

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

**Substantive Hearing
Friday, 20 November 2020**

**Nursing and Midwifery Council
Virtual Hearing**

Name of registrant: Michelle Harrion

NMC PIN: 08G1066E

Part(s) of the register: Registered Nurse – Sub Part 1
Adult Nursing – September 2008

Area of registered address: Cleveland

Type of case: Misconduct

Panel members: Catrin Davies (Chair, Lay member)
Marcia Smikle (Registrant member)
Gillian Seager (Lay member)

Legal Assessor: David Swinstead

Panel Secretary: Xenia Menzl

Nursing and Midwifery Council: Represented by Jessica Bass, Case Presenter

Miss Harrion: Not present and not represented in absence

Facts proved: All charges found proved by way of admission

Fitness to practise: Impaired

Sanction: **Striking-Off Order**

Interim order: **Suspension Order, 18 Months**

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Miss Harrion was not in attendance and that the Notice of Hearing letter had been sent to Miss Harrion's e-mail address on the register on 22 October 2020.

The panel took into account that the Notice of Hearing provided details of the allegations, the time and date of the hearing and the fact that it would be a virtual hearing, held remotely. The Notice contained, amongst other things, information about Miss Harrion's right to attend, be represented and call evidence, as well as the panel's power to proceed in her absence. It also contained a link for Miss Harrion to participate in the hearing.

Ms Bass, 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.

In the light of all of the information available, the panel was satisfied that Miss Harrion 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 Miss Harrion

The panel next considered whether it should proceed in the absence of Miss Harrion. It had regard to Rule 21 and heard the submissions of Ms Bass who invited the panel to continue in the absence of Miss Harrion. She submitted that Miss Harrion had voluntarily absented herself.

Ms Bass referred the panel to an e-mail from Miss Harrion to her NMC Case Officer, dated 13 November 2020, which stated:

'After long thought and consideration I will not be attending the hearing and would like it to be held without my being in attendance.'

Ms Bass informed the panel that the notice of hearing sent to Miss Harrion states that the NMC sanction bids for a 6 month suspension order. However, she submitted that this is incorrect and that the NMC would be asking for a Striking-off order. Whilst Ms Bass acknowledged that this might cause some disadvantage to Miss Harrion, she submitted that the Notice of Hearing sets out all sanctions available to the panel, including a Striking-off order. She submitted that it is clear from Miss Harrion's self-referral and the communication with the NMC thereafter that she understands that this is a possible outcome of the hearing today.

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 (Raheem) v NMC* [2010] EWHC 2549 (Admin).

The panel decided to proceed in the absence of Miss Harrion. In reaching this decision, the panel considered the submissions of Ms Bass, the representations from Miss Harrion, and the advice of the legal assessor. It had particular regard to the factors set out in the decision of *R v Jones (Anthony William) (NO.2)* [2002] UKHL 5 and *General Medical Council v Adeogba* [2016] EWCA Civ 162 and had regard to the overall interests of justice and fairness to all parties.

It noted that:

- No application for an adjournment has been made by Miss Harrion;

- Miss Harrion has informed the NMC that she has received the Notice of Hearing and confirmed she is content for the hearing to proceed in her absence;
- There is no reason to suppose that adjourning would secure her attendance at some future date;
- The charges relate to events that occurred in 2019;
- There is a strong public interest in the expeditious disposal of the case.

The panel decided that it is fair, appropriate and proportionate to proceed in the absence of Miss Harrion.

Details of charge

That you, a registered nurse:

1. On 12 April 2019:
 - a. Failed to administer a mezolar patch to Resident A;
 - b. Failed to report to a person in charge the fact that you had not administered the mezolar patch to Resident A;
 - c. Recorded on Patient A's MAR chart that you had administered a mezolar patch when you had not;
 - d. Entered the initials of Colleague 1 on Resident A's MAR chart to indicate they had acted as a second checker when they had not;
2. Your actions at 1c and/or 1d above were dishonest in that you were seeking to represent that you had administered medication to Resident A which you knew you had not;
3. On 15 April 2019:
 - a. Failed to administer a mezolar patch to Resident A;
 - b. Failed to report to a person in charge the fact that you had not administered the mezolar patch to Resident A;
 - c. Recorded on Patient A's MAR chart that you had administered a mezolar patch when you had not;
 - d. Entered the initials of Colleague 1 on Resident A's MAR chart to indicate they had acted as a second checker when they had not;
4. Your actions at 3c and/or 3d above were dishonest in that you were seeking to represent that you had administered medication to Resident A which you knew you had not;

5. On 18 April 2019:
 - a. Failed to administer a mezolar patch to Resident A
 - b. Failed to report to a person in charge the fact that you had not administered the mezolar patch to Resident A
 - c. Recorded on Patient A's MAR chart that you had administered a mezolar patch when you had not
 - d. Entered the initials of Colleague 2 on Resident A's MAR chart to indicate they had acted as a second checker when they had not;

6. Your actions at 5c and/or 5d above were dishonest in that you were seeking to represent that you had administered medication to Resident A which you knew you had not;

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

Background

The Registrant qualified as a registered Nurse in 2008.

In 2015, Miss Harrion was employed as a registered nurse at Ashwood Park Care Home ("the Home"), which is part of Sanctuary Care and was employed at the Home until 19 April 2019. Miss Harrion became Clinical Lead in 2016.

On the 19 April, Colleague 2, a senior nurse at the Home, noticed that although the mezolar patch for a patient had been signed off on the MAR chart for 18 April 2019, it had not been administered. This was evident when Colleague 1 noted that the controlled drug register indicated that no mezolar patch had been checked out on 18 April 2019 for the patient. Furthermore, Colleague 2 noted that her signature had been entered on the MAR chart as the 'second checker' for the administration of the mezolar patch, however, she was certain that she had not signed the chart.

Colleague 2 having discovered these findings immediately alerted the management. The Home investigated the incident and discovered the same failure had occurred in respect of the same patient on the 12 and 15 April 2019. On both dates, a mezolar patch had been signed off on the MAR chart as being administered by Miss Harrion when they had not. This was evident when the controlled drug register for the patient was looked at and found that no mezolar patches had been checked out on the 12 and 15 April 2019.

The MAR chart had been signed by a second checker on the 12 and 15 April 2019 indicating that the mezolar patch had been administered. The second checker on these occasions was another member of staff, Colleague 1. Colleague 1 was asked whether she signed the MAR chart and she confirmed that she had not signed the MAR chart on these dates.

Facts

At the outset of the hearing, the panel heard from Ms Bass, who informed the panel that Miss Harrion made full admissions to all charges. Ms Bass referred the panel to the 'Agreed Statement of Facts' which states:

8. The Registrant accepts the following:

- (i) That she did not administer the mezolar patches to the patient (Resident A) on the 12th, 15th and 18th April 2019.*
- (ii) That she falsified the MAR chart to indicate that mezolar patches had been administered to Resident A, when they had not.*
- (iii) That Resident A was meant to be administered mezolar patches on these dates for pain relief, that is to say every third day, which meant that Resident A had been without pain relief for a total of 210 hours.*
- (iv) That she did not report to a person in charge, as part of the Home's policy, that she had failed to administer the mezolar patches to Resident A on the dates in question.*

- (v) *That she failed to record on the MAR chart that she had not administered the mezolar patches to Resident A.*
 - (vi) *That she forged both HC's and SM's signatures on the 12th, 15th and 18th April 2019, entering them on the MAR chart as "second checkers"*
 - (vii) *That in signing the MAR chart indicating that she had administered the mezolar patches to Resident A, when in this was not the case and entering her colleagues initials as "second checkers" when they had not, was dishonest by seeking to represent that she had administered the mezolar patch to Resident A on the dates specified when she knew that she had not.*
9. *Resident A suffered with dementia, and although it was difficult to adjudge the actual harm caused to them, there was a real possibility that they could have been in a considerable amount of pain from not having the mezolar patches. However, Resident A, due to suffering with dementia, would not have been able to remember if they were in pain or not as a result of not receiving the mezolar patches.*
10. *Mezolar patches are used for management of severe pain and for those who require continuous long-term opioid administration.*
11. *The Registrant attended an investigation meeting at local level on the 23rd April 2019, chaired by Denise Newton ("DN"), she admitted that she never administered the mezolar patch on the dates in question to the resident, that she falsified the MAR chart to say that she had administered the mezolar patch when she had not and that she falsified her colleagues initials as second checkers when this was not the case.*
12. *The Registrant referred herself to the NMC on the 1st May 2019 with regards to her fitness to practise.*
13. *The regulatory concerns identified in this case were as follows: -*
- *Breaches of safe medication administration protocols.*
 - *Dishonesty by false documentation.*

14. In addition to its own investigation the NMC received and assessed all of the relevant evidence obtained during the local investigation. The Registrant accepts and does not dispute the contents of that evidence, as investigated by the NMC.

15. The Registrant accepts that the charges as laid are a full reflection of the evidence and admits them in their entirety.

16. The Registrant accepts that in light of her actions her fitness to practise is impaired by her misconduct.'

The panel therefore finds the charges proved in their entirety, by way of Miss Harrion'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 Miss Harrion'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 amount to misconduct. Secondly, only if the facts found proved amount to misconduct, the panel must decide whether, in all the circumstances, Miss Harrion's fitness to practise is currently impaired as a result of that misconduct.

Submissions on misconduct

In coming to its decision, the panel had regard to the case of *Roylance v General Medical Council (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.*'

Ms Bass informed the panel that Miss Harrion has admitted impairment by way of misconduct, however, reminded it that that is a matter for the panel's independent judgement. She invited the panel to take the view that the facts found proved amount to misconduct. 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.

Ms Bass identified the specific, relevant standards where Miss Harrion's actions amounted to misconduct. She submitted that the misconduct in this case is twofold; firstly the failure to provide medication and therefore delivering fundamentals of care; and secondly, the dishonesty in creating records which sought to cover up her errors. Ms Bass submitted that this amounts to serious misconduct and placed a patient at serious risk of harm. Patient A was not provided with pain killers, and Miss Harrion attempted to cover up that misconduct by countersigning the medications sheets in her colleague's names.

Ms Bass submitted that Miss Harrion, in all the circumstances of this case, departed from good professional practice and the facts as found are sufficiently serious to constitute misconduct.

Submissions on impairment

Ms Bass moved on to the issue of impairment and addressed the panel on the need to have regard to protecting 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. This included reference to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin).

Ms Bass submitted that all 4 limbs of the case of *Grant* are engaged in Miss Harrion's past conduct. She further submitted that with regard to Miss Harrion's current impairment the panel might be helped by looking at the case of *Ronald Jack Cohen v General Medical Council* [2008] EWHC 581 (Admin). She stated that it is very clear that Miss Harrion is very sorry for what happened, has referred herself to the NMC and albeit not in attendance today, has engaged in the NMC process, which showed that there is an element of insight. However, Ms Bass submitted that Miss Harrion has breached a fundamental tenet of the profession that is not easily remediated by being dishonest about her actions, and furthermore not being able to explain the conduct that occurred. She submitted that Miss Harrion is not able to provide the panel with any information on the steps she has taken to assure that the conduct is not repeated.

Ms Bass submitted that therefore a risk of repetition remains and that Miss Harrion's actions are so serious, a finding of current impairment is required in order to protect the public and to maintain public confidence in the profession and to uphold proper professional standards.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Roylance v General Medical Council (No 2)* [2000] 1 A.C. 311, *Nandi v General Medical Council* [2004] EWHC 2317 (Admin), and *General Medical Council v Meadow* [2007] QB 462 (Admin).

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

1 Treat people as individuals and uphold their dignity

To achieve this you must:

- 1.2 make sure you deliver the fundamentals of care effectively*
- 1.4 make sure that any treatment, assistance or care for which you are responsible is delivered without undue delay*
- 1.5 respect and uphold people's human rights*

10 Keep clear and accurate records relevant to your practice

To achieve this you must:

- 10.3 complete records accurately and without any falsification, taking immediate and appropriate action if you become aware that someone has not kept to these requirements*

18 Advise on, prescribe, supply, dispense or administer medicines within the limits of your training and competence, the law, our guidance and other relevant policies, guidance and regulations:

To achieve this you must:

18.2 keep to appropriate guidelines when giving advice on using controlled drugs and recording the prescribing, supply, dispensing or administration of controlled drugs

19 Be aware of, and reduce as far as possible, any potential for harm associated with your practice

To achieve this you must:

19.1 take measures to reduce as far as possible, the likelihood of mistakes, near misses, harm and the effect of harm if it takes place

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

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

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel was of the view that the facts found proved are very serious and include acts of dishonesty. It involved a failure to administer a controlled drug to a very vulnerable patient on multiple occasions. The patient needed a high level of pain relief. The panel concluded that Miss Harrion's actions fell far short of what would be expected of a registered nurse. It determined that the facts found proved amount to a series of Code breaches, and demonstrates a serious departure from the standards required of a registered nurse.

The panel therefore found that Miss Harrion's actions amounted to serious misconduct.

Decision and reasons on impairment

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

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 fitness to practise is impaired in the sense that s/he:

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

The panel finds that Patient A was put at unwarranted risk of harm and, whilst the degree of physical harm is not known, it is likely that it caused physical and emotional harm as a result of Miss Harrion's misconduct. The panel found that whilst Miss Harrion has admitted her dishonesty when questioned, her actions of falsifying records further extended the risk of harm to the patient. The panel therefore found that Miss Harrion's misconduct 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.

Regarding insight, the panel considered Miss Harrion's written submissions which state:

'I understand the seriousness of the above actions and I have no defence for this happening. It was not a conscious decision and I never meant any harm to those involved. I admit these actions occurred and feel that my fitness to practise is impaired and that my removal from the register would be the correct thing to happen.

[...]

I deeply regret my actions and apologise for any distress I have caused.'

The panel determined that, whilst Miss Harrion has provided a response and has shown some degree of engagement with the proceedings, the response falls short of providing an explanation for her actions. The panel considered that Miss Harrion has failed to demonstrate any insight into her conduct or an understanding of what caused her to do what she did. She has demonstrated no insight into the effect her conduct had on patients, her colleagues and the reputation of the profession in general. It further concluded that there is a high risk of repetition.

The panel was of the view that the misconduct in this case was difficult to remediate due to the serious dishonesty. The panel carefully considered the evidence before it in determining whether or not Miss Harrion has remediated her practice. It concluded that there was no evidence before it that Miss Harrion has addressed or is willing to address the issues at hand.

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 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 Harrion's fitness to practise impaired on the grounds of public interest.

Having regard to all of the above, the panel was satisfied that Miss Harrion'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 Harrion off the register. The effect of this order is that the NMC register will show that Miss Harrion 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.

Submissions on sanction

Ms Bass reminded the panel that any sanction imposed must be appropriate and proportionate and referred the panel to the SG.

Ms Bass outlined the aggravating and mitigating factors to the panel. She submitted that given the panel found impairment on the grounds of public protection and that the misconduct cannot be described as at the lower end of the spectrum a caution order would not be appropriate in this case. Ms Bass submitted that due to the absence of any explanation as to how the conduct occurred or any steps taken to prevent repetition it would not be possible to formulate conditions of practice which would address Miss Harrion's misconduct. She further submitted that the dishonesty in this case is very serious, occurred in a clinical setting, and had a direct impact on patient care involving a vulnerable patient and therefore suggested an attitudinal problem.

Ms Bass acknowledged that a suspension order would protect the public for a period of up to one year but that the facts found proved include multiple instances of serious misconduct and that the dishonesty element suggested an attitudinal concern. She submitted that very limited insight had been demonstrated by Miss Harrion and that there was a high risk of repetition. Accordingly, she invited the panel to find that a suspension order would not be appropriate.

Ms Bass invited the panel to impose a strike-off. She submitted that Miss Harrion deliberately breached the professional duty of candour by covering up when things had gone wrong, resulting in harm to a vulnerable patient. She further submitted that Miss Harrion's actions were so serious that to allow her to continue to practise would undermine public confidence in the profession and the NMC as a regulatory body. She submitted that Miss Harrion's actions are fundamentally incompatible with remaining on the register.

Decision and reasons on sanction

Having found Miss Harrion's fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose in this case. The panel bore in mind that any sanction imposed must be appropriate and proportionate, 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 of the following aggravating features:

- Deliberate dishonesty when falsifying records;
- Causing the integrity of her colleagues to be called into question;
- Placing Resident A at risk of physical and emotional harm;
- Vulnerability of Resident A; and
- Limited insight

The panel also took into account of the following mitigating features:

- Miss Harrion has demonstrated remorse;
- Some limited insight, an understanding of the serious nature of the charges;
- Frank with the investigation by her employer and the NMC;
- Engaged throughout at local level investigation and with the NMC investigation;
- Referred herself to the NMC; and
- Full admissions and acceptance of impairment

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 Harrion'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 Harrion'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 Miss Harrion's registration would be a sufficient and appropriate sanction. 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 in regard to a failure to provide basic nursing care and included acts of dishonesty suggesting an attitudinal problem. The panel therefore concluded that the placing of conditions on Miss Harrion'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 panel determined that this was not a single instance of misconduct but where a lesser sanction is sufficient. The panel had concerns that there may be evidence of attitudinal problems. It considered that whilst Miss Harrion has shown some limited insight it was satisfied that Miss Harrion might pose a significant risk of repeating the 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 Miss Harrion's actions put a vulnerable patient at risk of harm without any explanation by Miss Harrion as to the motivation for her actions. The panel determined that the serious breach of the fundamental tenets of the profession evidenced by Miss Harrion's actions is fundamentally incompatible with Miss Harrion 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 considered that Miss Harrion's actions amounted to a significant departure 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 Miss Harrion's actions were so serious that 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 effect of Miss Harrion'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 Miss Harrion 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 Harrion's own interest until the striking-off sanction takes effect.

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

Submissions on interim order

The panel took account of the submissions made by Ms Bass. She submitted that due to the serious nature of the facts found proved an interim order is appropriate in this case for the duration of the appeal period.

She submitted that for the reasons given by the panel to impose a striking-off order an interim conditions or practice order would not be appropriate in this case. She therefore invited the panel to impose an interim suspension order for a period of 18 months.

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 for the same reasons as stated in its determination regarding sanction.

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

That concludes this determination.