Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Order Review Meeting
Tuesday, 15 September 2026

Virtual Meeting

Name of Registrant:	Melanie Hayworth
NMC PIN:	11E0711E
Part(s) of the register:	Nursing, Sub part 1 RNA, Registered Nurse - Adult 22 December 2011
Relevant Location:	Wiltshire
Type of case:	Misconduct
Panel members:	Allison Brindley (Chair, Registrant member) Olan Jenkins (Lay member) Sarah Morgan (Registrant member)
Legal Assessor:	Angus Macpherson
Hearings Coordinator:	Monowara Begum
Order being reviewed:	Conditions of practice order (18 months)
Fitness to practise:	Impaired
Outcome:	**Striking-Off order to come into effect immediately in accordance with Article 30(2)**

Decision and reasons on service of Notice of Meeting

The panel noted at the start of this meeting that the Notice of Meeting had been sent to Mrs Hayworth's registered email address by secure email on 3 August 2026.

The panel took into account that the Notice of Meeting provided details of the review, that the review meeting would be held no sooner than 10 September 2026, and inviting Mrs Hayworth to provide any written evidence seven days before this date.

The panel accepted the advice of the legal assessor.

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

Decision and reasons on review of the current order

The panel decided to replace the conditions of practice order with a striking-off order. This order will come into effect immediately in accordance with Article 30(2) of the Nursing and Midwifery Order 2001 (as amended) (the Order).

This is the first review of a substantive conditions of practice order originally imposed for a period of 18 months by a Fitness to Practise Committee panel on 28 March 2025.

The current order is due to expire at the end of 29 October 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:

'That you a Registered Nurse;

1. *Made medication errors on the following dates.*
    a) *On 11 November 2020 Administered Patient A with adrenaline instead of a flu vaccination*
    b) *On 20 February 2021 Administered the lower dose of 5mg of Morphine Sulphate over 24 hours instead of 30-100mg, as prescribed to Patient B.*
    c) *Documented on the drug chart P3, for Patient C administering 10 mg of midazolam instead of the required dosage of 20mg on;*
        i. *16 June 2021*
        ii. *17 June 2021*
    d) *On 28 February 2022 applied steroid cream to Patient D in the absence of viewing a prescription and/or correct paperwork.*

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

The original panel determined the following with regard to impairment:

'The panel determined that limbs a – c of the 'test' are engaged in this case. The panel found that patients were put at risk of harm as a result of Mrs Hayworth's misconduct. Mrs Hayworth made multiple medication-related errors, some of which resulted in harm to patients, including adverse reactions and discomfort. Despite receiving training and performance improvement plans, these errors continued, demonstrating a failure to maintain safe medication practices.

The panel considered that Mrs Hayworth's misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute. It determined that the repeated nature of the errors raises concerns about Mrs Hayworth's professional attitude towards her mistakes. Despite multiple interventions and training, these errors persisted, which could be seen as a failure to uphold the standards expected of a registered nurse.

Regarding insight, the panel considered that while Mrs Hayworth initially demonstrated insight and remorse following her first error, including proposing corrective actions and engaging in further training, this insight has not been sustained. The fact that she continued to make errors, without demonstrating ongoing reflection or improvement, indicates that she has not consistently upheld the fundamental tenets of the profession. Mrs Hayworth has not engaged with her regulator throughout these proceedings. The panel has not had evidence before it to demonstrate that Mrs Hayworth understands how her actions continued to place patients in her care at a risk of harm, how this impacted negatively on the reputation of the nursing profession or how she would handle the situation differently in the future.

The panel was satisfied that the misconduct in this case is capable of being addressed. Therefore, the panel carefully considered the evidence before it in determining whether or not Mrs Hayworth has taken steps to strengthen her practice. The errors in this case are remediable through training, reflection, and the strengthening of practice. The panel noted that initially Mrs Hayworth did engage in further training and participated in improvement plans after the first few errors. However, the errors continued, suggesting that these efforts were either not effective or not maintained. There is no up-to-date evidence of her current understanding of these issues, nor is there any indication that she has reflected on or addressed her failures. Mrs Hayworth has disengaged from the regulatory process, which makes it difficult to assess whether she has made any lasting improvements.

In light of this, the panel concluded that there remains a risk of repetition. This conclusion is based on the continued occurrence of medication errors despite previous interventions, including training and performance improvement plans. Furthermore, Mrs Hayworth has shown a lack of sustained improvement and has disengaged from the regulatory process, with no evidence of recent reflection or remediation.

For all of the reasons above, the panel determined that a finding of impairment is necessary on public protection grounds.

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

The panel determined that a finding of impairment on public interest grounds is required because a reasonable member of the public, upon learning of these repeated errors, could reasonably have concerns about allowing Mrs Hayworth to continue to practise without restriction, particularly when a registered nurse has not engaged at all with the regulatory proceedings. 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 Hayworth's fitness to practise impaired on the grounds of public interest.

Having regard to all of the above, the panel was satisfied that Mrs Hayworth's fitness to practise is currently impaired.'

The original panel determined the following with regard to sanction:

'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 Mrs Hayworth'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 and the panel wishes to mark that the behaviour was unacceptable and must not happen again.' The panel considered that Mrs Hayworth'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 placing conditions of practice on Mrs Hayworth's registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel took into account the SG, in particular:

- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *Identifiable areas of the nurse or midwife's practice in need of assessment and/or retraining;*
- *No evidence of general incompetence;*
- *Potential and willingness to respond positively to retraining;*
- *The nurse or midwife has insight into any health problems and is prepared to agree to abide by conditions on medical condition, treatment and supervision;*
- *Patients will not be put in danger either directly or indirectly as a result of the conditions;*
- *The conditions will protect patients during the period they are in force; and*
- *Conditions can be created that can be monitored and assessed.*

The panel determined that it would be possible to formulate appropriate and practical conditions which would address the failings highlighted in this case. The failings identified, while serious, primarily relate to medication administration errors, which are remediable through targeted training, supervision, and a structured approach to reflection. These are areas in which practical improvements can be made, and conditions can be tailored to address specific gaps in Mrs Hayworth's practice.

Additionally, Mrs Hayworth has previously engaged with training and performance improvement plans, showing some willingness to address the issues with her practice. Although the improvements were not

sustained, there is evidence that, if she re-engaged, she could potentially improve with the appropriate support and guidance. The panel concluded that conditions of practice could be put in place to ensure ongoing supervision and reflection, enabling her to further develop and strengthen her practice. While there is a risk of repetition, this risk can be mitigated through conditions that ensure close monitoring of her practice, ensuring patient safety is not compromised while providing her with the opportunity to remediate.

Moreover, a conditions of practice order would be a proportionate response, allowing Mrs Hayworth to continue practising under clear conditions that address the identified concerns while protecting patient safety. The panel concluded that a conditions of practice order would provide a constructive and supportive framework for her to improve and re-engage with the regulatory process.

Furthermore, the panel was satisfied that a conditions of practice would balance public protection with Mrs Hayworth's ability to return to practice in a safe and regulated manner, safeguarding patients from further errors while maintaining public confidence in the profession. The panel was of the view that it was in the public interest that, with appropriate safeguards, Mrs Hayworth should be able to return to practise as a nurse.

Balancing all of these factors, the panel determined that 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 Mrs Hayworth's case because, although there have been repeated medication errors, these errors were not made with intentional harm or gross negligence. The panel acknowledges that there were mitigating factors, including high

workload and environmental pressures, which contributed to the mistakes. Furthermore, Mrs Hayworth has previously shown some insight into her errors and has engaged in training and improvement plans. While there remains a risk of repetition, the panel considers that Mrs Hayworth may be able to remedy her practice with further support and reflection, rather than immediate removal from the register. At this stage, a suspension or striking-off order would not provide the opportunity for remediation and professional development.

Having regard to the matters it has identified, the panel has concluded that a conditions of practice order will 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 not manage or administer medication unless you are directly supervised by another registered nurse until you have been assessed and signed off as competent to do so independently.*

2. *You must send your case officer evidence that you have successfully completed a medications management and administration competency assessment.*

3. *You must work with your line manager, supervisor or mentor to create a personal development plan (PDP). Your PDP must address the concerns about your medications management and administration. You must:*

a) *Send your case officer a copy of your PDP prior to any review of your case.*
b) *Send your case officer a report from your line manager, supervisor or mentor prior to any review of your case. This report must show your progress towards achieving the aims set out in your PDP.*

4. *You must keep the NMC 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 the NMC 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 agency you apply to or are registered with for work.*
    c) *Any employers you apply to for work (at the time of application).*
    d) *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'

Decision and reasons on current impairment

The panel has considered carefully whether Mrs Hayworth'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 last panel, this panel has exercised its own judgement as to current impairment.

The panel has had regard to all of the documentation before it in the NMC bundle.

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

In reaching its decision, the panel was mindful of the need to protect the public, maintain public confidence in the profession and to declare and uphold proper standards of conduct and performance.

The panel considered whether Mrs Hayworth's fitness to practise remains impaired.

The panel considered the judgment of Mrs Justice Cox in the case of *Council for Healthcare Regulatory Excellence (CHRE) v NMC v Grant* [2011] EWHC 927 (Admin) 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 noted that the original panel found that Mrs Hayworth had insufficient insight into her conduct. The original panel also found that the concerns were capable of being addressed, but there was no evidence at that time that Mrs Hayworth had reflected on, understood or addressed her failings. Today's panel did not have any new information before it to show that this has changed.

The panel considered in turn each limb of the *Grant* test.

The panel considered whether Mrs Hayworth has taken steps to improve and strengthen her practice. It had no evidence before it of further training, reflection, learning, or

compliance with the conditions of practice order. The panel also had no up-to-date information about whether Mrs Hayworth is currently working as a nurse, or whether the existing conditions have been workable in practice.

The panel had regard to the principles set out in *Cohen v General Medical Council* [2008] EWHC 581 (Admin) when considering whether Mrs Hayworth's misconduct was capable of remediation. The panel recognised that, in principle, concerns of this nature may be capable of remediation. However, the panel considered that the prospects of remediation are significantly hindered where a registrant does not engage with the regulatory process or demonstrate any meaningful progress.

The panel considered the first limb of the *Grant* test. The original panel determined that Mrs Hayworth was liable to repeat matters of the kind found proved. Today's panel reached the same conclusion. There has been no new information to show that the concerns have been remedied, no evidence that Mrs Hayworth is working under the conditions of practice, and no reflection or explanation from her that address the concerns about her attitude. The panel considered that, because the concerns remain unaddressed, there remains a real risk of repetition. The panel therefore decided that a finding of continuing impairment is necessary to protect the public.

In relation to the second limb, 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 noted that Mrs Hayworth has not engaged with the NMC process and has not provided the information that would help a reviewing panel decide whether she is safe to practise without restriction. The panel considered that the public would expect a nurse to engage with their regulator and to provide evidence that concerns about their practice have been addressed. In these circumstances, the panel determined that, in this case, a finding of continuing impairment on public interest grounds is also required.

In relation to the third limb, the panel considered whether Mrs Hayworth's conduct represents a breach of the fundamental tenets of the nursing profession. The previous panel identified serious misconduct which was incompatible with the standards and values expected of a registered nurse, and there is no evidence before this panel of any change

since that determination. In particular, there is no evidence of reflection, insight, remediation or strengthened practice capable of demonstrating that Mrs Hayworth now understands the significance of her misconduct and is now able to uphold those fundamental standards. The panel also considered her continued lack of engagement with her regulator. In the absence of evidence that the underlying attitudinal concerns have been addressed, the panel could not be satisfied that Mrs Hayworth is currently able to practise safely and effectively without restriction.

For these reasons, the panel finds that Mrs Hayworth's fitness to practise remains impaired.

Decision and reasons on sanction

Having found Mrs Hayworth fitness to practise currently impaired, the panel then considered what, if any, sanction it should impose in this case. 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 took into account the following aggravating features:

- Lack of engagement with the conditions of practice order and the ongoing regulatory process.
- No evidence of strengthened practice.

The panel could not identify any mitigating features at this stage.

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 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 Mrs Hayworth'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 Mrs Hayworth'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 Mrs Hayworth's registration would still be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. However, Mrs Hayworth has not engaged with the existing conditions and has not provided information about whether she is practising, whether she is working under the conditions, or whether any further conditions would be workable. In these circumstances, the panel concluded that a conditions of practice order would not be enough to protect the public or meet the public interest.

The panel next considered whether a suspension order would be appropriate. It had regard to the NMC Guidance '*Deciding between a suspension and strike off*' (Reference: SAN-3, Last Updated: 28 January 2026) which states:

> *'Professionals are under an obligation to cooperate with their regulator. Where professionals have failed to engage with the fitness to practise process, it won't usually be appropriate to use a suspension order as a means of giving them a 'last chance' to engage, reflect or show insight'*

The panel noted that Mrs Hayworth has had a significant period of time to engage with the NMC and to provide evidence that she has addressed the concerns and has not done so. The panel decided that a suspension order would not give Mrs Hayworth any greater opportunity than she has already had to engage, reflect, provide evidence of learning, or show that she can practise safely.

The panel also considered whether there were any factors that made the case more or less serious. The panel considered that Mrs Hayworth's continued lack of engagement

with the regulator and the lack of evidence that she is working under the conditions of practice order made the case more serious. The panel had no new information to show that there were factors which reduced the seriousness of the case.

In these circumstances the panel determined that a period of suspension would not serve any useful purpose. The panel determined that it was necessary to take action to prevent Mrs Hayworth from practising in the future and concluded that the only sanction that would adequately protect the public and serve the public interest was a striking-off order. There is no evidence that Mrs Hayworth has addressed the original concerns, no evidence that she is working as a nurse under her current conditions of practice, and no indication that a further period of restriction would achieve anything more. The panel considered that striking Mrs Hayworth off the register was proportionate in these circumstances.

The panel was aware that it was reviewing this order under Article 30(1) but that it has the power under Article 30(2) to impose an immediate striking-off order. The panel decided that allowing the current order to run until its expiry before the new order takes effect would not adequately address the ongoing risk identified and would be contrary to the wider public interest.

The panel therefore directs the registrar to strike Mrs Hayworth’s name off the register.

This striking-off order will replace the current conditions of practice order with immediate effect in accordance with Article 30(2).

This will be confirmed to Mrs Hayworth in writing.

That concludes this determination.