Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Hearing
Monday, 9 November – Thursday, 19 November 2026

Virtual Hearing

Name of Registrant:	Lauren April Boote
NMC PIN:	09E0314E
Part(s) of the register:	Registered Nurse – Sub Part 1 Mental Health Nursing – 22 October 2009
Relevant Location:	Nottingham
Type of case:	Misconduct
Panel members:	Janet Fisher (Chair, Lay Member) Anne Considine (Registrant Member) Dora Waitt (Lay Member)
Legal Assessor:	Caroline Hartley
Hearings Coordinator:	Angela Nkansa-Dwamena
Nursing and Midwifery Council:	Represented by Katie Mustard, Case Presenter
Ms Boote:	Present and represented by Neair Maqboul, instructed by the Royal College of Nursing
Facts proved:	Charges 2, 3b, 3c and 5
Facts not proved:	Charges 1a, 1b, 3a, 4a, 4b and 6
Fitness to practise:	Impaired
Sanction:	**Conditions of practice order (12 months)**
Interim order:	**Interim conditions of practice order (18 months)**
Final outcome:	**FTP impaired - COP order**

Details of charge (as amended)

That you, a registered nurse;

1. On an unknown date between September-November 2023 attended to Patient A who was struggling with their mental health and told them;

a) '*everyone's life is hard'* or words to that effect. **[NOT PROVED]**

b) if they wanted to know the best way to kill themselves, you could tell them **[NOT PROVED]**

2. On 26 November 2024 said about Patient B, a dementia patient, *'leave her hairy like a monkey…she won't know anyway'* or words to that effect **[PROVED]**

3. Failed to work cooperatively with others, in that you communicated verbally and non-verbally in an abrupt and dismissive manner towards colleagues and/or patient family members on;

a) On 26 November 2024 in relation to Patient B **[NOT PROVED]**

b) On 22 January 2024 in relation to Patient D **[PROVED]**

c) On 3 April 2025 **[PROVED]**

4. On 29 November 2023 failed to assess and or read the history of Patient C adequately or at all prior to a meeting resulting in;

a) Patient C becoming agitated **[NOT PROVED]**

b) failing to assess Patient C's requirements properly **[NOT PROVED]**

5. On 22 January 2024 in relation to Patient D did not listen to the contributions of other professionals and family members **[PROVED]**

6. On 16 July 2025 did not have an adequate understanding of the capacity of an unknown patient and told him he could challenge his section 3 and residency. **[NOT PROVED]**

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

Background

You first entered the Nursing and Midwifery Council's (NMC) register as a Registered Mental Health Nurse on 22 October 2009.

On 4 December 2023, the NMC received a telephone referral from Patient A, raising concerns about your conduct during a home visit.

At the time of the first allegation, you were employed as a registered nurse within the Nottingham City Crisis Resolution and Home Treatment Team (the Crisis Team).

Patient A reported that you had allegedly made inappropriate comments during a home visit in autumn 2023 and that you had been verbally aggressive and had shouted at her. In September 2023, you began employment as a Mental Health Nurse Assessor for NHS Nottingham and Nottinghamshire Integrated Care Board (ICB) (the Board). Following enquiries made by the NMC with your employer, it was identified that further concerns had been raised about your communication with patients, relatives and colleagues, as well as the adequacy of your assessments.

The subsequent allegations relate to:

- Patient B – an allegedly inappropriate comment about Patient B's personal care was made to Patient B's relative, Person B, during an assessment on 26 November 2024.
- Professional communication – allegedly interrupting or speaking inappropriately to colleagues and relatives during a meeting on 22 January 2024 and shouting and talking over others during a dispute-panel meeting on 3 April 2025.
- Patient C – concerns about your preparation, interaction with the patient and assessment of continuing healthcare needs on 29 November 2023.
- A section 117 assessment of an unknown patient – concerns an assessment on 16 July 2025 that was incomplete and that you became diverted into matters concerning capacity and deprivation of liberty.

Decision and reasons on application to amend the charge

Prior to the close of the NMC's case, the panel heard an application made by Ms Mustard, on behalf of the NMC, to amend the wording of Charge 2.

Ms Mustard submitted that Charge 2 should be amended by removing the words *'in their presence'* after the reference to *'Patient B, a dementia patient'*. She submitted that, during her oral evidence, Amy Brown (Ms Brown) had clarified that Patient B was not present when the alleged comment was made, as it had been made during a Decision Support Tool (DST) assessment.

Ms Mustard submitted that the proposed amendment arose from Ms Brown's oral evidence and would more accurately reflect the position without changing the substance of the allegation, which concerned the comment itself. Referring to Rule 28 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules), she submitted that the amendment could be made at this stage of the proceedings without injustice or prejudice to you.

Original Charge

2. On 26 November 2024 said about Patient B, a dementia patient, in their presence *'leave her hairy like a monkey…she won't know anyway'* or words to that effect

Proposed Amendment

2. On 26 November 2024 said about Patient B, a dementia patient, ~~in their presence~~ *'leave her hairy like a monkey…she won't know anyway'* or words to that effect

Ms Maqboul, on your behalf, did not oppose the application. She accepted that the proposed amendment would not change the substance of the allegation in Charge 2.

The panel accepted the advice of the legal assessor and had regard to Rule 28 of the Rules.

The panel considered that removing the words *'in their presence'* would more accurately reflect the evidence without changing the substance of Charge 2. It noted that you did not oppose the application and was satisfied that the amendment could be made without prejudice or injustice to either party. The panel therefore allowed the application to amend Charge 2 as proposed.

Decision and reasons on request for Patient A's telephone disclosure

Ms Mustard provided an update on three matters raised earlier in the week.
First, in relation to Patient A, she submitted that reference had been made, during her evidence, to her having provided an account to the NMC before the date on which her statement was signed.

Following enquiries, Ms Mustard confirmed that the NMC held attendance notes and logs recording conversations with Patient A before her statement was finalised. The

NMC did not consider those records relevant to the case and did not seek to adduce any further evidence on that issue.

Secondly, in relation to Patient B's DST document, Ms Mustard submitted that only two pages were included in the panel's bundle and that questions had been put to Ms Brown about whether the remainder of the document had been provided. Ms Mustard confirmed that the NMC held the full document and had decided to include only those two pages because they recorded Patient B's dementia diagnosis, which was relevant to the case and the charge. The NMC did not consider the remainder of the document necessary for the panel's consideration of that charge.

Ms Mustard confirmed that the full DST document could be provided if the panel wished to see it or directed its disclosure.

Ms Maqboul submitted that she noted the NMC's position regarding the telephone records relating to Patient A and made no further submissions on that issue.

The panel accepted the advice of the legal assessor.

In relation to the DST document, the panel accepted the explanation for including only two pages in the bundle. It did not consider the remainder of the assessment relevant or likely to assist in determining the charges as worded and therefore did not require the full document.

In relation to Patient A's original correspondence with the NMC and the notes of those communications, the panel considered that these records were relevant and would assist its assessment of credibility and consistency.

The panel considered this particularly important, given the interval between the incident and Patient A's statement, and because the email already before the panel had been written for a different purpose and not for the purpose of these

proceedings. The panel recognised that redactions might be required but anticipated that disclosure would not cause significant delay.

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

During your oral evidence, Ms Maqboul made an application for parts of this case to be held in private. This was on the basis that proper exploration of your case involves references to your [PRIVATE]. This application was made pursuant to Rule 19 of the Rules.

Ms Mustard indicated that she 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.

Having heard that there may be references to your [PRIVATE], the panel determined to hold these matters in private as and when such issues are raised in order to protect your privacy.

Decision and reasons on facts

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 Mustard and Ms Maqboul.

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:

- Patient A: Patient A
- Amy Brown: Community Care Officer at the Council, at the material time.
- Nicola Ryan: Deputy Chief Nurse for Operations and Delivery at the Board, at the material time.
- Elizabeth Clarke: Specialist Speech and Language Therapist at Nottingham University Hospital, at the material time.
- Rebecca Hutchinson: Level 2 Social Worker (Disability Team) at Lincolnshire County Council, at the material time.
- Deborah Bavin: Complex Care Manager at the Board, at the material time.

The panel also heard evidence from you.

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

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

Charges 1a and 1b

That you, a registered nurse;

1. On an unknown date between September-November 2023 attended to Patient A who was struggling with their mental health and told them;

    a) '*everyone's life is hard'* or words to that effect.

    b) if they wanted to know the best way to kill themselves, you could tell them

These charges are found NOT proved.

In reaching this decision, the panel took into account the oral and documentary evidence of Patient A. The panel also considered your oral and documentary evidence.

The panel first considered that there was no dispute between the parties that Patient A was experiencing difficulties with her mental health at the relevant time. The panel also noted that it was agreed that you had attended Patient A within your capacity as a member of the Crisis team and had spent approximately 20 minutes with Patient A during the visit, accompanied by another mental health nurse.

The panel heard evidence from Patient A and carefully considered the consistency and reliability of her account. In doing so, the panel compared the account given in her oral evidence and NMC witness statement dated 22 September 2025, with earlier accounts she had provided, including her complaint to the Trust's Patient Advice and Liaison Service (PALS) on 23 September 2023 and her telephone referral to the NMC dated 4 December 2023.

The panel noted that Patient A's accounts were consistent in describing the encounter as a wholly negative experience. However, the panel also noted that the specific words alleged in Charges 1a and 1b only appeared in her most recent account in her witness statement provided to the NMC and did not feature in the first contemporaneous account made by Patient A following the event or the initial correspondence with the NMC.

The panel also took account of Patient A's evidence regarding her level of distress and poor mental health at the time of the consultation. Patient A explained to the panel that she was experiencing significant mental health difficulties and flashbacks and acknowledged that she could not remember much of the conversation in detail:

> *'I was having really bad flashbacks at the time, so I don't remember much of the conversation.'*

The panel considered that the distress she described may have affected the accuracy and completeness of her recollection of the consultation.

The panel also considered that you had accepted that your interaction with Patient A had not been a positive or therapeutic encounter. You told the panel that you had experienced frustration during the visit as you had been unable to engage Patient A effectively or establish a therapeutic relationship. The panel noted that you accepted that, in hindsight, your consultation with Patient A could have been handled differently and reflected that more effective interventions could have been employed in response to Patient A's distress. However, you categorically denied saying either of the phrases alleged in Charges 1a and 1b.

The panel noted that your account was that the consultation was professionally unsatisfactory and that Patient A may reasonably have left the encounter feeling upset or unsupported:

> *'In retrospect, I should have not spoken, it may have added to the service user's distress as they had met me before, and they could have seen me as part of the established team, and my colleague as a fresh start.'*

The panel accepted that Patient A found the interaction distressing and that it was a negative experience from her perspective. The panel also accepted that you did not handle the situation in an ideal manner and that the interaction fell short of what would be expected of an experienced mental health nurse seeking to establish a therapeutic relationship.

However, the panel was mindful that the burden of proving the charges rests upon the NMC and the standard of proof is the balance of probabilities.

Having considered all of the evidence, the panel was not satisfied that there was sufficient reliable evidence to establish that you had made the specific comments alleged in Charges 1a and 1b. In particular, the panel was concerned that the alleged remarks were not contained within Patient A's earlier contemporaneous accounts and that Patient A's own evidence acknowledged limitations in her recollection of the conversation due to her state of distress at the time.

The panel considered your evidence to be plausible and consistent in relation to the words used during the consultation. Whilst the panel found that the interaction was unsatisfactory and that Patient A was left distressed by it, this is not sufficient to establish that the specific comments alleged were made.

Accordingly, the panel concluded that the NMC has not discharged the burden of proving Charges 1a and 1b on the balance of probabilities.

The panel therefore found Charges 1a and 1b not proved.

Charges 2 and 3a

2. On 26 November 2024 said about Patient B, a dementia patient, *‘leave her hairy like a monkey…she won’t know anyway’* or words to that effect.

   …

3. Failed to work cooperatively with others, in that you communicated verbally and non-verbally in an abrupt and dismissive manner towards colleagues and/or patient family members on; -

a) On 26 November 2024 in relation to Patient B

Charge 2 is found proved. Charge 3a is found NOT proved.

In reaching this decision, the panel took into account the oral and documentary evidence of Amy Brown, together with your oral and documentary evidence.

The panel considered Charges 2 and 3a together as these charges arose from the same incident and relied on the same evidence.

Charge 2

During her oral evidence, Ms Brown recalled that Patient B's relative, Person B, had explained the difficulties he was experiencing in assisting with Patient B's personal care, including shaving. She described you laughing ‘in an obnoxious manner and making inappropriate commented such as "leave her hairy like a monkey" because "she won't know anyway". Ms Brown recalled that Person B’s demeanour changed following the comment. This was supported by her NMC witness statement dated 2 May 2025:

> *‘The second comment that made me feel uncomfortable was about the personal care of Patient B. She was a person who took a lot of pride in her appearance.* [Person B] *was caring for her in a full-time capacity without any support and had learnt how to support her with her personal care. It isn’t uncommon for people with dementia to experience some anxiety about water.* [Person B] *had said that he struggled with this sometimes but, when he was able, he would also shave her armpits and legs for her. I recall that Lauren had laughed at this, in an obnoxious manner, and had told him to “leave her*

hairy like a monkey" because Patient B won't know anyway. Maybe it was meant to be light-hearted, but [Person B]*'s face dropped when she said.'*

The panel found Ms Brown to be a credible and reliable witness. It considered that her account was consistent throughout her contemporaneous email dated 2 December 2024, her NMC witness statement and oral evidence. The panel noted that concerns were raised within a matter of days of the incident following discussion of the DST within her team and that the contemporaneous email had been marked as a high-priority concern when Ms Brown had sent it to your manager.

The panel found that Ms Brown's evidence was internally consistent, plausible and unaffected by any apparent personal motive. The panel accepted her evidence that the concern was raised because she considered the comment inappropriate.

The panel considered your evidence. It noted that you denied making the comments alleged and that your account was that you had attempted to inject humour into the discussion and commented to Person B that it was *"quite trendy to be hairy"*. You stated that the remark was intended to reassure the relative that grooming was not the most important aspect of Patient B's personal care and that you now recognised that such humour was ill-judged in the circumstances.

You maintained that you never referred to Patient B as being hairy "like a monkey" and denied saying that Patient B "wouldn't know anyway". The panel noted that you accepted having made a joke relating to body hair and accepted that this was inappropriate.

The panel preferred the evidence of Ms Brown. It noted that her account was contemporaneous, consistent and supported by her raising her concerns via email to your line manager.

The panel considered that your account lacked the same degree of internal consistency as that of Ms Brown and had evolved between your written reflections and oral evidence. In your written reflections, you stated that you may have made a joke about Patient B being hairy and described Person B's response as a smile. In your oral evidence, you described making a joke about it being 'trendy to be hairy'

and said that Person B had ‘chuckled’. The panel also noted that your description of Person B’s response differed materially from Ms Brown’s account.

The panel noted your acknowledgement that you do not always read the room well and considered it plausible that you had not recognised Person B’s distress or Ms Brown’s discomfort. Ms Brown described Person B’s reaction as subdued rather than dramatic, noting that his face had dropped. The panel also considered that the context in which you recalled the incident, namely at an NMC hearing, inclined you to recall the event differently. The panel noted that in response to this complaint, significant steps were taken by your employer, including auditing, supervised practice, training and mentorship. Having weighed these matters, the panel preferred Ms Brown’s evidence and was satisfied, on the balance of probabilities, that you had used the words *“leave her hairy like a monkey…she won’t know anyway”*.

The panel accepted, in keeping with Ms Brown’s view, that you were likely attempting to be light-hearted and did not intend to cause offence.

Accordingly, the panel found Charge 2 proved.

Charge 3a

The panel considered the same evidence relied upon in support of Charge 2.

The panel accepted the evidence of Ms Brown and the concerns she expressed regarding your comments about Patient B to Person B. Ms Brown described your comment as inappropriate and insensitive, however her evidence focused primarily upon the content of what was said rather than the manner in which it was communicated. Whilst Ms Brown described you as laughing and making an inappropriate remark, she did not describe you to have been rude or abrupt in the way you communicated with Person B or herself.

The panel noted that you denied behaving in an abrupt or dismissive manner during this incident. You accepted making an inappropriate joke and acknowledged that your communication could have been perceived negatively. However, you

maintained that you were engaged in a discussion with Person B and were attempting, albeit unsuccessfully and inappropriately, to reassure him.

The panel carefully distinguished between the content of your comment and the manner in which you communicated.

The panel had found that you made the comment alleged in Charge 2. However, it considered that the fact that a comment is inappropriate or insensitive does not automatically establish that it was delivered in an abrupt or dismissive manner. It determined that the evidence demonstrated poor judgement and a lack of sensitivity towards Patient B's dignity however, it did not demonstrate that you had communicated in an abrupt manner.

Accordingly, the panel found Charge 3a not proved.

Charges 3b and 5

3. Failed to work cooperatively with others, in that you communicated verbally and non-verbally in an abrupt and dismissive manner towards colleagues and/or patient family members on; -

   b) On 22 January 2024 in relation to Patient D

5. On 22 January 2024 in relation to Patient D did not listen to the contributions of other professionals and family members

These charges are found proved.

In reaching this decision, the panel took into account the oral and documentary evidence of Elizabeth Clarke. The panel also considered your oral and documentary evidence.

The panel considered Charges 3b and 5 together as they arose from the same incident and relied upon substantially the same evidence.

Charge 3b

The panel heard evidence from Ms Clarke and considered the contemporaneous email dated 26 January 2024, she had co-authored with two other healthcare professionals who had attended the meeting in question:

> *'During SLT handover of patient's communication impairment Lauren's tone and approach was perceived as dismissive by staff within room. Lizzie (SLT) explained that cognition and communication was not able to be discussed separately, as cognition is essential for communication. Lauren emphasised on 2 x occasion that both parts be kept separate and further discussion around cognition could be explained later. Lauren then proceeded to state she would ask some "direct questions" to better complete this section. In SLT answers, Lauren made above point about keeping cog and comm separate for a third time, SLT emphasised that she understood that cognition could not be double scored, but it was not possible to not comment on it in communication section, as the patient has diagnosis of "cognitive communication difficulty". The tone of the communication was very abrupt, and staff and family present in the room were all visibly uncomfortable with this. It also showed lack of understanding around the impairment being discussed.*
>
> *…*
>
> *Lauren also abruptly cut off the daughter of the patient who was talking when she added in more information. She stated "we've moved on now". Only after the Physiotherapist intervened and advocated for the daughter to have their say and opinion valued, did Lauren state that she had not realised that it was the daughter, mentioning internet issues and asking that we all state who we are when talking. Whilst we appreciate attending via teams*

adds an extra challenge here, the abrupt tone used would not have been appropriate if it was staff either. The patient's husband reported that he had also tried to make a point but this hadn't been "heard".'

In her oral evidence, Ms Clarke described you speaking over others during the meeting, failing to engage constructively with contributions from family members and professionals and communicating in a manner perceived by those present as abrupt and dismissive.

The panel noted that Ms Clarke was careful to acknowledge the limits of her memory and fairly accepted that technological difficulties during a virtual meeting could have potentially explained your interruptions. However, she remained clear that the concerns extended beyond any technical issues and related to your tone, attitude and approach throughout the discussion.

The panel found Ms Clarke to be a credible and reliable witness. Her evidence was consistent with the contemporaneous email, her witness statement and her oral evidence before the panel. The panel particularly noted that the email was prepared shortly after the incident, and its content was discussed and agreed by three different healthcare professionals, when recollections were likely to be at their clearest. The panel also noted the Ms Clarke ensured that both the email and her evidence distinguished between behaviour seen by her and behaviour that she did not personally see for example, the physiotherapist had mentioned seeing you roll your eyes but Ms Clarke was clear that she had not seen that.

The panel considered your evidence. You denied acting unprofessionally and suggested that any appearance of abruptness may have arisen from communication difficulties during the meeting, as a result of poor internet connection. You disputed the characterisation of your conduct as dismissive and maintained that you were attempting to support your colleague, who had asked you to attend the meeting. You accepted that there were disagreements during the meeting but did not accept that you failed to listen to others.

The panel preferred the evidence of Ms Clarke. It placed significant weight on the contemporaneous concerns raised in the email by three of the attendees, all of whom had experienced your behaviour in a similar way.

The panel accepted that isolated incidents of talking over others could potentially be explained by technical difficulties. However, the evidence before the panel demonstrated a broader pattern of communication that those present experienced as abrupt and dismissive.

The panel was satisfied that your tone and manner impaired effective multidisciplinary discussion and fell below the standard of professional collaboration expected in such meetings.

Accordingly, the panel found Charge 3b proved.

Charge 5

The panel then considered whether you had failed to listen to the contributions of other professionals and family members.

The panel accepted the evidence that others sought to contribute information and views regarding Patient D's care but that you failed adequately to engage with those contributions. The panel considered that the evidence demonstrated not merely disagreement but a failure to properly consider and respond to perspectives advanced by others.

The panel was satisfied that your approach prevented meaningful consideration of the views expressed by professionals and family members and undermined collaborative decision-making.

The panel therefore concluded that, on the balance of probabilities, you did not adequately listen to the contributions of others during the meeting.

Accordingly, Charges 3b and 5 are found proved.

Charge 3c

3. Failed to work cooperatively with others, in that you communicated verbally and non-verbally in an abrupt and dismissive manner towards colleagues and/or patient family members on; -

   …

   c) On 3 April 2025

This charge is found proved.

In reaching this decision, the panel took into account the oral and documentary evidence of Nicola Ryan. The panel also considered your oral and documentary evidence.

The panel heard evidence from Ms Ryan and considered her contemporaneous email dated 4 April 2025, sent to your managers shortly after the meeting:

> *'I am emailing you both following the meeting yesterday about CT. I was really disappointed to witness the poor conduct of Lauren Boote during the meeting – her behaviour was not to the professional standards that I would expect of a nurse of her experience and was against the ICB values. She was verbally aggressive and did not show other people in the meeting any respect. She talked over them and did not listen. When she muted herself she continued to gesticulate on the call in an appropriate manner and was clearly very angry. I appreciate that they were discussing the DST she had done and they were raising issues with some of the content that appeared to be missing – everyone recognised that the assessment was not done in the right place and that it was a difficult experience for all involved. The social care professional's on the call acted respectfully towards her behaviour and to emphasise with her and be supportive during the call.'*

The panel found Ms Ryan to be a credible witness whose account remained substantially consistent throughout the NMC investigation and hearing process. She described you talking over participants, raising your voice and behaving in a manner that was inconsistent with expected professional standards during a multidisciplinary

meeting. The panel noted that concerns were raised immediately after the meeting and that this contemporaneous reporting enhanced the reliability of the evidence.

The panel considered your evidence. You accepted that you became emotional during the meeting and described yourself as entering "fight or flight mode" as you were met with a barrage of comments. You stated that you felt personally criticised for your decision-making and that you became overwhelmed by the discussion. You accepted that you had raised your voice towards the end of the meeting.

You also accepted making a comment suggesting that a nurse more qualified than you would be required if your assessment was not accepted.

The panel noted significant areas of agreement between the evidence of Ms Ryan and yourself. You both accepted that the meeting was contentious and that you became emotional and raised your voice.

The panel accepted that you felt personally criticised and distressed. However, the panel considered that this did not adequately account for the manner in which you communicated with colleagues. The panel was satisfied that you were focused on your difficulties in the role which triggered an emotional response in the meeting and that you were unable to maintain the level of professionalism expected within a multidisciplinary meeting. The panel therefore considered that your communication was dismissive of opposing views and was conveyed in an abrupt and dismissive manner.

The panel therefore concluded that the NMC had discharged the burden of proof and found Charge 3c proved.

Charges 4a and 4b

4. On 29 November 2023 failed to assess and or read the history of Patient C adequately or at all prior to a meeting resulting in;

    a) Patient C becoming agitated

b) failing to assess Patient C's requirements properly

These charges are found NOT proved.

In reaching this decision, the panel took into account the oral and documentary evidence of Rebecca Hutchinson. The panel also considered your oral and documentary evidence.

The panel considered the witness statement of Ms Hutchinson dated 9 July 2025, in which she expressed concern that you had not attended early enough to adequately review Patient C's paper records before the meeting and as a result, your behaviour during the assessment had made Patient C agitated:

> *'On 29 November 2023, I attended the Home at 10:00 for the CHC review meeting. Patient C and one of his support workers was also there but I remember that Lauren was late. Usually, the nurse assessor will review the patient and their notes prior to the meeting in order to undertake a full assessment of the patient's need. However, Lauren initially thought she was there for a different meeting, and I had to correct her about this.*
>
> *…*
>
> *Patient C can be quite challenging at times. He has an acquired brain injury which affects his memory. This causes some difficulty in retaining conversations. He can also be verbally aggressive at times, … Whilst the support worker and I were both aware of this history and of Patient C's flashpoints, by not reviewing his records before the meeting, I don't believe that Lauren was.*
>
> *Throughout the meeting, Lauren was being quite challenging towards , almost like she was goading him and riling him up. I remember Lauren saying that she used to work in a prison and comparing him to people she used to manage there. It felt inappropriate. I can't recall exactly what she said but it*

seemed like Lauren wasn't managing the situation very appropriately and appeared quite intolerant of his behaviour.'

However, during her oral evidence, Ms Hutchinson accepted that relevant information concerning Patient C may have been available electronically and that she did not personally observe what preparation you may have undertaken before attending.

You stated that you had access to relevant documentation through an electronic system and that you had reviewed the information required for the type of assessment you were going to undertake prior to attending the meeting. You denied failing to prepare adequately and denied that any action on your part caused Patient C to become agitated.

You explained that Patient C was prone to agitation and that this could be triggered by someone simply walking past his room. This accorded with Ms Hutchinson's account:

'I could see that Patient C was becoming quite defensive and agitated. For example, someone walked past his room, and he shouted the C word at them.'

The panel was not satisfied that there was sufficient evidence to establish that you had failed to assess or read Patient C's history or otherwise failed to prepare appropriately. The evidence of Ms Hutchinson demonstrated only that you had not arrived early enough to review paper records on site however, it did not establish that you had failed to the review information through alternative means.

Furthermore, the panel was not satisfied that any act or omission by you had caused Patient C to become agitated as the evidence indicated that there were a number of factors that could have contributed to the Patient C's presentation.

Neither was the panel satisfied that any act or omission by you had caused you to fail to assess Patient C's requirements appropriately. The fact that your decision was later overturned does not in itself establish that your assessment was not completed properly.

Accordingly, the panel determined that the NMC had not discharged the burden of proof and therefore found Charges 4a and 4b not proved.

Charge 6

6. On 16 July 2025 did not have an adequate understanding of the capacity of an unknown patient and told him he could challenge his section 3 and residency.

This charge is found NOT proved.

In reaching this decision, the panel took into account the oral and documentary evidence of Deborah Bavin. The panel also considered your oral and documentary evidence.

The panel had regard to Ms Bavin's witness statement dated 25 September 2025, which outlined:

> *'On 16 July 2025, Lauren was asked to attend Maun View Care Home ("the Home") to complete a Section 117 Health Needs Assessment. The gentleman in question had been recently sectioned and discharged from a mental health hospital to a residential care setting. He had a diagnosis of dementia and was at the stage where he could have periods of lucidity but also periods of extreme emotion/ confusion. He had been sectioned following an alleged domestic violence incident against his wife. Lauren's role was to complete a Section 117 assessment with the Local Authority to establish his Section 117 aftercare entitlement based on his needs found in the assessment.*

I was made aware of the concerns when I attended the Home to undertake a CHC Needs Assessment the following week. The wife of the patient I was assessing had mentioned that her friend had recently been involved in the same process and that the assessment process had been very different. The social worker who was present then made a comment saying that they had "heard about that".

From the conversations and statements, it was alleged that during Lauren's initial meeting with the patient prior to the Section 117 meeting, she had told the patient that he could challenge his Section 3 and residency because Lauren felt he had capacity and insight.'

The panel considered that whilst concerns had been raised regarding advice allegedly given by you, it noted there was no direct evidence concerning the conversation between you and the unknown patient. The panel also considered that there was no clear evidence regarding the patient's mental capacity at the relevant time. The panel noted that the evidence in support of this allegation was limited and indirect.

You denied that the allegation demonstrated a lack of understanding of mental capacity as, in your reflection, you identified that a capacity assessment would need to be carried out before you carried out the Health Needs Assessment (HNA):

'On discharged he was now under section 117 aftercare pathway, which provided funding under health. To determine the percentage of funding, the HNA would be completed and sent for triage.
…

[The senior carer] *expressed concerns around the service user's capacity, that he constantly asked to leave and that due to a complex home situation, she was unsure if this was the right environment. I asked how long the service user had been residing with them, she replied to a matter of days. I also asked about a capacity assessment and the need for this in terms of needing*

a Deprivation of Liberty Safeguards (DoLS). She replied this was to take place in 2 days, so I replied that I may need to return to complete the HNA after this…'

The panel considered that this charge required the NMC to establish both that you had lacked an adequate understanding of the patient's capacity and that you had communicated advice that reflected that lack of understanding.

The panel was of the view that the evidence before it was insufficient to establish either position. It considered that there was no reliable evidence as to the patient's capacity at the relevant time and that without that evidence, it could not safely determine whether any discussion regarding the patient's Section 3 status and/or residence reflected a misunderstanding on your part.

The panel also noted evidence from you and Ms Bavin suggesting that the individual was no longer subject to a Section 3 at the relevant time, as it is said that he had been discharged and you were present for a Section 117 aftercare assessment. This further limited the panel's ability to draw conclusions regarding the appropriateness of any advice you reportedly gave.

Importantly, the panel considered that the charge relied upon hearsay and inference rather than direct evidence and it did not have sufficient information about what you knew, understood or believed concerning the patient's capacity at the material time.

Applying the burden and standard of proof, the panel concluded that the NMC had not established this charge on the balance of probabilities.

Accordingly, the panel found Charge 6 not 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 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, 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 therefore exercised its own professional judgement.

The panel understood that it must adopt a two-stage process in its considerations. First, it must determine whether the facts found proved amount to misconduct. Secondly, only if the facts found proved amount to misconduct, it must decide whether, in all the circumstances, your fitness to practise is currently impaired as a result of that misconduct.

Submissions on misconduct

Ms Mustard referred 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. The standard of propriety may often be found by reference to the rules and standards ordinarily required to be followed by a [nurse] practitioner in the particular circumstances…'*

Ms Mustard submitted that the conduct found proved in this case amounted to misconduct. She submitted that your actions represented serious departures from the standards expected of a registered nurse and breached several provisions of *'The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates'* (2015) (the Code).

In relation to Charge 2, Ms Mustard submitted that the comment made to Patient B's partner, Person B, breached section 1.1 of the Code, which requires nurses to treat people with kindness, respect and compassion. She further submitted that your

conduct breached section 20.1, which requires registrants to uphold the standards and values set out in the Code, and section 20.6, which requires nurses to remain objective and maintain clear professional boundaries at all times with those in their care, including families and carers.

With respect to the remaining charges found proved, namely Charges 3b, 3c and 5, Ms Mustard submitted that your conduct breached further provisions of the Code. In particular, she submitted that your conduct was inconsistent with the obligations contained within section 1 of the Code, including the requirement to treat people with kindness, respect and compassion and to work in partnership with others to ensure care is delivered effectively.

Ms Mustard submitted that your conduct also breached section 8 of the Code, including section 8.1, which requires registrants to respect the skills, expertise and contributions of colleagues and to refer matters appropriately. She submitted that it further breached section 8.2, which requires effective communication with colleagues.

In addition, Ms Mustard submitted that your conduct breached section 9.3 of the Code, which requires nurses to deal with differences of professional opinion through discussion and informed debate, to respect the views and opinions of colleagues, and to behave professionally at all times. She also relied upon section 20.1, requiring registrants to uphold the standards and values of the profession.

Turning to the seriousness of the conduct, Ms Mustard submitted that the proved facts broadly fell into two categories. First, she submitted that the inappropriate comment made to Person B constituted serious and unprofessional conduct which, of itself, was sufficiently serious to amount to misconduct. She referred the panel to the evidence of Ms Brown, who described the impact of the comment upon Person B.

Ms Mustard submitted that the evidence demonstrated that he had been upset by the interaction and had required emotional reassurance following the meeting. She further submitted that, as explained by Ms Brown, comments of this nature have the potential to cause family members and service users to feel disrespected or unheard

and may undermine confidence in healthcare services, potentially leading to disengagement from those services.

Secondly, Ms Mustard submitted that the allegations concerning your failure to cooperate appropriately with colleagues and failure to listen to the views and contributions of others were also serious matters capable of amounting to misconduct. She submitted that effective multidisciplinary working is fundamental to the delivery of safe and effective patient care. Where a practitioner fails to work collaboratively or disregards the views of colleagues, there is a risk that decisions may not benefit from the full range of professional expertise available. She submitted that such conduct was particularly concerning in a healthcare environment where collaborative decision-making is essential.

Ms Mustard submitted that conduct described by witnesses as rude, dismissive and abrupt had a detrimental impact upon both professional colleagues and family members involved in the care of patients. She submitted that such behaviour undermined professional relationships and had the potential to negatively affect the experience of those receiving care and support.

Ms Mustard submitted that the charges found proved, both individually and cumulatively, were sufficiently serious to amount to misconduct. She submitted that your conduct related to three different patients, involved a number of colleagues and professionals, and occurred over a period extending from January 2024 to April 2025.

Ms Mustard submitted that the seriousness of your conduct was aggravated by its persistent nature. She submitted that the concerns did not arise from a single isolated incident but instead occurred across multiple occasions, involving different service users, family members and professional colleagues over a significant period of time. In these circumstances, she invited the panel to conclude that your actions amounted to misconduct.

Ms Maqboul submitted that you accept the charges that have been found proven and that your actions in those charges amounted to misconduct.

Submissions on impairment

Ms Mustard submitted that should the panel find that the charges found proved amount to misconduct, it must then consider whether your fitness to practise is currently impaired. She reminded the panel that impairment is ultimately a matter for its professional judgment and it is not a question to which any burden or standard of proof applies. She submitted that the assessment is a forward-looking exercise, requiring the panel to consider your current fitness to practise as of today's date.

Turning to the evidence, Ms Mustard submitted that the panel had been provided with a number of testimonials which it can take into consideration. However, she urged the panel to take caution when assessing what weight to attach to those testimonials. She submitted that two of the three referees did not have recent professional experience of working with you; one stated that she had not worked with you for over five years; whilst another had not worked with you for approximately eight years. Accordingly, she submitted that neither referee was able to comment upon your current practice, nor the period to which the allegations relate.

With respect to the testimonial from Melanie Dickinson, Ms Mustard acknowledged that, based upon the clarification given by you during your oral evidence, Ms Dickinson did know and work with you during the relevant period. However, she submitted that Ms Dickinson's role as a Registered Manager was materially different from the professional roles occupied by the witnesses whose evidence had formed the basis of the findings. As such, caution should also be exercised when assessing the extent to which that testimonial addressed the specific concerns identified in this case.

Turning to the relevant legal principles, Ms Mustard referred the panel to the cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council*

(2) and Grant [2011] EWHC 927 (Admin) and *Cohen v General Medical Council* [2008] EWHC 581 (Admin). With respect to *Cohen*, she submitted that the purpose of finding impairment is not only to protect individual patients but also to maintain public confidence in the profession and to uphold proper professional standards. She submitted that the panel should consider whether the concerns identified are capable of remediation, whether they have in fact been remedied and whether they are highly unlikely to be repeated.

Ms Mustard submitted that *Grant* provides a useful framework for considering impairment, including whether a registrant has in the past, and/or is liable in the future to:

- place patients at unwarranted risk of harm;
- bring the profession into disrepute;
- breach fundamental tenets of the profession; and
- act dishonestly.

Ms Mustard submitted that the second and third limbs of the *Grant* test were engaged in this case. She submitted that your conduct, as found proved, had brought the nursing profession into disrepute and constituted breaches of fundamental tenets of the profession. She submitted that your conduct involved failures to treat others with appropriate respect, professionalism and compassion, and was found to be contrary to a number of important provisions of the Code. She submitted that such behaviour fell significantly below the standards expected of a registered nurse.

Ms Mustard submitted that there remained an ongoing risk of repetition due to a lack of sufficient insight and remediation shown by you. Accordingly, she submitted that the future-facing aspects of the *Grant* test were also engaged.

Ms Mustard submitted that the concerns in this case were fundamentally attitudinal in nature, as they related to your interactions with colleagues and service users, including issues of respect, communication, compassion and professional conduct. Referring to the NMC's guidance on deep-seated attitudinal concerns, Ms Mustard submitted that behaviours which are inconsistent with the values and standards

contained within the Code may indicate more than a single lapse in judgment. Rather, they may reflect underlying attitudes that are incompatible with safe and professional practice.

Ms Mustard submitted that such concerns are inherently more difficult to remediate than isolated clinical failings because they concern personal attitudes, behaviours and professional values. Whilst she acknowledged that attitudinal concerns are not incapable of remediation, she submitted that they require clear evidence of insight, reflection and behavioural change before a panel can be satisfied that there is no ongoing risk.

In this regard, Ms Mustard submitted that the panel had not been provided with sufficient evidence of remediation. Whilst you have completed various training courses, including training relating to communication skills, she submitted that, in your evidence, you were unable to meaningfully articulate what you have learned from that training or how it had informed changes to your practice.

Ms Mustard submitted that you have not fully accepted that your communication and behaviour had been inappropriate. Whilst you have accepted that offence may have been caused unintentionally and had acknowledged that aspects of your humour could be misconstrued, Ms Mustard submitted that this did not demonstrate sufficient insight into the seriousness of the concerns found proved. She submitted that any insight demonstrated by you fell well short of what would be required for the panel to conclude that the concerns have been adequately addressed and were highly unlikely to be repeated.

Ms Mustard submitted that you have denied wrongdoing throughout the proceedings. She submitted that whilst it is accepted that a registrant is fully entitled to challenge allegations and require the NMC to prove its case, where a registrant continues to minimise, justify or deflect responsibility for the conduct found proved, it becomes significantly more difficult to demonstrate genuine insight.

Ms Mustard submitted that there were several examples of you attributing the concerns to the attitudes or perceptions of others, including suggestions that colleagues had formed preconceived views about you and had not given you a fair

opportunity. In particular, such suggestions had been put to Ms Brown. However, as the panel had already found in its determination on the facts, Ms Brown's evidence had not been influenced by information received from others. Ms Mustard submitted that this illustrated a continuing tendency to externalise responsibility rather than critically reflect upon the proven concerns.

Accordingly, Ms Mustard invited the panel to find impairment on the grounds of public protection. She submitted that you had in the past brought the profession into disrepute and breached fundamental tenets of the profession and that, due to insufficient insight and remediation, there remains a real risk of repetition. However, she submitted that even if the panel was not persuaded that there remains a risk of repetition, a finding of current impairment would nevertheless be required on public interest grounds.

Ms Mustard submitted that the misconduct found proved was sufficiently serious that public confidence in the nursing profession would be undermined if a finding of impairment were not made. Further, a finding of impairment was necessary to uphold and declare proper professional standards and to reinforce the standards of conduct expected of registered nurses.

For all these reasons, Ms Mustard invited the panel to find that your fitness to practise is currently impaired on both public protection and public interest grounds.

Ms Maqboul invited the panel to find that your fitness to practise is not currently impaired and that no restriction on your practice is required.

Ms Maqboul submitted that your oral evidence was highly relevant to the issue of current impairment. She acknowledged that the NMC had argued that you lacked sufficient insight but submitted that such a characterisation failed to reflect the totality of the evidence before the panel. In particular, she referred the panel to your closing remarks during your oral evidence, in which you accepted that you had been the "common denominator" in the concerns raised and acknowledged that you may have "rubbed people up the wrong way". Ms Maqboul submitted that this demonstrated an appreciation that aspects of your communication style had contributed to the difficulties that arose.

Ms Maqboul submitted that whilst it is recognised that you had denied a number of the allegations, a registrant's decision to challenge allegations should not be held against them. She reminded the panel that several allegations had not been found proved and that you were entitled to test the evidence against you. She submitted that this was not a case in which you had maintained a blanket denial throughout proceedings. Rather, you had made concessions during your evidence, acknowledging that some of the language you had used was inappropriate and repeatedly stating that, with the benefit of hindsight, you would not use such language again.

Ms Maqboul submitted that these acknowledgements demonstrated both insight and remorse. She argued that they also evidenced remediation, in that you have reflected upon your conduct and identified alternative approaches you would adopt in the future.

Turning to the context of the case, Ms Maqboul submitted that the proven matters were isolated incidents within an otherwise lengthy and unblemished nursing career. She reminded the panel that you qualified as a nurse in September 2009 and, save for a self-referral in 2011 which concluded without fitness to practise action, you have practised for many years without regulatory concern. She submitted that this history was testament to your professionalism and demonstrated that the matters before the panel were not reflective of your career as a whole.

Ms Maqboul accepted that some of the testimonials relied upon by you were historic in nature. However, she submitted that they nevertheless remained relevant and provided evidence of your professional character, work ethic and ability to maintain positive working relationships within healthcare settings.

Ms Maqboul submitted that the panel had itself explored the apparent contrast between your previous professional experiences and the circumstances which had given rise to these proceedings. She submitted that you have provided detailed evidence addressing that issue and have reflected on the challenges associated with your role and working environment at the relevant time.

Ms Maqboul described the matters before the panel as a significant learning experience for you. She submitted that, notwithstanding the fact that some allegations had been disputed, it was apparent from your evidence that meaningful learning had taken place throughout the course of the proceedings. She emphasised that reflection is an ongoing process and submitted that your reflections had continued from the point at which concerns were first raised through to the present day.

Ms Maqboul invited the panel to consider the written reflective pieces contained within your remediation bundle and the testimonial provided by Ms Dickinson. She submitted that these documents demonstrated thoughtful reflection, engagement with the concerns raised, and evidence of professional development. She also submitted that you remain employed by the same organisation and although you were no longer undertaking a patient-facing role and were instead carrying out predominantly administrative and documentation review duties, the employer had retained confidence in your employment. She submitted that it was noteworthy that you remained employed by the organisation from which the referral had originated and that, in due course, your employer intended to consider whether you could return to a patient-facing position once these proceedings have concluded. She submitted that this was a relevant indicator of the confidence that continued to be placed in you by those responsible for overseeing your employment.

Turning to remediation, Ms Maqboul submitted that you have taken active steps to address the concerns identified. She referred the panel to the training undertaken by you, including courses relating to communication skills and conflict resolution. Whilst acknowledging that you have not been working in the same role since the latter part of the previous year, she submitted that you have nevertheless used that period constructively to reflect, learn and develop professionally.

Addressing the *Grant* test, Ms Maqboul accepted that the second and third limbs were engaged in respect of your past conduct, namely bringing the profession into disrepute and breaching a fundamental tenet of the profession. However, she submitted that those considerations related solely to historic conduct and did not demonstrate any present impairment. She submitted that the key question for the

panel was whether there remained a current risk of repetition. In that regard, she argued that the evidence demonstrated that you have reflected upon the matters, undertaken relevant training, developed greater self-awareness and gained insight into how aspects of your communication could be perceived by others.

Accordingly, Ms Maqboul submitted that the panel could be satisfied that the risk of repetition was low. She argued that the proven conduct represented an isolated departure from otherwise safe and professional practice, rather than evidence of an entrenched attitudinal problem.

In all the circumstances, Ms Maqboul submitted that you have demonstrated sufficient insight, remorse and remediation to address the concerns identified by the panel. She therefore invited the panel to conclude that your fitness to practise is not currently impaired on either public protection or public interest grounds and that no further regulatory action is required.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments.

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 your actions, with respect to Charges 2, 3b, 3c and 5, 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*
> *…*
> ***8 Work cooperatively***
> *To achieve this, you must:*

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

8.2 *maintain effective communication with colleagues*

…

9 Share your skills, knowledge and experience for the benefit of people receiving care and your colleagues

To achieve this, you must:

…

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

…

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*

…

20.6 *stay objective and have clear professional boundaries at all times with people in your care (including those who have been in your care in the past), their families and carers'*

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, it determined that, taken separately, each of the charges found proved amounted to serious misconduct.

Charge 2

In relation to Charge 2, the panel determined that your conduct amounted to misconduct. It noted your acknowledgement that your conduct fell below the standards expected of a registered nurse and had an impact on Person B. The panel considered that your conduct concerning Patient B did not demonstrate the kindness and respect expected of a healthcare professional. In particular, you made a disrespectful, unkind and inappropriate comment to Person B, who was expressing distress about their caring responsibilities and their ability to meet Patient B's needs.

The panel found that your comment caused Person B emotional distress and harm. It also considered that a person who does not feel respected by healthcare professionals may disengage from care services, which could pose a risk of harm. In light of this, the panel concluded that your conduct was sufficiently serious to amount to misconduct.

Charges 3b, 3c and 5

In relation to Charges 3b, 3c and 5, the panel determined that your conduct towards colleagues and family members fell below the standards expected of a registered nurse and was sufficiently serious to amount to misconduct. It considered that your conduct could have undermined meaningful collaboration and the effectiveness of the multidisciplinary team and could have impacted on decision-making in relation to service users. The panel noted that the incidents occurred during three separate encounters with different individuals over a period of just over a year. It considered that this indicated an attitudinal issue which, at that time and in those circumstances, affected your ability to practise kindly, compassionately, safely and professionally.

Decision and reasons on impairment

The panel next went on to decide if as a result of the misconduct, your fitness to practise is currently impaired.

In coming to its decision, the panel had regard to the NMC Guidance on *'Impairment'* (Reference: DMA-1 Last Updated:28/01/2026) in which the following is stated:

> *'Being fit to practise is not defined in our legislation but for us it means that a professional on our register can practise as a nurse midwife or nursing associate safely and effectively without restriction.'*

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional 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 make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

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

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

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

> *'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her/ fitness to practise is impaired in the sense that S/He:*
>
> a) *has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
>
> b) *has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
>
> c) *has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*

d) ….'

The panel had regard to the test set out in *Grant*. In relation to limb a) and with respect to Patient B, the panel acknowledged Ms Brown's suggestion that your disrespectful behaviour created a risk of carers and patients disengaging from care services potentially putting patients at risk. However, it noted that there was no direct evidence that Patient B had suffered actual harm. Nevertheless, the panel determined that limb a) was engaged because your conduct had caused some emotional harm to Person B, who was already distressed by his circumstances, and created a potential risk of him disengaging from care if he felt that Patient B was not being treated with respect and sensitivity. The panel also determined that limbs b) and c) were engaged as your misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute.

The panel considered that cooperation with colleagues and treating colleagues and families with respect are fundamental tenets of the nursing profession, which your conduct had breached.

The panel was aware that this is a forward-looking exercise, and accordingly it went on to consider whether your misconduct was remediable and whether you have already remediated your misconduct.

Accordingly, the panel considered the questions outlined in *Cohen*, namely whether your misconduct was capable of remediation, whether it had been remediated and whether repetition was highly unlikely.

The panel determined that your misconduct was capable of remediation. It considered that the concerns appeared to have arisen at a particular time and in particular circumstances. The panel took account of the contextual factors relevant to your conduct. It noted that the three incidents occurred between January 2024 and April 2025, over a period of more than a year. It also noted that you had practised effectively from 2009 to 2023 without concerns and that you were dealing with

[PRIVATE] at the time of the incidents. It also took account of the acknowledgements you had made in your reflective accounts.

In considering whether your misconduct had been remediated, the panel took account of your expressions of remorse, relevant training in conflict resolution and compassion fatigue and your substantial reflections. It also considered the three testimonials, two of which were from people who had worked with you in Oxfordshire before the incidents. The panel noted that you had developed your reflections during the hearing, recognised that you were the common factor in the incidents and demonstrated a willingness to examine your own conduct. The panel had regard to your reflection in which you outlined the steps you have taken and what you would do differently in the future:

> *'I have learnt that I am not as robust and able to manage difficult situations as I once was. I have taken to time since this interaction to look at my own* [PRIVATE]*, to look at robustness, compassion fatigue but also the managing of disputes. I have been able to sit in on several disputes, in an observational capacity. This has given me the opportunity to learn how to manage my own emotional responses to difficult conversations. I would now take some deep breathes, taken myself out of the conflicts between services and answered in a calmer manner, aware of the factual nature of my responses.*
>
> *To be mindful of my language and volume of my voice. I am now aware that I have a loud voice and may appear to be shouting, when I am not.'*

However, the panel was not satisfied that your misconduct had been fully remediated. It noted that you were not working in a similar role, which limited the evidence available to demonstrate remediation in a comparable practice setting. The panel then considered whether repetition was highly unlikely. The panel considered that the evidence available at this stage was insufficient to satisfy it that repetition was highly unlikely. It would be assisted by further reflection specifically addressing the conduct now found proved and testimonials from your current employer. In the

absence of sufficient evidence of full remediation, the panel concluded that a risk of repetition remained.

The panel recognised that your misconduct was remediable and that you had made significant progress towards remediation. Nevertheless, it remained concerned that you were liable, in the future, to repeat conduct engaging limbs a), b) and c) of *Grant*.

Having regard to all of the above, the panel acknowledged the considerable work you had undertaken and the significant progress you had made towards remediation. However, it concluded that your misconduct had not been fully remediated and that a risk of repetition remained. The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind that the overarching objectives of the NMC; to protect, promote and maintain the health, safety, and well-being of the public and patients, and to uphold and protect the wider public interest. This includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

The panel also determined that a finding of current impairment was required on the grounds of public interest. The panel considered that such conduct undermines trust in the nursing profession and represents a serious departure from proper professional standards. The panel concluded that public confidence in the profession and the need to uphold those standards would be undermined if a finding of impairment were not made.

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

Sanction

The panel considered this case very carefully and decided to make a conditions of practice order for a period of 12 months. The effect of this order is that your name on the NMC register will show that you are subject to a conditions of practice order and anyone who enquires about your registration will be informed of this order.

In reaching this decision, the panel 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.

Submissions on sanction

Ms Mustard submitted that the panel's task at this stage was to determine the appropriate and proportionate sanction and invited the panel to have regard to the NMC Sanctions Guidance.

Ms Mustard submitted that the purpose of a sanction is not to punish a registrant for past misconduct rather, its purpose is to protect the public, maintain public confidence in the profession and in the NMC as regulator, and to declare and uphold proper professional standards and conduct. Whilst a sanction may have a punitive effect, that is not its primary purpose.

Ms Mustard reminded the panel that the Sanctions Guidance requires sanctions to be considered in ascending order of seriousness. She submitted that the panel should consider each available sanction and only move to a more restrictive outcome if satisfied that a lesser sanction would not sufficiently address the overarching objective.

Ms Mustard submitted that the appropriate and proportionate sanction in this case was a suspension order for a period of six months with a review.

In relation to taking no further action or imposing a caution order, Ms Mustard submitted that neither outcome would be sufficient in light of the panel's findings of current impairment on both public protection and public interest grounds. She submitted that the panel had identified a continuing risk of repetition arising from the absence of full remediation. Further, she submitted that the misconduct, taken as a whole, could not properly be characterised as being at the lower end of the spectrum of seriousness, such that it would justify a caution order.

Ms Mustard submitted that a conditions of practice order would also not be appropriate. She submitted that the concerns identified by the panel were largely attitudinal in nature and therefore could not be mitigated by the formulation of workable, measurable or verifiable conditions. She further submitted that, having regard to the aggravating features of the case, the overall seriousness of the misconduct required a more restrictive sanction.

Turning to suspension, Ms Mustard submitted that a suspension order was the appropriate outcome. Whilst she acknowledged that the panel had recognised a degree of insight and some efforts towards remediation from you, she submitted that the panel had also found that further reflection and remediation were required before the risk of repetition could be considered fully addressed.

Ms Mustard submitted that your misconduct was not fundamentally incompatible with continued registration and therefore did not require a striking off order. Rather, she submitted that a relatively short period of suspension would appropriately mark the seriousness of your misconduct, uphold professional standards, maintain public confidence in the profession and regulatory process, and provide you with an opportunity to develop deeper insight and complete your remediation.

Ms Mustard also submitted that a review hearing would be of particular assistance in this case. She submitted that a reviewing panel would be able to assess your progress and determine whether the concerns identified by the current panel had been satisfactorily addressed.

In considering sanction, Ms Mustard submitted that the panel should weigh both the aggravating and mitigating features of the case.

In relation to aggravating features, Ms Mustard submitted that:

- Your misconduct represented a pattern of behaviour occurring over a period of time, rather than being an isolated incident.
- You have demonstrated limited insight into the misconduct found proved, including limited appreciation of the impact and seriousness of your behaviour.
- There remains incomplete remediation, as reflected in the panel's findings on impairment.
- The misconduct carried a risk of harm. Ms Mustard referred the panel to the evidence of Ms Brown, who had identified the potential for service users to disengage from services and support as a consequence of the manner, tone and approach adopted by you in your communications.

Ms Mustard addressed the issue of your previous self-referral mentioned by yourself in your evidence. She submitted that the NMC did not rely upon that matter as an aggravating feature and she informed the panel that the previous matter was unrelated in nature and had been closed at the Investigating Committee stage. Accordingly, she submitted that it should carry no weight as an aggravating factor in the present proceedings.

In relation to mitigation, Ms Mustard submitted that whilst the panel had heard evidence relating to your personal circumstances, including [PRIVATE] matters, personal mitigation generally carries less weight at the sanction stage than considerations of public protection and the wider public interest.

Ms Mustard also referred to the restrictions which you have been practising under due to your interim order. She submitted that interim orders serve a different purpose from substantive sanctions, in that their purpose is to manage risk whilst proceedings

are ongoing, whereas the panel was now required to determine the appropriate final sanction following findings of misconduct and impairment.

Accordingly, Ms Mustard submitted that a six-month suspension order with a review was the most appropriate and proportionate sanction in all the circumstances. She submitted that such an order would adequately protect the public, maintain confidence in the profession and its regulator, uphold proper professional standards, and provide you with a further opportunity to demonstrate strengthened insight and remediation.

Ms Maqboul submitted that you firstly wanted to express that you are deeply remorseful for having been brought before the panel and for the time and resources expended in considering the allegations, some of which had now been found proved. She submitted that you wished to emphasise the importance you attached to your professional registration and your strong desire to remain a member of the nursing profession.

Ms Maqboul accepted the approach outlined within the NMC Sanctions Guidance, namely that sanctions should be considered in ascending order of seriousness. However, she submitted that the appropriate and proportionate sanction in this case was a conditions of practice order for a period of 12 months.

Ms Maqboul submitted that such an outcome would be consistent with the panel's findings, particularly those relating to insight, remediation and the work that remained to be undertaken. She referred the panel to its findings on impairment, in particular its observations that further remediation and reflection would be beneficial. She submitted that a suspension order would not facilitate that process. She submitted that a period of suspension would prevent you from continuing to work, develop professionally and demonstrate the further insight and remediation that the panel had identified as being necessary. She submitted that a conditions of practice order would provide a structured framework within which you could continue to address the panel's concerns whilst remaining in practice.

Ms Maqboul submitted that the NMC's reliance upon limited insight as an aggravating factor was difficult to reconcile with the panel's findings. She referred to the panel's conclusions which recognised that you had demonstrated a degree of insight and had undertaken meaningful remediation. Whilst accepting that the panel had identified areas requiring further work, she submitted that the findings did not support a conclusion that you lacked insight altogether.

Ms Maqboul reminded the panel that it had already found the concerns to be capable of remediation and referred to the panel's observations regarding the particular circumstances in which the misconduct arose. She submitted that the misconduct occurred during a discrete and challenging period in your life and career, and that those circumstances were relevant to the assessment of proportionality.
Ms Maqboul reiterated her earlier submissions that the misconduct was confined to a limited period within an otherwise unblemished professional career. She submitted that there had been no concerns regarding your professional practice prior to the matters giving rise to the referral.

In terms of practical measures, Ms Maqboul submitted that workable conditions could be formulated. She suggested conditions requiring:

- the completion of further reflective work addressing the concerns identified by the panel;
- regular meetings with a line manager, supervisor or mentor to discuss professional conduct and communication;
- the development and implementation of a Personal Development Plan (PDP) directed towards the areas in which the panel considered further insight and remediation were required.

Ms Maqboul submitted that such conditions would be measurable, proportionate and capable of review. She submitted that they would provide a future reviewing panel with tangible evidence of your engagement with the regulatory process and the extent to which you have developed your insight and addressed the concerns identified.

Ms Maqboul submitted that a conditions of practice order would offer you a meaningful opportunity to demonstrate learning and improvement away from the pressures of the fitness to practise proceedings. She submitted that a suspension order would remove the opportunity for you to evidence your progress through continued professional engagement.

Ms Maqboul also invited the panel to take into account your personal circumstances. Whilst recognising that personal mitigation carries less weight at the sanction stage, she submitted that the panel had heard evidence regarding significant personal challenges experienced by you during the relevant period, including [PRIVATE].

[PRIVATE]

Ms Maqboul submitted that none of these matters would prevent the panel from imposing a conditions of practice order and that such an order would provide an opportunity for you to continue developing professionally whilst addressing the concerns identified by the panel. She further submitted that any conditions of practice order would be subject to review. She submitted that if, at a future review hearing, you have failed to demonstrate adequate insight, remediation or compliance, a reviewing panel would be able to consider all available sanction options, including more restrictive outcomes.

Finally, Ms Maqboul invited the panel to take into account the positive testimonials, reflective pieces and documentary evidence provided on your behalf. She submitted that these materials demonstrated a practitioner who has engaged seriously with the proceedings, reflected upon the concerns raised, and was committed to addressing them.

In response to a panel question regarding the practicality of regular managerial oversight, you confirmed that your line manager and service manager have already developed an action plan with you and that regular fortnightly meetings were taking place. You indicated that your managers were supportive of these arrangements

continuing. Ms Maqboul submitted that this demonstrated the feasibility of conditions requiring ongoing managerial meetings and oversight.

Accordingly, Ms Maqboul invited the panel to impose a conditions of practice order for a period of 12 months, subject to review.

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 bore 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:

- Three incidences of misconduct over a period of 14 months.
- Some emotional harm and potential risk of harm.

The panel also took into account the following mitigating features:

- Apologies, remorse, reflection and evidence of developing insight throughout the course of the hearing.
- Three positive testimonials.
- Willingness to address the panel's findings and concerns and demonstration of willingness to learn tools to manage difficult situations.
- Relevant training courses.
- Incidents occurred during a period of stress and illness.

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 your actions were 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 your 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 placing conditions of practice on your registration would be appropriate. The panel had regard to the NMC Guidance on *'Conditions of practice order'* (Reference: SAN-2c Last Updated: 28/01/2026) and had regard to the following factors:

- *'no evidence of deep-seated personality or attitudinal problems*
- *identifiable areas of the professional's practice in need of assessment and/or retraining*
- *competence cases where there is a realistic likelihood that the concerns about their practice can be resolved*
- *potential and willingness to respond positively to retraining (this should be based on specific evidence provided by the professional)*
- *insight into any health problems, alongside willingness to abide by conditions relating to a medical condition, treatment and supervision*
- *people using services will not be put at risk either directly or indirectly as a result of the conditions*

- *conditions can be created that can be monitored and assessed.'*

The panel determined that a conditions of practice order would be an appropriate and proportionate sanction in this case. The panel considered that your misconduct was capable of remediation through reflection, training and supported practice, and that you could demonstrate remediation while remaining in practice subject to appropriate conditions. It identified specific areas of your practice which could be addressed, including respect, communication, compassion and professional conduct. The panel considered that although your insight was not yet fully developed, you had demonstrated a willingness to respond positively to retraining and to improve your practice. The panel also took into account that you remain employed and that your managers are willing to support a conditions of practice order.

The panel considered that you have undertaken some training, and it considered that there was a realistic prospect of you undertaking further training and providing evidence of remediation. The panel also took into account your insight into your [PRIVATE] and personal circumstances, which may have affected your practice at the time. The panel also considered your commitment to addressing these matters and determined that there was no evidence of a deep-seated personality or attitudinal issue. It noted that you have expressed remorse and apologised to the individuals concerned in your reflections. The panel was therefore satisfied that the risks identified could be managed through the imposition of a conditions of practice order.

Balancing all of these factors, the panel determined that the appropriate and proportionate sanction is that of a conditions of practice order.

The panel was of the view that to impose a suspension order or a striking-off order would be wholly disproportionate and would not be a reasonable response in the circumstances of your case. In reaching this decision, the panel took into account the seriousness of your misconduct, your engagement with the proceedings and the meaningful insight you have demonstrated. The panel determined that the public

would be remain adequately protected by the imposition of a conditions of practice order whilst also allowing you to demonstrate strengthened practice and remediation.

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

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

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

1. You must work with your line manager, supervisor or mentor to create a personal development plan (PDP). Your PDP must address the concerns in this case namely:
   - Respect;
   - Dignity;
   - Communication;
   - Compassion and compassion fatigue; and
   - Professional conduct, in particular dealing with conflict.

   You must send your case officer a copy of your PDP.
2. Once you are back to patient-facing duties, you must engage with your line manager, supervisor or mentor on a frequent basis to ensure that you are making progress towards aims set in your personal development plan

(PDP). These meetings must take place weekly, until your line manager, supervisor or mentor is satisfied with your progress. This can then be varied to fortnightly. You must discuss:

- Your clinical caseload
- Your ability to work safely and effectively.

3. Your supervisor, mentor, line manager or practice educator must provide the NMC with a written report prior to any review hearing outlining your progress with areas within your PDP.

4. You must keep us informed about anywhere you are working by:
   a) Telling your case officer within seven days of accepting or leaving any employment.
   b) Giving your case officer your employer's contact details.

5. You must keep us informed about anywhere you are studying by:
   a) Telling your case officer within seven days of accepting any course of study.
   b) Giving your case officer the name and contact details of the organisation offering that course of study.

6. You must immediately give a copy of these conditions to:
   a) Any organisation or person you work for.
   b) Any employers you apply to for work (at the time of application).
   c) Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.

7. You must tell your case officer, within seven days of your becoming aware of:
    a) Any clinical incident you are involved in.
    b) Any investigation started against you.
    c) Any disciplinary proceedings taken against you.

8. You must allow your case officer to share, as necessary, details about your performance, your compliance with and / or progress under these conditions with:
    a) Any current or future employer.
    b) Any educational establishment.
    c) Any other person(s) involved in your retraining and/or supervision required by these conditions

The period of this order is for 12 months.

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

Any future panel reviewing this case would be assisted by:

- Up-to-date testimonials, particularly from your current line manager and colleagues.
- Updated reflections on the concerns found proved.
- Evidence of further relevant training courses undertaken and reflections outlining the lessons learned.
- Continued engagement with the NMC and attendance at the review hearing.

This will be confirmed to you in writing.

Interim order

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

Submissions on interim order

The panel took account of the submissions made by Ms Mustard. She invited the panel to impose an interim conditions of practice order, in the same terms as the substantive conditions of practice order, for a period of 18 months on the grounds of public protection and otherwise in the public interest. She submitted that as the substantive conditions of practice order will not take effect until after the 28-day period, an interim order is necessary to cover this intervening period to protect the public and meet the public interest in light of the panel's findings.

Ms Maqboul submitted that she did not oppose this application.

Decision and reasons on interim order

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

The panel concluded that the only suitable interim order would be that of a conditions of practice order, as to do otherwise would be incompatible with its earlier findings. The panel therefore decided to impose an interim conditions of practice order for a period of 18 months to allow for the possibility of an appeal to be made and

determined. The conditions for the interim order will be the same as those detailed in the substantive order for a period of 18 months.

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

That concludes this determination.