

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

**Substantive Order Review Hearing  
Monday, 23 March 2026**

Virtual Hearing

**Name of Registrant:** Elizabeth Lennon

**NMC PIN:** 97D0010E

**Part(s) of the register:** Nurses part of the register Sub part 1  
RNC: Children's nurse, level 1 (30 June 2000)

**Relevant Location:** Northampton

**Type of case:** Misconduct

**Panel members:** Paul Grant (Chair, lay member)  
Elaine Whitton (Registrant member)  
Karen Shubert (Registrant member)

**Legal Assessor:** Elisa Hopley

**Hearings Coordinator:** Catherine Blake

**Nursing and Midwifery Council:** Represented by Giedrius Kabasinskas, Case Presenter

**Mrs Lennon:** Not present and not represented at the hearing

**Order being reviewed:** Suspension order (6 months)

**Fitness to practise:** Impaired

**Outcome:** **Striking-Off order to come into effect on 23 April 2026  
in accordance with Article 30 (1)**

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

The panel was informed at the start of this hearing that Mrs Lennon was not in attendance and that the Notice of Hearing had been sent to Mrs Lennon's registered email address by secure email on 20 February 2026.

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

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Hearing provided details of the substantive order being reviewed, the time, date and that the hearing was to be held virtually, including instructions on how to join and, amongst other things, information about Mrs Lennon'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 Mrs Lennon has been served with notice of this hearing in accordance with the requirements of Rules 11 and 34.

## **Decision and reasons on proceeding in the absence of Mrs Lennon**

The panel next considered whether it should proceed in the absence of Mrs Lennon. The panel had regard to Rule 21 and heard the submissions of Mr Kabasinkas who invited the panel to continue in the absence of Mrs Lennon.

Mr Kabasinkas referred the panel to the email from Mrs Lennon, sent to the Hearings Coordinator on 22 March 2026, which stated:

*'I am unfortunately unable to attend the meeting tomorrow on teams'*

Mr Kabasinkas submitted that Mrs Lennon had voluntarily absented herself.

The panel accepted the advice of the legal assessor.

The panel has decided to proceed in the absence of Mrs Lennon. In reaching this decision, the panel has considered the submissions of Mr Kabasinskas, the email from Mrs Lennon, and the advice of the legal assessor. It has had particular regard to relevant case law and to the overall interests of justice and fairness to all parties. It noted that:

- No application for an adjournment has been made by Mrs Lennon;
- As Mrs Lennon did not attend the substantive hearing, or the first review of the substantive order, there is no reason to suppose that adjourning would secure her attendance at some future date;
- The current order is due to expire on 23 April 2026;
- There is a strong public interest in the expeditious review of the case; and
- There may be some disadvantage to Mrs Lennon in proceeding in her absence, however the panel was mindful that it was open to her to provide written submissions even if she did not wish to attend the hearing and she has chosen not to do so.

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

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

The panel decided to replace the current suspension order with a striking off order.

This order will come into effect at the end of 23 April 2026 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the second review of a substantive suspension order originally imposed for a period of 12 months by a Fitness to Practise Committee panel on 25 September 2024. This was reviewed on 17 September 2025 and a further six-month period of suspension was imposed.

The current order is due to expire at the end of 23 April 2026.

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

The charges found proved which resulted in the imposition of the substantive order were as follows:

*'That you, a registered nurse:*

*1. On 16 March 2022:*

- a) Failed to conduct regular hourly checks of Baby A's cannula site.*
- b) On one or more occasion failed to investigate the reason for Baby A's Alaris pump to be alarming.*
- c) Failed to escalate the repeated alarming of Baby A's Alaris pump.*
- d) On one or more occasion inappropriately raised the pressure level of Baby A's Alaris pump.*

*2. On 16 March 2022:*

- a) Failed to record accurately and/or at all the care provided to Baby A.*
- b) Failed to document that Baby A's Alaris pump had been alarming.*
- c) Failed to document the actions you took in response to the Alaris pump alarming.*

*3. On 16 March 2022 incorrectly recorded that you had observed Baby A's cannula site.*

*4. On 16 March 2022 incorrectly recorded pressure readings from Baby A's Alaris pump.*

*5. Your actions in charge 3 above were dishonest in that you knew you had not observed Baby A's cannula site.*

6. *Your actions in charge 4 above were dishonest in that you knew the pressure readings you had recorded were incorrect.*

7. *On 16 March 2022 incorrectly told Doctor A that 'Baby A's pump pressure readings had been normal during the day' or words to that effect.*

8. *Your conduct in charge 7 was dishonest in that you knew the pressure readings were not normal.*

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

The original panel determined the following with regard to impairment:

*'The panel determined that all four limbs of Grant are engaged in this case. The panel found that Baby A was put at an unwarranted risk of harm, and it had sight of the physical harm caused to Baby A as a result of Mrs Lennon's misconduct. Mrs Lennon's misconduct, for example, by overriding the alarm settings on the Alaris pump and failing to conduct hourly cannula site observations on a young vulnerable infant, then falsifying readings brought the profession into disrepute and breached the fundamental professional 39 tenets of acting with honesty and integrity. It was satisfied that confidence in the nursing profession would be undermined if its regulator did not find charges relating to dishonesty extremely serious.*

*Regarding insight, the panel determined that Mrs Lennon demonstrated developing insight into her misconduct. The panel considered that Mrs Lennon admitted to all but two of the charges in her CMF and demonstrated, in her reflective statements, an understanding of why her conduct was wrong and how her actions caused harm to Baby A as well as apologising to Baby A's family for her failures. She has expressed genuine remorse for her conduct. It noted that she addressed how she would handle a similar situation differently in the future.*

*The panel accepts from Mrs Lennon statement that although she made mistakes, she thought she was acting in Baby A's best interests. In her reflective statement, the panel took note of the following passage,*

'On [Baby A],s fluid balance chart, I had ticked to say that [Baby A],s cannula site was checked hourly . but in fact I checked his arm periodically throughout the morning to check for signs of swelling and tissing. However I didn't take the bandage and directly to observe the cannula site, which was wrong , I should have been more vigilant and looked at the cannula site and not just [Baby A] arm for signs of the cannula tissing. I can't recall the exact times at which I observed and looked his arm, but When I did it was on occasions that he was unsettled and needed comforting, or his nappy changed, the reasoning for not doing it every hour was that when he was asleep and settled, he was swaddled as this would help him settle. He was also needing regular analgesia and chloral hydrate to try and keep him settled as at times not tolerating the Nasal CPAP, and he was hungry as he was on iv fluids, and initially nil by mouth at the beginning of the shift. When he was settled and asleep I wanted to leave so that the Nasal CPAP could work effectively. When [Baby A] became unsettled, he would cry and move around causing the Nasal CPAP to come off and it would take a while to settle him back down again, 40 therefore during those unsettled times the CPAP would not be as effective. So I felt at the times he was settled it was important to leave him and let him rest.' [sic]

*However, the panel took the view that Mrs Lennon's insight is limited because she has not meaningfully engaged with the dishonesty element of the charges in the same depth that she dealt with the other concerns identified. The panel determined that she does not sufficiently reflect on the seriousness of her misconduct in terms of the nature and gravity of her failures. Further, it noted that she has not demonstrated an understanding of how this impacted on her colleagues and the reputation of the nursing profession.*

*Dishonesty is difficult to remediate but the panel considered whether it was possible in this case. The panel was satisfied that the misconduct in this case is capable of*

*being remedied. It took the view that Mrs Lennon demonstrated remorse into her actions regarding Baby A but did not specifically address her dishonesty.*

*The panel carefully considered the evidence before it. It acknowledged Mrs Lennon's reflective statements and determined that these contributed to its finding of developing insight. It also had regard to the positive testimonials she provided, the authors of which all stated that they knew of the allegations faced by Mrs Lennon. It determined that the evidence of courses undertaken, and certificates of training suggest that she has taken steps to strengthen her practice and address the relevant areas of concern.*

*When considering whether there remains a future risk, the panel considered that there were several failings that were avoidable. Given Mrs Lennon's limited insight into the dishonesty charges, the panel determined that there is an ongoing risk of repetition. It 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 are to protect, promote and maintain the health, safety, and well-being of the public and patients, and to uphold and protect the wider public interest. This includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.*

*The panel determined that a finding of impairment on public interest grounds is required because Mrs Lennon's actions breached fundamental tenets of the profession, pose an ongoing risk to patient safety and would be deemed concerning by the members of the public fully apprised of the particulars of this case. The panel conclude that public confidence in the profession would be undermined if a finding of impairment were not made in this case and therefore also finds Mrs Lennon's fitness to practise impaired on the grounds of public interest.'*

The original panel determined the following with regard to sanction:

*'The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case. The panel decided that it would be neither proportionate nor in the public interest to take no further action.*

*It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, the public protection issues identified and the public interest considerations, an order that does not restrict Mrs Lennon's practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where 'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.' The panel considered that Mrs Lennon's misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.*

*The panel next considered whether placing conditions of practice on Mrs Lennon's registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel took into account the SG, in particular:*

- No evidence of harmful deep-seated personality or attitudinal problems;*
- No evidence of general incompetence.*

*As set out in its decision on impairment, the crux of the panel's concern in this case relates to the dishonesty charges found proved. The panel has noted Mrs Lennon's efforts to strengthen her practice in relation to the clinical failures in this case. In light of the ongoing concerns in relation to Mrs Lennon's insight around her dishonesty, the panel concluded that conditions of practice are not appropriate. There are no practicable or workable conditions that could be formulated to address the dishonesty.*

*The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG states that suspension order may be appropriate where some of the following factors are apparent:*

- A single instance of misconduct but where a lesser sanction is not sufficient;*
- No evidence of harmful deep-seated personality or attitudinal problems;*
- No evidence of repetition of behaviour since the incident;*
- The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour;*

*The panel accepted Mr McPhee's submission that these concerns have raised fundamental questions about Mrs Lennon's professionalism. However, the panel viewed Mrs Lennon's failings as one incident on one shift, with different elements as opposed to a repetitive series of incidents. It did not accept that Mrs Lennon's clinical failings were an act of deliberate neglect but instead, a display of poor professional judgement and clinical decision making within the context of what she thought was in Baby A's best interests.*

*The panel considered that Mrs Lennon has demonstrated sufficient insight into her clinical failings but limited insight into her dishonesty. Having taken into account Mrs Lennon's genuine remorse and positive testimonials, together with her 22-year unblemished nursing career prior to this incident, the panel was satisfied that Mrs Lennon's misconduct was not fundamentally incompatible with remaining on the register.*

*The panel went on to consider whether a striking-off order would be proportionate but, taking account of all the information before it, and of the mitigation provided, the panel concluded that it would be disproportionate. The panel determined that the dishonesty it found in this case appears to be out of character, based on the positive character references Mrs Lennon provided and her 22-year nursing career with no other concerns. As per Atkinson, the panel was satisfied that there is the prospect of Mrs Lennon returning to practice without the reputation of the nursing profession being disproportionately damaged.*

*Whilst the panel acknowledges that a suspension may have a punitive effect, it would be unduly punitive in Mrs Lennon's case to impose a striking-off order. Balancing all of these factors the panel has concluded that a suspension order would be the appropriate and proportionate sanction.'*

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

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

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

Mr Kabasinkas briefly summarised the background of this case, noting that Mrs Lennon's fitness to practise was found to be impaired on the grounds of public protection and public interest. He noted the findings of the original panel that while Mrs Lennon had good insight into her clinical failings, her insight into her dishonesty was insufficient.

Mr Kabasinkas noted that the original panel imposed a 12-month period of suspension, and made recommendations that Mrs Lennon attend any future review hearing, and provide the NMC with a reflective statement into the dishonesty found proved. At the first review, Mrs Lennon did not provide any documentation, and did not attend. The first reviewing panel accordingly continued the suspension order for a further six months, making the same recommendations as the original panel by inviting Mrs Lennon to fully engage with NMC proceedings.

By way of update, Mr Kabasinkas informed the panel that Mrs Lennon continues not to engage with the NMC and no reflective statement or communication has been received

from her since the last review, with the scant exception of her email informing non-attendance at today's event.

Regarding Mrs Lennon's current fitness to practise, Mr Kabasinkas submitted that there is nothing before today's panel to indicate that Mrs Lennon's levels of insight have changed. Further, he submitted that there is no information before the panel to suggest that Mrs Lennon has undertaken relevant training to maintain her clinical skills.

Mr Kabasinkas submitted that due to the lack of engagement and no new information presented before the panel, there is an ongoing risk of repetition and therefore Mrs Lennon's fitness to practise remains impaired on the grounds of public protection and public interest.

Regarding sanction, Mr Kabasinkas reminded the panel of the NMC Guidance in relation to suspension, strike-off, and allowing an order to lapse with impairment. He submitted that a lapse with impairment would not be appropriate in this case as Mrs Lennon has not engaged with the fitness to practise process.

Mr Kabasinkas submitted that it is a question for the panel as to the appropriate sanction in this case.

The panel noted it has not seen anything from Mrs Lennon in relation to this hearing.

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

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

The panel considered whether Mrs Lennon's fitness to practise remains impaired.

The panel noted that the last reviewing panel found that Mrs Lennon had insufficient insight. At this hearing the panel has seen no information from Mrs Lennon regarding her current insight and reflection.

In its consideration of whether Mrs Lennon has taken steps to strengthen her practice, the panel again took into account that Mrs Lennon has not provided any information regarding any additional training or reflection.

The last reviewing panel determined that Mrs Lennon was liable to repeat matters of the kind found proved. Today's panel has heard no new information to suggest that the risk of repetition has altered in any way. In light of this, this panel determined that Mrs Lennon remains liable to repeat the misconduct of the kind found proved. The panel therefore decided that a finding of continuing impairment is necessary on the grounds of public protection.

The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. The panel determined that, in this case, a finding of continuing impairment on public interest grounds is also required.

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

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

Having found Mrs Lennon's fitness to practise currently impaired, the panel then considered what, if any, sanction it should impose in this case. The panel noted that its powers are set out in Article 30 of the Order. The panel has also taken into account the 'NMC's Sanctions Guidance' (SG) and has borne in mind that the purpose of a sanction is not to be punitive, though any sanction imposed may have a punitive effect.

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case. The panel decided that it would be neither proportionate nor in the public interest to take no further action.

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict Mrs Lennon's practice would not be appropriate in the circumstances. The SG

states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise, but the Committee wants to mark that what happened was unacceptable and must not happen again.'* The panel considered that Mrs Lennon's misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether a conditions of practice on Mrs Lennon's registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel bore in mind the seriousness of the facts found proved at the original hearing and concluded that a conditions of practice order would not adequately protect the public or satisfy the public interest. The panel was not able to formulate conditions of practice that would adequately address the concerns due to Mrs Lennon's lack of insight into her dishonesty. Further, due to Mrs Lennon's lack of engagement with the NMC, the panel could not be satisfied that Mrs Lennon would engage with any conditions of practice imposed.

The panel next considered imposing a further suspension order. The panel noted that Mrs Lennon has historically shown remorse for those aspects of her misconduct relating to her clinical practice. However, Mrs Lennon has not demonstrated sufficient insight into her dishonesty. The panel did not have the benefit of hearing from Mrs Lennon, either in person or via written representations, and so could not be satisfied that she is able or willing to remediate fully, nor that there are any mitigating factors. The panel paid particular attention to the NMC Guidance REV-2h, which identifies factors to be considered when reviewing substantive orders. In particular, it noted that striking off is likely to be appropriate when the professional has shown limited engagement and/or insight, and the professional has otherwise made no or negligible progress towards addressing issues with their fitness to practice.

The panel concluded that the circumstances of this case aligned with the above guidance set out in REV-2h regarding the applicability of a striking-off order. The panel was of the view that considerable evidence would be required to show that Mrs Lennon no longer posed a risk to the public. The panel was mindful that suspension orders were not designed to continue indefinitely and concluded that a further period of suspension would

not serve any useful purpose given Mrs Lennon's continued lack of engagement. The panel determined that it was necessary to take action to prevent Mrs Lennon from practising in the future and concluded that the only sanction that would adequately protect the public and serve the public interest was a striking-off order.

This striking-off order will take effect upon the expiry of the current suspension order, namely the end of 23 April 2026 in accordance with Article 30(1).

This decision will be confirmed to Mrs Lennon in writing.

That concludes this determination.