

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

**Substantive Hearing
Monday, 8 June – Thursday, 25 June 2026**

Virtual Hearing

Name of Registrant:	Claire King
NMC PIN:	1112641S
Part(s) of the register:	Nursing, Sub part 1 RNA, Registered Nurse – Adult 13 September 2014
Relevant Location:	West Lothian
Type of case:	Misconduct
Panel members:	John Millar (Chair, Lay member) Dino Rovaretti (Lay member) Patience McNay (Registrant member)
Legal Assessor:	John Donnelly
Hearings Coordinator:	John Kennedy Ifeoma Okere (15 June 2026)
Nursing and Midwifery Council:	Represented by Simran Ghotra, Case Presenter
Ms King:	Not Present and unrepresented
Facts proved:	Charges 1, 2a, 2b, 3a, 3b, 4, 5, 6, 7, 8, 9a, 9b, 10, 11, 12, 14
Facts not proved:	Charges 13
Fitness to practise:	Impaired
Sanction:	Striking-off order

Interim order:

Interim suspension order (18 months)

Background

Ms King was employed as a registered nurse at St John's Hospital (the Hospital) in Livingston when NHS Lothian Health Board (the Board) made a referral to the Nursing and Midwifery Council (NMC) in 2019. The allegations concerned multiple instances of alleged theft of medication from the hospital as well as alleged theft of money from a patient and a colleague. The Board had put in place a local investigation and temporary measures including restrictions on Ms King's practice. During this time, it is alleged that Ms King breached these restrictions and additional concerns arose in relation to record keeping and medication management. Ms King was suspended on 11 April 2019 and moved to a different role at the Hospital on 27 May 2019, however, she did not return to work after this date. Ms King resigned from the Board on 16 September 2019.

During the course of the NMC investigation it is further alleged that Ms King failed to cooperate with the regulatory process by failing to attend medical testing that had been requested and arranged.

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Ms King was not in attendance and that the Notice of Hearing letter had been sent to Ms King's registered email address by secure email on 7 May 2026.

Ms Ghotra, on behalf of the 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 allegation, the time, dates and that the hearing was to be held virtually, including instructions on how

to join and, amongst other things, information about Ms King'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 King has been served with the Notice of Hearing in accordance with the requirements of Rules 11 and 34.

Decision and reasons on proceeding in the absence of Ms King

The panel next considered whether it should proceed in the absence of Ms King. It had regard to Rule 21 and heard the submissions of Ms Ghotra who invited the panel to continue in the absence of Ms King.

Ms Ghotra referred the panel to an email from Ms King dated 30 April 2026 stated she will not be attending the hearing.

The panel accepted the advice of the legal assessor.

The panel noted that its discretionary power to proceed in the absence of a registrant under the provisions of Rule 21 is not absolute and is one that should be exercised '*with the utmost care and caution*' as referred to in the case of *R v Jones (Anthony William)* (No.2) [2002] UKHL 5.

The panel has decided to proceed in the absence of Ms King. In reaching this decision, the panel has considered the submissions of Ms Ghotra, the written representations from Ms King, and the advice of the legal assessor. It has had particular regard to the factors set out in the decision of *R v Jones* and *General Medical Council v Adeogba* [2016] EWCA Civ 162 and had regard to the overall interests of justice and fairness to all parties. It noted that:

- No application for an adjournment has been made by Ms King;

- Ms King has informed the NMC that she will not be attending the hearing;
- There is no reason to suppose that adjourning would secure her attendance at some future date;
- 14 witnesses are due to attend this hearing to give live evidence;
- Not proceeding may inconvenience the witnesses, their employer(s) and, for those involved in clinical practice, the clients who need their professional services;
- The charges relate to events that occurred in 2019;
- Further delay may have an adverse effect on the ability of witnesses accurately to recall events; and
- There is a strong public interest in the expeditious disposal of the case.

There is some disadvantage to Ms King in proceeding in her absence. Although the evidence upon which the NMC relies will have been sent to her at her registered address, she has made no response to the allegations. She will not be able to challenge the evidence relied upon by the NMC in person and will not be able to give evidence on her own behalf. However, in the panel's judgement, this can be mitigated. The panel can make allowance for the fact that the NMC's evidence will not be tested by cross-examination and, of its own volition, can explore any inconsistencies in the evidence which it identifies. Furthermore, the limited disadvantage is the consequence of Ms King's decisions to absent herself from the hearing, waive her rights to attend, and/or be represented, and to not provide evidence or make submissions on her own behalf.

In these circumstances, the panel has decided that it is fair to proceed in the absence of Ms King. The panel will draw no adverse inference from Ms King's absence in its findings of fact.

Details of charge

That you, a registered nurse whilst working at St John's Hospital, Livingston ("the hospital")

- 1) On or around 4 December 2018 stole medication from the hospital.

- 2) On 2 or 3 January 2019
 - a) stole one or more tablets of Codeine Phosphate from the locker of Patient A;
 - b) stole one or more tablets of Dihydrocodeine from the locker of Patient B.

- 3) On the nightshift of 3 to 4 January 2019 recorded on Patient B's drug Kardex that you had administered Dihydrocodeine when you had not done so at:-
 - a) 01.30am;
 - b) 05.50am.

- 4) Your conduct at charges 3a) and/or 3b) was dishonest in that you knew when you completed the drug Kardex that you had not administered the specified medication to Patient B.

- 5) On or around 29 January 2019 whilst you were prohibited from having access to treatment room/medication cupboard keys (also known as "pod keys") or medication, obtained the pod keys from Colleague 1.

- 6) On or before 3 February 2019 stole medication from the hospital.

- 7) On or around 8 February 2019 removed £20 from Patient C's purse in an attempt to steal it.

- 8) Your conduct at charge 7 above was dishonest as you knew that the £20 belonged to Patient C.

- 9) In February 2019 you attended Ward 9 on one or more occasions ostensibly to take/attempt to take IV fluids and/or bandages:-
- a) when you were prohibited from handling medication including IV fluids;
 - b) in an attempt to steal medication from that ward.
- 10) On or around 20 February 2019 stole medication from the hospital.
- 11) On 8 April 2019 stole £5 from under the mobile phone cover belonging to Colleague 2.
- 12) Between 17 June 2021 and 26 January 2022 failed to co-operate with medical testing which had been requested by the NMC.
- 13) Your conduct at any or all of the charges at 1, 2a), 2b), 6 and/or 10 was dishonest in that you knew the said medication belonged to the hospital and was intended for the use of patients.

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

Decision and reasons on application to amend the charge

The panel heard an application made by Ms Ghotra, to bring a new charge 12.

The proposed addendum was to add a dishonesty charge to the incident of charge 11, which would more accurately reflect the mischief of the allegation and better correspond to the way other charges were presented in this case. It was submitted by Ms Ghotra that Ms King was informed of this proposal on 8 June 2026 and that there was no unfairness as the change was to make clear what the potential mischief and misconduct of charge 11 is.

“12) Your conduct at charge 11 was dishonest in that you knew that the £5 did not belong to you”

The panel accepted the advice of the legal assessor and had regard to Rule 28.

The panel was of the view that such an addendum, as applied for, was in the interest of justice. The panel was satisfied that there would be no prejudice to Ms King and no injustice would be caused to either party by the proposed addendum being allowed. It noted that this change will bring the charge at charge 11 in line with the previous charge also involving taking of money. It was therefore appropriate to allow the addendum of a new charge 12 and to renumber subsequent charges accordingly.

Decision and reasons on application for hearing to be held in private

At the outset of the hearing, Ms Ghotra made a request that this case be held partly in private on the basis that proper exploration of Ms King’s case involves references to her health and the health of her family members. The application was made pursuant to Rule 19.

The legal assessor reminded the panel that while Rule 19(1) provides, as a starting point, that hearings shall be conducted in public, Rule 19(3) states that the panel may hold hearings partly or wholly in private if it is satisfied that this is justified by the interests of any party or by the public interest.

The panel determined that those parts of the hearing that relate to the health of Ms King or that of her family members should be heard in private.

Decision and reasons on application to admit hearsay evidence of Ms Anderson, Ms McClure, and Patient C

The panel heard an application made by Ms Ghotra under Rule 31 to allow three written hearsay statements into evidence. The applications were for the statement of Fiona Anderson, Jan McClure, and Patient C to be admitted as hearsay. Ms Ghotra referred the panel to the case of *Thorneycroft v NMC* [2014] EWHC 1565 (Admin) and the seven-part test set out therein.

Regarding Fiona Anderson's statement, Ms Ghotra submitted that this was not the sole and decisive evidence for any charge, there is no firm challenge to the content of the evidence nor is there any suggestion it has been fabricated. The issue this evidence speaks to is serious and could have an adverse impact on Ms King's registration should matters be found proved. Ms Ghotra submitted that the NMC had contacted Ms Anderson in September 2024 to obtain the signed witness statement from her; however, when attempting to make contact to inform her of the dates of this hearing the initial email address did not work. When the NMC sought a different email address for her it led to a different Fiona Anderson who was employed at the Health Board. The NMC then attempted to send the notice of hearing by Royal Mail but this was returned to them as saying Ms Anderson did not live there anymore. The NMC then attempted to conduct a Trace on Ms Anderson, but this did not return any results. Ms Ghotra therefore submitted that the NMC has taken all reasonable steps to secure the attendance of Ms Anderson but that it is not possible for her to be in attendance. She noted that Ms King had been informed of the intention to admit Ms Anderson's statement as hearsay evidence in May 2026.

In regard to the statement of Jan McClure, Ms Ghotra submitted that this was not the sole and decisive evidence for any charge, there is no firm challenge to the content of the evidence nor is there any suggestion it has been fabricated. The issue this evidence speaks to is serious and could have an adverse impact on Ms King's registration should matters be found proved. Ms Ghotra submitted the NMC received confirmation on 6 May 2026 that Ms McClure had died. She submitted that the NMC had since informed Ms King of the intention to admit the statement of Ms McClure as hearsay.

In regard to the statement of Patient C, Ms Ghotra submitted that this was the sole and decisive evidence for charge 7, there is no firm challenge to the content of the evidence nor is there any suggestion it has been fabricated. The issue this evidence speaks to is serious and could have an adverse impact on Ms King's registration should matters be found proved. Ms Ghotra submitted the NMC received confirmation that Patient C had died. She submitted that the NMC had informed Ms King on 8 June 2026 of the intention to admit the statement of Patient C as hearsay.

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

In regard to accepting the hearsay evidence of Ms Anderson, the panel accepted that the NMC has made all reasonable efforts to secure the attendance of Ms Anderson and that there are no further steps that can be taken to locate her. The panel accepted that Ms King had been given reasonable notice of the intention to adduce the evidence of Ms Anderson as hearsay, that there is no challenge to her evidence and that it is not sole and decisive. Therefore, the panel accepted the evidence of Ms Anderson as hearsay.

In regard to the evidence of Ms McClure the panel noted that Ms King had been given reasonable notice of the intention to admit this as hearsay, and that as Ms McClure is deceased there is nothing that could be done to enable her to attend. The panel noted that there has been no challenge to this evidence and that it is not sole and decisive. Therefore, the panel accepted the evidence of Ms McClure as hearsay.

In regard to the evidence of Patient C the panel noted that Ms King had been given short reasonable notice of the intention to admit this as hearsay; however, given that Patient C is deceased there is nothing that can be done to enable them to attend and their evidence can therefore only be adduced as hearsay. The panel noted that although this evidence is sole and decisive there has been no challenge to this evidence, and that the panel will be able to put any questions to Deborah Bryden who took the statement of Patient C. Therefore, the panel accepted the evidence of Patient C as hearsay.

Decision and reasons on application to admit hearsay evidence of Ms Houston

On Monday 15 June 2026, Ms Ghotra made an application to admit the evidence of Aileen Houston as hearsay. She submitted that Ms Houston had been due to attend to give evidence in person on Thursday 18 June but with the hearing making better progress than expected attempts were made for her to attend today. However, Ms Houston informed the NMC that she is currently on annual leave and unable to attend before the 18 June. Ms Ghotra submitted that the evidence of Ms Houston is not sole and decisive and is supported by other evidence that the panel have heard, there has been no challenge to the evidence, and it is not suggested that it is fabricated. The charge is serious and could have an adverse impact on Ms King. She submitted that while attempts were made to secure Ms Houston's early attendance it would be fair to admit her evidence as hearsay to avoid delay and progress the hearing.

Ms Ghotra further submitted that while there has been no challenge from Ms King on the evidence of Ms Houston the panel may note that there is some potential discrepancy with paragraph 7 of her statement and the evidence of other witnesses that the panel have heard from. Notwithstanding, she submitted that given the anticipated delays it would still be fair to admit the evidence as hearsay.

The panel accepted the advice of the legal assessor.

The panel determined that there are significant questions and concerns around the evidence of Ms Houston, especially in relation to the other evidence previously heard, and that the panel would benefit from being able to pose questions to Ms Houston. It noted that Ms Houston would be available to attend later this week, and that while there would be some delay it would not push the hearing later than the anticipated schedule that it was listed for. Therefore, the panel did not adduce the evidence of Ms Houston as hearsay.

Decision and reasons on adjournment

On Tuesday 16 June 2026, Ms Ghotra made an application that the hearing be adjourned until 18 June 2026. She submitted that the only remaining witness for the NMC's case is Ms Houston who, as mentioned above, is unavailable to attend before the 18 June. She submitted that given the concerns the panel raised about Ms Houston's evidence, and the rejection of the application to admit it as hearsay, the only remaining option is to adjourn the hearing until Ms Houston can attend.

The panel heard the advice of the legal assessor.

The panel determined to adjourn the hearing until Thursday 18 June 2026 to allow the NMC witness Ms Houston to attend and give live evidence.

Decision and reasons on facts

In reaching its decisions on the disputed facts, the panel took into account all the oral and documentary evidence in this case together with the submissions made by Ms Ghotra.

The panel has drawn no adverse inference from the non-attendance of Ms King.

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 heard live evidence from the following witnesses called on behalf of the NMC:

- Sandra Dewar: Clinical Nurse Manager;
- Samantha Smith: Senior Staff Nurse;

- Agnes Ritchie: Board Associate Nurse Director at the Hospital;
- Julie Tounsi: Band 5 Staff Nurse;
- Aileen Houston: Senior Charge Nurse;
- Christie Fraser: Bank Nurse who worked shift at the Hospital, Colleague 1 in charges;
- Caroline Stratton: Staff Nurse;
- Julie Soutar: Clinical Site Coordinator for the Hospital;
- Shirely Gavin: Senior Band 5 Nurse;
- Margaret Denholm: Clinical Support Worker (at the time of incidents), Colleague 2 in charges;
- Deborah Bryden: Senior Charge Nurse;
- Margaret Chapman: Clinical Nurse Manager who conducted the local investigation;
- Alan McMahon: Police Scotland (retired);
- Alexander Watson: Lead/Advanced Clinical Pharmacist.

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

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

The panel has considered the totality of evidence in the round. Considering each allegation separately the panel has determined that there are similarities and patterns of behaviour which are attributable to a range of the allegations.

Charge 1

“On or around 4 December 2018 stole medication from the hospital.

This charge is found proved

The panel considered the statement of Ms Anderson, which sets out the sequence of events when she discovered the medication bag in the toilet. She noted how she discovered the bag along with the pharmacy invoice, and how she informed the managers Ms Smith and Ms Ritchie to investigate. Ms Anderson narrated how it was only Ms King who had been in the toilets at the time before the medications were discovered and how Ms King had been acting erratically searching her bag and stuffing items into her pocket. The panel considered Ms Anderson’s statement to Police Scotland dated 30 July 2020 which is a signed statement given as part of an official investigation, and describes how empty drug boxes were discovered in the toilet immediately after Ms King left the room.

While the evidence of Ms Anderson is hearsay the panel decided it could place significant weight on it. The statement is supported by the evidence of Ms Smith, who the panel heard in live evidence and was able to cross-examine, and consistent with the contemporaneous local statements provided by all the staff involved.

The panel also noted the evidence from Mr McMahon that the fingerprints of Ms King were discovered through forensic testing to be on the boxes of medication discovered in the toilet.

Therefore, the panel concluded that this charge is proved.

Charge 2a)

“On 2 or 3 January 2019

[a] stole one or more tablets of Codeine Phosphate from the locker of Patient A;

[b] stole one or more tablets of Dihydrocodeine from the locker of Patient B.

This charge is found proved

In reaching this decision, the panel took into account of the evidence of Ms Tounsi, who was the only other person on shift with access to the drug lockers that day. The panel heard how Ms Tounsi discovered that multiple tablets of codeine phosphate were missing from the locker of Patient A and that Patient B’s locker was missing dihydrocodeine tablets, this was described in both the contemporaneous local statement and the investigatory meeting. The panel noted how in giving evidence Ms Tounsi’s account was consistent with her local statements. The panel concluded that given Ms King was the only other staff member with access to the lockers that day it is more likely than not that she had taken the missing tablets.

Therefore, on the balance of probabilities the panel finds both charge 2a and 2b proved.

Charge 3

On the nightshift of 3 to 4 January 2019 recorded on Patient B's drug Kardex that you had administered Dihydrocodeine when you had not done so at:-

[a]01.30am;

[b]05.50am.

This charge is found proved

The panel considered the evidence of Ms Tounsi and had sight of the Kardex. On the Kardex sheet Ms King has signed for dihydrocodeine at both 01.30am and 05.50am. The panel also heard evidence from Ms Houston; however, this evidence was unclear as Ms Houston could not recall which patient it was in relation to, although her evidence did not undermine the evidence of Ms Tounsi. Ms Tounsi in her evidence described how the Kardex was signed by Ms King but that the medication had not been administered at the times stated. Ms Tounsi gave evidence that the 01.30am entry was inaccurate as Ms King had commenced a break from work at 01:15. Additionally she viewed the Kardex at 02:45 which meant that the entry of 05.50am had been entered prior to the time stated.

Given the discrepancies with the medication count and the earlier evidence that Ms King had taken the dihydrocodeine tablets; the panel preferred the evidence of Ms Tounsi, as being able to provide a more complete picture of the events, including details of who the patient was.

The panel concluded that given the medication had been taken by Ms King the Kardex was signed incorrectly by Ms King to show that the medication had been administered to the patient when it had not been so administered.

The panel considered both 3a and 3b together as part of one act, concluding it to be more likely than not that if one instance was proved then the other would be as well, given that they occurred on the same shift within a few hours of each other.

Therefore, the panel found both charge 3a and 3b to be proved.

Charge 4

Your conduct at charges 3a) and/or 3b) was dishonest in that you knew when you completed the drug Kardex that you had not administered the specified medication to Patient B.

This charge is found proved

The panel had regard to the test of dishonesty as set out in the case of *Ivey v Genting Casinos (UK) Ltd t/a Crockfords* [2017] UKSC 67.

The panel considered that at the time Ms King was pre-signing the Kardex sheet before the specific time and so would have known that the medication was not administered to Patient B. Additionally the panel had found proved that Ms King had taken the medication from the locker of Patient B, and therefore it would not have been possible for the medication to have been administered.

The panel concluded that this would be considered inherently dishonesty by an ordinary, reasonable person.

Therefore, this charge is found proved.

Charge 5

On or around 29 January 2019 whilst you were prohibited from having access to treatment room/medication cupboard keys (also known as “pod keys”) or medication, obtained the pod keys from Colleague 1.

This charge is found proved

The panel had regard to the contemporaneous local interview notes of Ms Fraser, where she stated that Ms King asked for the pod keys and she handed them over in good faith understanding that to be a normal working practice at the time. Ms Fraser further stated in the interview that she was later informed by Ms Stratton that Ms King had been prohibited from accessing the pod keys at that time, but as Ms Fraser was a bank shift nurse she had been unaware of that restriction when she handed the keys over.

The panel noted the interview conducted by Ms Dewar with Ms King on 5 February 2019 where Ms King made local admissions to obtaining the pod keys from Ms Fraser.

Therefore, the panel concluded that this charge is found proved.

Charge 6

On or before 3 February 2019 stole medication from the hospital.

This charge is found proved

The panel had regard to the Police Scotland statement from Mr McMahon which stated that on 3 February 2019 during a search of Ms King's property the police recovered various boxes of medication from Ms King's bedroom which were labelled with the Hospital details on it. The panel took into account that during the police interview Ms King was asked if she could provide a reason as to why the medication boxes belonging to the Hospital were discovered in her house to which she responded that she could not provide an explanation to the officer.

The panel heard the evidence of Mr Watson that medication belonging to the Hospital would have those details on it to indicate that they were prescribed to the Hospital and not an individual and that they were issued to the ward before 3 February 2019.

Therefore, the panel found this charge proved.

Charge 7

On or around 8 February 2019 removed £20 from Patient C's purse in an attempt to steal it.

This charge is found proved

The panel had regard to the evidence of Ms Bryden and the record of the interview she took from Patient C.

The statement from Patient C, taken on 8 February 2019, states that they were searching for a hairbrush in their bag when Ms King came over, reached under the chair, and came up with a £20 note in her hand asking if that was what the patient had been looking for. Patient C stated that the money was kept folded up, in a zipped part of the handbag and therefore there is no likely way it could have fallen out.

The panel was able to question Ms Bryden in live evidence and the account provided by Patient C matches what the local investigation found.

The panel concluded that on the balance of probabilities it is more likely that Ms King had attempted to take the £20 and then acted to return it to Patient C when she thought the patient had discovered it as missing.

Therefore, this charge is found proved.

Charge 8

Your conduct at charge 7 above was dishonest as you knew that the £20 belonged to Patient C.

This charge is found proved

The panel had regard to the test set out in the case of *Ivey*.

The panel considered that the money clearly belonged to Patient C and that Ms King would have known that. The panel considered that any attempt to steal money is an inherently dishonest action and would be considered such by an ordinary, reasonable person.

Therefore, this charge is found proved.

Charge 9

In February 2019 you attended Ward 9 on one or more occasions ostensibly to take/attempt to take IV fluids and/or bandages:-

[a]when you were prohibited from handling medication including IV fluids;

[b]in an attempt to steal medication from that ward.

This charge is found proved

The panel had regard to the evidence of Ms Soutar that Ms King had attended Ward 9 to ask for IV fluids and bandages. It noted that the statement of Ms McClure confirmed that Ms King was prohibited from accessing medication or IV fluids at the time, and that she was aware of this restriction.

The panel therefore considered that charge 9a is proved.

In considering charge 9b the panel had regard to the multiple other charges involving attempts by Ms King to steal medication, and the attempts by her to steal money. The

panel considered that this displayed a pattern of behaviour that was strikingly similar to this charge in that Ms King would steal, or attempt to steal, medication. Therefore, the panel concluded that on the balance of probabilities charge 9b is proved.

Therefore, charge 9a and 9b are proved.

Charge 10

On or around 20 February 2019 stole medication from the hospital.

This charge is found proved

The panel considered the evidence of Ms Gavin, together with her local statement and investigation notes. Ms Gavin stated that on 20 February 2019 she discovered numerous empty medication boxes in the toilet and that during the handover meeting immediately prior to this, Ms King had absented herself multiple times to go to the toilet.

The panel noted that Ms Dewar's evidence supported the account of discovering a number of medication boxes that had been taken from the Hospital in the toilet.

The panel considered that this is strikingly similar behaviour to the previous incidents in early February 2019 where Ms King stole medication from the Hospital and that it is more likely therefore to be a pattern of behaviour.

Therefore, on the balance of probabilities the panel found this charge proved.

Charge 11

On 8 April 2019 stole £5 from under the mobile phone cover belonging to Colleague 2.

This charge is found proved

The panel heard the evidence of Ms Denholm who stated that her mobile phone case was see through and she had a £5 note in the back of it, which could be seen from the outside. While the phone was being used to play music in the ward Ms King approached the phone and when Ms Denholm looked at the phone immediately after this the £5 was missing.

The panel noted that here was a striking similarity to the other incidents when Ms King stole money and medication. Therefore, on the balance of probabilities the panel found this charge proved.

Charge 12

Your conduct at charge 11 was dishonest in that you knew that the £5 did not belong to you.

This charge is found proved

The panel had regard to the test set out in the case of *Ivey*.

The panel considered that the money clearly did not belong to Ms King and that she would have known that. The panel considered that any attempt to steal money is an inherently dishonest action and would be considered such by an ordinary, reasonable person.

Therefore, this charge is found proved.

Charge 13

Between 17 June 2021 and 26 January 2022 failed to co-operate with medical testing which had been requested by the NMC.

This charge is found not proved

The panel had sight of the two statements from NMC members of staff and the large email documentation that demonstrate Ms King did not attend the medical testing which had been requested and arranged by the NMC.

In order to find this charge proved the panel considered the specific wording of the allegation which referred to “*failed*” rather than ‘did not’. The use of the word “*failed*” indicated that there was a duty on Ms King to co-operate with medical testing, such that it can be a failure for her to not do so. The panel was satisfied that the evidence did not demonstrate that Ms King was under a duty to comply with the invitation to undertake medical testing.

The panel had regard to the Case Management Form that was sent to Ms King in June 2024, the panel accepted that this form is largely a template and would have been similar to ones sent to Ms King in 2021. Under a subheading “*Evidence of your current fitness to practise*” where the form states that it may help Ms King demonstrate her fitness to practise by providing “*co-operation with medical testing...*” it further states that:

“You don’t have to provide us with any information, although it may help us make decisions in your case if you do”

The panel noted that this does not state that Ms King had a duty to co-operate with the NMC in co-operating with medical testing, and that there is no indication that such engagement is anything other than voluntary on the part of the registrant.

The panel therefore concluded that while Ms King has not co-operated with the requested medical testing, there is no evidence before it that Ms King was under a duty to engage with such testing, and that the wording of information provided to her indicates that while such co-operation may help not providing it is not something that would be held against her.

Therefore, this charge is not proved.

Charge 14

Your conduct at any or all of the charges at 1, 2a), 2b), 6 and/or 10 was dishonest in that you knew the said medication belonged to the hospital and was intended for the use of patients.

This charge is found proved

The panel had regard to the test set out in the case of *Ivey*.

The panel considered that the medication belonged to the Hospital, was clearly labelled as such, and that Ms King would have known that. The panel considered that any attempt to steal medication is an inherently dishonest action and would be considered such by an ordinary, reasonable person.

Therefore, this charge is found 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 Ms King'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 safely and effectively without restriction.

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, Ms King's fitness to practise is currently impaired as a result of that misconduct.

Submissions on misconduct

In coming to its decision, the panel had regard to the case of *Roylance v General Medical Council (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.*'

Ms Ghotra 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 2015' (the Code) in making its decision.

Ms Ghotra identified the specific, relevant standards where Ms King's actions amounted to misconduct. She submitted that Ms King's actions exposed patients to unreasonable risks of harm, involved multiple incidents of dishonesty, and are indicative of deep-seated attitudinal concerns. She submitted that Ms King's actions would be considered deplorable by fellow practitioners and amounts to misconduct.

Submissions on impairment

Ms Ghotra moved on to the issue of impairment and addressed the panel on the need to have regard to protecting 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. This included reference to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin).

Ms Ghotra submitted that all four limbs set out in the case of *Grant* are engaged in this case. She submitted that Ms King's actions placed patients at unwarranted risk of harm, both by stealing medication and by falsifying Kardex records. She submitted that the public confidence in the nursing profession is undermined by Ms King's actions of sustained and repeated dishonest conduct.

Ms Ghotra submitted that there has been no insight, reflection, remorse, or remediation demonstrated by Ms King and therefore there remains a risk of repetition. She invited the panel to find that Ms King's practice is impaired on both public protection and public interest grounds.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Roylance v General Medical Council, Nandi v General Medical Council* [2004] EWHC 2317 (Admin), and *General Medical Council v Meadow* [2007] QB 462 (Admin).

Decision and reasons on misconduct

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 Ms King's actions, in each and all of the proven charges, did fall significantly short of the standards expected of a registered nurse, and that Ms King's actions amounted to breaches of the Code. Specifically:

'1.1 treat people with kindness, respect and compassion

1.2 make sure you deliver the fundamentals of care effectively

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

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, treating people fairly and without discrimination, bullying or harassment

20.5 treat people in a way that does not take advantage of their vulnerability or cause them upset or distress'

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel was of the view that both individually and collectively the charges found proved amount to misconduct. The panel considered that Ms King's actions were a significant departure from the expected standards of a registered nurse, placed vulnerable patients at unwarranted risk of harm, would be considered deplorable by fellow registrants, and amount to misconduct.

The panel found that Ms King's actions in each and all of the proven charges did fall seriously short of the conduct and standards expected of a nurse and amounted to misconduct.

Decision and reasons on impairment

The panel next went on to decide if as a result of the misconduct, Ms King'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:28/01/2026) in which the following is stated:

'Being fit to practise is not defined in our legislation but for us it means that a professional on our register can practise as a nurse midwife or nursing associate safely and effectively without restriction.'

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/ 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 acted dishonestly and/or is liable to act dishonestly in the future.'*

The panel finds that patients were put at risk of harm as a result of Ms King's misconduct. Through her repeated actions of taking medication belonging to the Hospital there was a risk that this would not have been available to relieve the pain of patients when needed. Additionally, by falsifying the Kardex entries patients could have been denied medication when needed if other medical staff read the record which incorrectly stated the medication had been administered. The panel considered that Ms King's actions in attempting to steal the £20 from Patient C were a serious departure of the standards, took advantage of a vulnerable patient, and is an example of serious dishonesty. Ms King's misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute. It was satisfied that confidence in the nursing profession would be undermined if its regulator did not find charges relating to dishonesty extremely serious. The panel considered that the dishonesty was at times directly related to Ms King's clinical practice, and developed over time in ways to conceal her theft of medication.

The panel had nothing before it from Ms King to demonstrate any remediation, insight, or remorse. There is no evidence of any strengthening of practice that Ms King has done to address the concerns raised.

The panel noted that whilst investigations took place Ms King was redeployed on a number of occasions. During this time, despite being aware she was under scrutiny, she demonstrated a determination to continue and adapt her misconduct in a series of incidents that identified vulnerabilities within the medication administration process and took advantage of patients and colleagues.

Additionally, the panel considered that the repeated dishonesty, relating to clinical issues and attempts to conceal her misconduct, is indicative of deep-seated attitudinal concerns that are more difficult to remediate; especially as there has been no insight or reflection.

In light of all the above the panel decided that there is a 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 to declare and uphold the standards of a registered nurse and to maintain the public confidence in the profession.

In addition, the panel concluded that public confidence in the profession would be undermined if a finding of impairment were not made in this case, particularly given the attitudinal concerns of dishonesty and therefore, also finds Ms King's fitness to practise impaired on the grounds of public interest.

Having regard to all of the above, the panel was satisfied that Ms King'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 King off the register. The effect of this order is that the NMC register will show that Ms King 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.

Submissions on sanction

Ms Ghotra informed the panel that in the Notice of Hearing, the NMC had advised Ms King that it would seek the imposition of a striking off order if it found Ms King's fitness to practise currently impaired. She submitted that given the deep-seated attitudinal concerns and wide-ranging nature of the misconduct this remains the only sanction that would appropriately protect the public and maintain confidence in the profession.

Decision and reasons on sanction

Having found Ms King'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 decision on sanction is a matter for the panel independently exercising its own judgement.

The panel considered the case law concerning whether it should be informed of any interim order; however, it decided in this case it is not necessary to have this information before making its decision. It considered that as Ms King has not made any representations and the high level of misconduct in this case that proportionality from previous interim order issues do not arise.

The panel took into account the following aggravating features:

- Abuse of a position of trust
- Conduct which deliberately or recklessly puts people receiving care at risk of suffering harm
- Deliberate breaches of the Code
- A pattern of wide-ranging and serious misconduct over a period of time
- Minimal engagement in the Fitness to Practise (FtP) process, without good reason
- Absence of insight, remorse, or remediation
- Misconduct against vulnerable patients
- Premeditated, calculated, and predatory behaviour which Ms King adapted to the circumstances

The panel considered that there are no mitigating features in this case.

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 King's actions of serious repeated misconduct were 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 King's practise would not protect the public. The panel determined that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether to place conditions of practice on Ms King's registration. In considering whether conditions of practice are appropriate, the panel had regard to the factors set out in the NMC Guidance on 'Conditions of practice order' (Reference: SAN-2c Last Updated: 28/01/2026). Having found that Ms King's misconduct involved repeated dishonesty of a deep-seated attitudinal nature and that there has been no insight or remediation by her, the panel determined that a conditions of practice order would not be appropriate in the circumstances. The panel considered that there are no relevant, proportionate, workable or measurable conditions that could be formulated to protect patients or the reputation of the profession and to uphold professional standards.

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 also had regard to the key considerations as set out in the NMC Guidance to weigh up before imposing a suspension. It noted the following list of circumstances that may make a suspension order an appropriate sanction:

- *'the charges found proved are at the most serious end of the spectrum and call into question the professional's suitability to continue practising, either currently or at all*
- *while it is possible that the professional could be fit to practise in future, only a period out of practice would be sufficient to allow them to fully strengthen their practice through reflection, the development of their professional skills and / or development of insight and remediation*
- *there is a risk to the safety of people using services if the professional were allowed to continue to practise even with conditions*
- *what went wrong is so serious that public confidence in the profession and professional standards could not be maintained if the professional were able to continue practising without stopping for a period of time*
- *despite the seriousness of what happened, the professional has engaged in the proceedings and has shown at least some meaningful insight which evidences a realistic possibility that they will continue to develop this insight, address their concerns and return to practice.'*

Whilst the panel acknowledged that the risks identified could be managed by Ms King being temporarily removed from the Register, it 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 King's lack of engagement, lack of insight, lack of remorse, together with 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.

In this particular case, 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*'. Particularly the panel considered the section of the above guidance under the heading '*Cases involving dishonesty*'.

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 Ms King's actions were significant departures from the standards expected of a registered nurse and are fundamentally incompatible with remaining on the register. The panel was of the view that the findings in this particular case demonstrate that Ms King's actions were serious and to allow her to continue practising would not protect the public and 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 effect of Ms King'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.

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 King 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 King's own interests until the striking-off sanction takes effect. The panel heard and accepted the advice of the legal assessor.

Submissions on interim order

The panel took account of the submissions made by Ms Ghotra. She submitted that an interim suspension order is necessary for 18 months on the grounds of public protection and otherwise in the public interest to cover any appeal period.

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 18 months as being necessary on the grounds of public protection and otherwise in the public interest to cover any appeal period.

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

That concludes this determination.