

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

**Substantive Order Review Hearing
Tuesday, 6 October 2026**

Virtual Hearing

Name of Registrant:	Lucy Pollard
NMC PIN:	17K0608E
Part(s) of the register:	Registered Nurse – Sub part 1 Learning Disabilities Nursing – level 1 19 March 2018
Relevant Location:	North Yorkshire
Type of case:	Misconduct/Competence
Panel members:	Graham Gardner (Chair, Lay member) Lauren Harrison (Registrant member) Catherine Beckett (Lay member)
Legal Assessor:	Nigel Ingram
Hearings Coordinator:	Sabrina Khan
Nursing and Midwifery Council:	Represented by Raj Joshi, Case Presenter
Miss Pollard:	Not present and not represented at the hearing
Order being reviewed:	Suspension order (12 months and 7 months)
Fitness to practise:	Impaired
Outcome:	Striking-Off order to come into effect on 6 October 2026 in accordance with Article 30 (1)

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Miss Pollard was not in attendance and that the Notice of Hearing had been sent to Miss Pollard's registered email address by secure email on 5 October 2026.

Dr Joshi, on behalf of the Nursing and Midwifery Council (NMC), submitted that it had complied with the requirements of Rules 11 and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules). He submitted that Miss Pollard had waived her right to notice of 28 days in relation to this case. He referred the panel to an email dated 6 October 2026, which immediately followed a telephone call with the NMC case officer on that date and where Miss Pollard stated that:

'Thank you, so give permission for the hearing to go ahead with short notice Thank you'

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Hearing provided details of the substantive order being reviewed, the time, date and that the hearing was to be held virtually, including instructions on how to join and, amongst other things, information about Miss Pollard's right to attend, be represented and call evidence, as well as the panel's power to proceed in her absence.

In the light of all of the information available, the panel was satisfied that Miss Pollard has been served with notice of this hearing in accordance with the requirements of Rules 11 and 34 and has voluntarily waived her right to the statutory 28 days notice period.

Decision and reasons on proceeding in the absence of Miss Pollard

The panel next considered whether it should proceed in the absence of Miss Pollard. The panel had regard to Rule 21 and heard the submissions of Dr Joshi who invited the panel to continue in the absence of Miss Pollard. He referred the panel to the email received by Miss Pollard dated 6 October 2026:

'Hello

I have communicated with my case officer Gauri that I cannot [PRIVATE]'

Dr Joshi submitted that Miss Pollard had voluntarily absented herself.

The panel accepted the advice of the legal assessor.

The panel has decided to proceed in the absence of Miss Pollard. In reaching this decision, the panel has considered the submissions of Dr Joshi, the email from Miss Pollard and the advice of the legal assessor. It has had particular regard to any relevant case law and to the overall interests of justice and fairness to all parties. It noted that:

- No application for an adjournment has been made by Miss Pollard;
- Miss Pollard has informed the NMC that she has received the Notice of Hearing and confirmed she is content for the hearing to proceed in her absence;
- There is no reason to suppose that adjourning would secure her attendance at some future date;
- One of the substantive orders is due to expire today, 6 October 2026; and
- There is a strong public interest in the expeditious review of the case.

In these circumstances, the panel has decided that it is fair to proceed in the absence of Miss Pollard.

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

At the outset of the hearing, Dr Joshi shared Miss Pollard's request that the whole of the hearing should be held in private. Dr Joshi submitted that this case be held partly in private on the basis that proper exploration of Miss Pollard's case involves reference [PRIVATE]. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The panel bore in mind the email from Miss Pollard on 28 August 2026:

'I respectfully request that, should a hearing still be required before my request can be determined, the NMC considers holding the hearing in private.'

It also had regard to a further email from Miss Pollard dated 6 October 2026:

'...I also ask that my hearing is to be held in private , as a previous hearing was not in our are [sic] and [PRIVATE].'

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

The panel determined to go into private session in connection with [PRIVATE] as and when such issues are raised in order to protect her privacy and confidentiality.

Decision and reasons on review of the substantive order

The panel decided to replace the current suspension orders with a striking off order.

This order will come into effect at the end of 6 October 2026 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

There are two substantive orders being reviewed today.

Firstly, this is the seventh review of case reference number- 071027/2019 which was a substantive conditions of practice order originally imposed for 9 months by a Fitness to Practise Committee panel on 8 March 2021. The order was reviewed on 23 November 2021 and the conditions of practice order was varied under Article 30(2) and (4) Order and then extended for a further 6 months. The order was further reviewed on 24 June 2022 where the conditions of practice order was extended for a period of 12 months. The order was again reviewed on 24 February 2023 where the conditions of practice order was extended for a period of 12 months. The 12-month conditions of practice order was

extended for a further period of 12 months on 4 April 2024. This was reviewed on 1 April 2025 and the conditions were varied and extended for a period of 6 months. On 28 August 2025, the order was again reviewed and the conditions were replaced with a 12-month suspension order.

Secondly, this is the first review of the case reference number 089757/2022, which was a substantive suspension order imposed on 17 February 2026 and was due to run until 6 October 2026.

The two referrals were joined on 3 September 2026.

The panel is reviewing the order pursuant to Article 30(1) of the Order.

The charges found proved which resulted in the imposition of the substantive order were as follows:

071027/2019

‘That you, a Registered Nurse employed at Cygnet Victoria House

- 1) On 13 December 2018 signed the medication record to indicate that you had administered the following medication to Patient A when you had not:*
 - a) Relvar Ellipta inhaler [Proved by admission]*
 - b) Two 25mg Clozapine tablets [Proved by admission]*
- 2) On 13 December 2018 signed the medication record to indicate that you had administered to Patient B three 100mg Clozapine tablets, when in fact you had not. [Proved by admission]*
- 3) On 13 December 2018 signed the medication record to indicate that you had administered a 50mg Amisulpride tablet to Patient B, when in fact you had not. [Proved by admission]*

- 4) *On 26 January 2019 documented that Patient E had been compliant in taking his medication when in fact Patient E did not have a prescription for medication. [Proved by admission]*
- 5) *On 12 February 2019 failed to administer Bictegrovir Emtricitabine Tenofovir to Patient C. [Proved by admission]*
- 6) *On 12 February 2019 signed the medication record to indicate that you had administered 1mg Lorazepam to Patient C when you had not. [Proved by admission]*
- 7) *On 14 February 2019 you administered to Patient D three 100mg Quetiapine tablets instead of one 300mg Quetiapine XL tablet. [Proved by admission]*
- 8) *On 14 February 2019 you signed the medication record to indicate that you had administered Oxycodone to Patient D when in fact you had not. [Proved by admission]*

AND your fitness to practice is impaired by reason of your lack of competence.

089757/2022

That you, a registered nurse

1. *Between 1 March 2022 and 1 June 2022 failed to sign one or more medication administration charts after administering medication*
2. *On or around 10 April 2022 administered Patient A one Levothyroxine tablet, when the prescribed dose was two tablets.*
3. ...

4. ...

5. *On 31 May 2022 failed to administer Bisoprolol tablet 2.5mg to Patient E.*

6. ...

7. ...

8. *Breached condition 3 of the Conditions of Practice Order imposed on 8 March 2021, by not providing the NMC, with a copy of your supervisor's report prior to the substantive order review hearing on 24 June 2022.*

9. *Breached condition 7 of the Conditions of Practice Order imposed on 8 March 2021, in that between April and June 2022, you did not inform the NMC of clinical incidents you were involved in, within 7 days.*

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

The last reviewing panel in respect of 071027/2019 determined the following with regard to impairment:

'In its consideration of whether you have taken steps to strengthen your practice, the panel note that you had not supplied reflective pieces or evidence of having undertaken relevant courses.

The panel noted that you have undertaken some training but that this related primarily to the field of aesthetics and not to the area in which the concerns arose. The training certificates provided are not recent and appear to be the same as that provided to earlier panels. The panel had no evidence of you having undertaken relevant courses related to the management of medicines. It considered that it was up to you to identify relevant training. It bore in mind that you had contacted the NMC to seek suggestion as to what courses you should attend but considered that the onus was on you to identify and complete these courses.

In the circumstances the panel has received no evidence that you have identified specific management of medication training and so it has limited evidence that relates to relevant CPD in the field of nursing or relation to the index incidents.

The panel further noted that, although your representative had indicated that it was difficult for you to find relevant courses, and relevant employment in order to complete a period of supervised practice in order to comply with your conditions, it had received no evidence of your efforts to do so.

The panel also bore in mind the evidence it had received of a further allegation of further mismanagement of medication and further NMC fitness to practise proceedings, of which it had limited facts, it considered that this did not reflect positively on your practice.

The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. The panel determined there was little evidence of strengthening practice and insight and that there remains a real risk to the public. The panel therefore decided a finding of continuing impairment on public interest grounds is required.

For these reasons, the panel finds that your fitness to practise remains impaired.'

The original panel in respect of 089757/2022 determined the following with regard to impairment:

The panel determined that looking back, limbs (a), (b) and (c) of *Grant* are engaged in your case.

'The panel finds that patients were put at risk of harm due to your misconduct. By breaching your Conditions of Practice Order, you have engaged public protection and public interest concerns. As such, you breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute.

The panel next referred to the comments of Silber J in the case of R (on application of Cohen) v General Medical Council [2008] EWHC 581 (Admin) and considered the following:

- Whether the concern is easily remediable*
- Whether it has in fact been remedied and;*
- Whether it is highly unlikely to be repeated*

The panel was of the view that the concerns could be addressed through further education and training and took account of Witness 2's statement that 'Lucy [you] was a kind nurse and seemed happy to learn'. It noted that as evidenced by your engagement in this process, you were open about some of the errors that had taken place.

Regarding the breaches of the Conditions of Practice Order, whilst the panel recognised that any breach is serious, it did not consider that the breaches were reflective of deep-seated attitudinal concerns and noted that you did report the concerns to your employer.

The panel next took into account your reflective piece where you outlined what steps you would take to escalate a medication error and workplace pressures. It noted that you did not reflect on your failure to comply with your Conditions of Practice Order and the impact on public confidence. The panel also considered that you did not reflect fully as to why you made these medication errors and how you might avoid similar errors in the future. In light of this, the panel determined that your insight is developing at this stage.

The panel acknowledged the training certificates you supplied, but noted that these related primarily to the field of aesthetics. The panel had no evidence of you having undertaken any relevant courses in medicines management.

The panel took into account that you were previously referred to the NMC for similar medication errors in 2018-2019. In these circumstances, the panel concluded that

the likelihood of repetition is high because the concerns have not been remediated at this stage. 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.

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 your fitness to practise impaired on the grounds of public interest.

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

The last reviewing panel in respect of 071027/2019 determined the following with regard to sanction:

'The panel considered that taking no further action would be neither appropriate nor proportionate taking into account the public protection concerns and the need to uphold the wider public interest in this case.

The panel considered that a caution would not be appropriate given the risk of repetition and clinical risk to patients and that it would not protect the public.

Further, the panel considered that conditions of practice were not appropriate in this case. The panel noted that your registration has been subject to a conditions of practice order since 2021 and, [PRIVATE], it considered that there had been ample time to fully comply with the orders imposed.

It is noted that there is a current interim order of suspension, however the panel considered that this would not prohibit you from complying with some of the conditions for example undertaking relevant training or providing a reflective piece.

It determined that it could not formulate conditions which were workable and measurable to address the lack of competence to a degree that would protect the public and satisfy the public interest given your current interim order of suspension and your continued failure to comply with previous conditions.

Further, it considered that, based on the lack of evidence it had received, the panel had little confidence that you would proactively comply were it to impose a further conditions of practice order. It concluded that, as such, there was a continued risk to the public.

In the circumstances, the panel determined that the imposition of an order of suspension was necessary to protect the public and satisfy the public interest.'

The original panel in respect of 089757/2022 determined the following with regard to sanction:

'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 would be a risk to patient and public safety. The panel therefore determined that a sanction that does not restrict your practice would not protect the public. The panel 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).

The panel noted that you were previously subject to a Conditions of Practice Order which was first put in place in April 2021. You did not engage with the conditions in a meaningful way. It noted the concerns of the other panel that you had not completed any training which was relevant to the errors you had made. Following regular reviews in which the Conditions of Practice Order were extended and sometimes varied, in August 2025 that reviewing panel decided to replace the Conditions of Practice Order with a Suspension order for a period of 12 months.

The panel considered that the breaches of your Conditions of Practice Order, whilst serious, were not indicative of deep-seated attitudinal concerns, and were more reflective of your lack of personal responsibility and passivity. Nevertheless, the panel determined that your Conditions of Practice Order was a formal requirement imposed to protect the public and the wider public interest, and it is incumbent on you as the registrant to meet these regulatory requirements and not rely on others to do so.

The panel is of the view that there are no relevant, proportionate, workable or measurable conditions that could be formulated, given the nature of the charges in this case. It also noted that the referral in 2022, was in relation to similar regulatory concerns that had been raised in 2018/2019, suggesting ongoing issues in relation to medicines management and record keeping.

Furthermore, the panel concluded that the placing of conditions on your registration would not adequately address the seriousness of this case and would not protect

the public. It also considered that if the panel were to impose a Conditions of Practice Order, the conditions would at this stage need to be so restrictive that they would be unrealistic to implement.

The panel therefore concluded that in this case and at this stage, the imposition of a Conditions of Practice Order would be neither proportionate nor in the public interest.

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 from the list of circumstances that may make a suspension order an appropriate sanction:

- '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'*

The panel was satisfied that in this case, the misconduct was not fundamentally incompatible with you remaining on the register.

It did go on to consider whether a striking-off order would be proportionate. Whilst the panel considered that breaches of a Conditions of Practice Order are serious,

there is a spectrum of seriousness and the breaches in this case were such that a striking-off order would be disproportionate.

The panel noted the hardship that a suspension order would inevitably cause you. However, this is outweighed by the public interest in this case.

Balancing all of these factors and in particular the prospect of developing your competence, the panel determined that you could be fit to practise in the future. It therefore concluded that a suspension order would be the appropriate and proportionate sanction.

The panel considered that a suspension order is 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 standards required of a registered nurse.

The panel determined that a suspension order was appropriate in this case to mark the seriousness of the misconduct. The panel determined that the order should coincide with your current suspension order relating to other matters. It also considered that it would be appropriate for the NMC to now join these matters with your current substantive suspension order.'

Decision and reasons on current impairment

The panel has considered carefully whether Miss Pollard's fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as the ability of a professional on our register to practise as a nurse, midwife or nursing associate safely and effectively without restriction. In considering this case, the panel has carried out a comprehensive review of the order in light of the current circumstances. Whilst it has noted the decision of the previous panels, this panel has exercised its own judgement as to current impairment.

The panel has had regard to all of the documentation before it, including the NMC bundle and responses from Miss Pollard. It has taken account of the submissions made by Dr Joshi.

Dr Joshi submitted that the panel was reviewing two suspension orders in respect of Miss Pollard namely a 12-month suspension order in case reference 071027/2019 and a seven-month suspension order in case reference 089757/2022. He stated that one of the orders was due to expire on 6 October 2026 and the other was due to expire on 24 October 2026.

Dr Joshi submitted that, in the 071027/2019 case, a nine-month conditions of practice order had originally been imposed on 8 March 2021. This was extended for six months on 23 November 2021 and subsequently for 12 months on each of 24 June 2022, 24 February 2023 and 4 April 2024. On 28 August 2025, a 12-month suspension order was imposed.

Dr Joshi submitted that the reviewing panel in August 2025 had found Miss Pollard's fitness to practise remained impaired because of her failure to comply with conditions of practice over several years, the lack of evidence of remediation and the continuing risk of repetition. That panel had also identified public interest concerns. Given Miss Pollard's history of non-compliance, it had been unable to formulate workable and measurable conditions. However, it had considered that a period of suspension would provide a further opportunity for reflection and training. It had recommended reflective accounts addressing the charges, updated character references, and evidence of enquiries into and completion of relevant training, including medicines management and record keeping.

Dr Joshi submitted that, in the 089757/2022 case, a seven-month suspension order had been imposed on 17 February 2026, with the decision letter dated 23 February 2026. That panel had found impairment on both public protection and public interest grounds. Its concerns included previous regulatory findings of a similar nature, limited insight, a lack of targeted training over several years, failure to comply with previous conditions of practice and the potential risk to patients. In particular, similar concerns had arisen again in 2022 following those underlying the earlier referral. The panel had been unable to identify workable and proportionate conditions and had considered suspension necessary to mark the seriousness of the findings and maintain public confidence, while allowing an opportunity for future remediation. The subsequent review had been adjourned on 3 September and 2 October 2026.

Dr Joshi submitted that the NMC's position at this joint review was that Miss Pollard's fitness to practise remained impaired on both public protection and public interest grounds. The concerns were longstanding, repeated and arose across two separate referrals spanning several years. Miss Pollard's history of non-compliance with conditions of practice, limited engagement and insufficient evidence of remediation meant that the risk of repetition remained.

Dr Joshi submitted that the panel did not have reflective accounts addressing all the charges, evidence of completed training in medicines management or record keeping, or updated character references. There was therefore insufficient evidence to demonstrate that Miss Pollard had addressed the concerns or reduced the risks previously identified. He emphasised that successive panels had already afforded Miss Pollard opportunities to demonstrate reflection and remediation, but little or no further information had been provided.

Dr Joshi submitted that conditions of practice remained unworkable for the reasons identified by previous panels. Although suspension had previously been considered proportionate to protect the public and maintain confidence in the profession while allowing further remediation, the absence of progress now required a different regulatory response. He submitted that a member of the public would be concerned by the number of successive conditions of practice orders and the length of time during which Miss Pollard had continued to practise before suspension, while the regulatory concerns remained unresolved. In all the circumstances, he submitted that a striking-off order was the only appropriate sanction to protect the public and maintain confidence in the profession.

Dr Joshi submitted that Miss Pollard had expressed a wish to leave the register and seek voluntary removal. However, there was no documentation before the panel demonstrating a formal application or engagement with that process. His understanding was that the process had not commenced and that Miss Pollard had simply indicated that she wished to be voluntarily removed.

Dr Joshi submitted that the NMC would generally not consider voluntary removal once substantive proceedings were underway unless exceptional circumstances applied. He explained that voluntary removal involved a separate process between Miss Pollard and

the NMC and was not a decision for this reviewing panel. Neither voluntary removal nor any lapse of registration was guaranteed. He submitted that these possibilities did not resolve the question before the panel of the appropriate regulatory response to the continuing impairment.

Dr Joshi submitted that [PRIVATE] were matters for the panel to consider. Nevertheless, the NMC's application rested on public protection and public interest grounds. He invited the panel to find that Miss Pollard's fitness to practise remained impaired and to impose a striking-off order.

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

The panel considered whether Miss Pollard's fitness to practise remains impaired.

The panel considered the matters in case references 071027/2019 and 089757/2022 both jointly and severally. The panel assessed the findings and subsequent regulatory history in each case separately, as well as their cumulative implications for Miss Pollard's current fitness to practise. The panel considered that this approach enabled a fair assessment of Miss Pollard's circumstances and properly balanced the requirements of public protection and the wider public interest.

The panel's task was to determine whether Miss Pollard could now practise safely and effectively without restriction. The panel had regard to the NMC's guidance on impairment and the principles in *Council for Healthcare Regulatory Excellence v Nursing and Midwifery Council and Grant* [2011] EWHC 927 (Admin) and *Cohen v General Medical Council* [2008] EWHC 581 (Admin).

The panel found that Miss Pollard's previous failings in medicines management had placed patients at unwarranted risk of harm. Similar concerns had arisen in two separate cases, with the later concerns arising while Miss Pollard was subject to conditions of practice. In the absence of any evidence demonstrating that those failings had been addressed, the panel considered that patients would remain at unwarranted risk of harm if Miss Pollard returned to unrestricted practice.

The panel found that the failings in medicines administration and record keeping, the subsequent findings of serious professional misconduct and the failure to comply with conditions of practice had brought the nursing profession into disrepute. These matters also raised fundamental questions of Miss Pollard's ability to provide safe care, maintain accurate records and comply with regulatory restrictions. The panel considered that there remained a risk of further breaches and of bringing the profession into disrepute. The panel determined that the dishonesty limb of the Grant test was not applicable.

The panel recognised that Miss Pollard had undertaken some training over the years. However, this had been limited and not directly related to the concerns around medication management. There was no new evidence of relevant training since the last review. The panel had not been provided with updated reflective accounts addressing the concerns, current character references or other evidence demonstrating strengthened practice. Despite the opportunities afforded by successive orders, Miss Pollard had not demonstrated sufficient progress in insight or remediation.

The panel acknowledged that Miss Pollard had remained in contact with the NMC and had communicated her wish to leave the register. The panel distinguished this contact from meaningful engagement with the outstanding concerns. Her correspondence did not provide evidence of learning, reflection or remediation sufficient to demonstrate that the previously identified risks had reduced.

The panel considered whether the concerns were capable of remediation, whether they had been remedied and whether repetition was highly unlikely. The panel considered that the clinical failings underlying the first case were initially capable of being addressed through training, reflection and improved practice. However, the repetition of similar concerns and the subsequent failure to comply with conditions made remediation more challenging. The panel considered that the persistent non-compliance raised attitudinal concerns beyond the original gaps in clinical knowledge or training.

The panel acknowledged that suspension had limited Miss Pollard's opportunities to demonstrate improvement through clinical practice. The panel also took account of [PRIVATE]. Nevertheless, there remained opportunities to provide reflective accounts, relevant training evidence and references, which had not been taken. The evidence before

the panel did not demonstrate that the concerns had been remedied, or that redress had even been attempted in any meaningful way. Given the repeated nature of the failings and the prolonged absence of sufficient remediation, the panel assessed the risk of repetition as high. Therefore, the panel determined that a finding of continuing impairment was necessary to protect the public.

The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance.

The panel further determined that a finding of continuing impairment was necessary to maintain public confidence in the nursing profession and uphold proper professional standards. Public confidence would be undermined if a nurse with repeated, unresolved concerns involving fundamental aspects of nursing practice and a history of non-compliance were found fit to practise without restriction.

The panel therefore concluded that Miss Pollard's fitness to practise remained impaired in relation to both cases on public protection and public interest grounds.

Decision and reasons on sanction

Having found Miss Pollard's fitness to practise currently impaired, the panel then considered the appropriate sanction in light of its findings of continuing impairment, assessing both cases jointly and severally. The panel noted that its powers are set out in Article 30 of the Order. The panel has also taken into account the 'NMC's Sanctions Guidance' (SG) and has borne in mind that the purpose of a sanction is not to be punitive, though any sanction imposed may have a punitive effect.

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.

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not

restrict Miss Pollard's practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where *'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 Miss Pollard's misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether a conditions of practice on Miss Pollard's registration would be a sufficient and appropriate response. The panel noted that conditions had been imposed and extended over several years, but Miss Pollard had failed to comply with them. The panel had no evidence of a material change that would make further conditions workable or effective. The panel could not formulate conditions that would adequately address the risks in the circumstances and concluded that another conditions of practice order would be inappropriate.

The panel then considered extending the suspension orders. Previous panels had imposed a period of suspension to allow Miss Pollard a further opportunity to reflect, undertake relevant training, provide updated references and demonstrate strengthened practice. The panel had not received any evidence showing that those opportunities had resulted in sufficient progress. Miss Pollard had instead indicated that she wished to leave the register.

The panel recognised that continued suspension would prevent Miss Pollard from practising during the order. However, the panel considered that temporary protection alone did not justify continuing restrictions indefinitely. Given the duration of the regulatory process, the lack of meaningful remediation and Miss Pollard's stated intentions, the panel was not satisfied that a further suspension would serve a useful rehabilitative purpose or lead to safe, unrestricted practice within a reasonable period. The panel therefore concluded that another extension of the suspension orders would be inappropriate.

The panel considered Miss Pollard's request to leave the register without being struck off, which it understood to include a request to be allowed to lapse with a finding of impairment.

It had regard to the email from Miss Pollard dated 28 August 2026 in which she stated:

'...I respectfully request that my current registration be allowed to lapse voluntarily and that I am not struck off the register....'

The panel kept that preference at the forefront of its consideration but recognised that it did not override the panel's responsibility to determine the outcome required for public protection and the wider public interest. The panel was minded of the different routes back to registration between a strike off order and a *'lapse with impairment'*.

The panel worked through the NMC guidance, 'Removal from the register when there is a substantive order in place' (REV-2h), sequentially. The panel considered striking off and the circumstances in which lapse with impairment or agreed removal could provide an appropriate alternative.

The panel recognised that the first case concerned lack of competence, whereas the second involved findings of serious professional misconduct. The later findings concerned fundamental nursing responsibilities, including medicines administration, accurate record keeping and adhering to conditions of practice. The panel considered the seriousness of those findings alongside Miss Pollard's subsequent lack of progress and meaningful engagement, rather than treating the original findings alone as determinative of sanction.

[PRIVATE]

The panel considered the criteria for lapse with impairment cumulatively. Although it had concluded that Miss Pollard was unlikely to return to safe, unrestricted practice within a reasonable period, the cases did not relate solely to health or English language. The panel had not been provided with evidence establishing retirement within the terms of the guidance, and [PRIVATE]. Consequently, even if expiry of the orders would otherwise permit her registration to lapse, the required criteria were not all met. This conclusion did not depend on categorising the case as one of the highest risk cases.

The panel also considered agreed removal. There was no approved agreed-removal decision before it, and Miss Pollard's expression of a wish to leave the register did not itself complete that separate process or amount to a recognised application to do so. The

panel considered that [PRIVATE] prevented agreed removal from providing an appropriate alternative in the circumstances before it.

The panel took account of the differences between the routes back to registration. Following striking off, Miss Pollard could not apply for restoration for at least five years. Lapse with impairment or agreed removal would permit an application for readmission without that waiting period. The panel recognised that readmission would still require assessment, but considered the additional safeguards associated with striking off important in view of the repeated concerns, serious misconduct and unresolved risk.

The panel concluded that striking off was necessary to protect the public and maintain confidence in the profession. The panel's decision reflected the current circumstances as a whole namely the repetition of fundamental practice concerns, the failure of successive conditions of practice orders, the absence of sufficient progress during suspension and the lack of evidence supporting an appropriate alternative route off the register.

The panel recognised that striking off would have significant personal and professional consequences for Miss Pollard and was not the means of leaving the register that she preferred. The panel weighed those consequences against the continuing risks and the wider public interest. The panel considered that bringing the cycle of repeated reviews to an end was appropriate, while recognising that the choice of outcome had to be justified by the regulatory objectives.

The panel therefore determined that a striking-off order was the appropriate and proportionate outcome of the review of both suspension orders and the sanction sufficient to protect the public, maintain public confidence and uphold proper professional standards.

This striking-off order will take effect upon the expiry of the current suspension orders, namely the end of 6 October 2026 in accordance with Article 30(1).

This decision will be confirmed to you in writing.

That concludes this determination.