Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Hearing
Tuesday, 18 August 2026 – Wednesday, 19 August 2026
Friday, 21 August 2026
Monday, 24 August 2026-Wednesday, 26 August 2026

Virtual Hearing

Name of Registrant:	Lynn Rowan
NMC PIN:	00I0368S
Part(s) of the register:	Nursing Sub part 1 RNA, Registered Nurse - Adult 22 September 2003
Relevant Location:	Crosshouse, Scotland
Type of case:	Misconduct
Panel members:	Simon Banton (Chair, Lay member) Andrea Carman (Lay member) Sally Thomas (Registrant member)
Legal Assessor:	Nigel Ingram
Hearings Coordinator:	Hazel Ahmet Sabrina Khan
Nursing and Midwifery Council:	Represented by Marcia Persaud, Case Presenter
Ms Rowan:	Not present and not represented at the hearing
Facts proved:	Charges 1a, 1b, 1c, 1d, 1e.
Facts not proved:	N/A.
Fitness to practise:	**Impaired**
Sanction:	**Striking-off order**
Interim order:	**Interim suspension order (18 months)**

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Ms Rowan was not in attendance and that the Notice of Hearing letter had been sent to Ms Rowan's registered email address by secure email on 14 July 2026.

Dr Persaud, on behalf of the Nursing and Midwifery Council (NMC), submitted that it had complied with the requirements of Rules 11 and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Hearing provided details of the allegation, the time, dates and that the hearing was to be held virtually, including instructions on how to join and, amongst other things, information about Ms Rowan's right to attend, be represented and call evidence, as well as the panel's power to proceed in her absence.

In the light of all of the information available, the panel was satisfied that Ms Rowan has been served with the Notice of Hearing in accordance with the requirements of Rules 11 and 34.

Decision and reasons on proceeding in the absence of Ms Rowan

The panel next considered whether it should proceed in the absence of Ms Rowan. It had regard to Rule 21 and heard the submissions of Dr Persaud who invited the panel to continue in the absence of Ms Rowan. She submitted that Ms Rowan had voluntarily absented herself, and referred to the email sent from Ms Rowan to her NMC Case Officer, dated 10 August 2026, stating the following:

> *'Yes I'm happy for panel to proceed without me'* [sic]

Dr Persaud submitted that, as a consequence, there was no reason to believe that an adjournment would secure Ms Rowan's attendance on some future occasion.

The panel accepted the advice of the legal assessor.

The panel noted that its discretionary power to proceed in the absence of a registrant under the provisions of Rule 21 is not absolute and is one that should be exercised *'with the utmost care and caution'* as referred to in the case of *R* v *Jones (Anthony William)* (No.2) [2002] UKHL 5.

The panel has decided to proceed in the absence of Ms Rowan. In reaching this decision, the panel has considered the submissions of Dr Persaud and the advice of the legal assessor. It has had particular regard to the factors set out in the decision of *R v Jones* and *General Medical Council v Adeogba* [2016] EWCA Civ 162 and had regard to the overall interests of justice and fairness to all parties. It noted that:

- No application for an adjournment has been made by Ms Rowan;
- Ms Rowan has engaged with the NMC and stated that she will not be attending this hearing;
- There is no reason to suppose that adjourning would secure her attendance at some future date;
- A number of witnesses are due to attend to give evidence throughout this hearing;
- Not proceeding may inconvenience the witnesses, their employer(s) and, for those involved in clinical practice, the clients who need their professional services;
- The charges relate to events that occurred in 2024;
- Further delay may have an adverse effect on the ability of witnesses accurately to recall events; and
- There is a strong public interest in the expeditious disposal of the case.

There is some disadvantage to Ms Rowan in proceeding in her absence, however, the evidence upon which the NMC relies will have been sent to her at her registered address, and she has made no response to the allegations. Ms Rowan will not be

able to challenge the evidence relied upon by the NMC in person and will not be able to give evidence on her own behalf. However, in the panel's judgement, this can be mitigated. The panel can make allowance for the fact that the NMC's evidence will not be tested by cross-examination and, of its own volition, can explore any inconsistencies in the evidence which it identifies. Furthermore, the limited disadvantage is the consequence of Ms Rowan's decisions to absent herself from the hearing, waive her rights to attend, and/or be represented, and to not provide evidence or make submissions on her own behalf.

In these circumstances, the panel has decided that it is fair to proceed in the absence of Ms Rowan. The panel will draw no adverse inference from Ms Rowan's absence in its findings of fact.

Details of charge

That you, a registered nurse whilst working at the University Hospital Ayr ("the Hospital"):

1) During a night shift commencing on 5 May 2024:

    a) said to a colleague that you had left your unwell mother at home to come and look after "that", referring to Patient A;
    b) screamed and/or shouted at Patient A and said "how do you like being shouted at?", or words to that effect;
    c) called Patient A a "horrible woman", or words to that effect;
    d) said to Patient A "if you don't behave, I'll wrap you up and take you to the mortuary", or words to that effect;
    e) slapped Patient A's wrist and/or hand and shouted "no" or words to that effect

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

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

At the outset of the hearing, Dr Persaud made a request that this case be held partly in private on the basis that proper exploration of Ms Rowan's case involves matters relating to [PRIVATE]. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

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 in connection with [PRIVATE], as and when such issues are raised in order to protect their privacy.

Decision and reasons on application to admit hearsay evidence

Dr Persaud made a hearsay evidence application in respect of two matters, relating to two separate charges.

Dr Persaud submitted that the panel should accept the written statement of Ashely Ward, dated 7 May 2024. She further submitted that the panel should also accept the Investigation Meeting Note relating to a meeting between Ashley Ward, Laura Harvey and Alison Potts, dated 17 July 2024.

Dr Persaud applied for the witness statement written by Ashley Ward, a nursing assistant, which was obtained during a period of time in which there was an ongoing internal investigation, to be admitted before the panel. Dr Persaud submitted that the evidence as written by Ashley Ward goes to Charge 1e, she highlighted the following passage:

> *'…as she [the patient] was slapping us lynn then raised her arm and slapped her back across her arm and promptly left room.' [sic]*

Dr Persaud submitted that this evidence is corroborated by other members of staff, and therefore, the written statement of Ashley Ward cannot be considered the sole and decisive evidence, in relation to Charge 1e.

Dr Persaud submitted that this evidence as applied for shows no clear signs of fabrication, has multiple corroborating statements, is fair, relevant, and goes to the seriousness of Charge 1e. She therefore invited the panel to grant this application for the admissibility of hearsay.

Dr Persaud then moved onto the Investigation Meeting Note dated 17 July 2024, which she submitted goes directly to Charge 1a. Dr Persaud highlighted the following section from this document, in which Ashley Ward was questioned by Laura Harvey, and gave the following answer:

> *'Q: Can you describe to us what happened that caused you concern?*
> *A: It was a build-up really from the start of the shift. We were working with the patient who was challenging and Lynn had said that she had left her mum at home to deal with 'that'.'*

Dr Persaud acknowledged that the Investigation Meting Note, as evidence, is the sole and decisive evidence in relation to Charge 1a, however, submitted that the panel should look at it within the relevant context, and give appropriate weight to it.

Dr Persaud submitted that Ms Rowan would have been aware that this hearsay application was due to be made before the panel today.

Dr Persaud submitted that the NMC have made efforts to contact Ashley Ward, however, Ashley Ward ceased all communications with the NMC. She was contacted on 29 January 2026 through an email and did not respond. Ashley Ward was then called by telephone on 29 January 2025, but again, did not respond. Dr Persaud highlighted that a second phone call was placed, but once again, received no response. Dr Persaud then highlighted that a follow-up letter was sent to Ashley

Ward on 4 of February 2025, and a further email on 5 of February 2025, both of which received no response.

Finally, Dr Persaud submitted that although the NMC Case Officer made multiple efforts to contact Ashley Ward, they determined that due to her being six months pregnant and *'in a bad way'*, it would be better if the line of inquiry was not further pursued.

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

The panel gave the application in regard to Ashley Ward's written statement dated 7 May 2024, and the Investigation Meeting Note relating to a meeting between Ashley Ward, Laura Harvey and Alison Potts, dated 17 July 2024 consideration.

The panel considered whether Ms Rowan would be disadvantaged by the fact that Ashley Ward would not be present before this panel in order to provide live testimony.

The panel considered that as Ms Rowan had been provided with a copy of Ashley Ward's statement, alongside the Investigation Meeting Note, and, as the panel had already determined that Ms Rowan had chosen voluntarily to absent herself from these proceedings, she would not be in a position to cross-examine this witness in any case.

The panel further determined that there was a public interest in the issues being explored fully which supported the admission of this evidence into the proceedings. The panel considered that the unfairness in this regard worked both ways in that the NMC was deprived, as was the panel, from reliance upon the live evidence of Ashley Ward.

In these circumstances, the panel came to the view that it would be fair and relevant to accept into evidence the written statement of Ashley Ward, as this goes directly to Charge 1e, and is corroborated by other statements. The panel also determined that it would be fair and relevant to admit into evidence the Investigation Meeting Notes.

The panel acknowledged that this evidence stands as the sole and decisive evidence which goes to Charge 1a. Ultimately, the panel determined that it would give what it deemed appropriate weight to this hearsay evidence, once it had heard and evaluated all of the evidence before it.

Therefore, the panel accepted Dr Persaud's hearsay application.

Background

The NMC received a referral from NHS Ayrshire and Arran (the Trust) on 13 September 2024 in relation to an alleged incident involving Ms Rowan whilst she was working as a Band 5 Bank Nurse.

It is alleged that during a night shift on 5/6 May 2024 in the Combined Assessment Unit (the Unit) at University Hospital (the Hospital), Ms Rowan slapped a patient, Patient A, on the wrist.

Patient A was a vulnerable patient with dementia and had been admitted that evening on 5 May 2024 to the Unit and required full assistance with personal care. Patient A was described by staff as having dementia and possibly suffering from dehydration and an infection, she was confused and not able to understand the environment she was in, or what was being said. During personal care, the patient resisted any intervention, shouting out and was physically and verbally aggressive towards staff, resulting in the need for staff to employ restraint techniques whilst caring for Patient A. Patient A had allegedly called Ms Rowan names and hit out at other staff members.

It was also alleged that Ms Rowan was inappropriate with Patient A throughout her shift, including allegedly shouting at her and making inappropriate comments to her. Ms Rowan allegedly told Patient A that she was going to wrap her in a sheet and send her to the mortuary. It is also alleged that Ms Rowan had told a colleague that she had left her unwell mother at home to come and look after "that."

It is finally alleged that when Ms Rowan and other members of staff had gone to check on Patient A and provide personal care, Patient A became agitated and allegedly ripped Ms Rowan's lanyard off. Ms Rowan then allegedly slapped her hand and shouted *'no'* at her.

Decision and reasons on facts

In reaching its decisions on the facts, the panel took into account all the oral and documentary evidence in this case together with the submissions made by Dr Persaud on behalf of the NMC and Ms Rowan's response within the bundle of documents she provided.

The panel has drawn no adverse inference from the non-attendance of Ms Rowan.

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:

- Laura Harvey: Quality Improvement Lead for patient experience and workforce solutions at NHS Ayrshire and Arran.
- Reece Adams: Staff Nurse at NHS Ayrshire and Arran.
- Gabriela Merli: Staff Nurse in the Combined Assessment Unit at University Hospital Ayr, NHS Ayrshire and Arran.

- Leigh Imrie: Nursing Assistant at NHS Ayrshire and Arran.

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

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

Charge 1) During a night shift commencing on 5 May 2024:

Charge 1a) said to a colleague that you had left your unwell mother at home to come and look after "that", referring to Patient A;

This charge is found proved.

In reaching this decision, the panel took into account the hearsay evidence of Ashley Ward, noting that this evidence goes directly to Charge 1a. The panel highlighted the following passage from the Investigation Meeting Note, dated 17 July 2024, in which Ashley Ward stated:

> '*We were working with the patient who was challenging and Lynn had said that she had left her mum at home to deal with 'that'. She was referring to a very unwell patient who needed a lot of staff to help carry out personal care.'*

The panel further considered the clear contemporaneous evidence from Ms Ward's Trust Staff Statement, dated 7 May 2024:

> *'Lynn was crying and stated she had left her mum at home to come in and look after that' [sic]*

The panel also considered the Staff Performance Monitoring Form on 7 May 2024, in which a reporting nurse Gillian Izzard stated the following:

> *'Staff state Lynn had been inappropriate regarding the patient at the start of the shift by saying she had left her unwell mum at home to come and look after "that" and pointing towards patients room.'*

The panel noted that Ms Rowan, although aware of this hearsay evidence, did not respond within her written response to the NMC.

The panel acknowledged that Ms Rowan's attitude and actions were described by multiple witnesses, all of whom corroborated one another's evidence, as confrontational and inappropriate. The panel therefore found that it was more likely than not that, given the evidence before it, Ms Rowan did most likely say to her colleague, that she had an unwell mother at home to look after, but had come into work to look after *'that'*, in reference to Patient A.

Consequently, the panel determined that it had sufficient evidence before it, both in the form of Ashley Ward's statement, and other general contextual information, to find it more likely than not that Ms Rowan had said to a colleague that she had left her unwell mother at home to come and look after "that", referring to Patient A.

The panel therefore found this charge proved.

> **Charge 1b)** screamed and/or shouted at Patient A and said "how do you like being shouted at?", or words to that effect;

This charge is found proved.

In reaching this decision, the panel took into account the evidence of Reece Adams. It firstly considered the following passage from the Trust Staff Statement, dated 07 May 2024:

‘Lynn Rowan throughout the process had begun raising her voice in response to the patient shouting.’

The panel then took into account the Investigation Meeting Note dated 21 August 2024, in which Laura Harvey, the Investigating Manager had asked Reece Adams a series of questions, to one of which he responded:

‘Lynn was also screaming back at the patients […] asking her how she likes it being shouted at.’

The panel determined that Reece Adams had provided contemporaneous evidence, which was further supported by his oral evidence given before the panel, in which he said:

‘From what I witnessed she [Ms Rowan] was screaming and shouting at the patient’

The panel found Reece Adams to be a credible witness who provided consistent and cogent evidence; he worked at the Trust for over a year prior to the alleged incident occurring. The panel also noted that Reece Adams did not know Ms Rowan and had no previous relationship with her.

The panel determined that although there was no other direct evidence of Ms Rowan having shouted at Patient A during that exact period of personal care, it did have before it evidence provided by another witness, Leigh Imrie, confirming that Ms Rowan had shouted at this patient earlier in the evening.

The panel noted the Investigation Meeting Note dated 09 August 2024, in which Leigh Imrie was asked by Laura Harvey what had caused her concern. Leigh Imrie responded by stating:

‘it was Lynn standing at the foot of the bed and it was actually Lynn screaming up to the patient. She was imitating the patient’s screams.’

The panel further considered the Staff Statement dated 24 July 2024, in which Leigh Imrie stated:

> *'it was S/N Rowan [Ms Rowan] screaming to the patient from the foot of the bed "ahhh ahhh eh how do you like it"", I turned to S/N rowan and said "Lynn that's enough".'*

The panel also considered Leigh Imrie's oral evidence in which she consistently repeated all of the written evidence she had provided.

The panel determined that Leigh Imrie was also a credible witness, noting that she had a positive and amicable relationship with Ms Rowan prior to this alleged incident occurring.

The panel then considered the response of Ms Rowan. It noted that Ms Rowan denies this charge in its entirety, writing in her statement:

> *'In his next statement I was "shouting and screaming" at her […] This is untrue and I vehemently deny this.'*

The panel overall considered the witness evidence before it, alongside Ms Rowan's responses. The panel also acknowledged the general overview of Ms Rowan's behaviour on the night shift commencing 5 May 2024, provided by her colleagues. It noted that Ms Rowan's behaviour was consistently described as having been loud, shouting, and or screaming towards Patient A. The panel therefore determined that, given the credibility of witnesses Leigh Imrie and Reece Adams and the consistency of the allegations being made against Ms Rowan having shouted at Patient A, at different times on this particular shift, it is more likely than not that Ms Rowan did scream and/or shout at Patient A and say "how do you like being shouted at?", or words to that effect.

The panel therefore found this charge proved.

Charge 1c) called Patient A a "horrible woman", or words to that effect;

This charge is found proved.

In reaching this decision, the panel took into account the following passage from the written statement of Reece Adams:

> *'Ms Rowan referred to Patient A as a "horrible woman" and sarcastically asked how they liked being shouted at.'*

The panel noted that Reece Adams in his oral evidence supported and reiterated the allegation that Ms Rowan had referred to Patient A as a "horrible woman". He said *'Yes I am sure she said this'* when asked by a panel member if he was certain that these words were used, however, he was unable to recall how many times this was said.

The panel also considered Reece Adams' contemporaneous evidence in the form of the Investigation Meeting Note dated 21 August 2024, in which he said:

> *'Lynn was also screaming back at the patients calling her a horrible women asking her how she likes it being shouted at.'*

The panel then took into consideration Ms Rowan's response, in which she denies this charge in its entirety:

> *'In his next statement I was "shouting and screaming" at her stating […] you're a "horrible woman". This is untrue and I vehemently deny this.'*

The panel acknowledged that the night shift on 5 May 2024 was said to have been a very loud and chaotic environment with lots of screaming and shouting. However, the panel considered the general allegation that Ms Rowan had made other derogatory comments towards Patient A during this same exact night shift. Consequently, the panel once again found Reece Adams to be a credible witness who provided consistent and cogent evidence and determined that ultimately, it preferred his evidence over the denial of Ms Rowan.

The panel therefore found that it was more likely than not that Ms Rowan did call Patient A a “horrible woman”, or words to that effect.

The panel therefore found this charge proved.

Charge 1d) said to Patient A “if you don’t behave, I’ll wrap you up and take you to the mortuary”, or words to that effect;

This charge is found proved.

In reaching this decision, the panel took into account the evidence of Leigh Imrie, Gabriella Merli, the hearsay evidence of Ashley Ward, and the response made by Ms Rowan.

The panel initially took into consideration the following passage from the Staff Statement of Leigh Imrie, dated 24 July 2024:

> *‘S/N rowan then went to put the blanket on the patient and patient asked “Is that you wrapping me up” S/N rowan replied “The only way you’re getting wrapped up is in a body bag to the mortuary. Everyone left the patients room at this point.’*

The panel then took into account the Investigation Meeting Note dated 09 August 2024, in which Leigh Imrie answered questions asked by the Investigating Manager, Laura Harvey:

> *‘Yes Lynn went to put the blanket over her and the patient and she said is that you wrapping me up. Lynn said to her the only way you are getting wrapped up is to get wrapped up in a body bag to go to the mortuary.’*

The panel then considered the written witness statement of Leigh Imrie:

‘Ms Rowan responded by laughing, thinking it was funny. The situation escalated further when Patient A asked, “are you wrapping me up?” in response to Ms Rowan placing a blanket over her. Ms Rowan replied, “the only way you’re getting wrapped up is in a body bag to the mortuary”.

[…]

‘At this point, everyone in the room fell silent in shock. Ms Rowan laughed and looked around the room and it seemed that she could tell from our reactions that we thought she had gone too far. We were all taken aback and in shock that she had said that. Everyone left the room after this.’

The panel then gave consideration to Leigh Imrie’s live testimony, in which she corroborated all of the written evidence she had provided and reiterated the alleged comment which was made by Ms Rowan.

The panel then took into consideration the hearsay evidence of Ashley Ward in the Investigation Meeting Note dated 17 July 2024:

‘I was trying to cover patient with bed sheet […] Lynn said something like ‘I’ll wrap you up and I will take you to the mortuary.’

The panel gave the hearsay evidence of Ashley Ward, the weight it deemed appropriate.

The panel then took into consideration Ms Rowan’s response to this charge.

The panel took into account the written statement of Ms Rowan, and considered the following passages:

‘It was the patient who opened up the conversation, whilst Ms Ward was replacing the bed covers the patient stated ‘is that you lot wrapping me up to take me away, I replied jovially “yes we will take you to the mortuary if you don’t start behaving.” On reflection, I feel yes a bad joke but it was not

said in a cruel, unkind and threatening manner as described by Ms Imrie. The patient was coherent and able to hold a conversation with staff and "banter" back to us.'

[…]

'Whilst I fully accept my choice of words in reference for joking with the patient, I feel I did not cause the patient any harm'

The panel acknowledged that Ms Rowan had accepted the use of the words as charged, but that she did not particularly intend on causing any harm or distress to Patient A. The panel reminded itself that all the other witnesses, including those involved in the Trust's own investigation of the events in question, reported that Patient A was in an advance stage of dementia and did not have capacity. The panel found that Ms Rowan's explanation for what occurred during this incident, to be implausible and lessened the overall credibility of her evidence.

The panel also noted that Ms Rowan had claimed to have never worked with or known Gabriella Merli. Gabriella Merli within her oral evidence told the panel that this is not true, and that they had worked together on a number of occasions.

The panel concluded that it had sufficient information before it which was cogent, credible, reliable and consistent, to find that Ms Rowan had in fact said to Patient A "if you don't behave, I'll wrap you up and take you to the mortuary", or words to that effect.

The panel therefore found this charge proved.

Charge 1e) slapped Patient A's wrist and/or hand and shouted "no" or words to that effect

This charge is found proved.

In reaching this decision, the panel took into account the witness evidence of Reece Adams, the hearsay evidence of Ashley Ward, the evidence of Gabriela Merli, and the response made by Ms Rowan.

The panel first considered the Trust Staff Statement dated 07 May 2025, in which Reece Adams stated the following:

> *'Lynn Rowan walked over to the patient's right-hand side and slapped the patient's wrist before scolding the patient.'*
>
> *[…]*
>
> *'I remember all staff except Lisa Oliphant being present and witnessing Lynn Rowan slapping the patient's hand.'*

The panel then considered the Investigation Meeting Note dated 21 August 2024, in which Reece Adams was interviewed, and provided details to the Investigating Manager, Laura Harvey:

> *'The patient struck out and hit Ashley and after that Lynn went over and slapped the patients hand and said don't do that.'*

Finally, the panel considered Reece Adams' written witness statement, in which he states:

> *'When we let go of Patient A, she raised her right hand and struck Ms Ward on the chest. Ms Rowan then walked over to Patient A's right hand side and slapped Patient A's wrist before scolding Patient A.'*

The panel noted that Reece Adams reiterated this same allegation within his oral evidence before it, and when asked to do so, provided a physical demonstration of Ms Rowan's alleged slapping of Patient A's wrist and/or hand.

The panel considered Reece Adams' evidence to be consistent, cogent, and reliable. It noted that his evidence was consistent.

The panel then moved on to the evidence of Gabriella Merli, who was the individual who had recorded the DATIX incident at the time and had reported this alleged incident to the Senior Charge Nurse, Gillian Izzard. This DATIX report was dated 06 May 2024, and Gabriela Merli made the following note within the 'description of event' section:

> *' […] the patient struck out and slapped the nursing assistant in the chest to which a staff nurse [Ms Rowan] reacted by slapping the patients hand and yelling no.'*

The panel also considered the statements made by Gabriella Merli within the Investigation Meeting Note, dated 17 July 2024:

> *'Lynn slapped her [Patient A] on the arm and said No.'*

The panel further considered the written statement of Gabriella Merli, where she stated:

> *'Ms Rowan reacted by slapping Patient A on the hand and said "don't you dare", or something similar.'*

The panel considered that Gabriella Merli's written accounts were all consistent with one another, and were further supported by her oral evidence, in which she also, like Reece Adams, physically demonstrated the alleged slap made by Ms Rowan upon Patient A.

The panel noted that the witness evidence of Gabriella Merli and Reece Adams, corroborated one another.

The panel then considered the Hearsay Evidence from Ashley Ward. It noted the Staff Statement Note Form dated 7 May 2024, in which Ashley Ward wrote the following:

‘As staff were backing away from Patient A; she pulled lynn’s lanyard from her neck and slapped me across chest. As she was slapping uss lynn then raised her arm and slapped her back across her arm and promptly left room.’ [sic]

The panel also considered Ashley Ward’s statement within the Investigation Meeting Interview on 17 July 2024, in which she said:

‘After the incident happened Lynn left the patient’s room, the rest of us looked at one another as we knew something had happened that shouldn’t have.’

The panel gave appropriate weight to the hearsay evidence of Ashley Ward.

The panel then considered the account of Ms Rowan, who did not deny this charge. Within her written statement, Ms Rowan states:

‘I slapped the patients’ hand away from me’

The panel took into account the fact that Ms Rowan, after having slapped Patient A, completed her notes and her shift, and left her working shift without speaking to any of her colleagues. The panel determined that this may have been indicative of her acknowledgement that her actions in slapping the patient’s hand, were not appropriate.

Ms Rowan further sought to cast doubt on the credibility of Gabriella Merli’s evidence and claimed that she had never worked alongside, or spoken to her, before the night in question. The panel was however, provided strong evidence that a professional relationship existed between them for some time before that night. On balance, the panel preferred the evidence of Gabriella Merli over that provided by Ms Rowan.

The panel ultimately determined that it had sufficient evidence before it provided by Reece Adams, Gabriella Merli, Ashley Ward and fortified by Ms Rowan’s own

admission, to find it more likely than not that Ms Rowan did in fact slap Patient A's wrist and/or hand and shout "no" or words to that effect.

The panel therefore found this charge proved.

Fitness to practise

Having reached its determination on the facts of this case, the panel then moved on to consider, whether the facts found proved amount to misconduct and, if so, whether Ms Rowan's fitness to practise is currently impaired. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's ability to practise safely and effectively without restriction.

The panel, in reaching its decision, has recognised its statutory duty to protect the public and maintain public confidence in the profession. Further, it bore in mind that there is no burden or standard of proof at this stage and it has therefore exercised its own professional judgement.

The panel adopted a two-stage process in its consideration. First, the panel must determine whether the facts found proved amount to misconduct. Secondly, only if the facts found proved amount to misconduct, the panel must decide whether, in all the circumstances, Ms Rowan's fitness to practise is currently impaired as a result of that misconduct.

Submissions on misconduct

Dr Persaud submitted that, when considering whether the facts found proved amount to misconduct, the panel should have regard to *Roylance v General Medical Council* (No. 2) [2000] 1 AC 311, in which misconduct was described as a *'word of general effect, involving some act or omission which falls short of what would be proper in the circumstances.'* She submitted that the panel should also consider *Johnson and Maggs v Nursing and Midwifery Council* [2013] EWHC 2014 (Admin), which indicated that misconduct must involve a serious departure from acceptable professional standards that fellow practitioners would regard as deplorable.

Dr Persaud submitted that the facts found proved against Ms Rowan demonstrated significant failings in her treatment of Patient A and amounted to breaches of several provisions of the NMC Code. She submitted that the Code requires nurses to make the care of patients their first concern, treat patients as individuals, respect their dignity, provide a high standard of care, act with integrity and uphold the reputation of the profession. Dr Persaud submitted that registered nurses are personally accountable for their actions and omissions and must be able to justify their professional decisions.

Dr Persaud submitted that, in relation to charge 1(a), Ms Rowan's inappropriate reference to Patient A breached paragraphs 1.1, 1.2 and 1.5 of the Code, which require nurses to treat people with kindness, dignity, respect and compassion, deliver the fundamentals of care effectively and respect and uphold patients' human rights. She submitted that Patient A was a vulnerable patient who relied on those caring for her to manage her challenging behaviour appropriately. Dr Persaud submitted that Ms Rowan failed in her basic professional duty to treat Patient A with respect and provide effective, compassionate care. She submitted that members of the public and fellow practitioners would regard the language used towards Patient A as deplorable.

Dr Persaud submitted that, in relation to charges 1(b) and 1(c), Ms Rowan's conduct breached paragraphs 1.1, 1.5, 3.1, 3.4 and 4.3 of the Code. She submitted that these provisions require nurses to treat patients with dignity and respect, respond appropriately to changing health and care needs, advocate for vulnerable patients and ensure that the rights and best interests of individuals who may lack capacity remain central to decisions about their care.

Dr Persaud submitted that Patient A was elderly, had dementia and was particularly vulnerable. She submitted that, although Ms Rowan maintained that she had merely raised her voice to make herself heard, the panel had heard evidence that she shouted at, screamed at and mimicked Patient A. Dr Persaud submitted that such conduct deprived Patient A of the dignity, respect and protection to which she was entitled.

Dr Persaud submitted that charge 1(c) additionally engaged paragraph 2.6 of the Code, which requires nurses to recognise when people are anxious or distressed and respond compassionately and politely. She submitted that Patient A was frightened, believed she was at home and perceived that others were invading her personal space. Dr Persaud submitted that describing Patient A as a *"horrible woman"* was neither compassionate nor polite and was liable to cause her further distress. She submitted that Ms Rowan failed to act in Patient A's best interests.

Dr Persaud submitted that, in relation to charge 1(d), Ms Rowan breached paragraph 20 of the Code and, in particular, paragraphs 20.1, 20.2, 20.3 and 20.8. She submitted that these provisions require nurses to uphold the standards and values of the profession, treat others fairly and without bullying or harassment, recognise how their behaviour affects others and act as appropriate professional role models for students and newly qualified colleagues.

Dr Persaud submitted that Ms Rowan accepted telling Patient A, "*if you do not behave, I will wrap you up and take you to the mortuary*". She submitted that Ms Rowan characterised the remark as a joke. Dr Persaud submitted that there was evidence that Ms Rowan laughed when repeating the remark to a colleague, Ms Merli, although Ms Rowan stated that she did not recall doing so. She submitted that Ms Merli, who was newly qualified, was shocked and distressed by the remark. Dr Persaud submitted that Ms Rowan's conduct was inconsistent with the behaviour expected of an experienced nurse and failed to provide an appropriate professional example.

Dr Persaud submitted that, in relation to charge 1(e), Ms Rowan breached paragraphs 20.4 and 25.1 of the Code. She submitted that paragraph 20.4 requires nurses to comply with the laws of the country in which they practise, while paragraph 25.1 requires them to manage risks effectively and put the needs of those receiving care first.

Dr Persaud submitted that slapping a patient amounted to an assault and was a criminal offence, irrespective of whether actual injury resulted. She submitted that Ms

Rowan's actions had the potential to cause Patient A physical or psychological harm and were, at the very least, liable to frighten and alarm her. Dr Persaud submitted that Ms Rowan failed to prioritise Patient A's needs or respond appropriately to the risks arising from her vulnerability and behaviour.

Dr Persaud submitted that the misconduct occurred during a single night shift while Ms Rowan was working in an area in which she had considerable experience. She submitted that Ms Rowan had more than 30 years of nursing experience and had identified the Combined Assessment Unit as her preferred area of practice. Dr Persaud submitted that her role required her to care for vulnerable patients, including elderly patients, patients living with dementia and patients who might lack capacity or have additional health conditions.

Dr Persaud submitted that Patient A was dependent on nursing staff for her care and fell within the NMC's guidance concerning vulnerable adults. She submitted that Patient A's care needs, dementia and inability to protect herself from potentially inappropriate treatment increased the seriousness of Ms Rowan's conduct.

Dr Persaud submitted that the NMC witnesses acknowledged that Patient A's behaviour was challenging and that she had shouted, screamed and struck out at staff. However, she submitted that Ms Rowan was aware of Patient A's diagnosis and presentation and should have responded appropriately, professionally and compassionately. Dr Persaud submitted that Ms Rowan instead shouted at and mimicked Patient A, used derogatory language, made an inappropriate remark about the mortuary and slapped her.

Dr Persaud submitted that, although the panel had not heard evidence of actual physical injury or other serious consequences, Patient A would have been liable to feel frightened, distressed and alarmed. She submitted that the absence of evidence of actual harm did not diminish the seriousness of the conduct or remove the risk created for a vulnerable patient.

Dr Persaud submitted that Ms Rowan had referred to [PRIVATE]. However, Dr Persaud submitted that Ms Rowan had also maintained that those circumstances did

not affect her practice. She submitted that these contextual factors did not adequately explain or alleviate the concerns arising from her treatment of Patient A.

Dr Persaud submitted that the failings were not limited to an isolated clinical error but concerned fundamental aspects of nursing care, including respect, dignity, compassion and the safeguarding of vulnerable patients. She submitted that the nature of the conduct raised concerns about Ms Rowan's attitude and professionalism.

Dr Persaud submitted that Ms Rowan's actions represented a serious departure from the standards expected of a registered nurse and breached fundamental duties owed to Patient A. She submitted that the conduct would be considered deplorable by fellow practitioners, would seriously undermine public trust and confidence in the nursing profession and had the potential to place patients at risk of harm.

Dr Persaud submitted that the panel should therefore find that the facts found proved amounted to misconduct.

Submissions on impairment

Dr Persaud 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.

Dr Persaud submitted that there is no statutory definition of impairment and referred the panel to *Council for Healthcare Regulatory Excellence v Nursing and Midwifery Council and Grant* [2011] EWHC 927 (Admin). She submitted that the panel should consider whether Ms Rowan's conduct demonstrated that she had in the past, or was liable in the future, to place patients at unwarranted risk of harm, bring the profession into disrepute or breach fundamental tenets of the profession. Dr Persaud submitted that the first three limbs of the *Grant* test were engaged in this case.

Dr Persaud submitted that the NMC's guidance on impairment, DMA-1, identifies the overarching question as whether the nurse can practise kindly, safely and professionally. She submitted that Ms Rowan's conduct towards a highly vulnerable patient raised serious concerns in each of those respects.

Dr Persaud submitted that Ms Rowan's conduct placed Patient A at an unwarranted risk of physical and psychological harm. She submitted that Patient A was elderly, had dementia and was dependent on nursing staff to respond safely and compassionately to her distress and challenging behaviour.

Dr Persaud submitted that Ms Rowan had not accepted that she treated Patient A cruelly or unkindly. She submitted that, in relation to the physical incident, Ms Rowan maintained that Patient A had been lashing out, had struck a colleague, had caught Ms Rowan's lanyard and had attempted to strike her as she retrieved it. Dr Persaud submitted that Ms Rowan stated that she slapped or swiped Patient A's hand away to protect herself.

Dr Persaud submitted that this explanation did not demonstrate adequate recognition of the seriousness of the conduct found proved or the compassionate response expected of a registered nurse. She submitted that the panel had found that Ms Rowan slapped Patient A and that this amounted to a serious failure to provide safe, appropriate care.

Dr Persaud submitted that Ms Rowan also maintained that she merely raised her voice to be heard and denied speaking offensively to Patient A. She submitted that Ms Rowan alleged that the NMC witnesses had fabricated their evidence, notwithstanding the panel's findings that she shouted at, screamed at and mimicked Patient A.

Dr Persaud submitted that Ms Rowan's response to the mortuary remark was also concerning. She submitted that Ms Rowan suggested that Patient A had initiated the conversation and that her own comment was intended as a joke. Dr Persaud submitted that this explanation sought to deflect responsibility onto Patient A and did

not demonstrate genuine remorse or an understanding of the likely impact of such a remark on a frightened and vulnerable patient.

Dr Persaud submitted that Ms Rowan's conduct breached fundamental tenets of the nursing profession, including the duties to treat patients with dignity and compassion, protect vulnerable individuals and provide safe care. She submitted that it also brought the profession into disrepute and undermined public confidence in nurses' ability to care appropriately for those who are most vulnerable.

Dr Persaud submitted that the assessment of current impairment is forward-looking. She referred the panel to *Meadows v General Medical Council* [2007] QB 462 and submitted that the purpose of fitness-to-practise proceedings is not to punish practitioners for past wrongdoing but to protect the public from those who are not fit to practise. Dr Persaud submitted that, although the panel must assess Ms Rowan's current fitness to practise, it is entitled to consider her past conduct when evaluating the continuing risk.

Dr Persaud submitted that, in accordance with *Cohen v General Medical Council* [2008] EWHC 581 (Admin), the panel should consider whether Ms Rowan's misconduct was remediable, whether it had been remedied and whether it was likely to be repeated.

Dr Persaud submitted that the NMC's guidance on insight and strengthened practice, including FTP-16 and FTP-16a, similarly requires consideration of whether the concerns can be addressed, whether they have been addressed and whether there remains a risk of repetition.

Dr Persaud submitted that incidents involving violence towards, or abuse of, patients may be particularly difficult to remediate because training or workplace supervision alone may not adequately address the underlying concerns. She submitted that Ms Rowan's conduct raised concerns about her attitude towards a vulnerable patient rather than a discrete deficiency in clinical knowledge or technical skill.

Dr Persaud submitted that, although the incidents occurred during a single shift and concerned one patient, the evidence indicated that colleagues, including Ms Merli, offered on several occasions to take over Patient A's care. She submitted that Ms Rowan declined those offers. Dr Persaud submitted that this increased concern about her judgement, her response to Patient A's vulnerability and her ability to recognise when she required assistance.

Dr Persaud submitted that Ms Rowan had demonstrated little insight into the seriousness of her actions. She submitted that she had not sufficiently acknowledged the impact of her behaviour on Patient A, her colleagues or the reputation of the nursing profession. Dr Persaud submitted that Ms Rowan appeared more focused on the consequences for herself than on the distress caused to Patient A or the wider professional implications.

Dr Persaud submitted that Ms Rowan had not attended the hearing and had not provided a reflective statement addressing the misconduct, its effect on Patient A or the steps she would take to prevent similar conduct in the future. She submitted that, although Ms Rowan had referred to examples of how she might act differently, these did not amount to sufficient evidence of developed insight or meaningful remediation.

Dr Persaud submitted that Ms Rowan had provided positive character references from colleagues. However, she submitted that she had not provided up-to-date training certificates or evidence of targeted learning, strengthened practice or other steps demonstrating that the underlying concerns had been addressed.

Dr Persaud submitted that the case of *Grant* emphasised the importance of a practitioner's insight when assessing current impairment. She submitted that, given the seriousness of Ms Rowan's conduct, limited expressions of insight would not, without further evidence of remediation, adequately address the regulatory concerns.

Dr Persaud submitted that Ms Rowan had not worked in a nursing capacity since the incident and had indicated that she did not intend to seek further nursing employment. She submitted that, while these circumstances were relevant, they did

not establish that she could practise safely if she returned to nursing or otherwise remove the need for the panel to assess her current fitness to practise.

Dr Persaud submitted that there was no evidence of a sustained period of safe practice since the incident, no adequate evidence of further training and no persuasive demonstration that the possible underlying attitudinal concerns had been resolved. She submitted that, in those circumstances, there remained a real risk that similar misconduct could be repeated and that vulnerable patients could suffer harm.

Dr Persaud submitted that Ms Rowan's fitness to practise was therefore currently impaired on public protection grounds.

Dr Persaud submitted that, irrespective of the panel's conclusions concerning public protection, a finding of impairment was independently required in the wider public interest.

Dr Persaud submitted that abuse or inappropriate treatment of a highly vulnerable patient is particularly serious and raises fundamental questions about a nurse's ability to uphold the standards and values set out in the Code. She submitted that members of the public would be understandably concerned to learn that an experienced nurse had shouted at, mimicked, insulted and slapped a patient with dementia, and had threatened to take her to the mortuary.

Dr Persaud referred the panel to *Yeong v General Medical Council* [2009] EWHC 1923 (Admin), *Professional Standards Authority v Health and Care Professions Council and Roberts* [2020] EWHC 1906 (Admin), and paragraph 74 of *Grant*. She submitted that these authorities emphasise that impairment cannot be assessed solely by reference to the risk posed by the individual practitioner. Dr Persaud submitted that the panel must also consider whether public confidence in the profession and proper professional standards would be undermined if a finding of impairment were not made.

Dr Persaud submitted that Ms Rowan's conduct called into question the basic standards of professionalism expected of a registered nurse and was incompatible

with the public's expectation that vulnerable patients will be treated with dignity, kindness and respect.

Dr Persaud submitted that a fully informed member of the public would be concerned if a nurse who had engaged in such conduct were permitted to retain unrestricted registration without a finding of impairment. She submitted that the absence of such a finding would fail to mark the seriousness of the misconduct, undermine confidence in the nursing profession and diminish the standards expected of registered nurses.

Dr Persaud submitted that, as recognised in *Grant* and *Cohen*, the panel must not lose sight of the need to protect the public, declare and uphold proper standards of conduct and maintain public confidence in the profession.

Dr Persaud submitted that Ms Rowan's fitness to practise was currently impaired on both public protection and public interest grounds, and invited the panel to make a finding of impairment.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Roylance v General Medical Council* and *Grant.*

Decision and reasons on misconduct

The panel considered whether the facts found proved against Ms Rowan amounted to misconduct. The panel assessed each charge individually before considering whether Ms Rowan's conduct, taken collectively, amounted to misconduct.

The panel had regard to the standards expected of a registered nurse, as set out in the NMC Code. The panel considered whether Ms Rowan's conduct involved a sufficiently serious departure from those standards to amount to misconduct.

The panel noted that Patient A had dementia and lacked capacity at the time of the incidents. The panel found that Patient A was vulnerable, distressed and wholly

dependent on nursing staff to provide her care and protect her from harm. The panel considered that Ms Rowan, as an experienced registered nurse, was required to recognise Patient A's vulnerability and treat her with dignity, kindness, respect and compassion.

The panel found that Ms Rowan's conduct in relation to charge 1(a) breached the following provisions of the NMC Code:

> ***'1 Treat people as individuals and uphold their dignity***
> *To achieve this, you must:*
>
> *1.1 treat people with kindness, respect and compassion*
> *1.2 make sure you deliver the fundamentals of care effectively*
> *1.5 respect and uphold people's human rights'*

The panel considered that Ms Rowan's inappropriate reference to Patient A as, "*that thing*", demonstrated a failure to respect her dignity. Although the remark was not directed at Patient A, the panel found that it was incompatible with the standards of kindness, compassion and respect expected of a registered nurse.

The panel noted that Patient A relied entirely on nursing staff to attend to her personal care and other fundamental needs. The panel found that Ms Rowan was required to preserve Patient A's dignity throughout her care, irrespective of any challenging behaviour.

The panel concluded that Ms Rowan's conduct represented a sufficiently serious departure from the standards expected of a registered nurse. The panel therefore found that charge 1(a) amounted to misconduct.

The panel found that Ms Rowan's conduct in relation to charge 1(b) breached the following provisions of the NMC Code:

> ***'1 Treat people as individuals and uphold their dignity***
> *To achieve this, you must:*

1.1 treat people with kindness, respect and compassion
1.5 respect and uphold people's human rights'

'3 Make sure that people's physical, social and psychological needs are assessed and responded to
To achieve this, you must:

3.4 act as an advocate for the vulnerable, challenging poor practice and discriminatory attitudes and behaviour relating to their care'

'20 Uphold the reputation of your profession at all times
To achieve this, you must:

20.5 treat people in a way that does not take advantage of their vulnerability or cause them upset or distress'

The panel found that Ms Rowan's shouting, screaming and mimicking of Patient A demonstrated a failure to provide care that respected Patient A's dignity.

The panel considered that Patient A lacked capacity at the relevant time and was dependent on nursing staff to protect her interests. The panel found that Ms Rowan's behaviour was inconsistent with her responsibility to advocate for a vulnerable patient and ensure that Patient A's rights and best interests remained central to her care.

The panel found that Ms Rowan's conduct had the potential to cause Patient A emotional and psychological harm and to increase her existing distress.

The panel concluded that Ms Rowan's conduct represented a sufficiently serious departure from expected professional standards. The panel therefore found that charge 1(b) amounted to misconduct.

The panel found that Ms Rowan's conduct in relation to charge 1(c) breached the following provisions of the NMC Code:

‘1 Treat people as individuals and uphold their dignity
To achieve this, you must:

1.1 treat people with kindness, respect and compassion
1.5 respect and uphold people’s human rights’

‘2 Listen to people and respond to their preferences and concerns
To achieve this, you must:

2.6 recognise when people are anxious or in distress and respond compassionately and politely’

‘3 Make sure that people’s physical, social and psychological needs are assessed and responded to
To achieve this, you must:

3.4 act as an advocate for the vulnerable, challenging poor practice and discriminatory attitudes and behaviour relating to their care’

The panel found that Patient A was clearly anxious and distressed. The panel considered that Ms Rowan was required to recognise Patient A’s distress and respond in a compassionate and reassuring manner.

The panel found that Ms Rowan instead shouted at Patient A and used derogatory language towards her, including describing her as a “*horrible woman*”. The panel considered that this response was neither compassionate nor polite and failed to respect Patient A’s dignity or recognise her vulnerability.

The panel found that Ms Rowan’s conduct had the potential to cause Patient A emotional and psychological harm and to increase her existing distress.

The panel concluded that Ms Rowan's conduct represented a sufficiently serious departure from expected professional standards. The panel therefore found that charge 1(c) amounted to misconduct.

The panel found that Ms Rowan's conduct in relation to charge 1(d) breached the following provisions of the NMC Code:

> ***'1 Treat people as individuals and uphold their dignity***
> *To achieve this, you must:*
>
> *1.1 treat people with kindness, respect and compassion'*
>
> *'**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*
> *20.3 be aware at all times of how your behaviour can affect and influence the behaviour of other people*
> *20.5 treat people in a way that does not take advantage of their vulnerability or cause them upset or distress*
> *20.8 act as a role model of professional behaviour for students and newly qualified nurses, midwives and nursing associates to aspire to'*

The panel found that Ms Rowan told Patient A, "*if you do not behave, I will wrap you up and take you to the mortuary*". The panel considered that this remark was particularly inappropriate given Patient A's vulnerability, lack of mental capacity and obvious distress. The panel found that it had the potential to cause Patient A emotional and psychological harm.

The panel also considered the impact of Ms Rowan's behaviour on colleagues. The panel noted that Ms Merli was a newly qualified nurse and that other less experienced staff, including a nurse in training, were involved in Patient A's care.

The panel found that Ms Rowan, as an experienced nurse, had a responsibility to demonstrate appropriate professional behaviour and provide a positive example to less experienced colleagues. The panel considered that Ms Imrie, Ms Ward and Ms Merli were all shocked by Ms Rowan's reference to taking Patient A to the mortuary.

The panel found that Ms Rowan's conduct failed to uphold the standards and values of the profession and did not provide the professional leadership expected of an experienced registered nurse.

The panel concluded that Ms Rowan's conduct represented a sufficiently serious departure from expected professional standards. The panel therefore found that charge 1(d) amounted to misconduct.

The panel found that Ms Rowan's conduct in relation to charge 1(e) breached the following provisions of the NMC Code:

> ***'1 Treat people as individuals and uphold their dignity***
> *To achieve this, you must:*
>
> *1.1 treat people with kindness, respect and compassion*
> *1.2 make sure you deliver the fundamentals of care effectively'*
>
> ***'2 Listen to people and respond to their preferences and concerns***
> *To achieve this, you must:*
>
> *2.6 recognise when people are anxious or in distress and respond compassionately and politely'*
>
> ***'17 Raise concerns immediately if you believe a person is vulnerable or at risk and needs extra support and protection***
> *To achieve this, you must:*

17.1 take all reasonable steps to protect people who are vulnerable or at risk from harm, neglect or abuse'

The panel found that Ms Rowan slapped Patient A's hand after Patient A had received personal care and had been restrained.

The panel considered that Patient A was frightened, exhausted and distressed. The panel found that the restraint was itself distressing for Patient A and that she had no effective control over the situation. The panel considered that Ms Rowan's actions increased Patient A's distress rather than providing reassurance or protecting her and colleagues from harm.

The panel noted that Ms Rowan was an experienced nurse who was familiar with caring for patients with needs similar to those of Patient A. The panel found that Ms Rowan should have recognised Patient A's distress and responded compassionately.

The panel also noted that colleagues had offered Ms Rowan the opportunity to step away from Patient A's care. The panel found that accepting this assistance would have been a reasonable step towards protecting Patient A, but Ms Rowan did not do so.

The panel found that the physical contact was harmful and created a real risk of psychological harm. Although no specific physical injury was identified, the panel considered that Patient A was frightened and that the full extent of any psychological impact could not be quantified.

The panel also considered the reaction of Ms Rowan's colleagues, who were shocked by her actions.

The panel found that striking a vulnerable patient was fundamentally inconsistent with the safe care, compassion and protection expected of a registered nurse. The panel considered charge 1(e) to be particularly serious.

The panel concluded that Ms Rowan's conduct represented a sufficiently serious departure from expected professional standards. The panel therefore found that charge 1(e) amounted to misconduct.

The panel concluded that charges 1(a), 1(b), 1(c), 1(d) and 1(e) each amounted to misconduct when considered individually.

The panel also considered the charges collectively. The panel found that Ms Rowan's conduct demonstrated repeated failures during the same shift to treat Patient A with dignity, respect and compassion, safeguard her from harm and uphold the standards expected of an experienced registered nurse.

The panel considered that Patient A was vulnerable, lacked mental capacity at the relevant time, was distressed and relied entirely on staff for her care and protection. The panel found that Ms Rowan's derogatory remarks, shouting, reference to taking Patient A to the mortuary and use of physical force exposed Patient A to increased distress and risk of harm.

The panel found that Ms Rowan abused the position of trust she occupied in relation to Patient A and failed to provide an appropriate professional example to less experienced colleagues.

The panel considered that Ms Rowan's conduct raised serious concerns about patient safety and was liable to undermine public confidence in the nursing profession and the standards expected of registered nurses.

The panel therefore determined that Ms Rowan's actions did fall seriously short of the conduct and standards expected of a nurse and, both individually and collectively, amounted to misconduct.

Decision and reasons on impairment

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

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

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

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional and to maintain professional boundaries. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. 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;'*

The panel considered Ms Rowan's misconduct to be serious. It was directed towards Patient A, who was confused, lacked capacity at the relevant time and was wholly dependent on nursing staff for her care and protection.

The panel noted that Patient A found personal care distressing and had to be restrained so that such care could be provided. The panel considered that Ms Rowan's use of derogatory language, shouting, screaming, mimicking and inappropriate physical contact would have increased Patient A's distress and fear.

The panel found that Ms Rowan slapped Patient A's hand and thereby used physical force against her. The panel considered that this amounted to an assault. Although no specific physical injury was identified, the panel found that the conduct was harmful and created a risk of physical and psychological harm.

The panel also considered Ms Rowan's mortuary remark to have been cruel and wholly inappropriate towards a vulnerable patient who lacked capacity. The panel did not accept that describing the remark as banter adequately explained or reduced its seriousness.

The panel noted that the conduct occurred during one night shift. However, it did not regard the misconduct as a single isolated incident. There were five separate incidents during the shift, which together demonstrated a pattern of degrading and

abusive treatment and raised serious concerns about Ms Rowan's attitude and professionalism.

The panel found that Ms Rowan's conduct had placed Patient A at unwarranted risk of harm, brought the nursing profession into disrepute and breached fundamental tenets of the profession. The panel therefore determined that the first three limbs of the *Grant* test were engaged.

The panel considered that, despite its seriousness, Ms Rowan's misconduct was capable of remediation. It considered that the concerns could potentially have been addressed through developed insight, meaningful reflection, genuine remorse, relevant training and evidence of strengthened practice.

The panel took into account that the misconduct was confined to one night shift and occurred against the background of Ms Rowan's approximately 24-year nursing career, during which there had been no previous regulatory concerns.

The panel also took account of the evidence that Ms Rowan had been experiencing [PRIVATE] at the relevant time. It considered the positive testimonials submitted on her behalf and the evidence of two witnesses who had previously had positive working relationships with her, including one who had worked with her for approximately seven years.

The panel nevertheless considered that the testimonials were limited in number and detail. While they provided some positive information about Ms Rowan's previous practice, they did not address the concerns arising from the misconduct or demonstrate subsequent remediation.

The panel therefore concluded that the misconduct was capable of remediation but went on to consider whether it had in fact been remedied.

The panel found that Ms Rowan had not remedied her misconduct.

The panel noted that Ms Rowan accepted making an inappropriate remark and slapping Patient A's hand. However, it considered that these limited admissions did not demonstrate meaningful reflection or an adequate understanding of the seriousness of her actions.

The panel found that Ms Rowan had not provided a reflective statement. There was no evidence that she had reflected on:

- The risk of physical or psychological harm to Patient A;
- The effect of her conduct on Patient A's distress and fear;
- The impact on the colleagues who witnessed her behaviour;
- The management of challenging behaviour;
- The care of patients who lack capacity; or
- How she would respond differently in similar circumstances.

The panel noted that Ms Rowan maintained that she had not caused Patient A any harm. The panel considered that this demonstrated a failure to recognise the actual and potential consequences of her conduct.

The panel also found that Ms Rowan had not sufficiently acknowledged the impact of her behaviour on the newly qualified nurse and the nursing assistants present during the shift. Her conduct set a poor professional example and caused anxiety to her colleagues.

The panel considered that Ms Rowan's representations focused largely on the effect that the events and investigation had had on her. She had not demonstrated that she had considered the matter from Patient A's perspective or accepted personal responsibility for the consequences of her actions.

The panel noted that Ms Rowan had expressed regret in her NMC statement for the events and the work caused to those involved in the investigation. However, it did not consider this to amount to a meaningful apology to Patient A or the members of staff affected by her conduct.

The panel found no evidence that Ms Rowan had completed relevant training or undertaken other remedial work. In particular, there was no evidence of learning concerning the management of challenging behaviour, the care of patients who lack capacity or the provision of compassionate care in a challenging environment.

The panel acknowledged that Ms Rowan had engaged to some limited extent with the Trust investigation and the NMC process. However, it considered that her engagement had been limited. Her participation in the Trust's two interviews did not result in an in-depth account or meaningful reflection on her conduct.

The panel found no evidence of strengthened practice, changed behaviour, developed insight or genuine remorse. It therefore concluded that the misconduct had not been addressed or remedied.

The panel considered whether Ms Rowan's misconduct was likely to be repeated.

The panel took account of the fact that the misconduct occurred during a period of [PRIVATE]. However, there was no evidence demonstrating that Ms Rowan had developed strategies to manage similar pressure or that she would respond differently if faced with comparable circumstances in the future.

The panel considered that careful reflection, deep insight and meaningful professional development would be required before it could be satisfied that the risk to patients had been addressed. None of these matters was evident.

The panel acknowledged Ms Rowan's lengthy career and the absence of previous regulatory concerns. However, these factors did not outweigh her lack of insight, remorse and remediation.

In the absence of evidence of changed behaviour or strengthened practice, the panel could not be satisfied that the conduct would not be repeated. It therefore found that there remained a real risk of repetition and consequent harm to patients.

The panel found that Ms Rowan's misconduct involved degrading and abusive treatment of a vulnerable patient who lacked capacity and was dependent on staff for her care and protection.

The panel considered that Ms Rowan had not adequately recognised the harm or risk of harm caused by her conduct. She had not demonstrated meaningful insight, undertaken relevant remediation or shown how she would act differently in similar circumstances.

Given the seriousness of the misconduct and the continuing risk of repetition, the panel determined that a finding of current impairment was necessary to protect the public.

The panel therefore found Ms Rowan's fitness to practise impaired on public protection grounds.

The panel considered that Ms Rowan's professional colleagues had been shocked by her words and actions. It determined that a fully informed member of the public would also be shocked to learn that a registered nurse had shouted at, mimicked, insulted and physically struck a vulnerable patient, as well as making a cruel remark about taking that patient to the mortuary.

The panel found that such conduct was fundamentally incompatible with the kindness, compassion, dignity and respect expected of a registered nurse. It represented a serious breach of the trust placed in Ms Rowan to protect and care for Patient A.

The panel considered that public confidence in the nursing profession would be undermined if a finding of impairment were not made. Such a finding was also necessary to declare and uphold proper professional standards.

The panel therefore found Ms Rowan's fitness to practise impaired on public interest grounds.

Having regard to all of the above, the panel was satisfied that Ms Rowan's fitness to practise is currently impaired by reason of her misconduct on both public protection and public interest grounds.

Sanction

After consideration the panel has decided to make a striking-off order. It directs the Registrar to strike Ms Rowan off the register. The effect of this order is that the NMC register will show that Ms Rowan has been struck-off the register.

In reaching this decision, the panel has had regard to all the evidence that has been adduced in this case and had regard to the NMC Guidance on *'The sanctions available'* (Reference: SAN-2 Last Updated: 28/01/2026).

The panel accepted the advice of the legal assessor.

Submissions on sanction

Dr Persaud submitted that the panel should have regard to the NMC's Sanctions Guidance, SAN-1, last updated on 28 January 2026.

Dr Persaud submitted that the purpose of imposing a sanction is to meet the NMC's overarching objective of protecting the public. This comprises:

- Protecting, promoting and maintaining the health, safety and well-being of the public;
- Promoting and maintaining public confidence in the nursing profession; and
- Promoting and maintaining proper professional standards and conduct.

Dr Persaud submitted that a sanction may be required where a professional is currently unable to practise safely without restriction or where action is necessary to maintain public confidence in the profession. A sanction should not be imposed to

punish Ms Rowan, although an appropriate and proportionate sanction may have a punitive effect.

Dr Persaud submitted that a striking-off order is the necessary and proportionate sanction in this case.

Dr Persaud submitted that Ms Rowan's misconduct was serious. Her actions fell far below the conduct and standards expected of a registered nurse and were found to amount to misconduct both individually and collectively.

Dr Persaud submitted that the following aggravating factors were present:

- Patient A was extremely vulnerable, lacked capacity and was wholly dependent on staff for her care and protection;
- Ms Rowan occupied a position of trust in relation to Patient A;
- Ms Rowan's misconduct involved degrading and abusive treatment;
- Ms Rowan used derogatory language, shouted at, screamed at and mimicked Patient A;
- Ms Rowan made a cruel and wholly inappropriate remark about taking Patient A to the mortuary;
- Ms Rowan slapped Patient A's hand and thereby used physical force against her;
- The physical contact amounted to an assault;
- The conduct created a risk of physical and psychological harm and increased Patient A's distress and fear;
- There were five separate incidents during the same shift, rather than one isolated act;
- Ms Rowan declined opportunities offered by colleagues to step away from Patient A's care;
- The misconduct raised attitudinal and behavioural concerns that are more difficult to remediate;
- Ms Rowan has demonstrated limited insight and has not undertaken meaningful remediation; and

- There remains a risk of repetition.

Dr Persaud submitted that striking a vulnerable patient was fundamentally inconsistent with the safety, compassion and protection expected of a registered nurse. The conduct abused the position of trust Ms Rowan occupied and raised serious concerns about patient safety.

Dr Persaud submitted that Ms Rowan had opportunities to step away from Patient A's care and allow another member of staff to take over. Her decision not to do so increased the seriousness of the misconduct.

Dr Persaud submitted that the incidents occurred throughout the shift and demonstrated a pattern of degrading and abusive treatment. The fact that they concerned one patient during one shift did not reduce them to a single isolated incident.

Dr Persaud submitted that the panel had found Ms Rowan's conduct capable of remediation. However, it had also found that she had not demonstrated meaningful reflection, developed insight, genuine remorse, relevant training or strengthened practice.

Dr Persaud submitted that Ms Rowan continued to maintain that she had not caused Patient A any harm. This demonstrated a failure to recognise the actual and potential consequences of her conduct.

Dr Persaud submitted that safeguarding and protecting vulnerable people from harm, abuse and neglect are integral to the standards and values set out in the NMC Code. Abuse of a vulnerable patient may indicate a deep-seated attitudinal problem, even where there is only one reported episode, and may therefore be more difficult to address.

Dr Persaud submitted that Ms Rowan failed to uphold Patient A's dignity or treat her with kindness, respect and compassion. Her behaviour also failed to uphold the

reputation of the profession because it took advantage of Patient A's vulnerability and caused or increased her distress.

Dr Persaud submitted that the following mitigating factors were present:

- Ms Rowan had no previous fitness-to-practise history; and
- The concerns related to one patient during one night shift.

Dr Persaud nevertheless submitted that there were five separate incidents during that shift and that their seriousness substantially reduced the weight that could be attached to the fact that the misconduct was confined to one shift.

Dr Persaud submitted that Ms Rowan's [PRIVATE]. However, Dr Persaud submitted that this personal mitigation did not materially reduce the sanction required, given the nature and seriousness of Ms Rowan's treatment of Patient A.

Dr Persaud submitted that it would not be appropriate to take no further action. Such an outcome would not address the continuing risk of repetition, protect patients, uphold proper professional standards or maintain public confidence in the nursing profession.

Dr Persaud submitted that a caution order would be insufficient. A caution would not restrict Ms Rowan's practice or adequately address the public protection concerns arising from her lack of insight, absence of remediation and continuing risk of repetition.

Dr Persaud submitted that a caution would also fail to mark the seriousness of degrading and abusive conduct towards a highly vulnerable patient. It would therefore be insufficient to maintain public confidence or uphold proper professional standards.

Dr Persaud submitted that a conditions of practice order would not be appropriate.

Dr Persaud submitted that the concerns did not arise from a discrete deficiency in Ms Rowan's clinical knowledge or competence that could readily be addressed through workable, measurable and proportionate conditions. They arose from serious attitudinal and behavioural failings in her treatment of a vulnerable patient.

Dr Persaud submitted that Ms Rowan had not worked as a nurse since the incidents, had informed the NMC that she did not intend to return to nursing practice and had not revalidated in September 2024. In those circumstances, there was no suitable practice setting in which conditions could operate effectively.

Dr Persaud submitted that conditions would not adequately address the seriousness of the misconduct, protect the public or maintain confidence in the nursing profession.

Dr Persaud submitted that a suspension order would also be insufficient.

Dr Persaud acknowledged that the concerns related to one patient during one night shift. However, there were five separate incidents during that shift, including degrading language, shouting, mimicking, the mortuary remark and physical assault.

Dr Persaud submitted that the panel had found that careful reflection, developed insight and meaningful professional development would be required before it could be satisfied that the risk to patients had been addressed. There was no evidence of any of those matters.

Dr Persaud submitted that Ms Rowan had demonstrated limited insight, had not undertaken remediation and had not shown how she would behave differently if faced with similar stress or pressure. There therefore remained a real risk of repetition.

Dr Persaud submitted that temporary removal from the register would not adequately address the seriousness of the conduct or the continuing public protection and public interest concerns. A suspension order would not be sufficient to maintain public confidence in the profession or declare and uphold proper professional standards.

Dr Persaud submitted that a striking-off order is the only sanction capable of adequately addressing the seriousness of the misconduct.

Dr Persaud submitted that Ms Rowan's actions demonstrated a complete disregard for Patient A's welfare, dignity and safety. Patient A was extremely vulnerable, lacked capacity and depended on staff for her care and protection.

Dr Persaud submitted that, although there was no evidence of an identified physical injury or quantified psychological harm, Ms Rowan's conduct exposed Patient A to physical and psychological harm and increased her distress and fear.

Dr Persaud submitted that the abuse of a position of trust was a particularly serious aggravating feature. Ms Rowan's repeated conduct, despite being offered opportunities to step away, placed Patient A at risk of harm.

Dr Persaud submitted that the panel had found Ms Rowan's misconduct involved degrading and abusive treatment and that there remained a continuing risk of repetition. The panel had consequently found Ms Rowan's fitness to practise impaired on both public protection and public interest grounds.

Dr Persaud submitted that Ms Rowan's conduct was fundamentally incompatible with continued registration. Public confidence in the nursing profession would be seriously undermined if she were permitted to remain on the register, even subject to temporary suspension.

Dr Persaud submitted that a striking-off order is necessary to:

- Protect patients from the continuing risk of harm;
- Maintain public confidence in the nursing profession; and
- Declare and uphold the standards of conduct expected of registered nurses.

Dr Persaud therefore invited the panel to impose a striking-off order.

Decision and reasons on sanction

Having found Ms Rowan's fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose. The panel has borne in mind that any sanction imposed must be appropriate and proportionate and, although not intended to be punitive in its effect, may have such consequences. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- Ms Rowan abused her position of trust and the imbalance of power between herself and Patient A;
- Patient A was particularly vulnerable, lacked capacity and depended on staff for her care and protection;
- Ms Rowan's conduct placed Patient A at risk of physical and psychological harm;
- Although the misconduct occurred during one shift, it comprised five separate incidents and demonstrated a pattern of degrading and abusive treatment;
- Ms Rowan continued with Patient A's care despite being offered opportunities to step away;
- Ms Rowan demonstrated no meaningful insight into her misconduct and sought to minimise its impact;
- Ms Rowan did not acknowledge at the time that her behaviour was inappropriate and did not report the incidents herself;
- Ms Rowan attempted to deflect responsibility for her conduct; and
- Ms Rowan's engagement with the Trust investigation and the NMC proceedings was limited.

The panel considered it particularly serious that Ms Rowan continued caring for Patient A when colleagues had offered her the opportunity to step away. Those offers provided Ms Rowan with opportunities to remove herself from the situation, but she did not take them.

The panel also took into account the following mitigating features:

- Ms Rowan had no previous regulatory findings;
- There was no evidence of similar conduct before the night in question;
- Ms Rowan had provided testimonials and references; and
- Ms Rowan made partial admissions, including accepting that she had slapped Patient A's hand.

The panel gave limited weight to the testimonials and references because they did not demonstrate that their authors were aware of the full nature and seriousness of the regulatory concerns.

The panel also gave limited weight to Ms Rowan's partial admissions. Although she accepted some of her actions, she did not acknowledge their seriousness, accept their impact on Patient A and her colleagues or demonstrate meaningful insight or remediation.

The panel took account of Ms Rowan's personal circumstances at the relevant time, including the [PRIVATE].

The panel accepted that Ms Rowan was experiencing [PRIVATE]. However, it gave this factor limited weight. Ms Rowan had previously retired from full-time nursing [PRIVATE] and subsequently worked bank shifts, which she was able to accept or decline. The panel also noted that Ms Rowan had maintained that her personal circumstances had not affected her practice on the night in question.

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

The panel next considered a caution order and had regard to the NMC Guidance on *'Caution order'* (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 Ms Rowan's 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 Ms Rowan's practise would not protect the public. The panel also determined that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether to place a conditions of practice on Ms Rowan's registration. In considering whether conditions of practice are appropriate, the panel had regard to the factors set out in the NMC Guidance on 'Conditions of practice order' (Reference: SAN-2c Last Updated: 28/01/2026). Having found that the concerns were not related to an identifiable clinical deficiency and having regard to the nature and seriousness of Ms Rowan's conduct, the panel determined that a conditions of practice order would not be appropriate in the circumstances.

The panel had identified no evidence of meaningful insight or any willingness on Ms Rowan's part to address the concerns. It also noted her limited engagement with the proceedings and her stated intention not to return to nursing.

The panel determined that there are no relevant, proportionate, workable or measurable conditions that could be formulated to protect patients and to uphold professional standards.

The panel went on to consider whether a suspension order is appropriate in this case. The panel had regard to the NMC Guidance on *'Suspension order'* (Reference:

SAN-2d Last Updated: 28/01/2026) in which the following factors on when a suspension order may be appropriate are set out:

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

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

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

Whilst the panel acknowledged that the risks identified could be managed by Ms Rowan's being temporarily removed from the Register, however, it considered that it would not be sufficient to uphold public confidence in the profession and maintain professional standards due to the seriousness and nature of the facts found proved.

The panel found that Ms Rowan had provided no evidence of:

- Meaningful insight into her misconduct;
- Genuine remorse or an apology to Patient A and the colleagues affected;
- Reflection on the impact of her actions;
- Relevant training or professional development;
- Strengthened or changed practice; or
- An intention to address the concerns and return safely to nursing.

The panel noted that Ms Rowan's engagement had been limited and that she had indicated that she had no intention of returning to nursing. It therefore found no realistic prospect that a period of suspension would result in sufficient insight and remediation.

The panel also considered the wider public interest. Ms Rowan's misconduct involved degrading and abusive treatment of a vulnerable patient, including shouting at and mimicking Patient A, making a cruel mortuary remark and physically assaulting her by slapping her hand.

The panel considered that the misconduct was fundamentally incompatible with continued registration. It determined that temporary removal from the register would not adequately reflect the seriousness of the conduct, maintain public confidence in the profession or uphold proper professional standards.

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

The panel next considered a striking-off order

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). [set out panels reasons] Having regard to all of the above, the panel determined that this case falls within the definition of being a '*highest risk 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 found that Patient A was a vulnerable adult who lacked capacity and depended entirely on nursing staff for her care and protection. Ms Rowan's conduct towards Patient A was degrading, abusive and included the deliberate use of physical force.

The panel considered that the charges found proved raised fundamental concerns about Ms Rowan's professionalism. Her misconduct demonstrated a serious failure to uphold the values of kindness, dignity, compassion and patient safety that are central to the nursing profession.

The panel found no meaningful insight, reflection, remorse, remediation or evidence of changed behaviour. It also found no realistic prospect that Ms Rowan would develop sufficient insight and strengthen her practice during a period of suspension.

The panel determined that public confidence in the nursing profession could not be maintained if Ms Rowan were permitted to remain on the register. It concluded that no sanction short of striking off would adequately protect the public, maintain confidence in the profession and declare and uphold proper professional standards.

The panel considered the effect of a striking-off order on Ms Rowan. However, it concluded that her interests were outweighed by the seriousness of the misconduct and the need to meet the NMC's overarching objective.

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel determined that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the effect of Ms Rowan's actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct herself, the panel has concluded that nothing short of this would be sufficient in this case.

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

This will be confirmed to Ms Rowan in writing.

Interim order

As the striking-off order cannot take effect until the end of the 28-day appeal period, the panel has considered whether an interim order is required in the specific circumstances of this case. It may only make an interim order if it is satisfied that it is necessary for the protection of the public, is otherwise in the public interest or in Ms Rowan's own interests until the striking-off sanction takes effect. The panel heard and accepted the advice of the legal assessor.

Submissions on interim order

The panel took account of the submissions made by Dr Persaud.

Dr Persaud submitted that the panel should impose an interim suspension order for a period of 18 months.

Dr Persaud submitted that the panel had already determined that Ms Rowan's fitness to practise is currently impaired and that the appropriate and proportionate substantive sanction is a striking-off order.

Dr Persaud submitted that the issue for the panel was whether an interim order was necessary for the protection of the public or otherwise in the public interest during the period before the substantive striking-off order takes effect.

Dr Persaud submitted that an interim suspension order was plainly necessary in view of the seriousness of Ms Rowan's misconduct and the panel's findings concerning public protection.

Dr Persaud submitted that the public protection concerns were direct and substantial. The panel had found that Ms Rowan used physical force against a vulnerable patient and spoke to that patient in an abusive, degrading and deeply disturbing manner. It had also found that there remained a risk of repetition and that Ms Rowan's fitness to practise was impaired on both public protection and public interest grounds.

Dr Persaud submitted that allowing Ms Rowan to practise without restriction before the striking-off order takes effect would be inconsistent with the panel's findings and would expose the public to an unacceptable risk of harm.

Dr Persaud submitted that an interim suspension order was also necessary in the wider public interest. Public confidence in the nursing profession and in the regulatory process would be seriously undermined if Ms Rowan were permitted to practise without restriction after the panel had determined that her conduct was fundamentally incompatible with continued registration.

Dr Persaud submitted that the period of 18 months was necessary because Ms Rowan has a 28-day period in which to appeal the substantive decision. If an appeal

is lodged, the striking-off order cannot take effect until the appeal has been finally determined.

Dr Persaud submitted that an 18-month interim suspension order would provide continuity of public protection throughout the appeal period and any subsequent appeal proceedings.

Dr Persaud submitted that the interim order was not sought as an additional punishment. It was a protective and proportionate measure intended to bridge the period between the panel's decision and the substantive striking-off order taking effect.

Dr Persaud therefore invited the panel to impose an interim suspension order for a period of 18 months on the grounds that it is necessary for the protection of the public and otherwise in the public interest.

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 seriousness of the facts found proved and the reasons set out in its decision for the substantive order in reaching the decision to impose an interim order.

The panel concluded that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order.

The panel determined that failing to impose an interim suspension order would be inconsistent with its earlier findings that Ms Rowan's fitness to practise is impaired on public protection and public interest grounds and that a striking-off order is the appropriate and proportionate substantive sanction.

The panel considered that an interim suspension order was necessary to protect the public and was otherwise in the public interest. It would ensure that the public remained protected during the 28-day appeal period and throughout any appeal proceedings.

The panel considered that a period of 18 months was appropriate and proportionate to allow sufficient time for any appeal to be finally determined.

The panel therefore imposed an interim suspension order for a period of 18 months.

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

That concludes this determination.