Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Meeting
26 and 27 October 2026

Virtual Meeting

Name of Registrant:	**Rosemary Anne Keeley**
NMC PIN:	78E1426E
Part(s) of the register:	Registered Nurse – Adult Nursing
Relevant Location:	Surrey
Type of case:	Misconduct
Panel members:	Mary Idowu (Chair – Lay member) Kiran Musgrave (Lay member) Margaret Marshall (Registrant member)
Legal Assessor:	Jayne Salt
Hearings Coordinator:	Vicky Green
Facts proved:	Charges 1.a, 1.b.i, 1.b.ii.1, 1.b.ii.2, 1.b.iii, 1.b.iv, 1.b.v
Facts not proved:	N/a
Fitness to practise:	Impaired
Sanction:	**Striking off order**
Interim order:	**Interim suspension order (18 months)**
Final outcome:	**Fitness to Practice impaired – striking off order**

Decision and reasons on service of Notice of Meeting

The panel was informed at the start of this meeting that that the Notice of Meeting had been sent to Mrs Keeley by registered email address by secure email on 7 September 2026.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Meeting provided details of the allegation. It also set out that as Mrs Keeley had not responded to the NMC's request for her to confirm whether she would prefer these matters to be considered by way of a hearing or a meeting, a panel had decided that it should be considered by way of a meeting.

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

Details of charge

That you, a registered nurse:

1) In relation to Patient A, who had a nasogastric tube:
    a) On 17 February 2023, failed to inform Colleague A that you did not have the skills and knowledge to care for patients with nasogastric tubes. **[Proved]**
    b) On 13 March:
        i) Failed to inform a colleague that you did not have the skills and knowledge to care for patients with nasogastric tubes; **[Proved]**
        ii) administered medication via the nasogastric tube without:
            (1) testing the pH **[Proved]**
            (2) confirming the placement of the tube; **[Proved]**
        iii) asked Mother A for the Wi-Fi password; **[Proved]**
        iv) said that you may fall asleep if you haven't got anything to watch; **[Proved]**
        v) watched a film whilst providing care. **[Proved]**

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

Background

‘Mrs Keeley first entered onto the Nursing and Midwifery Council (‘the NMC’) register on 13 May 1980.

Mrs Keeley was referred to the NMC on 3 July 2023 by Bryony Evans, Paediatric Head of Nursing at Advantage Healthcare. Mrs Keeley commenced substantive employment at Advantage Healthcare on 16 February 2023. Mrs Keeley was employed as a Complex Care Assistant.

Ms Evans stated that on a night shift on 13 March 2023, Mrs Keeley failed to inform Advantage Healthcare that she was not confident or competent in caring for patients with nasogastric tubes and attended the home of Patient A with a nasogastric tube.

Whilst on shift, Mrs Keeley allegedly administered medication to Patient A via their nasogastric tube without testing the pH or confirming the placement of the tube.

Ms Evans states that this could have caused serious harm to the paediatric patient.

On the same shift, Mrs Keeley asked Patient A’s mother for the Wi-Fi password, stating that she may fall asleep if she hasn’t got anything to watch. When Patient A’s mother checked on Patient A around 02:00, she found Mrs Keeley watching a film on the iPad.

A local investigation was carried out by Advantage Healthcare on 15 May 2023.’

Decision and reasons on facts

In reaching its decisions on the facts, the panel took into account all the documentary evidence in this case.

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

The panel had regard to the written statement of the following witness on behalf of the NMC:

- Bryony Evans: Clinical lead.

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor. It considered the all of the documentary evidence. The panel then considered each of the charges and made the following findings.

Charge 1)a)

1) In relation to Patient A, who had a nasogastric tube:

a) On 17 February 2023, failed to inform Colleague A that you did not have the skills and knowledge to care for patients with nasogastric tubes.

This charge is found proved.

In reaching this decision the panel had regard to all of the evidence before it and had particular regard to the evidence of Ms Evans, Clinical Experience and Skills Form signed by Mrs Keeley on 16 January 2023, the Client Nurse Check Form dated 17 February 2023 and a record of a telephone call with Patient A's mother [Mother A] on 14 March 2023. It also had regard to Mrs Keeley's responses from the Investigation Meeting Notes dated 15 March 2023.

The panel had sight of Mrs Keeley's *'Clinical Experience and Skills'* form dated 16 January 2023 in which she ticked to say that she was competent with nasogastric tubes (NGT) and written that she would need an update for NGT.

The panel also had sight of a *'Client Nurse Check Form'* dated 17 February 2023 in which the following was recorded:

> *'Rosemary is also confident in caring for nasogastric tubes, ensuring the tube is tested and an appropriate ph is obtained before administering each feed or medication.'*

The panel noted the following from a record of a telephone call with Patient A's mother [Mother A] on 14 March 2023:

> *'[Mother A] informed me that she was concerned regarding Rosemary's management of the nasogastric tube. At the start of the shift, [Mother A] went though care needs and asked Rosemary to demonstrate how to test the nasogastric tube. [Mother A] informed me that Rosemary was unable to demonstrate this and was unable to answer any question about the pH, [Mother A] showed her how to do this. She told Rosemary to call her if she needed anything and will wake up early to start feed.'*

The panel also had regard to the Investigation Meeting Notes dated 15 March 2023, where Mrs Keeley was asked **'Do you remember that during the nurse check prior to you attending your shift with , you informed me that you were able and competent to care for nasogastric tubes?**
and Mrs Keeley responded, '*Yes, I do remember'.*

Having regard to all of the above, the panel found it more likely than not that on 17 February 2023, Mrs Keeley failed to inform Colleague A that she did not have the skills and knowledge to care for patients with nasogastric tubes. The panel therefore found this charge proved.

Charge 1)b)ii)

1) In relation to Patient A, who had a nasogastric tube:
    b) On 13 March:
        ii) administered medication via the nasogastric tube without:
        (1) testing the pH
        (2) confirming the placement of the tube;

This charge is found proved.

In reaching this decision the panel had regard to all of the evidence before it and had particular regard to the evidence of Ms Evans, including the Patient's Care/Support Plans and Mother A. The panel also had regard to Mrs Keeley's responses from the Investigation Meeting Notes dated 15 March 2023 and Registrant Local Reflective Statement dated 17 March 2023.

The panel had sight of Ms Evans' NMC witness statement in which she stated the following:

> *'On the 13 March 2023, Rosemary attended the home of the client who required feed and medication through an NGT. Rosemary was on a one-to-one night shift, so there were no other staff present, but the mother of the child was present at the home. During this shift Rosemary administered medication via the clients NGT without testing the PH or confirming the placement of the tube. A NGT is a tube that goes through the nose into the stomach for those who are unable to safely swallow. One of the safety considerations with the tube, because they are not surgically inserted, is that they can move, caused by things like coughing or vomiting. The tube is normally taped in place to the client's cheek to stop it from moving around. As part of the care for an NGT client, we must measure the tube from the nose to the end of the port to see if it's the same length as when we inserted it to make sure it hasn't moved. You also need to test the clients PH level from the stomach. We do this because if the tube has*

migrated from the stomach into the lung, then there is a risk of the medication given going into the lung which causes fluid on the lung, which can lead to pneumonia or even death. The PH level of the stomach is different to the PH level in the lung so this is how we can confirm that the tube is still in the stomach. You must always check the PH level before administering medication. Each client has their own safe PH range that has been agreed by a consultant ahead of time.

On the morning of the 14 March 2023, Rosemary called Nurse Keshva Patel and told her that she had administered medication to the client the night before without testing the tube beforehand. There was no patient harm from this incident. This call is documented within the investigation report.

Rosemary completed a reflective statement, it wasn't in as much detail as we would have wanted but she did admit that what she did was wrong and that she recognised it shouldn't have happened.'

The panel also had sight of Patient A's Active Support Plan in which it was stated that upon arrival, the placement of Patient A's NGT should be checked,

I have a nasogastric tube that is used for feeding during the day. Please check that the Nasogastric tube is secure and tucked away behind my ear. The tube should sit at 37cm at my nostril... If you need to use my nasogastric tube, ensure you check the pH prior to administering anything. This will indicate correct positioning of the tube. Ensure you clearly document the pH in your notes.

The panel noted that in the *'Disciplinary Investigation Report'* dated 24 March 2023 in which it was stated that

'*Rosemary reported during a phone call to me on the 14.03.23 that she administered medication down Patient A NGT without testing the pH…*'

The panel had regard to the Investigation Meeting Notes dated 15 March 2023, Mrs Keely stated,

'Not totally focused and realized after I had put the medication down that I forgot to test it. (Sounded very disappointed and frustrated that this happened). Realised straight away she made a mistake. Knows that this should not happen and is aware tube should be tested before use. Informed dad as soon as she could, and dad was not upset or worried about.'

From the same Investigation Meeting notes, Mrs Keeley also responded to the following question:

> ***'Please can you explain the implications for administering medication down a nasogastric tube without testing the pH and confirming placement?***
>
> *The tube could be in the lung or somewhere other than the stomach. It can cause someone to aspirate and have breathing difficulties. States, knew it should have been checked, but was so distracted from [Mother A] watching constantly.'*

The panel noted that Mrs Keeley was aware that the pH level and placement of the NGT needed to be checked before administering medication. It noted that Mrs Keeley accepted that she did not do this because she was distracted.

From Mrs Keeley's Local Reflective Statement dated 17 March 2023, she stated,

'. In the morning I prepared his mediction and gave it to him forgeting to test the gastic content first' (sic).

Having regard to all of the above, the panel found this charge proved.

Charge 1)b)iii), 1)b)iv) and 1)b)v)

1) In relation to Patient A, who had a nasogastric tube:
   b) On 13 March:
      iii) asked Mother A for the Wi-Fi password;
      iv) said that you may fall asleep if you haven't got anything to watch;

v) watched a film whilst providing care.

This charge is found proved.

In reaching this decision the panel had regard to all of the evidence before it and had particular regard to the evidence of Mother A. The panel also had regard to Mrs Keeley's responses from the Investigation Meeting Notes dated 15 March 2023.

The panel had sight of a record of Mother A's telephone conversation dated 14 March 2023 in which the following was recorded:

> *'[Mother A] informed me that on arrival to the shift, Rosemary requested the Wi-fi password to watch videos on the I pad. [Mother A] informed Rosemary that she was not happy with this as Rosemary is there to watch this was also Rosemary's first ever shift with [Patient A] Rosemary proceeded to inform [Mother A] that she could fall asleep if she is not watching something. [Mother A] became concerned hearing this so gave Rosemary the password, she states that she doesn't mind as long as Rosemary watches [Patient A] very closely as [Patient A] can be very unpredictable…*
>
> *[Mother A] reported that she woke up during the night at around 2am and went to see Rosemary, she was attending to [Patient A] at the time, but could see a film playing on Rosemary's I pad.'*

The panel had regard to the Investigation Meeting Notes dated 15 March 2023 where Mrs Keeley was asked the question,

'**Mum of mentioned that you requested their Wi-Fi password on arrival to your shift, to watch videos overnight. Mum mentioned you informed her that you could fall asleep if you do not have your I pad on night shift. Do you think this was appropriate?**

and gave the following response,

'*Mentioned that during night shift, she needs to have something to keep her awake, as sometime there are times the child is sleeping and no interventions are*

needed. She mentioned that in other packages this has not been a problem. Would not use it if mum did not want her to'.

The panel also had regard to a record of a telephone conversation with Mrs Keeley dated 13 July 2023 in which the following is recorded:

> *'Mrs Keeley explained that she did ask the patients mother to access the Wi-Fi but noted that she would not have fallen asleep on duty and apologised to the patients' mother when the mother indicated that this may be an issue. Mrs Keeley added that she was paying close attention to the patient throughout the shift and took time to listen to the patients' mother discuss their complex medical needs.'*

Having regard to all of the above, the panel found that it was more likely than not that on 13 March 2023, Mrs Keeley asked Mother A for the Wi-Fi password, said that she may fall asleep if she didn't have anything to watch and watched a film while providing care to Patient A. The panel therefore found this charge 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 Mrs Keeley's fitness to practise is currently impaired. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's ability to practise safely and effectively without restriction.

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

The panel adopted a two-stage process in its consideration. First, the panel must determine whether the facts found proved amount to misconduct. Secondly, only if the facts found proved amount to misconduct, the panel must decide whether, in all the

circumstances, Mrs Keeley's fitness to practise is currently impaired as a result of that misconduct.

Representations on misconduct and impairment

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

The NMC invited the panel to take the view that the facts found proved amount to misconduct. The NMC identified the specific, relevant standards of 'The Code: Professional standards of practice and behaviour for nurses and midwives (2015)' ("the Code") where Mrs Keeley's actions amounted to misconduct.

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

The panel had regard to the NMC statement of case in which the following was stated:

> *'When considering whether the concerns have been remediated, we would submit that they have not. Mrs Keeley provided no evidence to demonstrate that she has developed insight or undertaken any training to remediate or strengthen her practice so as to mitigate future similar risks in the future.*
>
> *On 28 January 2025, Mrs Keeley was granted undertakings by the Case Examiners. Undertakings are intended to be a pathway back to safe practice. Mrs Keely was given until 25 February 2025 to respond. No response was received. The NMC submits that there therefore remain deficiencies in Mrs Keeley practice which have yet to be addressed or remediated, and therefore there remains a risk of harm to the public. We consider there is a continuing risk*

to the public due to Mrs Keeley's lack of full insight, remediation and engagement.

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

In upholding proper professional standards and conduct and maintaining public confidence in the profession, the Fitness to Practise Committee will need to consider whether the concern is easy to put right. A concern which hasn't been put right is likely to require a finding of impairment to uphold professional standards and maintain public confidence.

The NMC considers there is a public interest in a finding of impairment being made in this case to declare and uphold proper standards of conduct and behaviour. Mrs Keeley's conduct engages the public interest because members of the public would be appalled to hear of a nurse acting outside her scope of competence. Such conduct severely damages and undermines public confidence in the nursing profession and the NMC, as the regulator.

The public would also expect the NMC to ensure that those on its register maintain the required standards of professionalism. The public would therefore expect the NMC to regulate or restrict the practice of nurses whose conduct remains liable in the future to put patients at unwarranted risk of harm. We therefore consider that there is a public interest in a finding of impairment being made in this case to declare and uphold proper standards of conduct and behaviour.'

The panel accepted the advice of the legal assessor.

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 Mrs Keeley's actions did fall significantly short of the standards expected of a registered nurse, and that her actions amounted to a breach of the Code. Specifically:

1 Treat people as individuals and uphold their dignity
To achieve this, you must:

1.2 make sure you deliver the fundamentals of care effectively1

6 Always practise in line with the best available evidence
To achieve this, you must:

6.2 maintain the knowledge and skills you need for safe and effective practice

8 Work co-operatively
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
8.5 work with colleagues to preserve the safety of those receiving care
8.6 share information to identify and reduce risk

13 Recognise and work within the limits of your competence
To achieve this, you must, as appropriate:

13.3 ask for help from a suitably qualified and experienced professional to carry out any action or procedure that is beyond the limits of your competence
13.5 complete the necessary training before carrying out a new role

16 Act without delay if you believe that there is a risk to patient safety or public protection

To achieve this, you must:

16.2 raise your concerns immediately if you are being asked to practise beyond your role, experience and training

19 Be aware of, and reduce as far as possible, any potential for harm associated with your practice
To achieve this, you must:

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

20 Uphold the reputation of your profession at all times
To achieve this, you must:

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

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

In respect of charges 1.a, 1.b.i and 1.b.ii, the panel considered that Mrs Keeley's actions fell far below the standards expected of a registered nurse. In failing to inform Colleagues that Mrs Keeley did not have the skills and knowledge to care for patients with NGT and proceeding to administer medication without having the necessary skills, the panel found that Mrs Keeley placed the patient at a real risk of harm. The panel therefore found that Mrs Keeley's actions did fall seriously short of the conduct and standards expected of a nurse and amounted to misconduct in respect of charges 1.a, 1.b.i and 1.b.ii.

In respect of charges 1.b.iii, 1.b.iv and 1.b.v, the panel found that whilst it fell below the standards expected, Mrs Keeley's actions did not amount to misconduct.

Decision and reasons on impairment

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

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

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

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. They must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

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

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

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

> *'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or*

determination show that his/her/their fitness to practise is impaired in the sense that S/He/They:

a) *has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*

b) *has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*

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

d) *…*

The panel found limbs a, b and c engaged.

In proceeding to provide NGT care to Patient A when Mrs Keeley knew she was not competent to do so, the panel considered that she acted outside her scope of practice and placed Patient A at an unwarranted risk of harm. The panel was of the view that Mrs Keeley's actions were serious and in compromising patient safety, she brought the profession into disrepute and breached fundamental tenets of the profession.

The panel considered whether Mrs Keeley's misconduct was capable of remediation, and, as it was clinical in nature, the panel determined that it was. In determining whether Mrs Keeley had remediated the misconduct, the panel had regard to all of her responses contained within the bundle. It noted that Mrs Keeley, whilst she accepted some of the charges, she has not provided any evidence of meaningful reflection. The panel therefore found that Mrs Keeley's insight was limited.

In respect of remediation, the panel noted that Mrs Keeley was offered NGT training by Advantage Healthcare in 2023 but she did not complete this. The panel also noted that

Mrs Keeley did not respond to the NMC after she was offered Undertakings in January 2025.

In the absence of any evidence of insight, training or attempts to strengthen her practice, the panel determined that there is a risk of repetition of the misconduct and a consequent risk of harm. 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 determined that a finding of impairment on public interest grounds is required given the seriousness of the charges. In addition, the panel concluded that public confidence in the profession would be undermined if a finding of impairment were not made in this case and therefore also finds Mrs Keeley's fitness to practise impaired on the grounds of public interest.

Having regard to all of the above, the panel was satisfied that Mrs Keeley's fitness to practise is currently impaired on public protection and public interest grounds.**Sanction**

The panel has considered this case very carefully and has decided to make a striking off order. . The effect of this order is that the NMC register will show that Mrs Keeley has been struck off the Register..

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

The panel accepted the advice of the legal assessor.

Representations on sanction

The panel noted that the NMC sanction bid is that of a striking off order. The panel had regard to the NMC submissions in respect of this:

> *'The concerns are serious and involve practising outside scope of competence, unsafe administration of medication through a nasogastric tube, and risk of serious harm to a vulnerable patient. Those matters are aggravated by the absence of meaningful engagement, insight or remediation. The NMC guidance identifies failure to engage with the fitness to practice process as one of the categories of cases most likely to result in striking off. The concerns raise fundamental concerns about Ms Keeley's professionalism and constitute a serious breach of nursing standards, a striking-off order is the appropriate sanction. Public confidence in the profession could only be maintained by removing Ms Keeley from the register.'*

Decision and reasons on sanction

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

The panel had regard to the following aggravating features:

- The patient was particularly vulnerable and had complex needs and they were placed at a real risk of serious harm.
- There is no evidence that Mrs Keeley has reflected on her actions and she has demonstrated limited insight.

- Ms Keeley did not engage with the NMC when she was provided with the opportunity to address the concerns and strengthen her practice through Undertakings.

The panel also took into account the following mitigating features:

- She made some early admissions during the local investigation and she was apologetic.
- She was due to have some support through a shadow shift but this was cancelled due to staffing issues.
- The charges arose during one shift.

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case and the risk of repetition and the consequent real risk of harm identified. 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 Mrs Keeley's misconduct was not at the lower end of the spectrum, and it found that there is a risk to patient and public safety. The panel therefore determined that a sanction that does not restrict Mrs Keeley's practise would not protect the public. The panel also determined that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether to place a conditions of practice on Mrs Keeley's registration. In considering whether conditions of practice are appropriate, the panel had regard to the factors set out in the NMC Guidance on 'Conditions of practice order' (Reference: SAN-2c Last Updated: 28/01/2026). Given Mrs Keeley's disengagement and the absence of any evidence that she would comply and respond to retraining, the panel considered that there are no relevant, proportionate, workable or measurable conditions that could be formulated to protect patients and to uphold professional standards.

The panel went on to consider whether a suspension order is appropriate in this case. The panel had regard to the NMC Guidance on *'Suspension order'* (Reference: SAN-2d Last Updated: 28/01/2026) in which the following factors on when a suspension order may be appropriate are set out:

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

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

- *'the charges found proved are at the most serious end of the spectrum and call into question the professional's suitability to continue practising, either currently or at all*
- *while it is possible that the professional could be fit to practise in future, only a period out of practice would be sufficient to allow them to fully strengthen their practice through reflection, the development of their professional skills and / or development of insight and remediation*
- *there is a risk to the safety of people using services if the professional were allowed to continue to practise even with conditions*

- *what went wrong is so serious that public confidence in the profession and professional standards could not be maintained if the professional were able to continue practising without stopping for a period of time*
- *despite the seriousness of what happened, the professional has engaged in the proceedings and has shown at least some meaningful insight which evidences a realistic possibility that they will continue to develop this insight, address their concerns and return to practice.'*

Whilst the panel acknowledged that the risks identified could be managed by Mrs Keeley being temporarily removed from the Register, given her lack of engagement, limited insight together with no evidence of training and development, the panel considered that there is no realistic possibility that she would address the concerns during a period of suspension.

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

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

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

- *Do the charges found proved raise fundamental questions about their professionalism?*
- *Can public confidence in the profession be maintained if the professional is not removed from the Register?*
- *Is there any amount of insight and reflection which could keep people receiving care and members of the public safe, maintain public confidence in the profession, and uphold professional standards?*

- *Is there a realistic prospect that, after suspension, the professional will have gained insight and strengthened their practice such that the risk they pose will have reduced?*

Whilst the panel acknowledged that the misconduct in this case is serious, it did not consider that it raised fundamental questions about Mrs Keeley's professionalism. However, as Mrs Keeley has not engaged with the NMC since 4 August 2023 and she failed to respond to the NMC's proposed undertakings on 28 January 2025 which would have provided her a pathway back to safe practice, the panel determined that there is no realistic prospect that she would develop her insight and strengthen her practice after a period of suspension.

Given Mrs Keeley's disengagement and the seriousness of her misconduct to allow her to continue practising, in the panel's view, would undermine public confidence in the profession and in the NMC as a regulatory body.

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel determined that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the matters it identified, in particular the effect of Mrs Keeley's actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct themselves, namely making attempts to address the shortfalls in their practice and engaging with their regulator, the panel has concluded that nothing short of this would be sufficient in this case.

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

Interim order

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

The panel accepted the advice of the legal assessor.

Representations on interim order

The panel took account of the representations made by the NMC that an interim order is necessary to protect the public and is otherwise in the public interest during the appeal period.

Decision and reasons on interim order

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

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

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

This will be confirmed to Mrs Keeley in writing.

That concludes this determination.