

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

**Substantive Order Review Hearing  
Monday, 1 June 2026**

Virtual Hearing

**Name of Registrant:** Mrs Susan D Erive

**NMC PIN:** 06A01610

**Part(s) of the register:** Nurses part of the register Sub part 1  
RN1: Adult nurse, level 1

**Relevant Location:** Mid and West Wales

**Type of case:** Misconduct

**Panel members:** Denford Chifamba (Chair, Registrant member)  
Helen Reddy (Registrant member)  
Ceri Edwards (Lay member)

**Legal Assessor:** Elisa Hopley

**Hearings Coordinator:** Anya Sharma

**Nursing and Midwifery Council:** Represented by Stephanie Stevens, Case Presenter

**Mrs Erive:** Not present and unrepresented

**Order being reviewed:** Conditions of practice order (12 months)

**Fitness to practise:** Impaired

**Outcome:** **Striking-Off order to come into effect on 8 July 2026 in accordance with Article 30 (1)**

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

The panel was informed at the start of this hearing that Ms Erive was not in attendance and that the Notice of Hearing had been sent to Ms Erive's registered email address by secure email on 30 April 2026.

Ms Stevens, on behalf of the Nursing and Midwifery Council (NMC), submitted that it had complied with the requirements of Rules 11 and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Hearing provided details of the substantive order being reviewed, the time, date and that the hearing was to be held virtually, including instructions on how to join and, amongst other things, information about Ms Erive's right to attend, be represented and call evidence, as well as the panel's power to proceed in her absence.

In the light of all of the information available, the panel was satisfied that Ms Erive has been served with notice of this hearing in accordance with the requirements of Rules 11 and 34.

## **Decision and reasons on proceeding in the absence of Ms Erive**

The panel next considered whether it should proceed in the absence of Ms Erive. The panel had regard to Rule 21 and heard the submissions of Ms Stevens who invited the panel to continue in the absence of Ms Erive. She submitted that Ms Erive had voluntarily absented herself.

Ms Stevens submitted that there had been no engagement at all by Ms Erive with the NMC in relation to these proceedings and, as a consequence, there was no reason to believe that an adjournment would secure her attendance on some future occasion.

The panel accepted the advice of the legal assessor.

The panel has decided to proceed in the absence of Ms Erive. In reaching this decision, the panel has considered the submissions of Ms Stevens and the advice of the legal assessor. It has had particular regard to any relevant case law and to the overall interests of justice and fairness to all parties. It noted that:

- No application for an adjournment has been made by Ms Erive;
- Ms Erive has not engaged with the NMC and has not responded to any of the letters sent to her about this hearing;
- Ms Erive has not provided the NMC with details of how she may be contacted other than her registered address;
- There is no reason to suppose that adjourning would secure Ms Erive's attendance at some future date; and
- There is a strong public interest in the expeditious review of the case.

In these circumstances, the panel has decided that it is fair to proceed in the absence of Ms Erive.

### **Decision and reasons on review of the substantive order**

The panel decided to revoke the current conditions of practice order.

This order will come into effect at the end of 8 July 2026 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the first review of a substantive conditions of practice order originally imposed for a period of 12 months by a Fitness to Practise Committee panel on 10 June 2025.

The current order is due to expire at the end of 8 July 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:

*'On 1 October 2022:*

- 1. You did not prioritise the needs of Resident A in that you failed to:
  - a. Appropriately investigate the cause of Resident A's pain/confusion;*
  - b. Appropriately treat Resident A;*
  - c. Escalate Resident A's deterioration/refer them for medical advice;*
  - d. Act promptly to change/have their catheter changed.**
  
- 2. Did not manage Resident A's condition appropriately when you pretended to administer a placebo injection.*
  
- 3. You adopted a poor medication practice in that you:
  - a. Inappropriately asked Colleague A/a healthcare assistant, to administer medication to Resident B as:
    - i. You had dispensed the medication;*
    - ii. Colleague A was not trained to administer medication;**
  - b. Failed to witness the attempted administration of the medication to Resident B;*
  - c. Failed to comply with the Covert Medication Policy in that you asked Colleague A/a healthcare assistant to administer medication to Resident B covertly.'**

The original panel determined the following with regard to impairment:

*'The panel finds that patients were put at risk and were caused physical harm as a result of Mrs Erive's misconduct. The panel considered that there was real risk of significant harm being caused to residents as a result of Mrs Erive's actions, and her failure to properly complete assessments and follow the Home's procedures. The panel considered that the first three limbs of the test in CHRE v NMC and Grant are engaged in this case. Mrs Erive's misconduct had breached the fundamental tenets of the nursing profession as her actions lacked professionalism, caused harm and distress to residents. She therefore brought the profession into disrepute and failed to maintain and uphold professional standards.*

*Regarding insight, the panel considered that despite some initial insight at a local level, including partial admissions, there has been no engagement from Mrs Erive with the NMC in regard to this meeting. The panel noted that there is no evidence of Mrs Erive undertaking training courses since the incident and there is no other evidence of her strengthening her practice or demonstrating developed insight and remorse. Therefore, the panel concluded that there is limited insight and there remains a real risk of repetition.*

*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 Mrs Erive has breached the fundamental tenets of the nursing profession and has been found to put patients at unwarranted risk of harm.*

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

The original panel determined the following with regard to sanction:

*'Having found Mrs Erive'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:*

- *Conduct involving particularly vulnerable residents*
- *Repeated incidents, albeit on the same shift*
- *Potential for serious harm*
- *Working in an experienced leadership role and position of authority and trust at the time*

*The panel also took into account the following mitigating features:*

- *Early admissions at a local investigation*
- *Personal circumstances*
- *Limited insight*

*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 Mrs Erive's practise 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 Mrs Erive'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 Mrs Erive'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, in particular:*

- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *Identifiable areas of the nurse or midwife's practice in need of assessment and/or retraining;*
- *No evidence of general incompetence;*
- *Potential ... to respond positively to retraining;*
- *...*
- *Patients will not be put in danger either directly or indirectly as a result of the conditions;*
- *The conditions will protect patients during the period they are in force; and*
- *Conditions can be created that can be monitored and assessed.*

*The panel determined that it would be possible to formulate appropriate and practical conditions which would address the failings highlighted in this case.*

*The panel had regard to the fact that these incidents happened on a single shift in 2022 and that, other than these incidents, Mrs Erive has had a career of around 40 years as a nurse. The panel had regard to the fact that there are no attitudinal concerns identified, and that at the time of the incidents Mrs Erive had significant adverse personal circumstances. The panel was of the view that it was in the public interest that, with appropriate safeguards and further training, Mrs Erive should be able to return to practise as a nurse.*

*Balancing all of these factors, the panel determined that the appropriate and proportionate sanction is that of a conditions of practice order.*

*The panel was of the view that to impose a suspension order or a striking-off order would be disproportionate and would not be a reasonable response in the circumstances of this case as there are significant contextual factors at the time of the incidents, which occurred on a single shift. Given the lack of attitudinal concerns it is possible to identify key areas of further training which would allow Mrs Erive to return to practise.*

*However, the panel did consider that there has been no engagement from Mrs Erive with the NMC for a significant period of time and that a prolonged period of a conditions of practise order would have limited value. The panel concluded that at this time a conditions of practise order would mark the seriousness of the concerns and allow Mrs Erive an opportunity to engage with the NMC regarding her future intentions with returning to unrestricted practise, whilst meantime protecting the public.*

*Having regard to the matters it has identified, the panel has concluded that a conditions of practice order will mark the importance of maintaining public confidence in the profession, and will send to the public and the profession a clear message about the standards of practice required of a registered nurse.*

*The panel determined that the following conditions are appropriate and proportionate in this case:*

*‘For the purposes of these conditions, ‘employment’ and ‘work’ mean any paid or unpaid post in a nursing, midwifery or nursing associate role. Also, ‘course of study’ and ‘course’ mean any course of educational study connected to nursing, midwifery or nursing associates.*

- 1. You must limit your work to one substantive employer, this cannot be an agency or include working bank shifts.*
- 2. You must not be the nurse in charge of any shift.*
- 3. You must ensure that you are supervised at all times on a shift you are working, but not always directly supervised, by a registered nurse of Band 6 or above.*
- 4. You must make and keep a personal development plan which focuses on:
  - a) Catheter care*
  - b) Escalating deteriorating patients**

- c) *Delegating tasks including medication administration*
  - d) *Covert medication administration*
5. *You must meet with your line manager, or a nurse of band 6 or above, monthly to discuss your personal development plan.*
6. *You must keep us informed about anywhere you are working by:*
- a) *Telling your case officer within seven days of accepting or leaving any employment.*
  - b) *Giving your case officer your employer's contact details.*
7. *You must keep us informed about anywhere you are studying by:*
- a) *Telling your case officer within seven days of accepting any course of study.*
  - b) *Giving your case officer the name and contact details of the organisation offering that course of study.*
8. *You must immediately give a copy of these conditions to:*
- a) *Any organisation or person you work for.*
  - b) *Any employers you apply to for work (at the time of application).*
  - c) *Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.*
9. *You must tell your case officer, within seven days of your becoming aware of:*
- a) *Any clinical incident you are involved in.*
  - b) *Any investigation started against you.*
  - c) *Any disciplinary proceedings taken against you.*

10. *You must allow your case officer to share, as necessary, details about your performance, your compliance with and / or progress under these conditions with:*
- a) Any current or future employer.*
  - b) Any educational establishment.*
  - c) Any other person(s) involved in your retraining and/or supervision required by these conditions*

*The period of this order is for one year.*

*Before the end of the period of the order, a panel will hold a review hearing to see how well Mrs Erive has complied with the order. At the review hearing the panel may revoke the order or any condition of it, it may confirm the order or vary any condition of it, or it may replace the order for another order.*

*Any future panel reviewing this case would be assisted by:*

- Your attendance and engagement with the NMC*
- Evidence of your compliance with the conditions of practise order*
- A reflective account, using a recognised method, to demonstrate your insight.*
- A statement of your intention to return to practise in the future.'*

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

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

The panel has had regard to all of the documentation before it, including the NMC bundle. It has taken account of the submissions made by Ms Stevens on behalf of the NMC.

Ms Stevens provided the panel with a background to the case and referred it to the written decision of the original substantive panel. Ms Stevens reminded the panel that the conditions of practice order and the recommendations of the previous panel were contained within the hearing bundle. She submitted that the previous panel had clearly identified the information that would assist a future reviewing panel in assessing Ms Erive's progress.

Ms Stevens submitted that Ms Erive's fitness to practise remained impaired and invited the panel to make a finding of current impairment.

Ms Stevens referred the panel to the decision in *Abrahaem v General Medical Council [2008] EWHC 183 (Admin)* and submitted that, at a review hearing, the persuasive burden rests upon the registrant to demonstrate that they have addressed the concerns previously identified, developed sufficient insight and taken adequate steps through reflection, education, supervision or other remediation to remedy the concerns which led to the finding of impairment.

Ms Stevens submitted that Ms Erive was not in attendance and had not engaged with the NMC throughout the fitness to practise proceedings. She submitted that Ms Erive had provided no evidence of compliance with the conditions imposed upon her practice, no reflective accounts, no testimonials, no evidence of training, and no information regarding her intentions to return to nursing practice.

In those circumstances, Ms Stevens submitted that there had been no meaningful progress since the substantive order was imposed. She submitted that Ms Erive had failed to take the steps identified by the previous panel and had therefore failed to demonstrate that she was capable of practising safely.

Ms Stevens submitted that Ms Erive's fitness to practise remains impaired on public protection grounds. She submitted that in the absence of any evidence of remediation,

insight or strengthened practice, this panel could properly conclude that Ms Erive remains unsafe to practise and that the risk of repetition remains unchanged. She submitted that this continuing risk exposes patients to the possibility of physical harm.

Ms Stevens further submitted that a finding of current impairment remained necessary in the wider public interest. She submitted that public confidence in the profession and the regulatory process would be undermined if no finding of impairment were made in circumstances where the concerns involved serious departures from the fundamental tenets of the nursing profession and had placed patients at unwarranted risk of harm.

Ms Stevens then addressed the panel in relation to sanction. She invited the panel to consider the NMC's Sanctions Guidance (reference SAN-2) as well as the NMC Guidance in relation to Impairment (reference DMA-1) and Substantive order reviews (reference REV-2).

Ms Stevens submitted that neither taking no action or imposing a caution order would provide sufficient public protection or satisfy the wider public interest. Ms Stevens reminded the panel that the previous panel had reached the same conclusion and submitted that this remained the position, particularly given Ms Erive's complete lack of engagement and non-compliance with the conditions of practice order.

Ms Stevens acknowledged that the previous panel had considered a conditions of practice order to be appropriate because there was no evidence of deep-seated attitudinal concerns or widespread competence issues, the misconduct arose from a single shift in 2022, and Ms Erive had been experiencing significant adverse personal circumstances at the time of the incidents.

Ms Stevens submitted that circumstances have however materially changed. She submitted that whilst the original misconduct arose from a single shift and the personal circumstances identified by the previous panel remain relevant, Ms Erive's failure to engage with the regulatory process or comply with the conditions of practice order imposed on her practice meant there was no basis upon which this panel could conclude that she remains willing or able to comply with conditions of practice in the future.

Ms Stevens submitted that the previous panel had recognised that a prolonged period subject to conditions of practice would have limited value. She submitted that this observation remains applicable and that a conditions of practice order is no longer a workable or appropriate sanction.

Ms Stevens initially submitted that a suspension order would be appropriate. However, following clarification during the hearing that a striking-off order was available to the panel at this review, she corrected her earlier submissions and invited the panel instead to consider the imposition of a striking-off order.

Ms Stevens apologised for her earlier error and submitted that the substance of her submissions remained unchanged. She submitted that Ms Erive has never engaged with the fitness to practise process and that this persistent lack of engagement demonstrates that there is no realistic prospect of remediation or a safe return to unrestricted practice.

She submitted that the panel should consider the NMC Guidance relating to Striking-off order (reference SAN-2e), which recognises that a persistent failure to engage with the fitness to practise process may indicate that removal from the register is the appropriate outcome.

Ms Stevens submitted that the misconduct found proved in this case raises fundamental questions about professionalism and professional standards. She submitted that public confidence in the profession could not be maintained if a registrant remained on the register in circumstances where there had been no evidence of remediation, no insight and complete disengagement from the regulatory process.

Ms Stevens acknowledged that concerns of this nature could potentially be addressed through the development of insight, reflection and strengthened practice. However, she submitted that there was no evidence before the panel that Ms Erive had taken any such steps or that she was likely to do so within a reasonable period.

Ms Stevens further submitted that there was no realistic prospect that a further period of suspension would result in Ms Erive developing insight, strengthening her practice or demonstrating that she was fit to return to unrestricted practice. She submitted that Ms

Erive's complete absence of engagement throughout the proceedings strongly suggested that such progress was unlikely.

Ms Stevens also addressed the possibility of allowing the conditions of practice order to lapse. She submitted that this would not be appropriate because it would fail to provide adequate protection to the public and would not satisfy the wider public interest. Given Ms Erive's ongoing lack of engagement and the absence of any evidence that she could return to safe practice within a reasonable timeframe, Ms Stevens submitted that allowing the order to lapse would be insufficient.

Ms Stevens submitted that a striking-off order was the only sanction capable of addressing the seriousness of the concerns identified in this case, protecting the public, maintaining public confidence in the nursing profession and upholding proper professional standards.

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 Ms Erive's fitness to practise remains impaired.

The panel noted that the original panel considered that whilst Ms Erive had provided some initial insight at a local level, including partial admissions, there had been no engagement from Ms Erive with the NMC. The original panel concluded that Ms Erive had limited insight and that there remains a real risk of repetition.

At this hearing, the panel had no new information before it from Ms Erive. It noted that Ms Erive has not attended today's hearing and had not engaged with the NMC at any stage of the fitness to practise process since the substantive order was imposed.

The panel noted that the previous panel had identified a range of information that would assist a future reviewing panel, including evidence of compliance with the conditions, reflective material, evidence of remediation and evidence of strengthened practice. This

panel took into account that none of this information has been provided to the NMC by Ms Erive.

The panel also took into account that there is no evidence before it that Ms Erive had complied with the conditions of practice order. Further, there is no evidence from Ms Erive of insight, reflection, remediation, training, professional development or any steps taken to address the concerns which were identified by the original substantive panel.

The panel considered that, in the absence of any engagement or evidence of remediation, it was unable to assess whether Ms Erive had developed insight into her misconduct or whether she had addressed the risk factors identified previously. The panel determined that there was no information before it to indicate that the risk of repetition in this case had reduced.

The panel therefore concluded that the concerns identified by the substantive panel remain unresolved. In the absence of any evidence of remediation or strengthened practice, the panel determined that there remains a real risk of repetition of the misconduct found proved and a consequent risk of harm to patients. The panel therefore decided that a finding of continuing impairment is 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 determined that, in this case, a finding of continuing impairment on public interest grounds is also required and remains necessary to uphold proper professional standards and maintain public confidence in the nursing profession and the regulatory process. The panel considered that a fully informed member of the public would be concerned if no finding of impairment were made in circumstances where there had been no engagement, no remediation and no evidence that the concerns had been addressed.

For these reasons, the panel finds that Ms Erive's fitness to practise remains impaired.

## Decision and reasons on sanction

Having found Ms Erive'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.

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 Erive'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, but the Committee wants to mark that what happened was unacceptable and must not happen again.'* The panel considered that Ms Erive'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 a conditions of practice on Ms Erive's registration would still be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable.

The panel noted that Ms Erive had been subject to a conditions of practice order for almost twelve months. However, there was no evidence before the panel that she had complied with any of the conditions imposed. The panel had received no information regarding her current employment, professional development, remediation or intentions regarding future practice.

The panel concluded that, in the absence of any engagement, there was no basis upon which it could be satisfied that Ms Erive would be willing or able to comply with a further

conditions of practice order. The panel determined that a further conditions of practice order would serve no useful purpose and would not be workable, measurable or verifiable. The panel therefore concluded that a conditions of practice order would be insufficient and inappropriate.

The panel next considered imposing a suspension order. It considered that suspension may be appropriate where there remains a realistic prospect that a registrant will engage with the regulatory process, develop insight and remediate their concerns within a period of suspension. The panel noted that in this case, Ms Erive had not engaged with the NMC at any stage of these proceedings. Ms Erive has not attended the hearing, has not provided any written representations, has not demonstrated any compliance with the conditions of practice order and has also not provided any indication of an intention to return to safe nursing practice.

The panel concluded that a suspension order would not serve any meaningful purpose, given that it was unable to identify any evidence suggesting that Ms Erive was likely to engage with the regulatory process or undertake remediation during a period of suspension. The panel had sight of the NMC Guidance Deciding between suspension and strike off (reference SAN-3) to remind itself that suspension should not be used simply as a final opportunity for a registrant to engage.

The panel considered that Ms Erive's prolonged lack of engagement with the NMC demonstrates an unwillingness to address the concerns which were identified by the original substantive panel, and raises concerns around Ms Erive's professionalism and attitude towards her obligations to engage with NMC regulatory proceedings.

The panel noted that the original substantive panel had identified mitigating factors, which include that the misconduct arose during a single shift and occurred against a background of adverse personal circumstances. However, the panel has no updated information before it regarding Ms Erive's circumstances and is therefore unable to attribute significant weight to those matters at this review hearing. The panel was unable to find any further mitigating factors in light of the absence of any new information.

When considering strike-off, the panel considered that the misconduct in this case involved vulnerable patients and gave rise to a risk of serious harm. It considered that, despite the passage of time, there has been no evidence of insight, remediation or strengthened practice from Ms Erive. In light of this, the panel determined that it was necessary to take action to prevent Ms Erive from practising in the future and concluded that the only sanction that would adequately protect the public and serve the public interest was a striking-off order. The panel therefore directs the registrar to strike Ms Erive's name off the register.

This striking-off order will take effect upon the expiry of the current conditions of practice order, namely the end of 8 July 2026 in accordance with Article 30(1).

This will be confirmed to Ms Erive in writing.

That concludes this determination.