

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

**Substantive Meeting  
Tuesday, 12 May-Thursday, 14 May 2026**

Virtual Meeting

**Name of Registrant:** Janet Valerie Burroughs

**NMC PIN:** 71F1138E

**Part(s) of the register:** Registered Nurse – Adult (Level 2)  
RN2 – 03 June 1971

**Relevant Location:** Essex

**Type of case:** Misconduct

**Panel members:** Amy Barron (Chair, lay member)  
Hlupe Perpetua Knight (Registrant member)  
Yusuf Deerow (Lay member)

**Legal Assessor:** Charlene Bernard

**Hearings Coordinator:** Hanifah Choudhury

**Facts proved:** Charges 1, 2 and 3

**Facts not proved:** N/A

**Fitness to practise:** Impaired

**Sanction:** **Striking-off order**

**Interim order:** **Interim suspension order (18 months)**

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

The panel was informed at the start of this meeting that the Notice of Meeting had been sent to Ms Burroughs' registered email address by secure email and by post on 28 January 2026.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Meeting contained details of the charges, particularising the allegations and setting out the alleged facts on which they are based and it was accompanied by relevant documents. It informed Ms Burroughs of the powers available to the panel at the meeting, including the power to make an interim order, invited representations from Ms Burroughs and indicated the timeframe as to when the meeting would take place.

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

## **Details of charge**

That you, a registered nurse whilst on shift at Mid and South Essex NHS Foundation Trust:

1. On or around 17 June 2024 and/or 19 June 2024, requested Lorazepam from a colleague:

- a) Without clinical justification;
- b) Which you intended to take home to administer to your relative

2. On one or more occasions between 1 May 2024 and 30 June 2024 took one or more Lorazepam tablets without clinical justification

3. Your conduct as outlined in charge 1a) and/or 1b) and/or 2 was dishonest in that you intended to take and/or did take medication belonging to Mid and South Essex NHS Foundation Trust when you knew you were not entitled to do so

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

### **Background as taken from the NMC's statement of case**

Ms Burroughs first entered onto the NMC register on 3 June 1971 as a registered nurse.

Ms Burroughs was referred to the NMC on 17 January 2025 by the Deputy Director of Nursing of Mid and South Essex NHS Foundation Trust (the Trust). Ms Burroughs was working as a band 5 Registered Nurse at Broomfield Hospital (the Hospital). Ms Burroughs had been employed by the trust since 2008.

It is alleged that on 17 June 2024 Ms Burroughs made a request for the controlled drugs Quetiapine and Lorazepam from the Stroke Unit, which was not the unit she worked on. When the patient's drugs chart was checked, the Lorazepam tablets were not required by the patient. On this occasion no medication was given to Ms Burroughs and the incident was reported to a senior member of staff. It is further alleged that on 19 June 2024 Ms Burroughs attended the Stroke Unit again and requested Lorazepam. When she was asked to provide a patient drugs chart for the medication, she left the ward and didn't return.

A senior member of staff raised concerns about these incidents and said that there had been several occasions where Ms Burroughs had been found looking for medication in the Stroke Unit drug trolleys. A colleague said that this was occurring 'several times a week' and because of this, she had reiterated to staff on the Stroke Unit that no drugs should be provided to staff from other wards without them providing a patient drug chart. The Trust then carried out an investigation into the concerns raised by the senior member of staff.

At an informal fact-finding meeting on 4 July 2024, Ms Burroughs admitted that she had been requesting and/or taking controlled drugs from the Hospital for the past two to three months to give to a relative due to their back pain.

The Trust were due to hold a disciplinary hearing on 19 December 2024 but Ms Burroughs resigned the day before.

On 23 April 2025 Ms Burroughs submitted an application to be removed by agreement from the NMC register which was refused.

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

In reaching its decisions on the disputed facts, the panel took into account all the documentary evidence in this case together with the representations made by the NMC and from Ms Burroughs. Although Ms Burroughs did not provide specific submissions for this meeting the panel considered the responses she provided in the Trust's investigation and her NMC Regulatory Concerns Response Form (RCRF).

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

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

- Alexandra Harrington: Band 7 Nurse at the material time.

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor. The legal assessor confirmed the accuracy and relevance of the law and cases contained in the statement of case. She also directed the panel to the case of *Ivey v Genting Casinos UK Ltd [2017] UKSC 67* in respect of the allegations of dishonesty.

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

### **Charge 1**

That you, a registered nurse whilst on shift at Mid and South Essex NHS Foundation Trust:

1. On or around 17 June 2024 and/or 19 June 2024, requested Lorazepam from a colleague:
  - a) Without clinical justification;
  - b) Which you intended to take home to administer to your relative.

### **These charges are found proved.**

In reaching this decision, the panel took into account Ms Burroughs' responses in the Trust's investigation interview, which took place on 20 September 2024, where she said:

*'AH: When was the first time you took lorazepam from the ward and which ward was it?*

*JB: It was on Stroke Ward; I think that was probably the first or second time on the 17th of June 2024.*

*AH: So, there might have been one before*

*JB: There could have been, my head was all over the place. I'm not making excuses for myself. I have done wrong, I was incredibly stupid. I have never had a blemish on my character in 55 years, so I feel totally ashamed. That's all I can tell you.*

*AH: I am just going to go through a couple of things, so I have some clear response. Thank you for disclosing everything. So, you took medicine from Stroke ward which you said might have happened on another separate occasion but this also happened on the 17th and on the 19th of June 2024 is when the allegations were made against you?*

*JB: Yes.'*

This was supported by Ms Harrington's NMC witness statement which said:

*'On 17 June 2024, Ms Burroughs had requested for quetiapine whilst in possession of a drug chart however, quetiapine was not available therefore, she requested lorazepam, but this request was denied by staff nurse Miss Lorraine Radley ("Miss Radley"). On 19 June 2024, Miss Burroughs attended the stroke unit but this time without a drug chart and she requested lorazepam. The nurse in charge who was Miss Valerie Cottee asked Miss Burroughs for a drug chart, and Miss Burroughs left the ward and did not return with the drug chart.'*

*'During an informal fact-finding meeting held by Miss Newmarch on 4 July 2024, Miss Burroughs admitted that she had been requesting the drugs for around 2 – 3 months to give to her daughter who [PRIVATE].'*

This was further supported by the Trust's investigation interview with Ms Tara Newmarch, which took place on 12 August 2024, where it was said:

*'I was alerted by the Band 7 on Stroke Ward, which is Annie, she spoke to me in person about it, and then followed up with an email, I can't remember the exact date, I think it was going over into a weekend. I think it was like on a Thursday and that's when Annie alerted me and sent the email to me.'*

*AH: And what actions did you take following this?*

*TN: When Annie informed me, she did say that Jan had been over to Stroke Ward, asking for a particular medication. I went and checked the drug charts on the team that Jan was working on, I couldn't find the particular medication that she had requested and then I sent an email to, seeking for some advice because it's quite a sensitive subject, and I thought how to best sensitively deal with this. When Annie sent me the email, I had checked the drug chart. I spoke with Ola for advice for me to speak with Jan on her next shift, so I can provide support to Jan, kind of informally, just asked her what's happened, and she basically admitted it.'*

*AH: And can you just clarify what she admitted?*

*TN: Jan admitted, I said to Jan along the lines of something has been brought to my attention from another ward, I didn't even name the ward, this has been brought to my attention about you going over to another ward requesting medications quite frequently.*

*...But I said to her, you know you have done wrong, and I didn't even have to tell Jan she did wrong because she knew what she'd done.'*

The panel determined that there is sufficient and cogent evidence that Ms Burroughs requested Lorazepam on 17 and 19 June 2024 without clinical justification and intended to administer it to her relative. This charge is therefore found proved by the panel on the balance of probabilities.

## **Charge 2)**

That you, a registered nurse whilst on shift at Mid and South Essex NHS Foundation Trust:

2. On one or more occasions between 1 May 2024 and 30 June 2024 took one or more Lorazepam tablets without clinical justification.

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

In reaching this decision, the panel took into account Ms Burrough's response during the Trust's investigation where she stated:

*'TN: How long have you been taking/accessing Lorazepam?*

*JB: Around 2-3 months now.'*

The panel also took into account Ms Harrington's statement which stated:

*'During an informal fact-finding meeting held by Miss Newmarch on 4 July 2024, Miss Burroughs admitted that she had been requesting the drugs for around 2 – 3 months to give to her daughter who [PRIVATE].'*

This was corroborated by Ms Harrington's case summary which said:

*'Tara Newmarch – Matron for Rayne Ward held the Informal Fact-Finding meeting with Janet on 4th July 2024, Janet admitted at the meeting that she had been requesting lorazepam for around 2 to 3 months to give a relative.'*

The panel determined that there was sufficient evidence to find that Ms Burroughs took Lorazepam on one or more occasions between 1 May 2024 and 30 June 2024. The panel therefore found this charge proved.

### **Charge 3**

3. Your conduct as outlined in charge 1a) and/or 1b) and/or 2 was dishonest in that you intended to take and/or did take medication belonging to Mid and South Essex NHS Foundation Trust when you knew you were not entitled to do so.

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

In reaching this decision, the panel took into account its decision and reasons at charges 1 and 2.

The panel bore in mind that it had found that Ms Burroughs had taken Lorazepam on one or more occasions without clinical justification and intending to administer it to a relative.

The panel noted that during the Trust's investigation Ms Burroughs said:

*'AH: When was the first time you took lorazepam from the ward and which ward was it?*

*JB: It was on Stroke Ward; I think that was probably the first or second time on the 17th of June 2024.*

*AH: So, there might have been one before?*

*JB: There could have been, my head was all over the place. I'm not making excuses for myself. I have done wrong, I was incredibly stupid. I have never*

*had a blemish on my character in 55 years, so I feel totally ashamed. That's all I can tell you.*

*AH: I am just going to go through a couple of things, so I have some clear response. Thank you for disclosing everything. So, you took medicine from Stroke ward which you said might have happened on another separate occasion but this also happened on the 17th and on the 19th of June 2024 is when the allegations were made against you?*

*JB: Yes.*

*AH: As you have said, you are aware what you did was wrong, and you know it is against Trust policy...*

*JB: Yes.'*

The panel also noted the conclusion from the Trust's investigation which said:

*'JB confirmed she knew that doing this was wrong and against Trust policy, JB has never denied these allegations.'*

The panel applied the test for dishonesty set out in *Ivey v Genting*. The panel first considered Ms Burroughs' actual state of mind and knowledge as to the facts and then considered whether her conduct would be regarded as dishonest by the standards of ordinary decent people.

The panel was satisfied that Ms Burroughs knew that it was wrong to request and remove medication belonging to the Trust without clinical justification. The evidence demonstrated that she took medication for the purpose of giving it to her daughter who she believed to be in pain. Whilst the panel accepted that her motivation arose from concern for her daughter this did not provide any lawful or professional entitlement to take medication from the Trust.

The panel also took into account Ms Burroughs' attempt to conceal her actions by stating that the medication was intended for another patient. The panel considered this to be evidence that Ms Burroughs herself appreciated that her conduct was improper.

Having determined Ms Burroughs' state of mind, the panel then considered whether ordinary decent people would regard the conduct as dishonest. The panel concluded that taking medication from the Trust without authorisation or clinical justification, and for the purpose of supplying it to her daughter, would be regarded as dishonest by the standards of ordinary decent people.

Accordingly, the panel found charge 3 proved.

### **Fitness to practise**

Having reached its determination on the facts of this case, the panel then moved on to consider, whether the facts found proved amount to misconduct and, if so, whether Ms Burroughs' fitness to practise is currently impaired. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's ability to practise safely and effectively without restriction.

The panel, in reaching its decision, has recognised its statutory duty to protect the public and maintain public confidence in the profession. Further, it bore in mind that there is no burden or standard of proof at this stage and it has therefore exercised its own professional judgement.

The panel adopted a two-stage process in its consideration. First, the panel must determine whether the facts found proved amount to misconduct. Secondly, only if the facts found proved amount to misconduct, the panel must decide whether, in all the circumstances, Ms Burroughs' fitness to practise is currently impaired as a result of that misconduct.

### **Representations on misconduct and impairment**

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

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

The NMC identified the specific, relevant standards where Ms Burroughs' actions amounted to misconduct.

The NMC requires the panel to bear in mind its overarching objective to protect the public and the wider public interest. This included the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body.

With regard to impairment the NMC invited the panel to find Ms Burroughs' fitness to practise impaired on public protection and public interest grounds stating that:

*'Ms Burroughs has not taken any steps to remediate the concerns. She has not provided any evidence of further training, for example on the subject of honesty and integrity. Ms Burroughs has demonstrated limited insight into the seriousness of the issues raised. She has shown a lack of insight into her actions and the risk of harm; saying that her relative had previously been prescribed Lorazepam, so she knew they would tolerate the medication. Further, she says that her relative was safe, despite the fact she had given her unprescribed medication that she admits she had stolen from her employer. Ms Burroughs has failed to demonstrate that she understands the impact of her conduct on her colleagues, patients and the nursing profession.*

*We consider Ms Burroughs has displayed insufficient insight into the seriousness of the concerns and her fitness to practice remains impaired.*

*We further consider there is a continuing risk to the public due to Ms Burroughs lack of full insight.*

*Therefore, the NMC considers that a finding of impairment is necessary in this case to protect the public.*

*... The misconduct is not easily remediable. It is submitted that the concerns have not been remediated and are therefore highly likely to be repeated should Ms Burroughs be permitted to practise as a nurse again.*

*The NMC considers that there is a public interest in a finding of impairment being made in this case to uphold proper standards of conduct and behaviour. Ms Burroughs conduct engages the public interest because there is no evidence that Ms Burroughs has shown sufficient insight into the seriousness of the issues raised. Ms Burroughs has not demonstrated that she has stepped back from the situation and looked at it objectively or explained how her alleged actions may undermine trust between colleagues and public confidence in the profession as a whole.*

*The public would also expect the NMC to ensure that those on its register maintain the required standards of professionalism; specifically, that they are open and honest, and able to carry out their roles effectively and in a trustworthy manner. The public would therefore expect the NMC to regulate or restrict the practice of nurses whose behaviour remains liable in the future to put patients at unwarranted risk of harm.*

*The dishonesty occurred in Ms Burroughs' workplace. This raises fundamental questions about her integrity and trustworthiness as a registered professional and seriously undermines public trust in nurses, midwives and nursing associates.*

*The NMC therefore considers that a finding of impairment is necessary in this case to protect the public interest.'*

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* (No 2) [2000] 1 A.C. 311, *Nandi v General Medical Council* [2004] EWHC 2317

(Admin), *General Medical Council v Meadow* [2007] QB 462 (Admin) and *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin).

## **Decision and reasons on misconduct**

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

The panel was of the view that Ms Burroughs's actions did fall significantly short of the standards expected of a registered nurse, and that Ms Burroughs's actions amounted to a breach of the Code. Specifically:

### ***20 Uphold the reputation of your profession at all times***

*To achieve this, you must:*

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

*20.2 act with honesty and integrity at all times,...*

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

*20.4 keep to the laws of the country in which you are practising*

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

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

However, the panel was of the view Ms Burroughs' actions did fall seriously short of the conduct and standards expected of a nurse and therefore amounted to misconduct.

The panel considered that honesty and transparency are fundamental tenets of the nursing profession and are essential to maintaining public confidence in nurses and the wider profession. By dishonestly taking medication belonging to the Trust for the

purpose of giving it to her daughter, Ms Burroughs acted in a manner which breached those fundamental professional obligations.

The panel also considered that Ms Burroughs' actions had the potential to cause harm to patients. The medication stock was intended for patients receiving care within a stroke unit. The removal of medication without clinical justification created a risk that there would be less stock available for patients who required it. The panel considered that patients could therefore have been placed at risk of harm. In addition, the panel considered that Ms Burroughs' actions also had the potential to harm her daughter as she removed medication to give to her daughter in circumstances where there was no prescription or clinical justification for its use.

Further, the panel determined that Ms Burroughs' conduct was liable to undermine trust and confidence between colleagues. Nurses are expected to act with integrity and to safeguard medication appropriately.

The panel concluded that the conduct fell seriously short of the standards expected of a registered nurse and would be regarded as deplorable by fellow practitioners and the public alike.

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

The panel next went on to decide if as a result of the misconduct, Ms Burroughs' 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.'*

The panel considered that nurses occupy a position of privilege and trust in society and are expected at all times to be professional. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. To justify that trust, nurses must be honest and open and act with integrity. They must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

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

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

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

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

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

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

*d) has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

The panel first considered whether any of the limbs of the Grant test were engaged. It was of the view that at the time of the incidents, Ms Burroughs' actions placed patients at an unwarranted risk of harm.

The panel determined that Ms Burroughs' misconduct brought the nursing profession into disrepute. Ms Burroughs' misconduct also constituted serious breaches of the fundamental tenets of the nursing profession as she failed to uphold the standards and values of the nursing profession. The panel had also found a charge of dishonesty proved against Ms Burroughs.

The panel therefore determined that limbs a, b, c and d of the Grant test were engaged.

The panel took account of the nature and seriousness of the misconduct found proved. The panel determined that Ms Burroughs' conduct placed patient safety at risk. She removed medication to give to her daughter in circumstances where there was no prescription or clinical justification for its use. The panel considered that this created a risk of potential harm to her daughter.

The panel also considered that by removing medication stock from the Trust, Ms Burroughs created a risk that patients within the stroke unit may have been deprived of medication that they required. Although there was no evidence of actual harm having been caused the panel considered that there was clear potential for harm arising from her actions.

In assessing the risk of repetition, the panel considered the extent of Ms Burroughs' insight, remorse and remediation. The panel acknowledged that Ms Burroughs had

demonstrated remorse for her actions. However, the panel was not satisfied that she had developed full insight into the seriousness and gravity of her misconduct. Whilst there was evidence of developing insight, the panel considered that Ms Burroughs continued, to some extent, to justify her actions by reference to her difficult personal circumstances and concern for her daughter.

The panel also noted that the misconduct was not an isolated incident as medication had been taken on a number of occasions. Further, Ms Burroughs had not worked as a nurse since these events and had not undertaken any reflective discussions or other steps to strengthen her practice or address the concerns identified. The panel was particularly concerned that Ms Burroughs had not demonstrated how she would act differently if faced with similar circumstances in the future.

The panel acknowledged the difficult home circumstances described by Ms Burroughs. However, the panel considered that there were alternative and appropriate avenues available to her other than taking medication belonging to the Trust.

The panel further considered that Ms Burroughs' actions involved an abuse of the position of trust placed in her as an experienced nurse. The panel noted that dishonesty is inherently more difficult to remediate because it involves attitudinal concerns. In this case, the panel was unable to identify any evidence of remediation and therefore there was insufficient evidence that the risk of repetition had been addressed.

The panel also noted that Ms Burroughs had applied for agreed removal, was no longer working as a nurse, and had stated that she had no intention to return to nursing practice. Whilst this limited the panel's ability to test her insight and remediation in a clinical environment, it did not reduce the seriousness of the concerns identified.

In all the circumstances, the panel determined that there remained a risk of repetition and a consequent risk of harm to the public. Accordingly, the panel found that Ms

Burroughs' fitness to practise is currently impaired on the grounds of public protection.

The panel had regard to the serious nature of Ms Burroughs' misconduct and determined that public confidence in the profession would be seriously undermined if a finding of impairment were not made in this case, particularly as this misconduct related to dishonesty and putting patients at risk of harm in what was a vulnerable unit. It was of the view that a fully informed member of the public, aware of the proven charges in this case, would be very concerned if Ms Burroughs were permitted to practise as a registered nurse without restrictions and her conduct seriously compromised her duty as a nurse to uphold professional standards with no evidence of any intention to demonstrate change. For this reason, the panel determined that a finding of current impairment on public interest grounds is also required. It determined that this finding is necessary to mark the seriousness of the misconduct, the importance of maintaining public confidence in the nursing profession, and to uphold the proper professional standards for members of the nursing profession.

Having regard to all of the above, the panel was satisfied that Ms Burroughs' fitness to practise is currently impaired on both public protection and public interest grounds.

## **Sanction**

The panel has considered this case very carefully and has decided to make a striking-off order. It directs the registrar to strike Ms Burroughs off the register. The effect of this order is that the NMC register will show that Ms Burroughs has been struck-off the register.

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

The panel accepted the advice of the legal assessor.

## **Representations on sanction**

The panel noted that in the Notice of Meeting, dated 28 January 2026, the NMC had advised Ms Burroughs that it would seek the imposition of a suspension order for 12 months if it found Ms Burroughs's fitness to practise currently impaired.

## **Decision and reasons on sanction**

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

The panel took into account the following aggravating features:

- Ms Burroughs stealing the medication meant that there was the potential that there may not have been enough stock for patients.
- Ms Burroughs' actions were not an isolated incident.
- Ms Burroughs' actions amounted to an abuse of position of trust.
- The concerns are directly linked to Ms Burroughs' clinical practice.

The panel also took into account the following mitigating features:

- Ms Burroughs made early admissions to both the NMC and the Trust.
- Ms Burroughs has shown remorse and has made partial apologies.
- Ms Burroughs has provided personal context for her circumstances at the time of the incidents.

The panel noted that previous to these concerns, there were no concerns raised during Ms Burroughs' longstanding career as a nurse.

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

The panel next considered a caution order and had regard to the NMC Guidance on ‘*Caution order*’ (Reference: SAN-2b Last Updated: 28/01/2026) in which the following is stated:

*‘A caution is only appropriate if the Committee has decided there’s no risk to the public or to people using services that requires the professional’s practice to be restricted. This means the case is at the lower end of the spectrum of impaired fitness to practise, but the Committee wants to mark that what happened was unacceptable and must not happen again.’*

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

The panel next considered whether to place a conditions of practice order on Ms Burroughs’s registration. In considering whether conditions of practice are appropriate, the panel had regard to the factors set out in the NMC Guidance on ‘*Conditions of practice order*’ (Reference: SAN-2c Last Updated: 28/01/2026).

The panel took into account that the concerns in this case relate to dishonesty and attitudinal concerns. The panel considered that there are no relevant, proportionate, workable or measurable conditions that could be formulated to address these concerns.

The panel went on to consider whether a suspension order is appropriate in this case. The panel had regard to the NMC Guidance on ‘*Suspension order*’ (Reference:

SAN-2d Last Updated: 28/01/2026) in which the following factors on when a suspension order may be appropriate are set out:

- *‘the impairment is very serious but not fundamentally incompatible with continuing to be a registered professional*
- *an outcome less severe than strike-off would still satisfy the over-arching objective.’*

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

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

The panel gave very careful consideration to whether a suspension order would be sufficient and proportionate in this case. The panel took a holistic approach, balancing the interests of Ms Burroughs with the need to protect the public and uphold confidence in the profession and the regulatory process.

The panel determined that a suspension order would not be appropriate. In reaching this conclusion, the panel considered that there was no reason to believe that Ms Burroughs would use a period of suspension to develop further insight, strengthen her practice, or remediate the concerns identified. The panel noted that Ms Burroughs had made it consistently clear that she had no intention of returning to nursing practice.

In particular, the panel considered Ms Burroughs' statement dated 27 January 2025 in which she stated:

*'I formally retired in December and will not be renewing my pin I will be 74 next month and my working life is over..'*

The panel also considered Ms Burroughs' further statement dated 1 February 2025:

*'I formally retired from nursing in December 2024... I have no intention of working anywhere again, and would like to be taken off the register.'*

Further, the panel noted that Ms Burroughs submitted an application for agreed removal dated 8 April 2025. The panel considered this to be consistent with her stated intention to leave the profession permanently.

In these circumstances, the panel considered that there would be no useful purpose in imposing a suspension order followed by a review hearing when Ms Burroughs had clearly indicated that she no longer wished to practise as a nurse and did not wish to return to the register. The panel also noted her indication that she did not wish to have further involvement in the process. The panel therefore concluded that a suspension order would serve no practical or meaningful purpose as there was no reason to believe that she would engage in any endeavour to improve and demonstrate the insight required before she could return to safe and effective practice.

In this particular case, the panel determined that a suspension order would therefore not be a sufficient, appropriate or proportionate sanction.

In considering a striking-off order, the panel had regard to the NMC Guidance on ‘*Sanctions for the highest risk cases*’ (Reference SAN-4 Last Updated: 28/01/2026). Having regard to all of the above, the panel determined that this case falls within the definition of being a ‘*highest risk case*’.

The panel had regard to the following considerations as set out in the NMC Guidance entitled ‘*Striking-off order*’ (Reference: SAN-2e Last Updated; 28/01/2026):

- *Do the charges found proved raise fundamental questions about their professionalism?*
- *Can public confidence in the profession be maintained if the professional is not removed from the Register?*
- *Is there any amount of insight and reflection which could keep people receiving care and members of the public safe, maintain public confidence in the profession, and uphold professional standards?*
- *Is there a realistic prospect that, after suspension, the professional will have gained insight and strengthened their practice such that the risk they pose will have reduced?*

The panel concluded that the seriousness of the dishonesty, the abuse of Ms Burroughs’ position of trust as an experienced nurse, the limited evidence of remediation, and the continuing concerns regarding insight are fundamentally incompatible with continued registration.

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

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel determined that the appropriate and proportionate

sanction is that of a striking-off order. Having regard to the matters it identified, in particular the effect of Ms Burroughs' actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct herself, the panel has concluded that nothing short of this would be sufficient in this case.

In making this decision, the panel took into account the NMC's sanction bid of a 12 month suspension order. However, the panel considered that a suspension order would serve no useful purpose, especially when Ms Burroughs has expressed that she has no intention of returning to nursing and therefore would be unable to demonstrate the necessary insight required to return to safe and effective practice.

The panel concluded that this order was necessary to mark the importance of maintaining public confidence in the profession, and to send to the public and the profession a clear message about the standard of behaviour required of a registered nurse.

### **Interim order**

As the striking-off order cannot take effect until the end of the 28-day appeal period, the panel has considered whether an interim order is required in the specific circumstances of this case. It may only make an interim order if it is satisfied that it is necessary for the protection of the public, is otherwise in the public interest or in Ms Burroughs' own interests until the striking-off sanction takes effect. The panel heard and accepted the advice of the legal assessor.

### **Representations on interim order**

The panel took account of the written representations made by the NMC that an interim suspension order is necessary for the protection of the public and is otherwise in the public interest. The NMC stated that the interim order should be imposed for a period of 18 months to cover the initial period of 28 days before the

sanction comes into effect, and the time taken for the Court to consider any appeal in the event that one is lodged.

### **Decision and reasons on interim order**

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

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

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

This will be confirmed to Ms Burroughs in writing.

That concludes this determination.