Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Meeting
Thursday, 5 February 2026

Virtual Meeting

Name of Registrant:	**Louise Graham**
NMC PIN:	11I2705S
Part(s) of the register:	Registered Nurse – Sub Part 1 Adult Nursing (Level 1) – 13 September 2014
Relevant Location:	North Lanarkshire
Type of case:	Misconduct
Panel members:	Vanessa Rolfe (Chair, Lay member) Janet Fitzpatrick (Registrant member) Sally Ann Kitson (Lay member)
Legal Assessor:	Oliver Wise
Hearings Coordinator:	Petra Bernard
Facts proved:	Charges 1 and 2
Facts not proved:	None
Fitness to practise:	Impaired
Sanction:	**Striking-off**
Interim order:	**Interim suspension order (18 months)**

Decision and reasons on service of Notice of Meeting

The panel was informed at the start of this meeting that the Notice of Substantive Meeting had been sent to Mrs Graham's registered email address by secure email on 22 December 2025.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Substantive Meeting provided details of the allegations and date this meeting was to be held. The panel noted that Mrs Graham had been afforded ample opportunity to submit any documentation she wished the panel to consider in advance of the meeting.

In the light of all of the information available, the panel was satisfied that Mrs Graham has been served with notice of this meeting in accordance with the requirements of Rules 11A and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Details of charge

That you, a registered nurse:

1) Between October-November 2023 took medication from the hospital supplies for [PRIVATE] on one or more occasions.

2) Your actions in charge 1 were dishonest in that you knew you were not entitled to take such medication but did so anyway.

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

Background

Mrs Graham first entered onto the Nursing and Midwifery Council (the NMC) register in October 2014 as a Registered Nurse.

Mrs Graham was referred to the NMC on 31 January 2024 by a Senior Nurse at NHS Lanarkshire (the Health Board). The allegations arose whilst Mrs Graham was employed by the Health Board (her employer) as a band six charge nurse on [PRIVATE] (the Ward) at University Hospital Wishaw (the Hospital).

It is alleged that between October and November 2023 staff reported to senior management that medication, specifically diazepam, was going missing from the Ward stock. On 14 November 2023, Mrs Graham was on duty having worked a night shift alongside Ms 1. During the shift, Ms 1 identified that a full box of diazepam (28 tablets) had disappeared from the secure medication cupboard. Ms 1 reported this to senior management, who attended the Ward and questioned the staff on duty. Mrs Graham initially denied taking the medication; however, when asked for consent to a bag search, Mrs Graham admitted to taking the medication.

On 14 November 2023, Mrs Graham attended [PRIVATE]. Mrs Graham provided a [PRIVATE] which [PRIVATE]. Mrs Graham stated that she [PRIVATE] on 11 November 2023.

Mrs Graham was subsequently suspended and a local investigation was commissioned.

Mrs Graham's current employment status is unknown.

Decision and reasons on facts

In reaching its decisions on the disputed facts, the panel took into account all the documentary evidence in this case together with the written representations made by the NMC.

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 had regard to the written statements of the following witnesses on behalf of the NMC:

- Witness 1: Band 5 staff nurse on the Ward at the Hospital, at the material time
- Witness 2: Staff nurse on the Ward, at the Hospital, at the material time
- Witness 3: Agency nurse on the Ward at the Hospital, at the material time
- Witness 4: Senior Nurse for Medicine, at the Hospital, at the material time

Before making any findings on the facts, the panel accepted the advice of the legal assessor, which included reference to *Ivey* v *Genting Casinos (UK) Ltd t/a Crockfords* [*2017*] *UKSC 67*. It considered the documentary evidence provided by the NMC.

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

Charge 1

1) Between October-November 2023 took medication from the hospital supplies [PRIVATE] on one or more occasions.

This charge is found proved.

In reaching its decisions on the facts, the panel took into account all the documentary evidence before it, including the witness statements of Witnesses 1, 2, 3 and 4.

The panel had regard to the witness statement of Witness 4, which states:

> *'Louise was asked if she had taken the medication which she initially denied. Julie then asked each member of staff for consent to search their bag at which point Louise admitted taking the medication and removed it from her bag.'*
> ...
> *'Louise was interview in relation to this allegation. Louise admitted to taking the missing diazepam on 3 and 14 November 2023.'*

The panel determined that Witness 1's witness statement corroborates the regulatory concerns in relation to Mrs Graham's dishonesty.

The panel had regard to the Investigation Meeting notes dated 16 January 2024. When asked whether Witness 1 had any concerns with Mrs Graham's behaviour around the time of the alleged incident, she responded:

> *'Sometimes she would leave the ward of breaks and come back in a different mood. She was always wanting to leave the ward and her behaviour was erratic. She was always really tired in the mornings.'*

It also had regard to the witness statement of Witness 2, which states:

> '[Witness 1] *informed me that there was a full box (28 tablets) of 5mg diazepam in the order. When I looked at the order sheet Louise had added this medication to the form so it appeared the request for the medication had come from me. However this was not the case as there were no patients requiring this medication.'*

The panel was of the view that this was not only evidence of Mrs Graham's dishonesty but that her actions were premeditated by ordering additional medication which was not identified for patients in her care on the Ward. If patients were requiring this medication they may have been deprived at their time of need.

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The panel considered that on 14 November 2023, Mrs Graham had attended [PRIVATE] for [PRIVATE]. Mrs Graham stated that she [PRIVATE] on 11 November 2023.

The panel had regard to Witness 4's witness statement, which states:

> *'Louise was interview*[ed] *in relation to this allegation. Louise admitted to taking the missing diazepam on 3 and 14 November 2023.'*
>
> ...
>
> *'Louise admitted to taking the diazepam and explained that she had been in a* [PRIVATE] *in her life. Louise stated that she had been attending* [PRIVATE] *since January 2024.'*

The panel determined that there is clear, cogent and consistent evidence from reliable sources that Mrs Graham took medication from the Ward supplies for [PRIVATE] on one or more occasions. The panel therefore finds this charge proved.

Charge 2)

> Your actions in charge 1 were dishonest in that you knew you were not entitled to take such medication but did so anyway.

This charge is found proved.

In reaching this decision, the panel took into account Mrs Graham's behaviour, hiding the stolen diazepam, taking her handbag to the toilets, being anxious about taking her bag with her to the toilets and asking for the key to the medication cupboard at the end

of her shift. The panel determined that Mrs Graham knew what she was doing, that it was wrong and was dishonest by her actions.

The panel determined that Mrs Graham was a band six nurse and would have been experienced with medication management. She had ordered more medication than was required and Witness 2 stated in her witness statement that no one on the Ward had required diazepam.

The panel took account of Witness 1's statement, which included:

> *'I also noticed that Louise began to stay at the end of her shifts asking for the medication keys. It was common for Louise to restock the trolley and reorganise the medication cupboard so initially I had no concerns but then when medication was going missing, I felt her requests were odd. As Louise was in a senior position to me, I would never have refused to hand over the medication keys.'*

The panel determined that there is clear evidence that Mrs Graham knew she was not entitled to take the diazepam that she did, but she did so anyway.

The panel had regard to the test for dishonesty set out by Lord Hughes at paragraph 74 of *Ivey*. The panel determined that considering Mrs Graham's experience and knowledge at the time, ordinary decent people would find her actions and her theft of diazepam from her employer to be dishonest. The panel therefore finds 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 Mrs Graham'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 professional on our register can practise as a nurse, midwife or nursing associate 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, Mrs Graham's fitness to practise is currently impaired as a result of that misconduct.

Representations on misconduct and impairment

The NMC invited the panel to take the view that the facts found proved amount to misconduct. The panel had regard to the terms of 'The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates (2015' (the Code) in making its decision.

In written submissions provided to the panel, the NMC identified the following specific, relevant standards in the Code where the NMC say Mrs Graham's actions amounted to misconduct: 20, 20.1, 20.2, 20.3, 20.4 and 20.8.

The NMC submitted that the concerns in this case are serious and relate to multiple instances of dishonesty by theft of medication. The dishonesty is directly linked to Mrs Graham's professional practice and was an abuse of her position. The diazepam she stole was from Ward stock and potentially could have resulted in a shortfall of medication if it was needed for other patients.

The NMC requires the panel to bear in mind its overarching objective to protect 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.

The panel accepted the advice of the legal assessor. This included reference to *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin) and Dame Janet Smith's test as set out in the Fifth Report from The Shipman Enquiry.

Decision and reasons on misconduct

The panel reminded itself that not all breaches of the Code will be conclusive as to the issues of misconduct.

When determining whether the facts found proved amount to misconduct, the panel had regard to the terms of the Code. The panel agreed with the following breaches identified by the NMC: 20, 20.1, 20.2, 20.3, 20.4 and 20.8.

The panel was of the view that Mrs Graham was in a senior position and that stealing medication has the potential to create a risk of harm to patients. The panel was of the view that patients in need of the medication Mrs Graham had stolen, would not have had access to them as and when required. The panel determined that Mrs Graham's conduct involves a serious departure from the standards expected of a registered nurse and the facts are sufficiently serious to amount to misconduct.

The panel determined that Mrs Graham's actions had the potential to undermine the confidence and trust placed in her profession by colleagues, patients, the wider public and the NMC as regulator.

The panel was of the view that Mrs Graham's actions did fall significantly short of the standards expected of a registered nurse, her actions amounted to a breach of the Code, as identified by the NMC and amounted to misconduct.

Decision and reasons on impairment

The panel next went on to decide if as a result of the misconduct, Mrs Graham'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: 28/1/2026) in which the following is stated:

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

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

In this regard the panel considered the judgment of Mrs Justice Cox in the case of *CHRE v NMC and Grant* in reaching its decision. At 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.'*

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

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

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

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

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

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

The panel found all four limbs to be engaged in this case.

The panel had seen no evidence that Mrs Graham's [PRIVATE] has been satisfactorily dealt with and was of the view that repetition of her past actions could put patients at risk of potential harm. The panel determined that stealing medication from the medication cabinet was serious.

In relation to insight and reflections, the panel determined that Mrs Graham has engaged minimally with the NMC and it has not seen any remedial steps taken by her to address the issues identified. The panel had sight of the [PRIVATE] report dated 18 January 2024 stating Mrs Graham had [PRIVATE] in 2020, had [PRIVATE] and was attending [PRIVATE]; however, nothing has been heard from her since 2024. The panel determined that it had no information to show how Mrs Graham would handle the situation differently in the future.

The panel noted that Mrs Graham's colleagues have said that she was a good nurse but they had noticed a deterioration in her demeanour, weight loss, erratic behaviour and tiredness in the morning.

The panel took into account that Witness 1 stated in her Witness Statement:

> *'Louise was asked if she felt that being* [PRIVATE] *would impact on her carrying out her duties safely, Louise said she didn't think about it at the time, but said in hindsight it probably would.'*
>
> ...
>
> *'Louise stated she had a long term* [PRIVATE] *but appeared she didn't have any intention to address these problems. Louise took medication from the ward on more than one occasion and showed very little insight into the risk she posed to patient safety. Louise would have continued these behaviours if it had not been for her colleagues raising their concerns. During my investigation I identified there was no direct patient harm however Louise behaviours did put patients at risk of serious harm.'*

The panel finds that patients were put at potential risk of harm as a result of Mrs Graham's misconduct. Mrs Graham's misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute. It was satisfied that confidence in the nursing profession would be undermined if its regulator did not find charges relating to dishonesty extremely serious.

Further, Mrs Graham has not demonstrated an understanding of why what she did was wrong and how this impacted negatively on the reputation of the nursing profession.

The panel was satisfied that Mrs Graham's [PRIVATE] is capable of being addressed. Therefore, the panel carefully considered the evidence before it in determining whether or not Mrs Graham has taken steps to strengthen her practice. However, the panel has seen no evidence of any relevant [PRIVATE] Mrs Graham has undergone to address the issues identified. The panel was therefore of the view that there is a risk of repetition. The panel decided that a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind that the overarching objectives of the NMC; to protect, promote and maintain the health, safety, and well-being of the public and patients, and to uphold and protect the wider public interest. This includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

The panel determined that a finding of impairment on public interest grounds is required. The panel determined that members of the public would find Mrs Graham's actions to be deplorable if they were to learn that a nurse had stolen medication and was found to be [PRIVATE] whilst on duty. The panel concluded that failing to mark such misconduct with a finding of impairment would undermine public confidence in the profession and the NMC as its regulator. The panel, therefore, concluded that a finding of impairment was also in the wider public interest.

In addition, the panel concluded that public confidence in the profession would be undermined if a finding of impairment were not made in this case and therefore also finds Mrs Graham's fitness to practise impaired on the grounds of public interest.

Having regard to all of the above, the panel was satisfied that Mrs Graham's fitness to practise is currently impaired.

Sanction

The panel has considered this case very carefully and has decided to make a striking-off order. It directs the registrar to strike Mrs Graham off the register. The effect of this order is that the NMC register will show that Mrs Graham 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 careful 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.

Representations on sanction

The panel noted that in the Notice of Meeting, dated 22 December 2025, the NMC had advised Mrs Graham that it would seek the imposition of a striking-off order if the panel found Mrs Graham's fitness to practise currently impaired.

Decision and reasons on sanction

Having found Mrs Graham's fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose in this case. 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 panel had careful regard to the SG. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- Lack remorse or apology
- Theft of medication needed for patients
- Lack of insight into failings
- A pattern of misconduct over a period of time
- Conduct which put patients at potential risk of suffering harm.

The panel also took into account the following mitigating features:

- Early admission to the allegations
- Previous unblemished career of ten years.

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 which is only appropriate if there is no risk to the public or to people using services. In the NMC Guidance on 'Caution order' (Reference: SAN-2b) Last Updated: 28/01/2026) the following is set out:

> *'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 determined that Mrs Graham's misconduct was not at the lower end of the spectrum and that a caution order 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 impose a caution order.

The panel next considered whether to place a conditions of practice order on Mrs Graham'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).

The panel is of the view that there are no practical or workable conditions that could be formulated, given the nature of the charges in this case. Furthermore, the panel concluded that the placing of conditions on Mrs Graham's registration would not adequately address the seriousness of this case and would not protect the public.

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

- *A single instance of misconduct but where a lesser sanction is not sufficient;*
- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *No evidence of repetition of behaviour since the incident;*

- *The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour;*
- *In cases where the only issue relates to the nurse or midwife's health, there is a risk to patient safety if they were allowed to continue to practise even with conditions; and*
- *In cases where the only issue relates to the nurse or midwife's lack of competence, there is a risk to patient safety if they were allowed to continue to practise even with conditions.*

The conduct, as highlighted by the facts found proved, was a significant departure from the standards expected of a registered nurse. The panel determined that the serious breach of the fundamental tenets of the profession evidenced by Mrs Graham's actions is incompatible with her remaining on the register.

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

Finally, in considering a striking-off order, the panel had regard to the NMC Guidance on *'Sanctions for the highest risk cases'* (Reference SAN-4 Last Updated: 28/01/2026).

The panel determined that Mrs Graham's actions were significant departures from the standards expected of a registered nurse, and are fundamentally incompatible with her remaining on the register. The panel was of the view that the findings in this particular case demonstrate that Mrs Graham's actions were serious and to allow her to continue practising would undermine public confidence in the profession and in the NMC as a regulatory body.

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel determined that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the matters it identified, in particular the effect of Mrs Graham'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 Mrs Graham 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 Mrs Graham's own interests until the striking-off sanction takes effect. The panel accepted the advice of the legal assessor.

Representations on interim order

The panel took account of the representations made by the NMC:

> *'That if a finding is made that Mrs Graham's fitness to practise is impaired on a public protection and public interest basis and a striking order imposed, the NMC invites the panel to impose an 18 month interim suspension order to be imposed on the basis that it is necessary for the protection of the public and otherwise in the public interest. This is because any sanction imposed by the panel would not come into immediate effect but only after the expiry of approximately 28 days after the sending of the decision letter or after any appeal is resolved. If an interim order were not imposed and Ms Graham lodged an appeal, she would be able to practise unrestricted until the conclusion of the appeal.'*

Decision and reasons on interim order

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

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

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

That concludes this determination.