

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

**Substantive Meeting
Tuesday, 6 August 2024- Wednesday, 7 August 2024**

Virtual Meeting

Name of Registrant: Kathryn Ellen Florence Hill

NMC PIN: 10H0192E

Part(s) of the register: Nurses Part of the Register- Sub Part 1
RNA- Registered Nurse Adult- Level 1
(2 September 2010)

Recordable Qualifications:
V300 Nurse Independent/Supplementary
Prescriber (28 October 2016)

Relevant Location: Southampton

Type of case: Misconduct

Panel members: Mark Gower (Chair, Lay member)
Vanessa Bailey (Registrant member)
Paul Leighton (Lay member)

Legal Assessor: Ian Ashford-Thom

Hearings Coordinator: Samantha Aguilar

Facts proved by way of admission: Charges 1a, 1b, 1c, 2a, 2b, 2c, 3, 4, 5, 6a, 6b, 6c, 7a, 7b, 7b)i, 7b)ii, 7b)iii, 7b)iv, 7b)v, 8, 9, 10, 11, 12a, 12b, 12c, 12d, 13, 14, 15a, 15b, 15c, 15d, 15e, 15f, 15g, 16, 17a, 17b, 18, 19, 20a, 20b, 21, 22, 23, 24a, 24b, 24c, 24d, 25a, 25b, 25c, 26, 27a, 27b, 28, 29a, 29b, 30, 31, 32, 33 and 34

Facts not proved: None

Fitness to practise: Impaired

Sanction: **Striking-off order**

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

Decision and reasons on service of Notice of Meeting

The panel was informed at the start of this meeting that the Notice of Meeting had been sent to Ms Hill's registered email address by secure email on 27 June 2024.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Meeting provided details of the allegation, the time, that the meeting would take place on or after 1 August 2024 and the fact that this meeting was heard virtually.

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

Details of charge

That you, a registered nurse:

- 1) In or around 2020:
 - a) told Person A that you had been promoted to Care Group Manager ('CGM') at University Hospital Southampton NHS Foundation Trust ('the Trust')
 - b) told Person A that a Personal Assistant ('PA') role at the Trust was available.
 - c) told Person B that a coordinator role at the Trust was available.

- 2) Your conduct at 1a and/or 1b and/or 1c was dishonest in that you knew:
 - a) you did not receive a promotion.
 - b) there was no PA role available at the Trust.
 - c) there was no coordinator role available at the Trust.

- 3) Created a letter from you to Person C with a proposal regarding your promotion to CGM.
- 4) Sent the letter at 3 to Person A.
- 5) Sent a letter purporting to be from Person C to you regarding your promotion to Person A.
- 6) Your conduct at 3 and/or 4 and/or 5 was dishonest in that you:
 - a) knew there was no promotion.
 - b) knew there was no letter from Person C.
 - c) created the documents to mislead Person A.
- 7) On 9 August 2020:
 - a) emailed Person A with your email signature as Care Group Manager.
 - b) emailed Person A:
 - i) a Radiology Clinical Governance Committee Agenda.
 - ii) minutes from a mortality and morbidity meeting.
 - iii) a job description for the PA role.
 - iv) minutes from 10am meeting dated 6 May 2020.
 - v) policy validation meeting neuro dated 18 July 2017.
- 8) On 18 September 2020 emailed Person A with your email signature as Care Group Manager, Neuro Nurse Practitioner.
- 9) Your conduct at 7a and/or 8 was dishonest in that you knew you did not hold the position of Care Group Manager.
- 10) On or around November 2020 told Person A that there was an investigation by the Trust and all hiring was on hold or words to that effect.
- 11) Your conduct at 10 was dishonest in that you knew there was no investigation.

12) On 16 January 2021:

- a) created an email purporting to be from Person C to you to forward documents to Person A
- b) forwarded the email at 12a to Person A
- c) created an email purporting to be from Person C to you to forward documents to Person B
- d) forwarded the email at 12c to Person B

13) Your conduct at 12a and/or 12b and/or 12c and/or 12d was dishonest in that you knew these documents were not from Person C.

14) On 18 January 2021 emailed Person A with a statement regarding details of a Patient receiving care from the Trust.

15) On or around April 2021:

- a) sent a letter purporting to be from Person C to Person B regarding their employment.
- b) created a letter purporting to be from Person C to Person A regarding their employment.
- c) sent the letter purporting to be from Person C to Person A regarding their employment.
- d) created a letter to Person A from Person G inviting for an employment discussion for the PA role.
- e) created an employment offer letter from UChicago Medicine.
- f) sent the employment offer letter from UChicago Medicine to Person A.
- g) offered a role at UChicago Medicine to Person A.

16) Your conduct at 15a and/or 15b and/or 15c and/or 15d and/or 15e was dishonest in that you knew these documents were false.

17) Your conduct at 15f and/or 15g was dishonest in that you knew:

- a) There was no employment offer.
- b) There was no role available for Person A.

18) On 4 June 2021 sent an email to Person A purporting to be from Person D.

19) Your conduct at 18 was dishonest in that you knew this document was not from Person D.

20) On 6 June 2021:

- a) sent an email to Person A purporting to be from Person D regarding employment start date.
- b) Sent an email to Person B purporting to be from Person D.

21) Your conduct at 20a and/or 20b was dishonest in that you knew the email was not from Person D.

22) On 9 June 2021 you emailed Person A purporting to be Person F.

23) Your conduct at 22 was dishonest in that you knew the email was not from Person F.

24) On or around July 2021:

- a) told Person A there was a court case relating to Person E and hiring at the Trust.
- b) told Person A that Person F was the lawyer representing you.
- c) Told Person A that your bank accounts had been frozen or words to that effect.
- d) Received monies from Person A

25) Your conduct at 24a and/or 24b and/or 24c and/or 24d was dishonest in that you:

- a) knew there was no court case.
- b) Knew there was no lawyer.
- c) Intended to induce Person A to give you money.

26) On 14 July 2021 sent an email purporting to be Person H to Person A confirming flights.

27) Your conduct at 26 was dishonest in that you knew:

- a) there was no job offer from UChicago Medicine.
- b) the email was created by you.

28) On an unknown date created a false pre contract agreement on UHS headed paper.

29) Your conduct at 28 was dishonest in that you:

- a) Knew there was no PA role.
- b) Knew the document was created by you.

30) On 14 October 2021 you emailed Person A purporting to be Person F.

31) Created a false Santander document confirming £90,000 would be released to Person A.

32) On or around September 2022 dishonestly created a Macmillan Cancer support letter confirming they were granting you the sum of £72,675.

33) On 21 September 2022 sent the document at 32 to Person A.

34) Your conduct at 33 was dishonest in that you intended to mislead Person A in believing the contents of the document were true.

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

Background

The NMC received a referral from a member of the public (Person A) raising concerns about Ms Hill who worked as a Band 6 Neuro Nurse Practitioner at the University Hospital Southampton NHS Foundation Trust (“the Trust”) at the time of the alleged events between 2020 and 2022.

Person A raised a concern that Ms Hill used her NHS position and the Trust email account to fraudulently offer Person A and her friend, Person B, a role within the Trust which did not exist. Ms Hill claimed to have been promoted as a Care Group Manager (“CGM”) at the Trust with hiring and firing responsibilities for her department. Ms Hill allegedly forged documents from the Trust, including from Person C, who was the Chief Executive Officer (CEO) at the Trust during the events in question. Ms Hill allegedly sent these forged documents to Person A and Person B.

Person A alleged that she also lent Ms Hill a large amount of money because Ms Hill claimed she was involved in a court case with the Trust and that the court was holding her money. In Person A’s attempt to recover her money, she alleged that Ms Hill created a false letter from Macmillan Cancer Support that Ms Hill would be given £72,675.

During the course of the investigation, further evidence of alleged serious dishonesty over a significant period of time linked to Ms Hill’s employment came to light. This included falsifying her own job role, forgery of bank statements and employment offer letters and correspondence from people purported to have been employed by the Trust, such as Person D (who Ms Hill claimed to have replaced Person C following a fabricated court case involving the Trust), Person E (Ms Hill’s alleged mentor who she told Person A had been involved in the ‘*illegal*’ recruitment onboarding) and Person G (Ms Hill’s alleged Human Resources contact at the Trust for Person A).

Ms Hill also allegedly created email accounts from a lawyer (Person F) and forged documents from him and sent them to Person A. Person A further alleged that Ms Hill claimed that she was offered a role at University of Chicago (UChicago Medical). Person A and Person B, as close friends of Ms Hill, were invited to attend and travel via a private plane apparently arranged by Person H (Ms Hill’s alleged contact at the private aviation company).

The Trust became aware of these allegations after the NMC contacted them during the course of the NMC’s investigation.

A disciplinary hearing was held on 8 March 2023. Ms Hill was dismissed for gross misconduct.

Decision and reasons on facts

At the outset of the meeting, the panel noted the email dated 29 May 2024 from Ms Hill, which stated that she made full admissions to charges 1a, 1b, 1c, 2a, 2b, 2c, 3, 4, 5, 6a, 6b, 6c, 7a, 7b, 7b)i, 7b)ii, 7b)iii, 7b)iv, 7b)v, 8, 9, 10, 11, 12a, 12b, 12c, 12d, 13, 14, 15a, 15b, 15c, 15d, 15e, 15f, 15g, 16, 17a, 17b, 18, 19, 20a, 20b, 21, 22, 23, 24a, 24b, 24c, 24d, 25a, 25b, 25c, 26, 27a, 27b, 28, 29a, 29b, 30, 31, 32, 33 and 34. Ms Hill stated in her email:

'Hi,

I apologise for the delay in replying, [PRIVATE].

I am admitting to all charges, I would like to avoid this going to a hearing.

Thanks

Kathryn'

The panel therefore finds charges 1a, 1b, 1c, 2a, 2b, 2c, 3, 4, 5, 6a, 6b, 6c, 7a, 7b, 7b)i, 7b)ii, 7b)iii, 7b)iv, 7b)v, 8, 9, 10, 11, 12a, 12b, 12c, 12d, 13, 14, 15a, 15b, 15c, 15d, 15e, 15f, 15g, 16, 17a, 17b, 18, 19, 20a, 20b, 21, 22, 23, 24a, 24b, 24c, 24d, 25a, 25b, 25c, 26, 27a, 27b, 28, 29a, 29b, 30, 31, 32, 33 and 34 proved in their entirety, by way of Ms Hill's admissions.

Fitness to practise

Having reached its determination on the facts of this case, the panel then moved on to consider, whether the facts found proved amount to misconduct and, if so, whether Ms Hill'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 kindly, safely and professionally.

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

The panel adopted a two-stage process in its consideration. First, the panel must determine whether the facts found proved amount to misconduct. Secondly, only if the facts found proved amount to misconduct, the panel must decide whether, in all the circumstances, Ms Hill'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 and to take into account the following provisions of 'The Code: Professional standards of practice and behaviour for nurses and midwives (2015' ("the Code")) in making its decision.

The NMC identified the specific, relevant standards where Ms Hill's actions amounted to misconduct. This included 1,1.1, 5, 5.1, 20, 20.1, 20.2, 20.3, 20.5, 21 and 21.4.

The NMC provided the panel with the following written representation on misconduct:

'31. Breaches of the Code will not be conclusive as to the issue of misconduct, these are fundamental requirements for the nursing profession and in a case of such failings, breaches of these parts of the Code should go a considerable way to assist in determining misconduct.

32. Miss Hill's conduct involves repeated acts of dishonesty which include forging multiple documents, impersonating professionals, making false representations with the intention to mislead, abusing their position of trust within the Trust and breaches of patient confidentiality. These acts of dishonesty are a serious departure from the standards expected of a

nurse and put patients, members of the public and staff at significant risk of harm.

33. The overall conduct is a serious matter and are clear examples of misconduct, falling far short of what is deemed proper conduct of a professional. The conduct has fallen far short of what is expected of a registered nurse'

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 was referred to the cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin), *Calheam v GMC* [2007] EWHC 2606 (Admin), *Nandi v General Medical Council* [2004] EWHC 2317 (Admin) and *Ivey v Genting Casinos (UK) Ltd t/a Crockfords* [2017] UKSC 67.

The NMC submitted that all four limbs of the questions outlined by Dame Janet Smith in the 5th Shipman Report (as endorsed in *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin)) are engaged:

'(a) This is a case which involves numerous acts of dishonesty including the forgery of documents in order to mislead individuals, using emails to impersonate the Trust CEO/and other staff and dishonestly making false representations and impersonating professionals. Further, Miss Hill breached patient confidentiality by releasing patients' names and hospital numbers along with their medical information to Person A. The NMC submits that Miss Hill has acted in the past and is liable in the future to act as so putting patients at significant risk of unwarranted harm. The harm caused by Miss Hill could be viewed as considerable for the parties concerned, both financially and psychologically.

(b) The misconduct in this case has the potential to cause damage both now and, in the future. Miss Hill engaged in a set of calculated and complex actions over a two year period that included forging multiple documents, impersonating professionals and abusing their position of trust within the Trust. Registered professionals occupy a position of trust and promote a high standard of care at all times. Ms Hill's failure to do so has brought the profession into disrepute and is likely to bring the profession into disrepute in the future.

(c) Ms Hill's repeated acts of dishonesty have also breached fundamental tenets of the profession. Nurses are expected to be honest and act with integrity. They are expected to treat people with dignity, keep people safe and to uphold the reputation of the profession. They also occupy a position of trust both as a nurse and employee. Ms Hill's misconduct completely contradicts those fundamental tenets of nursing.

(d) Miss Hill has in the past acted dishonestly and is liable to act dishonestly in the future. Miss Hill repeatedly acted dishonestly over a period of two years. Miss Hill's actions seriously calls into question their honesty and integrity.'

The NMC invited the panel to find Ms Hill's fitness to practise impaired on the grounds that Ms Hill has displayed no insight into her misconduct. As such, the NMC submitted that there is a continuing risk to the public due to Ms Hill's lack of insight and failure to demonstrate meaningful reflection into her dishonest conduct.

The NMC further submitted that in this case, there is a strong public interest in a finding of impairment:

'46. [...] Miss Hill's conduct engages the public interest because members of the public would be appalled to hear of a nurse acting in the way that Miss Hill has. Such dishonest conduct would severely damage and undermine public confidence in the nursing profession and the NMC, as the regulator.

47. The repeated and calculated nature of their dishonest conduct and their lack of insight, further damages public confidence and undermines the reputation and trust the public have in the profession. The NMC 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 also had regard to Ms Hill's statement dated 1 August 2024:

‘[...] Since being suspended in December 2022, I have spent large amounts of time reflecting on what has happened. My nursing career has been an extremely big part of my life for 12 years. I have work very hard to further my nursing practice, gaining many other qualifications within my chosen path and was held in high regard within my role. There was never any question about my clinical ability or care of any patients, and I am extremely disappointed in my actions that have led to this investigation and suspension.

In the time between my actions taking place and the complaint being made (which was over 1 year) I was still working and furthering my career with no complaints about my practice or care of the public.

During the time since the suspension and now, [PRIVATE]. In this time, I have been able to go away from the profession, reflect and evaluate this. I have upheld a job at [PRIVATE] to maintain an income and whilst I recognise how important my profession was prior to this complaint; I have furthered my belief that nursing is my passion and career that I deeply miss being in and would wholeheartedly like to return to. In this time, I have undertaken [PRIVATE] and worked hard to understand my actions and the implications that those have had on the profession and those involved, as well as worked hard on myself [PRIVATE] to be able to reassure the NMC and public that this is not a repeated behaviour.

The code of conduct is clear that honesty and integrity is held in high regard and understand that my actions have gone against this, however, this time of self reflection led me to know this will not be an action that is repeated.

I have recently been recruited into a job as a senior carer in a care home, I have been transparent with them about the reasons I am not on the nursing register, and this is how I wish to continue in my career with honesty and integrity.'

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

'1 Treat people as individuals and uphold their dignity

To achieve this, you must:

1.1 Treat people with kindness, respect and compassion

5 Respect people's right to privacy and confidentiality

To achieve this, you must:

5.1 Respect a person's right to privacy in all aspects of their care.

20 Uphold the reputation of your profession at all times

To achieve this, you must:

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

20.2 Act with honesty and integrity at all times, treating people fairly and without discrimination, bullying or harassment

20.3 Be aware at all times of how your behaviour can affect and influence the

behaviour of other people

20.5 treat people in a way that does not take advantage of their vulnerability or cause them upset or distress

21 Uphold your position as a registered nurse, midwife or nursing associate

21.4 make sure that any advertisements, publications or published material you produce or have produced for your professional services are accurate, responsible, ethical, do not mislead or exploit vulnerabilities and accurately reflect your relevant skills, experience and qualifications'

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel considered each charge carefully. It found that the charges are inextricably linked to Ms Hill's deceit, thereby demonstrating a pattern of dishonest behaviour which occurred over a significant period of time, namely around two years. On the basis that all of the charges allege similar dishonesty, the panel considered all of the charges together.

The panel concluded that the complexity and duration of the deception perpetrated by Ms Hill falls seriously and significantly short of the conduct expected from a nurse. Ms Hill failed to treat Person A and Person B with kindness, respect and compassion. She failed to understand and empathise with the impact that her misconduct has had on her victims. In particular, Person A and Person B gave up their employment to move to Southampton following Ms Hill's promise of employment at the Trust. The panel noted that Person A expressed that she trusted Ms Hill partly because of her role as a nurse within the National Health Service (NHS). The panel found that Ms Hill took advantage of that trust and exploited Person A emotionally and financially. This was to the detriment of Person A's mental health as she waited for the promise of employment to come to fruition.

Furthermore, the panel found that there was overwhelming evidence from Person A, Person B and the Trust's local investigation. It determined that the fabrication of email addresses, letters, a court case, the invention of fictitious individuals, and the impersonation of the Trust's CEO, demonstrate a sustained and elaborate course of dishonesty. This goes to show the clear depth and ever-increasing complexity of the deceit.

The panel found that Ms Hill's actions did fall seriously short of the conduct and standards expected of a nurse and amounted to misconduct.

Decision and reasons on impairment

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

In coming to its decision, the panel had regard to the Fitness to Practise Library, updated on 27 March 2023, which states:

'The question that will help decide whether a professional's fitness to practise is impaired is:

"Can the nurse, midwife or nursing associate practise kindly, safely and professionally?"

If the answer to this question is yes, then the likelihood is that the professional's fitness to practise is not impaired.'

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

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

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

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

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

- a) has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
- b) has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
- c) has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*
- d) has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

The panel found that all limbs of Grant are engaged and wholly accepted the submissions of the NMC:

'(a) This is a case which involves numerous acts of dishonesty including the forgery of documents in order to mislead individuals, using emails to impersonate the Trust CEO/and other staff and dishonestly making false representations and impersonating professionals. Further, Miss Hill breached patient confidentiality by releasing patients' names and hospital numbers along with their medical information to Person A. The NMC submits that Miss Hill has acted in the past and is liable in the future to act as so putting patients at significant risk of unwarranted harm. The harm caused by Miss Hill could be viewed as considerable for the parties concerned, both financially and psychologically.

(b) The misconduct in this case has the potential to cause damage both now and, in the future. Miss Hill engaged in a set of calculated and complex actions over a two year period that included forging multiple documents, impersonating professionals and abusing their position of trust within the Trust. Registered professionals occupy a position of trust and promote a high standard of care at all times. Ms Hill's failure to do so has brought the profession into disrepute and is likely to bring the profession into disrepute in the future.

(c) Ms Hill's repeated acts of dishonesty have also breached fundamental tenets of the profession. Nurses are expected to be honest and act with integrity. They are expected to treat people with dignity, keep people safe and to uphold the reputation of the profession. They also occupy a position of trust both as a nurse and employee. Ms Hill's misconduct completely contradicts those fundamental tenets of nursing.

(d) Miss Hill has in the past acted dishonestly and is liable to act dishonestly in the future. Miss Hill repeatedly acted dishonestly over a period of two years. Miss Hill's actions seriously calls into question their honesty and integrity.'

The panel noted that no patients were harmed. However, Ms Hill's misconduct in disclosing patient information had the potential to place them at unwarranted risk of harm. Moreover, the impact of Ms Hill's sustained behaviour appears to have caused serious emotional harm to Person A. [PRIVATE]. Ms Hill's misconduct breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute. The panel was satisfied that confidence in the nursing profession would be undermined if its regulator did not find charges relating to dishonesty extremely serious.

Regarding insight, the panel considered Ms Hill's statement to the NMC dated 1 August 2024:

'I am extremely disappointed in my actions that have led to this investigation and suspension.

[...]

In this time, I have [PRIVATE] and worked hard to understand my actions and the implications that those have had on the profession and those involved, as well as worked hard on myself [PRIVATE] to be able to reassure the NMC and public that this is not a repeated behaviour.

The code of conduct is clear that honesty and integrity is held in high regard and understand that my actions have gone against this, however, this time of self reflection led me to know this will not be an action that is repeated.'

The panel understood that Ms Hill made admissions to her dishonest behaviour. However, the panel concluded that Ms Hill's statement does not demonstrate insight into her actions. There is no information acknowledging the impact on the victims, the Trust, her managers and the nursing profession. It considered the screenshot of the messages between Person A and Ms Hill, in which Ms Hill appeared to provide excuses (instead of remorse) to facilitate her ongoing lies and a continued pattern of her dishonest behaviour and attempts to manipulate Person A. The panel noted her reflective statement focused upon herself rather than those that were obviously impacted by her behaviour. It therefore found that Ms Hill has not demonstrated sufficient insight.

The panel bore in mind the NMC guidance on making decisions on dishonesty charges (DMA-8) and considered whether Ms Hill has taken the appropriate steps to address her failings. The panel found that the dishonesty in this case is of such an extraordinary nature that it clearly evidences deep-seated attitudinal problems. There is no evidence of insight, training or in-depth reflective piece before the panel to indicate that Ms Hill has taken sufficient steps to mitigate the risk of repetition (although it acknowledged that she claimed that she is [PRIVATE] to resolve her deceitful behaviour but has shown no documentary evidence of this). As such, the panel concluded that there is a significantly high risk of repetition. Ms Hill's lack of insight and the references she made during her disciplinary hearing that she was good at 'IT' and that the forgery and falsification of emails and

documents were easy for her to do, illustrated the level of deceit practised by her. The level of complexity, and increasingly detailed and sustained dishonesty, which became grandiose over time, indicates a high risk of repetition. 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 included 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 also required. Ms Hill's misconduct involved a repeated and calculated level of dishonesty. A reasonable and well-informed member of the public would be horrified by this level of deception from a nurse. The public confidence in the profession would be seriously undermined if a finding of impairment were not made in this case and therefore also finds Ms Hill's fitness to practise impaired on the grounds of public interest.

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

Sanction

The panel has considered this case very carefully and has decided to make a striking-off order. It directs the registrar to strike Ms Hill off the register. The effect of this order is that the NMC register will show that Ms Hill 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 careful regard to the Sanctions Guidance (SG) published by the NMC. The panel accepted the advice of the legal assessor.

Representations on sanction

The panel noted that in the Notice of Meeting, dated 27 June 2024, the NMC advised Ms Hill that it would seek the imposition of a striking-off order if it found Ms Hill's fitness to practise currently impaired. The panel considered the NMC's representation on sanction:

'49. Taking no further action or imposing a caution order would be inappropriate as they would not reflect the seriousness of the misconduct and would not be sufficient to protect the public. Further, public confidence in the professions and professional standards would not be maintained by the imposition of a caution order or taking no further action.

50. Although there is a breach of patient confidentiality in this case which further training could address, the underlying attitudinal concerns and the dishonesty in the misconduct cannot be addressed by a conditions of practice order. There are no conditions which can adequately address the dishonesty, nor can conditions address Miss Hill's blatant disregard for the profession. It would therefore not be appropriate or proportionate in these circumstances to impose conditions as they would not adequately protect the public or satisfy the significant public interest in this case.

51. A suspension order would only temporarily protect the public. The misconduct in this case does not consist of a one-off isolated incident; it was repeated over a period of 2 years and the dishonesty was particularly calculated and complex, in which numerous documents were forged and Miss Hill pretended to be multiple parties. There are clearly underlying attitudinal concerns which cannot be addressed by a temporary removal from the register. A suspension order would not be sufficient to protect the public or satisfy the significant public interest in this case or mark the seriousness of the misconduct.

52. Whilst there was no clinical harm to patients, a person who is able to go to the lengths of falsifying documents to offer employment when there were no roles available, to pretend to be the CEO of the hospital and to

lie about a court case is conduct that is fundamentally incompatible with remaining on the register. The individuals involved relied on the faith and trust they had in nurses and the reputation of someone who works in the NHS. Miss Hill abused her position and took advantage of them. Miss Hill further falsified documents from Santander and Macmillan cancer charity to mislead that money would be released to Person A. The harm caused by their actions has been considerable for the parties concerned, financially and psychologically. Miss Hill's dishonest conduct raises a fundamental question about their trustworthiness.

53. With regard to our sanctions guidance the following aspects have led us to this conclusion:

- Repeated acts of dishonest over a period of two years.*
- Financial and psychological harm caused to two individuals.*
- Abuse of a position of trust.*
- Placed patients and colleagues at a significant risk of harm.*
- A lack of insight into her dishonesty.*
- The dishonesty in this case was calculated and prolonged.*
- There appears to be evidence of a harmful deep-seated personality or attitudinal problems.*
- Public confidence cannot be maintained if the registrant is not removed from the register; the seriousness of the case requires permanent removal from the register.*

54. Ms Hill's misconduct and dishonest actions are extremely serious and are fundamentally incompatible with her remaining on the register. The only appropriate and proportionate sanction in this case is that of a striking-off order. A Striking-off order is the only sanction which will be sufficient to protect patients and maintain professional standards.'

The panel also bore in mind the email exchange dated 19 April 2024 between the NMC and Ms Hill, in which Ms Hill considered her position if a strike off order was imposed:

'Please find attached the form requested by today. I [...] would be looking to restore this after a minimum of 5 years when I have done some work on myself, that would be required to be seen as fit to practice.'

Decision and reasons on sanction

Having found Ms Hill's fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose in this case. 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 careful regard to the SG. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- Dishonest behaviour which increased in complexity.
- Serious potential emotional harm to Person A and others.
- The sharing of patients' data placed Ms Hill's patients at unwarranted risk of harm.
- Ms Hill's lack of insight into her dishonesty.
- A pattern of misconduct over two years.
- Breach of trust of staff and the Trust in the level of Ms Hill's deceit and fabrication of documents and persons.
- Financial exploitation and loss to Person A.
- Possible damage to the nursing reputation over the nature of Ms Hill's lies.

The panel also took into account the following mitigating features:

- Admissions of the charges.

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, an order that does not restrict Ms Hill'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 Ms Hill's misconduct was not at the lower end of the spectrum and that a caution order 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 impose a caution order.

The panel next considered whether placing conditions of practice on Ms Hill's registration would be a sufficient and appropriate response. The panel is of the view that there are no practical or workable conditions that could be formulated, given the nature of the charges in this case. The misconduct identified in this case was not something that can be addressed through retraining, given that Ms Hill's prolonged dishonest behaviour gave rise to deep seated attitudinal concerns. Furthermore, the panel concluded that the placing of conditions on Ms Hill's registration would not adequately address the seriousness of this case and would not protect the public.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG states that suspension order may be appropriate where some of the following factors are apparent:

- *A single instance of misconduct but where a lesser sanction is not sufficient;*
- *No evidence of harmful deep-seated personality or attitudinal problems;*
and
- *The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour;*

The conduct, as highlighted by the facts found proved, was a significant departure from the standards expected of a registered nurse. The panel noted that the serious breach of the fundamental tenets of the profession evidenced by Ms Hill's actions is fundamentally incompatible with Ms Hill remaining on the register.

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

Finally, in looking at a striking-off order, the panel took note of the following paragraphs of the SG:

- *Do the regulatory concerns about the nurse or midwife raise fundamental questions about their professionalism?*
- *Can public confidence in nurses and midwives be maintained if the nurse or midwife is not removed from the register?*
- *Is striking-off the only sanction which will be sufficient to protect patients, members of the public, or maintain professional standards?*

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

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel determined that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the matters it identified, in particular the effect of Ms Hill's actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct herself, the panel has concluded that nothing short of this would be sufficient in this case.

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.

This will be confirmed to Ms Hill in writing.

Interim order

As the striking-off order cannot take effect until the end of the 28-day appeal period, the panel has considered whether an interim order is required in the specific circumstances of

this case. It may only make an interim order if it is satisfied that it is necessary for the protection of the public, is otherwise in the public interest or in Ms Hill's own interests until the striking-off sanction takes effect. The panel heard and accepted the advice of the legal assessor.

Representations on interim order

The panel took account of the representations made by the NMC:

'55. If a finding is made that Miss Hill's fitness to practise is impaired on a public protection and public interest basis and a restrictive sanction imposed the NMC consider an interim order in the terms of a suspension order if a striking off order is imposed, or in the same terms as the substantive order, should be imposed on the basis that it is necessary for the protection of the public and otherwise in the public interest.

56. If a finding is made that the registrant's fitness to practise is impaired on a public interest only basis and that their conduct was fundamentally incompatible with continued registrant we consider an interim order of suspension should be imposed on the basis that it is otherwise in the public interest.'

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 whilst the striking off order

takes effect. The panel also considered that an interim suspension order is necessary on public interest grounds. A well-informed member of the public would be concerned if Ms Hill were allowed to practise in the interim whilst the substantive order takes effect.

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

That concludes this determination.