Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Order Review Hearing
Tuesday, 21 July 2026

Virtual Hearing

Name of Registrant:	Ann Marie Simmonds
NMC PIN:	99J0125E
Part(s) of the register:	Nursing Sub part 1 RNA, Registered Nurse – Adult 30 September 2002
Relevant Location:	West Midlands
Type of case:	Misconduct
Panel members:	Wayne Miller (Chair, lay member) Corinne Foy (Registrant member) Marilyn Norman (Lay member)
Legal Assessor:	Richard Tyson
Hearings Coordinator:	Yvonne Temah
Nursing and Midwifery Council:	Represented by Sylvia Opoku, Case Presenter
Mrs Simmonds:	Present and unrepresented
Order being reviewed:	Suspension order (6 months)
Fitness to practise:	Not Impaired
Outcome:	**Order to lapse upon expiry in accordance with Article 30 (1), namely 12 August 2026**

Decision and reasons on review of the substantive order

The panel decided to allow the order to lapse upon expiry of the current order at the end of 12 August 2026 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the first review of a substantive suspension order originally imposed for a period of six months by a Fitness to Practise Committee panel on 13 January 2026.

The current order is due to expire at the end of 12 August 2026.

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

The charge found proved by way of admission which resulted in the imposition of the substantive order was as follows:

> *'That you, a registered nurse:*
>
> *On 19 July 2022, you breached your suspension order in that you became clinically involved in a patient's care while suspended from the register.*
>
> *AND in light of the above, your fitness to practise is impaired by reason of your misconduct.'*

The original reviewing panel determined the following with regard to impairment:

> *'The panel finds that a patient was put at an unwarranted risk of harm as a result of Mrs Simmonds' misconduct. The panel adopted and agreed with the NMC submissions. It determined that Mrs Simmonds did not have the authority to make clinical decisions at the relevant time, and although no evidence of actual harm occurred, her actions may have compromised Resident A's care and safety and the trust and confidence professional colleagues hold in each other's ability to be fit to practice.*

The panel found that in the past, Mrs Simmonds' misconduct had breached a fundamental tenet of the nursing profession and therefore brought its reputation into disrepute. Mrs Simmonds' failed to promote professionalism and trust; her breach of the suspension order demonstrated a complete disregard for professional standards.

The panel went on to consider whether Mrs Simmonds' misconduct was capable of remediation, had been remedied, and what the likelihood of her repeating it was.

The panel was satisfied that the misconduct in this case is capable of being addressed and determined that Mrs Simmonds' actions demonstrated an attitudinal issue, however, it did not consider it to be deep-seated. Mrs Simmonds' reflections indicated that she had not initially appreciated the clinical nature of her actions, only accepting after the event that they were clinical in nature. Therefore, the panel carefully considered the evidence before it in determining whether or not Mrs Simmonds has taken steps to strengthen her practice and whether or not she has shown any insight.

Firstly, the panel acknowledged that Mrs Simmonds' has a developing level of insight and took into consideration her written reflective statement. The panel determined however that there is a lack of reflection on matters relating to patient safety and the impact of the consequences of having breached the regulatory order placed on her: the suspension order. Further, the panel determined that Mrs Simmonds' has not expressed any clear apology or remorse.

Secondly, in terms of remediation, the panel noted the fact that Mrs Simmonds has stated that she has attended two short courses, as follows: 'Legal Record Keeping – The Do's and Don'ts' and 'Management by Supporting Other's Rather Than Doing For Other's'. The panel noted that these courses relate to matters which may assist Mrs Simmonds' in the future within her position of Regional Manager. However, there is no evidence of how these courses would have aided Mrs Simmonds' with her

misconduct relating to her having practiced whilst suspended. Consequently, Mrs Simmonds' has not put before the panel any evidence of significant remediation.

The panel was of the view that although Mrs Simmonds' has presented some steps toward remediation, there is a remaining risk of repetition that is not yet addressed by full insight. The panel was of the view that Mrs Simmonds therefore still poses a current risk of harm to the public and a finding of impairment on these grounds would be justified for public protection. The panel therefore decided that a finding of impairment is necessary on the grounds of public protection, on the basis of patient safety.

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.
The panel determined that an informed and reasonable member of the public would consider that a nurse practicing whilst suspended by her regulator, to be damaging, undermining to public confidence, and not upholding the proper standards expected.
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 Mrs Simmonds' fitness to practise impaired on the grounds of public interest.

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

The original reviewing panel determined the following with regard to sanction:

'The panel next considered whether placing conditions of practice on Mrs Simmonds' 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 Sanctions Guidance, in particular:

- *Identifiable areas of the nurse or midwife's practice in need of assessment and/or retraining;*
- *No evidence of general incompetence;*

The panel is of the view that there are no practical or workable conditions that could be formulated, given the nature of the misconduct. The misconduct identified in this case was not something that can be addressed through retraining.

Furthermore, the panel concluded that the placing of conditions on Mrs Simmonds' registration would not adequately address the seriousness of this case and would not protect the public and meet the public interest.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG states that a 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 […] 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 was satisfied that whilst the conduct was attitudinal in nature, the panel determined that it was not deep seated. Mrs Simmonds has shown

some developing insight; her actions in disregarding the sanction of suspension were serious but not such that her actions were fundamentally incompatible with remaining on the register.

It did go on to consider whether a striking-off order would be proportionate but, 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 Mrs Simmonds' case to impose a striking-off order.

Balancing the aggravating and mitigating 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 Mrs Simmonds. 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 6 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 further reflective account which demonstrates Mrs Simmonds' developing insight, particularly in relation to the importance of*

complying with regulatory sanctions and how her actions may have impacted on patient safety.'

Decision and reasons on current impairment

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

The panel has had regard to all of the documentation before it, including the NMC bundle. It has taken account of the submissions made by Ms Opoku on behalf of the NMC. She reminded the panel that this was the first review of the substantive suspension order and that there was a persuasive burden on you to demonstrate that you had addressed the concerns identified by the substantive panel.

Ms Opoku stated that the six months suspension order was imposed following findings that you practised as a nurse whilst subject to a suspension order by becoming involved in clinical decision-making regarding Resident A's care.

Ms Opoku informed the panel that the substantive panel found your misconduct to be capable of remediation but concluded that you had demonstrated only developing insight, with insufficient reflection on the importance of complying with regulatory sanctions, the impact on patient safety and the need for remorse. It therefore found there remained a risk of repetition and determined that your fitness to practise was impaired on both public protection and public interest grounds.

Ms Opoku stated that the substantive panel indicated that a future reviewing panel would be assisted by a further reflective account demonstrating enhanced insight into compliance with regulatory sanctions and the impact of your misconduct on patient safety.

Ms Opoku made no further submissions on behalf of the NMC to the course of action that this panel should take.

The panel also had regard to your oral evidence under affirmation. You accepted full responsibility for your misconduct and acknowledged that your actions fell below the standards expected of a registered nurse. You told the panel that you now understand that compliance with regulatory sanctions is absolute and cannot be based on personal interpretation. You accepted that nursing practice extends beyond direct patient care and includes clinical judgement and decision-making.

You explained that you now recognise your involvement in drafting the email amounted to clinical practice and should not have occurred whilst you were suspended. You acknowledged that, although no patient came to harm, your actions had the potential to impact patient safety, accountability and public confidence.

You told the panel that you had fully complied with the suspension order by remaining in a non-clinical role and transferring all clinical responsibilities to appropriately authorised colleagues. You said that, if faced with similar circumstances again, you would not become involved in any clinical decision-making and would ensure the matter was managed by an authorised registered professional.

You also expressed remorse for your actions.

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

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

The panel considered whether your fitness to practise remains impaired.

The panel noted that the substantive panel found that you had developing insight into your misconduct. However, you demonstrated insufficient reflection on the importance of

complying with regulatory sanctions, the impact of your misconduct on patient safety and the need for remorse.

At this hearing the panel was satisfied that you had fully engaged with the regulatory process and had addressed the recommendations made by the substantive panel. It found that your insight had developed significantly since the substantive hearing. The panel noted that you accepted full responsibility for your misconduct and no longer sought to justify or minimise your actions. You demonstrated a clear understanding that compliance with regulatory sanctions is absolute and cannot be interpreted according to personal judgement or intention. The panel accepted that you now recognised that nursing practice extends beyond direct hands-on care and includes clinical judgement, advice and decision-making.

Within your written reflection, the panel noted that:

> *'Since the substantive hearing in January 2026, I have spent considerable time reflecting on the findings made against me, the reasons why my actions were wrong, the impact those actions may have had on patients, colleagues, the profession and the regulator, and the lessons I have learned.*
>
> *I fully accept the finding that I breached my suspension order by becoming clinically involved in matters relating to a resident's care whilst subject to a suspension from the NMC register. Whilst my actions were not intended to place anybody at risk, I now recognise that intent does not remove accountability and that the panel was right to view my conduct seriously.'*

The panel was particularly persuaded by your reflection on the impact of your actions on patient safety, accountability and public confidence. It noted your acknowledgement that, whilst no actual harm occurred, your involvement in clinical decision-making whilst suspended had the potential to create confusion regarding accountability and undermine confidence in the profession. The panel found that this represented a significant development in insight when compared with the findings of the substantive panel.

Within your written reflection, the panel noted that:

> *'Patient safety is not only about whether harm occurs. It is also about ensuring that decisions are made by individuals who are authorised, accountable and appropriately regulated to make them.'*

The panel also found that you had demonstrated meaningful remediation. It accepted your evidence that, throughout the period of suspension, you had remained in a strictly non-clinical operational role and had ensured that all clinical responsibilities were transferred to appropriately authorised colleagues. The panel was satisfied that you had reflected on the circumstances that led to your misconduct and had clearly articulated the steps you would take if faced with a similar situation in the future when suspended. In particular, you explained in your oral evidence that you would not involve yourself in any clinical decision-making and would instead seek support from an appropriately registered colleague. The panel considered this evidence demonstrated strengthened professional judgement and a clear understanding of professional boundaries.

Within your written reflection, the panel noted that:

> *'The nursing profession relies upon public confidence. Members of the public must be able to trust that nurses will comply with professional standards and any restrictions imposed by their regulator.*
>
> *Likewise, colleagues must be able to trust that registrants will act honestly, professionally and within the limits of their authority.*
>
> *I now appreciate that when a nurse fails to comply with a regulatory sanction, it risks damaging confidence not only in that individual nurse but also in the profession and the regulatory process itself.*
>
> *As somebody who has held senior leadership positions throughout my career, I understand that I should have demonstrated better judgement and provided a stronger example to those around me. I recognise that*

leadership carries additional responsibility and that my conduct fell below the standards expected of somebody in a senior role.'

The panel also attached significant weight to the positive testimonials, which were consistent with your reflective account and evidenced your professionalism, integrity, leadership and commitment to maintaining appropriate governance and accountability within her organisation. The panel was satisfied that these testimonials supported your evidence that you had strengthened your practice during the period of suspension.

Within the written testimonial from the Chairman of your organisation, the panel noted that:

'Following the substantive hearing in January 2026, Mrs Simmonds immediately took steps to ensure full compliance with the suspension order. In consultation with the organisation, all clinical oversight responsibilities that would ordinarily have formed part of her role were formally transferred to our Quality and Compliance Team. This ensured that any activity requiring clinical judgement, clinical decision-making or nursing oversight was undertaken solely by appropriately authorised professionals.

….

Mrs Simmonds has demonstrated honesty, integrity and professionalism throughout this period. I continue to have confidence in her leadership abilities and would have no hesitation in supporting her return to unrestricted registration should the Committee consider it appropriate to do so.'

Within the written testimonial from a regional manager of your organisation, the panel noted that:

'Through my interactions with Mrs. Simmonds, I have observed significant reflection and personal development. She has demonstrated insight into the concerns identified by the NMC and has actively applied this learning in

practice through governance, leadership and organisational improvement work.'

Applying the principles set out in the case of *Ronald Jack Cohen v General Medical Council* [2008] EWHC 581, the panel concluded that the misconduct was remediable, had been appropriately remedied, and was highly unlikely to be repeated. The panel was satisfied that you had demonstrated sufficient insight, meaningful remediation and strengthened practice to address the concerns identified by the substantive panel.

Since the substantive hearing, you remained in a strictly non-clinical role, ensuring that all clinical responsibilities were transferred to appropriately authorised colleagues. You remained engaged in professional development, reflected extensively on the importance of professional boundaries and regulatory compliance, and demonstrated how you would respond differently if faced with similar circumstances in the future. The panel also attached weight to the positive testimonials, which evidenced your professionalism, integrity and the practical application of your learning within your organisation. These steps demonstrated that you had strengthened your practice and reduced the risk of repetition.

In light of these matters, the panel considered the factors set out in paragraph 76 of *CHRE v NMC and Grant [2011] EWHC 927* and determined that you would not in the future put patients at unwarranted risk of harm nor bring the nursing profession into disrepute nor be liable to breach one of the fundamental tenants of the nursing profession.

The panel noted that the evidential burden is upon you to persuade it that your fitness to practice is no longer currently impaired. The panel decided that you have discharged that burden and there is sufficient evidence that you can now practise safely and effectively as a nurse without restriction.

In light of this, this panel determined that you are not liable to repeat matters of the kind found proved. The panel therefore decided that a finding of continuing impairment is not necessary on the grounds of public protection.

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 acknowledged the seriousness of your misconduct and recognised that a finding of impairment had previously been required to mark the seriousness of breaching a regulatory suspension order. However, the panel was satisfied that you had now demonstrated genuine insight into the seriousness of your actions and their impact on patient safety, professional accountability and public confidence. You had accepted full responsibility for your misconduct, demonstrated meaningful remediation, fully complied with the suspension order, and strengthened your practice through reflection and professional development.

The panel was satisfied that an informed member of the public, having considered your insight, remediation and the very low risk of repetition, would not consider a further finding of impairment necessary to maintain confidence in the profession or uphold proper professional standards. The panel therefore concluded that your fitness to practise is no longer impaired on public interest grounds.

For these reasons, the panel finds that, although your practise was impaired at the time of the substantive hearing, given all of the above, your fitness to practise is not currently impaired.

In accordance with Article 30(1), the substantive suspension order will lapse upon expiry, namely the end of 12 August 2026.

This will be confirmed to you in writing.

That concludes this determination.