

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

**Substantive Hearing
Tuesday, 18 February 2025**

Nursing and Midwifery Council
2 Stratford Place, Montfichet Road, London, E20 1EJ

Name of Registrant:	Marina Helen Stocks
NMC PIN	84Y1184E
Part(s) of the register:	Registered Nurse - sub part 1- Adult Nursing – 13 July 1987
Relevant Location:	Leeds
Type of case:	Misconduct
Panel members:	Des McMorrow (Chair, Lay member) Jessica Read (Registrant member) James Carr (Lay member)
Legal Assessor:	Oliver Wise
Hearings Coordinator:	Dilay Bekteshi
Nursing and Midwifery Council:	Represented by Ben D’Alton, Case Presenter
Mrs Stocks:	Not present and unrepresented
Consensual Panel Determination:	Accepted
Facts proved:	All charges proved by way of admission
Fitness to practise:	Impaired
Sanction:	Striking-off order
Interim order:	Interim suspension order (18 months)

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Mrs Stocks was not in attendance and that the Notice of Hearing letter had been sent to Mrs Stocks' registered email address by secure email and recorded delivery on 15 January 2025.

Mr D'Alton, on behalf of the Nursing and Midwifery Council (NMC), submitted that it had complied with the requirements of Rules 11 and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Hearing provided details of the allegation, the time, dates and venue of the hearing and, amongst other things, information about Mrs Stocks' right to attend, be represented and call evidence, as well as the panel's power to proceed in her absence.

In the light of all of the information available, the panel was satisfied that Mrs Stocks has been served with the Notice of Hearing in accordance with the requirements of Rules 11 and 34.

Decision and reasons on proceeding in the absence of Mrs Stocks

The panel next considered whether it should proceed in the absence of Mrs Stocks. It had regard to Rule 21 and heard the submissions of Mr D'Alton who invited the panel to continue in the absence of Mrs Stocks.

Mr D'Alton informed the panel that a provisional Consensual Panel Determination (CPD) agreement had been reached and signed by Mrs Stocks on 15 February 2025 which sets out that Mrs Stocks would not be attending the hearing today and is content for the hearing to proceed in her absence. He therefore submitted that there would be no purpose in adjourning today and would be in her interests to proceed with the hearing.

The panel accepted the advice of the legal assessor.

The panel noted that its discretionary power to proceed in the absence of a registrant under the provisions of Rule 21 is not absolute and is one that should be exercised “with the utmost care and caution” as referred to in the case of *R v Jones (Anthony William)* (No.2) [2002] UKHL 5.

The panel had regard to the information provided and considered that Mrs Stocks was aware of today’s hearing and that she was content for it to proceed in her absence. She had signed a CPD agreement, intending for the panel to consider this and she was available by email should the panel need to seek to clarify any matters. The panel did not consider that adjourning this hearing would secure Mrs Stocks’ attendance at a hearing on a future date nor has Mrs Stocks requested an adjournment. The panel had regard to the public interest in the expeditious disposal of these proceedings. In these circumstances the panel determined that it would be fair, in the interests of justice and in Mrs Stocks’ interests to proceed in her absence.

Preliminary Matters

Request for hearing to be heard in private

The parties applied for the hearing to be heard partly in private under Rule 19 of the NMC (Fitness to Practise) Rules 2004 (“the Rules”).

Mr D’Alton submitted that in this case there are matters which refer to Mrs [PRIVATE], in particular paragraph 33 of the CPD agreement.

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

The panel decided to hold parts of the hearing in private when such issues concerning Mrs Stocks’ [PRIVATE] are raised.

Application to amend charge 4

Mr D'Alton invited the panel to amend charge 4, under Rule 28(1) to correctly reflect the time Mrs Stocks was employed as a Unit Manager of the Ravensdale Care Home and when the incidents occurred. He submitted that the amendment is necessary to properly reflect the evidence and the facts of the case, and causes no unfairness or prejudice. Proposed amendment:

*"Between ~~October 2020~~ **August 2022** and 20 April 2023, on one or more occasions".*

The legal assessor pointed out a typographical error in charge 4a), which currently states, "behaved in an inappropriate manner by laying next to one or more Residents whilst they were in bed." The legal assessor clarified that the correct term should be "lying."

The panel accepted the advice of the legal assessor.

The panel decided to amend the stem of charge 4 to read, "Between August 2022 and 20 April 2023, on one or more occasions," and to correct charge 4a) by changing "laying" to "lying.". It concluded that these amendments were solely aimed at rectifying typographical mistakes and had no bearing on the substance of the allegation and therefore making these amendments would not result in any prejudice or unfairness to Mrs Stocks.

Details of charge (as amended)

That you, a registered nurse:

1. *On 21 April 2023:*

- a. Consumed alcohol and/or were intoxicated during your shift;*
- b. Behaved inappropriately by:*
 - i. dancing in front of one or more Residents and touching parts of your body, including your breasts in a provocative manner;*
 - ii. making sexual gestures towards Resident A;*
- c. Shouted at Colleague A words to the effect of "all I wanted to do is make people fucking happy in this place and I just get fucked over for it so you can all fuck off";*
- d. On one or more occasions, told Colleague A to 'fuck off' or words to*

- this effect;*
- e. On one or more occasions, called Colleague A ‘a fucking cunt’ or words to this effect;*
 - f. Referred to one or more colleague as ‘miserable bastards’;*
 - g. Told Colleague B to “shove your job up your arse”;*
 - h. Shouted and/or swore at one or more colleagues in the presence of one or more Residents;*
- 2. On an unknown date, on one or more occasions, made inappropriate and/or unkind comments about Colleague A’s family member;*
- 3. On an unknown date shouted at Resident B and/or told them to ‘fuck off’ or words to this effect;*
- 4. Between August 2022 and 20 April 2023, on one or more occasion:*
- a. Behaved in an inappropriate manner by lying next to one or more Residents whilst they were in bed;*
 - b. Kissed one or more Residents on their cheek;*
- 5. Your actions at Charge 1b(i) and/or (ii) and/or Charge 4(a) and/or (b) breached professional boundaries.*
- 6. Between 7 May 2021 and 10 May 2021, failed to administer the following medication to Resident C:*
- a. Apixaban 5mg;*
 - b. Bisoprolol 2.5mg;*
 - c. Valsartan 25mg;*
- 7. On 10 May 2021, on one or more occasion, failed to administer the*

following medication to Patient D:

- a. Gabapentin 300mg;*
- b. Lansoprazole 30mg;*
- c. Nitrofurantoin 100mg*

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

Consensual Panel Determination

At the outset of this hearing, Mr D'Alton informed the panel that a provisional agreement of a Consensual Panel Determination (CPD) had been reached with regard to this case between the NMC and Mrs Stocks.

The agreement, which was put before the panel, sets out Mrs Stocks' full admissions to the facts alleged in the charges, that her actions amounted to misconduct, and that her fitness to practise is currently impaired by reason of that misconduct. It is further stated in the agreement that an appropriate sanction in this case would be a striking-off order.

The panel has considered the provisional CPD agreement reached by the parties.

That provisional CPD agreement reads as follows:

The Nursing & Midwifery Council ('the NMC') and Marina Helen Stocks ('Mrs Stocks'), PIN 84Y1184E ('the Parties') agree as follows:

- 1. Mrs Stocks is aware of the CPD hearing. Mrs Stocks does not intend to attend the hearing and is content for it to proceed in her absence. Mrs Stocks will endeavour to be available promptly by email should clarification on any point be required, or should the panel wish to make other amendments to the provisional agreement that are not agreed by Mrs Stocks.*

Preliminary issues

Request for hearing to be considered in private

2. *The Parties apply under rule 19(3) of the Nursing and Midwifery Council (Fitness to Practise) Rules 2004 ('the Rules') [PRIVATE]. This rule provides that a hearing before the Fitness to Practise Committee can be considered either wholly or partially in private where this is justified by the interests of any party or third party or is in the public interest.*
3. *[PRIVATE]. Rule 19(1) provides, as a general principle, that hearings shall be conducted in public, in line with the principles of open justice. The principles of open justice do not extend to the disclosure of private and confidential details relating to an individual's health.*
4. *The Parties agree that matters concerning Mrs Stocks' [PRIVATE] can be appropriately separated from the rest of the hearing.*

Application to amend charges

5. *The Parties apply under rule 28(1) to amend the charges set out in the notice of hearing sent to Mrs Stocks on 15 January 2025.*
6. *The stem of charge 4 currently reads "Between October 2020 and 20 April 2023, on one or more occasion".*
7. *This is a drafting error made by the NMC and does not reflect the relevant period in question. This charge should read:*

*~~"Between October 2020~~**August 2022** and 20 April 2023, on one or more occasions".*
8. *This reflects the time period during which Mrs Stocks was employed as a Unit Manager for the Ravensdale Care Home and when the incidents occurred.*
9. *The Parties submit that this amendment is necessary to properly reflect the evidence*

and the facts of the case, and causes no unfairness or prejudice.

The charges

10. Mrs Stocks admits the following charges:

That you, a registered nurse:

1. *On 21 April 2023:*

- a. *Consumed alcohol and/or were intoxicated during your shift;*
- b. *Behaved inappropriately by:*
 - i. *dancing in front of one or more Residents and touching parts of your body, including your breasts in a provocative manner;*
 - ii. *making sexual gestures towards Resident A;*
- c. *Shouted at Colleague A words to the effect of “all I wanted to do is make people fucking happy in this place and I just get fucked over for it so you can all fuck off”;*
- d. *On one or more occasions, told Colleague A to ‘fuck off’ or words to this effect;*
- e. *On one or more occasions, called Colleague A ‘a fucking cunt’ or words to this effect;*
- f. *Referred to one or more colleague as ‘miserable bastards’;*
- g. *Told Colleague B to “shove your job up your arse”;*
- h. *Shouted and/or swore at one or more colleagues in the presence of one or more Residents;*

2. *On an unknown date, on one or more occasions, made inappropriate and/or unkind comments about Colleague A’s family member;*

3. *On an unknown date shouted at Resident B and/or told them to ‘fuck off’ or words to this effect;*

4. *Between ~~October 2020~~ **August 2022 and 20 April 2023**, on one or more occasion:*

- a. *Behaved in an inappropriate manner by ~~laying~~ **lying** next to one or more*

- Residents whilst they were in bed;*
- b. Kissed one or more Residents on their cheek;*
5. *Your actions at Charge 1b(i) and/or (ii) and/or Charge 4(a) and/or (b) breached professional boundaries.*
6. *Between 7 May 2021 and 10 May 2021, failed to administer the following medication to Resident C:*
- a. Apixaban 5mg;*
- b. Bisoprolol 2.5mg;*
- c. Valsartan 25mg;*
7. *On 10 May 2021, on one or more occasion, failed to administer the following medication to Patient D:*
- a. Gabapentin 300mg;*
- b. Lansoprazole 30mg;*
- c. Nitrofurantoin 100mg*

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

The facts

8. *Mrs Stocks joined the register of nurses, midwives and nursing associates maintained by the NMC, as a nurse on 1 August 1999.*
9. *The matters in issue relate to two periods of Mrs Stocks' employment as:*
- a. Senior nurse at the Green Acres Care Home (late 2020/early 2021-28 May 2021); and*
- b. Unit Manager for the Ravensdale Care Home (August 2022- April 2023).*

The Ravensdale Care Home (Charges 1-5)

10. *On 3 May 2023, the NMC received a referral from the Ravensdale Care Home in*

respect of Mrs Stocks. This referral highlighted concerns in respect of Mrs Stocks' behaviour at the home, which had culminated in an incident on 21 April 2023, shortly after which Mrs Stocks handed in her resignation.

21 April 2023 (Charges 1 and 5)

- 11. On 21 April 2023, at around 5/6pm, staff noticed changes in Mrs Stocks' behaviour. While dancing and singing with Resident A in the lounge of the Bluebell Unit, Mrs Stocks became more expressive and began to behave in an inappropriate manner.*
- 12. Mrs Stocks was observed dancing provocatively, including touching her breasts, and making sexual gestures towards Resident A.*
- 13. Staff also noticed that Mrs Stocks appeared intoxicated in that she was:*
 - a. Loud;*
 - b. Red-cheeked;*
 - c. Slurring her words;*
- 14. Having become concerned about Mrs Stocks' behaviour, Colleague A, Witness 1, and Witness 2 raised concerns with Colleague B as the home's manager.*
- 15. Colleague B asked Mrs Stocks to join her in her office and she challenged Mrs Stocks' behaviour. Mrs Stocks said that she was "Only trying to have a laugh" and that the other care staff "are such miserable bastards".*
- 16. Following this discussion Mrs Stocks was allowed to return to work. Colleague A subsequently approached Mrs Stocks in the nurse's station to ask if she was okay. Mrs Stocks responded saying "all I wanted to do is make people fucking happy in this place and I just get fucked over for it so you can all fuck off". Colleague A attempted to explain her actions in reporting Mrs Stocks but was told to "fuck off".*
- 17. Later, on approaching the nurse's station, Colleague B observed Mrs Stocks*

through the window of the nurse's station drinking from a bottle of wine. When Colleague B knocked and entered the room, Mrs Stocks put the bottle on the floor.

18. Colleague B attempted to talk to Mrs Stocks about what had happened with Colleague A, however Mrs Stocks did not wish to speak about this. Colleague B observed that Mrs Stocks appeared unsteady on her feet and was slurring her words.

19. Colleague B sent Mrs Stocks to collect the keys to the medicine cabinet. After Mrs Stocks had left Colleague B picked up the bottle and confirmed this it was a bottle of white wine.

20. Colleague B then invited Mrs Stocks into her office and told her that she, Colleague B, had observed Mrs Stocks drinking from the bottle of wine a short time earlier.

21. Mrs Stocks denied drinking wine and blamed other colleagues for reporting her. Colleague B told Mrs Stocks that she was incoherent and was slurring her words. Mrs Stocks put this down to taking two extra tramadol, and told Colleague B to "fuck off". At this point Colleague B informed Mrs Stocks that she was being sent home as she was not fit for work. Mrs Stocks stormed past Colleague B and said, "shove your job up your arse".

22. Mrs Stocks then went into the nurse's station and shouted at Colleague A calling her "a fucking cunt". Mrs Stocks also went into the lounge area of the Bluebell Unit and shouted and swore at the staff and residents present.

23. Mrs Stocks subsequently left the Ravensdale Care Home and went home.

Concerns relating to other incidents during Mrs Stocks' employment at the Ravensdale Care Home (Charges 2-5)

24. During the course of her employment at the Ravensdale Care Home concerns

were also raised about other inappropriate behaviour by Mrs Stocks:

- a. On several occasions Mrs Stocks engaged in conversations about Colleague A's partner, implying she was mentally unwell;
- b. On one occasion Mrs Stocks shouted at a resident, Resident B, and told them to "fuck off";
- c. On several occasions Mrs Stocks was observed:
 - i. Laying down next to residents in their beds; and
 - ii. Kissing a resident on their cheek.

25. These incidents were observed by other staff, but the exact date of these incidents is unknown.

The Green Acres Care Home (Charges 6 and 7)

26. In the course of the NMC's investigation, contact was made with Mrs Stocks' former employer, the Green Acres Care Home. When contacted, the Green Acres Care Home disclosed that Mrs Stocks had failed to administer medication to patients as required, during shifts on 7 May 2021 and 10 May 2021.

27. On 7 May 2021, Mrs Stocks did not administer Resident C's 'teatime' dose of:

- a. Apixaban 5mg; and
- b. Bisoprolol 2.5m.

28. On 10 May 2021, Mrs Stocks did not administer Resident C's 'teatime' dose of

- a. Apixaban 5mg;
- b. Bisoprolol 2.5m; and
- c. Valsartan 25mg.

29. On 10 May 2021, Mrs Stocks did not administer Resident D's morning, lunch,

and 'teatime' dose of Gabapentin 300mg.

30. On 10 May 2021, Mrs Stocks did not administer Resident D's, morning doses of:

- a. Lansoprazole 30mg; and*
- b. Nitrofurantoin 100mg.*

Mrs Stocks' position

31. Mrs Stocks has admitted the charges and admits that her actions amount to serious professional misconduct, and by reason of that misconduct she remains currently impaired.

32. Mrs Stocks has now retired from nursing, and from work in general, and has no intention to return to registered practice.

33. [PRIVATE]

34. Mrs Stocks acknowledges her past reprehensible actions, and apologises for them. [PRIVATE].

Misconduct

35. Mrs Stocks admits that the conduct as particularised in the charges above amounts to serious professional misconduct.

36. Although not defined in statute, the comments of Lord Clyde in Roylance v General Medical Council [1999] UKPC 16 provide some assistance when seeking to define misconduct:

"Misconduct is a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rule and standards ordinarily

required to be followed by a [registered professional] in the particular circumstances”.

37. In addition the comments of Jackson J in Calhaem v GMC [2007] EWHC 2606 (Admin) and Collins J in Nandi v General Medical Council [2004] EWHC 2317 (Admin), are instructive namely:

“[Misconduct] connotes a serious breach which indicates that the [registered professional’s] fitness to practise is impaired.”

And

“The adjective “serious” must be given its proper weight, and in other contexts there has been reference to conduct which would be regarded as deplorable by fellow practitioner.”

38. Where the acts or omissions of a registered nurse are in question, what would be proper in the circumstances (per Roylance) can be determined by having reference to the Code.

39. The Parties agree the following provisions of the Code, to which Mrs Stocks was subject to as a registered nurse at all relevant times, have been breached in this case:

8 Work co-operatively

8.2 maintain effective communication with colleagues

20. Uphold the reputation of your profession at all times

20.1 keep to and uphold the 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

20.6 stay objective and have clear professional boundaries at all times with people in your care (including those who have been in your care in the

past), their families and carers

20.7 make sure you do not express your personal beliefs (including political, religious or moral beliefs) to people in an inappropriate way

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

Mrs Stocks' intoxication at work

40. The Parties agree that Mrs Stocks' intoxication had the potential to affect her ability to practise safely, and placed residents at unwarranted risk of serious harm.

Mrs Stocks' actions breaching of professional boundaries in respect of patients

41. The Parties agree that Mrs Stocks inappropriate conduct towards patients, as captured by charge 5, crossed professional boundaries. The Parties agree that this conduct had the potential to undermine patient care, as well as patients' confidence and trust in the profession. The behaviour exhibited was improper and therefore unprofessional.

Mrs Stocks' behaviour towards colleagues

42. The Parties agree that Mrs Stocks' comments to, and actions towards, colleagues were abusive, improper and unprofessional. Such conduct potentially caused emotional and psychological distress to the persons concerned. In particular Colleague A stated that Mrs Stocks' actions on 21 April 2023 caused her to have a [PRIVATE].

43. The Parties agree that Mrs Stocks' abusive words and behaviour towards colleagues also had the potential to undermine working relationships within the Ravensdale Care Home, and therefore to adversely affect patient care.

Mrs Stocks' failure to administer medication to patients

44. The Parties agree that, while no actual harm was caused, Mrs Stocks' failure to administer medication to Residents C and D had the potential to

cause serious harm to both patients.

45. Ms 3, previous Home Manager for the Green Acres Home, stated that:

- a. Due to not receiving Apixaban, Resident C was put at greater risk of a heart attack, stroke or blood clot;*
- b. Due to not receiving Bisoprolol, Resident C was put at greater risk of harm due to raised blood pressure;*
- c. Due to not receiving Valsartan, Resident C was put at greater risk of increased blood pressure and reduced oxygen to the heart;*
- d. Due to not receiving Gabapentin, Resident D could have been suffering in pain;*
- e. Due to not receiving Lansoprazole, Resident D was at risk of abdominal pain and acid reflux; and*
- f. Due to not receiving Nitrofurantoin, Resident D's urine infection could have gotten worse.*

46. It is acknowledged that not every breach of the Code will result in a finding of misconduct. However, the Parties therefore agree that Miss Stocks' actions, and the resulting breaches of the Code, clearly amount to serious professional misconduct, falling far below the standards expected of a registered nurse .

Impairment

47. The Parties agree that Mrs Stocks' fitness to practise is currently impaired by reason of her misconduct.

48. The NMC's guidance on impairment ('DMA-1') explains that impairment is not defined in legislation but is a matter for the Panel to decide.

49. Although there is no statutory definition of impairment, the questions outlined by Dame Janet Smith in the 5th Shipman Report ('the Shipman report'), as endorsed in the case of Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin), provide

further guidance on impairment. Those questions were:

- a. “has [the Registrant] in the past acted and/or is liable in the future to act as so to put a patient or patients at unwarranted risk of harm; and/or*
- b. has [the Registrant] in the past brought and/or is liable in the future to bring the*
[nursing] profession into disrepute; and/or
- c. has [the Registrant] in the past committed a breach of one of the fundamental tenets of the [nursing] profession and/or is liable to do so in the future; and/or*
- d. has [the Registrant] in the past acted dishonestly and/or is liable to act dishonestly in the future.”*

50. The Parties agree that the first three questions are engaged in this case.

51. The Parties agree that the Mrs Stocks’ actions, particularly in failing to administer medication and working while intoxicated, placed patients at unwarranted risk of harm and, if allowed to be repeated, would place other patients at risk of harm.

52. The Parties agree that Mrs Stocks’ misconduct, as set out in the charges, was so serious that it is liable to bring the reputation of the profession into disrepute.

53. The Parties agree that maintaining appropriate professional boundaries with colleagues and patients, and effective medication administration, are fundamental tenets of the nursing profession. The Parties agree that Mrs Stocks’ actions have breached these fundamental tenets.

54. In addition to endorsing the questions from the Shipman report when considering impairment, at paragraph 74 of Grant case Cox J commented that:

“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.”

55. In line with the case of Grant, consideration of impairment can therefore be split into two distinct questions:

- a. Whether Mrs Stocks poses a current risk to the public through her practice? (Public protection); and*
- b. Whether a finding of impairment is needed to maintain public confidence in the profession and uphold professional standards? (Public interest)*

Public protection

56. Impairment is a forward-thinking exercise that looks at the risk a registrant's practice poses in the future. The NMC's guidance on impairment ('DMA-1')³ adopts the approach of Silber J in the case of R (on application of Cohen) v General Medical Council [2008] EWHC 581 (Admin) by asking the questions whether the concern is easily remediable, whether it has in fact been remedied, and whether it is highly unlikely to be repeated.

57. The Parties agree that Mrs Stocks' actions in drinking alcohol and becoming intoxicated at work; behaving inappropriately towards residents; behaving inappropriately towards professional colleagues; and failing to administer medication to patients represented an unacceptable risk of harm to both patients and colleagues, for the reasons set out at paragraphs 37-43. As such, without remediation, there is an obvious risk of repetition.

58. The Parties agree that Mrs Stocks' interactions with patients and colleagues at the Ravensdale Care Home demonstrate a pattern of behaviour that is attitudinal and as a regulatory concern, would be difficult to put right.

59. Given that Mrs Stocks retired after leaving the Ravensdale Care Home, and has therefore not practised as a registered nurse since these matters were referred,

the Parties agree that Mrs Stocks has not had the opportunity to address the underlying concerns raised, and therefore the risk of repetition remains.

60. The Parties therefore agree that a finding of impairment is necessary to protect the public.

Public interest

61. A consideration of the public interest requires the Panel to decide whether a finding of impairment is needed to declare and uphold proper professional standards of conduct and/or to maintain public trust and confidence in the profession.

62. The Parties agree that, in particular, Mrs Stocks' abusive and unprofessional misconduct was such as to require a finding of impairment to uphold professional standards. Furthermore, if the Fitness to Practise Committee does not make a finding of impairment, this would undermine public confidence and trust in the regulatory process and the NMC as a regulator.

Sanction

63. Whilst sanction is a matter for the Panel's independent professional judgement, the Parties agree that the appropriate sanction in this case is a striking-off order.

64. The aggravating features of the case are:

- a. The repeated nature of the conduct in issue demonstrating a pattern of behaviour;*
- b. The fact that Mrs Stocks' conduct had the potential to result in serious harm to patients and certainly, in the case of Colleague A, resulted in a [PRIVATE];*
- c. Mrs Stocks' conduct discloses attitudinal concerns that are difficult to put*

right.

65. *The mitigating features of the case are:*

- a. Mrs Stocks' admissions to the charges;*
- b. [PRIVATE]*

66. *Considering the facts of this case in line with the available sanctions in ascending order of seriousness:*

Taking no further action

67. *NMC guidance on taking no further action ('SAN-3a') indicates that a panel has a discretion to take no further action after a finding of impairment, but will only use that discretion rarely. The Parties agree that the nature of this case is not exceptional and that taking no action would be insufficient to (1) protect the public including colleagues (2) promote and uphold professional standards of conduct, or (3) maintain confidence in the profession and the NMC as a the regulatory body.*

Caution Order

68. *NMC guidance on caution orders ('SAN-3b') indicates that a caution order is only appropriate if the case is at the lower end of the spectrum of impaired fitness to practise. The Parties agree that this case involves serious misconduct at the highest end.*

69. *The Parties therefore agree a caution order would not be appropriate in this case where public protection issues have been identified.*

Conditions of Practice Order

70. *NMC guidance on conditions of practice orders ('SAN-3c') outlines that the key consideration when looking at whether conditions of practice may be appropriate is whether conditions can be put in place that would address the*

issues which led to the finding of impairment.

71. Given the particular circumstances of this case, the Parties agree that conditions could not be drafted that would sufficiently address the issues relating to public protection or public confidence in the NMC and the profession.

72. Furthermore, given that Mrs Stocks has retired and has no intention of returning to nursing, a conditions of practice order would not be workable in any event.

Suspension order

73. The NMC's guidance on suspension orders outlines that a suspension order may be appropriate in cases "where the misconduct isn't fundamentally incompatible with the nurse, midwife or nursing associate continuing to be a registered professional, and [the NMC's] overarching objective may be satisfied by a less severe outcome than permanent removal from the register."

74. The Parties are agreed that this is a case where Mrs Stocks' conduct represents serious conduct that is fundamentally incompatible with continued registration.

75. The Parties agree that, as Mrs Stocks has retired with no intention to return to practice, and there is thus no realistic prospect of her remediating in respect of her current impairment. A suspension order would therefore serve no useful purpose.

Striking-off Order

76. The NMC's guidance on striking-off orders outlines that, before imposing a striking-off order, a Fitness to Practise Committee should consider among other matters:

a. Whether the regulatory concerns about the nurse raise fundamental

- questions about their professionalism;*
- b. Whether public confidence in the profession can be maintained if the nurse is not removed from the register; and*
 - c. Whether striking-off is the only sanction that would be sufficient to protect patients, members of the public, or maintain professional standards.*

77. The Parties are agreed, for the reasons stated above, that Mrs Stocks' conduct is so serious that it raises fundamental concerns about her professionalism; public confidence would be affected if Mrs Stocks were not removed from the register; and a striking-off order is the only appropriate and proportionate sanction in the circumstances.

Interim order

78. The Parties are agreed that an interim order is required in this case to protect the public and because it is otherwise in the public interest. This is because a substantive order does not take effect for some 28 days after the panel's decision and, in the event of an appeal, does not take effect at all prior to the determination of the appeal. This would mean that Mrs Stocks would be at liberty to practise without restriction in the event of lodging an appeal. The interim order should be for a period of 18 months as it is likely to take this amount of time to conclude appeal proceedings. Should Mrs Stocks choose not to appeal, the interim order would automatically fall away when the substantive order takes effect.

The Parties understand that this provisional agreement cannot bind a panel, and that the final decision regarding findings of fact, impairment and sanction is a matter for the panel. The Parties understand that, in the event that a panel does not agree with this provisional agreement, the admissions to the charges and the agreed statement of facts as set out above, may be placed before a differently constituted

panel that is determining the allegation, provided that it would be relevant and fair to do so.

Here ends the provisional CPD agreement between the NMC and Mrs Stocks. The provisional CPD agreement was signed by Mrs Stocks on 15 February 2025 and by the NMC on 17 February 2025.

Decision and reasons on the CPD

The panel decided to accept the CPD.

Mr D'Alton referred the panel to the 'NMC Sanctions Guidance' (SG) and to the 'NMC's guidance on Consensual Panel Determinations'. He reminded the panel that they could accept, amend or outright reject the provisional CPD agreement reached between the NMC and Mrs Stocks. Further, the panel should consider whether the provisional CPD agreement would be in the public interest. This means that the outcome must ensure an appropriate level of public protection, maintain public confidence in the professions and the regulatory body, and declare and uphold proper standards of conduct and behaviour.

The panel accepted the legal assessor's advice.

The panel noted that Mrs Stocks admitted the facts of the charges. Accordingly the panel was satisfied that the charges are found proved by way of Mrs Stocks' admissions, as set out in the signed provisional CPD agreement.

Decision and reasons on impairment

The panel then went on to consider whether Mrs Stocks' fitness to practise is currently impaired. Whilst acknowledging the agreement between the NMC and Mrs Stocks, the panel has exercised its own independent judgement in reaching its decision on impairment.

In respect of misconduct, the panel had regard to paragraphs 35 – 46 of the CPD agreement, which it endorsed. The panel was satisfied that paragraph 39 clearly set out Mrs Stocks breached of *The Code: Professional standards of practice and behaviour for nurses and*

midwives (2015) ("the Code"). The panel also determined that 1.1 and 1.2 of the Code is engaged:

1.1 treat people with kindness, respect and compassion

1.2 make sure you deliver the fundamentals of care effectively

The panel determined that Mrs Stocks' actions were serious and fell significantly below the standards expected of a registered nurse. It therefore determined that the charges, both individually and collectively, amount to serious professional misconduct.

The panel then considered whether Mrs Stocks' fitness to practise is currently impaired by reason of misconduct. The panel had regard to paragraphs 47 – 62, which it endorsed. The panel also had regard to paragraphs 56 - 62 of the CPD agreement, which clearly sets out that this case engaged public protection and public interest concerns.

The panel accepted that limbs a, b and c of Dame Janet Smith's test, as set out in the case of *CHRE v NMC and Grant* [2011] EWHC 927, were engaged by Mrs Stocks' past actions, as set out in paragraphs 49 - 52 of the CPD agreement. The panel went on to consider whether Mrs Stocks was liable to put patients at risk of harm, bring the profession into disrepute and breach fundamental tenets of the profession. In doing so, the panel assessed Mrs Stocks' levels of insight, remorse and remediation.

The panel determined that this misconduct is difficult to remediate given the nature of the concerns. The panel noted that Mrs Stocks retired after leaving the Ravensdale Care Home, and has not practised as a registered nurse since these matters were referred. The panel determined that Mrs Stocks has not provided any information to suggest strengthened practice or that she has addressed any concerns. The panel therefore determined that there is a significant risk of repetition and subsequently a risk of significant harm.

The panel also determined that public interest is engaged. It determined that Mrs Stocks' misconduct was such as to require a finding of impairment to uphold professional standards and maintain public confidence in the profession.

Decision and reasons on sanction

Having found Mrs Stocks' 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:

- a. The repeated nature of the conduct in issue demonstrating a pattern of behaviour;
- b. The fact that Mrs Stocks' conduct had the potential to result in serious harm to patients and certainly, in the case of Colleague A, resulted in a panic attack;
- c. Mrs Stocks' conduct discloses attitudinal concerns that are difficult to remediate.
- d. Sexually inappropriate behaviour in a care home towards vulnerable people.
- e. Breach of professional position/Abuse of position of trust.

The panel also took into account the following mitigating features:

- a. Mrs Stocks' admissions to the charges;
- b. Mrs Stocks' personal circumstances at the time of her actions.

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 Mrs Stocks' 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 Stocks' 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 Mrs Stocks' 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. Furthermore, the panel concluded that the placing of conditions on Mrs Stocks' 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;*
- ...
- ...

The conduct, as highlighted by the facts found proved, was a significant departure from the standards expected of a registered nurse. The panel determined that the serious breach of the fundamental tenets of the profession evidenced by Mrs Stocks' actions is fundamentally incompatible with Mrs Stocks 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?*

The panel determined that Mrs Stocks' 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 Mrs Stocks' 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. The panel determined that public confidence in the nursing profession could not be maintained if Mrs Stocks were not removed from the register.

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel agreed with the CPD that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the matters it identified, 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.

Decision and reasons on interim order

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

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 agreed with the CPD 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 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 Mrs Stocks is sent the decision of this hearing in writing.

This decision will be confirmed to Mrs Stocks in writing.

That concludes this determination