

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

**Substantive Hearing**  
**Wednesday, 22 October 2025 – Friday, 24 October 2025**  
**Monday, 27 October – Thursday, 30 October 2025**  
**Thursday, 11 December 2025 – Friday, 12 December 2025**  
**Monday 11, May 2026 – Wednesday, 13 May 2026**

Nursing and Midwifery Council  
2 Stratford Place, Montfichet Road, London, E20 1EJ

**Name of Registrant:** Vida Bruwaa Amponsah

**NMC PIN:** 99L11510

**Part(s) of the register:** Nurses part of the register Sub part 1  
RN1: Adult nurse, level 1  
(10 December 1999)

**Relevant Location:** London

**Type of case:** Misconduct

**Panel members:** Richard Youds (Chair, lay member)  
Chloe McCandlish-Boyd (Registrant member)  
Asmita Naik (Lay member)

**Legal Assessor:** Nigel Ingram (22 October 2025 – 24 October  
2025 and 27 October 2025 – 30 October 2025)  
Suzanne Palmer (11 December 2025 – 12  
December 2025)  
Nicholas Baldock (11May 2026 – 13 May 2026)

**Hearings Coordinator:** Khatra Ibrahim

**Nursing and Midwifery Council:** Represented by Vida Simpeh, Case Presenter  
(22 October 2025 – 24 October 2025 and 27  
October 2025 – 30 October 2025, 11 December  
2025 – 12 December 2025)  
Represented by Ben Edwards, Case Presenter  
(11 May 2026 – 13 May 2026)

**Mrs Amponsah:** Present and represented by Afzal Syed-Ali, on

behalf of the Royal College of Nursing (RCN)

<b>No case to answer:</b>	<b>Accepted in respect of charges 1a(iii), 1c, 1d (in its entirety) and charge 1e only</b>
<b>Application to adjourn:</b>	<b>Accepted</b>
<b>Facts proved:</b>	<b>Charges 1a(ii),1b(i) and 1b(ii)</b>
<b>Facts not proved:</b>	<b>Charge 1a(i)</b>
<b>Fitness to practise:</b>	<b>Impaired</b>
<b>Sanction:</b>	<b>Conditions of practice order (6 months)</b>
<b>Interim order:</b>	<b>Interim conditions of practice order (18 months)</b>

## **Decisions and reasons on application for hearing to be held partly in private**

At the outset of the hearing, Ms Simpeh, on behalf of the Nursing and Midwifery Council (NMC) made a request that this case be held partly in private on the basis that proper exploration of Patient A's evidence involves reference to [PRIVATE]. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Mr Syed Ali, on your behalf, indicated that he supported the application to the extent that any reference to [PRIVATE] should be heard in private.

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

The panel determined that when any reference to [PRIVATE], the hearing will be held partly in private. This is to protect the privacy of Patient A.

## **Decisions and reasons on application for the attendance of Patient A's husband as support in the hearing**

Mr Syed-Ali made an application to exclude Patient A's husband from proceedings as and when the hearing went into private. He submitted that he was not aware that Patient A was being provided with NMC Witness Support, and that Patient A's husband had potentially witnessed some of the alleged events around this case, and may possibly be a witness to a number of the alleged events. He submitted that there is a potential risk that Patient A could rely on her husband's recollection of events during her oral evidence, and this could cause some prejudice.

Ms Simpeh did not oppose the application.

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

The panel considered the submissions made by Mr Syed-Ali. The panel considered that Patient A had an NMC Witness Support Officer, who was able to remain with Patient A for the entirety of her evidence. The panel was aware that Patient A's husband was due to attend to support her while giving evidence to the panel. It also considered the legal assessor's advice, in that there is a cause for concern, as Patient A's husband is closely involved in this case. The panel therefore decided that it would not be fair or proper to allow additional support in the form of Patient A's husband to attend, and concluded that Patient A's husband will not be party to the proceedings as and when private matters are mentioned.

The panel reminded itself that it has no powers to exclude the public, including Patient A's husband, but it will remind Patient A and other parties, namely her husband, not to discuss evidence given before the panel during these proceedings. The panel also considered the general rule that witnesses cannot attend proceedings prior to giving evidence, but noted that Patient A's husband is not a named witness in the proceedings. It therefore accepted Mr Syed-Ali's application and further accepted that Patient A's husband can remain in the hearing during parts of the hearing which are held in public.

## **Background**

The charges arose whilst you were employed as an agency registered nurse at Stepping Hill Hospital (the Hospital). You were referred to the NMC on 6 December 2021 by the daughter of Patient A, in relation to alleged events on the night shift of 7/8 September 2021, when Patient A was recovering from an operation at the Hospital. It is alleged that whilst she was under your care on the Ward, you dragged Patient A out of bed, removed Patient A's call bell away from her, and also removed water from her. It is also alleged that when Patient A's daughters contacted the Hospital to obtain an update on Patient A's condition, you were rude and dismissive, in that you told her daughters that they should not have called the Hospital, and that Patient A was recovering well, when this was not the case.

It is alleged that on the morning of 8 September 2021, Patient A's care was handed over to another registered nurse, and that Patient A had a National Early Warning

Score (NEWS2) of 3. Shortly after handover, this was reassessed, and it is alleged that the NEWS2 was 10, and emergency interventions took place.

## **Charges**

That you, a registered nurse, whilst working at Stepping Hill Hospital ('the Hospital'):

1) On a night duty commencing 7 September 2021:

a. On one or more occasions:

- i. dragged Patient A out of their bed.
- ii. removed Patient A's call bell without clinical justification.
- iii. removed Patient A's water without clinical justification.

b. Told Patient A:

- i. "you need to stay in bed" or words to that effect
- ii. "you should be grateful you are being looked after" or words to that effect

c. Did not adequately assess Patient A's NEWS2 score.

d. Told Person A:

- i. "that they should not be calling the Hospital" or words to that effect.
- ii. "you shouldn't have rung twice" or words to that effect

e. Incorrectly told Person B that Patient A was fine

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

## **Decisions and reasons on an application to adjourn this hearing**

Ms Simpeh made an application under Rule 32 of the Rules to adjourn these proceedings today [30 October 2025].

Ms Simpeh submitted that both herself and Mr Syed-Ali have made separate disclosure requests to the Trust, and further submitted that it has been agreed between counsel that your case cannot proceed without these documents at this time.

Mr Syed-Ali supported the application and submitted that it would not be fair or reasonable for you to start giving evidence at this stage without the Trust disclosing all relevant documents. He submitted that the documents from the Trust are critical to your case, and that it would not be fair or reasonable to proceed in the absence of these documents.

Upon questions from the panel, Ms Simpeh submitted that in regard to fairness to Patient A, she is aware that this case may be subject to delays, and that she is also aware that it may conclude as late as next year.

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

The panel, having considered the submissions of both parties, determined that it would be unfair to you and your case to continue without the requested disclosure, which goes to the heart of the evidence heard by the panel thus far. As such, without the requested disclosure, you are unable to fairly defend your case. Additionally, without having had sight of the information contained in the disclosure, it would not be fair or reasonable to continue these proceedings today. Whilst there remains a slight possibility of the disclosure being received later today, there would be insufficient time for you to properly consider the information, instruct Mr Syed-Ali and conclude your evidence. This would result in you being held under oath until the next sitting scheduled for 11 December 2025, and you would not be able to communicate with Mr Syed-Ali during this time.

The panel have considered the potential impact on Patient A, and it heard from Ms Simpeh that Patient A is already aware that there may be delays during these

proceedings. Whilst the public interest is in ensuring an expeditious conclusion to these matters, the panel are not due to hear from any more live witnesses, and the interests of fairness to you outweigh the public interest on that point.

As such, this hearing will be adjourned until the next scheduled sitting day on 11 December 2025 at 9.30am, when it is expected that these matters will have been resolved.

### **Decisions and reasons on interim order**

Ms Simpeh did not apply for an interim order. She informed the panel that there is no interim order currently in place. However, she submitted it is for the panel to consider whether an interim order is required on the grounds of public protection and the wider public interest.

Mr Syed-Ali submitted that the panel have now heard from all witnesses at this stage, and there is not enough evidence before the panel to justify imposing any kind of interim order at this time.

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

The panel considered the submissions from both parties and the evidence before it.

The panel noted its previous decisions on the application of no case to answer, and determined that based on the remaining charges, the risk has reduced. It determined that it would not be appropriate or proportionate to impose an interim order at this time. It therefore concluded an interim order is not necessary on the grounds of public protection or the wider public interest.

### **Decisions and reason on application for no case to answer**

Mr Syed-Ali made an application for no case to answer on all charges. The panel had regard to Mr Syed-Ali's written submissions. He submitted that the panel have now heard from a number of witnesses on behalf of the NMC, and referred that panel to a number of cases, including *Galbraith [1981] 1 WLR 1039* and *In R v G, F [2012] EWCA Crim 1756*, at paragraph 36, Atkins. He submitted that the latter case states:

*'We think that the legal position can be summarised as follows: in all cases where a judge is asked to consider a submission of no case to answer, the judge should apply the "classic" or "traditional" test set out by Lord Lane CJ in Galbraith. Where a key issue in the submission of no case is whether there is sufficient evidence on which a reasonable jury could be entitled to draw an adverse inference against the defendant from a combination of factual circumstances based upon evidence adduced by the prosecution, the exercise of deciding that there is a case to answer does involve the rejection of all realistic possibilities consistent with innocence. However, most importantly, the question is whether a reasonable jury, not all reasonable juries, could, on one possible view of the evidence, be entitled to reach that adverse inference. If a judge concludes that a reasonable jury could be entitled to do so (properly directed) on the evidence, putting the prosecution case at its highest, then the case must continue; if not, it must be withdrawn from the jury.'*

Mr Syed-Ali submitted that the evidence is consistent to the point that the panel should find that there is no case to answer in regard to all of the charges. He also submitted that on any view of the evidence, any findings of fact properly directed could not reach an inference adverse to you in respect of the following:

- (i) There is a very realistic prospect that you are not the person who may have committed the alleged acts.
- (ii) There is no evidence that you failed to maintain proper assessment of NEWS2 assessments.

- (iii) There is no direct evidence on who committed the alleged acts.
- (iv) There is no indirect evidence or knowledge that you committed the alleged acts. Each witness has denied seeing any of the alleged acts on which other witnesses depended.
- (v) There is a serious issue about client expectation (patient thought nurse was a 'lazy bitch') and objective standard of care which is expected of the nurse.

Mr Syed-Ali submitted that consequently, this panel could not properly conclude that you had failed to provide adequate care at a level required. He also submitted that on a balance of probability standard of evidential assessment, if there is no evidence on which a panel, properly directed, could find the allegation proved, the matter must not proceed.

He further submitted that if the evidence is tenuous, inconsistent, or unreliable such that no reasonable tribunal could safely rely upon it, again there is no case to answer.

Mr Syed Ali submitted that you had started your shift at 7.45pm on the evening of 7 September 2021, and completed that shift at 7.45am on the morning of 8 September 2021. He submitted that you were the assigned nurse to care for Patient A. He submitted that the rota exhibited indicates that there were a number of nurses on duty at the time of the alleged incident. He referred the panel to the agreed facts before it, and the description of the nurse in charge on the shift, and invited the panel to consider the following agreed facts:

- a. On 7 September 2021, there were two nurses working on the night shift. You and Colleague A. Colleague A was the nurse in charge of the ward on the night.
- b. The photographic image is of Colleague A. The photographic image was taken on 12 August 2019. Colleague A in the photographic image is wearing hair extension braids.
- c. Colleague A and you are from the same ethnic background.
- d. Patient A was semi-conscious whilst recovering from anaesthesia following her 7 hour surgery.

- e. There is no evidence that Patient A was unresponsive during the night.
- f. The only evidence of Patient A being unresponsive is in the morning following the handover of Patient A to Ms Isherwood.

The panel had regard to the following written submissions:

*'13. Facts heard by Panel and contradictions:*

*a. Pt A:*

- i. She does not recall ever having told her daughter what happened over the course of the relevant time; her evidence was the patient opposite her bed [Ms Foster] told her that.*
  - ii. In terms of specific allegations, she does not remember ever asking for water of the bell.*
  - iii. She does not remember which nurse that mistreated her.*
  - iv. She did not know which and how many people provided care for her during the relevant time.*
  - v. She never asked for water and did not raise any issues about water.*
  - vi. She made at least one phone call from commode to [Ms Duffy]. [Mr Fitton] who took her to commode at least once did not mention a phone call.*
  - vii. She does not remember how she came to make the mobile phone call to her daughter from commode or how many times she called.*
  - viii. Exhibit page 3-4: none of witnesses told her such details she describes.*
  - ix. Exhibit page 6: in oral evidence confirmed that only [Ms Duffy] had any interaction with hospital staff. This would seem case officer in A/02 incorrectly recorded that any hospital staff were rude to her family or Pt A was not being truthful.*
- b. NMC did not provide any record of what medications she was administered during the relevant time and who administered those. The exhibits have records from 7th morning shift and 8-9 September. Pt A does not remember being given any:*
- i. Pain relief;*
  - ii. Bladder scan;*

- iii. *Being taken to the commode by two persons; or*
- iv. *Being able use the commode and relieve her bladder.*
- c. *Pt A thought nurse's question to assess her reactions were daft and that a nurse was a "lazy bitch" who did not want to work. She denied being abusive during the relevant time.*
- 14. *There was no evidence for " looked after" comment.*
- 15. [Ms Foster]:
  - a. *Did not know or remember which nurse was the one she saw roughly handling the Pt A.*
  - b. *She only remembers the R as R was the nurse that looked after her during the relevant time.*
  - c. *Her description (height 5'7/8", overweight, short hair) of the nurse allegedly doing the acts complained of were totally different to the R.*
  - d. *Recalls the HCA [Mr Fitton] and that [para 19/WS and in oral evidence] he was not caring or kind.*
  - e. *Did not see or notice any issue with buzzer or water.*
  - f. *Only had to call care attention as she thought Pt A was unable to do so.*
  - g. *Admits that on various occasions the curtains were drawn and therefore did not have a view of what was happening.*
  - h. *Explains that there were occasions when nurse and HCA attended to Pt A when [Ms Foster] did not call them.*
  - i. *Admits that she herself was also in post-surgery recovery and was not aware that Pt A was semi-conscious during the night.*
  - j. *Although she describes what was an agency nurse uniform but could not remember what was the uniform colour worn by the R. It was suggested to her during cross examination that her knowledge comes from her conversation with nurse after the non-responsive episode and this event made her to reflect upon the night before and form a view.*
  - k. *Confirms that she did not tell anything to Pt A and only agreed with her daughter [Ms Duffy] when she looked at her [Ms Foster]. Hence, she was not the source of the complaint information.*
  - l. *Confirms that Pt A was unable to follow command.*

*m. Stay in bed: not able to identify who that speaker was.*

*16. [Ms Duffy]:*

*a. She did not know who the nurse was.*

*b. She was told it was the 'agency nurse'.*

*c. Around 9.30am or 9-10am [gave these two different timings] of 8 September 2021 got call from her sister.*

*d. Then kept calling hospital and around 10.30 spoke with a doctor. Then left home for hospital.*

*e. According to her WS it took 40+ miles drive to hospital.*

*f. She could not have attended hospital before 11, and this matches with her description of before 'dinner time'.*

*g. Not clear whether the shift nurse or the nurse in charge of A's care responded to calls.*

*h. PD/01: At least spoke twice with A. once after the day shift staff came. This time A asked her to come to hospital. By this time the first non-responsive episode had already taken place and A had some time to recover and reflect.*

*i. PD/01: ward sister told "... the nurse's behaviour was an absolute disgrace".*

*j. No one told her that the buzzer was out of place. She did not have any discussion with any of the morning shift staff.*

*k. No one told her that there were no water available.*

*l. PD/02: it was plainly incorrect that HCA saw who removed the buzzer.*

*PD/02 refers to AF/01 in which [Mr Fitton] did not mention who removed the buzzer and in oral evidence confirmed he never saw anyone removing the buzzer. A run of the mill response letter is now expected to ruin the career of a nurse with unblemished service of more than 20 years.*

*m. PD/02: [Ms Isherwood] gave evidence before this panel and denied making*

*any comments to [Ms Duffy].*

*n. African accent: on the agreed fact there are at least one other colleague who*

*would match the same ethnic description. This was used as identification of the nurse.*

*17. [Ms Isherwood]:*

- a. *She did not have any conversation with [Ms Duffy] as relied upon by [Ms Duffy] in her WS.*
- b. *During team hand over and bedside handover there were no specific concerns about Pt a and she presented as her NEWS2 assessment would expect.*
- c. *[Ms Isherwood] had not checked any of the information/data that the R recorded for NEWS2 assessment. There was no evidential basis for her assessment that R's observations were not correct, save that [Ms Isherwood] understood deterioration would be gradual.*
- d. *There was no medical evidence that A's lack of care or failure to correctly record vitals contributed to the non-responsive episodes.*
- e. *There is an assumption that the rapid deterioration was the result of lack of overnight care.*
- f. *Agrees that nursing in charge would have more than one patient to care for and during break or when caring for one patient, other patient would be attended to by other nurse/s on duty.*
- g. *Accepts that colleague B could have equally attended to Pt A.*
- h. *Explains that due to Covid situation, there was an amalgamation of night staff and other colleagues were on shift.*
- i. *Unable to recall any uniform differentiation for Trust and agency nurse. But describes trust uniform.*
- j. *Exhibits presented does not show any records made by R, although records from before and after her shift are available.*
- k. *Confirms that pt A was on 2:1 movement ratio.*

18. AF:

- a. *Says he took Pt A to commode by himself in violation of 2:1 requirement.*
- b. *Does not remember how many occasions he would have assisted the R to take the Pt A to commode.*
- c. *Never told anyone that the nurse removed the buzzer.*
- d. *Never had any issue with water. Replaced all bedside water in the ward as and when necessary.*
- e. *Did not see any rough handling; only that he did not see the R doing much*

- after she was informed that patient A was in pain.*
- f. Did not raise any concern with the nurse in charge of shift.*
  - g. Admits that other nurse did care for Pt A and once gave pain relief.*
  - h. Admits that during break and when attending one patient, other colleagues would respond to other patients when called.*
  - i. Was aware of NEWS2 recording and would have reported to nurse if 3.*
  - j. Raised concerns with senior sister in morning shift after the non-responsive episode.*
  - k. To Panel's question [Mr Fitton] mentions only lack of care as he perceived, not anything was done or said. "really didn't do anything to help her"*
  - l. He did not attend handover but did not disappear after hand over.*
  - m. After concerns began to develop he went to nursing in charge and after that she gave pain relief. But did not raise the concerns. It was suggested that there was none to raise.*
  - n. To Panel's question he confirmed the staff break would be staggered during the whole shift and other than A not being able to urinate there were no other concerns.*
- 19. [Ms Norman]:*
- a. JN/01 email: Pt A voiced her concerns after she had had the non-responsive episode.*
  - b. [Ms Isherwood] informed that agency nurse was the subject of complaint. Pt A did not identify any nurse to [Ms Isherwood].*
  - c. Patient A stated Nurse moved her buzzer and spoken to by an agency nurse not in a caring manner. Both of these allegations are not substantiated by A's own evidence.*
  - d. HCA expressed concern: directly opposes HCA's own evidence.*
  - e. Reference to other patient: [Ms Foster] did not identify the nurse to be the agency nurse who was rude/unhelpful. She simply identified the R as the nurse who also looked after her.*
  - f. Met all the other Witnesses in the morning of 8 Sept 2021. None of them mentioned dragged, grabbed or uncaring physical handling.*

- g. Telephone: only reference to an African accent.*
- h. HCA did not raise concerns with [Ms Norman]. This aspect of his evidence is not credible.*
- i. The concerns were only raised after the morning episode of unresponsiveness. This was a trigger to look back and find if there were any shortcomings. Overnight records were medically reviewed and there were no concerns.*
- j. Identification was simply based on the fact that the R was the nurse assigned on record.*
- k. NEWS2 scores had no impact or relevance. This rapid deterioration can happen, and readings would even differ if given from sitting up and lying down positions. There were no evidence that these were not recorded or assessed correctly by the R.*
- l. Made none of the comments alleged by Pt A and [Ms Duffy].*

#### **Case to Answer – Application of the Galbraith Test**

*20. The Panel is invited to find that both limbs of Galbraith test engage; A case should be withdrawn from consideration if:*

*(a) there is no evidence on which a tribunal, properly directed, could find the facts*

*proved; or*

*(b) the evidence is so tenuous, inconsistent, or unreliable that no reasonable tribunal could safely rely upon it.*

*21. In the present case, the NMC relies upon five witnesses, yet:*

*a. Each of those witnesses has contradicted the others in material respects regarding the alleged facts.*

*b. Their accounts, when compared, reveal internal inconsistency and unreliability.*

*22. The NMC's case depends upon using those conflicting statements/oral evidence to prove that the Registrant committed the acts alleged.*

*23. The fact-finding tribunal is asked to decide matters on the balance of probabilities. Yet if the prosecution's witnesses themselves cannot provide a consistent and reliable factual basis, how can the tribunal safely conclude that the Registrant's account that there might have been another person who*

*could be mistakenly identified and, more importantly, no evidence of the alleged facts.*

*24. It would be an inversion of fairness if the Registrant is exposed to disciplinary consequences on the basis of contradictory and unreliable evidence.*

*25. In these circumstances, the continuation of proceedings risks straying from legitimate regulatory process; it is disproportionate and unjust to allow the matter to proceed when, on the evidence as it stands, no reasonable panel could safely find misconduct proved.*

*a. Accordingly, applying the Galbraith test, there is no case to answer for all of the charges.*

### **Standard of Proof and Reliability**

*26. The applicable standard of proof is the civil standard (balance of probabilities).*

*27. However, before that standard can be applied, the Committee must be satisfied that the underlying evidence is sufficiently reliable to be capable of proving the facts alleged (para 22-25, NMC v Ogbonna [2010] EWCA Civ 1216)<sup>1</sup>. The court confirmed that the panel must not simply prefer one witness over another at the no case stage unless one version is inherently implausible or unsupported by objective evidence.*

*28. Where witnesses contradict one another and no clinical records provided to show R's care had any correlation to deterioration of A's health, there is no reliable factual foundation for concluding that the Registrant acted negligently.*

*29. The NMC Sanctions Guidance (2023) 37–40 requires panels to consider whether regulatory action is necessary for public protection, maintenance of standards, or public confidence. Where the evidence is contradictory and unreliable, none of these aims are served by proceeding further. The cas-1 notes assist the Panel on how to decide when there is a no case to answer submission<sup>2</sup>.*

*30. In R (on the application of Squier) v GMC [2016] EWHC 2739 (Admin)<sup>3</sup>, the court stressed that when two expert or factual witnesses give conflicting versions, the panel must only proceed if there is a coherent, credible body of*

*evidence capable of sustaining a finding. Otherwise, fairness demands a "no case to answer" ruling.*

*31. The evidence the Panel have heard over the course of five days are of two natures:*

- a. Each witness's evidence has been contradicted by two or more witnesses.*
- b. Panel may consider each of the witness gave credible evidence and thus the issue is preferring one readdicted evidence over the other.*

*32. If the Panel prefer the second option, then based on the factual conflicts the panel cannot decide on a balance of probability that the identification of the R was correct. She was simply pointed out for being the 'assigned nurse'. Not a single witness identified her as being the person who did the alleged actions.*

*33. If the Panel takes the view that, identification was correct, on a balance of probability, then based on the version of at least one contradicted evidence, the Panel cannot decide, on a balance of probability, that:*

- a. The R was the person who did not keep the water; or*
- b. Removed the call bell; or*
- c. Patient was dragged out of bed; or*
- d. "...stay in bed.." or "..grateful.." comments; or*
- e. Inadequate assessments for NEWS2 score; or*
- f. "should not be calling hospital..." or ".. rang twice.." comments; or*
- g. Incorrectly told patient was fine.*

*34. For these reasons, the Panel is invited to find no case to answer on the charges identified above.*

*35. To continue would be contrary to Galbraith, to established regulatory authority, and to the principles of fairness and proportionality.'*

Mr Syed-Ali invited the panel to find that there is no case to answer for all charges.

Ms Simpeh opposed the application.

Ms Simpeh submitted that the panel will need to consider where there is sufficient evidence to find the facts proved. She referred the panel to the NMC guidance, namely, DMA-6, where it states:

*'There may be situations where, at the close of our case, the nurse, midwife or nursing associate feels that we just haven't put forward enough evidence to mean they still have a case to answer.*

*There will be no case for a nurse, midwife or nursing associate to answer where, at the close of our case, there is:*

- 1. no evidence*
- 2. some evidence, but evidence which, when taken at its highest, could not properly result in a fact being found proved against the nurse, midwife or nursing associate, or the nurse, midwife or nursing associate's fitness to practise being found to be impaired.*

*The question of whether there is a case to answer turns entirely on our evidence. Evidence which might form part of the nurse, midwife or nursing associate's case will not be taken in to account.*

*Where the strength or weakness of our evidence depends on the weight it should be given, a submission that there is no case to answer is likely to fail. That issue is best considered after all the evidence has been heard.'*

Ms Simpeh further referred the panel to the case of *R v Galbraith [1981] 2 All ER 1060*, which states:

- 1. If there is no evidence that the crime alleged has been committed by the defendant, there is no difficulty. The judge will, of course, stop the case*
- 2. The difficulty arises where there is some evidence, but it is of a tenuous character, for example because of inherent weakness or vagueness or because it is inconsistent with other evidence*
  - a. Where the judge comes to the conclusion that the prosecution evidence, taken at its highest, is such that a jury properly directed could not properly convict upon it, it is his duty, upon a submission being made, to stop the case.*

- b. Where, however, the prosecution evidence is such that its strength or weakness depends on the view to be taken of a witness's reliability or other matters which are generally speaking within the province of the jury and where on one possible view of the facts there is evidence upon which a jury could properly come to the conclusion that the defendant is guilty then the judge should allow the matter to be tried by the jury'*

Ms Simpeh submitted that there is evidence before the panel to support that there is a case to answer on all charges. She invited the panel to reject the application for no case to answer.

Ms Simpeh submitted that the NMC witnesses, including Patient A, told the panel that you were unkind, removed the call bell and water. She submitted that the complaint was made by Patient A to her daughter soon after the alleged incidents on the evening of 7 September 2021. She submitted that in this particular case, there appears that there is an issue of identification. She submitted that however, there is enough evidence before the panel to continue proceedings. She submitted that you accept that you were the nurse assigned to Patient A, and the panel heard from Mr Fitton, who told the panel that you were the consistent nurse in charge at the time. She also submitted that having heard from the other NMC witnesses, you were the responsible agency nurse caring for Patient A.

She submitted that there is enough evidence before the panel to demonstrate that you were correctly identified and that you were the nurse identified and discussed by Patient A and Ms Foster.

Ms Simpeh submitted that in regard to charge 1a, the panel heard from Patient A and her Ms Duffy. The panel also heard from Ms Foster, and although she did not speak to Patient A being dragged out of bed, she described that Patient A was moved in a 'rough manner'. She submitted that the way in which Patient A was handled was not appropriate. She submitted that the panel could amend the charge at any point in order to properly reflect any mischief alleged.

Ms Simpeh submitted that in regard to charge 1aii, the panel heard from Mr Fitton, who stated that the call bell was given to Patient A, and when he returned, it was placed out of reach and within its holder. She submitted that having heard from Patient A and Mr Fitton, there is sufficient evidence to demonstrate that you did remove the call bell from Patient A.

Ms Simpeh submitted that in regard to charge 1aiii, the panel heard evidence from Patient A, and Ms Duffy. She submitted that Ms Duffy told the panel in oral evidence that she drove 40 miles to the Hospital to see Patient A, and that when she arrived, Patient A was lucid enough to recall what had allegedly happened overnight. She submitted that there is sufficient evidence to proceed with this charge.

In regard to charge 1bi, Ms Simpeh submitted that the panel heard from Ms Foster, in that you were '*rude and unkind*'. She submitted that there is sufficient evidence to support this charge.

In regard to charge 1bii, Ms Simpeh submitted that the panel heard from Patient A, who stated in oral evidence that she remembered that you said '*you should be grateful that you were looked after*' and that Patient A was adamant in her evidence that this happened. She submitted that there is sufficient evidence to find that there is a case to answer in relation to this charge.

Ms Simpeh submitted that in regard to charge 1c, the totality of evidence is for the panel to determine. She submitted that the panel heard from Ms Isherwood who told the panel in oral evidence that the NEWS2 score increased from 3 to 10. She submitted that it is for the panel to consider the evidence before it, however, there is enough evidence to find that there is a case to answer in relation to this charge.

Ms Simpeh submitted that in relation to charges 1d and 1e, the panel heard from Ms Duffy, who told the panel that she spoke to you on the phone, and that she was certain it was you, having heard an '*African accent*'. She submitted that the panel also heard from Ms Isherwood, who told the panel that you did not go home after your shift concluded, and that you stayed to complete paperwork. She submitted that there is a case to answer in relation to charges 1d and 1e.

Ms Simpeh submitted that in these circumstances, having regard to the totality of the evidence, the NMC have provided sufficient evidence and so there is a case to answer. She submitted that there is an issue of identification, but that having heard from a number of NMC witnesses, there remains a case to answer on all charges and so the panel should reject Mr Syed-Ali's application for no case to answer.

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

### **Charge 1**

There is no dispute that you were allocated to the care of Patient A, and the panel heard from Mr Fitton, who further confirmed that you were the nurse in charge of Patient A on that date. Ms Foster described a nurse similar in appearance to you, and Mr Syed-Ali told the panel that there was another nurse who looked similar to you. Ms Foster told the panel that she knows that having worked for the Hospital what the uniform looks like, and that the person identified was not in Trust uniform, but in agency uniform.

The panel heard evidence that other than your hour's break, you were responsible for Patient A. Mr Fitton confirmed that during your break, he asked Colleague A to attend to Patient A for the purpose of administering medication, she did so and Mr Fitton had no concerns about Colleague A's behaviour towards Patient A. Patient A confirmed that the person who administered care was a nurse, and Mr Fitton confirmed it was an agency nurse.

### **Charge 1ai**

The panel heard from Patient A, who recalled the alleged events as they occurred, and that she remembers being dragged out of her bed. The panel also heard from Ms Foster, who stated in her oral evidence that she saw Patient A being roughly handled, and that there was a complaint made to Ms Isherwood shortly after, when she came on duty for the day shift. The panel determined that when taken at its

highest, there is enough evidence to determine that there is a case to answer in relation to charge 1ai.

### **Charge 1aii**

The panel heard from Patient A, who told them that the call bell was not in reach of her. It also heard from Ms Foster, who told the panel in oral evidence that Patient A could not reach the call bell on multiple occasions and that she used her own call bell to alert a nurse. She also told the panel that Patient A had to use alternative methods to call for attention, including banging the side of her bed. The panel further heard from Mr Fitton, who confirmed in oral evidence that he kept returning the call bell to Patient A, and putting it within her reach.

The panel were of the view that these witnesses' accounts were all credible and consistent. The panel therefore found that there is a case to answer in relation to charge 1aii.

### **Charge 1aiii**

The panel heard from Ms Duffy, and determined that her evidence was unsupported hearsay, uncorroborated and undermined by the evidence of Mr Fitton. It heard from Mr Fitton, who told the panel that part of his responsibilities as a Healthcare Assistant (HCA) was to ensure water remained available for patients, and although other colleagues did the same, that formed part of his role. The panel considered the evidence of Ms Duffy, but determined that her evidence in relation to this charge was unsupported as Patient A could not recall any lack of water. In oral evidence, Patient A confirmed she only became aware of this, having read a letter from the Hospital to Ms Duffy. The panel therefore concluded that there is no case to answer.

### **Charge 1bi**

The panel heard from Ms Foster, who confirmed that she heard you tell Patient A to stay in bed. The panel had nothing before it to undermine this evidence, and determined that there is a case to answer.

### **Charge 1bii**

The panel heard from Patient A, who confirmed in oral evidence that she was told that she '*should be grateful that she was being looked after*'. It also heard that Patient A told Ms Duffy that this happened, both on the phone and in person when she visited the Hospital. The panel had nothing before it to undermine this evidence, and so determined that there is a case to answer.

### **Charge 1c**

The panel did not have any evidence before it in relation to the NEWS2 score. It was of the view that Ms Isherwood contradicted herself in her evidence, in that she said that it does not usually happen, then said the NEWS2 score can increase rapidly. The panel also heard from Ms Norman, who told the panel that the NEWS2 score can change dramatically, and that it may have deteriorated due to movement by Patient A into a chair. The panel determined that there is no supporting documentary evidence before it, and it is unclear whether the NEWS score was recorded manually or electronically. The panel did not have anything before it to indicate that you did not record the NEWS score adequately, and so concluded that there is no case to answer.

### **Charge 1d**

Upon questions from the panel, Ms Duffy took the panel through her daily schedule and told the panel that she did not contact the hospital until she had her breakfast and during evidence, it was established that the call was made between 8am and 10.30am. From the evidence before it, the panel noted that you had stayed until approximately 8am to complete paperwork. The panel considered that it was more than likely that you had left the Ward before the call was made. Ms Duffy is unable to name the person she spoke to on that call, other than to make comment about the accent of the person she spoke to. The panel considered the evidence of Ms Duffy, and determined that as the timings are not sufficiently clear, there is insufficient



- Ms Foster: Another patient on the ward at the time of the allegations
- Ms Norman: Ward manager at the time of the allegations
- Ms Isherwood: Band 6 Sister at the time of the allegations
- Mr Fitton: Health Care Assistant (HCA)

You gave evidence under oath. You denied the remaining charges against you.

The panel received from the parties the following statement of agreed facts:

*'It is agreed that:*

1. *On 7 September 2021, there were two nurses working on the night shift. Ms Amponsah and Colleague A. Colleague A was the nurse in charge of the ward on the night.*
2. *The photographic image is of Colleague A. The photographic image was taken on 12 August 2019. Colleague A in the photographic image is wearing hair extension braids.*
3. *Colleague A and Ms Amponsah are from the same ethnic background.*
4. *Patient A was semi-conscious whilst recovering from anaesthesia following her 7 hour surgery.*
5. *There is no evidence that Patient A was unresponsive during the night.*
6. *The only evidence of Patient A being unresponsive is in the morning following the handover of Patient A to Ms Laura Isherwood.*

7. *Nursing response was not restricted within Ward nurses and nurses from other ward may also have responded to patient calls.*
8. *There was at least one other agency nurse working on 7 September 2021. Their shift ended at 8.15pm approximately 30mins after Ms Amponsah started her shift.*
9. *There were two other colleagues J and R doing similar duties as the Registrant in that they attended the administration of medication by the Registrant and countersigned the record.*
10. *Ward D1 ethnic mix of HCA and RN were as following for 7 late/Night going over to 8 September 2021:*
  - i. White and Asian 07.17-15.15 hrs*
  - ii. African. RN, Locum staff, 7.15-20.15*
  - iii. Indian. NHSP staff. 19.45-07.45(8.9.21)*
  - iv. Not provided. NHSP. 7.15-15.15*
  - v. British(not ethnicity). 12.15-20.15*
  - vi. Any other (ethnicity not provided). 12.15-20.15*
  - vii. Indian, NHSP staff. 19.45-07.45 [going to 8/9/21]*
  - viii. British (not ethnic origin). Your health Global, 1945-0745 [ to 8/9/21]*
  - ix. African. NHSP staff. 1945-0745.*
11. *The Patient was provided with analgesia on 7th September 2021*
12. *Analgesia was administered, time not provided.*
13. *On 22:18 – IV paracetamol administered by Vida Amponsah and cosigned by Rincy George.*
14. *8th September 2025 administered analgesia: at 2:45 am, 2.5 mg of oxycodone hydrochloride 5mg / 5ml oral liquid was administered by staff nurse Vida Amponsah and cosigned by Chisom Duru.*
15. *At 23.00 Nurse Vida Amponsah made documentary entry.'*

The panel then went on to consider each of the disputed charges and made the following findings.

## Charge 1a(i)

### **This charge is found NOT proved.**

In reaching its decision, the panel considered the evidence before it. The panel heard from Patient A, who stated in a call to the NMC on 15 June 2023 that she remembered being dragged out of bed and put on a commode. The panel noted that this was the first time this incident was mentioned in the evidence before it. It also heard from Ms Norman, who stated in her witness statement that this was not mentioned to her when she dealt with the matter at the time:

*'I have been asked by the NMC if it was ever brought to my attention about being dragged out of the bed, or treated roughly in any way whilst she was on the ward. I have not, this is something which I would have remembered.'*

The panel also heard from Ms Foster, who was also a patient at the time of the incident, but is also an experienced Band 8 registered nurse, raised concerns about how Patient A appeared to be '*roughly handled*', and that '*the nurse was grabbing her limbs and pulling her back into bed*' and that Patient A became agitated. Ms Foster described this as occurring when Patient A was sticking her arms and legs out through the bed rail in an attempt to get out of bed. Ms Foster, however, made no reference to having seen you drag Patient A out of bed, which is what this charge alleges.

The panel also heard from you about how you completed a bladder scan, and it was clear to you that Patient A needed to empty her bladder. You said that you and Mr Fitton therefore assisted her out of bed to use the commode. This was documented by you in Patient A's care notes. Mr Fitton also confirmed that Patient A needed to use the commode. You stated in your oral evidence that it required both yourself and Mr Fitton to assist in moving Patient A. However, Mr Fitton in his evidence, said that he moved Patient A by himself. Mr Fitton stated that at no point did he drag Patient A out of bed, and this was corroborated by Ms Foster, who told the panel in her oral evidence that she did not have any concerns about Mr Fitton's treatment of Patient A.

The panel also considered the evidence of Ms Duffy, who stated in her witness statement:

*‘On the 8 September 2021 (I do not know the exact time) I received a phone call from my mother from hospital. She was really distressed. I cannot recall the exact wording that she used but she basically told me she was on the commode; the nurse had handled her roughly to get her on and she had just been left there...’*

You denied dragging Patient A out of the bed at any point.

Ms Duffy also stated in her oral evidence that she could not recall the exact wording, and so could not confirm if Patient A had been dragged out of bed. The panel considered it significant that no reference was made to this alleged incident when Ms Duffy made her complaint, based on what Patient A had told her, immediately after the shift. Something as significant as ‘dragging’, which would probably involve the use of physical force or at least be against Patient A’s wishes, would be mentioned at the earliest opportunity, in the panel’s view. The first time Patient A being ‘dragged’ was raised was over a year later in her telephone call to the NMC on 15 June 2023. The panel accepted that Patient A genuinely believes that this happened, however it did not consider that her recollection was reliable in this regard. No other witness reported seeing it. The panel concluded that the NMC had adduced insufficient evidence to find this charge proved in the terms alleged. It therefore found this charge not proved.

### **Charge 1a (ii)**

**This charge is found proved.**

In reaching its decision, the panel considered the evidence before it. The panel noted Ms Duffy’s written statement which referred to a call she had with Patient A regarding the incident:

*'...She had also removed her buzzer so she couldn't get anyone to help her and had to bang on the bed to get help which was ignored. The words that I do remember were "you need to get me out of here. She's taken my buzzer. She's going to kill me"...*

The panel heard from Mr Fitton, who stated that the call bell had repeatedly been placed back in the holder on the wall, and that the call bell was out of reach of Patient A and that he could not confirm who moved the call bell. Ms Norman confirmed that patients would not be able to reach the call bell from the bed while it is in the wall holder. The panel also heard from Ms Foster, who said that she also used her own call bell, as Patient A was repeatedly banging on the side of her bed, but she also could not confirm who had moved the call bell. The panel heard that Ms Foster, in her professional opinion as a registered nurse, she was concerned about the level of distress Patient A was exhibiting, and if she was capable of using her call bell. The panel heard from you that whilst Patient A was under your care, you undertook regular clinical observations, and in the event that Patient A used her call bell, Mr Fitton would generally respond to the call in his role as an HCA, and would report any issues back to you.

You denied this allegation, saying that it was your practice to leave a call bell at the side of the patient's bed. The panel noted that apart from taking your break, it is unlikely that anyone else bar yourself or Mr Fitton would have attended to Patient A. It accepted Mr Fitton's evidence as to where he found the call bell, noting that this was corroborated by the fact that Ms Foster had to use her call bell to summon help for Patient A. The panel determined on the balance of probabilities, it is more likely than not that you removed Patient A's call bell without clinical justification. It therefore found this charge proved.

### **Charge 1b(i)**

**This charge is found proved.**

In reaching its decision on this charge, the panel considered the evidence before it. It noted that Ms Foster stated in oral evidence that she remembered the comment and

the tone in which you were speaking to Patient A. The panel also heard that whilst Patient A could not recall the comment, Ms Foster recalled the comment, and said in her oral evidence that she would not expect a nurse to behave the way you did. The panel also had regard to Ms Foster's witness statement:

*'Over the course of the night, I felt like the nurse was telling Patient A off. She was saying things like "you need to stay in bed" it was a very abrupt and rude tone to her voice and to me it felt like her manner towards Patient A was very uncaring and unkind. I would not expect a nurse to treat a patient the way that the nurse Treated Patient A; it was shocking to me. The manner in which the nurse spoke to Patient A was quite deliberately rude, and it was not a case of that was just her usual tone of voice in my opinion.'*

The panel found Ms Foster's evidence to be clear and credible, and saw no reason for her to have invented it. It therefore found this charge proved.

### **Charge 1b(ii)**

**This charge is found proved.**

In reaching its decision, the panel considered the evidence before it. It noted that Patient A recalled the incident, and that she was on the commode at the time. Patient A told Ms Duffy about this in a telephone call on 8 September 2021, and this was further confirmed in Ms Duffy's witness statement:

*'...My mother also told me that the nurse told her to be grateful she was looking after her. From what my mother had told me I was really upset. The nurse sounded like she had been extremely aggressive, rude and uncaring to my mother. My mother did not sound like herself at all in this phone call, she was panicked and anxious, I could hear the fear in her voice immediately.'*

The comment was also in an informal email sent by Ms Duffy in 2021 to the Trust as part of the family's complaint about the care of Patient A.

The panel also considered the witness statement of Ms Foster, and determined that whilst Ms Foster did not mention those exact words, her witness statement clearly outlines and details that you were rude and abrupt when caring for Patient A:

*‘Over the course of the night, I felt like the nurse was telling Patient A off. She was saying things like “you need to stay in bed” it was a very abrupt and rude tone to her voice and to me it felt like her manner towards Patient A was very uncaring and unkind. I would not expect a nurse to treat a patient the way that the nurse Treated Patient A; it was shocking to me. The manner in which the nurse spoke to Patient A was quite deliberately rude, and it was not a case of that was just her usual tone of voice in my opinion.’*

The panel, having considered all the information before it, determined that on the balance of probabilities, it is more likely than not that you used the alleged words, or words to that effect, when speaking to Patient A, and therefore found this charge proved.

### **Decisions and reasons on interim order**

Ms Simpeh applied for an interim order on the grounds of public protection and the wider public interest. She reminded the panel of the details of the charges found proved. She invited the panel to consider imposing an interim order and submitted the NMC are neutral as to the type and duration of the order.

Mr Syed-Ali submitted that the panel have now made its decisions on the facts. He submitted that there is no ongoing risk to the public. He submitted that you are aware of the seriousness of the charges found proved.

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

The panel considered the submissions from both parties and the evidence before it.

The panel noted the change in circumstance, in that some charges have been found proved. It considered that no other issues or concerns have been raised about your

clinical practice prior to or since this incident. The incident involved a single patient on a single shift and the panel noted that the incidents took place four years ago.

The panel also took into consideration the evidence it has seen and heard so far, including your reflective piece, positive testimonials and other documentation, and determined that at this time there is no identifiable risks of harm. The panel further noted that there is a low risk of repetition, and even if there were to be repetition, the matters found proved were unlikely to result in significant harm to patients during the interim period. The panel concluded that an interim order is not necessary on the grounds of public protection. The panel was mindful of the high threshold for imposing an interim order solely on public interest grounds. It did not consider that this threshold was met in this case.

This hearing went part heard on 12 December 2025, and resumed on 11 May 2026.

### **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 your 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, your fitness to practise is currently impaired as a result of that misconduct.

## Submissions on misconduct

Mr Edwards invited the panel to find that the charges found proved amounted to misconduct.

Mr Edwards referred the panel to the case of *Roylance v General Medical Council (No. 2)* [2000] 1 AC 311, which defines misconduct as:

*'Misconduct is a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rules and standards ordinarily required to be followed by a medical practitioner in the particular circumstances.'*

Mr Edwards also referred the panel to the cases of *Nandi v GMC* [2004] EWHC 2317 and *Calhaem v GMC* [2007] EWHC 2606 (Admin), where in the latter case, Mr Justice Jackson commented on the definition of misconduct as:

*'It connotes a serious breach which indicates that the doctor's fitness to practise is impaired.'*

Mr Edwards submitted that in regard to the facts found proved, they individually and cumulatively, amount to misconduct. He referred the panel to the terms of '*The Code: Professional standards of practice and behaviour for nurses and midwives 2015*' (the Code) as being that which was in force at the relevant time. He identified the specific and relevant standards and submitted that your actions amounted to misconduct. In particular, he stated that you breached the following sections 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**

**19 Be aware of, and reduce as far as possible, any potential for harm associated with your practice**

To achieve this, you must:

**19.1** take measures to reduce as far as possible, the likelihood of mistakes, near misses, harm and the effect of harm if it takes place

**19.4** take all reasonable personal precautions necessary to avoid any potential health risks to colleagues, people receiving care and the public

**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

**20.3** 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

Mr Edwards submitted that although you have been practising for a number of years, you have breached the Code and that your misconduct, as found proved, does not reflect the expected standards of a nurse with your level of experience. He submitted that your actions fell well below the standards expected of a registered nurse. He invited the panel to find the charges found proved amount to misconduct, both individually and collectively.

Mr Syed-Ali submitted that you have been working unrestricted as a nurse before and since this referral was made. He stated that the charges found proved relate to one single incident, and involved one patient. He submitted that no other issues have been raised since the incident four years ago, and referred the panel to your registrant bundles. He referred the panel to its decision on the NMC's application for an interim order and the panel's decision on the application at the sitting in December 2025, and submitted that based on the panel's decision, there is no risk of repetition.

Mr Syed-Ali referred the panel to the training certificates before it, and submitted that you are an experienced nurse, and that you fully understand and acknowledge how actions can impact patient care. He referred the panel to Exhibit 8, and submitted that these certificates address the issue of communication, which was identified in the charges found proved. He submitted that in regard to the incident in relation to the call bell, you have addressed this in your reflective piece, dated 7 May 2026:

*‘On reflection, I recognise that removing Patient A’s call bell limited their ability to seek assistance and increased their vulnerability. I understand that access to a call bell is a fundamental aspect of patient safety, and any action that restricts this without clear clinical reasoning places a patient at risk. While my intention would have been to maintain safety, I accept that this action did not reflect the professional standards expected.*

*I would like to offer my sincere and unreserved apology to Patient A and their family for any distress, concern, or anxiety this has caused. I am deeply sorry for any impact my actions have caused on their sense of safety and trust in care.*

*Since this incident I have not been careless with call bells or other aspects of care. I always make sure the patient is holding it and inform them that it may fall, but to not hesitate to call out or make noise for help. I ensure everything the patient needs is within their reach, and I take responsibility for doing this independently.’*

In response to panel questions, Mr Syed-Ali submitted that in regard to the breaches of the Code, as put forward by Mr Edwards, these breaches have been addressed by way of training and that your fitness to practise is not impaired at this time.

### **Submissions on impairment**

Mr Edwards submitted that if the panel find that any of the charges found proved amount to misconduct, it should then go on to find your current fitness to practise impaired. He submitted that current impairment is not defined in the NMC’s Rules,

and that instead, it has defined fitness to practise as *'the suitability to remain on the register without restriction'*.

Mr Edwards referred the panel to the judgement of Mrs Justice Cox in the case of *CHRE v NMC and Grant* in reaching its decision. In paragraph 74, she said:

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

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

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

- a) has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
- b) has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
- c) has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*
- d) ...'*

Mr Edwards submitted that limbs a, b and c are engaged in this case. He submitted that limb d is not relevant, and invited the panel to disregard that particular limb, as the charges found proved do not relate to dishonesty.

Mr Edwards also referred the panel to the case of *Cohen v General Medical Council* [2008] EWHC 581 (Admin), and referred the panel to your registrant's bundles (Exhibits 8 and 11). He submitted that you have provided a number of positive testimonials, and training certificates, which demonstrates some evidence of strengthening in practice and remediation. However, he submitted that there is an absence of learnings from the training courses, and how much information the certificates provide is for the panel to determine and to attach the appropriate weight.

Mr Edwards further submitted that it is for the panel to determine whether your fitness to practise is currently impaired, and whether there is a risk of repetition. He submitted that whilst the reflective pieces do provide some insight into your failings, it is insufficient at this stage. He invited the panel to find your fitness to practise impaired on the grounds of public protection.

In relation to whether your fitness to practise is impaired on the grounds of public interest, Mr Edwards submitted that the public's confidence would also be undermined in the nursing profession as a whole, and the NMC as its regulator if there were no finding of impairment. He further submitted that where charges such as these have been found proved, members of the public would expect a finding of impairment to be made. He invited the panel to find your fitness to practise impaired on the grounds of public interest.

Mr Syed-Ali submitted that in regard to impairment, you should not be punished for past mistakes, and that it is a forward looking exercise. He submitted that you have undertaken significant training, and that your fitness to practise is not impaired. He referred the panel to the four limbs as submitted by Mr Edwards, and stated that you have not breached the fundamental tenets of the nursing profession, and invited the panel not to find your fitness to practise currently impaired.

Mr Syed-Ali referred the panel to the documentation before it, including the character testimonials and training certificates, and said that since the referral was made, you have practised unrestricted as a registered nurse, and as such, your fitness to practise is not impaired on either public protection or the wider public interest. He invited the panel not to find your fitness to practise currently impaired.

In response to panel questions, Mr Syed-Ali submitted that in regard to public interest, he reminded the panel of its decision on the application for an interim order in December 2025, and submitted that public interest is not engaged, and the threshold has not been met in this case.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *R (Remedy UK Limited) v General Medical Council* [2010] EWHC 1245 (Admin) ("Remedy"), *Cohen v GMC* [2008] EWHC 581 (Admin), *Zygmunt v GMC* [2008] EWHC 2643 (Admin), *Dr ABC v GMC* [2025] EWHC 242 and *Sawati v General Medical Council* [2022] EWHC 283.

## **Decisions 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 your actions did fall significantly short of the standards expected of a registered nurse, and that your actions amounted to a breach of the Code. Specifically:

### **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.

### **2 Listen to people and respond to their preferences and concerns**

To achieve this, you must:

**2.6** recognise when people are anxious or in distress and respond compassionately and politely

## **7 Communicate clearly**

To achieve this, you must:

**7.3** use a range of verbal and non-verbal communication methods, ... to better understand and respond to people's personal and health needs

## **19 Be aware of, and reduce as far as possible, any potential for harm associated with your practice**

To achieve this, you must:

**19.1** take measures to reduce as far as possible, the likelihood of mistakes, near misses, harm and the effect of harm if it takes place

**19.4** take all reasonable personal precautions necessary to avoid any potential health risks to colleagues, people receiving care and the public

## **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

**20.3** 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

The panel went on to consider each charge, and whether they are so serious as to amount to misconduct.

### **Charge 1a(ii)**

The panel considered that this was a serious breach, and that there was no rationale as to why the call bell had been repeatedly moved away from Patient A. The panel heard in Ms Foster's oral evidence that your actions caused significant distress to Patient A, during a time when she was recovering from a long surgery. The panel further heard that your actions disrupted Ms Foster, who was also a patient on the

Ward at the time of the incident, as she had to repeatedly use her own call bell to alert the nurses to Patient A.

In light of this, the panel determined that the conduct found proved was sufficiently serious as to amount to misconduct.

### **Charges 1b(i) and 1b(ii)**

The panel considered both charges 1b(i) and 1b(ii) individually and collectively.

In regard to charge 1b(i), the panel was of the view that your conduct was a serious breach of the Code, despite it being over a single night shift and relating to one patient. It heard from Ms Foster, who told the panel that your tone when speaking to Patient A was rude and abrupt across the whole shift. In relation to the words as detailed in charges 1b(i) and 1b(ii), Ms Foster highlighted the distress caused to Patient A.

In relation to charge 1b(ii), the panel determined that your words were rude and inappropriate, and they caused distress to Patient A and her family. When taking both charges together, the panel concluded that the conduct found proved was so serious as to amount to misconduct.

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

The panel next went on to decide if as a result of the misconduct, your 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. 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/ fitness to practise is impaired in the sense that S/He:*

- a) has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
- b) has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*

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

*d) ....'*

The panel found that limbs a, b and c were all engaged in this case and determined limb d is not engaged as the charges do not relate to dishonesty. It was of the view that your communication towards Patient A put her under stress, and that you had a duty of care towards her. The panel determined that Patient A was put at a further risk of harm, as you removed her call bell, following an intensive surgery. It also considered that your conduct as found proved brought the nursing profession into disrepute, and breached the fundamental tenets of the profession.

However, the panel were of the view that your failings are capable of remediation. It noted your reflective statement dated 7 May 2026, but determined that your insight is limited in far as you acknowledge the impact your actions had on Patient A and her family, but there is no reference to the harmful impact on your colleagues or the wider nursing profession, which is a relevant consideration at this stage.

The panel noted that you have started to strengthen your practice, but it was not convinced that your conduct has been fully remediated at this time. There is no evidence before the panel of how you have integrated any further learning and/or training into your current nursing role.

The panel had limited evidence before it to demonstrate that the conduct found proved has been fully remediated and concluded that your insight and strengthening of practice remains insufficient at this time. It noted your reflective statement, dated 7 May 2026, but determined that it was not sufficient to appropriately address the concerns raised. The panel determined that although it is not highly likely that you will repeat the type of conduct found proved, it concluded that is a risk of repetition sufficient to amount to impairment.

The panel therefore concluded that your fitness to practice is currently impaired 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 grounds of the wider public interest is required as a member of the public would be concerned that you have not yet demonstrated sufficient insight into your conduct. The panel noted the fact that you are currently working without restriction as a nurse, but considered that the reputation of the profession would be damaged if a finding of impairment is not made in this case, as you have yet to demonstrate sufficient insight into your misconduct or to mitigate the risk of repetition. In light of this, the panel determined that a finding of impairment is necessary on the grounds of public interest.

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

## **Sanction**

The panel has considered this case very carefully and has decided to make a conditions of practice order for a period of six months. The effect of this order is that your name on the NMC register will show that you are subject to a conditions of practice order and anyone who enquires about your registration will be informed of this order.

## **Submissions on sanction**

Mr Edwards informed the panel that the sanction bid the NMC had sought was that of a striking off order if it found your fitness to practise currently impaired. During the

course of the hearing, the NMC revised its proposal and submitted that a suspension order for a period of six months is more appropriate in light of the panel's findings.

Mr Edwards submitted the following aggravating features had been identified:

- Patient A was a vulnerable patient;
- Potential risk of harm;
- Your actions caused distress to Patient A in a high stress situation;
- Limited insight, considering it has been five years since the incident occurred;  
and
- Limited understanding or acknowledgment of the impact of your actions on the nursing profession and the public confidence.

Mr Edwards submitted the following mitigating features had been identified:

- You have worked unrestricted since the incident occurred;
- Positive testimonials in relation to your work since the incidents occurred and during the course of this case; and
- No further concerns have been raised in relation to your clinical practice.

Mr Edwards submitted that a six month suspension order is the most appropriate and proportionate order. He referred the panel to NMC guidance SAN-2d and submitted that the panel has found that your insight was limited, and is still developing at this time and that you have not yet remediated the concerns.

Mr Edwards submitted that a period of suspension would also mark the seriousness of the case, as the panel have found that your conduct was serious and amounted to misconduct. He submitted that it would also allow you time to develop your professional skills, your insight and give you an opportunity to fully remediate the concerns. He submitted that it is disappointing to see that you have not developed insight and remediated the concerns raised given the time that has elapsed.

He submitted that a suspension order of 6 months would sufficiently protect the public and meet the wider public interest. He invited the panel to impose a suspension order for a period of 6 months.

Mr Syed-Ali submitted that the sanction being sought by the NMC is inappropriate, and referred the panel to its decision on your fitness to practise, and in particular, in relation to the panel's decision on interim order. He submitted that the risk of repetition is low, and the public protection concerns have been diminished. He referred the panel to its decision on your fitness to practise, and submitted that there are no deep-seated attitudinal issues that have been identified, and that there is no risk to the public or patients.

Mr Syed-Ali submitted that the concerns are remediable, as you have practised without restriction or further issues for the last four years. He submitted that you have remained engaged with the proceedings, and the NMC as your regulator. He further submitted that the charges found proved do not relate to dishonesty. He referred the panel to the positive testimonials and submitted that a suspension order would be inappropriate.

Mr Syed-Ali submitted that as you have reflected, remediated and have practised safely since the referral was made, a conditions of practice order would not be appropriate either. He submitted that the public would be suitably protected, and that a member of the public would not be concerned to hear you practising without restriction. He referred the panel to NMC guidance SAN-2b and invited the panel not to impose an order at this time. He submitted that if the panel are not with him, the most appropriate order would be that of a caution order.

In response to panel questions, Mr Syed-Ali informed it that he had no submissions to make in regard to any personal circumstances.

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

The panel identified the following aggravating features:

- Risk of harm to Patient A;
- Distress caused to Patient A; and
- The vulnerability of Patient A.

The panel identified the following mitigating features:

- Completed some relevant training;
- Reflective statements; and
- You worked unrestricted and without further concerns being raised in the last almost five years.

The panel has found some insight, but only to the extent that it regarded it as a neutral factor, rather than either aggravation or 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, and the panel's decisions on impairment. The panel decided that it would be neither proportionate, in the public interest or maintain public confidence 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 reminded itself of the breaches of the Code found proved, and considered that your actions were not at the lower end of the spectrum, and it found that there is a remaining risk to patient and public safety. It noted that although the concerns relate to one single shift and one patient, and that you have since carried out some

training, there remains a risk of repetition. The panel therefore determined that a sanction that does not restrict your practice 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 placing conditions of practice on your registration would be appropriate. The panel had regard to the NMC Guidance on '*Conditions of practice order*' (Reference: SAN-2c Last Updated: 28/01/2026) and had regard to the following factors:

- *'no evidence of deep-seated personality or attitudinal problems*
- *identifiable areas of the professional's practice in need of assessment and/or retraining*
- ...
- *potential and willingness to respond positively to retraining (this should be based on specific evidence provided by the professional)*
- ...
- *people using services will not be put at risk either directly or indirectly as a result of the conditions*
- *conditions can be created that can be monitored and assessed.'*

The panel had regard to the fact that this was an isolated set of incidents which occurred in 2021. It found that the concerns are remediable and that there is no evidence of deep-seated personality or attitudinal problems. The panel noted that there are specific and identifiable areas of your practice that require addressing and was of the view that patients under your care would be sufficiently protected if conditions are imposed on your practice. In all the circumstances, the panel determined that with the appropriate conditions, it was in the public interest that you should be able to continue to practise as a nurse.

The panel determined that it would be possible to formulate relevant, proportionate, workable, and measurable conditions that would address and satisfy the public safety and public interest concerns identified in this case. Balancing all these factors,

the panel determined that the most appropriate and proportionate sanction is a conditions of practice order.

The panel was of the view that to impose a suspension order or a striking-off order would be wholly disproportionate. It found that this would not be a reasonable response in the circumstances of your case because the concerns relate to an isolated set of incidents, there are no concerns regarding dishonesty or deep-seated attitudinal issues, and conditions can be formulated to address the identified public safety and public interest concerns.

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

In making this decision, the panel carefully considered the submissions of Mr Edwards in relation to the sanction that the NMC was seeking in this case. It was of the view that appropriate, proportionate and workable conditions can be formulated to address the identified public safety and public interest concerns.

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

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

1. You must ensure that you are supervised any time you are working. Your supervision must consist of: Working at all times on the same shift as, but not always directly observed by, a registered nurse of band 6 or above.

2. You must work with your line manager to create a Personal Development Plan (PDP) and meet with your line manager monthly to discuss your progress in addressing parts of the Code you were found to have breached, namely: : 1.1, 1.2, 2.6, 7.3, 19.1, 19.4, 20.1, 20.3 and 20.5.
  
3. You must engage with your line manager monthly to ensure that you are making progress towards aims set out in your PDP, which includes:
  - a. Meeting with your line manager monthly to discuss your progress towards achieving the aims set out in your PDP.
  
  - b. You must send a copy of your PDP and a report from your line manager every 2 months to the NMC, and 7 days before any review hearing. This report must show your progress towards achieving the aims set out in your PDP.
  
4. You must keep the NMC informed about anywhere you are working by:
  - a. Telling your case officer within seven days of accepting or leaving any employment.
  
  - b. Giving your case officer your employer's contact details.
  
5. You must keep the NMC informed about anywhere you are studying by:
  - a. Telling your case officer within seven days of accepting any course of study.
  
  - b. Giving your case officer the name and contact details of the organisation offering that course of study.

6. You must immediately give a copy of these conditions to:
  - a. Any organisation or person you work for.
  - b. Any agency you apply to or are registered with for work.
  - c. Any employers you apply to for work (at the time of application).
  - d. Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.
  
7. You must tell your case officer, within seven days of your becoming aware of:
  - a. Any clinical incident you are involved in.
  - b. Any investigation started against you.
  - c. Any disciplinary proceedings taken against you.
  
8. You must allow your case officer to share, as necessary, details about your performance, your compliance with and / or progress under these conditions with:
  - a. Any current or future employer.
  - b. Any educational establishment.
  - c. Any other person(s) involved in your retraining and/or supervision required by these conditions

The period of this order is for 6 months.

Before the order expires, a panel will hold a review hearing to see how well you have complied with the order. At the review hearing the panel may revoke the order or any condition of it, it may confirm the order or vary any condition of it, or it may replace the order for another order.

Any future panel reviewing this case would be assisted by:

- Evidence of compliance with the conditions of practice order

- Evidence of professional development, including documentary evidence of completion of any training courses you have undertaken and any learnings from these;
- Up to date testimonials from your line manager/s and other professionals you have worked with;
- Further up to date reflective pieces, including the wider impact your actions had on your colleagues, public confidence and maintaining confidence in the profession; and
- Continued engagement with the NMC.

This will be confirmed to you in writing.

### **Interim order**

The panel decided to impose an interim conditions of practice order for a period of 18 months.

As the conditions of practice 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 your own interests until the conditions of practice sanction takes effect.

### **Submissions on interim order**

The panel took into account the submissions of both Mr Edwards and Mr Syed-Ali.

Mr Edwards submitted that an interim order is required on the same terms as the substantive conditions of practice order on the basis that it is necessary for the protection of the public and otherwise in the public interest. He submitted that the purpose of seeking an interim order is to cover the potential appeal period of 28 days before the substantive order comes into effect. He invited the panel to impose an interim conditions of practice order for a period of 18 months.

Mr Syed-Ali did not oppose Mr Edwards' application.

The panel heard and 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 the only suitable interim order would be that of a conditions of practice order, as to do otherwise would be incompatible with its earlier findings. The conditions for the interim order will be the same as those detailed in the substantive order for a period of 18 months in order to protect the public and the wider public interest during the 28-day period before the substantive order comes into effect.

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

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

1. You must ensure that you are supervised any time you are working. Your supervision must consist of: Working at all times on the same shift as, but not always directly observed by, a registered nurse of band 6 or above.
2. You must work with your line manager to create a Personal Development Plan (PDP) and meet with your line manager monthly to discuss your

progress in addressing parts of the Code you were found to have breached, namely: : 1.1, 1.2, 2.6, 7.3, 19.1, 19.4, 20.1, 20.3 and 20.5.

3. You must engage with your line manager monthly to ensure that you are making progress towards aims set out in your PDP, which includes:
  - a. Meeting with your line manager monthly to discuss your progress towards achieving the aims set out in your PDP.
  - b. You must send a copy of your PDP and a report from your line manager every 2 months to the NMC, and 7 days before any review hearing. This report must show your progress towards achieving the aims set out in your PDP.
4. You must keep the NMC informed about anywhere you are working by:
  - a. Telling your case officer within seven days of accepting or leaving any employment.
  - b. Giving your case officer your employer's contact details.
5. You must keep the NMC informed about anywhere you are studying by:
  - a. Telling your case officer within seven days of accepting any course of study.
  - b. Giving your case officer the name and contact details of the organisation offering that course of study.
6. You must immediately give a copy of these conditions to:
  - a. Any organisation or person you work for.

- b. Any agency you apply to or are registered with for work.
  - c. Any employers you apply to for work (at the time of application).
  - d. Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.
7. You must tell your case officer, within seven days of your becoming aware of:
- a. Any clinical incident you are involved in.
  - b. Any investigation started against you.
  - c. Any disciplinary proceedings taken against you.
8. You must allow your case officer to share, as necessary, details about your performance, your compliance with and / or progress under these conditions with:
- a. Any current or future employer.
  - b. Any educational establishment.
  - c. Any other person(s) involved in your retraining and/or supervision required by these conditions

If no appeal is made, then the interim conditions of practice order will be replaced by the substantive conditions of practice order 28 days from the date you have been sent the decision of this hearing in writing.

That concludes this determination.