

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

**Substantive Order Review Hearing
Thursday, 19 February 2026**

Virtual Hearing

Name of Registrant: Shona Margaret Hancock

NMC PIN: 80D0117S

Part(s) of the register: Registered Nurse – Adult
RN1 – 6 June 1983

Relevant Location: Aberdeenshire

Type of case: Misconduct

Panel members: Dale Simon (Chair, Lay member)
Samuel Herbert (Registrant member)
Farrah Pradhan (Lay member)

Legal Assessor: Paul Hester

Hearings Coordinator: Daisy Sims

Nursing and Midwifery Council: Represented by Alex Radley, Case Presenter

Mrs Hankick: Present and represented by Jennifer McPhee, of Anderson Strathern

Order being reviewed: Suspension order (6 months)

Fitness to practise: Impaired

Outcome: **Order to lapse upon expiry in accordance with Article 30 (1), namely 24 March 2026 with a finding of impairment**

Decision and reasons on review of the substantive order

The panel decided to allow the suspension order to lapse upon expiry with a finding of impairment.

This order will come into effect at the end of 24 March 2026 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the first review of a substantive suspension order originally imposed for a period of 6 months by a Fitness to Practise Committee panel on 26 August 2025.

The current order is due to expire at the end of 24 March 2026.

The panel is reviewing the order pursuant to Article 30(1) of the Order.

The charges found proved which resulted in the imposition of the substantive order were as follows:

'That you, a registered nurse and registered manager of Muirhead Care Home from September 2015 to August 2018:

1. Failed to ensure and/or document that all staff at the Home:

- a) [...]*
- b) had completed an induction at the Home*
- c) had completed training regarding fire safety and/or dementia and/or aggression and/or stress and distress and/or moving and handling where relevant to role*
- d) [...]*
- e) had been subject to competency assessments where relevant to role*
- f) [...]*
- g) had been restraining residents appropriately, with clinical justification*
- h) had been completing detailed risk assessments in respect of residents being restrained by belts*
- i) had been subjected to adequate investigation and action when concerns had been raised*

j) [...]

k) [...]

2. Failed to ensure that:

a) one or more of 13 safeguarding incidents had been properly reported

b) accident and incident records had been completed in sufficient detail

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

The original panel determined the following with regard to impairment:

In coming to its decision, the panel had regard to the Fitness to Practise Library, updated on 27 March 2023, which states:

'The question that will help decide whether a professional's fitness to practise is impaired is:

"Can the nurse, midwife or nursing associate practise kindly, safely and professionally?"

If the answer to this question is yes, then the likelihood is that the professional's fitness to practise is not impaired.'

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

In this regard, the panel considered the judgment of Mrs Justice Cox in the case of CHRE v NMC and Grant in reaching its decision. In paragraph 74, she said:

'In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public

in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.'

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

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

- a) has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
- b) has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
- c) has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*
- d) has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

The panel considered each of the above limbs in turn.

In relation to limb (a), on whether patients were put at unwarranted risk of harm in the past as a result of your misconduct, the panel considered that there is no evidence before it of residents suffering any actual harm as a result of your actions or inactions at the Home. However, the panel was of the view that elderly and vulnerable residents were placed at an unwarranted risk of harm, as the Home had insufficient documentation in respect of restraints, staff competencies were not

adequately documented, and allegations of assault were not properly followed up on.

In relation to limbs (b) and (c), in respect of the past, the panel considered that documentation in respect of patient care, ensuring staff are assessed as competent for their roles as well as escalation and investigation following an incident are breaches of fundamental tenets of nursing practice, and your failure to do so did bring the nursing profession into disrepute.

The panel was satisfied that limb (d), concerning dishonesty, did not apply in this case.

The panel took into account that impairment is a forward-looking exercise, and it should consider whether your fitness to practise is currently impaired.

The panel next considered whether you are liable, in the future, to put patients at an unwarranted risk of harm, bring the nursing profession into disrepute and/or breach one of the fundamental tenets of the nursing profession, pursuant to Grant. In reaching its decision, the panel also considered the principles derived from Cohen, as outlined in the NMC Guidance, 'Insight and strengthened practice' (FTP-15), namely:

- Can the concern be addressed?*
- Has the concern been addressed?*
- Is it highly unlikely that the conduct will be repeated?*

On whether the concerns can be addressed, the panel was satisfied that many of these failings relate to identifiable areas of nursing practice, such as documentation. The panel determined that these concerns can be addressed, with sufficient training.

In relation to whether the concerns have been addressed, the panel considered your reflective statement as well as your oral evidence. The panel was of the view

that you have shown some insight into your failings, and that you are able to assess what you would do in future, in a similar scenario.

However, the panel considered that there is insufficient information within your reflection on the overall impact of your failures on the residents and the wider nursing profession. The panel took into account that, whilst you have shown some remorse, you also sought to criticise others for your failings. Irrespective of the shortcomings of the providers, which the panel accepted, the panel also took account of your criticism of Witness 1 and the media. The panel determined that this demonstrated that you have not fully accepted your responsibility for your wrongdoing and failures. This was indicative of a developing, but currently insufficient, insight.

On the strengthening of your practice, the panel took into account that you have not practised since 2018, and that you are currently retired. The panel considered the training you have completed in 2022. However, it was not satisfied that you have sufficiently strengthened your practice, as this training has not been tested in a similar environment involving vulnerable residents thus far.

Taking all of the above into account, the panel was not satisfied that you have sufficiently remediated the concerns.

Based on the above, the panel then considered whether the conduct is highly unlikely to be repeated. The panel took into account that the risk of repetition increases as your insight is currently insufficient and you have not demonstrated full remorse. Accordingly, the panel was of the view that could not conclude that it is highly unlikely that the conduct will be repeated.

Based on the above, the panel determined that you are liable, in the future, to put patients at unwarranted risk of harm, to bring the nursing profession into disrepute and/or breach one of the fundamental tenets of the nursing profession, pursuant to Grant. Accordingly, the panel finds that your fitness to practise is currently impaired on public protection grounds.

The panel next considered whether a finding of impairment is necessary on public interest grounds. The panel bore in mind that the overarching objectives of the NMC, namely to protect, promote and maintain the health, safety, and well-being of the public and patients, and to uphold and protect the wider public interest. This includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

The panel determined that a well-informed member of the public would be extremely concerned and public confidence in the profession would be undermined if a finding of impairment were not made. Accordingly, the panel determined your fitness to practise is also impaired on public interest grounds.

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

The original panel determined the following with regard to sanction:

The panel took into account the following aggravating features:

- *A pattern of misconduct over a period of time;*
- *Conduct which put vulnerable patients at risk of suffering harm; and*
- *Criticism of others in respect of your failures.*

The panel also took into account the following mitigating features:

- *Early admissions to the relevant charges;*
- *Remorse and developing insight, including evidence of steps taken to begin to address the concerns;*
- *Unblemished record spanning a 30-year nursing career, as well as positive testimonials in respect of your professionalism;*

- *Some failings at the Home were due to the failures of the providers (including underfunding), leading you to work long hours and undertake multiple roles which were not yours; and*
- *[PRIVATE].*

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, as the seriousness of the misconduct would not be adequately marked.

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 your 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 and the panel wishes to mark that the behaviour was unacceptable and must not happen again.’ The panel considered that your misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. 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 your registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel took into account the SG, in particular:

- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *Identifiable areas of the nurse or midwife’s practice in need of assessment and/or retraining;*
- *...*
- *Potential and willingness to respond positively to retraining;*
- *...*
- *...*
- *...*

- ...

The panel considered the above factors in turn. The panel determined that there is no evidence of any harmful deep-seated personality or attitudinal problems.

The panel was also satisfied that there are identifiable areas of your practice which are in need of assessment and retraining, and it noted that the misconduct was related to your clinical practice. However, the panel determined that the areas of concern are so wide-ranging that to impose conditions addressing every area would be tantamount to a suspension. The panel therefore was not satisfied that workable conditions can be created.

On the potential and willingness to respond positively to retraining, the panel took into account your expressed desire to not continue nursing, and that you have retired. Whilst the panel noted that your retirement is not a bar to it imposing a conditions of practice order, the panel was of the view you would be unable to respond positively to any training which you would be required to complete, as you are no longer in nursing practice and have no desire to return.

Furthermore, the panel concluded that the placing of conditions on your registration would not adequately mark the seriousness of this case and would not meet the public interest.

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

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

The panel considered the factors above in turn.

The panel noted that this was not a single instance of misconduct. However, the panel was satisfied that there is no evidence of any harmful deep-seated personality or attitudinal concerns. The panel also considered that there has been no repetition of behaviour since the incident, albeit it noted that you have not worked as a registered nurse since 2018. The panel also determined that you have started to show insight, albeit it noted the risk of repetition as identified in its decision on impairment. However, the panel determined that, given your retirement and expressed intention to not continue nursing, any risk can be sufficiently mitigated through a period of suspension.

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

The panel noted the hardship such an order might cause you. However, the panel was satisfied this is outweighed by the public interest in this case. The panel considered that this order is necessary to mark the importance of maintaining public confidence in the profession, and to send a clear message to the public and the profession about the standard of behaviour required of a registered nurse.

The panel considered Ms Simpeh's submissions, and the NMC's sanction-bid for a striking-off order. The panel considered the NMC Guidance, 'Striking-off order' (SAN-3e), which asks panels to consider:

- 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 was satisfied that, in the circumstances of this case, the misconduct does not raise fundamental questions about your professionalism. The panel determined that public confidence can be maintained if you were not removed from the register. Accordingly, the panel determined that a striking-off order is not the only sanction which will be sufficient to protect the patients, members of the public and maintain professional standards.

Taking all of the above into account, the panel concluded that it would be disproportionate to impose a striking-off order. Whilst the panel acknowledges that a suspension may have a punitive effect, it would be unduly punitive in your case to impose a striking-off order.

The panel determined that a suspension order for a period of six months was appropriate in this case to mark the seriousness of the misconduct.

At the end of the period of suspension, another panel will review the order. At the review hearing the panel may confirm, revoke or replace the order with another order. This panel also noted that any future reviewing panel may also allow the order to lapse with a finding of impairment, per the NMC Guidance, 'Removal from the register when there is a substantive order in place' (REV-2h), if the relevant considerations are present.

Any future panel reviewing this case would be assisted by:

- Your continued engagement with the NMC, including your attendance at any future review hearing;*
- A written statement detailing your plans in respect of your nursing practice, including any plans, as relevant, to retire from nursing.*

This will be confirmed to you in writing.'

Decision and reasons on current impairment

The panel has considered carefully whether your fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as the ability of a professional on our register to practise as a nurse midwife or nursing associate safely and effectively without restriction. In considering this case, the panel has carried out a comprehensive review of the order in light of the current circumstances. Whilst it has noted the decision of the last panel, this panel has exercised its own judgement as to current impairment.

The panel has had regard to all of the documentation before it, including the NMC bundle, and your reflective piece. It has taken account of the submissions made by Mr Radley on behalf of the NMC and from Ms McPhee on your behalf.

Mr Radley submitted that the NMC are '*neutral*' on the way forward in relation to this matter. Mr Radley referred the panel to the section in the original substantive order; '*any future panel reviewing this case would be assisted by*', with one of these suggestions being your continued engagement with the NMC. He informed the panel that whilst you have not directly made contact with the NMC in relation to managing your case, your legal team have been and so there is no issue with compliance.

Mr Radley referred the panel to the NMC Guidance at '*REV:2h – Removal from the register when there is a substantive order in place*'. He informed the panel that there is an option for the panel to allow this order to lapse with a finding of impairment.

Ms McPhee informed the panel that you accept the original panels findings, accept the seriousness of the charges found proved and have expressed remorse as to the impact of your actions. She explained that you have undertaken remediation. She explained that you retired from nursing as early as 2018, you are not currently practicing as a nurse nor are you seeking to practise as a nurse. Ms McPhee reminded the panel that if you were to make an application to rejoin the register, the Assistant Registrar would have sight of all of the fitness to practice history.

Ms McPhee submitted that a significant amount of time has elapsed since the beginning of this fitness to practice journey, with public scrutiny on the publications of both interim order and the substantive order made against you.

Ms McPhee submitted that your fitness to practice is no longer impaired and submitted that this substantive order should be allowed to lapse upon its expiry to allow for your name to be removed from the register.

Ms McPhee explained that you have not practised as a nurse since 2018 and so there has been no repetition of the facts found proved and no further regulatory concerns. She explained that you withdrew from practice entirely on your own volition before the substantive suspension order was imposed. She explained that you qualified as a nurse in 1983 and you spent the majority of your career in elderly care. No concerns were raised about your career up until these concerns. She explained that the original panel accepted that the context of your working environment contributed to the concerns.

Ms McPhee submitted that you are a retired nurse seeking to close your entire career without a finding of impairment made against you. She submitted that you have provided a reflective statement which addresses the findings in this case and demonstrates your acceptance of your responsibility. She explained that with a retired registrant, remediation is assessed through insight and understanding rather than clinical testing. She explained that the purpose is to demonstrate learning and behavioural change through insight which she submitted had been met.

Ms McPhee submitted that public confidence would not be undermined by allowing this order to lapse and she submitted that public confidence does not require a continued finding of impairment.

Ms McPhee, having answered questions by the panel, further submitted that in the alternative, the panel should allow this order to lapse with a finding of impairment on expiry.

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

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

The panel considered whether your fitness to practise remains impaired.

The panel noted the recommendations suggested by the original panel and that you have complied with both of these recommendations. It noted your reflective piece and considered that you have developed insight into your past failings. However, the panel noted that the evidential persuasive burden is upon you. Whilst it considered your reflective piece, the panel determined that there is nothing to support this document and there is nothing before it to show that you are capable of safe and effective practice. Although your written reflection makes reference to having completed some online courses, there has been no evidence of practical training or relevant experience that would demonstrate the maintenance of appropriate knowledge or skills since the substantive order was imposed. Further, you have not practised as a registered nurse for the last seven years.

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

The panel determined that, in this case, a finding of continuing impairment on public interest grounds is not required as the wider public interest has been addressed by the sanction already imposed.

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

The panel considered the submission of Mr Radley, specifically the reference to '*NMC Guidance REV-2h*'. It also noted Ms McPhee's alternative submission was to allow this order to lapse with a finding of impairment.

This guidance states:

'This guidance is intended to help substantive order review panels decide what action to take where

- *a professional hasn't addressed outstanding fitness to practise concerns, and*

- *continuing/imposing a conditions of practice order or suspension order is unlikely to mean the professional will return to safe unrestricted practice within a reasonable period of time.*

[...]

Ways of leaving the register while impaired

[...]

2, Lapse with impairment

Where the professional would no longer be on the register but for the order in place, a reviewing panel can allow the order to expire or, at an early review, revoke the order. Professionals in these circumstances will automatically be removed from the register, or lapse, upon expiry or revocation of the order. The panel will record that the professional remains impaired.

A panel will allow a professional to lapse with impairment where:

- *the professional would no longer be on the register but for the order in place³;*
- *the panel can no longer conclude that the professional is likely to return to safe unrestricted practice within a reasonable period of time;*
- *a striking off order isn't appropriate.'*

The panel determined that you had not addressed the outstanding fitness to practice concerns as a result of your retirement from nursing practice in 2018 and that it is unlikely that you will return to safe practice if a further period of suspension were imposed because you have clearly indicated that you have no intention to return to nursing practice.

Additionally, you would not be on the register but for the current substantive order being in place. The panel noted within the guidance the circumstances which are set out where lapse with impairment is likely to be appropriate. In this regard, the panel noted that the circumstances of your case do not appear to be within the examples given but that your lack of progress is only attributable to the fact of your retirement and your clear intention not to return to practice.

The panel determined that a striking off order is not appropriate because of your long unblemished career with no other regulatory findings made against you. It determined that it would not be proportionate to impose a striking-off order. The panel therefore considered that this case meets the criteria outlined in this guidance.

In these circumstances, the panel considered that the public would be protected by allowing this order to lapse with a finding of impairment because the finding of impairment would need to be addressed if you were to apply to return to the register. Additionally, the panel determined that allowing this order to lapse upon expiry of the current six month suspension order would satisfy the wider public interest in this case.

The panel therefore determined to allow the substantive suspension order to lapse upon expiry with a finding of impairment.

In accordance with Article 30(1), the substantive suspension order will lapse upon expiry, namely the end of 24 March 2026.

This will be confirmed to you in writing.

That concludes this determination.