

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

**Substantive Meeting  
Friday 3 July 2026**

Nursing and Midwifery Council  
10 George Street, Edinburgh, EH2 2PF

<b>Name of Registrant:</b>	<b>Valeria Hering</b>
<b>NMC PIN:</b>	16L0034C
<b>Part(s) of the register:</b>	Registered Nurse – Sub part 1
<b>Relevant Location:</b>	Guernsey
<b>Type of case:</b>	Caution
<b>Panel members:</b>	Dave Lancaster (Chair, lay member) Sophie Agolini (Registrant member) Emma Foxall (Lay member)
<b>Legal Assessor:</b>	Graeme Henderson
<b>Hearings Coordinator:</b>	Fionnuala Contier-Lawrie
<b>Facts proved:</b>	Charge 1
<b>Not proved</b>	Charges 2 and 3
<b>Fitness to practise:</b>	Impaired
<b>Sanction:</b>	<b>Striking-off order</b>
<b>Interim order:</b>	<b>Interim suspension order (18 months)</b>

## **Decision and reasons on service of Notice of Meeting**

The panel was informed at the start of this meeting that that the Notice of Meeting had been sent to Ms Hering's registered email address on 27 May 2026.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Meeting provided details of the allegation, and that the meeting will take place on or after 2 July 2026, virtually.

In the light of all of the information available, the panel was satisfied that Ms Hering 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) On 1 October 2024 at Guernsey Police Headquarters was cautioned for theft of 5 types of medication contrary to Section 1 of The Theft (Bailiwick of Guernsey) Law, 1983 as amended.
- 2) On one or more occasions between 18 June 2021 to 5 August 2024 took one or more medications from your workplace without clinical justification.
- 3) Your conduct at Charge 2 were dishonest in that you took medication from your workplace other than in the proper course of your employment, when you knew or ought to have known that you were not entitled to do so.

AND in light of the above, your fitness to practise is impaired by reason of your caution in respect of Charge 1 and your misconduct in respect of Charges 2 and 3.

The panel noted that the charges that were presented to them contained an allegation that Mrs Hering had received a caution as well as allegations that she had been guilty of misconduct.

The panel had regard to Rule 29 (2) of the Rules which states:

*'(2) The Fitness to Practise Committee may consider one or more categories of allegation against a registrant provided always that an allegation relating to a conviction or caution is heard after any allegation of misconduct has been heard and determined.'*

The panel noted that the NMC guidance on charging (Pre 2H) states:

*'There are times when we might need to allege that a nurse, midwife or nursing associate's fitness to practise is impaired for more than one of the reasons set out in our legislation. For example, a nurse or midwife's fitness to practise could be impaired because of misconduct and a conviction or caution.'*

*'The panel is only allowed to know about the conviction or caution once it has made a decision about the misconduct allegation.'*

The panel was concerned that this was departure from the Rules was explained in the NMC's Statement of case as follows:

*'The NMC submits that Mrs Hering took one or more further medications from her workplace for which she was not cautioned for....'*

The panel was also concerned that the misconduct charge appeared to be add little to the caution charge. The caution charge related to 5 different types of medication. The misconduct charge related to 'one or more' medications. The panel did not consider it appropriate to make findings on charges of misconduct in respect of the same set of events that Mrs Hering had been cautioned for.

The panel also noted that NMC guidance Pre 2B made it clear that the NMC should not add charges that add little to the seriousness of the case.

The panel was also concerned that whilst the caution order particularised the drugs that had been taken the charge made no attempt to particularise what these additional drugs were.

The panel determined not to find Charges 2 and 3 proved on the basis of relevancy, fairness and lack of evidence particularising what additional medications were said to have been removed.

## **Background**

On 7 August 2024, the NMC received a referral from the Director of Care Delivery at the Princess Elizabeth Hospital (“the Hospital”), Guernsey, regarding Ms Hering. She had worked there as a Band 5 staff nurse on the medical ward since June 2021.

The referral stated that on 10 July 2024, Guernsey Police executed a search warrant for an unrelated matter at the staff accommodation where Ms Hering was residing. During a search of the room occupied by Ms Hering, a quantity of medication was seized. The patient names displayed on the medication showed that many of the items did not belong to Ms Hering. She was arrested by Guernsey Police on suspicion of theft and holding controlled drugs and was then bailed until 3 September 2024 whilst enquiries were ongoing.

On 25 July 2024, a Teams meeting was scheduled to take place between the investigation officer and Ms Hering. However, Ms Hering failed to attend the meeting and subsequent attempts to contact her were unsuccessful. A disciplinary report was compiled, and a disciplinary hearing was then held on 5 August 2024. Ms Hering was subsequently dismissed from the Hospital.

On 4 September 2024, Ms Hering was interviewed by the Police. She made admissions to the theft of medication and was then bailed until 1 October 2024. On 1 October 2024 she received a caution for the theft of medication from the Hospital,

signed the appropriate paperwork and was released from custody.

### **Decision and reasons on facts**

The charges concern Ms Hering's caution and the panel had regard to Rule 31 (2) and (3)  
These state:

- '31.—** (2) *Where a registrant has been convicted of a criminal offence—*
- (a) *a copy of the certificate of conviction, certified by a competent officer of a Court in the United Kingdom (or, in Scotland, an extract conviction) shall be conclusive proof of the conviction; and*
  - (b) *the findings of fact upon which the conviction is based shall be admissible as proof of those facts.*
- (3) *The only evidence which may be adduced by the registrant in rebuttal of a conviction certified or extracted in accordance with paragraph (2)(a) is evidence for the purpose of proving that she is not the person referred to in the certificate or extract.'*

The panel noted that this evidential rule only applied to certificates of conviction and not to caution. However, the panel had been supplied with the certificate of caution, dated 1 October 2024, which provided details of the caution:

*"Offence Title: THAT YOU, on 10th July 2024 at Princess Elizabeth Hospital, Le Vauquiedor, St Andrews stole 5 x 700MG Lidocaine patches, 1 x Viscopaste Plaster Roll, 11 x 200mg Ibuprofen tablets, 6 x 50mg Sertraline tablets and 14 x 800 Vitamin D. at a value to be confirmed belonging to Health and Social Care contrary to Section 1 of The Theft (Bailiwick of Guernsey) Law, 1983 as amended.v"*

The panel noted that Ms Hering had signed the certificate of caution, stating: *"I freely admit the above offence"*.

The panel also noted that, in her extensive correspondence, Ms Hering has never denied that she was cautioned. In her correspondence, Ms Hering maintained that some of the

drugs involved had been taken from a box of medicines in the hospital, which were due for destruction as they were no longer required by the patient. Although no controlled drugs were found, some of the drugs were prescription medicines.

### **Fitness to practise**

The panel was referred to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin).

The panel was invited by the NMC to find Ms Hering's practice to be impaired on the basis that all 4 limbs of *Grant* were engaged.

*'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.'*

### **Decision and reasons on impairment**

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

In this regard the panel considered the test approved by Mrs Justice Cox in the case of *Grant* in reaching its decision.

*“Do our finding 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 and/ or is liable in the future to be dishonest”*

The panel first considered limb a of the *Grant* test and determined that it has been met in this case. The panel noted that there was clear evidence that when the police conducted their raid Ms Hering was in possession of a large quantity of drugs in respect of which she was not charged. [PRIVATE] The panel found that although there was no evidence of direct harm caused to patients as a result of Ms Hering’s self-medication of drugs which were not prescribed to her, it still presented a risk to patients as the medication may affect Ms Hering’s control and ability to perform as a nurse. The panel also noted that there was no evidence before it to satisfy the panel that the risk no longer remains.

The panel next considered limb b. The panel determined that this limb was engaged as a member of the public would be shocked to hear that a nurse had been stealing medication from a hospital in which she worked, which was not prescribed to her. The panel determined that a member of the public would expect a nurse to dispose of medication correctly when necessary and not being stolen and used by the nurse, when they are meant to be caring for patients. The panel found that Ms Hering’s actions would bring the

reputation into disrepute. The panel had no reassurance that she would not do so in the future.

The panel considered limb c and found that it was engaged. The panel found that theft of drugs from Ms Hering's work place is a breach of the fundamental tenets of the profession, particularly the requirement in the *Code* to promote professionalism and trust. The panel had no reassurance that she would not do so in the future.

The panel considered limb d and determined that it was engaged as theft is an act of dishonesty and noted that although Ms Hering admitted to doing so, she said that she did not take the drugs from the drugs cupboard and only removed drugs that were to be disposed of. There was no evidence before the panel to reassure it that she would not act dishonestly again in the future.

The panel then considered the factors set out in the case of *Cohen v GMC [2008] EWHC 581 (Admin)* and determined that although the issues could be remediable under certain circumstances, due to the lack of insight, the panel had no information to suggest that Ms Hering has taken any steps to rectify the issues.

The panel noted that although Ms Hering has admitted to the facts, she has still shown a lack of insight into the impact of her actions and has shown very little appreciation for why her actions were wrong. The panel therefore determined that the risk of repetition was high as it had no evidence to show Ms Hering had undergone any professional development or shown insight into her actions.

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

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

The panel determined that a finding of impairment on public interest grounds is required because a member of the public would be appalled to hear of Ms Hering's police caution as a result of her actions and therefore the panel concluded that public confidence in the profession would be undermined if a finding of impairment were not made in this case and therefore also finds Ms Hering's fitness to practise impaired on the grounds of public interest.

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

### **Sanction**

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

In reaching this decision, the panel has had regard to all the evidence that has been adduced in this case and had regard to the NMC Guidance on '*The sanctions available*' (Reference: SAN-2 Last Updated: 28/01/2026).

The panel accepted the advice of the legal assessor.

### **Representations on sanction**

The panel noted the NMC's submission that in this case, with reference to the NMC guidance on sanctions, it is proposed that a striking off order is the necessary, appropriate and proportionate sanction in the all the circumstances of the case. Dealing with aggravating and mitigating factors these are as follows:

#### Aggravating factors

1. Attitudinal issues and dishonesty
2. Lack of insight and remediation.
3. Theft of medication over a long period of time.
4. Premeditated

## 5. Breach of trust

### Mitigating factors

1. No patient harm crystalised
2. No prior regulatory history
3. Admitted to the theft at an early stage

### **Decision and reasons on sanction**

Having found Ms Hering's fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose. 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 regard to the NMC Guidance on '*The sanctions available*' (Reference: SAN-2 Last Updated: 28/01/2026). The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- Attitudinal issues and dishonesty
- Lack of insight and remediation.
- Theft of medication.
- Premeditated
- Breach of trust

The panel also took into account the following mitigating features:

- No direct patient harm
- Admitted to the theft to the police, her employers and the NMC at an early stage
- [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.

The panel next considered a caution order and had regard to the NMC Guidance on 'Caution order' (Reference: SAN-2b Last Updated: 28/01/2026) in which the following is stated:

*'A caution is only appropriate if the Committee has decided there's no risk to the public or to people using services that requires the professional's practice to be restricted. This means the case is at the lower end of the spectrum of impaired fitness to practise, but the Committee wants to mark that what happened was unacceptable and must not happen again.'*

The panel considered that Ms Hering's misconduct was not at the lower end of the spectrum, and it found that there is a risk to patient and public safety. The panel therefore determined that a sanction that does not restrict Ms Hering's practise would not protect the public. The panel also determined 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 Hering's registration would be appropriate. The panel is mindful that any conditions imposed must be relevant, proportionate, workable and measurable. The panel had regard to the NMC Guidance on 'Conditions of practice order' (Reference: SAN-2c Last Updated: 28/01/2026).

The panel is of the view that there are no relevant, proportionate, workable or measurable conditions that could be formulated, given the nature of the charges in this case.

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

The panel went on to consider whether a suspension order is appropriate in this case. The panel had regard to the NMC Guidance on 'Suspension order' (Reference: SAN-2d Last Updated: 28/01/2026) in which the following factors on when a suspension order may be appropriate are set out:

- *'the impairment is very serious but not fundamentally incompatible with continuing to be a registered professional*
- *an outcome less severe than strike-off would still satisfy the over-arching objective.'*

The panel considered that it would not be sufficient to uphold public confidence in the profession and maintain professional standards due to the seriousness and nature of the facts found proved. Given Ms Hering's lack of insight and no evidence of training and development, the panel considered that there is no realistic possibility that she would address the concerns to such a level where she could return to practise safely.

The panel also considered SAN-3 and determined that given the lack of insight from Ms Hering, the panel determined that a suspension order would not be a sufficient, appropriate or proportionate sanction.

In considering a striking-off order, the panel had regard to the NMC Guidance on *'Sanctions for the highest risk cases'* (Reference SAN-4 Last Updated: 28/01/2026). Having regard to all of the above, the panel determined that this case falls within the definition of being a *'highest risk case'*.

The panel had regard to the following considerations as set out in the NMC Guidance entitled *'Striking-off order'* (Reference: SAN-2e Last Updated; 28/01/2026):

- *Do the charges found proved raise fundamental questions about their professionalism?*
- *Can public confidence in the profession be maintained if the professional is not removed from the Register?*
- *Is there any amount of insight and reflection which could keep people receiving care and members of the public safe, maintain public confidence in the profession, and uphold professional standards?*
- *Is there a realistic prospect that, after suspension, the professional will have gained insight and strengthened their practice such that the risk they pose will have reduced?*

The panel found that the actions were extremely serious and the fact that it has insufficient evidence of insight or remediation from Ms Hering, her actions were a significant departure from the standards expected of a registered nurse, and are fundamentally incompatible with her remaining on the register.

The panel was of the view that the findings in this particular case demonstrate that Ms Hering's actions were serious and to allow her to continue practising would undermine public confidence in the profession and in the NMC as a regulatory body.

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel determined that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the matters it identified, in particular the effect of Ms Hering's actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct herself, the panel has concluded that nothing short of this would be sufficient in this case. In particular it saw no reason to depart from SAN-3.

The panel considered that this order was necessary to mark the importance of maintaining public confidence in the profession, and to send to the public and the profession a clear message about the standard of behaviour required of a registered nurse.

This will be confirmed to Ms Hering in writing.

### **Interim order**

As the striking-off order cannot take effect until the end of the 28-day appeal period, the panel has considered whether an interim order is required in the specific circumstances of this case. It may only make an interim order if it is satisfied that it is necessary for the protection of the public, is otherwise in the public interest or in Ms Hering's own interests until the striking-off 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 if a finding is made that Ms Hering's fitness to practise is impaired on a public protection basis, an interim order in the same terms as the substantive order should be imposed on the basis that it is necessary for the protection of the public and otherwise in the public interest.

## **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 allow for the appeal period.

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

That concludes this determination.