

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

Substantive Hearing

**Monday, 24 March 2025 – Thursday, 27 March 2025
&
Monday, 8 September 2025 – Wednesday, 10 September 2025
&
Monday, 2 February 2026 – Friday, 6 February 2026**

Virtual Hearing

Name of Registrant:	Elizabeth Elaine Greenhill
NMC PIN:	79Y0358S
Part(s) of the register:	Registered Nurse – Sub Part 1 Mental Health – RN3 – June 1980
Relevant Location:	Leeds
Type of case:	Misconduct
Panel members:	Adrian Blomefield (Chair, Lay Member) Katrina Maclaine (Registrant Member) Mohammad Anwar (Lay Member)
Legal Assessor:	Richard Tyson (Monday, 24 March 2025 – Thursday, 27 March 2025 & Monday, 2 February 2026 – Friday, 6 February 2026) Mark Sullivan (Monday, 8 September 2025 – Wednesday, 10 September 2025)
Hearings Coordinator:	Karina Levy (Monday, 24 March 2025 – Thursday, 27 March 2025 & Monday, 8 September 2025 – Wednesday, 10 September 2025) Franchessca Nyame (Monday, 2 February 2026 – Friday, 6 February 2026)

Nursing and Midwifery Council:	Represented by Stephanie Stevens, Case Presenter
Ms Greenhill:	Not present and unrepresented
Facts proved:	Charges 1c, 1d, 2a, 2b in its entirety, 2c, 3 in its entirety, and 4
Facts not proved:	Charges 1a and 1b
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 Greenhill was not in attendance and that the Notice of Hearing letter had been sent to Ms Greenhill's registered email address by secure email on 11 February 2025. Further the Notice of hearing was sent by recorded delivery to Ms Greenhill's registered address on 3 March 2025.

Ms Stevens, 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 venue of the hearing and, amongst other things, information about Ms Greenhill'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 Greenhill 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 Greenhill

The panel next considered whether it should proceed in the absence of Ms Greenhill. It had regard to Rule 21 and heard the submissions of Ms Stevens, who invited the panel to continue in the absence of Ms Greenhill. She submitted that Ms Greenhill had voluntarily absented herself.

Ms Stevens submitted that Ms Greenhill has disengaged with the NMC since December 2024, when Ms Greenhill's representative from the Royal College of Nursing (RCN) notified the NMC that they were no longer acting for her. There had been no engagement since then by Ms Greenhill with the NMC in relation to these proceedings and, consequently, there was no reason to believe that an adjournment would secure her 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*'

The panel has decided to proceed in the absence of Ms Greenhill. In reaching this decision, the panel has considered the submissions of Ms Stevens and the advice of the legal assessor. It has had particular regard to the factors set out in the decision of *R v Jones* [2002] 2WLR 524 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:

- Ms Greenhill has not recently engaged with the NMC, has not responded to any of the letters sent to her about this hearing. She had made a rejected

application for Agreed Removal from the NMC register in August 2023 in which she stated that she wished to retire;

- No application for an adjournment has been made by Ms Greenhill;
- There is no reason to suppose that adjourning would secure her attendance at some future date;
- Two witnesses have attended today to give live evidence, and a further witness is due to attend;
- 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 2019;
- 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 Greenhill in proceeding in her absence. Although the evidence upon which the NMC relies will have been sent to her at her registered address, she has made no response to the allegations. She 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 Greenhill'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 Greenhill. The panel will draw no adverse inference from Ms Greenhill's absence in its findings of fact.

Background

Ms Greenhill was employed as a registered nurse working with frail and elderly residents at Kilfillan House Care Home (the Home), part of the Bupa Group, from 5 August 2019 until her probationary period was terminated at the end of September 2019. During this probationary period, Ms Greenhill is alleged to have used bullying, rude and accusatory behaviour towards residents at the Home, their visitors/relatives as well as colleagues. Ms Greenhill is also alleged to have not worked cooperatively with colleagues. Further, it is also alleged that, in relation to Colleague A/Witness 3, Ms Greenhill used rude and unprofessional remarks to him which were later by amendment alleged to be discriminatory on the grounds of his race.

Decision and reasons on applications to amend the charges

The panel heard an application made by Ms Stevens to amend the wording of charge 2a.

The proposed amendment was to amend "*Patient A*" to "*Resident A*". It was submitted by Ms Stevens that the proposed amendment would provide clarity and more accurately reflect the evidence.

"That you, a registered nurse:

- 2) *On 8 September 2019:*
 - a) *were rude and/or abrupt towards ~~Patient A's~~ **Resident A's** family member when they tried to help you;"*

The panel accepted the advice of the legal assessor and had regard to Rule 28.

The panel was of the view that such an amendment, as applied for, was in the interests of justice. The panel was satisfied that there would be no prejudice to Ms Greenhill and no injustice would be caused to either party by the proposed amendment being allowed. It was therefore appropriate to allow the amendment, as applied to ensure clarity and accuracy.

Subsequently after hearing from two witnesses but before hearing from the third witness, Colleague A, who spoke to charge 3, a further application was made to amend the charges. The proposed amendment was to add the following charge:

"That you, a registered nurse:

- 4) ***Your conduct at charge 3a and/or 3b and/or 3c and/or 3d above discriminated against Colleague A on the grounds of their race"***

Ms Stevens submitted that the additional charge would provide clarity and more accurately reflect the evidence. Additionally, this will assist the panel during later stages of proceedings. She submitted that this is not unfair or prejudicial in that Ms Greenhill had been given prior notice as to the nature of the case. She referred the panel to the Case Examiners decision letter dated 3 January 2023 and the decision letter for application for Agreed Removal dated 3 October 2023, which both included reference to concerns regarding discriminatory behaviour and included extracts from the NMC guidance in relation to the seriousness of such matters. Further she submitted that Ms Greenhill has disengaged with proceedings and therefore forfeited her opportunity to respond to this application.

In response to a question from the legal assessor, Ms Stevens accepted that if the panel allowed the additional charge the NMC would revise its sanction bid to that of a striking off order.

The panel again accepted the advice of the legal assessor on the considerations that they should take into account under Rule 28.

The panel was of the view that such an amendment, as applied for, was in the interests of justice and would provide clarity and more accurately reflect the evidence. At present the panel considered that the NMC had undercharged on the basis of the evidence currently available. However, the panel was not satisfied that there would be no prejudice to Ms Greenhill by allowing the amendment at this stage.

The panel took into account that Ms Greenhill has not been given prior notice of this additional charge. It noted that there was reference to discrimination in the Case Examiners' decision letter dated 3 January 2023 and that further reference was made in the decision letter for the application for Agreed Removal dated 3 October 2023.

The panel noted that the application for the amendment has come at a very late stage, and it could have a significant impact on the case especially if the case proceeds to

subsequent stages in light of the NMC's submissions in relation to increasing the sanction bid to strike off.

The panel had regard to an email from the NMC to Ms Greenhill dated 16 October 2024, which stated that a legal officer of the NMC had reviewed the charges but no new charge in relation to discrimination was then included. The panel also had regard to subsequent emails, as well as the Notice of Hearing dated 11 February 2025; none of which indicated that discrimination would be alleged. The panel noted that at that time Ms Greenhill was represented by the RCN, and that she and they had a legitimate expectation that discrimination would not be charged.

The panel determined that it would be unfair to add the charge at this point without providing Ms Greenhill an opportunity to make representations on it. The panel therefore decided to allow the new charge on the basis that Ms Greenhill be provided with sufficient notice and given the opportunity to respond to this application.

Decision and reasons for an adjournment

The panel of its own volition raised the matter of an adjournment in fairness to Ms Greenhill and invited the NMC to make submissions.

Ms Stevens submitted that Ms Greenhill does not require notice of the additional charge. Ms Stevens also submitted that Ms Greenhill has retired from nursing and has no intention of returning to practice. Ms Stevens highlighted that there is a massive possibility that it may be challenging to get the remaining witness to return as they already have been warned for specific agreed dates, they have given up time to attend and it would be unfair to inconvenience them further. Furthermore, there is a strong public interest in the disposal of this case, any further delay would impact that. Ms Stevens therefore submitted that an adjournment is not required.

The panel accepted the advice of the legal assessor on the considerations that they should take into account under Rule 32.

The panel accepted that the potential inconvenience to the NMC, to Ms Greenhill and to the remaining witness is all regrettable and acknowledged that it is not desirable for there to be an adjournment. With regards to the expeditious disposal of the case, the NMC has made the application for an additional charge which is of a serious nature, at a very late stage. The NMC would have had ample opportunity to add this charge previously so that Ms Greenhill would have been aware prior to the hearing. Therefore, the submission that Ms Greenhill has already had 28 days' notice is not credible given the amendment to the charges has been proposed after the start of the hearing. The panel stated that this amendment is significant and fairness to Ms Greenhill outweighs the submissions put before it.

The panel have decided to give Ms Greenhill 56 days' notice. Whilst she has not engaged since December 2024, it is only fair that Ms Greenhill becomes aware of this more serious

additional charge, as she may wish to engage and secure a representative. The panel considered that 28 days may not be sufficient time for that.

Details of charges as amended

'That you, a registered nurse:

- 1) Between 5 August 2019 and 30 September 2019, on one or more occasion:
 - a) refused to help junior colleague(s) with personal care duties; **[NOT PROVED]**
 - b) in response to their request for assistance from you, told colleague(s) that you were a nurse and not a carer; **[NOT PROVED]**
 - c) took unallocated breaks and/or did not inform colleagues of your whereabouts; **[PROVED]**
 - d) failed to respond to call bells and/or emergency call bells without clinical justification; **[PROVED]**

- 2) On 8 September 2019:
 - a) were rude and/or abrupt towards Resident A's family member when they tried to help you; **[PROVED]**
 - b) used an aggressive and/or hostile tone with Resident B and said words to the effect of:
 - i) Hurry up; **[PROVED]**
 - ii) Get out of my way; **[PROVED]**
 - c) tried to push past Resident B **[PROVED]**

- 3) On unknown dates between 5 August 2019 and 30 September 2019, when speaking with Colleague A, were rude and/or unprofessional and said words to the effect of:
 - a) 'Oh, you don't know what a blanket is'; **[PROVED]**
 - b) 'Oh my god you don't know how to speak English, you don't understand what a blanket is'; **[PROVED]**

- c) 'You are a danger, and a hazard to the Home, as you do not know how to speak English'; **[PROVED]**
 - d) 'Why does the manager accept people who do not know how to speak English'; **[PROVED]**
 - e) Whilst Colleague A was speaking with another person, spoke to them abruptly and said words to the effect of 'you are talking to them, why are you not talking to me'; **[PROVED]**
- 4) Your conduct at charge 3a and/or 3b and/or 3c and/or 3d above discriminated against Colleague A on the grounds of their race **[PROVED]**

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

Interim order

Having adjourned the substantive hearing the panel considered whether an interim order is required in the specific circumstances of this case. The panel took into account of the guidance issued by the NMC to panels considering interim orders and the appropriate test as set out at Article 31 of the 'Nursing and Midwifery Order 2001' (the Order). 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 Greenhill's own interests. The panel was mindful that its role was to undertake a risk assessment based on the information before it, and not to determine the facts of the case at this stage.

The panel took account of the submissions made by Ms Stevens. Ms Stevens submitted that the facts of the case have not changed even with the addition of the new charge. She therefore submitted that there has been no increase in risk and therefore there is no necessity for an interim order. There has not been an interim order to date.

The panel heard and accepted the advice of the legal assessor. The panel was referred to Rule 32(5) and Article 31.

Decision and reasons on interim order

The panel first considered whether there was sufficient information to evidence the concerns. Having considered all the information before it, the panel was satisfied that the evidence of concern is cogent, not fanciful or frivolous and not obviously contradicted by other evidence or entirely misconceived. The panel took into account the witness statements of Witnesses 1, 2 and 3 dated 9 August 2021, 8 July 2021 and 23 August 2022 and the accompanying exhibits, as well as the oral evidence of Witnesses 1 and 2. Additionally the panel took into consideration Ms Greenhill's responses to the allegations, provided in her reflective account dated 26 September 2021 and in a letter to the NMC dated 26 October 2021.

The panel next considered the nature and seriousness of the alleged concerns. The panel took into account that the charges involve alleged aggressive, rude and accusatory behaviour towards residents at the Home, their visitors/relatives as well as colleagues. The panel noted that there is an alleged pattern of this behaviour from 5 August 2019 to 30 September 2019. The panel took into account that, having amended the charges, it is also now alleged that Ms Greenhill's behaviour towards Colleague A was discriminatory on the grounds of race. The panel was therefore of the view that the allegations are serious and could be indicative of attitudinal concerns. The panel therefore determined that there is a real risk of harm to residents, their visitor's/family as well as colleagues if Ms Greenhill's conduct were to be repeated.

The panel noted that Ms Greenhill has stated her intention to no longer practise as a Registered Nurse. The panel took into account Ms Greenhill's reflective account dated 26 September 2021. The panel also had regard to the testimonials and training certificates provided in support of Ms Greenhill. However, the panel was not satisfied that there is sufficient evidence of insight, strengthening of practice or remedial steps having been undertaken to mitigate the risk identified given the potential attitudinal nature of the allegations. The panel therefore determined that there remains a risk of repetition and consequently a real risk of harm. Accordingly, the panel concluded that some form of interim order is necessary on the ground of public protection.

The panel determined that an interim order is also otherwise in the public interest. The panel determined that the public's trust and confidence in the profession would be undermined if Ms Greenhill was allowed to practice unrestricted, at this time, given the serious nature of the allegations which could be indicative of attitudinal concerns. Furthermore, the panel determined that an interim order is required in order to declare and uphold the standards of conduct expected of a registered nurse.

The panel next considered an interim conditions of practice order and in all the circumstances determined that such an order would be insufficient to protect the public and to meet the wider public interest considerations of this case. The panel was not

satisfied that an interim conditions of practice order could be devised which would be sufficient to protect the public given the seriousness of the allegations which are potentially attitudinal in nature.

The panel is satisfied that, in the particular circumstances of this case, an interim suspension order is appropriate and proportionate. It has decided to make this interim suspension order for a period of 12 months. The panel noted that the resuming substantive hearing is provisionally listed to resume in September 2025.

The panel has noted that this interim order will prevent Ms Greenhill from working as a Registered Nurse and, as a consequence, Ms Greenhill may be caused financial hardship. However, in applying the principle of proportionality, the panel determined that, in any event, the need to protect the public and the wider public interest outweighed Ms Greenhill's interest in this regard.

Unless Ms Greenhill's case has already been concluded or there has been a material change of circumstances, a panel will review the interim suspension order at a review meeting within the next six months and every six months thereafter. The reviewing panel will be invited by the NMC to confirm the interim suspension order at this meeting and Ms Greenhill will be notified of the panel's decision in writing following that meeting.

Where there has been a material change of circumstances that might mean that the order should be revoked or replaced, or there has been a request for an early review, a panel will review the interim order at a hearing which Ms Greenhill will be invited to attend in person, send a representative on her behalf or submit written representations for the panel to consider. At any such review hearing the reviewing panel may revoke the interim order, it may confirm the interim suspension order, or it may replace it with an interim conditions of practice order.

The hearing resumed on 8 September 2025

Decision and reasons on service of Notice of Hearing

Ms Stevens 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 was informed at the start of this hearing that Ms Greenhill was not in attendance and that the Notice of Hearing letter was sent to her on 6 August 2025 via the registered email address Ms Greenhill had notified the NMC as being the preferred address for communication. Ms Stevens noted that the hearing venue had changed and would now be a virtual hearing due to Transport for London (TFL) tube strikes. On 4 September 2025, an e-mail was sent to Ms Greenhill, explaining that this has now been changed to a virtual hearing. The link for this hearing was then sent to Ms Greenhill on 5 September 2025.

The panel accepted the advice of the legal assessor.

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

Application to proceed in absence

Ms Stevens made an application to proceed in the absence of Ms Greenhill in accordance with Rule 21 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules). Ms Stevens submitted that there has been no application from Ms Greenhill to adjourn this hearing. Ms Stevens submitted that the panel requested that Ms Greenhill be made aware of the additional charge with 56 days' notice.

Ms Stevens submitted that this hearing was originally adjourned to Ms Greenhill to engage in relation to the new and additional charges, but she has not provided any response at all to either the emails or the phone calls, and therefore there is no reason to suggest that adjourning this hearing today would secure her attendance at a later date.

Ms Stevens further submitted that Ms Greenhill has previously informed the NMC that she has not practised as a nurse since December 2019, that she has now retired and she has moved to Scotland and has no intention of practising as a nurse. Ms Stevens submitted that as there is no communication from Ms Greenhill, this suggests that Ms Greenhill does not wish to engage with the NMC.

Ms Stevens submitted that the NMC has made reasonable efforts to contact Ms Greenhill. On 2 April 2025, Ms Greenhill was informed of the amended charges and the new hearing dates. Ms Greenhill was again provided notice of the hearing on 6 August 2025 and on 3 September 2025, she was called but did not pick up the phone. Ms Stevens further submitted that there's also a strong public interest in dealing with cases like this expeditiously in order to protect the public and maintain public confidence in the profession and as a regulator.

The panel accepted the advice from the legal assessor.

Decision and reasons on proceeding in the absence of Ms Greenhill

The panel next considered whether it should proceed in the absence of Ms Greenhill. It had regard to Rule 21, NMC Guidance CMT- 8 and heard the submissions of Ms Stevens who invited the panel to continue in the absence of Ms Greenhill.

The panel noted that the NMC had made every effort to get Ms Greenhill to engage to no avail.

The panel also had regard to the overall interests of justice and fairness to all parties. It noted that:

- Ms Greenhill had been served with the notice of the hearing in accordance with the Rules informing her of the date and time of the hearing and that it would be conducted virtually.
- Ms Greenhill has voluntarily absented herself.
- No application for an adjournment has been made by Ms Greenhill.
- There is no reason to suggest that adjourning would secure her attendance at some future date.
- A witness is scheduled to give live evidence.
- Not proceeding may inconvenience the witness.
- There is a strong public interest in the expeditious disposal of the case.

There is some disadvantage to Ms Greenhill in proceeding in her absence. Although the evidence upon which the NMC relies was sent to Ms Greenhill at her registered email address, she will not be able to challenge the evidence relied upon by the NMC 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 Greenhill'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 decided that it is fair to proceed in the absence of Ms Greenhill. The panel will draw no adverse inference from Ms Greenhill's absence in its findings of fact.

Application for Hearsay

On 8 September 2025, Ms Stevens informed the panel that the NMC had not heard from the remaining witness (Witness 3). In the circumstances, the panel decided to allow further time for attempts to be made to secure Witness 3's attendance, given his testimony related to serious charges and he was the sole witness to alleged events. On 9 September 2025 Ms Stevens advised it had not been possible to contact Witness 3.

Ms Stevens therefore made an application that Witness 3's written witness statement dated 23 August 2022 be admitted as hearsay evidence. Witness 3 was not present at this hearing and, whilst the NMC had made efforts to ensure that this witness was present, had not responded to the emails or telephone calls on the day he was scheduled to give evidence. Witness 3's daughter responded to emails in the early hours of 9 September 2025 informing the NMC that Witness 3 was abroad and would not be returning until sometime next week.

Ms Stevens referred the panel to the case of *Thorneycroft v Nursing and Midwifery Council* [2014] EWHC 1565 (Admin). She submitted that this case laid out a series of factors to be considered in admitting hearsay evidence and to which she would make reference in her submissions.

Ms Stevens summarised the evidence of Witness 3 as set out in his witness statement.

Addressing the factors identified in *Thorneycroft v NMC*, Ms Stevens acknowledged that Witness 3's evidence is sole and decisive in relation to charges 3 and 4. In this case, there is no other evidence to support these charges other than the formal statement of Witness 3. Ms Stevens stated that there has been no admission to the charges by Ms Greenhill and therefore Witness 3's account is in dispute. Ms Greenhill has simply put forward a blanket denial saying that she '*would never say anything like this.*'

Ms Stevens further submitted that there is nothing to suggest that Witness 3 fabricated these allegations as from the statement that we do have, Witness 3's relationship with Ms Greenhill was solely professional and that Ms Greenhill has not advanced any defence that the allegations made by Witness 3 were fabricated. Further, the willingness of Witness 3 to provide oral evidence at the hearing before it was adjourned previously lends further weight that these allegations have not been fabricated.

Ms Stevens submitted that Witness 3's daughter has advised the NMC that her father is abroad and Witness 3 has limited access to the Internet meaning that she herself has been unable to get in touch with him. She has expressed that Witness 3 was not very Information Technology (IT) literate and would struggle to come online by himself without her assistance.

Ms Stevens submitted in conclusion that taking into account all of the circumstances, Witness 3's written statement should be admitted into evidence on the basis that it is relevant to the matters and charges 3 and 4 and that it would be fair to do so, in accordance with Rule 31 of the Rules.

The panel accepted the advice of the legal assessor

Decision and reasons to deny application for hearsay evidence

The panel noted the NMC guidance DMA-6 on hearsay.

The panel agreed with the NMC that Witness 3's evidence is the sole and decisive evidence in relation to charges 3 and 4. The statement is dated 23 August 2022 and was therefore made almost 3 years after the matters to which it relates. Although the panel recognised that because Ms Greenhill is not present, any oral evidence would not be tested by cross examination there are a number of matters which the panel considered would need to be explored with Witness 3. Firstly, it is recorded in the notes of 2 meetings held with Ms Greenhill in September 2019 that she had fallen out with somebody who

shares the same first name as Witness 3, who may be this witness over a matter which does not appear to either of the incidents which gave rise to these charges. There is no mention of any such falling out in Witness 3's statement. However, the panel acknowledged that this may suggest that there was a dispute between Ms Greenhill and Witness 3 that might give context to the allegations, which the panel would need to explore. Secondly, in his statement Witness 3 says that he did not make any complaint at the time about the incidents with which the panel is concerned but was approached by a manager about them subsequently, that is inconsistent with what Witness 1 said in her statement and requires clarification.

The panel noted that in Ms Greenhill's limited response, she denies having spoken to Witness 3 in the manner alleged.

The panel considered that the allegations are very serious and there is a matter of alleged discrimination on the basis of race and if accepted and misconduct found, this could have serious implications for Ms Greenhill's career and her reputation. While the panel acknowledges that Ms Greenhill has indicated that she no longer wishes to practise as a nurse that situation might change and therefore it is important that these serious allegations are considered fairly.

The panel also took into account the reason for Witness 3's absence from the hearing. Despite the NMC knowing that the witness had been reluctant to attend the last hearing and that he struggles with the technology needed to join the hearing virtually the NMC did not make early contact with the witness to confirm his availability for, or attendance, to support him prior to the hearing. Albeit the panel noted Witness 3's reluctance to attend the previous hearing he did attend and was waiting to give evidence prior to the hearing being adjourned. The panel considered that the witness's nonattendance today appears to be primarily due to the NMC's relatively late and insufficient contact with the witness.

Having considered all of the relevant factors in this case, the panel has concluded that in the circumstances it would be unfair to admit this hearsay evidence.

The panel denied this application.

Application for adjournment to secure Witness being present

In light of the panel's decision to exclude the written evidence of Witness 3, Ms Stevens made an application for a further adjournment under rule 32 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules) in order to secure his attendance at a later date. She submitted that the NMC understands that a further adjournment would mean that the case will not be disposed of expeditiously. However, given the nature of the concerns in this case, the public interest is best served and protected by the NMC being able to put before the panel all of the evidence in support of these serious charges for which he is the sole witness. This can only be achieved by this witness giving evidence before the panel.

Ms Stevens submitted that it is the NMC's position that is likely to be able to secure the attendance of Witness 3 at a later date. The NMC are now engaging with Witness 3's daughter and are confident that with this engagement continuing, the NMC can ensure his availability to give evidence at a later date

Ms Stevens submitted that there is very limited unfairness to Ms Greenhill. Ms Stevens stated that Ms Greenhill is not present at this hearing, nor has she engaged with the NMC for a number of years now. Ms Stevens submitted that there is currently an interim order placed on Ms Greenhill and therefore is unable to practice.

The panel accepted the advice of the legal assessor.

Decision and reasons to accept application for adjournment

The panel noted NMC guidance CMT-11 where it refers to adjournment of hearings.

The panel has noted the chronology of communication between the NMC and Witness 3 since the adjournment of the previous hearing on 27 March 2025. The panel considered that the reason Witness 3 has not attended today may not be down to his reluctance but

maybe due to the paucity and lack of clarity of the communication from the NMC to him between March 2025 and late August. The panel consider there is a reasonable prospect that Witness 3 will attend a future hearing date and that would give the panel the opportunity to consider his evidence. The panel also considered that the public interest requires any decision it makes in relation to these charges is based on as full a consideration of the evidence as is possible.

The panel therefore considered that the need to address charges 3 and 4 in relation to public protection outweighed any disadvantage in adjourning. The panel also noted that there is no public protection issue while the interim order continues. The panel recognised that any delay may cause some unfairness to Ms Greenhill and accepted that it is inconvenient to both panel and NMC. However, it determined that this outweighed by the need to consider the allegations where possible.

The panel was mindful of the guidance in CMT-11 and that there is a public interest in ensuring efficient disposal of this case. However, the need to protect the public, maintain confidence in the profession and the regulator meant that an adjournment is appropriate to afford the panel a full understanding when making its decision.

This will be confirmed to Ms Greenhill in writing.

That concludes this determination.

The hearing resumed on 2 February 2026.

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Ms Greenhill was not in attendance again and that the Notice of Hearing letter had been sent to Ms Greenhill's registered email address by secure email on 8 December 2025.

Ms Stevens submitted that the NMC had complied with the requirements of Rules 11 and 34 of the Rules.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Hearing included details of the allegation, the time, date and that the hearing was to be held virtually. It also included instructions on how to join and, amongst other things, information about Ms Greenhill'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 Greenhill 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 Greenhill

The panel next considered whether it should proceed in the absence of Ms Greenhill. It had regard to Rule 21 and heard the submissions of Ms Stevens who invited the panel to continue in the absence of Ms Greenhill.

Ms Stevens submitted that there has been no application for an adjournment made by Ms Greenhill, thus there is no reason to believe that an adjournment would secure her attendance on some future occasion.

Ms Stevens added that Ms Greenhill has told the NMC in the past that she is no longer practising as a nurse and has not been since December 2019. Ms Greenhill also told the NMC she has relocated to Scotland and it is her plan is to retire, and that she has no intention to practise as a nurse in the UK.

Ms Stevens reminded the panel that Witness 3 is present today and ready to give evidence. She also submitted that the NMC has made reasonable efforts to contact Ms Greenhill, and that there is a strong public interest in dealing with cases as expeditiously as possible in order to protect the public and maintain confidence in the profession and us as a regulator.

Given the ruling on effective service, and that there is no good reason to adjourn the hearing, Ms Stevens invited the panel to proceed in the absence of Ms Greenhill in these circumstances and in the interest of justice.

The panel accepted the advice of the legal assessor.

The panel decided to proceed in the absence of Ms Greenhill. In reaching this decision, the panel considered the submissions of Ms Stevens and the advice of the legal assessor. It had particular regard to relevant case law, the overall interests of justice, and fairness to all parties. It noted that:

- Ms Greenhill has not engaged with the NMC and has not responded to any of the emails sent to her about this hearing since 2024;
- These substantive proceedings commenced in March 2025 when the charges were amended. There was also a resuming hearing in September 2025 which was adjourned due to witness availability. Despite these hearings and the notices and information sent out to her in connection with them, along with the notices for this hearing, Ms Greenhill still has not engaged with the NMC;
- Ms Greenhill has expressed to the NMC that she does not wish to practise as a registered nurse;
- Ms Greenhill had applied in August 2023 (unsuccessfully) for Agreed Removal from the NMC register;
- No application for an adjournment has been made by Ms Greenhill;
- There is no reason to suppose that adjourning would secure Ms Greenhill's attendance at some future date;
- Witness 3 has attended today to give live evidence after several attempts to secure their attendance;
- Not proceeding may inconvenience the witness and their employer;
- The charges relate to events that occurred in 2019;
- Further delay may have an adverse effect on the ability of Witness 3 accurately to recall events; and
- There is a strong public interest in the expeditious disposal of the case.

There is some disadvantage to Ms Greenhill in proceeding in her absence. However, 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 Greenhill's decisions to absent herself from the hearing for a third time, 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 decided that it is fair to proceed in the absence of Ms Greenhill.

The panel will draw no adverse inference from Ms Greenhill's absence in its findings of fact.

Decision and reasons on facts

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

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

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:

- Witness 1: Registered Home Manager at the Home at the time of the concerns
- Witness 2: The daughter of Resident A.
- Witness 3/Colleague A: Domestic Assistant at the Home at the time of the concerns

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 1a

“That you, a registered nurse, between 5 August 2019 and 30 September 2019, on one or more occasion:

- a) refused to help junior colleague(s) with personal care duties.”

This charge is found NOT proved.

In reaching this decision, the panel took into account the Statement of Terms and Conditions of Employment Bupa Care Services Division dated 8 August 2019, the Bupa Care Homes UK Job Description, meeting notes dated 5 September 2019 , 19 September 2019 and 27 September 2019, the letter of written submissions from the RCN on Ms Greenhill’s behalf dated 26 October 2021, and the witness statement and oral evidence of Witness 1.

The panel was satisfied that the date of the terms and conditions document confirmed that Ms Greenhill was employed by Bupa during the relevant period, namely 5 August – 30 September 2019.

Furthermore, the job description states:

‘Accountabilities:

...To participate fully in the overall care of the resident as per the personal plan...’

The panel determined that the above confirms that it was within Ms Greenhill’s remit to help with residents’ personal care duties. The panel noted that this was reiterated in the meeting notes dated 5 September 2019 which state, *‘Bupa expect the 2nd Nurse to help a group of residents with personal care.’*

In her witness statement, Witness 1 said that *‘on many occasions carers and nurses reported to me that the Nurse refused to help them with care...’*. She repeated this in her oral evidence. However, the panel noted that, in the meeting notes dated 19 September

2019, when asked by Ms Greenhill if other colleagues were '*complaining about [her]*', Witness 1 responded, '*No they are asking if you ok, as you seem not to cope.*'

In addition, Ms Greenhill stated in the meeting notes dated 27 September 2019, '*[I] don't mind getting my sleeves rolled up, but not all the time.*'. In her response to this charge, the RCN also stated on her behalf that, '*She did not intentionally or maliciously undermine her colleagues and would complete tasks delegated to her.*'

The panel considered the evidence before it and determined that Witness 1 had not directly witnessed Ms Greenhill refusing to help junior colleague(s) with personal care duties. In addition, whilst there was hearsay evidence of Ms Greenhill's reluctance to help with residents' personal care, there was no evidence of an outright refusal. It noted that, when Witness 1 was asked whether she had witnessed Ms Greenhill refuse to help with personal care, she described an occasion which did not include Ms Greenhill being required to do something relating to personal care and refusing.

For these reasons, the panel was not satisfied that the NMC had provided sufficient evidence that met the burden of proof to satisfy the panel that, on the balance of probabilities, Ms Greenhill refused to help junior colleagues with personal care duties on one or more occasions.

The panel therefore found this charge not proved.

Charge 1b

"That you, a registered nurse, between 5 August 2019 and 30 September 2019, on one or more occasion:

- b) in response to their request for assistance from you, told colleague(s) that you were a nurse and not a carer."

This charge is found NOT proved.

In reaching this decision, the panel considered meeting notes dated 19 September 2019, the RCN's written submissions dated 26 October 2021, and the witness statement and oral evidence of Witness 1.

In Witness 1's statement, she states:

'For example, on many occasions carers and nurses reported to me that the Nurse refused to help them with care, stating that they were a nurse and not a carer.'

Witness also said this in her oral evidence:

'Q...Did there seem to be any particulars to that refusal in relation to any particular aspects of care?

A. She just would say to them, 'I'm not a carer. I'm a nurse and I'm not doing it, not coming'.'

In the meeting notes dated 19 September 2019, Ms Greenhill is reported to have stated, *'People need to be mindful that I am a Nurse [sic]...'*

However, the RCN wrote in their submissions that:

'Mrs Greenhill instructs us that she would carry out her duties as a nurse with the upmost respect to both the residents and her colleagues. She did not intentionally or maliciously undermine her colleagues and would complete tasks delegated to her.'

The panel considered Witness 1 to be credible, honest and consistent in the way she presented her evidence. Nonetheless, the panel did not have any first hand evidence of

Ms Greenhill saying this to anyone, nor any specific account of anyone saying she said it to them.

The panel determined that it had insufficient evidence in relation to this charge, and that the NMC had not met the burden of proof to find this charge proved.

Charge 1c

“That you, a registered nurse, between 5 August 2019 and 30 September 2019, on one or more occasion:

- c) took unallocated breaks and/or did not inform colleagues of your whereabouts.”

This charge is found proved.

In reaching this decision, the panel had regard to the Bupa Care Homes UK Job Description, meeting notes dated 5 September 2019, 19 September 2019 and 27 September 2019, the RCN written submissions dated 26 October 2021, and the witness statement and oral evidence of Witness 1.

Witness 1 said in her statement:

‘I had concerns about the Nurse disappearing on an unallocated break during lunchtime after members of staff alerted this to me, as this is a busy part of the day. The Home had a routine for taking morning breaks before 12:00. It was important that they took their break before this (or after 14:00 if they were working until then)... The Nurse would know not to take their break during this period as lunch breaks are allocated.’

Witness 1 went into more detail in her oral evidence, stating:

'[Ms Greenhill] needed to be around at the time of, say, between 1.00 and 2.00. She just asked the chef for some of the meal that he'd served, that was left over, and disappeared off at 1.00 when everybody else was trying to – her partner was trying to find her and couldn't find her, and then saw her out at the back of the home eating this meal. So she came to me and complained and I went out and witnessed her eating the food outside of the back door of the home, and the residents were still sitting in the dining room waiting to be moved to the place they wanted to be.'

The panel noted that the only evidence it had in relation to other instances of Ms Greenhill taking unallocated breaks was a comment made by Witness 1 in the meeting notes dated 27 September 2019, namely:

'When you've been paired [with colleagues], when they need you you're not there.'

To which Ms Greenhill responded, *'No record of that.'*

The RCN's response to this allegation was:

'Mrs Greenhill will say that she was continually available to her colleagues, and they were able to reach her when required. Should Mrs Greenhill have been on a break, she ensured there was another nurse on duty to attend to the residents.'

The panel was of the view that this statement contradicted the account that Witness 1 was involved in when she had directly observed one incident of Ms Greenhill taking an unallocated break. The panel was of the view that Witness 1's oral evidence was very detailed and consistent with her witness statement, and the panel preferred her account.

Furthermore, the panel noted that the importance of *'effective communication and professional liaison with all staff'* was part of the leadership responsibilities set out within the job description for a registered nurse within the Home. It also noted that the

importance of time keeping had been raised at a meeting for the nurses, including Ms Greenhill, on 5 September 2019.

The panel therefore found it proved that, on one occasion at least, Ms Greenhill took an unallocated break and did not inform colleagues of her whereabouts.

Charge 1d

“That you, a registered nurse, between 5 August 2019 and 30 September 2019, on one or more occasion:

- d) failed to respond to call bells and/or emergency call bells without clinical justification.”

This charge is found proved.

In reaching this decision, the panel took into consideration the Bupa Care Homes UK Job Description, the Bupa Call Bell Policy dated December 2018, meeting notes dated 5 September 2019, 19 September 2019 and 27 September 2019, the RCN’s written submissions dated 26 October 2021, and the witness statement and oral evidence of Witness 1.

The panel directed its attention to the Bupa job description and noted that there was an expectation of good and ‘*effective communication*’ between ‘*all staff, residents, relative and community services*’.

The Bupa call bell policy states that, ‘*It is the responsibility of everyone in the service to answer the call bell system.*’ This was reaffirmed in the meeting notes dated 5 September 2019 where it is stated, ‘*All staff should answer the call bells and they should have a pager at ALL times. (...instructed all about call bells and emergencies – all agreed they understood).*’

The panel was therefore satisfied that Ms Greenhill was aware of her duty to respond to the two types of call bells, namely:

- For emergencies, Witness 1, in her witness statement, said *'The Home's emergency call bell is almost as loud as a fire alarm and it can be heard all over the Home on the loudspeaker system... and all staff who are available must immediately attend the emergency as it could result in a resident's wellbeing being affected.'*
- The residents' call bell which was conveyed via a handheld bleep device. Witness 1 confirmed in her oral evidence that the bleep had to be turned on at all times and there was an expectation that the allocated staff would be expected to check the resident within eight minutes.

In her witness statement, Witness 1 said in regard to holding an emergency test exercise:

'I am aware from discussions with unit managers and staff that the Nurse not responding to a call or emergency bells happened on more than one occasion, though I do not know when since this was not discussed in meetings or supervision. I witnessed the Nurse fail to attend an emergency bell on one occasion and, when I asked them why they did not attend, they told me that they did not know why they had not responded and that they were too tired.'

Witness 1 explained the incident in greater detail in her oral evidence:

'Well, I had two unit managers who – obviously they would respond to the emergency bell in the same way as the second nurse would if they were on duty and they reported to me that she hadn't attended and would have found out why she didn't attend. So she would often say that she didn't hear it or she was busy but on that particular occasion, I said to her, 'Have you got your bleep?' and she said, 'Yes', and she took it out and said, 'But I haven't switched it on' in front of me.'

So that was the one time I could actually say that she didn't respond and she hadn't even got her phone switched on so that she could respond anyway. She would have heard other people. In an emergency bell, it goes around the whole home anyway and I'm sure she would have heard wherever she was in that home, you would hear those bells going.'

The panel noted that, although Witness 1 refers to Ms Greenhill failing to respond to call bells on more than one occasion, the occasion that she directly witnessed related to the emergency call bell test she ran.

The RCN's response to this allegation was:

'At the time when the call bell went off, Mrs Greenhill was attending to a resident who was becoming agitated with the call bell and asked Mrs Greenhill to turn it off whilst she was being assisted.'

The panel noted that the RCN did not distinguish between an emergency or a resident call bell. Given the context provided by Witness 1, the panel determined that the explanation above is not a defence for a failure to respond to an emergency call bell. Moreover, the panel was also aware that, as per the Bupa call bell policy, all care and nursing staff were *'responsible for answering the call bell system'* and required to have their pager on at all times for resident call bells. The panel also noted Witness 1's oral evidence where she stated that *'the nurses carry phones to enable them to let colleagues know if they are unable to attend'*, but that Ms Greenhill had not called anyone on this occasion, nor provided any clinical justification to explain her non-attendance to the emergency test call bell.

In the meeting notes dated 19 September 2019, Ms Greenhill's response when questioned about an incident in which she failed to respond to a call bell was, *'I expected other members of staff to check on...'*

The panel did not consider either of Ms Greenhill's explanations to be a clinical justification.

The panel was satisfied that it had sufficient and consistent evidence that Ms Greenhill failed to respond an emergency bell on one occasion in respect of the test Witness 1 ran.

Furthermore, the panel took into account the reference of not attending to call bells in meeting notes and Witness 1 recalling complaints by other staff that Ms Greenhill had not responded to call bells. Therefore, the panel determined that it is more likely than not that Ms Greenhill also failed to respond to resident call bells on one or more occasions.

The panel therefore found this charge proved.

Charge 2a

“That you, a registered nurse, on 8 September 2019:

- a) were rude and/or abrupt towards Resident A's family member when they tried to help you.”

This charge is found proved.

In reaching this decision, the panel took into account the meeting notes with Resident A dated 25 September 2019, meeting notes with Ms Greenhill dated 25 September 2019, the RCN's written submissions dated 26 October 2021, Witness 2's email to Witness 1 dated 25 September 2019, and the witness statement and oral evidence of Witnesses 1 and 2.

Witness 2 gives an account of the incident in her witness statement:

‘The Nurse came into the conservatory with another resident in a wheelchair

when Resident B was slowly getting ready to leave with their electric scooter. I was talking with my mother and other residents including Resident B when the Nurse entered the room. The conservatory is quite a narrow room, popular with the residents due to it being light and bright. I stood up to help by moving furniture and the puzzle table that was in their path, so that the Nurse could gain access to the room. This was something that I and other residents' families would do to help any of the residents/carers/staff at the Home. When I jumped up to move the table thinking I was helping, I was duly told off by the Nurse and sat back down.'

In the email, Witness 2 recounted the incident and stated:

'I can't remember exactly what [Ms Greenhill] said to me because I was so taken aback but I was duly [sic] told off I sat back down and proceeded to watch, with my mother whispering in my ear "she's not a nice person".'

Witness 2 said in her witness statement, *'I had never been spoken to so rudely or unprofessionally in the Home before.'* She also stated in her oral evidence that Ms Greenhill's manner was *'bossy and abrupt.'*

The panel noted that this incident is referenced in two separate meeting notes dated 25 September 2019, one between Witness 1 and Resident A and another between Witness 1 and Ms Greenhill. The panel considered this to be evidence of an investigation into the incident.

In Ms Greenhill's written reflection, she stated:

'I was not aware of anyone else in the conservatory at that time as I was focused on assisting the resident, when I was surprised by a complete stranger. I wasn't aware of this person's presence in the conservatory when I entered as I was focused on attending to this particular resident. She appeared and wanted to help

me which I thanked her for, but declined. I believe she was a relative. (which I found out later) and as I had never met this person before and I could manage safely on my own, I thanked her, but declined her offer of help.

I was applying health & safety practices and felt that the decision I made, was in her and the resident's best interests. I declined her offer to help as I:

A) Didn't know who she was which was a risk

B) I was familiar to the resident (nurse with uniform) who had trust in me to assist her and knew what she wanted.

C) I was applying health [sic] & safety rules (which is part of my job)

D) I felt confident to assist her and gave her reassurances.

I recall this person walking away and I carried on assisting the resident.

I am accountable for all the decisions that I make but, in this circumstance, I feel that it was a misunderstanding and unfortunately it has resulted in complaints being filed against me.'

The panel was satisfied with the consistency of Witness 2's account from her initial email to her witness statement and oral evidence. The panel considered Witness 2's account to be very convincing, and it noted that she was still quite emotionally affected by what she witnessed at the Home. The panel also noted that this incident was Witness 2's first encounter with Ms Greenhill as well as her first complaint ever regarding concerns at the Home, despite the fact that she had been regularly visiting her mother (Resident A) over a number of years. The panel concluded that there was no benefit to Witness 2 making false allegations.

In light of the above, the panel was satisfied that, on the balance of probabilities, Ms Greenhill was rude and abrupt towards Witness 2 on 8 September 2019.

As such, the panel found this charge proved.

Charge 2b

“That you, a registered nurse, on 8 September 2019:

- b) used an aggressive and/or hostile tone with Resident B and said words to the effect of:
 - i) Hurry up;
 - ii) Get out of my way.”

This charge is found proved.

In reaching this decision, the panel had particular regard to the meeting notes with Resident A dated 25 September 2019, the meeting notes with Ms Greenhill dated 25 September 2019, Ms Greenhill’s local statement dated 26 September 2019, the RCN’s written submissions dated 26 October 2021, Witness 2’s email to Witness 1 dated 25 September 2019, and the witness statement and oral evidence of Witness 2.

In the complaint email, Witness 2 stated that Ms Greenhill, *‘was extremely rude to Resident B telling her to get out of the way, hurry up...’*. She repeated this in her witness statement:

‘the Nurse told Resident B to "get out of my way" and "hurry up" in a cross, annoyed or irritated tone of voice... Resident B may not have heard or registered that the Nurse was talking to them, or Resident B simply just ignored her.’

and her oral evidence:

‘Q. So were those the words that she used, the, ‘Get out of my way’ and ‘hurry up’?

A. Yes.

Q. *Okay, thank you. What was the tone of her voice?*

A. *Like annoyed, annoying – she just wanted her to when you [inaudible], ‘Hurry up. Get out of the way’. It wasn’t friendly, it wasn’t nice...’*

In the meeting notes dated 25 September 2019, Ms Greenhill’s response to the allegation was, *‘I think she misunderstood [sic]. I wouldn’t speak to anyone like that.’* She also wrote in her statement:

‘I had apparently said “hurry up”...I have no memory of this. It sounds completely out of character for me. If I had said something along those lines then it would have been jokingly in friendly banter. I have respect for all residents in my care.’

The NMC put Ms Greenhill’s defence to Witness 2 during her oral evidence as follows:

‘Q. *she has told the NMC that she had a good relationship with this resident. It was a banter, it was a joke. From your memory and your opinion, would you say that how she spoke was a joke?*

A. *No.*

Q. *Would you say this is a friendship?*

A. *No, not at all. She hadn’t been there long enough to form a friendship with anybody...*

Q. *The question I want to ask is this: do you consider there was a possibility that you did misunderstand what the nurse was doing and in fact that she was, in fact, acting in the best interests of the resident that she was dealing with?*

A. *The resident she was dealing with was in a wheelchair. The resident that she was trying to hurry up and telling her to get out of the way, etc virtually had her back to her. So, I would not say that there was any kind of banter, friendly whatsoever.’*

The panel considered the '*banter*' account put forward by Ms Greenhill to be inconsistent with the reported tone of the interaction and the need for clear, effective communication in the context of a healthcare setting with a vulnerable 90-year-old resident.

The panel then considered definitions of hostile ('*showing or feeling opposition or dislike; unfriendly.*') and aggressive tone ('*a harsh, loud, or demanding style of communication used to control, intimidate, or overpower others...*').

Taking into account all Witness 2's descriptions of Ms Greenhill's tone and Resident B's response to Ms Greenhill, the panel was not satisfied that Ms Greenhill's tone could be deemed aggressive. However, the panel determined that Ms Greenhill's tone was clearly unfriendly, showing opposition and, in turn, hostile by definition.

For the above reasons, the panel found this charge proved.

Charge 2c

"That you, a registered nurse, on 8 September 2019:

- c) tried to push past Resident B."

This charge is found proved.

In reaching this decision, the panel took into account the RCN's written submissions dated 26 October 2021, Ms Greenhill's local statement dated 26 September 2019, the meeting notes with Resident A dated 25 September 2019, Witness 2's email to Witness 1 dated 25 September 2019, and the witness statement and oral evidence of Witness 2.

Witness 2 raised the complaint in her email to Witness 1 as follows:

'The nurse was extremely rude to telling her to get out of the way, hurry up, trying to push past her. "she'd got work to do". All of this was a very dangerous situation to put a [REDACTED] year old in. I have never heard or witnessed anything like this in the three years my mum has lived at [the Home]; it was shocking behavior [sic].'

In her oral evidence, Witness 2 stated:

'Q. You said that she pushed past this resident. Can you describe what you mean by that?

A. Obviously, the elderly are very unstable, shall we say? They – even, I mean, it's like you would say they were pushing past a child. That child is likely to fall over. Well, even if they touched your leg or brushed past you, they're not stable enough for you to push past. I can't describe exactly what I mean because how do you describe somebody more able-bodied pushing past a child or pushing past an older person? They're going to fall, aren't they? Or become unstable.

Q. Okay. So, from your memory, from the way she acted and what she did, did you feel that the resident could fall over?

A. Yes.... She brushed past her, yes, because she wanted the resident to move. The resident wasn't moving fast enough for her to get on with her job.'

Witness 2 provided context in respect of Resident B's condition in her witness statement, as well as further insight into the incident:

'Resident B was 90 plus years old and they used an electric scooter. Resident B had suffered a mild stroke and, as a result, their mobility was slow...

I also thought that it was potentially very dangerous. I find that elderly people, when in situations like that can become flustered, they either fix to the spot or try to move too quickly, which risks them falling. If Resident B had fallen, it would have been a

completely different situation. I thought that the Nurse paid undue care and attention to Resident B and they showed a lack of respect, empathy and patience.'

In relation to this allegation, the RCN responded:

'We submit that no harm was caused to Resident B. Mrs Greenhill acknowledges that pushing past a resident could increase a risk of that resident falling and has always been mindful of her movements when around residents.'

The panel was mindful that Resident B was a very vulnerable resident. The panel determined that Witness 2's account that Ms Greenhill was trying to push a resident in a wheelchair past Resident B within the restricted space in the conservatory, was credible. The panel concluded that Resident B had not been given the time and space to move out of the way to allow Ms Greenhill to pass through. The panel was of the view that just because no actual harm was caused to Resident B by Ms Greenhill's actions this did not mean that this event had not taken place as charged.

The panel considered that, as Witness 2 had given a contemporaneous account which she confirmed in her witness statement and oral evidence, which the panel accepted, the panel found this charge proved.

Charges 3a – 3d

“That you, a registered nurse, on unknown dates between 5 August 2019 and 30 September 2019, when speaking with Colleague A, were rude and/or unprofessional and said words to the effect of:

- a) 'Oh, you don't know what a blanket is';
- b) 'Oh my god you don't know how to speak English, you don't understand what a blanket is';

- c) You are a danger, and a hazard to the Home, as you do not know how to speak English’;
- d) ‘Why does the manager accept people who do not know how to speak English’.”

These charges are found proved.

In reaching this decision, the panel considered meeting notes dated 27 September 2019, the RCN’s written submissions dated 6 December 2022, the witness statement and oral evidence of Witness 3, and Witness 1’s witness statement.

Witness 3 described the incident in his witness statement:

‘...the Nurse approached me in the laundry room, to ask me where the blankets are, as they needed one. All fresh laundry is usually kept in a big trolley near the front door of the laundry room, for people to take from there. Nonetheless, I showed the Nurse where blankets would be, by using a hand gesture in the direction of the trolley, as I had seen some clean blankets in there.

However when the Nurse looked in the trolley, there were no more blankets left for them to take. Instead of realising that the blankets may have already been taken, the Nurse came back and said to me "Oh you don't know what a blanket is", as they had assumed that I just did not understand English, rather than realising that the blankets being taken from the trolley. The Nurse just looked at the empty trolley and thought I did not know what a blanket is, or that I did not understand what they had asked me in English.

I told the Nurse I would show her where the cupboard is, as it would store spare blankets, and I showed the Nurse the cupboard and opened it for her. I told the Nurse that the blanket was in the cupboard. The Nurse responded "oh my god you don't know how to speak English, you don't understand what a blanket is". The

Nurse also said to me that "you are a danger, and a hazard to the Home, as you do not know how to speak English", "why does the manager accept people who do not know how to speak to English", "I will talk to the manager". I then left the Nurse, and walked away, as their words were upsetting me...

I felt very upset by the Nurse's behaviour...I also found the Nurse's words to be cruel.'

In his oral evidence, Witness 3 described Ms Greenhill's tone as presuming "with conviction" that he did not know how to speak English and also "like she was getting angry" with him. Witness 3 also informed that panel that this was his first interaction with Ms Greenhill and, by this point, he had already passed his English Language test and been a Domestic Assistant for 10 years.

The panel acknowledged the RCN's response to this allegation:

'Mrs Greenhill refutes the contents of [Witness 3's] witness statement. Mrs Greenhill has never, and would never, speak to a member of staff, nor any other individual, in the allegedly unprofessional manner as stated within [Witness 3's] statement.

Mrs Greenhill took pride in delivering a good standard of care and behaving at all times professionally. This is evidenced within the breath of testimonials written regarding Mrs Greenhill's positive character and behaviour.'

The panel noted that reference to this incident is made in Witness 1's witness statement. Although it was unclear to the panel whether all the details in her account are accurate, it determined that the account itself validates that these events happened which staff were aware of, therefore there is no indication that the events have been fabricated. The panel also noted that there was no embellishment, exaggeration or escalation over time with Witness 3's account of events.

Given that Witness 3 had been working in laundry and speaking English for some time, the panel considered it derogatory to suggest that he did not know what a blanket was or that he could not speak English. During his oral evidence, the panel considered Witness 3 to be able to speak and comprehend English. The panel concluded that Ms Greenhill had made more than one unwarranted remark which caused distress to Witness 3. In the light of this, the panel determined that Ms Greenhill's actions were rude and unprofessional.

As such, the panel found these charges proved.

Charge 3e

“That you, a registered nurse, on unknown dates between 5 August 2019 and 30 September 2019, when speaking with Colleague A, were rude and/or unprofessional and said words to the effect of:

- e) Whilst Colleague A was speaking with another person, spoke to them abruptly and said words to the effect of ‘you are talking to them, why are you not talking to me’.”

This charge is found proved.

In reaching this decision, the panel had regard to meetings notes dated 19 September 2019 and 27 September 2019, the RCN's written submissions dated 6 December 2022, the witness statement of Witness 1, and the witness statement and oral evidence of Witness 3.

Witness 3 also outlined these events in his witness statement:

‘...the Nurse was rude to me and embarrassed me in the dining room, in front of other members of staff and the residents. On that day, around 17.30/18:00, I was in the dining room, stationed at the hot plate to serve residents, and members of staff,

their supper. A colleague of mine, whose name I cannot recall, approached me at the hot plate and began asking me what dishes were being served for supper, and I informed them. The Nurse was also in the dining room at that time, and they overheard my conversation with my colleague, and said to me abruptly "you are talking to them, why are you not talking to me?" I responded to the Nurse that they had said to me that I do not know how to speak English, and the Nurse said "you are going to speak to others but not to me". As this conversation was happening in the dining room in front of the residents and other members of staff, the Nurse then asked to speak to me outside of the dining room, and I agreed.

As we came out of the dining room, I told the Nurse that they had not spoken to me at all for me to speak to them, and I told the Nurse that they also presumed that I do not know English. As a result, I did not have any reason to speak to them. The Nurse did not respond to me, as I left them outside of the dining room to carry on with my work.

The incident made me feel like the Nurse was picking on me...'

The panel noted that Witness 3 reiterated this in his oral evidence, stating that he told her, "You already said to me that I don't know how to speak English, there is no use speaking to you". He also added that "her tone was authoritative and getting angry", feeling as though "it's the same again. Why is she picking on me again. It was not a joke.", and that he wanted to "avoid her" after the incident.

The panel acknowledged the RCN's response to this allegation:

'Mrs Greenhill refutes the contents of [Witness 3's] witness statement. Mrs Greenhill has never, and would never, speak to a member of staff, nor any other individual, in the allegedly unprofessional manner as stated within [Witness 3's] statement.

Mrs Greenhill took pride in delivering a good standard of care and behaving at all times professionally. This is evidenced within the breath of testimonials written regarding Mrs Greenhill's positive character and behaviour.'

The panel also bore in mind that this incident occurred in front of other staff and residents which it considered to be highly unprofessional. The panel noted that this was only the second time that Ms Greenhill had spoken to Witness 3. Ms Greenhill had interrupted Witness 3's conversation with another person, and made statements in front of residents and staff in a loud tone which had made him feel '*embarrassed*' and picked on. The panel was of the view that this constituted an abrupt manner.

For these reasons, the panel found this charge proved.

Charge 4

"Your conduct at charge 3a and/or 3b and/or 3c and/or 3d above discriminated against Colleague A on the grounds of their race."

This charge is found proved.

In reaching this decision, the panel took into account meeting notes dated 19 September 2019 and 27 September 2019, Witness 1's witness statement, and the witness statement and oral evidence of Witness 3.

The panel noted that, in addition to the description of events made by Witness 3 in relation to Charges 3a – 3d, the witness also provided additional evidence describing how he felt at the time and the impact on him.

In his witness statement, Witness 3 described '*suffer[ing] trauma*' of the incidents as well as feeling '*victimised*' and '*very upset*', with the lasting impact being that he wanted to avoid Ms Greenhill.

Although in that witness statement Witness 3 said, *'I cannot tell if there was a discriminatory or racial element to the Nurse's behaviour, it may be that they presumed I do not speak English as I am foreign.'*, when questioned during regarding this during his oral evidence, he stated *"yes my race, that's what I think to myself."*

In his oral evidence, Witness 3 also expressed feeling *"down in [him]self"* but keeping it *"within [him]self"* because he did not want to *"make a fuss"*. The panel considered Witness 3 to be an honest and credible witness. The panel acknowledged that it is not unusual for people to fear reporting incidents of discrimination or simply wanting to forget about it.

The panel noted that this was a sequence of comments made by Ms Greenhill referring to Witness 3's inability to speak or understand English. The panel further noted in Witness 3's statement set out above that he stated that Ms Greenhill said, *"why does the manager accept people who do not know how to speak to English", "I will talk to the manager"*.

The panel had regard to NMC guidance 'FTP-2a: Misconduct', particularly:

'A person discriminates against another person under the Equality Act 2010 if they treat them less favourably than they would treat others because of a protected characteristic that is:

- [...]
- *race including colour, nationality, ethnic or national origin'*

The panel was mindful of the context in which the comments in Charges 3a – 3d were made and which are described in Witness 3's written and oral evidence as set out above. The panel considered it highly unlikely, but for the fact that Witness 3 was not White British, that Ms Greenhill would have accused him of not being able to speak or understand English and then threatening to report him to the manager. Therefore, the panel decided that Witness 3 had been treated less favourably by Ms Greenhill than she would have treated others because of his race.

In light of this, the panel was satisfied, on the balance of probabilities, that Ms Greenhill's conduct at Charges 3a, 3b, 3c and 3d all discriminated against Witness 3 on the grounds of his race.

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 Greenhill'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, 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 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 Greenhill's fitness to practise is currently impaired as a result of that misconduct.

Submissions on misconduct

Ms Stevens identified the specific breaches of the 'The Code: Professional standards of practice and behaviour for nurses and midwives 2015' (the Code) where it was her submission that Ms Greenhill actions amounted to misconduct:

'1 Treat people as individuals and uphold their dignity

To achieve this, you must:

1.1 treat people with kindness, respect and compassion.

1.4 make sure that any treatment, assistance or care for which you are responsible is delivered without undue delay.

2 Listen to people and respond to their preferences and concerns

To achieve this, you must:

- 2.1 *work in partnership with people to make sure you deliver care effectively*
- 2.6 *recognise when people are anxious or in distress and respond compassionately and politely.*

8 Work co-operatively

To achieve this, you must:

- 8.2 *maintain effective communication with colleagues.*
- 8.5 *work with colleagues to preserve the safety of those receiving care.*

16 Act without delay if you believe that there is a risk to patient safety or public protection

To achieve this, you must:

- 16.4 *acknowledge and act on all concerns raised to you, investigating, escalating or dealing with those concerns where it is appropriate for you to do so.*

20 Uphold the reputation of your profession at all times

To achieve this, you must:

- 20.1 *keep to and uphold the standards and values set out in the Code.*
- 20.2 *act with honesty and integrity at all times, treating people fairly and without discrimination, bullying or harassment.*
- 20.3 *only act in an emergency within the limits of your knowledge and competence.*
- 20.5 *be aware at all times of how your behaviour can affect and influence the behaviour of other people*
- 20.8 *act as a role model of professional behaviour for students and newly qualified nurses, midwives and nursing associates to aspire to.*

25 Provide leadership to make sure people's wellbeing is protected and to improve their experiences of the health and care system

To achieve this, you must:

25.2 support any staff you may be responsible for to follow the Code at all times. They must have the knowledge, skills and competence for safe practice; and understand how to raise any concerns linked to any circumstances where the has, or could be, broken.'

Ms Stevens submitted the facts found proved in this case show a disregard for patient safety, a lack of professionalism, trust and the inability to practise effectively. She added that Ms Greenhill's actions posed a risk of harm to residents in her care and the public. She stated that nurses occupy a position of trust, and relatives and the general public should be able to trust nurses with the care of their loved ones. She submitted that Ms Greenhill was not mindful of Resident B and how her actions could have resulted in significant harm. In this way, Ms Greenhill's conduct significantly undermined this trust.

Ms Stevens further submitted that Charges 3a – 3e and 4 suggest a deep-seated attitudinal issue that can put people receiving and providing care at risk of harm. She submitted Ms Greenhill's conduct towards colleagues, residents, and residents' relatives was serious and sustained, such behaviour striking at the core of professional nursing practice. Ms Stevens stated that such behaviour undermines trust, escalates conflicts within clinical settings, and had the potential to obstruct appropriate clinical judgement and care planning.

Ms Stevens went on to submit that the facts found proved are of sufficient gravity to amount to misconduct. The seriousness of the conduct lies not only in the individual incidents, but in the cumulative impact and insight they provide into Ms Greenhill's approach.

Submissions on impairment

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

Ms Stevens submitted that Ms Greenhill's conduct was deliberate and she created a real risk of unwarranted harm to residents and colleagues. By failing to respond to call bells, Ms Greenhill placed residents at risk of falls, injury, unmanaged pain and deterioration in their condition. Additionally, Ms Stevens submitted that Ms Greenhill taking unallocated breaks reduced staffing levels and compromised the safe care of residents. She further submitted that Ms Greenhill pushing past an elderly resident with mobility issues created a clear risk of physical injury and it demonstrated a lack of dignity and respect. She added that Ms Greenhill's rude behaviour towards Witness 2 undermined trust in the nurses at the Home. She also submitted that Ms Greenhill's discriminatory behaviour towards Witness 3 created a hostile working environment and caused him psychological harm.

Ms Stevens went on to submit that the seriousness of Ms Greenhill's actions are such that it calls into question her integrity and suitability as a nurse. She added that Ms Greenhill's actions as set out in the charges found proved brought the profession into dispute and breached fundamental tenets of the nursing profession.

Ms Stevens made reference to NMC guidance 'FTP-15: Insight and strengthened practice', in particular:

'Can the concern be addressed?

Has the concern been addressed?

Is it highly unlikely that the conduct will be repeated?'

Ms Stevens highlighted that the facts found proved do not only relate to Ms Greenhill's clinical practice, but also her behaviour and attitude towards colleagues, residents and their relatives. She submitted that Ms Greenhill's actions suggest a deep-seated attitudinal issue which is harmful; she was rude to Witness 2, discriminatory towards Witness 3, pushed past a resident, did not answer call bells, and took unallocated breaks. Ms Stevens submitted that all of these concerns are difficult to address.

Ms Stevens reminded the panel that there is no evidence that the clinical concerns and the concerns about unprofessional, rude and racist behaviour have been addressed or that Ms Greenhill has taken steps to address them. She also added that there has been no reflection by Ms Greenhill on that behaviour, its impact on residents, their relatives and colleagues, or its wider impact on the profession.

Ms Stevens directed the panel to positive testimonials provided by Ms Greenhill. She reminded the panel that the testimonials are from 2021 and that there are no recent testimonials.

Ms Stevens highlighted that Ms Greenhill has made it clear to the NMC that she is retired and is no longer working as a registered nurse. As such, there is no evidence of sustained safe practice since the alleged incidents occurred.

For all above reasons, Ms Stevens submitted that there is a high risk that this conduct will be repeated. She therefore invited the panel to find that Ms Greenhill's fitness to practise is currently impaired on public protection grounds.

Ms Stevens further submitted that Ms Greenhill's actions undermined public confidence in the nursing profession and brought it into disrepute. As such, she also invited the panel to find that Ms Greenhill's fitness to practise is currently impaired on public interest grounds.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Nandi v General Medical Council* [2004] EWHC 2317 (Admin) and *Bar Standard's Board v Howd* [2017] EWHC 210 (Admin).

Decision and reasons on misconduct

When determining whether the facts found proved amount to misconduct, the panel had regard to the terms of the Code and NMC guidance 'FTP-2a: Misconduct'.

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

'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.*
- 1.4 *make sure that any treatment, assistance or care for which you are responsible is delivered without undue delay.*

2 Listen to people and respond to their preferences and concerns

To achieve this, you must:

- 2.1 *work in partnership with people to make sure you deliver care effectively.*

8 Work co-operatively

To achieve this, you must:

- 8.2 *maintain effective communication with colleagues.*
- 8.5 *work with colleagues to preserve the safety of those receiving care.*

19 Be aware of, and reduce as far as possible, any potential for harm associated with your practice

To achieve this, you must:

19.1 take measures to reduce as far as possible, the likelihood of mistakes, near misses, harm and the effect of harm if it takes place.

20 Uphold the reputation of your profession at all times

To achieve this, you must:

20.1 keep to and uphold the standards and values set out in the Code.

20.2 act with honesty and integrity at all times, treating people fairly and without discrimination, bullying or harassment.

20.5 be aware at all times of how your behaviour can affect and influence the behaviour of other people.'

The panel looked first at whether any of the individual charges found proved amounted to misconduct, and then considered the issues cumulatively at the end.

Charge 1c

The panel bore in mind that Ms Greenhill had responsibilities as a registered nurse, and per Bupa policies, to be available to lead and support staff with the care of vulnerable residents and to ensure that safe staffing/resident ratios were maintained. Ms Greenhill absented herself by taking unallocated breaks which meant that there would not be sufficient qualified staff to cater to residents' clinical and personal needs and to deal with unforeseen emergencies during lunch. The panel was of the view that, by doing so, Ms Greenhill prioritised her own needs which was highly unprofessional and demonstrated a disregard for the wellbeing of residents, her colleagues and the Home policies. The panel concluded that Ms Greenhill's actions had posed a serious risk to residents which the panel determined was unacceptable.

The panel determined that this charge amounted to misconduct.

Charge 1d

The panel heard that emergency call bells at the Home were designed to alert all staff, but especially registered nurses to respond promptly to an unidentified emergency. Given that the alert was within a setting with vulnerable residents, any situation could have required the specialist clinical and/or leadership skills of a registered nurse. Therefore, it was crucial that Ms Greenhill responded. Ms Greenhill was aware of the Home policy, had completed the Home induction and she would have been able to hear the emergency call bell alert above any background noise at the Home. Ms Greenhill's failure to respond to the emergency call bell test was serious and had the potential to put residents, colleagues and the Home at risk. The panel considered Ms Greenhill's response in the meeting with Witness 1 on 19 September 2019 that she was '*too tired*' and assumed that other staff would respond to be unsatisfactory and disturbing.

With regard to the resident call bells, the panel was mindful that the residents were very vulnerable and, for some, the resident call bell would have been the only way of communicating that they were in need of urgent assistance. The residents had to trust that a nurse would respond to the alert if they needed help, thus leaving the call bell unanswered had the potential to cause psychological and possibly physical harm.

The panel was of the view that Ms Greenhill's actions posed a serious risk to residents and would be considered deplorable. The panel therefore determined that this charge amounted to misconduct.

Charges 2a, 2b in its entirety and 2c

In relation to Charge 2a, the panel was of the view that Ms Greenhill being rude and abrupt with Witness 2 was unprofessional and disrespectful, were actions that should not be condoned. However, the panel determined that, whilst a fellow practitioners may say that such behaviour was wrong and inappropriate, it was not satisfied that such behaviour would be deemed deplorable. The panel concluded that although Ms Greenhill's actions at

Charge 2a were inappropriate, it did not fall so seriously short of the standards expected of a registered nurse to amount to misconduct.

In respect of Charge 2b, the panel noted Witness 2's oral evidence that Resident B '*didn't really take any notice of* [Ms Greenhill].' It also noted that it had no evidence of Resident B being concerned about the interaction, nor of suffering any harm as a result. Similarly, the panel determined that, whilst Ms Greenhill telling Resident B to "*hurry up*" and "*get out of the way*" may have had the potential to cause harm and was not in line with the fundamental tenets of the nursing profession, it was not so grave as to be considered misconduct.

Regarding Charge 2c, the panel recognised that a registered nurse trying to push past a resident is not respectful behaviour, nor is it acting to mitigate the physical risk to a vulnerable resident. However, the panel considered there was a difference between a deliberate push and contact arising from trying to push past another person. It also noted that the circumstances of the charge did not result in physical harm for Resident B. Thus, although it was not in line with the fundamental tenets of the nursing profession, the panel determined that Ms Greenhill trying to push past Resident B was not so grave as to amount to misconduct.

Charges 3a – 3d and 4

The panel noted that Charge 4 stems from Charges 3a – 3d therefore it determined that they should not be separated and considered them together.

The panel considered Ms Greenhill remarks and the charge of discrimination on the grounds of race found proved, demonstrated a risk to the public and behaviour that undermines the professional standards of nursing and public confidence in nurses. The panel was of the view that such racial discrimination had a negative emotional impact on Witness 3, causing him to modify his behaviour which could have compromised his work. By finding that her actions were racially discriminatory, the panel agreed that Ms Greenhill

displayed attitudes which breached fundamental tenets of the nursing profession. The panel was satisfied that fellow practitioners would consider racial discrimination deplorable and reprehensible and amounted to misconduct.

Charge 3e

The panel considered the context of this charge and recognised that interrupting and speaking abruptly to a colleague in front of residents and staff was disrespectful and unprofessional. However, the panel took the view that, in isolation, Ms Greenhill's actions were not so serious to meet the high threshold to amount to misconduct.

Having considered the issues of misconduct individually, the panel determined that Ms Greenhill's actions in relation to Charges 1c, 1d, 3a – 3d and 4 fell seriously short of the conduct and standards expected of a nurse and therefore cumulatively amounted to misconduct.

Decision and reasons on impairment

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

In coming to its decision, the panel had regard to the NMC Guidance 'DMA-1: Impairment', last updated 28 January 2026 in which the following is stated:

'Determining whether someone is fit to practise means that we have to consider whether the charges about the professional's practice which have been found proved:

- *engage one of these types of concerns and*
- *indicate a continuing risk to:*

- *public safety,*
- *public confidence in their profession*
- *professional standards.'*

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 ensure 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 *Grant* in reaching its decision. In paragraph 74, she said:

'In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.'

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

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

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

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

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

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

The panel found the first three limbs of the Smith test to be engaged in this case.

The panel considered that Ms Greenhill taking unallocated breaks, not communicating effectively with her colleagues regarding her whereabouts, and failing to respond to call bells put residents at unwarranted risk of harm meant that there was insufficient staff with the necessary knowledge and skill to provide care.

The panel was of the view that Ms Greenhill's misconduct brought the nursing profession into disrepute in that her actions were racially discriminatory, rude, hostile and unprofessional.

The panel was also satisfied that Ms Greenhill breached fundamental tenets of the nursing profession by not practising effectively, preserving safety, promoting professionalism and trust and prioritising residents.

The panel had regard to the case of *Ronald Jack Cohen v General Medical Council* [2008] EWHC 581 (Admin) and considered whether Ms Greenhill's misconduct in this case is remediable. The panel was of the view that Ms Greenhill's actions at Charges 1c and 1d could be remediated by substantial reflection and the strengthening of her practice. However, the panel considered Ms Greenhill's actions at Charges 3a – 3d and 4 to be very serious as they encompass an escalating series of racially discriminatory remarks. The panel bore in mind the NMC guidance DMA-1, particularly that discriminatory

behaviour *'may suggest a deep-seated problem with the nurse, midwife or nursing associate's attitude, even when there's only one reported complaint.'* The panel determined that Ms Greenhill's behaviour reflected more than a single lapse in judgement, especially given that it was her immediate response to Witness 3 during a petty misunderstanding regarding blankets. The panel therefore determined that Charges 3a – 3d and 4 were attitudinal in nature, thus difficult to remediate.

The panel drew its attention to the documentary material before it provided by Ms Greenhill which included a reflection relating solely to Charge 2a – 2c, responses to some of the charges, one relevant training certificate and positive testimonials. However, the panel noted that these were outdated with the most recent document being from December 2022. The panel had received nothing new from Ms Greenhill showing remorse, strengthened practice, nor any meaningful reflection demonstrating insight into the impact of her behaviour on residents, colleagues and the reputation of the nursing profession.

For the above reasons, the panel determined that Ms Greenhill's misconduct is highly likely to be repeated and that she is therefore liable in the future put patients at unwarranted risk of harm, bring the profession into disrepute and breach fundamental tenets of the profession. The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind that the overarching objectives of the NMC; to protect, promote and maintain the health, safety, and well-being of the public and patients, and to uphold and protect the wider public interest. The panel noted NMC guidance 'FTP-2a: Misconduct' which states that nurses:

'must work, and be trusted to work, with and alongside diverse groups of people without discriminating unfairly against them or exploiting them. Failure to uphold these expectations could seriously undermine the public's trust and confidence in

the profession and could make the public reluctant to access health and care services.'

Therefore, the panel was of the view that public confidence in the nursing profession would be undermined if a registered nurse found to have been racially discriminatory, rude and unprofessional was deemed to be capable of safe and effective practice. As such, the panel decided that a finding of impairment on public interest grounds is required to promote and maintain public confidence in the nursing professions and the NMC as a regulatory body, as well as uphold professional standards.

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

Sanction

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

In reaching this decision, the panel had regard to all the evidence that has been adduced in this case and had careful regard to the Sanctions Guidance (SG) published by the NMC. The panel accepted the advice of the legal assessor.

Submissions on sanction

Ms Stevens informed the panel that in the original Notice of Hearing, the NMC had advised Ms Greenhill that it would seek the imposition of a suspension order for 12 months. During the course of the hearing, and after Charge 4 was added by way of amendment, the NMC revised its proposal and submits that striking-off order is more appropriate in light of the panel's findings.

Ms Stevens submitted that the aggravating features in this case are as follows:

- Deliberate breaches of the code,
- Conduct indicative of an attitudinal issue,
- Failure to work collaboratively with colleagues,
- Escalating discriminatory conduct towards a colleague,
- Limited insight and remediation, and
- A high risk of repetition.

Ms Stevens submitted that Ms Greenhill's good character due to having no previous referrals to the regulator is a mitigating feature.

Ms Stevens went on to submit that taking no further action or imposing a caution order would not be appropriate and proportionate sanctions in this case as neither sanction would mark the seriousness of the misconduct and sufficiently protect the public, or maintain high standards and public confidence within the profession.

Ms Stevens submitted that, whilst a conditions of practice order could deal with the clinical concerns in this case, it is not possible to formulate conditions to fully manage and address the attitudinal and behavioural problems in this case. She added that there is no evidence that Ms Greenhill would willingly comply with conditions and undertake any retraining. Moreover, Ms Greenhill made it very clear in her Agreed Removal application that she has not practised as a nurse since December 2019, and that she has no desire in the future to practise as a nurse given that she is now retired. Ms Stevens reminded the panel that Ms Greenhill also has not engaged with the NMC since December 2024. As such, Ms Stevens submitted that a conditions of practice order would not be suitable, nor would it mark the severity of the matters in this case.

Turning to a possible suspension order, Ms Stevens further submitted that that Ms Greenhill's actions at Charges 1c and 1d could rightly be considered as abuse or neglect of vulnerable people and deliberately putting vulnerable people at risk of serious harm. She added that Ms Greenhill failed to uphold Witness 3's dignity or to treat him with kindness, respect and compassion with her racial discrimination towards him. Further, Ms Greenhill has not apologised to Witness 3, nor shown reflection and insight into the matters found proved, nor taken steps towards remediation. She has also disengaged entirely from the regulatory process while also expressing no intention to practise as a nurse in the future. Ms Stevens submitted that, given all of these factors, a period of suspension would not address the risk posed to the public, nor will it be sufficient to protect the public confidence in the profession. There is no realistic prospect that a period of suspension would lead to strengthened practise or meaningful development of insight, and Ms Greenhill's lack of engagement and apparent unwillingness to return to nursing means the concerns are not realistically remediable, even following a period of suspension.

Ms Stevens made reference to NMC guidance 'SAN-2e: Striking-off order' and 'SAN-3: Deciding between suspension and strike off'.

Ms Stevens submitted that the charges raise fundamental questions about Ms Greenhill's professionalism, as they involve both discriminatory conduct and the deliberate placing of vulnerable people at risk of harm. She went on to further submit that public confidence in the profession could not be maintained if Ms Greenhill is not removed from the register. She reminded the panel that Ms Greenhill has not engaged, nor shown desire to remain in the profession, and has given no indication that such insight will be forthcoming. As such, there is no realistic prospect that a period of suspension would result in the registrant gaining sufficient insight or remediation to reduce the high risk she poses.

Ms Stevens therefore invited the panel to find that a striking-off order is the most appropriate and proportionate sanction in this case.

Decision and reasons on sanction

Having found Ms Greenhill's fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose in this case. The panel bore 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 as recently amended. 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 Greenhill's deliberate breaches of the Code;
- Ms Greenhill's lack of insight;
- Ms Greenhill's failure to work collaboratively with colleagues;
- Ms Greenhill's discriminatory behaviour on the grounds of race;
- Ms Greenhill abused her of position of trust;

- Ms Greenhill's misconduct relates to vulnerable residents in a care home setting.

The panel determined that there were no mitigating features in this case.

The panel had regard to NMC guidance 'SAN-4: Sanctions for the highest risk cases' where it is stipulated that discriminatory conduct is considered a higher risk concern. Together with Ms Greenhill's rude, hostile and unprofessional behaviour which put residents and colleagues at risk of harm, the panel found that this breached fundamental tenets of the profession and brought it into disrepute. The panel therefore determined that this case was at the higher end of the scale of seriousness.

As such, the panel then went on to consider which sanction would be appropriate and proportionate.

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.

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict Ms Greenhill's practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where *'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 Greenhill'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 placing conditions of practice on Ms Greenhill's registration would be a sufficient and appropriate response. Whilst Charges 1c and 1d could be addressed through training and supervision, the panel was of the view that there

were no practical or workable conditions that could be formulated which would address the deep-seated attitudinal concerns in this case, namely the racial discrimination.

Furthermore, Ms Greenhill has not engaged with this substantive hearing, and she previously expressed that she has retired and has no intention to return to nursing. The panel therefore determined that there is no evidence that Ms Greenhill would comply with conditions. The panel further concluded that the placing of conditions on Ms Greenhill's registration would not adequately address the seriousness of this case, nor would it protect the public or address the wider public interest.

The panel then went on to consider whether a suspension order would be an appropriate sanction. NMC guidance 'SAN-3: Deciding between suspension and strike off' states that the panel must, amongst other matters:

'Consider the professional's insight and attitude to addressing the concerns, and whether it is realistically possible that these will change positively during the suspension period. If it is unlikely the professional will try to address the concerns, there [sic] may not be appropriate for them to be suspended in the hopes [sic] that they will eventually return to practice.'

'Professionals are under an obligation to cooperate with their regulator. Where professionals have failed to engage with the fitness to practise process, it won't usually be appropriate to use a suspension order as a means of giving them a 'last chance' to engage, reflect or show insight.'

The panel took into account Ms Greenhill's lack of insight and lack of engagement. The panel also reminded itself that racial discrimination would be very difficult to remediate and that Ms Greenhill has no intention to return to nursing practice. The panel therefore took the view that there would be no realistic prospect of a material change to the serious risk posed by Ms Greenhill after a period of temporary suspension.

The panel bore in mind the seriousness of Ms Greenhill's misconduct, and her current impairment. The panel was of the view that such conduct from a registered nurse, worsened by the lack insight and remediation, was fundamentally incompatible with remaining on the NMC register.

For the above reasons, the panel was not satisfied that a suspension order would sufficiently protect the public nor mark the wider public interest concerns in this case.

Finally, whilst considering a striking-off order, the panel took note of the following paragraphs of the SG:

- *Do the regulatory concerns about the nurse or midwife raise fundamental questions about their professionalism?*
- *Can public confidence in nurses and midwives be maintained if the nurse or midwife is not removed from the register?*
- *Is striking-off the only sanction which will be sufficient to protect patients, members of the public, or maintain professional standards?*

The panel also took into account NMC guidance: 'FTP-2a: Misconduct', in particular:

'In such cases where displaying discriminatory views and behaviours is proved, some level of sanction will likely be necessary unless there's been insight at the most fundamental level and the earliest stage. However, if a nurse, midwife or nursing associate denies the problem or fails to engage with the fitness to practise process, it's more likely that a significant sanction, such as removal from the register, will be necessary to maintain public trust and confidence.'

Ms Greenhill's actions were significant departures from the standards expected of a registered nurse and raised fundamental questions about her professionalism. The panel determined that Ms Greenhill's misconduct, particularly her racially discriminatory behaviour, is fundamentally incompatible with her remaining on the register. The panel

was of the view that the findings in this particular case demonstrate that Ms Greenhill's actions were serious, thus, to allow her to continue practising would put the public at risk of harm as well as 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 effect of Ms Greenhill'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 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.

Interim order

As a striking-off order cannot take effect until the end of the 28-day appeal period, or if an appeal is made, until that appeal has been withdrawn or finally disposed of, the panel considered whether an interim order is required in the specific circumstances of this case. It may only impose 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 Greenhill's own interests until the striking-off sanction takes effect.

Submissions on interim order

Ms Stevens submitted that an interim order is necessary to protect the public interest. She invited the panel to impose an interim suspension order for a period of 18 months to cover the appeal period and any appeal if made.

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

Decision and reasons on interim order

The panel was satisfied that an interim suspension order is necessary to protect the public and otherwise in the public interest. In reaching the decision to impose an interim order, the panel had regard to the seriousness of the misconduct and the reasons set out in its decision for the substantive order. It considered that to not impose an interim suspension order would be inconsistent with its earlier findings.

Therefore, the panel imposed an interim suspension order for a period of 18 months to cover the appeal period and any appeal if made.

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

This will be confirmed to Ms Greenhill in writing.

That concludes this determination.