

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

**Substantive Order Review Meeting
Friday, 6 February 2026**

Nursing and Midwifery Council
2 Stratford Place, Montfichet Road, London, E20 1EJ

Name of Registrant: Irena Sluszniak

NMC PIN: 07H0065C

Part(s) of the register: Nursing, Sub part 1 RN1, Registered Nurse - Adult 21 August 2007

Relevant Location: East Sussex

Type of case: Misconduct

Panel members: Anica Alvarez Nishio (Chair, lay member)
Sally Hatt (Registrant member)
Julia Cutforth (Lay member)

Legal Assessor: Natalie Byrne

Hearings Coordinator: Fabbaha Ahmed

Order being reviewed: Suspension order (12 months)

Fitness to practise: Impaired

Outcome: **Order to lapse upon expiry with a finding of impairment in accordance with Article 30 (1), namely 12 March 2026**

Decision and reasons on service of Notice of Meeting

The panel noted at the start of this meeting that the Notice of Meeting had been sent to Ms Sluszniak's registered email address by secure email on 30 December 2025. The panel noted this was within the 28-day period as required by the Rules.

The panel took into account that the Notice of Meeting provided details of the review that the review meeting would be held no sooner than 2 February 2026 and invited Ms Sluszniak to provide any written evidence seven days before this date.

The panel accepted the advice of the legal assessor.

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

Decision and reasons on review of the current order

The panel decided to allow the current suspension order to lapse upon expiry, with a finding of impairment. This order will come into effect at the end of 12 March 2026 in accordance with Article 30(1) of the Nursing and Midwifery Order 2001 (as amended) (the Order).

This is the first review of a substantive suspension order originally imposed for a period of 12 months by a Fitness to Practise Committee panel on 12 February 2025.

The current order is due to expire at the end of 12 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,

- 1. On 14 December 2019, in relation to Patient A,*
 - a. Did not call an ambulance and this was a failure.*
 - b. ...*
 - c. ...*
 - d. Did not document the record of events in enough detail.*

- 2. ...*

- 3. On the nightshift from 17 July 2020 to 18 July 2020, in relation to Patient B, did not,*
 - a. Record in the nursing care notes, the reason for administering a sedative.*
 - b. Monitor blood sugars regularly throughout the night.*
 - c. Record why you took a sugar reading at 07.00 hours.*
 - d. Document his symptoms or your actions.*
 - e. Escalate high blood sugar levels to the on-call doctor or NHS 111.*
 - f. Carry out and/ or document, observations.*

AND, in the 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:

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

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 and to maintain professional boundaries. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. To justify that trust, nurses must be honest and open and act with integrity. They must make sure that their conduct at all times justifies both their patients’ and the public’s trust in the profession.

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

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

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

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

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

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

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

The panel finds that patients were put at risk, that they were caused potential physical harm and Patient A's relatives experienced emotional distress as a result of Ms Sluszniak's misconduct. Her misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute.

The panel acknowledged the evidence it had heard in relation to the circumstances surrounding the incidents. It considered the working environment to be very busy and that the staffing levels may have made it more difficult for Ms Sluszniak to practise safely. Having only one registered nurse (albeit supported by Health Care Assistants) to 68 patients in a specialised home caring for patients suffering from chronic and debilitating neurological, cognitive disabilities and challenging behaviours on a night shift was, the panel considered, a challenging proposition. Further, the panel heard evidence from Witnesses 6 and 7 that there were difficulties in the working relationships between the day and night staff which may have made communication more difficult and impacted on patient care. The panel was also concerned by the absence of a well-understood policy in the Home to manage patients with epilepsy.

However, the panel noted that it must make a decision on the individual actions of Ms Sluszniak during the incidents in question. It took into account the Code and the responsibility of a nurse to raise concerns about the levels of staff or support in a working environment. The panel noted that it had no evidence from Ms Sluszniak so any conclusions that it might have been tempted to draw about the challenges of the working environment were ultimately speculative. It would have been beneficial to have heard from Ms Sluszniak herself to provide further context regarding the incidents

in question and what the night shift looked like from her perspective. The panel concluded that there was not enough evidence to connect the circumstances of the Home working environment to the failings of Ms Sluszniak identified at the facts stage, and therefore, that the circumstances, while possibly not optimal, do not prevent a finding of impairment.

The panel noted that it had not been provided with any reflective accounts from Ms Sluszniak. It noted the disciplinary meeting notes dated 22 July 2020, 31 July 2020 and 19 May 2021, where Ms Sluszniak provides her account of the incidents. Her accounts do not outline an understanding of the risk of harm to the patients or the potential damage to the reputation of the profession, however Ms Sluszniak details [PRIVATE]; she stated she was '[PRIVATE]'. Further, Ms Sluszniak appears to accept that she failed to keep adequate records in relation to Patient B. The panel found that this demonstrates some reflection on the incidents but in its view this is not sufficient to reassure it in relation to future risk of repetition and demonstrated very limited insight into her failings and the reasons for them.

The panel was satisfied that the misconduct in this case is in theory capable of being addressed. It considered that record keeping, escalating concerns and clinical decision making could be strengthened with targeted specific training and supervision. However, it did not consider that the generic training courses undertaken by Ms Sluszniak as comprised in the "Registrant's Bundle" (in fact provided by Witness 2) demonstrated such targeted specific training.

The panel had no further evidence to demonstrate that Ms Sluszniak has undertaken any additional training to strengthen her practice.

In light of the above, the panel therefore found that Ms Sluszniak has not demonstrated steps to strengthen her practice.

The panel considered the submission of Ms Ihuomah that Ms Sluszniak demonstrates deep-seated attitudinal issues. It noted that the two incidents in question, although serious, were isolated occurrences. Further, it considered that while the investigation and disciplinary meetings notes demonstrated that Ms Sluszniak had very limited insight into the misconduct, this was not enough to conclude that she would be incapable of developing this over time with the right support and commitment on her part. The panel acknowledged that Witness 4 found Ms Sluszniak to be 'defensive' and 'evasive' in her answers during the investigation meeting, but on the basis of the written record alone, the panel was unable to reach the same conclusion. It took into account that such meetings are stressful and that Ms Sluszniak expressed a number of concerns about her [PRIVATE]. The panel considered that what may have come across as defensive to Witness 4 may simply have been nervousness about the situation in which she found herself. It took into account the positive comments from Witness 6, who worked regularly with Ms Sluszniak and described her as a 'good nurse' who would listen to and be supportive of her colleagues. The panel was therefore did not conclude that Ms Sluszniak had deep-seated attitudinal issues.

However, Ms Sluszniak has not engaged with the NMC since 2020 and the panel has no information before it to reassure itself that there is little or no risk of repetition. The panel has already concluded that patients were placed at unwarranted risk of harm and therefore, it is necessary to make a finding of impairment on the ground of public protection.

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

In reviewing the facts found proved and considering the public interest the panel concluded that a fully informed fellow practitioner would find Ms Sluszniak's failings to be unacceptable and by the same measure a member of the public would lose trust and confidence in the nursing profession and its regulator if Ms Sluszniak were found to not be impaired. Therefore, the panel also found Ms Sluszniak's fitness to practise impaired on the grounds of public interest.

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

The original panel determined the following with regard to sanction:

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

The panel took into account the following aggravating features:

- Lack of insight into failings;*
- Conduct which put patients at risk of suffering harm; and*
- Lack of engagement with the NMC process.*

The panel also took into account the following mitigating features:

- Ms Sluszniak's [PRIVATE] at the time of the incident involving Patient B;*
and
- Some evidence of a challenging work environment in which Ms Sluszniak was practising.*

The panel bore in mind that it previously found that Ms Sluszniak's failings were not directly attributable to the mitigating circumstances and therefore that the aggravating features of this case outweigh the mitigating circumstances.

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 Sluszniak'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 and the panel wishes to mark that the behaviour was unacceptable and must not happen again.' The panel considered that Ms Sluszniak's 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 Ms Sluszniak's 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 factors in the SG which may point towards a conditions of practice order, in particular:

- No evidence of harmful deep-seated personality or attitudinal problems – the panel had found no such evidence;*
- Identifiable areas of the nurse's practice in need of assessment and/or retraining – in this case, there were clearly specific issues relating to record keeping and escalation where Ms Sluszniak could benefit from training and supervision;*

- *No evidence of general incompetence*

The panel is of the view that there might potentially be practical or workable conditions that could be formulated, given the nature of the misconduct in this case, given that it relates to specific areas of practice that might respond well to retraining and supervision. However, the panel considered that as Ms Sluszniak has not engaged with the NMC or made any submissions it is not possible to formulate workable conditions and be assured that they would be complied with.

Furthermore, the panel concluded that the placing of conditions on Ms Sluszniak's registration would not adequately address the seriousness of this and would therefore not address public interest concerns.

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; and*
- *No evidence of harmful deep-seated personality or attitudinal problems*

The panel was satisfied that in this case, the misconduct was not fundamentally incompatible with remaining on the register. The panel noted that Ms Sluszniak's misconduct consisted of two isolated incidents and did not present a pattern of incompetence. It considered that with the right level of training and support, and positive engagement on her part, Ms Sluszniak may be able to return to safe practice. The public would in the meantime be protected by the suspension order and the need for Ms Sluszniak to satisfy a review panel before she could return to practice.

It did go on to consider whether a striking-off order would be proportionate. The panel has previously found that there is no evidence of any deep-seated attitudinal issue that would lead it to conclude that Ms Sluszniak was

fundamentally unsuited to nursing. It concluded that the public could be protected with a suspension order and the public interest in this case would be met. The imposition of a striking off order would therefore be disproportionate at this time as it was not the only sanction that would be sufficient to protect patients, members of the public and maintain professional standards. Whilst the panel acknowledges that a suspension may have a punitive effect, it would be unduly punitive in Ms Sluszniak's case to impose a striking-off order.

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 will inevitably cause Ms Sluszniak. However 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 to the public and the profession a clear message about the standard of behaviour required of a registered nurse.

The panel determined that a suspension order for a period of 12 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 revoke the order, or it may confirm the order, or it may replace the order with another order.

Any future panel reviewing this case would be assisted by:

- Engagement with the NMC and attendance at the review hearing;*
- A detailed reflective account for both incidents;*
- Evidence of any training completed since May 2020;*
- Testimonials from a line manager or supervisor for paid and/or unpaid employment;*

- *An indication to the NMC regarding Ms Sluszniak's future intention to practise.'*

Decision and reasons on current impairment

The panel has considered carefully whether Ms Sluszniak's fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as a registrant's suitability to remain on the register without restriction. In considering this case, the panel has carried out a comprehensive review of the order in light of the current circumstances.

The panel has had regard to the decision and reasoning of the panel which presided over the substantive hearing held 3 to 12 February 2025. Whilst it noted the decision of the last panel, this panel has exercised its own judgement as to current impairment.

The panel heard and accepted the advice of the legal assessor which included references to the cases of *Abraheam v NMC* [2008] EWHC 183 (Admin), *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin) and *Cohen v GMC* [2008] EWCH 581 (Admin).

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 was also mindful that in any review hearing, as per *Abraheam v NMC*, there is a persuasive burden on Ms Sluszniak to demonstrate that she has addressed the issue of previous impairment through insight, application, education, supervision and other achievements.

The panel firstly considered whether Ms Sluszniak's fitness to practise remains impaired.

The panel was mindful that the panel at the substantive hearing noted that a reviewing panel would be assisted by:

- *Engagement with the NMC and attendance at the review hearing;*
- *A detailed reflective account for both incidents;*

- *Evidence of any training completed since May 2020;*
- *Testimonials from a line manager or supervisor for paid and/or unpaid employment;*
- *An indication to the NMC regarding Ms Sluszniak's future intention to practise'*

As a starting point, the panel noted that the original panel found that Ms Sluszniak had very limited insight. As Ms Sluszniak did not engage in NMC proceedings, either by attending the substantive hearing or providing any documentary evidence, the original panel appear to have formulated this view based on the accounts given by Ms Sluszniak to her employers in disciplinary meetings.

Today's panel had no new evidence or information before it regarding Ms Sluszniak's insight.

- Ms Sluszniak has not engaged with the NMC since the substantive hearing and has not attended the review hearing
- Ms Sluszniak has not provided a reflective statement about either incident, nor provided any evidence for this hearing to demonstrate an understanding of how her actions put patients at risk of harm, that her actions were contrary to the Code and how they impacted negatively on the nursing profession.

In its consideration of whether Ms Sluszniak has taken steps to strengthen her practice, the panel noted that:

- Ms Sluszniak has provided no new information or evidence about whether she is currently working in a healthcare role or in any other capacity.
- Ms Sluszniak has not provided any evidence of additional training or professional development undertaken. In addition, the panel had no information before it about Ms Sluszniak's intentions and whether she does wish to return to nursing in the future.

The original panel determined that Ms Sluszniak was liable to repeat matters of the kind found proved and that a risk of repetition remained. In the absence of any new evidence or information regarding developing or improved insight, or a strengthening of Ms Sluszniak's

practice, this panel concluded that there was a risk of repetition. The panel therefore determined that a finding of continued impairment was necessary on public protection grounds.

The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. The panel noted that the misconduct in this matter was serious, the regulatory concerns are yet to be remediated and that Ms Sluszniaik has not engaged with the NMC during the course of these proceedings. The panel determined that members of the public would be gravely concerned if Ms Sluszniaik were permitted to return to practice unrestricted and accordingly, with regard to the above matters, concluded that a finding of continuing impairment on public interest grounds was also required.

Decision and reasons on sanction

Having found Ms Sluszniaik's fitness to practise currently impaired, the panel then considered what, if any, sanction it should impose in this case. The panel noted that its powers are set out in Article 30 of the Order. The panel has also taken into account the '*NMC's Sanctions Guidance*' (SG) and has borne in mind that the purpose of a sanction is not to be punitive, though any sanction imposed may have a punitive effect.

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

The panel 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 Sluszniaik'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 and the panel wishes to mark that the behaviour was unacceptable and must not happen again.*' The panel considered that Ms Sluszniaik's 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 the imposition of a conditions of practice order on Ms Sluszniak's registration. The panel considered that conditions of practice should only be considered if the concerns with a registrant's practice are likely to be resolved in a reasonable period of time. The panel noted that Ms Sluszniak has not engaged with the NMC during the course of these proceedings, nor has she demonstrated she has strengthened her practice or that she intends to do so. The panel further noted that any conditions imposed must be proportionate, measurable and workable and in Ms Sluszniak's case could not identify any appropriate conditions which would sufficiently mitigate the risk to the public or uphold the public interest. Accordingly, the panel determined that a condition of practice order would not be appropriate.

The panel next considered imposing a further suspension order. The panel noted that Ms Sluszniak has not demonstrated insight into her previous failings and was of the view that considerable evidence of further training would be required to show that Ms Sluszniak no longer posed a risk to the public. In particular, the panel noted Ms Sluszniak's prolonged lack of engagement with the NMC. The panel determined that a further period of suspension would not serve any useful purpose in all of the circumstances.

The panel noted the NMC Guidance REV-2h 'Removal from the register when there is a substantive order in place'. This guidance identifies circumstances where it may be appropriate to allow a substantive order to lapse with impairment. Issues to be considered in this regard include:

- *The professional would no longer be on the register but for the order in place.*
- *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.'*

All these issues apply in the present case. The panel therefore decided to allow the order to lapse upon expiry, with a finding of impairment.

The substantive suspension order will be allowed to lapse at the end of the current period of imposition, namely the end of 12 March 2026 in accordance with Article 30(1).

This will be confirmed to Ms Sluszniaik in writing.

That concludes this determination.