

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

**Substantive Hearing  
Tuesday 11 April 2023 – Thursday 13 April 2023**

Virtual Hearing

**Name of Registrant:** Ingrid Lee Lardy

**NMC PIN** 01B0064S

**Part(s) of the register:** RNMH: Registered Nurse – (Sub Part 1)  
Mental Health: Level 1 – 22 March 2005

**Relevant Location:** Glasgow

**Type of case:** Misconduct

**Panel members:** John Kelly (Chair, Lay member)  
Pauleen Pratt (Registrant member)  
Alison Lyon (Lay member)

**Legal Assessor:** Angus Macpherson

**Hearings Coordinator:** Deen Adedipe

**Nursing and Midwifery Council:** Represented by Yvonne Ferns, Case Presenter

**Miss Lardy:** Not present and unrepresented

**Facts proved by admission:** Charges 1, 2, 3

**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 Miss Lardy was not in attendance and that the Notice of Hearing letter had been sent to Miss Lardy's registered email address by secure email on 8 March 2023.

Further, the panel noted that there had been correspondence in relation to the Notice of Hearing between the NMC and Christie Wishart of Thompsons Scotland who was then acting as Miss Lardy's representative in the Nursing and Midwifery Council (NMC) proceedings.

On behalf of the NMC, Ms Fern 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) in terms of serving notice of the hearing within specified timescales.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Hearing provided details of the allegations, the time, date and that the hearing was to be held virtually, including instructions on how to join and information about Miss Lardy's right to attend, be represented and call evidence, and the panel's power to proceed in her absence.

In the light of the information available, the panel was satisfied that Miss Lardy 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 Lardy**

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

Ms Ferns referred the panel to the documentation from Ms Wishart which includes emails dated 31 March 2023 and 3 April 2023 to the NMC, which indicate notice has been received and stating respectively:

*'I have just spoken with Ms Lardy who has advised she will not be attending the final fitness to practice hearing.'*

*'..and she has outlined to me that she is content for the hearing to call [sic] in her absence...'*

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 decided to proceed in the absence of Miss Lardy. In reaching this decision, the panel considered the submissions of Ms Ferns, the email representations made on Miss Lardy's behalf, and the advice of the legal assessor. It has had particular regard to the factors set out in the decision of *R v Jones* and *General Medical Council v Adeogba* [2016] EWCA Civ 162 and to the overall interests of justice and fairness to all parties. It noted that:

- An application for an adjournment has not been made by Miss Lardy;
- Miss Lardy has indicated to 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 October 2019; and
- There is a strong public interest in the expeditious disposal of the case, given the serious allegations subject of the charges, including dishonesty; and
- On behalf of Miss Lardy, Ms Wishart informed the NMC by e-mail that the circumstances around her attendance are unlikely to change.

There is some disadvantage to Miss Lardy in proceeding in her absence. Although the evidence upon which the NMC relies will have been sent to her at her registered email address, she will not be able to give evidence on her own behalf nor question evidence or submissions before the panel. However, in the panel's judgement, this can be mitigated. The panel can make allowance for the fact that the NMC's evidence will not be tested by cross-examination and, of its own volition, can explore any inconsistencies in the evidence which it identifies. Furthermore, the limited disadvantage is the consequence of Miss Lardy's decisions to absent herself from the hearing, waive her rights to attend, and/or be represented, and to not provide evidence or make submissions on her own behalf.

In these circumstances, the panel has decided that it is fair to proceed in the absence of Miss Lardy. The panel will draw no adverse inference from Miss Lardy's absence.

### **Details of charges**

That you, a registered mental health nurse:

- 1) Between 23 October 2019 and 31 October 2019 on one or more occasions as set out in Schedule A removed medication namely Chlordiazepoxide (“Librium”) from the hospital stock supply when you had no authority to do so. **[PROVED BY WAY OF ADMISSION]**
  
- 2) Your actions at Charge 1 were dishonest in that you deliberately removed medication from hospital stock knowing that you were not entitled to do so. **[PROVED BY WAY OF ADMISSION]**
  
- 3) On 28 October 2019 failed to hold the key to the medication cupboard securely in that you left the key within a drawer unattended. **[PROVED BY WAY OF ADMISSION]**

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

### **Formal admissions**

Ms Ferns referred the panel to Miss Lardy’s case management form, which was submitted electronically to the NMC in October 2022. Though not signed, the panel noted that Miss Lardy had indicated she admitted charges 1, 2 and 3. Ms Ferns invited the panel to accept this form as evidence of formal admission to the charges.

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

Ms Ferns further submitted that an e-mail sent to the NMC case coordinator by Ms Wishart on 6 March 2023 confirmed Miss Lardy’s position on formal admissions to the charges by stating:

*‘Following discussions with my client, she is willing to accept the facts of this case. As such, the witnesses you have lined up for the April hearing can be discharged’.*

Ms Ferns submitted that the content of this e-mail, taken together with the case management form previously referred to, could be taken as evidence of a formal admission to the charges by Miss Lardy.

The panel accepted this submission and therefore found each of the charges to be admitted and found proved.

### **Decision and reasons on application to admit hearsay evidence**

Following questions from the panel about the position on formal admissions, Ms Ferns informed the panel that she intended, on behalf of the NMC to make an application for the evidence of the three witnesses and the other evidence contained within the bundles before the panel to be admitted as hearsay evidence. This was to cover the possibility that formal admissions were not accepted. The panel heard an application made by Ms Ferns under Rule 31 to allow the written statements of Witness 1, Witness 2 and Witness 3 (the witnesses) and other evidence in the documents before the panel into evidence. Ms Ferns informed the panel that the witnesses were not present at this hearing and had been stood down following the e mail received from Ms Wishart by email on 6 March 2023 on behalf of Ms Lardy stating that:

*‘Following discussions with my client, she is willing to accept the facts of this case. As such, the witnesses you have lined up for the April hearing can be discharged.’*

Ms Ferns submitted that the witness evidence and the other evidence including the completed case management form and the email from Ms Wishart dated 6 March 2023 is highly relevant and that it is fair to allow it to be admitted in the circumstances. She cited

the cases of *El Karout v NMC* [2019] EWHC 28 (Admin) and *Thorneycroft v NMC* [2014] EWHC 1565 (Admin).

In the preparation of this hearing, the NMC had indicated to Miss Lardy in the Case Management Form (CMF), that it was the NMC's intention for the witnesses to provide live evidence to the panel. Ms Ferns submitted that despite knowing the nature of the evidence to be given by the witnesses, Miss Lardy made the decision not to attend this hearing and, through her representative, asked that they be stood down from attending. On this basis there was no lack of fairness to Miss Lardy in admitting the witnesses' hearsay evidence.

The panel heard and accepted the legal assessor's advice on this application, including that Rule 31 provides that, so far as it is 'fair and relevant', a panel may accept evidence in a range of forms and circumstances, whether or not it is admissible in civil proceedings.

The panel noted that the witness statements had been prepared in anticipation of being used in these proceedings and contained the paragraph, '*This statement ... is true to the best of my information, knowledge and belief*' and signed.

The panel considered whether Miss Lardy would be disadvantaged by allowing hearsay testimony into evidence.

The panel noted that Miss Lardy had been provided with a copy of the witness statements and has not sought to challenge any aspect of their evidence. Indeed, she made admissions to the facts of the case and asked that the witnesses be stood down. In addition, she had been provided with copies of all other evidence to be considered by the panel. There was also public interest in the issues being explored fully which supported the admission of this evidence into the proceedings.

The panel determined to admit the witnesses' evidence and other documentary evidence before it as hearsay.

## Background

Miss Lardy was first entered onto the NMC Register on the 14 March 2005. She was initially employed with the Priory Group between 14 August 2008 and the 31 December 2011 when she was made redundant. She was reengaged on 9 January 2015 as a registered mental health staff nurse on Carrick Ward at the Priory Hospital in Glasgow (the Hospital). The ward was an inpatient unit with a capacity of ten beds which provided care to patients with acute psychiatric conditions and patients with drug and/ or alcohol addiction. At the material time, medication on the ward was stored in the secure, locked dispensary room; controlled drugs were locked in a metal cupboard and other medication was locked in dispensary cabinets. Drug trolleys were not used on the ward. There was a registered nurse on duty and in charge at all times and only this person held the keys to access the medication. These keys included a key for the dispensary room, the controlled drugs key, stock cupboard key and several cabinet keys.

There was only one copy of each key and the different keys were distinguishable from each other, but not as part of any formal colour coded system. The hospital policy stated that the medication keys should not be handed to any other member of staff. The dispensary room key could be provided to staff members who required access to equipment. Staff members who required access were only provided with the key for the dispensary room, while the other medication keys were retained by the registered nurse in charge of the shift.

Miss Lardy worked night shifts at the Hospital and, as the nurse in charge, the keys to the dispensary and medication cabinets were routinely handed to her at the start of her shift. Upon an internal audit it was found that medication went missing on the ward when Miss Lardy held the keys as follows. Between 17:00 on the 23 October 2019 and 07:45 on the 24 October 2019, fourteen 5 milligrams and seven 10 milligram capsules of Librium went missing from the hospital stock. Similarly, between 22:00 on the 29 October 2019 and 09:45 on 30 October 2019 a further four 10 milligram Librium capsules went missing, and



then finally between 18:20 on the 30 October 2019 and 07:45 on the 31 October 2019 a further seventeen 10 milligram Librium capsules went missing from the hospital stock. It is alleged that Miss Lardy deliberately removed this medication from the Hospital stock knowing she was not entitled to do so.

It is alleged that, thereby, Miss Lardy acted dishonestly.

It is further alleged on the 28 October 2019, Miss Lardy left the keys to the dispensary and medication cabinets unattended at the back of a drawer in the ward office rather than keeping them on her person as required by the Hospital policy.

## **Facts**

The panel then considered each of the disputed charges and made the following findings.

### **Charge 1**

That you a registered mental health nurse; between 23 October 2019 and 31 October 2019 on one or more occasions as set out in Schedule A removed medication namely Chlordiazepoxide (“Librium”) from the hospital stock supply when you had no authority to do so.

**This charge is admitted and found proved.**

### **Charge 2**

Your actions at Charge 1 were dishonest in that you deliberately removed medication from hospital stock knowing that you were not entitled to do.

**This charge is admitted and found proved.**

### **Charge 3**

That you a registered mental health nurse on 28 October 2019 failed to hold the key to the medication cupboard securely in that you left the key within a drawer unattended.

**This charge is admitted and found proved.**

The panel therefore found charges 1, 2, and 3 proved in their entirety, by way of Ms Lardy'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 Lardy'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.

In reaching its decision, the panel recognised the overarching objective of the NMC to protect the public, which includes; protecting, promoting and maintaining the health safety and wellbeing of the public; promoting and maintain public confidence in the nursing and midwifery professions and promoting and maintaining proper professional standards and conduct for members of the professions. Further, it bore in mind that there is no burden or standard of proof at this stage and impairment is a matter for 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 Lardy's fitness to practise is currently impaired as a result of that misconduct.

## **Submissions on misconduct**

Ms Ferns submitted that Miss Lardy's repeated dishonesty is serious and falls short of what would be expected of a registered nurse in the circumstances.

Ms Ferns submitted that the facts found proved amount to misconduct. She referred the panel to the terms of 'The NMC code of professional conduct: Professional standards of practice and behavior for nurses and midwives (2018)' (the Code).

Ms Ferns identified the specific paragraphs of the code that were breached as follows:

### ***'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 integrity and honesty 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'*

Ms Ferns submitted that Miss Lardy's actions were so serious both individually and collectively and that they fall seriously short of the conduct expected of a registered nurse and amount to misconduct.

## **Submissions on impairment**

Ms Ferns 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 and (2) Grant* [2011] EWHC 927 (Admin).

Ms Ferns submitted that in determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the 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.

Ms Ferns also referred to the passage in *CHRE v (1) NMC and (2) Grant* where Mrs Justice Cox recited Dame Janet Smith's "test" in respect of impairment 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.'*

Ms Ferns submitted that limbs a, b, c, and d were engaged.

Ms Ferns also referred to The NMC Guidance on impairment which refers to:

*'Serious concerns which are difficult to put right: there are a small number of concerns are so serious that it may be less easy for the nurse, midwife or nursing associate to put right the conduct'.*

Ms Ferns submitted that dishonest actions are concerns that are so serious they are difficult to remediate. She submitted that in the absence of any remediation, there remains a risk of repetition should Miss Lardy return to unrestricted practice.

Ms Ferns noted that Miss Lardy has engaged with the NMC and has admitted the charges but has denied that her fitness to practise is currently impaired by reason of her misconduct.

Ms Ferns referred the panel to *Cohen v GMC* [2007] EWHC 581 (Admin), where the court set out three matters which it described as being 'highly relevant' to the determination of the question of current impairment:

1. Whether the conduct that led to the charge(s) is easily remediable
2. Whether it has been remedied
3. Whether it is highly unlikely to be repeated

In this light, Ms Ferns submitted that is difficult to remediate the regulatory concerns in this case and that Miss Lardy's conduct was not a one-off incident but occurred on several occasions. She told the panel that, although Miss Lardy admitted the charges, she has not shown sufficient insight, and that her actions remain a regulatory concern and a risk to the public or damage the public's confidence in nurses if current impairment is not found.

Ms Ferns submitted that the risk of repetition remains a real and valid concern.

Ms Fern also referred the panel to the NMC guidance on *Remediation and Insight* to see if the alleged failings have been addressed.

Ms Ferns stated that the NMC guidance identifies dishonesty, particularly if it was serious and sustained over a period of time, or directly linked to a nurse's practice, as an example of conduct which may not be possible to remedy, and where steps such as training courses or supervision at work are unlikely to address the concerns.

Ms Ferns submitted that Miss Lardy has not demonstrated sufficient insight into the seriousness of her actions which raises concern about her integrity as a nurse. She submitted that her actions are so serious that they may not be capable of remediation and could be repeated.

Ms Ferns submitted that Miss Lardy's actions relate to core nursing requirements of honesty and integrity and, in light of her actions, a finding of current impairment is necessary to declare and uphold proper standards. She said Miss Lardy's failings posed a risk to patients and would do so in the future if not addressed.

Ms Ferns submitted that Miss Lardy's fitness to practise is currently impaired, on both public protection and public interest grounds.

### **Decision and reasons on misconduct**

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), *General Medical Council v Meadow* [2007] QB 462 (Admin), *Cheatle v GMC* [2009] EWHC 645 (Admin), *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery*

*Council and (2) Grant* [2011] EWHC 927 (Admin) and *R (Remedy UK Ltd) v GMC* [2010] EWHC 1245 (Admin).

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 Lardy's actions fell significantly short of the standards expected of a registered nurse and that Miss Lardy's actions amounted to a breach of the Code. Specifically:

***'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***

*18.4 take all steps to keep medicines stored securely*

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

*19.4 take all reasonable personal precautions necessary to avoid any potential health risks to colleagues, people receiving care and the public*

***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 integrity and honesty 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'*

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 removal of medication that normally requires prescription without authority and the associated dishonesty were serious issues in respect of clinical practice. The panel noted that Miss Lardy's actions were carried out on more than one occasion and involved medication that can be misused. This was of particular concern because there was no information as to what Miss Lardy did with the medication.

The panel noted that Miss Lardy is an experienced nurse who was up to date on all relevant training. She would have been aware of the potential harm associated with the potency of the medication, especially when not properly secured in a mental health clinical setting with vulnerable patients. The panel noted that Miss Lardy did not provide any context around what led to her actions, nor how she would ensure repetition would not occur. The panel noted that her previous reflections demonstrated limited insight into her actions and that she also attempted to attribute blame to others during the investigation process.

The panel found that Miss Lardy's actions fell seriously short of the conduct and standards expected of a nurse and amounted to misconduct.

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

The panel next went on to decide if, as a result of her misconduct, Miss Lardy'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 and to maintain professional boundaries. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. To justify that trust, nurses must be honest and open and act with integrity. They must make sure that at all times their conduct 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 *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council and (2) Grant* [2011] EWHC 927 (Admin) in reaching its decision. In paragraph 74, she said:

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

The panel found that patients were put at risk of harm as a result of Miss Lardy's misconduct. Miss Lardy's misconduct breached a fundamental tenet of the nursing profession namely the need to promote professionalism and trust and to act honestly. She therefore damaged the reputation of the nursing profession.

The panel was satisfied that confidence in the nursing profession would be undermined if a finding of impairment were not made in this case.

Regarding insight, the panel considered that Miss Lardy has not shown developed insight in any of her reflections. She has not given reasons for her actions. It found that Miss Lardy tended to generalise the incidents as '*unfortunate medicines management*' and passed the incidents off as '*minor errors*'. While the panel noted the Miss Lardy may have had difficult personal circumstances, it had no information as to how she would mitigate future difficulties.

The panel noted that Miss Lardy has not provided any evidence of remediation. The panel determined that in the absence of developed insight and attempts at remediation there is a significant risk of repetition.

The panel therefore determined that a finding of impairment is necessary on the grounds of public protection and the wider public interest.

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

### **Sanction**

The panel considered this case and has decided to make a striking-off order. It directs the registrar to strike Miss Lardy off the register. The effect of this order is that the NMC register will show that Miss Lardy has been struck-off the register.

In reaching this decision, the panel had regard to all the evidence that has been adduced in this case and to the Sanctions Guidance (SG) published by the NMC.

### **Submissions on sanction**

Ms Ferns informed the panel that the position of the NMC in relation to the sanction bid at this stage of the proceedings is that of a striking off order.

She referred the panel to the NMC's guidance on sanctions for serious cases and cases involving dishonesty, which states,

*'In cases involving dishonesty ... it's likely that we would need to take action to uphold public confidence in nurses, midwives or nursing associates, or to promote proper professional standards.'*

*... because of the importance of honesty to a nurse or midwife's practice, dishonesty will always be serious.'*

Ms Ferns submitted that the concerns in this case satisfy the criteria in this guidance, as they raise fundamental questions about Miss Lardy's trustworthiness as a registered professional, in consequence her right to practise needs to be restricted in some way to uphold standards and to maintain public confidence in the profession.

Ms Ferns submitted that there are aggravating factors in this case which include Miss Lardy's dishonesty, repeated misconduct and consequential damage to the reputation of the profession.

Ms Ferns also submitted that there were some mitigating factors including that Miss Lardy had developed limited insight and that she has engaged with the NMC.

Ms Ferns referred the panel to the case of *Parkinson v Nursing and Midwifery Council* (2010) EWHC 1898 (Admin) and the case of *Raschid v GMC; Fatnani v GMC* (2007) 1 WLR 1460.

Miss Ferns noted that the panel found Miss Lardy's practice is currently impaired on grounds of public protection and the wider public interest grounds and, considering that her misconduct has the aggravating features identified above which are serious, and therefore a striking-off order is the appropriate order.

The panel accepted the advice of the legal assessor.

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

Having found Miss Lardy's fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose in this case. The panel has borne in mind

that any sanction imposed must be appropriate and proportionate and, although not intended to be punitive in its effect, may have such consequences. The panel had regard to the SG. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel considered the following to be aggravating features. Miss Lardy had:

- Abused a position of trust. The keys to the medication at the Hospital and overall management of the ward on night shifts had been entrusted to her;
- Sought to shift the blame for the missing medicines on to junior colleagues.
- Not provided any contextual background into the reason behind her actions, and has not made efforts to disclose what the stolen medicines were used for or how they may be recovered;
- Demonstrated only limited insight into her failings, trying to characterise the concerns as minor errors; and
- Engaged in a pattern of misconduct over a period of 1 week by removing medication on three occasions.

In terms of mitigating features, the panel noted that Miss Lardy had experienced difficult personal circumstances around the time of the incidents; has shown some (albeit) limited insight; and she has admitted to the facts.

The panel took account of the NMC's Guidance on '*Considering sanctions for serious cases*' (SAN-2), including cases involving dishonesty.

Having regard to the above guidance and the seriousness of dishonest conduct, the panel was of the view that the dishonesty in this case sat at the higher end of the scale. The panel determined that Miss Lardy's dishonesty was premeditated as the removal of medication occurred on more than one shift. The panel considered that there was an indirect risk of harm to patients as a consequence of her removing medication from secure cabinets and leaving medicine cabinet keys unattended. The panel found no evidence of

direct financial gain but was concerned that Miss Lardy was not candid as to why she took the medication nor what had happened to it.

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case. The panel decided that it would be neither proportionate nor in the public interest to take no further action.

The panel then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict Miss Lardy'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 Lardy'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 Lardy'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 not something that can be addressed through retraining. Furthermore, the panel concluded that the placing of conditions on Miss Lardy'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;*

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 a fundamental tenet of the profession, her lack of insight, the downplaying of the seriousness of her actions in her reflections, and the risk of repetition identified above are such that a suspension order would not be a sufficient, appropriate or proportionate sanction in this case.

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?*

Miss Lardy's actions constituted significant departures from the standards expected of a registered nurse and the panel determined them to be fundamentally incompatible with her remaining on the register. The panel was of the view that the findings in this particular

case demonstrate that Miss Lardy'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.

Having regard to the effect of Miss Lardy'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.

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.

This will be confirmed to Miss Lardy 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 is in Miss Lardy's own interests until the striking-off order takes effect.

### **Submissions on interim order**

The panel took account of the submissions made by Ms Ferns that as a striking-off order has been imposed, an 18-month interim suspension order is necessary to protect the public and is otherwise in the public interest. She submitted that there was a risk of harm

should Miss Lardy be allowed to practise without restriction before the substantive order comes into effect.

The panel accepted the advice of the legal assessor.

### **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 risk of repetition identified in this case and to the reasons set out in its decision for the substantive order in reaching a decision as to whether to impose an interim suspension order.

The panel determined to impose an interim suspension order for a period of 18 months in order to protect the public and uphold the public interest whilst any appeal that may be lodged is determined.

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

That concludes this determination