

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

**Substantive Meeting  
Wednesday, 27 November 2024**

Virtual Meeting

<b>Name of registrant:</b>	<b>Sarah Ann Bell-Nevin</b>
<b>NMC PIN:</b>	07B3679E
<b>Part(s) of the register:</b>	Nursing, Sub part 1 RNA, Registered Nurse – Adult (8 September 2007)
<b>Relevant Location:</b>	Kent
<b>Type of case:</b>	Caution
<b>Panel members:</b>	Michelle Lee (Chair, Registrant member) Vanessa Bailey (Registrant member) Lynne Vernon (Lay member)
<b>Legal Assessor:</b>	Alain Gogarty
<b>Hearings Coordinator:</b>	Petra Bernard
<b>Facts proved:</b>	Charge 1
<b>Facts not proved:</b>	N/A
<b>Fitness to practise:</b>	Impaired
<b>Sanction:</b>	<b>Striking-off order</b>
<b>Interim order:</b>	<b>Interim suspension order (18 months)</b>

## **Decision and reasons on service of Notice of Meeting**

The panel was informed at the start of this meeting that Miss Bell-Nevin was not in attendance and that the Notice of Meeting had been sent to Miss Bell-Nevin's registered email address by secure email on 22 October 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, date and the fact that this meeting was to be heard virtually.

In the light of all of the information available, the panel was satisfied that Miss Bell-Nevin 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. Between 01/11/2022 and 29/11/2022 at Ashford in the County of Kent stole 20 ampoules of morphine, to the value of £350 belonging to the National Health Service. Contrary to section 1(1) and 7 of the Theft Act 1968.

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

## **Background**

The charges arose whilst Miss Bell-Nevin was employed as a registered nurse by Kent Community Health NHS Foundation Trust (the Trust).

On 8 December 2022, the NMC received a referral from Kent Police in respect of Miss Bell-Nevin. Kent Police informed the NMC that they had arrested Miss Bell-Nevin on

6 December 2022 for allegedly stealing morphine for personal use.

Kent Police informed the NMC that Miss Bell-Nevin was said to have been suspended from work in relation to this incident which occurred on 29 November 2022, and that she immediately resigned in response to the incident.

On 9 December 2022, the NMC received a referral from the Trust about Miss Bell-Nevin. The NMC were informed that an audit of controlled drugs records undertaken on 28 November 2022, showed that 20x10mg/1ml ampules of Morphine Sulphate had been prescribed for a patient on 18 October 2022. This amount was signed out to Miss Bell-Nevin from the pharmacy, however, she only signed for 10 ampules in the patient records, meaning that 10 ampules were unaccounted for.

The Trust undertook a further review of the patients in her caseload following a second reported incident on the same day. This identified a series of discrepancies in controlled drug counts for several patients. It was thought that Miss Bell-Nevin had been involved in at least 30 ampules of Morphine Sulphate allegedly going missing. The Trust reported this to the Police.

On 21 December 2022 Miss Bell-Nevin signed a conditional police caution for the offence of Theft by employee, contrary to Section 1 and Section 7 of the Theft Act 1968.

### **Response to concerns raised**

On 15 January 2023, Miss Bell-Nevin responded to an NMC email stating that she had been cautioned by police and they had asked her to be assessed by a counsellor. In an email to the NMC dated 15 January 2023, Miss Bell-Nevin expressed some remorse in respect of her actions, stating that she had reflected and could not believe she had been so stupid.

### **Current employment status**

- Miss Bell-Nevin has been subject to a suspension order since 16 January 2023.
- On 26 April 2023 Miss Bell-Nevin advised the NMC that she was finding it

difficult to seek other employment as nursing was all she knew.

### **Decision and reasons on hearsay evidence**

The panel has decided to admit the following documents as hearsay evidence: the Adult Conditional Caution signed by Miss Bell-Nevin on 21 December 2022; the Disclosure letter from Kent Police dated 23 January 2023, as well as the Case Management Form (CMF) Miss Bell-Nevin signed on 16 May 2024, which confirm that she admits to the offence/charge.

The panel also took into account the Statement of Case, notably the following paragraphs:

*'11. As set out in rule 31(1) Nursing and Midwifery Council Fitness to Practise Rules 2004:*

*'Upon receiving the advice of the legal assessor, and subject only to the requirements of relevance and fairness, a Practice Committee considering an allegation may admit oral, documentary or other evidence, whether or not such evidence would be admissible in civil proceedings (in the appropriate Court in that part of the United Kingdom in which the hearing takes place)'*

*12. The NMC submits that the Adult Conditional Caution, the Summary of Evidence and Suspect Interview Summary are relevant, as they relate directly to the facts of the criminal offence committed by Ms Bell-Nevin.*

*13. It is further submitted that it is fair to admit these documents on the basis that Ms Bell Nevin demonstrated that she accepted committing the offence by signing the Adult Conditional Caution on 21 December 2022, and making full and frank admissions, as recorded in the Summary of Evidence and Suspect Interview Summary.*

*14. The NMC therefore relies upon these documents as evidence of Ms Bell-Nevin's caution.'*

The panel was of the view that the evidence is cogent and comes from a reliable source. It determined that this evidence was relevant and it would be fair to admit it.

The panel applied the test set out in *Thorneycroft v NMC* [2014] EWHC 1565 (Admin).

### **Decision and reasons on facts**

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor which included reference to Rule 31 of the Nursing and Midwifery Council (Fitness to Practise) Rules Order 2004 (the Rules) and the case of *Thorneycroft*.

The panel considered the documentary evidence provided by the NMC and then considered the charge and made the following findings.

### **Charge 1**

“That you a registered nurse;

1. Between 01/11/2022 and 29/11/2022 at Ashford in the County of Kent stole 20 ampoules of morphine, to the value of £350 belonging to the National Health Service. Contrary to section 1(1) and 7 of the Theft Act 1968.

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

### **This charge is found proved.**

The panel determined that the documentary evidence clearly establishes that Miss Bell-Nevin received a caution for a criminal offence on 21 December 2022. Further, this is accepted by her in the NMC CMF.

The panel took into account the evidence before it and decided that it was cogent and from reliable sources. The panel therefore determined that the charge is found proved.

## **Fitness to practise**

Having reached its determination on the facts of this case, the panel then moved on to consider, whether the facts found proved amounted to a caution for a criminal offence, and, if so, whether Miss Bell-Nevin'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 suitability to remain on the register unrestricted.

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 amounted to a caution for a criminal offence. Secondly, only if the facts found proved amounted to a caution for a criminal offence the panel must decide whether, in all the circumstances, Miss Bell-Nevin's fitness to practise is currently impaired as a result of that caution.

## **Representations on caution and impairment**

In coming to its decision, the panel had regard to the case of *Roylance v GMC (No. 2)* [2000] 1 AC 311.

The NMC invited the panel to take the view that the facts found proved amounted to a caution for a criminal offence. The panel had regard to the terms of 'The Code: Professional standards of practice and behaviour for nurses and midwives (2015)' (the Code) in making its decision.

The NMC identified the following specific, relevant standards where Miss Bell-Nevin's actions amounted to a caution for a criminal offence: 20.1; 20.2; 20.3; 20.4 and 20.8.

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 has referred to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin).

The NMC invited the panel to find Miss Bell-Nevin's fitness to practise impaired on the grounds of public protection and public interest, as follows:

*'...We consider there to be a continuing risk to the public due to the lack of evidence that Ms Bell-Nevin has full insight into her conduct, and that she has fully reflected upon it and how she may act differently in future. We therefore consider that a finding of impairment on public protection grounds is required'*

*'The NMC considers 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 behavior, and to maintain public confidence in the profession and the NMC as its regulator. Ms Bell-Nevin's alleged conduct engages the public interest because 10 there is no evidence that the concern identified has been remediated. The public would also expect the NMC to ensure that those on its register maintain the required standards of professionalism; specifically, that they are open and honest, and able to carry out their roles effectively and in a trustworthy manner. The public would therefore expect the NMC to regulate or restrict the practice of nurses who steal controlled drugs from their employer for personal use.'*

The panel accepted the advice of the legal assessor.

### **Decision and reasons on caution**

When determining whether the facts found proved amounted to a caution for a criminal offence, the panel had regard to the terms of the Code.

The panel was of the view that Miss Bell-Nevin's actions did fall significantly short of the standards expected of a registered nurse, and agreed with the NMC that Miss Bell-Nevin's actions amounted to a breach of the Code, Specifically:

*‘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...*

*20.3 Be aware at all times of how your behaviour can affect and influence the behaviour of other people;*

*20.4 Keep to the laws of the country in which you are practising;*

*20.8 Act as a role model of professional behaviour for students and newly qualified nurses, midwives and nursing associates to aspire to’*

The panel appreciated that breaches of the Code do not automatically result in a finding of impairment. However, the panel was of the view that Miss Bell-Nevin actions did fall seriously short of the conduct and standards expected of a nurse, as evidenced by the caution she accepted.

### **Decision and reasons on impairment**

The panel next went on to decide if as a result of the caution for a criminal offence, Miss Bell-Nevin’s fitness to practise is currently impaired. This was not disputed by Miss Bell-Nevin as evidenced in the signed CMF.

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. 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 determined that all four limbs are engaged in this case.

The panel finds that patients were put at risk of harm and emotional harm as a result of Miss Bell-Nevin's actions. Miss Bell-Nevin's caution for a criminal offence had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute. It was satisfied that confidence in the nursing profession would be undermined if its regulator did not find charges relating to dishonesty extremely serious.

In relation to insight, the panel considered that Miss Bell-Nevin had made an early admission to the charge, however the panel was of the view that she has not sufficiently demonstrated an understanding of how her actions put the patients at a risk of harm. The

panel determined that Miss Bell-Nevin has not demonstrated an understanding of why what she did was wrong and how this impacted negatively on the reputation of the nursing profession, nor has she sufficiently demonstrated how she would handle the situation differently in the future.

Therefore, the panel carefully considered the evidence before it in determining whether or not Miss Bell-Nevin has taken steps to strengthen her practice. The panel took into account Miss Bell-Nevin has not provided a reflective piece. As such, the panel is of the view that there is a 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 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 also required. It 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 Miss Bell-Nevin's fitness to practise impaired on the grounds of public interest.

Having regard to all of the above, the panel was satisfied that Miss Bell-Nevin's fitness to practise is currently impaired.

## **Sanction**

The panel has considered this case very carefully and has decided to make a striking-off order. It directs the registrar to strike Miss Bell-Nevin off the register. The effect of this order is that the NMC register will show that Miss Bell-Nevin 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 Statement of Case, the NMC had advised Miss Bell-Nevin that it would seek the imposition of a striking-off order if it found her fitness to practise currently impaired.

### **Decision and reasons on sanction**

Having found Miss Bell-Nevin'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. 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:

- Miss Bell-Nevin's conditional caution for theft by employee of controlled drugs.
- Miss Bell-Nevin's abuse of a position of trust.
- Miss Bell-Nevin's actions are damaging to the reputation of the nursing profession.
- Miss Bell-Nevin's premeditated and repeated dishonesty for personal gain, namely controlled drugs for personal use.
- Miss Bell-Nevin's conditional caution is linked directly to her position as a registered nurse.
- Miss Bell-Nevin's failure to demonstrate a meaningful level of insight remorse and remediation.
- Miss Bell-Nevin's deep seated personality, attitudinal and behavioural issues.
- Miss Bell-Nevin's dishonesty relating to falsification of patient records

- Miss Bell-Nevin's disregard in relation to the extra workload on colleagues and emotional distress to patients in her care and their families.

The panel also took into account the following mitigating features:

- Miss Bell-Nevin made an early admission to the charge

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 Bell-Nevin'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 Miss Bell-Nevin's caution for a criminal offence 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 Miss Bell-Nevin'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 caution for a criminal offence identified in this case was not something that can be addressed through retraining. Furthermore, the panel concluded that the placing of conditions on Miss Bell-Nevin'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;*
- *No evidence of repetition of behaviour since the incident;*
- *The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour;*
- *In cases where the only issue relates to the nurse or midwife's health, there is a risk to patient safety if they were allowed to continue to practise even with conditions; and*
- *In cases where the only issue relates to the nurse or midwife's lack of competence, there is a risk to patient safety if they were allowed to continue to practise even with conditions.*

The panel determined that Miss Bell-Nevin's conduct, as highlighted by the facts found proved, was a significant departure from the standards expected of a registered nurse.

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?*

The panel noted that the serious breach of the fundamental tenets of the profession evidenced by Miss Bell-Nevin's actions, is fundamentally incompatible with Miss Bell-Nevin remaining on the register.

The panel was of the view that the findings in this particular case demonstrate that Miss Bell-Nevin'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 Miss Bell-Nevin's actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct themselves, 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 Miss Bell-Nevin 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 Miss Bell-Nevin's own interest 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.

### **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 due to allow for the possibility of an appeal to be made and determined.

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

That concludes this determination.