

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

**Substantive Hearing**

**Tuesday, 19 May 2026 – Friday, 22 May 2026  
Tuesday, 26 May 2026 – Wednesday, 27 May 2026**

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

**Name of Registrant:** Jennifer Beedie

**NMC PIN:** 20D0575E

**Part(s) of the register:** Nurses part of the register – Sub Part 1  
RNA: Adult Nurse, Level 1 (6 August 2020)

**Relevant Location:** Nottinghamshire

**Type of case:** Misconduct

**Panel members:** Anica Alvarez Nishio (Chair, Lay member)  
Fulata Lillian Shawa-Siyunyi (Lay member)  
Margaret Anne Wilkinson (Registrant member)

**Legal Assessor:** John Bassett (19 May 2026)  
John Donnelly (20 May 2026 – 27 May 2026)

**Hearings Coordinator:** Daisy Sims

**Nursing and Midwifery Council:** Represented by Emily Timcke, Case Presenter

**Ms Beedie:** Present and represented by Ben Edwards,  
counsel instructed by the Royal College of  
Nursing ('RCN')

**No case to answer:** Charge 1

**Facts proved:** Charge 3 (by admission), Charge 2

**Facts not proved:** N/A

**Fitness to practise:**

Impaired

**Sanction:**

**Caution order (1 year)**

**Interim order:**

**N/A**

## Details of charge

That you, a registered nurse:

1. On 8 September 2023, used inappropriate and/or offensive language towards Patient A **[NO CASE TO ANSWER]**
2. On 8 September 2023, struck Patient A to the face using the back of your hand **[PROVED]**
3. On 8 September 2023, stated to Colleague 1 “he’s a fucking prick” or words to that effect, when referring to Patient A **[PROVED BY ADMISSION]**

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

## Background

On 14 September 2023, the NMC received a referral from Nottinghamshire Healthcare NHS Foundation Trust (‘the Trust’).

You were working as an agency nurse at HMP Ranby (‘the Prison’).

It is alleged that on 8 September 2023, you assaulted a Patient A in your care.

You were working at the Prison as a registered nurse on an agency basis. On the above date you were on duty, together with another registered nurse, Kylie Stewart, when at approximately 13:30, a Code Blue was called over the radio. A Code Blue is an emergency call out for healthcare staff to attend as quickly as possible and provide immediate care to a Patient A. Code Blue indicates a medical or breathing emergency, whereas a Code Red indicates a trauma or ‘blood injury’ emergency.

On arrival at Patient A’s cell, Patient A was lying on his bed, fully conscious, facing the wall, and had superficial ligature marks around his neck. The two prison officers present indicated that Patient A was breathing, and reported that the Patient A had tied a ligature around his neck, tied it to the top of the window and leaned into the ligature, whilst

standing on a radiator pipe.

It is alleged that Patient A then became agitated after being asked whether he was under the influence and was verbally abusive. You then allegedly struck Patient A to the face with the back of your hand.

It is further alleged that after this incident you were informed that Patient A made the decision to report the incident to the police and it is said that your response to hearing this news was to say, *'Of course he is, he is a fucking prick.'*

### **Decision and reasons on application of no case to answer**

Following the conclusion of the NMC case, Mr Edwards made an application, pursuant to Rule 24(7) of the Nursing and Midwifery Council (Fitness to Practise) Rules 2004, as amended ('the Rules'), that there is no case to answer in respect of charge 1.

Rule 24(7) of the Rules:

*(7) Except where all the facts have been admitted and found proved under paragraph (5), at the close of the Council's case, and—*  
*(i) either upon the application of the registrant,*  
*(ii) or of its own volition,*

*the Committee may hear submissions from the parties as to whether sufficient evidence has been presented to find the facts proved and shall make a determination as to whether the registrant has a case to answer.*

Mr Edwards referred the panel to the NMC Guidance, *'Evidence'* (DMA-6) as well as to the principles derived from *R v Galbraith* [1981] 1 WLR 1039. The panel had sight of the guidance, which stated:

*'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 into account.'*

The panel noted the following from *Galbraith*:

*'(1) If there is no evidence that the crime alleged has been committed by the defendant there is no difficulty - the judge will 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 concludes that the prosecution evidence, taken at its highest, is such that a jury properly directed could not properly convict on it, it is his duty, on 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 on which the 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.'*

Mr Edwards made this application under limb 1 of the test outlined in the case of *Galbraith*, that there is no evidence upon which this panel could find this charge proved.

Mr Edwards referred the panel to the evidence of Ms Stewart and submitted that it is her evidence from which this charge was drafted. He referred the panel to her incident report dated 8 September 2023, in which she states '*RGN JB then continued to hover over him, pointing around his face, using fowl [sic] language and disrespectful tones [...]*'. He stated that this is also repeated in Ms Stewart's local statement dated 9 September 2023 in which she states '*was disrespectful in her tone and language (obscene)*'.

Mr Edwards submitted that Ms Stewart, in oral evidence, stated that you used obscene language but was unable to provide examples of this offensive language when questioned. Additionally, she did not detail any specific words in this incident report which was written contemporaneously.

Mr Edwards submitted that in order to find this charge proved the panel needs to know what the words were in order to consider whether they were in fact inappropriate and or offensive. He submitted that with no evidence of the words, the panel is not able to make a proper finding of fact, nor are you able to respond appropriately to the charge.

Mr Edwards submitted that the panel has heard from three witnesses who were present at the scene of the incident, all of which have described the language used by Patient A. They said he was aggressive and he used the words '*shut up you slut*' and '*you fucking slag*'. Mr Edwards submitted that it is clear given the small size of the room that all witnesses were in ear shot of what was being said by Patient A and you. He submitted that it is inconceivable that if you had used obscene language, that Ms Stewart would be unable to remember this, despite being able to remember specifically what was said by Patient A.

Mr Edwards invited the panel to find that in respect of charge 1 there is no evidence upon which this charge could be found proved. In the alternative, Mr Edwards invited the panel to find that any evidence that the panel does find goes to this charge is so tenuous and so weak in nature that a properly directed panel would not find this proved and so this charge should be found as no case to answer.

Ms Timcke submitted that the panel has the evidence before it today and it is a matter for the panel to make this determination based on this evidence.

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

The panel considered that this charge is vaguely written with no specific wording alleged.

The panel was mindful that the incident report and the local statement written contemporaneously by Ms Stewart only stated your language in general terms. It noted that in oral evidence she stated that she *'couldn't remember what was said exactly but it was disrespectful'*.

The panel also considered that Ms Stewart was able to specifically recollect the offensive language from Patient A. It considered that nurses are held to a higher standard than prisoners and it would be more shocking for a nurse to use offensive language. Therefore, it was of the mind if you had used offensive or inappropriate language it would have been specifically noted.

Additionally, the panel noted that all of the witnesses before it were able to remember specifically that you had asked Patient A whether he was *'under the influence'* and this was confirmed in all contemporaneous notes and in the oral evidence of all witnesses who were present at the scene of the incident, but no witnesses remember specific offensive language spoken by you.

Taking account of all the information presented by the NMC, the panel was of the view that there is no evidence supporting this charge, per limb 1 of *Galbraith*. The panel accepted Mr Edward's application in respect of this charge.

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

During your oral evidence to the panel Mr Edwards made a request that this case be held partly in private on the basis that proper exploration of your case involves reference to your health and personal matters. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Ms Timcke supported this application.

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 go into private session in connection with your health and personal matters as and when such issues are raised in order to maintain your privacy.

### **Decision and reasons on facts**

At the outset of the hearing, the panel heard from Mr Edwards, who informed the panel that you made an admission to charge 3.

The panel therefore finds charge 3 proved by way of your admissions.

In reaching its decisions on the disputed facts, the panel took into account all the oral and documentary evidence in this case together with the submissions made by Ms Timcke on behalf of the NMC and by Mr Edwards on your behalf.

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

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

- Kylie Stewart ('Ms Stewart'): Senior Primary Care Nurse at the Prison
- Lynsey Wainwright ('Ms Wainwright'): Clinical Matron for Integrated Mental Health Team at The Prison
- Alexandra Carter ('Ms Carter'): Supervising Officer at The Prison
- Robbie Higginbottom ('Mr Higginbottom'): Prison Officer at the Prison

The panel also heard live evidence from you under affirmation.

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor, which included reference to *Sawati v General Medical Council* [2022] EWHC 283 (Admin), *Edgington v Fitzmaurice* [1885] 29 Ch D 259 and *Dutta v General Medical Council* [2020] EWHC 1974 (Admin). It considered the oral and documentary evidence provided by both the NMC and you.

The panel then considered the disputed charge and made the following findings.

## Charge 2

2. On 8 September 2023, struck Patient A to the face using the back of your hand

### **This charge is found proved.**

The panel noted that it is not disputed that contact was made between your hand and Patient A, what is disputed is the intention behind that contact.

First the panel considered the NMC's case in which it asserts that while the slap was 'in the moment', it was intentional and not in self-defence.

The panel noted that the NMC put before the panel three credible witnesses, who collectively all had the same understanding of the course of events.

First it considered Ms Stewart. It noted that Ms Stewart carried the emergency bag, and at some point during the incident put this bag down and may have been looking into it. However, it noted that Ms Stewart stated that she may not have had her eyes on the Patient all the time, but that she witnessed the slap. It noted that her oral evidence was consistent with the written evidence given in both her Incident Report on the day after the event and in her local statement, where she states that she put her hand on your shoulder to attempt to calm you, which would have given her the ability to see clearly how events progressed.

It then considered the evidence of Ms Carter. It noted her Police Witness Statement, given a week after the event which was taken for a possible police prosecution, in which she states: *'I then saw her draw her hand back [...] I saw her swipe her hand deploying a back handed slap to the left side of [Patient A]'s face. I heard the contact which made a loud slapping noise. [Patient A] then sat bolt upright.'*

The panel noted that, although Ms Carter was standing at the back of the cell, it is a small space and she would have been able to observe what proceeded. In oral testimony she stated: *'my priority was to watch the prisoner so my eyes were trained on him'*. She said she saw a slap that was *'fairly quick, relatively hard'* and heard a *'loud slapping noise'*.

It then considered the evidence of Mr Higginbottom. It noted that, although he had stepped back and was no longer standing with his knee on the bed in the prisoner's back, by both your oral testimony and his, he was standing next to you and the prisoner at the time of the incident. As with Ms Carter, in his Police Witness Statement he states *'she then swiped [Patient A] directly across his face with a back handed slap. This contacted [Patient A] along his jaw line [...] I could hear the slap so I could tell that this was forceful'*. Under direct and repeated cross examination, he was consistent and credible in his account of what he says he saw.

The panel therefore considered the witnesses to be credible, consistent and reliable.

The panel also considered your character, it noted that before this incident you had a previously unblemished career with no regulatory concerns and provided the panel with a number of positive testimonials.

The panel then considered your response to the allegation as set out in your self referral dated 19 January 2024 and your witness statement dated 12 May 2026, namely that your actions amounted to an *'instinctive'* and *'pre-emptive strike'* in self-defence.

In accordance with the advice provided by the legal assessor the panel considered the following approach to determine the intention behind the contact and followed the protocol of the well-established three stage test to determine self-defence:

1. Whether a person believes that danger is imminent.
2. Whether that person believes that danger is unavoidable.
3. Whether the force used was reasonable.

Once this is established, the law allows for that person to make a pre-emptive strike: the law does not require the aggressor to strike first. The legal assessor reminded the panel that it needs to determine your state of mind at the time when considering the stages of this test.

The panel noted the established contextual factors of the case:

- A Code Blue was had been called, which indicates a breathing emergency.
- The prison was large and it could take up to 10 minutes to get from one side of the Establishment to the other.
- It took approximately 5 minutes for both you and Ms Stewart to attend Patient A's cell to the incident.
- Patient A had attempted suicide by ligature around his neck in his cell.
- By the time you and Ms Stewart arrive, Patient A had been cut down by Ms Carter and Mr Higginbottom with the assistance of two other inmates. Both inmates had left the room by the time you and Ms Stewart arrived.
- When you arrived, Patient A was lying on his side, facing the wall with his head by the door.
- Present in the room when you arrived were Ms Carter and Mr Higginbottom.
- Mr Higginbottom was using his knee on Patient A's back to keep Patient A propped up into the recovery position.
- Patient A was in a single standard cell with a single bed.
- Patient A was over 6 foot 1 inch tall.

The panel then went through the three stage test outlined above.

#### Stage 1: Whether you believed the danger was imminent

The panel noted that a Code Blue had been called which indicates that there was an emergency situation.

It noted that Patient A was initially unresponsive to questions but then quickly became verbally aggressive. You stated in your self referral form to the NMC that when you asked Patient A whether he had taken anything to cause him to be under the influence, he aggressively rolled his shoulder back and shouted in your face:

*' well no I'm not under the influence you fucking slag!'*

In this form you then stated that you were *'stunned at the outburst'*.

The panel noted that by this time Mr Higginbottom had removed his knee and moved away from Patient A, leaving you as the only individual in immediate proximity to the Patient.

The panel noted your evidence that when you attempted to explain why you were asking Patient A whether he was under the influence, he continued to interrupt you which shows that matters were escalating.

Additionally, the panel considered your reflection from dated 24 April 2024 in which you stated: *'I should have retreated for my own safety and asked for assistance from the prison officers'*.

The panel therefore determined that danger from Patient A was escalating and you would have believed the danger to be imminent.

### Stage 2: Whether the danger was unavoidable

The panel then went onto consider whether the escalating danger was unavoidable.

It first considered the context of the actual event.

The panel noted that you were working as an agency nurse at the time of the incident and considered that this could have impacted your understanding, however it determined that you had been working in this role for 12 weeks prior to this incident and there is no evidence before it to suggest that you were not comfortable or knowledgeable about the workings of the Prison.

In determining whether you understood that this danger could have been avoided the panel went on to consider the context of your professional training. It noted that you said you had not had particular training in self-defence however you had safeguarding training. The panel also considered that you had knowledgeable and trained staff around you.

However, the panel was mindful that as part of your training as a registered nurse, you would have been trained in Basic Life Support, and would have repeated this training regularly. A key aspect of this training is basic situational awareness: firstly and foremost before engaging in any activity a nurse is trained to check the area around a patient for their own safety. The panel noted that when you entered the room Mr Higginbottom was standing with his knee on the bed in the Patient's back supporting him in the recovery position, so that he did not roll onto his back. The panel noted that this would have provided a good visual clue that due care might be needed. It also noted that you stated that you had received one day of Advanced Life Support training with your agency, and that this was more than a nurse on a ward would receive.

It noted that this was not your first time working in a prison as you had previous experience in another prison of a higher category, and had been working in this prison for approximately three months. It also noted that you had experience in attending Code Blue calls in both of these prisons. It was therefore of the mind that you had experience of attending emergencies in a context of heightened emotion.

The panel also considered your evidence in which you stated that that prisoners can be unpredictable and that situations can change quickly.

The panel then considered your self referral statement in which you recount an escalation of events. You state;

- *'I leaned back slightly as I was stunned at this outburst'*
- *'I tried to explain that I was only asking not accusing. Patient A continued to interrupt me, shouting [...] I raised my voice slightly'*
- *'Woah I'm not saying you are, but I have to ask'*
- *'Due to the aggressive nature in which Patient A had been behaving and the sudden movement of his head towards my face I thought he was going to headbutt me'*

which taken together indicate that you were aware that matters were escalating and you had already begun to move away from Patient A.

In light of the above, the panel determined that you did have the knowledge, understanding and training to determine that there was a danger as well as ways to avoid this danger. It determined from the evidence that, although, this was a fast moving and sudden situation in a small room, it considered that there would have likely been no physical obstruction preventing you from stepping or leaning back away from Patient A meaning that the potential danger could have been avoided. It determined, as you were already moving away from the patient, you could also have raised your arms in a defensive movement to protect your face from physical harm.

### **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**

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

Ms Timcke invited the panel to take the view that the facts found proved amount to misconduct. The panel had regard to the terms of 'The Code: Professional standards of practice and behaviour for nurses and midwives 2015' (the Code) in making its decision.

Ms Timcke identified the specific, relevant standards where she submitted your actions amounted to misconduct, specifically: 1.1, 1.2, 3.1, 19.1, 19.4 and 20.1.

Ms Timcke submitted that these breaches of the Code do amount to a serious departure from the standards expected of a registered nurse and should be considered to amount to misconduct.

Mr Edwards informed the panel that, with respect to charge 2, you accept that your actions would amount to misconduct. Mr Edwards invited the panel to find that charge 3 would not amount to misconduct because of the context in which it was said. He submitted that the

words spoken were said immediately after the incident when you were very upset and emotions were running high. Mr Edwards reminded the panel of the words of Ms Wainwright who stated that you were highly emotional after the incident.

Mr Edwards reminded the panel that this was said away from any patients. It was said when Patient A was not present and it was said in the medical unit, at a significant distance from where the incident took place. Further, he submitted that these words were used in a private room.

Mr Edwards submitted that you have accepted that the words you used were wrong and you have since reflected and shown understanding of why the use of such words is wrong, and as such have fully remediated this charge. Mr Edwards reminded the panel that it needs to be satisfied that this action falls well below the standards expected. He submitted that the context is important in this case. He submitted that with the context of the clear emotional state that you were in at the time, in respect of charge 3, your actions do not amount to serious professional misconduct.

### **Submissions on impairment**

Ms Timcke moved on to the issue of impairment and addressed the panel on the need to have regard to protecting the public and the wider public interest. This included the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body. This included reference to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin).

Ms Timcke submitted that the first three limbs are engaged. Ms Timcke highlighted your reflection and she accepted that, while there has been some reflection on the impact on Patient A, she submitted that the reflection is '*vague, limited and centred on the impact on the registrant herself*'.

Ms Timcke submitted that the first limb is engaged as a result of your action of striking Patient A, and as a result Patient A was put at risk of significant harm. She therefore submitted that a finding of impairment is required on the ground of public protection.

Ms Timcke submitted that your actions brought the profession into disrepute. She submitted that this would affect the public confidence in nurses given the nature and seriousness of the charges in that it relates to patient abuse in a prison setting. She therefore submitted that a finding of impairment is also necessary on public interest grounds.

Mr Edwards submitted that this is a forward looking exercise. He submitted that you accept that your actions were wrong and that you could have done things differently.

Mr Edwards referred the panel to the test outlined in *Cohen v GMC* and the guidance set out at FtP-16a. He submitted that your conduct can be addressed and indeed has been addressed through the steps you have taken. He submitted that you have undertaken significant training and have reflected several times. He further submitted that you have addressed your wrongdoing and what you would do differently in the future. He submitted that you have shown through your work over the last two years as a private carer that you have used the skills you have developed.

Mr Edwards then referred the panel to FtP-16, specifically assessing whether insight is sufficient. He submitted that you have shown significant insight and understanding. He submitted that you have been able to step back from the situation and understand your actions objectively and you have been able to recognise what has gone wrong. Additionally, you have been able to understand your responsibility. He submitted that this is something that you have done throughout. He submitted that you have provided two real examples of how you have used this experience in your current role.

Mr Edwards then addressed the panel on the guidance set out at FtP-16b: sufficient steps to address the concerns. He submitted that this was one incident on one shift in an

otherwise unblemished career and no incidents have happened since. He submitted that you have taken steps to work on yourself in order to remedy these actions. He submitted that it is highly relevant that you have been working as a private carer in the interim period. He reminded the panel that you are working with vulnerable patients in a caring manner and referred the panel to the references made by some of these patients and their family members.

He submitted that your conduct is easily remediable, that it has been fully remedied and that it is highly unlikely to be repeated. He submitted that your actions clearly show that you have fully remediated and shown significant insight and understanding.

Mr Edwards then referred the panel to FtP-16-c: Is it highly unlikely that the conduct will be repeated? Mr Edwards submitted that this was a unique set of circumstances. He reminded the panel that you have stated that you do not intend to work in a prison setting again.

Mr Edwards submitted that, taking into account the above together with your full engagement with this process, you have clearly demonstrated your understanding of the seriousness of these actions. He submitted that the actions that have brought you here are highly unlikely to be repeated. He submitted that this event occurred over a matter of seconds and has cast a shadow over your career. He submitted that you have felt shame and guilt as a result of this incident.

Mr Edwards submitted that you have been suspended by the NMC from 29 April 2024 and you have used this time to improve yourself and improve your practice and show that you are able to work safely, effectively and kindly.

Mr Edwards submitted that any public protection concerns have been addressed through your reflections and your ongoing work as a carer during your suspension period.

Mr Edwards submitted that a finding of impairment on public interest grounds alone is not appropriate in this case. He submitted that you no longer are a risk to the public and so there would be no public interest concerns if no finding of impairment is found. He submitted that you have been suspended for a period of two years and despite this you have applied yourself and continued to work within the caring environment despite the cloud that has lingered. He submitted that the public interest in this case has been met.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Roylance v General Medical Council*, *Nandi v General Medical Council* [2004] EWHC 2317 (Admin), *General Medical Council v Meadow* [2007] QB 462 (Admin) and *SA v (1) GMC (2) Uppal* [2015] EWHC 1304.

## **Decision and reasons on misconduct**

When determining whether the facts found proved amount to misconduct, the panel had regard to the terms of the Code.

Charge 2: On 8 September 2023, struck Patient A to the face using the back of your hand.

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***

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

*To achieve this, you must:*

***2.5 respect, support and document a person's right to accept or refuse care and treatment***

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

**13 Recognise and work within the limits of your competence**

*To achieve this, you must, as appropriate:*

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

*13.4 take account of your own personal safety as well as the safety of people in your care*

**15 Always offer help if an emergency arises in your practice setting or anywhere else**

*To achieve this, you must:*

*15.3 take account of your own safety, the safety of others and the availability of other options for providing care*

**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*

**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*

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

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct.

In relation to charge 2 the panel considered the mischief of this charge to be striking a patient.

Despite these breaches of the Code, the panel considered that your aim was to attend and assist Patient A and your colleagues. It noted that this was not a pre-meditated offence, and you did not intentionally provoke Patient A. The panel also noted that you were an agency nurse in a newer working environment. Additionally, the panel noted that you have not had direct training in self-protection relevant to the situation in which you found yourself. The panel considered your reflections and that you offered to apologise to Patient A and that you have shown remorse and shame as a result of your actions.

However, the panel considered that your actions resulted in unwarranted physical striking of a vulnerable patient and, in addition to the harm to the patient, that this lack of self-control put colleagues in danger in an emergency situation. The panel also considered that you had experience of working in a prison setting and responding to emergency situations. Additionally, this action was conducted in front of a clinical colleague and prison officers, with other prisoners nearby, and as such lowered professional standards and could undermine their confidence in the profession.

Balancing all of the above, the panel determined that your actions at charge 2 did fall seriously short of the conduct and standards expected of a nurse and amounted to misconduct.

Charge 3: On 8 September 2023, stated to Colleague 1 “he’s a fucking prick” or words to that effect, when referring to Patient A

In relation to this charge, the panel considered that you were experienced in prison settings, and you had faced similar situations where patients had verbally assaulted you. The panel also considered that at the time you made this statement you were not in direct danger nor still in the same room as, or even near, Patient A.

However, the panel noted your early admission of having used this language. It noted that this was said in a private room, away from patients. It further noted that this statement was said in when you were in a heightened emotional state after a stressful event. The panel also considered that within a prison environment coarse language is more common. The panel considered that, as this took place in the private office of the Clinical Matron of the mental health team, you could have seen this as a safe space in which to unload your emotions after a challenging incident. It further noted you had just been informed that Patient A intended to press charges. Additionally, the panel noted that this was a single, isolated incident.

Taking all of the above into consideration, the panel determined that, while this was unattractive and unprofessional language, in these specific circumstances it does not amount to serious misconduct.

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

The panel next went on to decide if as a result of the misconduct in charge 2 alone, 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 and to maintain professional boundaries. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. To justify that trust,

nurses must be honest and open and act with integrity. They must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

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

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

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

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

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

d) [...].'

In regard to limb a, the panel finds that there was past harm in that you struck Patient A. The strike caused a mark to Patient A's face, as testified to by both Ms Carter and Mr Higginbottom. However, in regard to the future, the panel was of the view that there is not an ongoing risk of you acting to put patients at risk of unwarranted harm in the future. It noted that this was a one-off, isolated incident and you had a previously unblemished career. Additionally, the panel was of the view that you have addressed this concern through remediation in that you have explained how you would change your behaviour in the future, and you have given concrete examples of how you have changed your behaviour in practice with current patients.

In regard to limb b and past actions, the panel was of the view that the act of striking a patient alone is serious enough to bring the profession into disrepute and by doing so you did indeed cross this threshold. However, in regard to future actions, the panel considered that you are unlikely to bring the medical profession into disrepute in the future. The panel noted that you have been subject to rigorous proceedings, including an extended regulatory process and a potential police prosecution. You explained, and the panel accepted, that this has had a significant impact on you and your practice. The panel noted that you have reflected on your shame about your behaviour. Additionally, the panel noted that you have engaged in therapy and taken some professional courses.

In regard to limb c and past breaches, the panel determined that your actions did breach one of the fundamental tenets of the nursing profession. The panel considered the breaches of the Code outlined in its decision on misconduct and considered that a nurse striking a patient amounts to breaching one of the fundamental tenets of the nursing profession. However, with regard to future breaches, the panel again noted the impact these proceedings have had upon you and determined that you are unlikely to breach the fundamental tenets of the nursing profession in the future.

Based on the above, because it has found that you are not liable to repeat this behaviour in the future, the panel concluded that a finding of impairment is not necessary on public protection grounds.

The panel also considered whether a finding of impairment is necessary on public interest grounds. 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 recognised that to make a finding of impairment on the grounds of the wider public interest alone requires meeting a high threshold.

The panel determined that a finding of impairment is still necessary to maintain public confidence in the profession and the NMC as regulator, as well as to declare and uphold proper professional standards and conduct.

The panel noted that this was an allegation of assault. The panel noted that, at the time of the event, criminal proceedings were initiated, the evidential threshold was met and a trial date was set down accordingly.

The panel further considered that your behaviour amounts to a breach of trust and a significant failure of basic nursing standards.

The seriousness of the misconduct would leave even a fully informed member of the public shocked. Although the panel determined that repetition is unlikely, it was still highly unprofessional. Allowing it to proceed without regulatory action would undermine confidence in the NMC as a regulator. It would also undermine confidence in the profession, and could lead to the lowering of professional standards. The panel particularly considered the impact your behaviour and any potential lack of regulatory action would have on fellow members of the profession and on whether vulnerable patients and their

families would seek out nursing care. It therefore determined that a finding of impairment on the ground of public interest was necessary to uphold and declare proper standards of professional conduct.

Having regard to all of the above, the panel was satisfied that your fitness to practise is currently impaired on public interest grounds alone.

## **Sanction**

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

## **Submissions on sanction**

Ms Timcke submitted that given your actions a striking off order is the only appropriate order. She submitted that a suspension order is not appropriate because of the seriousness of this incident. She submitted that striking a patient who had attempted suicide makes you incompatible with remaining on the register.

Ms Timcke submitted that your actions do raise fundamental questions about your professionalism and that public confidence in the profession cannot be maintained if you are not removed from the register and so the panel should impose a striking off order.

Mr Edwards invited the panel to take no further action. He explained that you have been subject to an interim suspension order since 29 April 2024 amounting to nearly 26 months on suspension. He submitted that you have already served a temporary removal from the register.

Mr Edwards submitted that the public interest in this case has been met by virtue of your temporary removal from the register together with these rigorous fitness to practice proceedings.

Mr Edwards submitted that the panel has only made a finding of impairment on public interest grounds and submitted that there is no public interest in striking off a good and capable nurse.

Mr Edwards submitted that a caution order would be overly punitive in the circumstances and that no further action should be taken.

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

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

Having found your fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose. The panel has borne in mind that any sanction imposed must be appropriate and proportionate and, although not intended to be punitive in its effect, may have such consequences. The decision on sanction is a matter for the panel independently exercising its own judgement.

#### **The panel took into account the following aggravating features:**

- Deliberate harm to a vulnerable patient
- Potential to put colleagues in danger in an emergency situation
- Abuse of trust
- Limited insight
- Limited remediation

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

- Online courses;
- Reflections;

- Self-referral;
- Positive testimonials;
- Full engagement with the regulatory process; and
- Work in a healthcare setting since the incident

It reflected upon the advice of the legal assessor and was mindful of the case of *Kamberora v NMC [2016] EWHC 2955* and the issues of proportionality which it raises.

It gave due consideration to the various levels of sanction available to it and was mindful of the specific guidelines and restrictions on each. It was mindful that there are strict criteria which must be met to move from one level of sanction to a higher level. It was mindful that a sanction must not be punitive nor may it impose return to practice conditions.

The panel first considered whether to take no action. It noted that impairment was only found on public interest grounds. The panel considered the guidance set out at SAN-2a with regards to when taking no further action may be appropriate, specifically :

*‘An example may be where the Committee has found impairment solely to uphold professional standards, but the remediation and insight shown by the professional are so exceptional that a sanction is not necessary to uphold public confidence in the profession.’*

It concluded that this would be inappropriate in view of the seriousness of the case. The panel decided that it would be neither proportionate nor in the public interest to take no further action. The panel reminded itself of its previous finding that you have developing insight, but determined that your insight did not meet the threshold of being ‘*exceptional*’. For this reason it determined that this case is not in line with the guidance on taking no further action.

The panel then considered imposing a caution order. It noted that NMC guidance states *'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.'* The panel was mindful that, while it found misconduct with respect to charge 2, it did so on public interest grounds alone. It noted that while the strike was a serious, violent action, it was not premeditated and was a single event that was out of character with your practice before and since the incident. No finding has been made on public protection grounds, there is therefore no risk to the public or to people using services that requires your practice to be restricted.

It further noted that NMC guidance states a caution order is the appropriate sanction when a panel *'wants to mark that what happened was unacceptable and must not happen again'* and *'a sanction is necessary to uphold professional standards and public confidence in the profession, but the professional is able to practise safely and a more restrictive sanction would be disproportionate'*. The panel was mindful that this was a serious breach of professional standards which was indeed unacceptable and must not be repeated. It also noted that a caution will be recorded on the register and published on the website.

It therefore decided that the appropriate level of sanction would be a caution order.

It then considered what length of caution would be appropriate.

It was mindful that this was a very serious offence against a vulnerable patient; however, in this context, the incident amounted to approximately one minute of poor practice within a fast-moving incident. It was a single incident in an otherwise unblemished career.

It was mindful that you have been under a suspension order for two years and one month and have not been practising since September 2023. It noted the frustration you expressed during testimony at not being able to practise as a fully qualified nurse during the course of this regulatory process. It noted that in this time you have done some

courses, but that these were of short duration and online. It was mindful of your general good practice and your strong commitment to the nursing profession. It noted that you have been practising safely as a carer and have provided strong testimonials.

It further noted that nurses must revalidate every three years. This offers you a notable opportunity. The panel is confident that you will use that opportunity to reflect deeply on the events which have led to these proceedings, to engage in continuing professional development courses which are relevant to the events and, given the time on suspension, to ensuring your skills and practice are at the level which you, as a committed nurse, will want to achieve for yourself.

The panel also took into consideration the purpose of regulatory proceedings. With the exception of this one incident, you are a good nurse who is strongly committed to the nursing profession. It noted the public interest and importance of retaining the services of a good nurse. It also noted your reflection of 24 May 2026 in which you state '*I am feeling quite deflated.*' Taken with the extended period of time you have already had on suspension and out of full-time registered nursing, the panel determined an extended sanction order might affect your return to nursing, which would not be in the public interest.

The panel therefore determined that the appropriate length of sanction would be one year.

The panel concluded that no useful purpose would be served by a conditions of practice order. It is not necessary to protect the public and would not assist your return to nursing practice. The panel further considered that a suspension order would be wholly disproportionate in this case.

At the end of this period the note on your entry in the register will be removed, without further review. However, the NMC will keep a record of the panel's finding that your fitness to practise had been found impaired. If the NMC receives a further allegation that your

fitness to practise is impaired, the record of this panel's finding and decision will be made available to any practice committee that considers the further allegation.

This decision will be confirmed to you in writing.

That concludes this determination.