Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Meeting
Wednesday, 3 June 2026 – Monday, 8 June 2026

Virtual Meeting

Name of Registrant:	**Ffion Wyn Roberts**
NMC PIN:	86C1039E
Part(s) of the register:	Registered Nurse – Adult Nursing RN1, 20 June 1989
Relevant Location:	Wolverhampton
Type of case:	Misconduct
Panel members:	Caroline Rollitt (Chair, lay member) Kiran Bali (Lay member) Elizabeth Coles (Registrant member)
Legal Assessor:	Angus Macpherson (Wednesday 3 June 2026 – Friday 5 June 2026) William Hoskins (Monday 8 June 2026)
Hearings Coordinator:	Samara Baboolal
Facts proved:	Charges 1a), 1b), 2a), 2b), 3), 4), 5a), 5b), 7a), 7b), 8, 10a), 10b), 11, 12, 13, 14, 15a), 15b), 15c), 17, 18
Facts not proved:	Charges 6, 9, 16, 19
Fitness to practise:	Impaired
Sanction:	**Striking-off order**
Interim order:	**Interim suspension order (18 months)**

Decision and reasons on service of Notice of Meeting

The panel was informed at the start of this meeting that that the Notice of Meeting had been sent to Mrs Roberts's registered email address by secure email and registered address by recorded delivery and by first class post on 29 April 2026.

The panel had regard to the Royal Mail 'Track and trace' printout which showed the Notice of Hearing was delivered to Mrs Roberts's registered address on 29 April 2026. It was signed for against the printed name of 'Ffion Wyn Roberts'.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Meeting provided details of the allegation, the time, dates and the fact that this meeting was heard virtually.

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

Application to amend the charges

In the course of determining whether the facts of charge 3 and charge 8 should be found proved, the panel noted as follows:

Charge 3

All the evidence relied upon in relation to this charge comes from Colleague A and Colleague B. Insofar as that evidence is unredacted, there is no mention of a date when the alleged incident(s) occurred. The charge refers to the incident(s) having occurred on 26 January 2024. The panel sought advice as to whether the charge could be found proved in the absence of any evidence concerning the date.

The legal assessor advised, relying on the case of R (Heath) v. Home Office Policy and Advisory Board for Forensic Pathology [2005] EWHC 1793 Admin in which the court approved the determination of the chair of the Tribunal who said:

> *'The Tribunal does have intrinsic powers simply by virtue of being a tribunal. It has the obligation to observe the rules of natural justice and to conduct its proceedings fairly and to decide procedural matters which are not expressly dealt with in the rules … It may well be that a tribunal acting fairly can fill in the procedural gaps.'*

and the cases of CRHCP v. GMC and Ruscillo, CRHCP v. NMC and Truscott [2005] 1WLR 717, CA in which the Court of Appeal said:

> *'The disciplinary tribunal should play a more pro-active role than a judge over a criminal trial in making sure that the case is properly presented and the relevant evidence is place before it. that if the date was not "a material averment", i.e. the date made no difference to the gravity or substance of the charge, it could be found proved provided the panel was satisfied that the incident(s) occurred as alleged.'*

Charge 8

The panel noted that this charge refers to charge 6(a) and / or 6(b) which do not exist. In light of the fact that it refers to an alleged "*intention to intimidate Patient F*" and it makes reference to 2 sub charges, the panel considered that there appears to have been a typographical error and that it should refer to charges 7(a) and / or 7(b). The panel sought advice on whether it could consider charge 8 as if it made reference to charges 7(a) and / or 7(b).

The legal assessor advised that it could do so. Relying upon the above authorities, he advised that the error was clearly typographical and that the panel was within its rights to interpret charge 8 as referring to charges 7(a) and / or 7(b).

The panel accepted the legal assessor's advice in relation to these 2 charges.

Details of charges as amended

“That you, a registered nurse:

1) On 17 January 2024:
a) Instructed staff to reduce or stop IV fluids for patients without clinical justification.
b) Removed/stopped the IV fluids for Patient A without clinical justification.

2) On 18 January 2024 in relation to Patient B:
a) Slowed or stopped the patient’s bladder irrigation without clinical justification,
b) Did not complete overnight observations.

3) On one or more occasions, on 26 January 2024, removed the observation machine attached to Patient C without seeking permission or discussing it with Colleague A.

4) On 14 March 2024, without justification, did not allow Patient D to watch television.

5) On an unknown date, in relation to Patient E:
a) Without clinical justification, refused to give them their medication (tramadol).
b) Gave them paracetamol instead of tramadol and said ‘there is your pain relief’ or words to that effect.

6) Your conduct in charge 5b was dishonest as you led Patient E to believe that you had given them tramadol when you had not.

7) On an unknown date, in relation to Patient F:
a) Removed the patient’s urine bottle from them during the night on more than one occasion without clinical justification.
b) Told them to ‘walk to the toilet’ or words to that effect when they requested a urine bottle.

8) Your conduct at charge **7a and/or 7b** were intended to intimidate Patient F.

9) On an unknown date, stopped Colleague B from calling the on-call doctor when a patient was showing signs of sepsis.

10) Interrupted the nursing care being provided by colleagues in that you:
a) On one or more occasions questioned colleagues' practice and nursing care.
b) On one or more occasions moved equipment out of patients' room without clinical justification.

11) On one or more occasions, did not complete your nursing duties and/or delegated your nursing duties to colleagues.

12) On an unknown date in or around September 2022, referred to Colleague C as a 'whippet' or words to that effect.

13) On 10 March 2024 referred to Colleague C as a 'swine' or words to that effect.

14) On one or more occasions shushed Colleague A in front of colleagues.

15) On one or more occasions in relation to Colleague D:
a) Said you 'could not understand her because of her accent' or words to that effect; and/or
b) Mocked and corrected the way she pronounced words; and/or
c) Mocked her accent.

16) On an unknown date made derogatory comments about international nurses.

17) Your conduct as set out in charges 9, 10a and/or 10b, and/or 11 and/or 12 and/or
13 and/or 14 were intended to bully, belittle and/or intimidate colleagues.

18) Your conduct as set in out in charges 14 and/or 15a and/or 15b and/or 15c discriminated against Colleagues A and D, in that you treated them less favourably than others because of a protected characteristic, namely race.

19) Your conduct at charge 16 was motivated by your hostility towards international nurses."

Decision and reasons on facts

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

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

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

- Claire Wallett: Theatre manager at Nuffield Health Hospital.
- Denise Evans: Staff nurse at Nuffield Health Hospital
- Yanhua Du: Staff nurse at Nuffield Health Hospital
- Rica Hizole: Staff nurse at Nuffield Health Hospital at the time of the incidents
- Nelia Garcia: Senior staff nurse at Nuffield Health Hospital

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

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

Charge 1a)

> "That you, a registered nurse on 17 January 2024: Instructed staff to reduce or stop IV fluids for patients without clinical justification"

This charge is found proved.

In reaching this decision, the panel took into account Denise Evans's (Ms Evans) NMC written statement and Ms Evans's local Trust investigation meeting statement, dated 10 May 2024.

Ms Evans's local statement, in relation to this incident, states:

> *'I can recall an incident where Ffion reduced or stopped some patients IV fluids. My understanding from other nurses was this was to reduce the times a patient buzzed in the night needing the toilet or bed pan. This was an incident that happened very early on when I started working at Nuffield Hospital. I was still learning in the role and if I had of known the implications, I would have fought against this from happening. I trusted Fion and lacked confidence, so I didn't go against her. The next morning the blood pressure for a patient was very low and so I knew we needed to get the fluids up. I knew this because we had stopped the fluids during the night. Patients have to fast before going into theatre which means no water. They will come back from theatre with a bag of fluids running and if its late into the evening and they are not drinking much we will continue with a second bag of fluid. The patient in question had come back from theatre late and not drank much but then their IV was removed. Low blood pressure will result in a patient fainting and potentially causing injury to themselves. This patient fainted as a result of her low blood pressure but thankfully no injury was caused. After the incident happened, I went to the sister as I felt responsible for what had happened and that I had let the patient down. The response I had was that Ffion does what she wants. After speaking with the sister I felt confident that if this were to happen again I would insist we keep the fluids running and be an*

advocate for my patients."

In a complaint submitted to the Trust, Ms Evans states:

> *'SN Roberts also insisted at the 10pm drugs round that IV fluid be slowed to the bare minimum or removed. On one occasion a lady's fluids were removed by SN Roberts and the next morning the patients BP dropped dramatically, she had a vasovagal and needed bolus fluids to bring her BP back up. This happened right in the middle of morning handover and created extra work for the day staff as well as an unpleasant experience for the patient.'*

In the local Trust investigation meeting notes, Ms Evan states:

> *'Q: Sn Roberts insisted on one shift at the 10pm drug round that all IV fluids be slowed to the bare minimum or removed. When was this? Do you have a date? What was he (sic) reason for this? Was this a regular request or a one off?*
> *A: I don't have an exact date at the moment but I would be able to work it out for you and give you the date after the meeting. She asks us to slow the fluids down or remove them because she didn't want to patients using the toilet or bed pans throughout the night."*

The panel was of the view that Ms Evans's evidence was cogent and consistent. Her statements and evidence were not contradictory, and there is no evidence to suggest that the evidence is fabricated. The panel determined that there is sufficient evidence to support that Mrs Roberts did instruct staff members to reduce or stop the patient's IV fluids without clinical justification for doing so.

As such, this charge is found proved on the balance of probabilities.

Charge 1b)

> "Removed/stopped the IV fluids for Patient A without clinical justification."

This charge is found proved.

In reaching this decision, the panel took into account Ms Evans's NMC statement, patient notes and observation chart relating to the vasovagal episode, and the patient prescription chart.

Ms Evans's NMC written statement states:

> '*I can recall an incident where Ffion reduced or stopped some patients IV fluids. My understanding from other nurses was this was to reduce the times a patient buzzed in the night needing the toilet or bed pan. This was an incident that happened very early on when I started working at Nuffield Hospital. I was still learning in the role and if I had of known the implications, I would have fought against this from happening. I trusted Fion and lacked confidence, so I didn't go against her. The next morning the blood pressure for a patient was very low and so I knew we needed to get the fluids up. I knew this because we had stopped the fluids during the night. Patients have to fast before going into theatre which means no water. They will come back from theatre with a bag of fluids running and if its late into the evening and they are not drinking much we will continue with a second bag of fluid. The patient in question had come back from theatre late and not drank much but then their IV was removed. Low blood pressure will result in a patient fainting and potentially causing injury to themselves. This patient fainted as a result of her low blood pressure but thankfully no injury was caused. After the incident happened, I went to the sister as I felt responsible for what had happened and that I had let the patient down. The response I had was that Ffion does what she wants. After speaking with the sister I felt confident that if this were to happen again I would insist we keep the fluids running and be an advocate for my patients.'*

In her complaint to the Trust, Ms Evans outlined that Mrs Roberts did slow or stop the patient's IV:

‘On one occasion a lady’s fluids were removed by SN Roberts and the next morning the patients BP dropped dramatically, she had a vasovagal and needed bolus fluids to bring her BP back up.’

The panel took into account that the patient’s prescription and infusion therapy chart shows that they were prescribed an infusion for 12 hours. The fluid chart also details that the IV was stopped twice within a 5-hour gap. The IV was stopped at 3 am with no other explanation as to why it was stopped.

The panel accepted that the charges outline that this incident occurred on 17 January, it took into account that this was an overnight shift, and therefore included 18 January as well, as the incident started on the 17 January during the overnight shift.

In light of all the above, the panel determined that there is evidence to support that Mrs Roberts stopped/removed the IV fluids for Patient A without clinical justification.

As such, this charge is found proved on the balance of probabilities.

Charge 2a)

“On 18 January 2024 in relation to Patient B: slowed or stopped the patient’s bladder irrigation without clinical justification”

This charge is found proved.

In reaching this decision, the panel took into account Ms Evans’s NMC statement and local statement, patient records relating to bladder irrigation and the patient notes relating to bladder irrigation, and the irrigation fluid chart.

In her NMC witness statement, Ms Evans states:

‘I can recall Ffion slowing down a patient’s bladder irrigation without a clinically justifiable reason for doing so. When we started one night shift, we received handover from the day staff that a patient was on a bladder wash out. They told

us that they usually have large bags of saline which they change every 4-5 hours, but they had run out and only 1 litre bags were left. This meant staff had to change the bags more frequently every half an hour to an hour. We were informed that the consultant had said it was important to keep washing out until the saline was a rose colour to ensure it was washing out properly. I had never performed this procedure before, so I asked Ffion to show me. Ffion said not to worry as she would slow it down so we would change every 5 hours. I noticed the bags were dark red and that handover said it should be a rose colour. I raised this with Ffion who told me it was fine and not to worry. I needed Ffion to show me how to perform a bladder irrigation so that I could learn but she never did. As I was new in the role and had never performed a bladder irrigation before I trusted Ffion. I haven't dealt with a bladder irrigation since then as it is a rare procedure used at the hospital.'

In her local statement, Ms Evans states:

'One patient was on a bladder washout and at handover we were told that the hourly bags needed to be carried on throughout the night, at 10pm SN Roberts slowed the drip right down so that the bag would last for around 4 to 6 hours.'

The panel took into account that the patient documents, namely the patient records relating to bladder irrigation and the patient notes relating to bladder irrigation, and the irrigation fluid chart, showed that the patient's bladder irrigation was slowed down overnight, during the period of the 17 January to 18 January.

In light of all the above, the panel determined that on 18 January 2024, Mrs Roberts slowed or stopped Patient B's bladder irrigation without clinical justification.

As such, this charge is found proved on the balance of probabilities.

Charge 2b)

"Did not complete overnight observations."

This charge is found proved.

In reaching this decision, the panel took into account the witness statement of Claire Wallett (Ms Wallett), and patient observation chart.

Ms Wallett, in her NMC statement states:

> *'We then received multiple letters from members of staff and other concerns raised were about patient observations or lack of observations post-surgery.'*

The panel took into account that the patient's observation chart shows that no observations were completed by Mrs Roberts overnight. The observation charts show that the observations were taken at 22:00 and then at 05:30 the next morning, with nothing recorded for the overnight period. The panel found that, in the absence of a recorded observation, the observations were not conducted.

In light of all the above, the panel determined that it was more likely than not that Mrs Roberts did not complete Patient B's overnight observations.

As such, this charge is found proved on the balance of probabilities.

Charge 3)

> "On one or more occasions, on 26 January 2024, removed the observation machine attached to Patient C without seeking permission or discussing it with Colleague A"

This charge is found proved.

In reaching this decision, the panel took into account the NMC witness statement of Yanhua Du (Ms Du), Ms Evans's local statement, and Ms Du's statement in the Trust investigatory meeting. The panel also took into account the witness statements provided by Rica Hizole (Ms Hizole) and Nelia Garcia (Ms Garcia).

Ms Du, in her NMC statement states:

'We normally keep the observation machine at the patient's bedside after they return from surgery to monitor them. On 26 January 2024, there was a patient who had returned from joint surgery, and I had the observation machine by their bed. Ffion kept moving the observation machine without asking. The observation machine needed to be there for safe patient care, so I brought it back. When I brought it back Ffion moved it again. She did this three times.

Ffion didn't say why she was taking it; she just moved the machine out of the patient's room and left on the corridor. The patient wasn't attached to the machine, but it was plugged into the charger. A patient's observations need to be monitored closely and frequently when they return from surgery. This will be every half an hour for 2 hours and then the frequence of the observation will depend on the patient's condition. The moving back and forth of the observation machine from outside is not good practice for the safety of patient's care in the emergency. Plus, there are always enough observation machines in the ward.'

The panel also took into account Ms Evans's local statement in relation to this charge:

'SN Roberts insisted on the night shift that all observation machines be removed from the rooms at the start of the night shift, and even after I put a machine back into a room for a lady who needed to be monitored for another 2 hours following surgery, the next time I went in the machine had been removed.'

The panel also took into account that Ms Hizole and Ms Garcia mentioned that Mrs Roberts moved observation machines while they were working and using them.

In light of all the above, the panel was satisfied that it was more likely than not that Ms Richard on 26 January 2024, removed the observation machine attached to Patient C without seeking permission or discussing it with Colleague A.

As such, this charge is found proved on the balance of probabilities.

Charge 4)

"On 14 March 2024, without justification, did not allow Patient D to watch television"

This charge is found proved.

In reaching this decision, the panel took into account Ms Evans's local statement.

Ms Evans stated in her local statement:

> *'On one night shift a 70yr+ patient who was Day 0 following a hip replacement, was watching TV in his room late into the night, SN Roberts suggested he turn the TV off and get some sleep, the patient explained he struggles to sleep and often watches TV into the early hours, the TV was not on loud. SN Roberts proceeded to turn the TV off at the wall leaving the patient unable to choose if he wanted to watch TV or not.'*

The panel was satisfied that there is sufficient evidence to support that it is more likely than not that Mrs Roberts did not allow Patient D to watch television without justification. The panel took into account that the charge stipulates that the incident took place on 14 March, and while Ms Evans's statement outlines that this incident took place, there is no evidence that it took place on 14 March. However, the panel heard advice from the Legal Assessor, who advised that the date is not material in this charge.

As such, this charge is found proved on the balance of probabilities.

Charge 5a)

> "On an unknown date, in relation to Patient E: Without clinical justification, refused to give them their medication (tramadol)"

This charge is found proved.

In reaching this decision, the panel took into account Ms Evans's statement during the Trust investigatory meeting and her NMC witness statement.

In her Trust investigatory meeting, Ms Evans stated:

> *'There are so many examples I could give. One patient complained to me, they had brought their own Tramadol into hospital and wanted to take it. Ffi said she doesn't need it, I then heard Ffion saying she can't have tramadol.'*

In her NMC witness statement, Ms Evans also stated:

> *'I remember there was an incident where Ffion refused a patient tramadol, resulting in the patient being in pain. I was outside the room at the time and overheard the conversation. The patient was a forceful lady and said she didn't want paracetamol; she wanted tramadol, but Ffion said she couldn't have it. From memory the patient had her own tramadol which was stored in the CD cupboard. Patients can request Tramadol if they are in pain. I went into the room to ask if I could assist as Tramadol is a controlled drug requiring 2 signatures, I asked if we should give the patients own drug when Ffion came out of the room but Ffion said it was fine. Ffion gave the patient medication which she took then asked what it was. Ffion told the patient it was paracetamol and codeine and said because she'd had it she had to wait a few hours until she could have tramadol. This didn't feel right as patients are allowed to request tramadol, but Ffion gave the patient medication which would prevent her from having it. It felt as though this was done on purpose but I cannot be sure.'*

The panel took into account that, according to Ms Evans, patients are allowed to request Tramadol if they are in pain, and this patient in particular had her own Tramadol which was stored in the controlled drug cupboard. Despite being allowed to have her own Tramadol and that it appeared acceptable for patients to request Tramadol if they were in pain, Mrs Roberts refused to give Patient E her Tramadol.

In light of all the above, the panel was satisfied that it was more likely than not that Mrs Roberts refused to give Patient E her tramadol without clinical justification.
As such, this charge is found proved on the balance of probabilities.

Charge 5b)

"Gave them paracetamol instead of tramadol and said 'there is your pain relief' or words to that effect"

This charge is found proved.

In reaching this decision, the panel took into account Ms Evans's statement during the Trust investigatory meeting and her NMC witness statement.

In her Trust investigatory meeting, Ms Evans stated:

> *'There are so many examples I could give. One patient complained to me, they had brought their own Tramadol into hospital and wanted to take it. Ffi said she doesn't need it, I then heard Ffion saying she can't have tramadol. Ffion took paracetamol to the patient and stood over her whilst she took it, making the statement that 'there's your pain relief' the patient thought it was her tramadol as she had asked for.'*

The panel took into account that Ms Evans's evidence has been cogent and consistent, and there is no evidence that it has been fabricated. It was satisfied that there is sufficient evidence to support that it was more likely than not that Mrs Roberts gave Patient E paracetamol instead of Tramadol, and said '*there's your pain relief'* or words to that effect.

As such, this charge is found proved on the balance of probabilities.

Charge 6)

"Your conduct in charge 5b was dishonest as you led Patient E to believe that you had given them tramadol when you had not."

This charge is found NOT proved.

In reaching this decision, the panel took into account Ms Evans's NMC witness statement, and her local statement to the Trust.

In Ms Evans's Trust investigatory interview, Ms Evans stated that Mrs Roberts said the patient "*does not need"* the tramadol, and then said that she "*can't have tramadol*". She stated that Mrs Roberts *"took paracetamol to the patient and stood over her whilst she took it, making the statement that 'there's your pain relief'".* Ms Evans said that *"the patient thought it was her tramadol as she had asked for."*

In her NMC statement, Ms Evans stated:

> *'Ffion gave the patient medication which she took then asked what it was. Ffion told the patient it was paracetamol and codeine and said because she'd had it she had to wait a few hours until she could have tramadol. This didn't feel right as patients are allowed to request tramadol, but Ffion gave the patient medication which would prevent her from having it. It felt as though this was done on purpose but I cannot be sure.'*

The panel took into account that there is no evidence before it from Mrs Roberts which explains her intentions in not giving the patient her tramadol. It noted that Ms Evans stated that, while she felt as if Mrs Roberts gave the patient paracetamol on purpose, she could not be sure whether this was intentional. The panel was satisfied that there is insufficient evidence before it to suggest that, on the balance of probabilities, Mrs Roberts was dishonestly leading Patient E to believe she had given them tramadol when she had not.

As such, the NMC had failed to discharge the burden of proof in relation to this charge, and the panel found it not proved.

Charge 7a)

> "On an unknown date, in relation to Patient F: Removed the patient's urine bottle from them during the night on more than one occasion without clinical justification."

This charge is found proved.

In reaching this decision, the panel took into account Ms Du's local statement dated 30 January 2024, and her NMC witness statement.

Ms Du, in her local statement, states:

> *'Another instance, a male patient who had a joint replacement requested for a urine bottle at night as he never slept the previous night, I gave this patient a bottle in consideration of his plea, and then SN Roberts walked in the room and removed the bottle and abruptly said to the patient "walk to the toilet" and removed the bottle, my heart went to the patient because he looked upset and intimidated by her, so I gave the bottle back to the patient and then she removed it again for the second time, and I gave it back to him for the third time, which upset me as well.'*

In her NMC witness statement, Ms Du stated:

> *'There was another incident which involved a patient who had been in a lot of pain and had barely slept from the previous night. The following night he requested a urine bottle so that he could use it during the night. I gave it to the patient, but Ffion removed it three times telling the patient he had to walk to the toilet. Ffion showed no respect to the patient, she raised her voice, and you could see he was scared. He was nearly crying and was begging to have the urine bottle. In the end I gave the bottle to the patient.'*

The panel took into account that Ms Du's statements were consistent. It noted that she detailed that Mrs Roberts removed the urine bottle from the patient twice, and Ms Du had to return the bottle three times. The panel took into account that Ms Du described the patient to have been in a lot of pain, and determined that there was no evidence to support that there was clinical justification for Mrs Roberts denying him his request to use the urine bottle.

The panel was satisfied that there was sufficient evidence before it to support that, it was more likely than not, that Mrs Roberts removed Patient F's urine bottle from them during the night on more than one occasion without clinical justification.

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

Charge 7b)

> "Told them to 'walk to the toilet' or words to that effect when they requested a urine bottle."

This charge is found proved.

In reaching this decision, the panel took into account Ms Du's local statement dated 30 January 2024, and her NMC witness statement.

The panel took into account Ms Du's local statement, which states:

> *'Another instance, a male patient who had a joint replacement requested for a urine bottle […] SN Roberts walked in the room and removed the bottle and abruptly said to the patient "walk to the toilet" and removed the bottle...'*

In her NMC witness statement, Ms Du stated:

> *'The following night he requested a urine bottle so that he could use it during the night. I gave it to the patient, but Ffion removed it three times telling the patient he had to walk to the toilet.'*

The panel was of the view that Ms Du's evidence was consistent and reliable. It took into account that she describes Mrs Roberts telling the patient to "*walk to the toilet*" after taking his urine bottle. It was satisfied that there is sufficient evidence to support this charge on the balance of probabilities.

As such, this charge is found proved on the balance of probabilities.

Charge 8)

> "Your conduct at charge 7a and/or 7b were intended to intimidate Patient F."

This charge is found proved.

In reaching this decision, the panel took into account Ms Du's local statement and NMC witness statements.

The panel took into account that Mrs Roberts's behaviour in taking the urine bottle multiple times from a patient who requested it, had impacted the patient emotionally. Ms Du's statements outline that the patient was made to feel scared and intimidated, was very upset, "*nearly crying",* and begging for the urine bottle. She described Mrs Roberts to have raised her voice at the patient. The impact that Mrs Roberts's conduct had on the patient also upset Ms Du.

Ms Du, in her local statement, states:

> *'Another instance, a male patient who had a joint replacement requested for a urine bottle at night as he never slept the previous night, I gave this patient a bottle in consideration of his plea, and then SN Roberts walked in the room and removed the bottle and abruptly said to the patient "walk to the toilet" and removed the bottle, my heart went to the patient because he looked upset and intimidated by her, so I gave the bottle back to the patient and then she removed it again for the second time, and I gave it back to him for the third time, which upset me as well.'*

In her NMC witness statement, Ms Du stated:

> *'Ffion showed no respect to the patient, she raised her voice, and you could see he was scared. He was nearly crying and was begging to have the urine bottle. In the end I gave the bottle to the patient.'*

The Trust investigatory meeting notes state:

> *'A written concern raised by Yanhua Du on 30 January 2024 recalls a night shift that she had done with Ffion Roberts which had left her feeling upset for a patient. She explained how a male patient who had joint surgery requested a urine bottle at*

night, he had spoken to Yanhua Du as she was settling him down for the night and told her that he hadn't slept the night previously and therefore requested a urine bottle for overnight. Yanhua gave the patient a urine bottle in consideration of his plea and then SN Ffion Roberts walked in and removed the bottle and abruptly told the patient to 'walk to the toilet' – she removed the bottle. Yanhua recalled the patient looking so upset and intimidated by her. Yanhua felt upset for the way the patient had been treated so therefore gave him the urine bottle back.'

The panel was of the view that Mrs Roberts's treatment of the patient had no clinical justification. The patient was clearly in pain, and was given the bottle by another nurse. He was made to feel intimidated into submitting, was nearly crying, and *"begging to have the urine bottle"*, and Mrs Roberts removed the bottle from him at least twice. The panel was satisfied that this behaviour was intimidating.

As such, this charge is found proved on the balance of probabilities.

Charge 9)

"On an unknown date, stopped Colleague B from calling the on-call doctor when a patient was showing signs of sepsis."

This charge is NOT proved.

In reaching this decision, the panel took into account Ms Evans's local investigatory meeting statement and NMC witness statement.

In the local investigatory meeting, Ms Evans states:

'She likes to be in control and belittles people. I had a patient who I was querying sepsis, they had a high temperature and I wanted to call the RMO. Ffion advised me that we do not call the RMO before 7am as there was nothing 'visibly wrong' with the patient.'

In her NMC statement, Ms Evans states:

‘There was another incident involving a spike in a patient’s temperature. The patient was on IV paracetamol to bring the temperature down. This required two signatures and when it spiked again, I remember asking Ffion to be the second checker and add her signature. Ffion told me the patient couldn’t have the IV paracetamol, so I had to show Ffion the BNF which is medicines guidance and that I was able to give the IV paracetamol. The temperature remained high, and the patient was very unwell. The patient had recently returned from surgery, and I was concerned they were showing signs of sepsis. I wanted to get the on-call doctor, but Ffion told me not to and to let the doctor sleep. I was concerned so I called the doctor who came to review the patient. Although the patient didn’t require any further action, the doctor told me I had done the right thing. The following day the patient’s temperature did go down and the patient made a full recovery. The issue I had is that Ffion was telling me how to manage my patient who was showing signs of concern that would require escalation. I thought that if it had have happened when I first started, I might not have had the confidence to escalate to go against Ffion and contact the doctor.’

The panel noted that while Mrs Roberts did advise Ms Evans to ‘*let the doctor sleep’*, she did not stop her from calling the doctor. In her NMC statement, Ms Evans highlights that she ignored Mrs Roberts advice and called the doctor, who came and checked the patient. As such, the panel found that the NMC did not discharge the burden of proof in relation to this charge, and finds it not proved.

Charge 10a)

“Interrupted the nursing care being provided by colleagues in that you:
On one or more occasions questioned colleagues’ practice and nursing care.”

This charge is found proved.

In reaching this decision, the panel took into account Ms Du’s NMC statement, and Ms Hizole’s local statement/ formal complaint to the Trust dated 22 November 2023, and NMC statement.

In her local statement, dated 22 November 2023, Ms Hizole stated:

> *'Furthermore, her constant critique of my work has been making me feel belittled and questioned. This has not only impacted my confidence but also my ability to perform my duties effectively. In particular, Ffi often interrupts my nursing care for patients, questioning my decisions without full awareness of the situation. This not only undermines my professional judgment but also disrupts the care I provide to our patients.'*

In the Trust investigatory meeting, Ms Du stated:

> *'[…] she questions me all the time with my patients. She moves the things I put there for my patients and infront (sic) of the patients.'*

Ms Du, in her NMC witness statement also explained that there have been instances where Mrs Roberts has questioned her and argued with her in front of a patient:

> *'I can recall I separate incident involving bladder irrigation for a urology patient. This involves two 3 litre bags that are hung up beside the patient's bed. I only opened one of the bags and the other was clamped. When the first bag finishes then the second bag starts. Ffion was present and took one of the bags down and placed it on the patient's bed by their feet. I told Ffion that she needed to put it back up as the protocol is to have them hanging. Ffion argued with me in front of the patient telling me that I didn't have to put the second bag up, and she never saw it before. I told Ffion that the patient could easily kick the second bag onto the floor if it was on the bed.'*

The panel took into account that multiple witnesses attest to Mrs Roberts questioning or undermining their practice and nursing care on one or more occasions. They explain instances where Mrs Roberts has interrupted their practice to question them, and has even argued with them in the presence of their patients. The panel was therefore satisfied that there is sufficient evidence to support that Mrs Roberts interrupted the nursing care provided by her colleagues by questioning their nursing practice and nursing care.

As such, this charge is found proved on the balance of probabilities.

Charge 10b)

> "On one or more occasions moved equipment out of patients' room without clinical justification."

This charge is found proved.

In reaching this decision, the panel took into account Nelia Garcia's (Ms Garcia) NMC witness statement and local statement, Ms Hizole's NMC witness statement, and Ms Evans's local statement.

Ms Garcia, in her NMC witness statement, states:

> *'On the 10th of March 2024, I looked after 3 FTM's and 1 joint replacement and as I made my way to room 17 just after midnight, she took the observation machine out of that room, and I said to her politely "please leave that observation machine there I need to do some observations and she said to me "you swine".'*

In Ms Garcia's local statement, she states:

> *'On the 10th of March 2024, I looked after 3 freshly post op FTMs and 1 joint replacement and as I made my way to room 17 just after midnight she took the observation machine out of that room, and I said to her "please leave that machine there I need to do some observations and she said to me "you swine".'*

Ms Hizole, in her NMC statement, said:

> *'There were times when Ffion would move the observation machine for no reason when I was using it with my patients. We monitor a patient's observations every half an hour when they return from surgery and then every hour and then 2 hours but Ffion would take the observation machine telling me that I didn't need to*

monitor the observations. She just left the machine outside the patient's room; she didn't take it so that she could use it. I would take the machine back, but Ffion would move it again.'

In Ms Evans's local statement, she stated:

'SN Roberts insisted on the night shift that all observation machines be removed from the rooms at the start of the night shift, and even after I put a machine back into a room for a lady who needed to be monitored for another 2 hours following surgery, the next time I went in the machine had been removed.'

The panel was satisfied that there is sufficient evidence to support that on one or more occasion, Mrs Roberts had moved equipment out of patients' rooms without clinical justification. It was of the view that the witness evidence was consistent and reliable, and that there was no evidence to suggest fabrication.

As such, this charge is found proved on the balance of probabilities.

Charge 11)

"On one or more occasions, did not complete your nursing duties and/or delegated your nursing duties to colleagues."

This charge is found proved.

In reaching this decision, the panel took into account Ms Evans's local statement and NMC written statement, and Ms Hizole's local statement/formal complaint and written statement.

Ms Evans, in her local statement, states:

'On the night shifts and a Sunday shift I worked with SN Roberts I was consistently given tasks, such as, (sic) doing all the observations and fluid balance charts while she did the drugs round, once I had finished the tasks given, I was then handed the

remainder of the drugs round to do as she needed to go full up the disposable glove stations.

On one night shift I was given 4 patients to look after who were all joints and needed help with personal care in the morning. The 3 patients's (sic) SN Roberts had, were all mobile and self-caring. I asked if SN Roberts could help with one of the washes while I did the other 3. At morning. (sic) Handover I handed over my 4 patients, 3 of whom had had showers etc and when I explained SN Roberts had kindly helped with the 4th she replied that she hadn't done it as she had been busy cleaning Baxter machines.'

In her local statement/formal complaint dated 22 November 2023, Ms Hizole stated:

'Firstly, I have noticed that Ffi often delegates her responsibilities to others during busy shifts, citing administrative tasks as her reason. This additional workload has been challenging for the rest of the team and has made it difficult for us to focus on our primary responsibilities. She often questions why certain tasks haven't been completed, seemingly expecting us to manage her patients without proper guidance.'

In her answers at the local Trust investigatory meeting, Ms Hizole stated:

'Yes on nights we try and split the patients between us to make it fair but on days it is different. We all have all the patients. It is different when working with other people when working with Ffion all the patients need to be looked after by myself when there is only me and her on shift as a nurse.'

The panel noted that Mrs Roberts often delegated extra tasks to her colleagues, while not completing her own. The panel was satisfied that there is sufficient evidence to support that, on the balance of probabilities, Mrs Roberts did not complete her nursing duties and/or delegated her nursing duties to colleagues on one or more occasions.

As such, this charge is found proved on the balance of probabilities.

Charge 12)

> "On an unknown date in or around September 2022, referred to Colleague C as a 'whippet' or words to that effect."

This charge is found proved.

In reaching this decision, the panel took into account Ms Garcia's local statement and NMC statement.

In her local statement, Ms Garcia stated:

> *'Late September 2022 as we were on shift together, she said "bet you've settled all the patients now you whippet." She used to call me that every chance she gets. It may sound petty, but it did upset me."*

In her NMC written statement, Ms Garcia stated:

> *'The first time she upset me was September 2022 as we were on shift together, she said "I bet you have settled all the patients now you whippet". She calls me that every chance she gets, she would call me that in front of people laughing, it did upset me. I am not a confrontational person, so I've never said anything back to her, I just carried on working. I rang her that time and told her how I felt and asked her not to do it again. She has apologised and have said it was just a joke.'*

The panel was satisfied that there is sufficient evidence to support that, on the balance of probabilities, Mrs Roberts called Ms Garcia a 'whippet' or words to that effect.

As such, this charge is found proved on the balance of probabilities.

Charge 13)

> "On 10 March 2024 referred to Colleague C as a 'swine' or words to that effect."

This charge is found proved.

In reaching this decision, the panel took into account Ms Garcia's local statement and NMC witness statement.

In her NMC statement, Ms Garcia stated:

> *'On the 10th of March 2024, I looked after 3 FTM's and 1 joint replacement and as I made my way to room 17 just after midnight, she took the observation machine out of that room, and I said to her politely "please leave that observation machine there I need to do some observations and she said to me "you swine". I just ignored her as I was too shocked and too busy to get upset and to listen to my emotions. I just carried on with my shift. Morning came, I came out of room 20 after I have freshened up the patient after this was requested. I walked towards the drug trolley to get painkillers as the same patient requested this, she then whispered in my ear "You've washed one already? You swine". I didn't say anything back. I didn't understand the full context of what it meant that time so I wanted to ask a local person to find out, but I felt embarrassed about it.'*

In her local statement, Ms Garcia stated:

> *'[…] I said to her "please leave that machine there I need to do some observations and she said to me "you swine". […] as I walked towards the drug trolley to get a painkiller for the patient, who I've just washed she said to me "You've washed one already? You swine".*

The panel noted that the two statements made by Ms Garcia were consistent. The panel was satisfied that there is sufficient evidence to support that, on the balance of probabilities, Mrs Roberts referred to Ms Garcia as a *'swine'* or words to that effect.

As such, this charge is found proved on the balance of probabilities.

Charge 14)

"On one or more occasions shushed Colleague A in front of colleagues."

This charge is found proved.

In reaching this decision, the panel took into account Ms Du's local statement, Trust investigatory meeting statement, and her NMC witness statement.

In her local statement dated 30 January 2024, Ms Du stated:

> *'A few times when I spoke to her in a polite way, she shushed me and dismissed me in front of her other colleagues with an impatient and very disrespectful attitude, which embarrassed me. I feel very lost and unwanted and unwelcome. And felt bullied by her.'*

In the Trust investigatory notes, Ms Du stated:

> *'I have raised concerns before, she is rude, she shushes me or ignores me. She does this regularly infront of people.'*

In her NMC statement, Ms Du stated:

> *'Ffion spoke to me with no respect. She would shush me in front of other members of staff and patients. It affected my confidence and self-esteem. I have been working in hospitals for nearly 20 years, and I had not experienced this behaviour before. I didn't do many shifts with Ffion as I told my manager that I preferred not to work with her if possible.'*

The panel took into account that Ms Du's account of this incident has been consistent throughout her three statements. The panel was satisfied that there is sufficient evidence to support that, on the balance of probabilities, Mrs Roberts shushed Ms Du on one or more occasions in front of colleagues.

As such, this charge is found proved on the balance of probabilities.

Charge 15)

"On one or more occasions in relation to Colleague D:
a) Said you 'could not understand her because of her accent' or words to that effect; and/or
b) Mocked and corrected the way she pronounced words; and/or
c) Mocked her accent."

This charge is found proved in its entirety.

The panel took into account that the three limbs of this charge are closely related and that there are elements of overlap. It determined to consider the charge in the whole as opposed to separately.

In reaching this decision, the panel took into account Ms Hizole's local statement and responses in the Trust investigatory meeting.

In her responses in the Trust investigatory meeting, Ms Hizole stated:

'Q: You stated that you felt deeply disturbed by some of Ffion's comments which you perceive as racially insensitive.
A: She makes bad remarks […] She is always making fun of my talking and has made lots of comments about not being able to understand me and laughing at the way I say certain words. Echo is Chinese and Ffion always embarrasses her she has referred to her as being loud when she's talking like shouting. […] She is always picking on people and making fun of her accent too. […] She's always laughing at me and picking on the way I talk. She picks up on words I say and the way I say them.'

In her local statement/ formal complaint to the Trust, Ms Hizole states:

'I have been deeply disturbed by some of Ffi's comments, which I perceive as racially insensitive. […] She also makes fun of my accent and how I deliver my English, which make affects (sic) my confidence making any interaction.'

In her NMC statement, Ms Hizole stated:

> *'There is me and one other member of staff who is Filipino on the ward. When I didn't pronounce a word properly Ffion would correct me. This happened especially with a particular doctor's name. I felt like she was mocking me, and it made me feel uncomfortable and upset. She would make offending sounds and cut me off when I spoke to tell me I had pronounced a word incorrectly. She would make comments saying that because of internation (sic) nurses, nurses in the UK now have to pay for a nursing degree. I also witnessed Ffion mocking over staff members accents.'*

The panel was satisfied that there is sufficient evidence to support that Mrs Roberts has made comments that she cannot understand Ms Hizole, or words to that effect, mocked and corrected the way she pronounced words, and mocked her accent on one or more occasions.

As such, this charge is found proved in its entirety, on the balance of probabilities.

Charge 16)

> "On an unknown date made derogatory comments about international nurses."

This charge is found NOT proved.

In reaching this decision, the panel took into account Ms Hizole's local statement and responses in the Trust investigatory meeting.

In her local statement/formal complaint, Ms Hizole stated:

> *'As an international nurse, I felt bad by her remarks questioning the necessity of UK nurse's education fees due to the presence of international nurses.'*

In her responses to the Trust investigatory meeting, Ms Hizole stated:

‘She says why should the UK be paying for international nurse. She told me that because of international nurses Shannon now has to pay for her nursing. And I think it meant before that they don’t have to.’

In her NMC statement, Ms Hizole stated:

‘*She would make comments saying that because of internation nurses, nurses in the UK now have to pay for a nursing degree.’*

The panel acknowledged that the comments were insensitive opinions voiced to colleagues who were international nurses, however, it was of the view that Mrs Roberts was voicing her views on this topic. Additionally, the panel took into account that, in the Trust investigation meeting, the comments were described to be made in the course of a debate:

‘Ffion was having a conversation with Ricca, debating why should the UK be paying for international nurses.’

While the panel accepted that Mrs Roberts made these comments, it was not satisfied that there was evidence before it to support that Mrs Roberts made the comments in a derogatory manner.

As such, the panel determined that the NMC has failed to discharge the burden of proof in relation to this charge, and finds it not proved.

Charge 17)

“Your conduct as set out in charges 9, 10a and/or 10b, and/or 11 and/or 12 and/or 13 and/or 14 were intended to bully, belittle and/or intimidate colleagues.”

This charge is found proved.

The panel considered each limb of this charge separately.

Charge 9) -

The panel did not find this charge proved.

Charge 10a)-

The panel took into account that Ms Robert's conduct in this charge made both Ms Hizole and Ms Du feel belittled.

In her local statement, dated 22 November 2023, Ms Hizole stated:

> *'Furthermore, her constant critique of my work has been making me feel belittled and questioned. This has not only impacted my confidence but also my ability to perform my duties effectively. In particular, Ffi often interrupts my nursing care for patients, questioning my decisions without full awareness of the situation. This not only undermines my professional judgment but also disrupts the care I provide to our patients.'*

In the investigatory meeting, Ms Du stated:

> *'In front of the patient she talked to me like that, questioning me. […] It was my patient.'*

The panel concluded that Mrs Roberts's conduct in charge 10a) had an impact on the two colleagues involved, and determined that she intended to belittle and intimidate them both by questioning their practice and nursing care on one or more occasion.

Charge 10b) –

The panel took into account that Mrs Roberts's actions in this charge made her colleagues feel upset, undermined, and belittled. They explained in their statements that they needed the machines to do their jobs properly and properly care for their patients, and Mrs Roberts did not respect this and belittled them by undermining their practice.

In Ms Evans's local statement, she stated:

> *'[…]even after I put a machine back into a room for a lady who needed to be monitored for another 2 hours following surgery, the next time I went in the machine had been removed.'*

In the Trust investigatory meeting, Ms Evans stated:

> *'Ffion insists that all observation machines are removed from the rooms as she feels there (sic) not necessary. Ffion always removes the observation machines. When I put them back she will remove them again. I had a patient who required 2 hourly observations, Ffion came in and removed the observation machine. I told her not to remove the machine as they were my patients.'*

The panel also took into account that, when Ms Hizole asked Mrs Roberts not to remove the machine, Mrs Roberts responded by saying "*you swine."*

The panel was of the view that there was no clinical reason for Mrs Roberts to be involved in these nursing tasks, as these were not her patients. The two issues within this charge demonstrates that Mrs Roberts was belittling her colleagues. My constantly moving the machines when her colleagues asked her not to on what appears to be numerous occasions, the panel determined that Mrs Roberts's conduct was intended to belittle her colleagues.

Charge 11) –

The panel took into account that Mrs Roberts would often delegate extra nursing tasks to her colleagues, especially to more junior staff members. Ms Hizole expressed in her local statement that this was intimidating to junior and newer staff members.

The panel also took into account Ms Hizole's statement in the local Trust investigatory meeting:

‘Ffi always expects me to look after all the patients. She delegates all her work whilst she is doing admin. On nights she leaves me all the time whilst she does something else like admin stuff and leaves me on my own. Sometimes for an hour or more. […] She has targeted other members of staff too, making them cry. It’s always junior staff and new starters.’

The panel was of the view that Mrs Roberts’s conduct in this charge was intended to intimidate and bully colleagues into doing her work for her.

Charge 12-

The panel took into account that, in the witness statements provided in relation to this charge, Mrs Roberts was asked on multiple occasions not to call her colleagues these names.

However, the panel considered the context and meaning of the term ‘*whippet’*. A whippet often refers to a *“fast-moving person”* in a colloquial context. The panel was not satisfied that, given the context that Ms Garcia was working quickly, Mrs Roberts made this comment with the intention to belittle her, bully her, or intimidate her. The panel also noted that the fact that Ms Garcia was upset by this comment was brought to Mrs Roberts’s attention, and she apologised and said it was a joke.

The panel therefore did not find that this limb of the charge was proved.

Charge 13) –

The panel took into account that Mrs Roberts appeared to use the term “*you swine”* in a belittling way when addressing the colleague. The comment was used when there was a disagreement over equipment being available. The panel determined that Mrs Roberts, through her conduct, intended to belittle Ms Garcia.

Charge 14)-

The panel took into account that shushing someone in front of their colleagues in an open forum is very rude, and would make them feel belittled. In her local statement, Ms Du said that Mrs Roberts's conduct made her feel embarrassed and disrespected, and led her to request to no longer work with Mrs Roberts.

The panel determined that by shushing Ms Du on one or more occasion, Mrs Roberts intended to belittle her.

Charge 18)

> "Your conduct as set in out in charges 14 and/or 15a and/or 15b and/or 15c discriminated against Colleagues A and D, in that you treated them less favourably than others because of a protected characteristic, namely race."

This charge is found proved.

In reaching this decision, the panel took into account the written statement and local statements provided by Ms Du and Ms Hizole.

In her statement, Ms Du made observations that Mrs Roberts often made fun of foreign staff and their accents and ability to speak English.

In her responses in the Trust investigatory meeting, Ms Hizole stated:

> *'Q: You stated that you felt deeply disturbed by some of Ffion's comments which you perceive as racially insensitive.*
> *A: She makes bad remarks […] She is always making fun of my talking and has made lots of comments about not being able to understand me and laughing at the way I say certain words. Echo is Chinese and Ffion always embarrasses her she has referred to her as being loud when she's talking like shouting. […] She is always picking on people and making fun of her accent too. […] She's always laughing at me and picking on the way I talk. She picks up on words I say and the way I say them.'*

The panel was of the view that mocking a colleague's accent and language is disrespectful and racially motivated. The panel also took into account that saying that she could not understand Ms Hizole because of her accent or words to that effect, Mrs Roberts was treating her less favourably. The panel took into account that Ms Hizole is from the Philippines, and that English is not her first language. It also took into account that Ms Hizole outlined in her local statement that herself and another Filipino colleague felt singled out by Mrs Roberts.

The panel determined that it is more likely than not that Mrs Roberts treated Ms Hizole and Ms Du less than favourably because of protected characteristics, namely their race.

As such, this charge is found proved in its entirety, on the balance of probabilities.

Charge 19)

> "Your conduct at charge 16 was motivated by your hostility towards international nurses."

This charge is NOT proved.

As charge 16 was not found proved by the panel, this charge falls away.

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

Representations on misconduct and impairment

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

The panel had regard to written submissions provided by the NMC in relation to misconduct and impairment. The NMC invited the panel to take the view that the facts found proved amount to misconduct. The panel had regard to the terms of 'The NMC code of professional conduct: standards for conduct, performance and ethics' ("the Code") in making its decision.

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

The panel accepted the advice of the legal assessor.

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 Mrs Roberts's actions did fall significantly short of the standards expected of a registered nurse, and that Mrs Roberts's actions amounted to a breach of the Code.

*'**1** Treat people as individuals and uphold their dignity. To achieve this, you must:*

1.1 treat people with kindness, respect and compassion

1.2 make sure you deliver the fundamentals of care effectively

1.3 avoid making assumptions and recognise diversity and individual choice

1.4 make sure that any treatment, assistance or care for which you are responsible is delivered without undue delay

2 Listen to people and respond to their preferences and concerns To achieve this, you must:

2.1 work in partnership with people to make sure you deliver care effectively

2.2 recognise and respect the contribution that people can make to their own health and wellbeing

2.3 encourage and empower people to share in decisions about their treatment and care

2.4 respect the level to which people receiving care want to be involved in decisions about their own health, wellbeing and care

8 Work co-operatively. To achieve this, you must:

8.1 respect the skills, expertise and contributions of your colleagues, referring matters to them when appropriate

8.2 maintain effective communication with colleagues

8.5 work with colleagues to preserve the safety of those receiving care

9 Share your skills, knowledge and experience for the benefit of people receiving care and your colleagues. To achieve this, you must:

9.3 deal with differences of professional opinion with colleagues by discussion and informed debate, respecting their views and opinions and behaving in a professional way at all times

10 Keep clear and accurate records relevant to your practice This applies to the records that are relevant to your scope of practice. It includes but is not limited to patient records. To achieve this, you must:

10.1 complete records at the time or as soon as possible after an event,

recording if the notes are written some time after the event

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

13 Recognise and work within the limits of your competence. To achieve this, you must, as appropriate:

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

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

20 Uphold the reputation of your profession at all times.To achieve this, you must:

20.1 keep to and uphold the standards and values set out in the Code

20.2 […] treating people fairly and without discrimination or bullying […]

20.3 be aware at all times of how your behaviour can affect and influence the behaviour of other people

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

20.8 act as a role model of professional behaviour for students and newly qualified nurses, midwives and nursing associates to aspire to

25.1 identify priorities, manage time, staff and resources effectively and deal with risk to make sure that the quality of care or service you deliver is maintained and improved, putting the needs of those receiving care or services first'

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 Mrs Roberts's conduct in the charges found proved were very serious.

The panel took into account that there were three areas of concern stemming from the conduct in the charges found proved:

- Clinical failings
- Behaviour towards patients
- Behaviour towards colleagues

The panel took into account that, in relation to the clinical concerns, Mrs Roberts reduced an IV without clinical justification and stopped a bladder irrigation without clinical justification. The panel was of the view that these are very serious failings which put patients at a real risk of harm. It also took into account that actual harm was caused to a patient, who suffered a vasovagal episode, following their IV being reduced by Mrs Roberts without clinical justification.

The panel also took into account that the impact of Mrs Roberts on her colleagues put patients at a risk of harm. Colleagues were often delegated multiple tasks without proper guidance, and were made to feel uncomfortable on the ward by Mrs Roberts's actions. This had the potential to impact the quality of care provided to patients in their care.

In relation to her behaviour towards patients, the panel determined that Mrs Roberts acted in an intimidating manner towards patients. It took into account that turning off a TV when a patient asked to watch it, and when it was not disruptive or loud, was uncaring and intimidating behaviour. It also took into account that Mrs Roberts refused to allow a patient to use a urine bottle when he was recovering from surgery and in pain, did not get sleep the previous night, and was begging to use it. The panel was of the view that Mrs Roberts intimidated him and treated him in an uncaring manner, and noted that he was described as being in tears.

In relation to her behaviour towards her colleagues, the panel took into account that Mrs Roberts was a senior nurse on the ward and was supposed to be a good role model for her colleagues. However, she belittled her colleagues and did not work cooperatively. She delegated an unfair amount of work to her colleagues and took advantage of junior and newer staff, undermined and questioned their practice, and belittled them by mocking their accents.

In light of all the above, the panel found that Mrs Roberts's actions in all of the charges found proved did fall seriously short of the conduct and standards expected of a nurse and amounted to serious misconduct.

Decision and reasons on impairment

The panel next went on to decide if as a result of the misconduct, Mrs Roberts'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 make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

In this regard the panel considered the judgment of Mrs Justice Cox in the case of *CHRE v NMC and Grant* in reaching its decision. In paragraph 74, she said:

> *'In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.'*

In paragraph 76, Mrs Justice Cox referred to Dame Janet Smith's "test" which reads as follows:

> *'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her/their fitness to practise is impaired in the sense that she/he/they:*

a) *has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*

b) *has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*

c) *has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*

d) *…'*

The panel was satisfied that all three limbs of the Grant test are engaged in relation to 'the past'. The panel finds that patients were put at risk and were caused physical and emotional harm as a result of Mrs Roberts's misconduct. Mrs Roberts reduced a patient's IV without clinical justification and stopped a bladder irrigation without clinical justification, which put patients at a real risk of harm. It also took into account that actual harm was caused to the patient whose IV was reduced. The patient suffered a vasovagal episode. The panel also took into account that emotional harm and distress was caused to the patient who Mrs Roberts refused to allow a urinal bottle when they were in pain and requested one. This patient was described as in tears and intimidated by Mrs Roberts's conduct.

The panel also found that Mrs Roberts's misconduct has breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute.

The panel was of the view that there is evidence to suggest deep-seated attitudinal concerns in this case. Mrs Roberts has shown a pattern of behaviour which involves belittling and intimidating her colleagues and her patients. The panel also took into account that she has not engaged with these proceedings, and has not provided any evidence of insight, reflection, remorse, or remediation.

In light of the above, panel determined 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. It determined that public confidence in the nursing profession would be seriously undermined if a nurse with misconduct spanning her clinical practice, her behaviour towards her colleagues, and her treatment and behaviour towards patients, were allowed to practise without any finding of impairment. It therefore also finds Mrs Roberts's fitness to practise impaired on the grounds of public interest.

Having regard to all of the above, the panel was satisfied that Mrs Roberts'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 Mrs Roberts off the register. The effect of this order is that the NMC register will show that Mrs Roberts has been struck-off the register.

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

The panel accepted the advice of the legal assessor.

Representations on sanction

The panel noted that in the Notice of Meeting, the NMC had advised Mrs Roberts that it would seek the imposition of a striking off order if it found Mrs Roberts's fitness to practise currently impaired.

Decision and reasons on sanction

Having found Mrs Roberts's fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose. The panel has borne in mind that any sanction imposed must be appropriate and proportionate and, although not intended to be punitive in its effect, may have such consequences. The panel had regard to the NMC Guidance on *'The sanctions available'* (Reference: SAN-2 Last Updated: 28/01/2026). The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- abuse of a senior position of trust
- conduct which deliberately or recklessly put people receiving care at risk of suffering harm
- conduct which resulted in actual harm caused to patients
- numerous deliberate breaches of the Code
- a pattern of misconduct over a period of time
- failure to attend hearings, or to engage in the Fitness to Practise (FtP) process
- absence of insight and remediation
- failure to work collaboratively with colleagues

The panel also took into account the following mitigating features:

- Possible health mitigation

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 Mrs Roberts’s misconduct was not at the lower end of the spectrum, and it found that there is a risk to patient and public safety. The panel therefore determined that a sanction that does not restrict Mrs Roberts’s practise would not protect the public. The panel also determined that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether to place conditions of practice on Mrs Roberts’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 there are deep-seated attitudinal concerns in this case, and having regard to the nature and seriousness of Mrs Roberts’s conduct, 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 and to uphold professional standards.

The panel also took into account that Mrs Roberts has requested an application for agreed removal from the NMC register, as she does not intend to return to nursing practice.

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 Mrs Roberts 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 Mrs Roberts's lack of engagement, limited 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'*.

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?*

Mrs Roberts's actions were significant departures from the standards expected of a registered nurse, and are fundamentally incompatible with her remaining on the register. The panel was of the view that the findings in this particular case demonstrate that Mrs Roberts's actions were very serious, and to allow her to continue practising would undermine public confidence in the profession and in the NMC as a regulatory body.

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel determined that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the matters it identified, in particular the effect of Mrs Roberts'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 determined 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 Mrs Roberts 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 Mrs Roberts's own interests until the striking-off sanction takes effect.

The panel accepted the advice of the legal assessor.

Decision and reasons on interim order

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

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

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

That concludes this determination.