

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

**Substantive Meeting
Tuesday, 13 January - Wednesday, 14 January 2026**

Virtual Meeting

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| Name of Registrant: | Sandra Marie Young |
| NMC PIN: | 80A0180S |
| Part(s) of the register: | Registered Nurse - General (Level 2) - (19 February 1982) |
| Relevant Location: | Newcastle upon Tyne |
| Type of case: | Misconduct |
| Panel members: | Tracy Stephenson (Chair, lay member) Vanessa Bailey (Registrant member) Robert Marshall (Lay member) |
| Legal Assessor: | Alice Robertson-Rickard |
| Hearings Coordinator: | Hanifah Choudhury |
| Facts proved: | Charges 2b, 2c, 2d, 3 and 4 |
| Facts not proved: | Charges 1 and 2a |
| Fitness to practise: | Impaired |
| Sanction: | Suspension order (6 months) |
| Interim order: | Interim suspension order (18 months) |

Decision and reasons on service of Notice of Meeting

The panel was informed at the start of this meeting that the Notice of Meeting had been sent to Miss Young's registered email address by secure email on 12 November 2025.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Meeting contained details of the charges, particularising the allegations and setting out the alleged facts on which they are based and it was accompanied by relevant documents. It informed Miss Young of the powers available to the panel at the meeting, including the power to make an interim order and invited representations from Miss Young and indicated the timeframe as to when the meeting would take place.

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

Details of charge

That you, a Registered Nurse:

1. In or around March 2021 failed to escalate an unknown patient for review of their pain relief.
2. Between 12 and 13 October 2022, in relation to Patient A, you:
 - a) Failed to take, promptly or at all, observations following a surgical procedure;
 - b) Failed to take observations following the patient collapsing;
 - c) Documented that the patient had a NEWS Score of zero when you had not taken any observations;
 - d) Documented that the patient had been escalated to the RMO, when you had not done so.

3. Your conduct at charge 2 (c) and/ or (d) was dishonest in that you sought to mislead others that you had provided care when you knew you had not done so.

4. Between 12 and 13 October 2022 watched TV on your phone whilst on shift.

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

Background as taken from the NMC's statement of case

On 24 November 2022, the NMC received a referral from Newcastle upon Tyne Hospital ("the Hospital"), part of Nuffield Healthcare. Miss Young was employed by the Hospital from 2015 until October 2022.

The referral records that in or around March 2021, Miss Young failed to escalate an unknown patient for review of their pain relief. It is also alleged that whilst Miss Young was the nurse in charge on a night shift between 12 and 13 October 2022, Miss Young:

- failed to carry out post-operative observations on Patient A;
- failed to carry out observations on Patient A, following their collapse in a bathroom;
- documented a NEWS score of 0 for Patient A, having not taken their observations;
- documented that the Resident Medical Officer (RMO) was aware of Patient A's collapse, having not escalated this to the RMO; and
- watched TV on their phone during the shift;

On 13 October 2022, following a handover, the concerns came to light and Witness 1, the ward manager, had an informal conversation with Miss Young. During that conversation, Miss Young went on to apologise and admit that she did not know why she had not taken observations and lied about telling the RMO.

During that conversation, Miss Young was informed that the Hospital would carry out a full investigation and that there would be a likely disciplinary outcome involving the monitoring of Miss Young's practice and putting her on a performance review.

On 14 October 2022, Miss Young resigned before the Hospital commenced an investigation into the concerns.

Since her resignation from the Hospital, it is understood by the NMC that Miss Young has not practised as a nurse.

Decision and reasons on facts

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

The panel was aware that the burden of proof rests on the NMC, and that the standard of proof is the civil standard, namely the balance of probabilities. This means that a fact will be proved if a panel is satisfied that it is more likely than not that the incident occurred as alleged.

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

- Witness 1: Ward Manager at the Hospital.
- Witness 2: Nurse at the Hospital.
- Witness 3: RMO at the Hospital.
- Witness 4: Healthcare Assistant at the Hospital.

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

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

Charge 1

That you, a Registered Nurse:

1. In or around March 2021 failed to escalate an unknown patient for review of their pain relief.

This charge is found NOT proved.

The panel first considered whether Miss Young had a duty to escalate the patient's pain for medical review. The panel noted that no policy, guidance, or protocol was provided by the NMC which explained when or how a nurse should escalate a patient depending on pain levels. In the absence of such guidance, the panel was not satisfied that the NMC had established the existence of a clear duty to escalate in the circumstances of this case.

The panel noted Miss Young's assertion that she actively assessed and managed the patient's pain using appropriate nursing interventions, including the application of an ice pack to the patient's knee. This was supported by the contemporaneous investigation interview meeting notes, dated 4 March 2021, which said:

'The first documented time of patient complaining of pain was at 09.06 but no analgesia was given until 14.42. Sandra explained that the night staff had given her codeine and paracetamol in the morning and wasn't due any of that. She said she was avoiding giving the oramorph (opiates) because of the patients confused state as they thought that the opiates might be a contributing factor. I asked was there any clinical reason she didn't give the patient any ibuprofen as this was still prescribed on the PRN chart. Sandra states there was no reason other than she didn't it on the prescription.'

I also asked if Sandra reassessed the patients pain score as it was still documented at 16.26 by HCA patient in pain. Sandra states she did and applied ice pack to knee with the HCA as the patient also had a red knee. Pain score recorded at 17.36 is 0/10 prior to transfer.'

The panel carefully considered Miss Young's account of events and accepted it as a plausible and credible explanation of her actions. The panel found that Miss Young was responsive to the patient's needs. The panel considered that this suggested Miss Young did not ignore or overlook the patient's pain but instead addressed it through appropriate clinical measures.

In all the circumstances, the panel found that the NMC had failed to prove that Miss Young had a duty to escalate the patient's pain relief as she had managed it appropriately herself using her professional judgement.

Accordingly, the panel found Charge 1 not proved.

Charge 2a)

That you, a Registered Nurse:

2. Between 12 and 13 October 2022, in relation to Patient A, you:

- a) Failed to take, promptly or at all, observations following a surgical procedure;

This charge is found NOT proved.

The panel carefully considered all the evidence, including the documentary evidence and the witness statements relied upon by the NMC.

The panel considered the Hospital's Post Operative Guidance which set out when post-operative observations should be checked:

- '1. ¼ hourly Blood Pressure and Pulse for the first hour, progressing to ½ hourly for the next 2 hours. Once the patient is stable, the Blood Pressure & Pulse can be recorded hourly, progressing to 4 hourly as clinically indicated.*
- 2. Temperature to be recorded 4 hourly as indicated.*
- 3. Respiratory rate and Oxygen Saturation's should also be recorded ¼ hourly, progressing to 4 hourly as indicated. MEWS [sic] scores must be recorded an acted upon.'*

The panel noted that Patient A was a day two post-operative patient and that the NMC did not provide any evidence specifying how frequently observations were required for a patient at that stage of recovery. The relevant policy referred to what should be done in the immediate post-operative period but did not specify observation requirements for a day two patient.

The panel considered the evidence of Witness 3 who said:

'No observations were recorded at 2am for Patient A because he was classified as a day two post-surgical patient, and the routine observations required for day zero patients did not apply to him.'

In all the circumstances, the panel was not clear what the duty was that Miss Young was alleged to have breached in this allegation. The panel found that the NMC failed to establish what observations were meant to be recorded, when they should have been recorded, or why they were clinically required in Patient A's circumstances. It therefore found that it had failed to discharge the burden of proof in this charge.

Accordingly, the panel found Charge 2a) not proved.

Charge 2b)

That you, a Registered Nurse:

2. Between 12 and 13 October 2022, in relation to Patient A, you:
 - b) Failed to take observations following the patient collapsing;

This charge is found proved.

The panel was satisfied that there was a duty to take observations following Patient A's collapse. It was further satisfied that Miss Young had breached this duty by failing to take the necessary observations.

In reaching this decision, the panel accepted the evidence of Witness 1 which said:

'On 13 October 2022, following the handover, it was realised that observations had not been recorded despite Sandra documenting that Patient A was found in a collapsed state and recording the National Early Warning Score (NEWS) as 0.

... . Sandra failed to carry out the required observations on Patient A despite documenting that she had found him in a collapsed state. This was a serious oversight, as the Patient A's condition clearly warranted immediate and thorough monitoring.'

The panel also took into account the witness statement of Witness 4 which said:

'I confirm that Sandra did not ask me to complete observations for Patient A after the incident, I presumed that this would be handled by her as Nurse in Charge.'

The panel also noted that Miss Young did not dispute this charge as Witness 1's statement said:

'When the issue was addressed with Sandra, she initially said that Witness 4 had told her that she had done the observations. She then apologised and verbally admitted she didn't know why she hadn't taken observations...'

In light of the evidence before it, the panel found this charge proved.

Charge 2c)

That you, a Registered Nurse:

2. Between 12 and 13 October 2022, in relation to Patient A, you:

- c) Documented that the patient had a NEWS Score of zero when you had not taken any observations;

This charge is found proved.

In reaching this decision, the panel took into consideration Miss Young's entry into the clinical records at 08:13 which said:

'Observations stable NEWS 0.'

The panel further noted from the clinical records that no clinical observations had in fact been undertaken.

The panel also took into account the statement of Witness 1 which said:

'In this case, Sandra's failure to perform the necessary observations, including vital signs and neurovascular checks, directly compromised the patient's safety. Had she followed the proper protocol, she would have identified any alarming changes in his condition, such as drops in blood pressure, altered heart rate, or abnormal oxygen saturation levels, which could have pointed to the underlying issue. Additionally, had the proper observations been carried out, Sandra would have been able to accurately calculate Patient A's NEWS which would have triggered the need for immediate medical review and intervention.'

The panel was satisfied that there was sufficient evidence that demonstrated that Miss Young had documented a NEWS of 0 for Patient A when she had not taken any observations. The panel therefore found charge 2c) proved.

Charge 2d)

That you, a Registered Nurse:

2. Between 12 and 13 October 2022, in relation to Patient A, you:

- d) Documented that the patient had been escalated to the RMO, when you had not

done so.

This charge is found proved.

In reaching this decision, the panel noted the entry at 08:13 made by Miss Young which said:

'...RMO aware.'

The panel took into account Witness 3's statement which said:

'However, I can confirm that Ms Young did not inform me of Patient A's deterioration during the shift. I became aware of the situation via day nurse and responded immediately.'

This was supported by Witness 3's local statement which said:

'I was informed that Patient A had a vasovagal and I was alerted and told observations by day shift nurse.'

The panel also noted that Witness 4, in her witness statement, said:

'I also confirm that at no point, did Sandra ask me to contact the Resident Medical Office (RMO).'

The panel accepted Witness 3's account which was supported by her contemporaneous statement. The panel therefore found this charge proved.

Charge 3

3. Your conduct at charge 2 (c) and/ or (d) was dishonest in that you sought to mislead others that you had provided care when you knew you had not done so.

This charge is found proved.

The panel considered Charge 3 only after having found charges 2c) and 2d) proved.

The panel considered Miss Young's actions in documenting that she had undertaken observations when she had not, and that she had escalated concerns to the RMO when she had not. The panel was satisfied that this entry clearly recorded that care had been provided which had not.

The panel was satisfied that when Miss Young completed the inaccurate patient records, she knew that the information she was recording was incorrect. Miss Young admitted that she had not taken the observations she recorded and accepted that she did not know why she had made the inaccurate entry. The panel noted Witness 1's evidence in relation to when she challenged Miss Young about this documentation. She said:

'She then apologised and verbally admitted she didn't know why she hadn't taken observations nor lied about telling the RMO. She apologised and shrugged, "I don't know why".'

The panel was satisfied that at the time Miss Young recorded that she had taken observations and escalated concerns to the RMO, she would have known that she had not done so. The panel found that by making this entry, Miss Young sought to mislead others into believing that she had performed the elements of care as documented.

In considering dishonesty, the panel applied the objective test and determined that an ordinary, decent person would consider Miss Young's actions to be dishonest.

Accordingly, the panel found this charge proved.

Charge 4

4. Between 12 and 13 October 2022 watched TV on your phone whilst on shift.

This charge is found proved.

In reaching this decision, the panel took into consideration the statement of Witness 4 which said:

'Sandra was already logged into TrakCare and inputting information for other patients at the time. She wasn't on her break but was sitting and eating a Rustlers burger with a packet of crisps while watching true crime videos on her mobile phone.'

This was supported by her local statement which said:

'Sandra was already on the trak care system doing her writing for different patients on the ward, whilst watching true crime on her mobile phone.'

The panel had nothing before it to undermine Witness 4's evidence. In light of this the panel 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 Miss Young'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 kindly, safely and professionally.

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

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

Representations on misconduct and impairment

The NMC invited the panel to take the view that the facts found proved amount to misconduct. The panel had regard to the terms of 'The Code: Professional standards of practice and behaviour for nurses and midwives (2018)' ("the Code") in making its decision.

The NMC suggested specific relevant standards where Miss Young's actions amounted to misconduct.

The NMC asked the panel to bear in mind its overarching objective to protect the public and the wider public interest. This included the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body. The panel has referred to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin).

With regard to impairment the NMC invited the panel to find Miss Young's fitness to practise impaired on public protection and public interest grounds stating that:

'The NMC submit that it would be difficult for Miss Young to address the concerns raised regarding the dishonesty directly linked to her professional practice. As outlined by the NMC guidance ('Can the concern be addressed' FTP-15a) behaviour involving dishonesty is often difficult to remediate as it goes to attitudinal concerns on the part of the registrant. If concerns are not remediated sufficiently this creates a risk of repetition. Where there is risk of repetition of concerns such as those of the nature raised in this case, this creates an ongoing risk of unwarranted harm to patients.

In cases such as these where the concerns suggest harmful underlying attitudinal issues, it is fundamental that a registrant demonstrates reflection, remorse and importantly insight, in order to show strengthened practice. There is limited evidence that Miss Young has attempted to reflect on or remediate any of her behaviour that she has admitted to. Additionally, Miss Young has had limited engagement with the NMC throughout the investigation.

Miss Young has acknowledged that her actions went against the professional standards and has attempted to remove herself from the NMC register. Miss Young has repeatedly stated that she has no intention of returning to the nursing profession and has made admissions at an early stage, however she has failed to provide a reflective statement acknowledging the seriousness of her conduct or undertake any steps to remediate her behaviours. Miss Young has previously stated that she is working for Amazon and has no desire to get back into nursing. It is currently unknown if Miss Young still holds her position at Amazon, however in her recent correspondence dated 16 July 2025, Miss Young stated that she has left the nursing profession.

... It is submitted that there is a public interest in a finding of impairment being made in this case to declare and uphold proper standards of conduct and behaviour. Honesty and integrity form fundamental tenets of the profession. It is expected of a nurse to consistently act with integrity and in an open and honest way, prioritising public and patient safety. They must make sure that their conduct at all times justifies the public's trust in the profession. Miss Young falsified observations, documented an escalation which she hadn't actioned, and attempted to mislead colleagues with this dishonesty.

It is submitted that a member of the public appraised of the facts, would be shocked to hear that a registered nurse who had exhibited such behaviour was entitled to practice without restriction. As such, the need to protect the wider public interest calls for a finding of impairment to uphold standards of the profession, and to maintain public trust and confidence in the profession and the NMC as its regulator. Without a finding of impairment, public confidence in the profession, and the regulator, would be seriously undermined, particularly where there is a high risk of repetition and the behaviour includes multiple incidents of dishonesty, as is present in this case.'

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments.

Decision and reasons on misconduct

In coming to its decision, the panel had regard to the case of *Roylance v GMC (No. 2)* [2000] 1 AC 311 which defines misconduct as a ‘word of general effect, involving some act or omission which falls short of what would be proper in the circumstances.’

When determining whether the facts found proved amount to misconduct, the panel had regard to the terms of the Code.

The panel was of the view that Miss Young’s actions did fall significantly short of the standards expected of a registered nurse, and that Miss Young’s actions amounted to a breach of the Code. Specifically:

‘1 Treat people as individuals and uphold their dignity

To achieve this, you must:

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*

3 Make sure that people’s physical, social and psychological needs are assessed and responded to

To achieve this, you must:

3.1 *pay special attention to promoting wellbeing, preventing ill health and meeting the changing health and care needs of people during all life stages*

8 Work co-operatively

To achieve this you must:

8.2 *maintain effective communication with colleagues*

8.6 *share information to identify and reduce risk*

10 Keep clear and accurate records relevant to your practice

This applies to the records that are relevant to your scope of practice. It includes but is not limited to patient records.

To achieve this, you must:

10.2 identify any risks or problems that have arisen and the steps taken to deal with them, so that colleagues who use the records have all the information they need

10.3 complete records accurately and without any falsification, taking immediate and appropriate action if you become aware that someone has not kept to these requirements

13 Recognise and work within the limits of your competence

To achieve this must:

13.1 accurately identify, observe and assess signs of normal or worsening physical and mental health in the person receiving care

13.2 make a timely referral to another practitioner when any action, care or treatment is required

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, ...'

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct.

In relation to charge 4, the panel noted that Miss Young was observed watching television on her phone during her shift. The panel acknowledged that Miss Young should not have been doing so and accepted that this behaviour was unprofessional.

However, the panel noted that there was no clear evidence as to how long Miss Young was watching television. The panel further noted the evidence that, although Miss Young had her phone on, she was continuing to undertake nursing tasks.

The panel was satisfied that the evidence did not demonstrate that Miss Young had neglected patient care or disengaged from her professional responsibilities during this

time. The panel concluded that, while the behaviour fell below expected professional standards, it did not reach the level of seriousness required to amount to misconduct.

In respect of charges 2b, 2c and 2d, the panel noted the importance of accurate and timely documentation of a patient's observations in ensuring that a patient receives appropriate and safe care.

The panel noted that Patient A was a post-operative patient. The panel considered that nurses must remain alert to any change in a patient's presentation, particularly where the patient has collapsed and showed signs of being unwell.

The panel concluded that Miss Young's actions fell significantly short of the standards expected of a registered nurse. The panel considered that other nurses would regard this conduct as deplorable.

The panel then considered charge 3, in which it found that Miss Young acted dishonestly by documenting that she had taken observations and escalated concerns when she knew that she had not done so.

The panel was mindful that accurate record-keeping is fundamental to patient safety. The panel found that by recording care that had not been provided, Miss Young sought to lead others to believe that appropriate monitoring and escalation had taken place when it had not.

The panel considered this conduct to be particularly serious as the failure to carry out observations and to make the RMO aware of concerns, combined with the dishonest documentation, created a risk that Patient A's condition would not be appropriately monitored or managed.

The panel concluded that this conduct fell significantly short of the standards expected of a registered nurse and would be regarded as unacceptable by fellow professionals.

The panel was satisfied that, albeit that this arose from a single episode, the behaviour was serious enough to amount to misconduct.

Decision and reasons on impairment

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

In coming to its decision, the panel had regard to the NMC Guidance on '*Impairment*' (Reference: DMA-1 Last Updated: 03/03/2025) in which the following is stated:

'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. 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/their fitness to practise is impaired in the sense that S/He/They:

- 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 first considered whether any of the limbs of the Grant test were engaged in the past. It was of the view that at the time of the incidents, Miss Young's misconduct placed Patient A, who was particularly vulnerable, at risk of unwarranted harm.

The panel determined that Miss Young's misconduct constituted serious breaches of the fundamental tenets of the nursing profession as she failed to uphold the standards and values of the nursing profession, thereby bringing the nursing profession into disrepute. The panel had also found a charge of dishonesty proved against Miss Young.

The panel therefore concluded that limbs a, b, c and d of the Grant test were engaged in the past.

The panel considered the factors set out in the case of *Ronald Jack Cohen v General Medical Council* [2008] EWHC 581 (Admin), namely whether the conduct is easily remediable, whether it has been remedied and whether it is highly unlikely to be repeated.

The panel first considered whether the misconduct in this case is remediable. The panel recognised that the misconduct in this case relates to a single incident, involving a single act of dishonesty, and did not form part of a pattern of repeated dishonest behaviour. It further acknowledged that the incident occurred during a period when Miss Young was experiencing difficult personal circumstances which provided some context for her actions. The panel also noted that there was some evidence of remorse in that Miss Young expressed regret for her conduct and accepted that her actions were wrong. The panel was satisfied that the clinical failings were capable of remediation. In relation to the dishonesty, whilst acknowledging that dishonesty is difficult to remediate, it considered that in this case it was capable of remediation, given that it related to a single incident which occurred at a time of particularly difficult personal circumstances for Miss Young.

However, the panel concluded that, although the misconduct is capable of remediation, it has not been remediated by Miss Young. Miss Young has provided no reflective piece addressing the seriousness of her dishonesty, the impact of her actions on the reputation of the profession, or the potential risk to public trust. There was no evidence before the panel of testimonials, references, or completion of any relevant training courses to demonstrate learning or changed behaviour. As a result, the panel had nothing which it could rely on to be satisfied that Miss Young has taken meaningful steps to remediate her misconduct.

The panel also noted that Miss Young has not worked as a nurse since she resigned and has expressed that she has no intention of returning to nursing and therefore there is no evidence of safe, honest, and ethical nursing practice since the incident. In addition, the panel took into account Miss Young's own acknowledgment that her practice was impaired at the time of the misconduct. In the absence of any evidence of remediation or developing insight, the panel determined that there remains a real risk that the misconduct could be repeated.

Accordingly, while the panel acknowledged that the misconduct in this case related to a one-off incident of dishonesty and was not indicative of a broader pattern of behaviour, it concluded that Miss Young's lack of insight, reflection, and remediation means that the concerns are ongoing. The panel therefore found that Miss Young's fitness to practise is currently impaired on public protection grounds.

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

The panel had regard to the serious nature of Miss Young's misconduct and determined that public confidence in the profession would be undermined if a finding of impairment were not made in this case, particularly as this misconduct involved dishonesty. It was of the view that a fully informed member of the public, aware of the proven charges in this case, would be very concerned if Miss Young were permitted to practise as a registered nurse without restrictions. For this reason, the panel determined that a finding of current impairment on public interest grounds is also required. It determined that this finding is necessary to mark the seriousness of the misconduct, the importance of maintaining public confidence in the nursing profession, and to uphold the proper professional standards for members of the nursing profession.

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

Sanction

The panel has considered this case very carefully and has decided to make a suspension order for a period of six months. The effect of this order is that the NMC register will show that Miss Young's registration has been suspended.

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

Representations on sanction

The panel noted that in the Notice of Meeting, dated 12 November 2025, the NMC had advised Miss Young that it would seek the imposition of a striking-off order if it found Miss Young's fitness to practise currently impaired.

Decision and reasons on sanction

Having found Miss Young'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:

- Patient A was vulnerable in the circumstances.
- Miss Young's misconduct placed Patient A at risk of harm.
- No evidence of reflection or remediation has been provided by Miss Young.

The panel also took into account the following mitigating features:

- Miss Young's misconduct relates to a single incident.
- Miss Young was going through difficult personal circumstances at the time of the incident.
- Miss Young apologised for her actions at an early stage.

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 Miss Young'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 Miss Young'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 Miss Young'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 SG.

The panel determined that a conditions of practice order would not be appropriate given the circumstances of this case. Although there were areas identified that could be addressed through conditions, the panel took into account that it had found a charge of dishonesty proved which is difficult to address through retraining. In addition, the panel noted that Miss Young has not worked as a nurse since resigning from the Hospital and has expressed that she has no intention of returning to nursing which would make conditions unworkable.

Furthermore, the panel concluded that the placing of conditions on Miss Young's registration would not adequately address the seriousness of this case and would not protect the public.

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

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

The panel took into consideration that Miss Young's misconduct was confined to a single incident and that Miss Young had been practicing as a nurse for many years. The panel was therefore satisfied that there are no deep-seated attitudinal issues. Rather, her dishonest conduct was a one-off incident in the context of a long career at a time when she was experiencing very difficult personal circumstances. There has been no evidence of repetition of this behaviour since the incident and the panel noted Miss Young's comments to the NMC which demonstrated some insight into her behaviour. Whilst the panel had been unable to conclude that the conduct was 'highly unlikely to be repeated' due to the lack of remediation, it did not consider that there was a 'significant risk' of Miss Young repeating the behaviour. The panel was therefore satisfied that in this case, the misconduct was not fundamentally incompatible with remaining on the register.

It did go on to consider whether a striking-off order would be proportionate, as per the NMC's sanction bid. Taking account of all the information before it, and of the mitigation provided, the panel concluded that it would be disproportionate. Whilst the panel acknowledges that a suspension may have a punitive effect, it would be unduly punitive in Miss Young'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 Miss Young. 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 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 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:

- A reflective piece detailing the impact Miss Young's actions have had on patients, the public and the wider nursing profession.
- Any relevant evidence of completed training.
- Testimonials and references from her employer.
- Miss Young's intentions in respect of returning to nursing.

Interim order

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

Representations on interim order

The panel took account of the representations made by the NMC that the interim order should be imposed for a period of 18 months to cover the initial period of 28 days before the sanction comes into effect, and the time taken for the Court to consider any appeal in the event that one is lodged.

Decision and reasons on interim order

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

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

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

This will be confirmed to Miss Young in writing.

That concludes this determination.