by you on 11 April 2024, your Personal Statement dated 21 April 2024, Regulatory Concerns Response Form, dated 13 June 2024, and your NMC written statement dated 22 April 2026 which contains your account of what happened on 26 March 2024. You also provided a number of testimonials which testify to your good character and whether it is likely that you would have acted as alleged.

The panel also had regard to the submissions made by Mr Webb, on behalf of the NMC, and by Mr Palmer, on your behalf.

In summary, Mr Webb submitted that the panel should find the charge proved. He submitted that the evidence of Ms Mazaiwana and Ms Adifah was credible, reliable, and consistent with the near contemporaneous accounts they had given to the Agency. Mr Webb also referred the panel to the section of the NMC's Guidance FTP-17 headed '*Not giving evidence at the final hearing*' and invited the panel to draw an adverse inference from your failure to give evidence at this stage.

In summary, while conceding that you had a case to answer, Mr Palmer submitted that the evidence presented by the NMC was weak, inconsistent and insufficient to prove the charge to the required standard. He submitted there were inconsistencies and contradictions in the evidence of the NMC's witnesses.

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

### **Charge 1**

*'That you, a registered nurse, on 26 March 2024 attended work when unfit to carry out your duties safely due to being under the influence of alcohol and/or drugs.'*

**This charge is found proved.**

In reaching this decision, the panel took into account the written statements and oral evidence provided by Ms Mazaiwana and Ms Adifah, Ms Mazaiwana's local statement for the Trust investigation, and Ms Adifah's local statement to the Agency. The panel also took into account the documentary evidence provided by you, as set out above.

In her statement for the Agency investigation, Ms Mazaiwana stated:

*'On the 26th March 2024 Pauline Lino came on shift at around 19:37 ready for her night shift, as she passed by the main office and I asked her if she had come for night shift she replied probably and I said you are in Boulton and she asked which Boulton I explained to her that, it is the second floor and she replied ok but on her way out of the office, she almost fell. I asked her if she was okay, but she did not answer. I was concerned that she was intoxicated but gave her the benefit of doubt. Pauline went to the lift, but she could not even get in the lift instead she sat by the lift on one of our chairs and one of our carers had to help her to get into the lift. As they were walking towards the nurse's station, she was staggering, and she was helped by the carer. She sat in the nurse's station waiting for handover.*

*I asked one of the nurses on duty to have a look at Pauline, I did not tell her my suspicions, she asked me why I said just go, she came back to me and said that nurse is drunk she is asleep sitting on the chair. I then called another nurse as well to go and see Pauline and she came back with the same answer, that's when myself and the 2 nurses went to Boulton unit to speak to her but she was not answering and I informed her that I was going to call her agency and she spoke with the lady who was on call and she was asked are*

*you drunk and she said not really, I could smell alcohol on her breath and I was convinced that she was intoxicated. I informed her that I was going to send her home, because she was drunk and she said ok. She was escorted out of the building staggering, night shift carers walked with her to the bus stop because she did not know where the bus stop.'*

In her witness statement, dated 14 November 2024, Ms Mazaiwana stated:

*'Pauline has then left the office and gone to sit on a sofa next to the lift for a short while. She has then gone into the lift with a carer that was also using the lift. I cannot recall who this carer was. I knew that I couldn't just leave her and therefore decided to follow her. I could see that Pauline was staggering as she made her way towards the nursing station on the second floor.*

*As I entered the upstairs office where Pauline now was, the Senior Carer was providing a handover. Again, I cannot remember who this was, but they informed me that they were [SIC] going to call me as they were not prepared to handover to Pauline.*

*I do not know if Pauline was drunk, but she was not right. I again asked Pauline if she was ok, and I then asked her if she was drunk. To this, she stated that she was not drunk, but then dozed off and fell asleep in the seat that she was in.*

*At this point I did not know if I was missing something and I therefore asked to call another nurse in. Another nurse that works for the same agency as Pauline came into the office and immediately said what is wrong with this woman? I decided to call the Agency that Pauline worked for and informed them that I believed she was drunk. By now Pauline had woken up and spoke to the person on the other end of the phone from the Agency. She did not seem to be bothered that we had questioned whether she was drunk or not, and showed no remorse at the situation. Pauline was told by the Agency that she had to go home, and I therefore arranged for her to be escorted out of the building. Pauline walked*

*out of the building, but did not know where she was going so one of the carers went out with her to show her where the bus stop was. I believe that I could smell alcohol on Pauline.'*

In her supplementary statement dated 20 August 2025, Ms Mazaiwana stated:

*'At exhibit [...] of my previous statement I exhibit my local statement. In that statement, I note: I informed her [Pauline] that I was going to call her agency and she spoke with the lady who was on call and she was asked are you drunk and she said not really. The NMC have asked that I provide further detail on this phone call.*

*The phone call took place in the nurses [sic] station. It is not a big room. Pauline was already sitting in there, leaning at the back. She was meant to be receiving handover but she was not. When I went into the room, I could smell alcohol on her breath. It was a thick smell.*

*I spoke to her and said: Are you alright? Are you not feeling well? I asked: Do you remember me? And she said Yeah. I asked: Are you drunk and she said: No, no, no.*

*Pauline had worked about 4 shifts with us and was a really good nurse, there were no complaints after shift. Knowing that she was a good nurse, I was not believing what I was seeing (i.e. that she appeared drunk), that's why I asked 2 other people to check on her without saying anything to them. I wanted to make sure I didn't judge her myself.*

*I first asked nurse Farai, she went into the nurses station and said we can't keep her in the building, and then I called nurse Nana who said the same thing. Everyone said something is not right and she must be drunk, so I said: Let me ring the agency.*

*We were all sitting in the nurse's station when I rang the agency. There is a phone there but, as I was the nurse on call, I was using the Home's mobile*

*phone that I was carrying. When I spoke to the agency, I put the call on speaker phone because I wanted Pauline to hear what I was saying to her agency as well. Everyone in the room could hear the call.*

*I'm not sure exactly what I said to the agency, because it was ages ago. I think I said: We have Pauline here, it appears that she is drunk or not feeling well. She is not herself, but I assume that she is drunk. The agency then said: Oh really? The agency were surprised because they don't know her to be like that. They asked if they could speak to her and I agreed.*

*The agency said to Pauline: Are you drunk? and she didn't answer, so they asked again. As it was so long ago, I can't remember the exact words Pauline said in response. In my local statement I've noted that she said "not really". I think she said this and/or "kind of". I remember when she responded the three of us (Farai, Nana and I) all looked at each other in that moment and the agency then said: Pauline, how can you do that? and: Ok, so you need to go home and Can you please go home? Pauline didn't say anything to this. She gave me back my phone, took her bag and started going home; she didn't object or anything.'*

In her oral evidence, Ms Mazaiwana accepted that her recollection of the incident was not as detailed as when she had made her statement to the Agency. She had been asked to make her statement, dated 20 August 2025, because when she had made her statement on 14 November 2024, she could not remember all the details. She emphasised that she stood by the statement she had given the Agency because, at that time matters had been *"fresh in her mind"*.

In answer to questions from Mr Palmer, Ms Mazaiwana stated you did not appear upset when you arrived at the Home, and denied telling you that she would not discuss personal matters with you as you were there to work. She said she was not mistaken when she had said she could smell alcohol on your breath and denied that you had said you wanted the police to be called to establish you had not been drinking alcohol.

In response to a question from the panel, Ms Mazaiwana stated that she smelled alcohol on your breath whilst you were in the nurse's station. A follow-up question from the panel confirmed that there were no clinical products stored in that area that may have resembled or mimicked the smell of alcohol.

In her witness statement, dated 23 September 2024, Ms Adifah stated:

*'On 26th March 2024 I was working at Asprey Court when I was called to attend a different floor with a manager to provide my opinion on another nurse that worked for the same agency as I did.'*

*'Due to the time that has elapsed since this incident do not recall the details of the incident and therefore could not provide any further information other than that in an account I provided to the Agency at the time.'*

Ms Adifah told the panel that she believed she made the statement to the Agency around 26 March 2024. In it she stated:

*'On 26th March 2024, when I reported to work at Asprey Court, I was called by the Deputy Manager to come and see a Nurse from my Agency.'*

*'I went to see Pauline, but she was appearing as not being herself. I asked her if everything was okay, she said not really and she was rocking front and back. Pauline was appearing like she was drunk and wearing a hat on her head so I could not see her full face.'*

*'The Deputy Manager said she does not appear well so we should escort her safely from the home. The staffs and I organised a care staff to go with her to the bus station to catch a bus home.'*

In answer to questions from Mr Palmer, Ms Adifah said she had come to her own judgment about your condition and that you appeared drunk. She confirmed that she had not worked with you before the night in question. She had formed this opinion before the Deputy Manager had said you should go home. She repeated that you

appeared to be drunk, and she was not saying you were drunk. She accepted it was possible that you were not drunk and that was why she had said you appeared to be drunk. However, she stood by the statement she had given the Agency.

The panel accepts that, when scrutinised closely, it is correct that there may be inconsistencies in the words used in the accounts given by Ms Mazaiwana and Ms Adifah. For example, in her statement to the Agency Ms Mazaiwana said she could smell alcohol on your breath, whereas in her statement dated 14 November 2024 she said she believed she could smell alcohol on your breath. Given the passage of time that had elapsed between the two statements being given, the panel does not find such inconsistency in the wording to be significant.

With regards to Ms Adifah saying in her statement to the Agency that *'[you were] appearing as not being [yourself]'*, the panel does not accept Mr Palmer's suggestion that this indicates she had been influenced by others when making her statement to the Agency. The panel considers that Ms Adifah was merely using a common expression to indicate that something about your behaviour was unusual and/or unexpected.

The panel did not consider that both witnesses stating that you appeared to be drunk undermines their reliability. The witnesses were describing how you appeared to them, and would not be able to state definitively that you were "drunk" as that was something they could not objectively determine.

In any event, the evidence of Ms Mazaiwana and Ms Adifah of how you appeared that evening has to be considered together with your own accounts of how you acted. In the accounts you gave on 11 and 21 April 2024 (within a month of the incident), in effect you stated that you made a conscious decision to act as if you were drunk when accused by Ms Mazaiwana of being drunk. You stated:

*'To my surprise, she then accused me of being drunk. I had no strength to argue with her so I decided to act drunk with the hope that they will call the police who would have breathalised [SIC] me and solved the situation.'*

*'Instead of explaining the situation despite my colleague saying she wasn't interested in my personal life, I decided out of frustration to act drunk and feed into the allegations.'*

*'yes I was acting drunk with the hope that they would call the police.'*

In the circumstances, the panel accepted the evidence of both Ms Mazaiwana and Ms Adifah, that you were acting in a manner that made it appear that you were under the influence of alcohol. The panel finds that the manner in which you acted that night was so concerning that Ms Mazaiwana considered it necessary, in the interests of the safety of those you were meant to be caring for, to report the matter to the Agency.

The issue for the panel to determine is whether the NMC has proved that you were in fact under the influence of alcohol and consequently were unfit to carry out your duties.

In reaching its decision, the panel has again carefully considered the accounts you have given, albeit that they have not been tested under cross-examination.

If you did in fact, make a conscious decision to pretend to be drunk, given the potential consequences of doing so, for example in relation to your continued employment by the Agency, it would have expected you to explain at a very early stage what you had done at least to the Agency. On the accounts you have given, it appears you have never done any such thing.

The panel has also noted that according to you, upon you telling Ms Mazaiwana when she asked if you were "OK" and you replying, "Not really", she immediately "*stated she was not interested in hearing about [your] personal life and that [you] were there to work*".

The panel considers that account to be implausible because your reply does not indicate that you were not 'OK' because of your '*personal life*'.

The panel also considered that such a reply was not reflective of how Ms Mazaiwana had behaved towards you that evening. It accepted her evidence that she was prepared to give you the “*benefit of the doubt*” at first and that was why she sought the opinion of other staff members on your condition. It also accepts her and Ms Adifah’s evidence that they were concerned to ensure you were able to get home safely and that was the reason carers escorted you to the bus stop.

The panel also considers your explanation that the reason why, as described by Ms Mazaiwana, you were sitting next to the lift was that you did not remember the access code for the Boulton ward, and decided to ‘*wait for someone who was going there or whom [you] may ask for the code*’ to be implausible. There was nothing to prevent you taking the lift to Boulton ward and seeking access there or returning to Ms Mazaiwana to ask for the code.

The panel has concluded that the only reasonable inference it can draw from your advancing such an implausible account of your behaviour is that you were in fact under the influence of alcohol. Furthermore, the only reasonable inference it can draw from the evidence that you were sent home is that you were under the influence of alcohol to such an extent that you were unfit to carry out your duties safely.

In the circumstances, the panel is satisfied on the balance of probabilities that the NMC has proved the charge.

As will be apparent from the above, in finding the charge proved, the panel has found it unnecessary to consider whether it should draw an adverse inference from your failure to give evidence at this stage of the hearing. Nevertheless, the panel should record that it is satisfied that the four criteria set out in the NMC Guidance FTP-17 under the heading ‘*Not giving evidence at the final hearing*’ have been met.

The panel also wishes to make it clear that at this stage of the hearing it is not necessary for it to determine why you were under the influence of alcohol. It has noted from your accounts that you have consistently stated that you were experiencing [PRIVATE] on the day in question. However, at this stage, it would be

speculation as to whether that was the reason you were under the influence of alcohol. It is a matter upon which the panel may have to reach a conclusion at the next stage of the hearing.

### **Fitness to practise**

Having reached its determination on the facts of this case, the panel then moved on to consider, whether the facts found proved amount to misconduct and, if so, whether 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.

You gave evidence under oath.

You told the panel that you have been working continuously in the health sector since 2013.

After the incident in March 2024, you said that you were permitted to continue working whilst subject to conditions of practice. You said that you have been applying for jobs, however, once a potential employer reviews your conditions, you are often told that you cannot be employed, largely due to a condition prohibiting you from being the nurse in charge.

You have been working as a health care support worker. You have provided a positive reference in relation to this work from your current manager.

You stated that you have not otherwise been subject to any disciplinary matters with your regulator.

You have undertaken further training, including in the areas of infection control, basic life support, fire hazards, safeguarding, working with children and adults. You said that you did this to keep your skills and knowledge up to date.

In terms of the future, you said that you are committed to continuing your nursing role and you wish to practise as a nurse.

When you reflect on the incident in the charge found proved, you said that you have reflected on your actions and you take accountability. You "*regret [your] behaviour and [you] feel embarrassed*". You said that you should not have attended work that day, and that you should have behaved in a more professional manner.

You asked the panel to consider allowing you to practise, you said that you will uphold professionalism at all times going forward.

Given that your representative raised the issue while you were giving evidence, Mr Webb informed the panel that you are currently subject to an interim order, specifically an interim conditions of practice order for 18 months. This interim order has been extended by the High Court and remains in place to date.

In response to Mr Webb's questions, you stated that while there were otherwise no regulatory concerns against you, there was one incident which took place in the past at Maplebrook Care Home. You explained that you were on a shift, and another nurse did not provide a proper hand over. You were called into a disciplinary meeting, and told that you were supposed to ensure a sufficient hand over. You maintained that you were only involved as you were the second nurse in the building.

When asked by Mr Webb how the panel can be assured that you would not attend work under the influence of alcohol, you maintained that you were not under the influence of drugs and/or alcohol. You said that you consume alcohol on rare occasions, such as “*one glass of champagne*” on Christmas and New Year. When asked whether you consume alcohol to excess, you stated “*no*”.

When asked about the potential consequences of a nurse attending a shift while under influence of alcohol, you said that there is a risk of “*drug errors, misjudgements, and the nurse not thinking straight.*” You said that patients would feel unsafe, that it was unprofessional, members of the public would not accept that, and the profession as a whole would be affected.

You were asked by the panel what the impact of your behaviour and actions in the charge found proved was. You answered that your colleagues had to find another nurse to cover your shift at the last minute.

### **Submissions on misconduct**

In coming to its decision, the panel had regard 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.*’

Mr Webb invited the panel to take the view that the facts found proved amount to misconduct. He submitted that the concern identified in the charge found proved is very serious, amounted to a breach of the NMC Code of Conduct, and identified the specific, relevant standards where your actions amounted to misconduct.

Mr Palmer agreed that your conduct in the charge found proved amounts to misconduct.

### **Submissions on impairment**

Mr Webb 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 case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin).

Mr Webb submitted that your fitness to practise is currently impaired by way of your misconduct. He submitted, by attending work under the influence of alcohol, you placed patients at an unwarranted risk of harm, breached fundamental tenets of the nursing profession, you behaved in such a way that is liable to bring the nursing profession into disrepute. Mr Webb further submitted that there is a risk of repetition of conduct of the kind found proved.

Mr Webb submitted that there is a lack of insight in this case. He submitted that, while you do not have to admit to a charge to demonstrate insight, you should demonstrate an understanding of the panel's findings. He submitted that you have not been forthcoming in your understanding of your conduct in the charge found proved. Mr Webb submitted that you admitted to "*acting drunk*" at your workplace, and you did not comment or provide a reflection as to what impact such behaviour would have on the risk of harm to patients, your profession, the reputational risk to the nursing profession, and how it would impact public confidence in the profession.

In relation to the risk of repetition, Mr Webb submitted that there are no concerns around your clinical practice. He submitted that there is very little insight provided in relation to this concern.

Mr Webb submitted that it "*cannot be said that this is not a deep-seated attitudinal matter*", and that the concerns have been remediated.

Mr Webb submitted that there is a high likelihood of repetition, and as a result, there is a real risk of harm to the public if a finding of impairment were not made on your practice. He submitted that a finding of impairment is therefore necessary on the ground of public protection.

Mr Webb further submitted that a finding of impairment is in the public interest. He submitted that public confidence in the nursing profession would be seriously undermined if a finding of impairment were not made on your practice. He submitted that members of the public would be very concerned if a nurse who attended work under the influence of alcohol were permitted to practise without any restrictions or finding of impairment.

Mr Palmer submitted that your fitness to practise is not impaired. Mr Palmer submitted that you have been a registered nurse since 2013, and of previous good character.

Mr Palmer submitted that this was a one-off incident. He submitted that, while you made reference to one other non-regulatory incident which occurred in the past, this is irrelevant in relation to the serious conduct found proved before today's panel.

Mr Palmer submitted that, in relation to current impairment and the risk of future repetition, there is nothing to suggest that there has been misconduct of this type in the past. He submitted that there is positive evidence to indicate that there has been no repetition of such incidents. He submitted that this signals no risk of repetition, no risk to the safety of the public, and no risk to the reputation of the profession.

Mr Palmer submitted that it has been correctly stated that the finding that you have insight is not dependent on your accepting of the panel's finding at stage one of this hearing. He submitted that a denial of conduct is not probative of a lack of insight.

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 provisions of the Code.

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

- ‘1.2 Make sure you deliver the fundamentals of care effectively*
- 13.4 Take account of your own personal safety as well as the safety of people in your care*
- 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*
- 20.1 Keep to and uphold the standards and values set out in the Code’*

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel was of the view that your actions in the charge found proved amounted to a serious breach of professional conduct.

The panel was of the view that your conduct, namely attending a shift while not fit for duties and under the influence of alcohol, would be considered deplorable by other members of the nursing profession. The panel submitted that members of the public would not expect a registered nurse to attend her duties under the influence of alcohol.

In light of the above, the panel found that your actions did fall seriously short of the conduct and standards expected of a registered nurse and amounted to misconduct.

### **Decision and reasons on impairment**

The panel next went on to decide whether, 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 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.'*

The panel also had regard to the FtPC Guidance on Insight and Strengthened Practice (FtP-16) and the related guidance at FtP-16(a),(b),and (c).

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 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 she/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) *...'*

When examining the limbs of Grant in relation to the past, the panel finds that patients were put at a significant risk of harm as a result of your misconduct. You attended your nursing shift and duties when you were unsuitable and unsafe to do so, having been under the influence of alcohol. The panel was of the view that, if you were allowed to continue working at the time of the incident, there was an increased risk of clinical errors and omissions. In your own evidence, you said that a nurse attending a shift while not fit to do so could have led to errors, misjudgement, and not thinking straight.

You did not adhere to the NMC Code of Conduct as previously set out, and by attending a work shift while under the influence of alcohol, the panel finds that your misconduct breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute. The panel therefore found that, in relation to 'the past', limbs (a), (b), and (c) are engaged.

The panel then considered whether the three limbs of the Grant test are engaged in relation to the 'future'.

The panel was satisfied that the misconduct in this case is capable of being addressed. The panel noted Mr Webb's submissions that there may be deep-seated

attitudinal concerns. However, the panel was of the view that there was no evidence before it to support the presence of deep-seated attitudinal concerns in this case.

The panel took into account that the misconduct in this case appears to stem from your inability to appropriately manage a situation that caused you [PRIVATE]. Therefore, the panel carefully considered the evidence before it in determining whether or not you have taken steps to remediate the misconduct, and your stress management.

The panel recognised that you accepted that you should not have attended your shift, and you were not fit to practise on the day of the incident due [PRIVATE]. The panel took into account your written statement:

*'I recognise that, regardless of the cause, I was not in an appropriate state to be at work that night. In hindsight, I accept that I should not have attended the shift and should have informed the agency that I was not fit to practise.'*

*This experience has been a significant learning point for me. I now fully understand the importance of ensuring that I am both physically and emotionally fit to work, and how my presentation can impact others' perceptions and, ultimately, patient safety.*

*If the same situation arose again where I was [PRIVATE] and fatigued, I would not attend work.*

*I now understand that being fit to practise is not only about physical ability, but [PRIVATE]. [PRIVATE], I would take responsibility by informing the agency or employer as early as possible and requesting that the shift be covered.*

*[PRIVATE], to ensure that I am in the right state before returning to work.*

*This experience has taught me the importance [SIC] of prioritising patient safety, maintaining professional judgement, and recognising my own limits.*

*Going forward, I would ensure that I only attend work when I am fully fit to practise.*

*Although I had not consumed any alcohol, I accept that my presentation may have caused concern. I take responsibility for attending work when I was not in the right state, and I understand how this could have impacted others' perception of my fitness to practise.'*

While you did mention how your conduct may have impacted others, the panel was of the view that this was very vague and general. It noted that your statement and reflection focussed primarily on the impact that your misconduct had on yourself, as opposed to the impact on patients, your colleagues, and the wider public. While there is some reflection as to attending your duties while not fit to do so, the panel was of the view that your insight was not sufficiently developed.

The panel took into account that you are maintaining that you did not attend work under the influence of alcohol. This factor did not impact its decision-making regarding your insight. However, the panel would have expected you to demonstrate an understanding of the seriousness of the misconduct in the charge found proved.

In terms of remediation, the panel took into account your oral evidence at this stage. You did not address how you would manage another situation which causes you [PRIVATE] in the future. Additionally, you did not address whether, in such a situation, you would resort to alcohol and then attend a work shift.

The panel noted that you have provided positive testimonials, the authors of which state that they are aware of these proceedings. However, you have not worked as a registered nurse since the charge was brought to the NMC. You informed the panel that you have been subject to an interim conditions of practice order, however, you are not currently working as a registered nurse and have therefore been unable to demonstrate compliance with your conditions, and safe practice without further incident as a nurse.

The panel took into account that you are of previous good character, and acknowledged that there have been no further incidents since you have been working as a health support worker. The panel did not take the previous non-regulatory incident, mentioned in your oral evidence, into account.

While acknowledging that, [PRIVATE]. There is no information to suggest that if a further stressful incident were to arise, you might not resort to alcohol consumption when due to attend a work shift.

The panel took into account that you have undertaken further training. However, the panel noted that this training is largely clinical. It did not have evidence of insight, accountability, and deeper reflection before it. The panel took into account that the misconduct does not stem from your clinical practice.

In light of all the above, the panel is of the view that there is a risk of repetition. There is no evidence that you have taken sufficient steps to remediate your conduct, your insight is insufficient and requires further development, and the panel was not satisfied that it is highly unlikely that you would repeat conduct of the kind found proved.

As there is a risk of repetition, the panel determined that the limbs of the Grant test are engaged in relation to the future. You are liable in future to put patients at an unwarranted risk of harm, to bring the profession into disrepute, and breach fundamental tenets of the nursing profession.

The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind the overarching objectives of the NMC; 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 as public confidence in the nursing profession would be seriously undermined if a nurse who attended a nursing shift while under the influence of alcohol were allowed to practise without a finding of impairment. It therefore found your fitness to practise impaired on the grounds of public interest.

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

## **Sanction**

The panel has considered this case very carefully and has decided to make a suspension order for a period of six months. The effect of this order is that the NMC register will show that your registration has been suspended.

In reaching this decision, the panel had regard to all the evidence that has been adduced in this case and had regard to the NMC Guidance on '*The sanctions available*' (Reference: SAN-2 Last Updated: 28 January 2026) and SAN-1 on '*The purpose of and approach to sanctions.*'

## **Submissions on sanction**

Mr Webb informed the panel that in the Notice of Hearing, dated 27 March 2026, the NMC had advised you that it would seek the imposition of a suspension order with review, if it found your fitness to practise currently impaired.

Mr Webb invited the panel to consider a suspension order for a period of 12 months with a review. He referred the panel to the NMC sanction guidance SAN-1.

Mr Webb submitted that the following aggravating factors are present in this case:

- Conduct which put patients at an unwarranted risk of significant harm
- Lack of developed insight

Mr Webb submitted that the following mitigating factors are present in this case:

- Single incident with no repetition
- No evidence of deep-seated attitudinal problems
- Some developing insight

Mr Webb submitted that no further action is not appropriate in this case, in light of the seriousness and the nature of the misconduct. He submitted that a caution order is not appropriate for the same reasons.

Mr Webb submitted that a conditions of practice order is not appropriate or proportionate in the circumstances of the case. He submitted that there are no workable conditions which can be formulated to address your misconduct and impairment.

Mr Webb submitted that this case relates to a single instance of misconduct with no evidence of further incidents. He submitted that the panel has found no evidence of deep-seated attitudinal problems. Mr Webb acknowledged that, while your insight is not fully developed, you are in the process of developing insight. You have engaged with your regulator and this process. Mr Webb submitted that, in light of all the above, the misconduct is not fundamentally incompatible with remaining on the NMC register, and the impairment is capable of being addressed.

Mr Webb submitted that a suspension order for a period of 12 months could allow you to develop meaningful insight, address the concerns, and return to safe practice.

Mr Webb submitted that, given that your misconduct is not fundamentally incompatible with remaining on the NMC register, a striking off order is not proportionate and appropriate at this time.

Mr Palmer submitted that you have shown some developing insight and engagement with the process. He submitted that the sanction imposed on your practice should be the least restrictive in the circumstances.

Mr Palmer accepted that neither taking no further action nor a caution order would be appropriate in the circumstances of this case.

Mr Palmer submitted that a conditions of practice order would address the misconduct and impairment, is appropriate and proportionate, and would adequately protect the public and meet the public interest in this case.

Mr Palmer submitted that this is an unusual case, in that it concerns a single incident involving your personal life, following 11 years of safe practice, and two subsequent years of practice without any concerns.

Mr Palmer submitted that, if the panel found a suspension order to be more appropriate, he invited the panel to consider imposing a suspension order for a shorter period of time than proposed by the NMC. He invited the panel to consider whether 12 months is necessary, and whether the concerns would be adequately addressed through a shorter period of 6 to 9 months suspension.

The panel accepted the advice of the legal assessor, who referred it to the relevant sanction guidance found in SAN-1 and SAN-2.

### **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 judgement.

The panel took into account the following aggravating features:

- Limited insight
- Conduct which recklessly put patients in your care at an unwarranted risk of harm

The panel did not identify any mitigating factors. It considered that you have engaged with the process, that you have started developing your insight, and that this was a single incident relating to a stressful situation. However, the panel was not satisfied that these factors mitigated the seriousness of the concerns.

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case and the nature of the misconduct. 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 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 practice would not protect the public. The panel also determined that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether 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 January 2026) and had regard to the following factors:

- *‘no evidence of deep-seated personality or attitudinal problems*

- *identifiable areas of the professional's practice in need of assessment and/or retraining*
- *[...]*
- *potential and willingness to respond positively to retraining (this should be based on specific evidence provided by the professional)*
- *[...]*
- *people using services will not be put at risk either directly or indirectly as a result of the conditions*
- *conditions can be created that can be monitored and assessed.'*

The panel is of the view that there are no relevant, proportionate, workable or measurable conditions that could be formulated, given the nature of the charge in this case. The misconduct identified in this case was not something that can be addressed through retraining. The concerns identified in this case do not relate to your clinical practice, and instead relate to your reaction [PRIVATE] situations and the consumption of alcohol. The panel considered that it is difficult to impose conditions around managing your reaction [PRIVATE], namely conditions to prevent you from consuming alcohol and then attending a work shift.

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 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 was satisfied that in this case, the misconduct was not fundamentally incompatible with you remaining on the register. The panel determined that the concerns are remediable, and took into account that you have engaged with your regulator, have started the process of developing your insight, and that there have been no further incidents of this kind.

The panel was of the view that a period of suspension would allow you the time to fully develop your insight and reflection, undertake relevant courses, and mitigate the risk of repetition.

The panel did go on to consider whether a striking-off order would be proportionate but, taking account of all the information before it, the panel concluded that it would be disproportionate. The panel took into account the NMC sanction guidance SAN-3 *‘Deciding between suspension and striking off’* (updated on 28 January 2026). Whilst the panel acknowledges that a suspension may have a punitive effect, it would be unduly punitive in your case to impose a striking-off order.

Balancing all of these factors, the panel has concluded that a suspension order would be the appropriate and proportionate sanction.

The panel noted the hardship such an order will inevitably cause you. However, this is outweighed by the public interest in this case.

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

The panel determined that a suspension order for a period of 6 months was appropriate in this case to mark the seriousness of the misconduct and allow you the necessary time to fully develop your insight, reflect on your misconduct and impairment, and demonstrate a good understanding of the charge found proved. The panel was of the view that a 6-month suspension order would also allow you time to demonstrate and strengthen your ability to [PRIVATE].

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

Any future panel reviewing this case would be assisted by:

- An up to date and detailed reflection which includes insight on the conduct found proved, and the impact of your misconduct on patient safety, your colleagues, the reputation of the nursing profession, and public confidence in the profession.
- [PRIVATE]
- Up to date and relevant testimonials and references
- Your continued engagement with your regulator
- Evidence of relevant training undertaken to keep your practice up to date
- Evidence of completing alcohol awareness training

This will be confirmed to you in writing.

### **Submissions on interim order**

The panel took account of the submissions made by Mr Webb. He outlined that there is a 28-day appeal period before the substantive order will take effect. If you were to appeal this decision, the substantive order will not come into effect until any other appeal period is over. Mr Webb submitted that an interim order is therefore necessary to protect the public and meet the public interest during any period of appeal, for the reasons set out above in the panel's determination on sanction.

Mr Webb submitted that an interim suspension order for a period of 18 months is the appropriate and proportionate order, and will adequately protect the public and meet the public interest during any period of appeal.

Mr Palmer did not provide submissions and remained neutral in respect of this application.

The panel 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 facts found proved, its finding of misconduct, 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 the only suitable interim order would be that of an interim suspension order, as to do otherwise would be incompatible with its earlier findings. The interim suspension order will be imposed for a period of 18 months in order to protect the public and meet the public interest during any period of appeal.

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

That concludes this determination.