

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

**Substantive Order Review Hearing
Thursday, 2 April 2026**

Virtual Hearing

Name of Registrant: Stacey Jessica Nurrish

NMC PIN 15K2403E

Part(s) of the register: Registered Nurse – Adult Nurse
RNA – (16 September 2016)

Relevant Location: Birmingham

Type of case: Misconduct

Panel members: Nilla Varsani (Chair, Lay member)
Donna Green (Registrant member)
Paula Newton (Lay member)

Legal Assessor: Tracy Ayling

Hearings Coordinator: Nicola Nicolaou

Nursing and Midwifery Council: Represented by Alastair Kennedy, Case presenter

Miss Nurrish: Present and not represented at the hearing

Order being reviewed: Suspension order (12 months)

Fitness to practise: Impaired

Outcome: **Conditions of practice order (12 months) to come into effect immediately in accordance with Article 30 (2)**

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

At the outset of the hearing, Mr Kennedy, on behalf of the Nursing and Midwifery Council (NMC), made an application for this case be held in private on the basis that reference may be made to your health and private life. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

You did not oppose the application.

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

The panel determined to go into private session when matters of your health or private life are raised in order to protect your privacy.

Decision and reasons on review of the substantive order

The panel decided to replace the current suspension order with a conditions of practice order.

This order will come into effect immediately in accordance with Article 30(2) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the first effective review of a substantive suspension order imposed for a period of 12 months by a Fitness to Practise Committee panel on 6 February 2024. The suspension order was reviewed on 21 January 2025 when the panel replaced the suspension order with a striking off order. You appealed the striking off order on 17 February 2025. The High Court allowed your appeal on 2 February 2026 and remitted your case to be heard before a newly constituted panel. The High Court also ordered that the original suspension order imposed on 6 February 2024 was to be continued until the case could be considered at a review hearing.

The current order is due to expire at the end of 1 February 2027.

The panel is reviewing the order pursuant to Article 30(2), 30(4) and 30(8) of the Order.

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

Details of charge

'That you, a registered nurse:

1) Between December 2019 and January 2020, whilst on sick leave from your employment with Birmingham Community Healthcare NHS Foundation Trust worked one or more shifts for Birmingham Women's and Children's NHS Foundation Trust

2) Between February 2020 and April 2020, whilst on sick leave from your employment with Birmingham Women's and Children's NHS Foundation Trust worked one or more shifts for Birmingham Community Healthcare NHS Foundation Trust

3) Your conduct in charges 1 and / or 2 above was dishonest in that you misled colleagues as to your fitness to carry out nursing duties

4) Worked excessively in that you worked a night shift between 2200 on 1 July 2020 and 0800 on 2 July 2020 and then worked a day shift between 0800 – 1600 on 2 July 2020

5) When working a bank shift between 2200 on 1 July 2020 and 0800 on 2 July 2020 did not accept a call to attend a patient who required medication

6) *Your actions in charge 5 above were dishonest in that you stated you were attending another patient when you were not*

7) *Did not keep accurate records in that:*

- a) you did not enter records onto the system within 48 hours*
- b) were unable to produce records from your night shift 1 to 2 July 2020*

8) *Breached the duty of candour in that:*

- a) You did not inform your employer that you accepted 'back to back' shifts on 1 July – 2 July 2020*
- b) Did not provide your employer with the notes and / or details of patients attended your night shift on 1 July 2020 – 2 July 2020*

9) *On or around 15 September 2020 you declared a negative covid-19 test result when you had not taken a test*

10) *Your actions in charge 9 above were dishonest in that:*

- a) you knew you had not taken a test but purported that you had*
- b) that you intended to and / or did misled others as to your ability to work*

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

The original substantive panel determined the following with regard to impairment:

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

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.'*

The panel determined that your misconduct placed patients at an unwarranted risk of harm and that your actions, including a number of instances of dishonesty, had breached the fundamental tenets of the nursing profession and brought its reputation into disrepute. It was satisfied that confidence in the nursing profession would be undermined if its regulator did not find charges relating to dishonesty extremely serious.

The panel acknowledged the difficult personal circumstances you were experiencing at the time the misconduct arose. This included [PRIVATE].

The panel noted that you admitted the facts of all of the charges and accepted that many of those charges amounted to misconduct. However, the panel determined that your insight, at this time, is limited. It did not have before it any information to demonstrate that you have fully understood the seriousness of your misconduct and the impact your misconduct had upon patients in your care, colleagues, the nursing profession and the wider public. Whilst you provided the panel with evidence that your mindset is now 'totally different' and that you were able to obtain support if needed, you were unable to elaborate in this regard. The panel did not have any evidence before it today to suggest how you would act differently should a similar situation arise again in the future. The panel considered the testimonial before it and determined that it was unclear as to whether the individual who provided the testimonial, was fully aware of the nature of the charges found proved. In any

event, the testimonial did not address your honesty and/or integrity, which are the central issues in your case.

Whilst the panel acknowledged that charges of dishonesty are inherently difficult to remediate, it did not have any evidence before it of any training undertaken and/or strengthening of practice with regards to record keeping, caring for end-of-life patients nor the importance of honesty and integrity within the nursing profession. The panel was of the view that your failure to properly remediate demonstrates a failure to fully understand the seriousness of the misconduct found proved.

In the absence of any evidence demonstrating meaningful insight and relevant remediation into the misconduct found proved, the panel was of the view that at this time, there remains a risk of repetition. The panel could not be satisfied that should a similar situation arise again within your personal life, that your misconduct including dishonesty, would not be repeated. The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind that the overarching objectives of the NMC; 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 public confidence in the profession would be seriously undermined if a finding of impairment were not made in this case, particularly in relation to your dishonesty, and therefore also finds 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.'

The original substantive panel determined the following with regard to sanction:

'The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG states that suspension order may be appropriate where some of the following factors are apparent:

- *'A single instance of misconduct but where a lesser sanction is not sufficient;*
- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *...*
- *The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour;*
- *...*
- *...'*

The panel noted that the misconduct found proved did not relate to a single incident but rather that your misconduct, including dishonesty, was repeated over a number of months. However, the panel found that throughout this period, [PRIVATE] which influenced your actions and in particular, provided the motivation for your dishonesty. The panel has heard evidence from you that [PRIVATE]. The panel was persuaded that these circumstances directly influenced your behaviour and was encouraged by your evidence that you had taken steps to remove yourself from that situation, with support from your family, friends and external agencies. However, the panel was not entirely persuaded, at this time, that your misconduct would not be repeated in the future. It determined that a suspension order would be proportionate in all the circumstances of the case as this would allow you time to demonstrate remediation into the misconduct found proved.

The panel seriously considered whether a striking-off order would be proportionate but, taking account of all the information before it, including the significant personal mitigation provided by you, your full admission to the charges including dishonesty and the remorse you have expressed during the

course of this hearing, the panel concluded that it would be disproportionate. 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.'

Decision and reasons on current impairment

The panel has considered carefully whether your fitness to practise remains impaired. There is no statutory definition of fitness to practise. However, the NMC has recently redefined fitness to practise as a registrant's ability to practise safely and effectively without restriction (Reference: DMA-1 updated 28 January 2026). In considering this case, the panel has carried out a comprehensive review of the order in light of the current circumstances. Whilst it has noted the decision of the last panel, this panel has exercised its own judgement as to current impairment.

The panel has had regard to all of the documentation before it, including the NMC bundle, and documentation provided by you. It has taken account of the submissions made by Mr Kennedy on behalf of the NMC, and your oral evidence.

Mr Kennedy outlined the background of the case and referred the panel to the character references provided on your behalf, as well as your reflective piece and training certificates. He submitted that due to the suspension order, you have not been able to demonstrate strengthening of your practice in a nursing environment, nor have you been able to demonstrate that you would be able to practise safely and effectively without some form of supervision. Mr Kennedy invited the panel to make a finding of current impairment.

Mr Kennedy submitted that the sanction imposed is a matter for the panel to decide.

You gave evidence under oath. You told the panel that [PRIVATE] and you have since been working to better yourself. You said that for the past two years you have been working in a college, where you have been helping safeguard children and adults and keeping accurate records. You said that you would like to return to nursing practice and prove that you have reflected on your past misconduct.

You told the panel that you have been researching return to practice courses as you have been out of nursing for a long time and would like a refresher course to update your skills and rebuild your confidence.

In response to a question from Mr Kennedy regarding your working at Birmingham Women's and Children's NHS Foundation Trust whilst on sick leave from Birmingham Community Healthcare NHS Foundation Trust, you told the panel that your conduct was wrong as it was dishonest. You said that you have since repaid the approximately £1,700 that you received from Birmingham Women's and Children's NHS Foundation Trust.

You said that working back-to-back shifts was also wrong as you were putting patients at risk due to the potential of you feeling tired. You said that staff may have lost trust in you, and that your conduct was not safe for patients or staffing levels at that time.

Regarding the charge that you did not accept a call to attend a patient who required medication, you told the panel that this was at the end of the shift and you did call to hand the patient over, but that you did not document that you had done so. You said that this may have affected patient care.

You told the panel that record keeping is important as it helps other members of staff to follow the continuity of care and to ensure that patients receive high quality care.

You told the panel that you have completed training courses and have provided certificates for today's hearing. You said that there have been no concerns raised from your current workplace regarding your record keeping.

Regarding the charge that you told people that you had a negative Covid-19 test result when you had not taken a test, you told the panel that you were stressed at the time and that your conduct was dishonest. You said that you understand that being dishonest may have put strain on other members of staff and had the potential to expose patients to a risk of harm. You said that honesty is important in nursing as

if nurses are not honest with patients, relatives, and staff, they may lose trust and confidence in the nursing profession.

You said that you are receiving support from your current workplace, and also have a good support system with your friends and family. You said that if the panel were to allow you to return to nursing practice, you may benefit from working with conditions. You said that you would like to return to palliative care. You told the panel that you have recently applied for a job in the community as a healthcare assistant to try and get back into a healthcare environment. You said that you were transparent on the job website regarding these current proceedings and your successful appeal.

In response to panel questions, you said that if you were to find yourself in a similar situation in the future, you would speak to your team members and your manager if you were feeling stressed at work. You said that you realise the importance of speaking to your manager if you have issues in the workplace.

You said that you [PRIVATE] and receive support from your family members. You said that you go to the gym which reduces your stress levels.

[PRIVATE]

The panel accepted the advice of the legal assessor.

In reaching its decision, the panel was mindful of the need to protect the public, maintain public confidence in the profession and to declare and uphold proper standards of conduct and performance.

The panel considered whether your fitness to practise remains impaired.

The panel noted that the original substantive panel found that you had limited insight. At this hearing, the panel considered that you have taken some steps to strengthen your practice in the form of training and undertaking non-clinical work. The panel considered that you have also demonstrated development of your insight through your reflective piece and oral evidence provided at today's hearing.

The panel noted that you have been subject to a suspension order for a period of two years and considered that your previous dishonest misconduct has been marked by this order. The panel acknowledged that you have continued to engage with the NMC in relation to these proceedings.

The panel noted your acceptance in oral evidence that your knowledge in relation to policies, procedures, and clinical skills are not currently up to date and that you would benefit from receiving some additional support in returning to nursing practice. The panel noted your expression of interest in undertaking a refresher course and seeking support from a mentor.

The panel noted that you have not worked in a clinical capacity since the suspension order was imposed on 6 February 2024 and have therefore not had the opportunity to demonstrate a period of safe and effective practice, nor have you been able to implement your reflection, insight, and strengthened practice in a clinical environment. The panel therefore considered that there remains a risk of harm. The panel determined that a finding of continuing impairment is necessary on the ground of public protection.

The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. The panel determined that, in this case, a finding of continuing impairment on public interest grounds is also required because you have not been able to demonstrate a sustained period of safe and effective practice.

For these reasons, the panel finds that your fitness to practise remains impaired.

Decision and reasons on sanction

Having found your fitness to practise currently impaired, the panel then considered what, if any, sanction it should impose in this case. The panel noted that its powers are set out in Article 30 of the Order. The panel has also taken into account the

'NMC's Sanctions Guidance' (SG) (last updated: 28 January 2026), and has borne in mind that the purpose of a sanction is not to be punitive, though any sanction imposed may have a punitive effect.

The panel first considered whether to take no action but concluded that this would be inappropriate given its previous finding that your fitness to practise remains impaired. 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.'

The panel considered that your misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the finding of current impairment. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel considered substituting the current suspension order with a conditions of practice order. Despite the seriousness of your misconduct, the panel considered that there is evidence before it to suggest that you have developed insight and have provided evidence of the steps taken to strengthen your practice. You have indicated that you wish to return to nursing and the panel was satisfied that it would be possible to formulate practicable and workable conditions that, if complied with, may lead to your unrestricted return to practice in the future and would serve to protect the public and the reputation of the profession in the meantime.

The panel decided that the public would be suitably protected as would the reputation of the profession by the implementation of the following conditions of practice:

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

1. You must work for one substantive employer. This may be agency or bank work.
2. You must work with your line manager, mentor, or clinical supervisor to create a Personal Development Plan (PDP). Your PDP must address the concerns about:
 - a) Clinical skills and workload
 - b) Training
 - c) Record keeping

You must send your NMC Case Officer a copy of your PDP before the next review of this order. You must also send your Case Officer a report from your line manager, mentor, or clinical supervisor before the next review of this order. This report must show your progress towards achieving the aims set out in your PDP.

3. You must meet with your line manager, mentor, or clinical supervisor on a monthly basis to ensure that you are making progress towards aims set in your Personal Development Plan (PDP), which include:
 - a) Clinical skills and workload
 - b) Training
 - c) Record keeping

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

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

6. You must immediately give a copy of these conditions to:
 - a) Any organisation or person you work for.
 - b) Any agency you apply to or are registered with for work.
 - c) Any employers you apply to for work (at the time of application).
 - d) Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.
 - e) Any current or prospective patients or clients you intend to see or care for on a private basis when you are working in a self-employed capacity

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

- c) Any disciplinary proceedings taken against you.
8. You must allow your case officer to share, as necessary, details about your performance, your compliance with and / or progress under these conditions with:
- a) Any current or future employer.
 - b) Any educational establishment.
 - c) Any other person(s) involved in your retraining and/or supervision required by these conditions

The period of this order is for 12 months to allow you time to obtain employment in a nursing post, and to strengthen your clinical skills and knowledge.

This conditions of practice order will replace the current suspension order with immediate effect in accordance with Article 30(2).

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

Any future panel reviewing this case would be assisted by:

- A copy of your PDP
- A report from your line manager, mentor, or clinical supervisor discussing the progress you have made in relation to the PDP
- Any details of additional training undertaken that has been identified through the PDP
- A reflective piece discussing your progress made during the period of the conditions of practice order
- Your continued engagement with the NMC in relation to these proceedings

This will be confirmed to you in writing.

That concludes this determination.