Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Hearing
Thursday 2 February 2023

Virtual Hearing

Name of registrant:	**Angela Catherine Harrison**
NMC PIN:	00D0165S
Part(s) of the register:	Nurses part of the register Sub Part 1 Mental Health Nurse - Level 1 - April 2003
Relevant Location:	Dundee
Type of case:	Misconduct
Panel members:	Sarah Lowe (Chair, Lay member) Mark Gibson (Registrant member) Jude Bayly (Registrant member)
Legal Assessor:	Fiona Moore
Hearings Coordinator:	Margia Patwary
Nursing and Midwifery Council:	Represented by Sally Denholm, Case Presenter
Ms Harrison:	Not present and unrepresented at the hearing
Consensual Panel Determination:	Accepted
Facts proved:	All charges
Facts not proved:	None
Fitness to practise:	Impaired
Sanction:	**Striking-off order**
Interim order:	**Interim suspension order (18 months)**

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Ms Harrison was not in attendance and that the Notice of Hearing letter had been sent to Ms Harrison's registered email address on 21 December 2022.

The Notice of Hearing was also sent to Ms Harrison's representative on 21 December 2022.

Ms Denholm, 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, date and virtual link to join the hearing and included information about Ms Harrison's 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 Ms Harrison 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 Ms Harrison

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

Ms Denholm informed the panel that a provisional Consensual Panel Determination (CPD) agreement had been reached and signed by Ms Harrison on 19 January 2023.

Ms Denholm referred the panel to the statement within the CPD from Ms Harrison's representative which stated**:**

> *'Ms Harrison is aware of the CPD hearing. Ms Harrison does not intend on attending the hearing and is content for it to proceed in her and her representative's 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 has decided to proceed in the absence of Ms Harrison. In reaching this decision, the panel has considered the submissions of Ms Denholm, 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 had regard to the overall interests of justice and fairness to all parties. It noted that:

- Ms Harrison has engaged with the NMC and has signed a provisional CPD agreement which is before the panel today;

- The CPD provisional agreement indicates Ms Harrison does not intend to attend the hearing and is content for it to proceed in her and her representative's absence;
- There is no reason to suppose that adjourning would secure her attendance at some future date; and
- There is a strong public interest in the expeditious disposal of the case.

In these circumstances, the panel has decided that it is fair, appropriate and proportionate to proceed in the absence of Ms Harrison.

Details of charge

That you, a registered nurse

1. On 23 February 2016 whilst under oath gave misleading evidence to the conduct and competence committee to the effect that your last contact with Patient A was in August 2014 when in fact you were still in contact with him.

2. Your actions at charge 1 were dishonest in that you sought to conceal the fact that you were in a personal relationship with Patient A .

3. On 26 May 2016 whilst under oath at your substantive order review hearing gave misleading evidence to the effect that you had not had any contact with Patient A since August 2014 when in fact you were still in contact with him.

4. Your actions at charge 3 were dishonest in that you sought to conceal the fact that you continued to be in a personal relationship with Patient A.

5. Between December 2013 and December 2016 breached professional boundaries in that you continued to have a personal/sexual relationship with Patient A whom you had previously treated in your role as a nurse and whom you knew suffered with mental health issues

6. Despite your knowledge of Patient A's mental health issues, you continued to have a personal/sexual relationship with the patient which caused him to suffer /and or aggravate one or more of his following health conditions as set out in schedule A

7. On or around 25 December 2016 you

a. Physically assaulted patient A
b. Verbally abused patient A

c. Damaged property belonging to Patient A

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

Schedule A

a. [PRIVATE];
b. [PRIVATE];
c. [PRIVATE].

Consensual Panel Determination

At the outset of this hearing, Ms Denholm informed the panel that a provisional agreement of a Consensual Panel Determination (CPD) had been reached with regard to this case between the NMC, Ms Harrison and her representative.

The agreement, which was put before the panel, sets out Ms Harrison's 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 as reached by the parties, the relevant parts read as follows:

'…

The facts

3. *Ms Harrison appears on the register of nurses, midwives and nursing associates maintained by the NMC as a mental health nurse and her registration with the NMC as a mental health nurse was effective from 21 April 2003.*

Background

4. *Ms Harrison was employed as a Community Mental Health Nurse by NHS Tayside from 2007 to August 2014. Patient A was allocated to Ms Harrison's caseload in 2007. Between Patient A's discharge in 2008 and his referral back to Ms Harrison's caseload in May 2013, Ms Harrison messaged Patient A through Facebook Messenger, text message and games via Facebook. In June 2013, Ms Harrison and Patient A began seeing each other in a romantic capacity.*

5. *On 17 July 2013, Ms Harrison discharged Patient A from her care. On 3 August 2013, Ms Harrison went to Patient A's mother's house to celebrate his birthday with Patient A and his family.*

6. *In August 2013, the Head of Mental Health Services at NHS Tayside was contacted by the team manager of the Gowanlea service, in which Ms Harrison was based, who made him aware of a colleague's report that Ms Harrison had disclosed that she was having a relationship with Patient A. An investigation was carried out and a disciplinary hearing held on 20 October 2013. At the hearing, Ms Harrison maintained that her relationship with Patient A extended to meeting him socially on three occasions and a message exchange on Facebook, after Patient A's discharge. At the time, Ms Harrison's explanation was accepted but she acknowledged that her relationship with Patient A had been inappropriate based on the social relationship she had with him.*

7. *In December 2013, the relationship between Patient A and Ms Harrison ended for a period of time.*

8. *In February 2014, Relative A made a complaint to the Clinical Team Manager for CMHS based in Gowanlea, alleging that Ms Harrison's conduct was unprofessional and exceeded professional boundaries on a number of levels. At a subsequent disciplinary hearing, Ms Harrison admitted that she had engaged in an inappropriate personal and/or sexual relationship with Patient A. Ms Harrison was dismissed for gross misconduct and referred to the NMC by the Head of Mental Health Services at NHS Tayside in August 2014.*

9. *Patient A describes feeling guilty for the NMC referral and that he therefore called Ms Harrison to 'see how she was doing'. After a period of contacting each other, Ms Harrison and Patient A entered into a romantic relationship again in 2014.*

Initial Hearing

10. *Between 22 and 25 February 2016, Ms Harrison had a hearing before the Conduct and Competence Committee ('CCC'). At that hearing, it was determined that she had engaged in an inappropriate personal and/or sexual relationship with Patient A. The panel also found that she had been dishonest at a local disciplinary hearing in that she did not disclose the full nature and extent of her relationship with Patient A. During cross examination of her evidence, Ms Harrison maintained that she was no longer in*

contact with Patient A and that the last contact she had was around August 2014 following her dismissal from NHS Tayside. As a result, Ms Harrison's fitness to practise was found to be impaired and her registration was suspended for a period of three months. The CCC decision on sanction included the following:

'The panel then went on to consider whether a suspension order would be an appropriate and proportionate sanction. In reaching its decision, the panel had regard to the serious nature of your misconduct which crossed proper professional boundaries and included dishonesty. The panel also took careful account of the difficult personal circumstances you were then experiencing which, the panel accepted, had contributed towards your misconduct. The panel noted that prior to these incidents, it would appear that you were regarded as a valuable team member and a good nurse and there is no evidence before the panel to suggest that there have been any previous or subsequent concerns about your practice, boundary keeping and trustworthiness. …[PRIVATE].

You have fully engaged with the NMC process, made early admissions to the charges and have attended this hearing to give an unreserved undertaking that your previous conduct will not be repeated and to apologise to Patient A and his family for your conduct. The panel accepted your assurance and was satisfied that it is highly unlikely that your misconduct will be repeated. In reaching this decision, the panel took into account the considerable lengths and measurable steps taken by you to demonstrate that you have remediated your past failings. Moreover, you have demonstrated in your evidence and written reflective piece the extent of your insight which included the impact of your actions on Patient A, his family, your colleagues, your former employer and the public's trust and confidence in the nursing profession. You demonstrated that your insight has benefitted present colleagues whom you identified might have otherwise crossed proper professional boundaries had you not stepped in.

The panel took careful note of the positive references and the records of your supervision from you current employer including the period you were subject to an

interim conditions of practice order. It noted, in particular, that your line manager had stated that "Angela…is a caring competent nurse with a sound clinical knowledge base who is a highly thought of member of the team…She communicates well on all levels with residents and their families as well as colleagues…Angela is trustworthy, open and honest and I have no doubts in whatever Angela endeavours to do she will work with a very high degree of integrity…" The panel was reassured by the high level of support and supervision of your practice by your current employer who is fully aware of the circumstances which led to these proceedings. It noted that this robust support has continued even in the absence of restrictions on your practice and that "since conditions of practice has (sic) been removed by the conduct and competency committee there has (sic) been no issues."

Whilst the panel is in no doubt about the seriousness of your misconduct and its adverse impact on the public's trust and confidence in the nursing profession, there was no evidence to suggest a wider pattern of behaviour or a deep seated attitudinal problem on your part. Although your misconduct continued over a period of some months and extended to a failure to be candid with your former employer in their disciplinary proceedings, the panel accepted that your misconduct stemmed from the unique circumstances of this incident (involving one patient). The panel also accepted that your deep personal and professional embarrassment played a part in your failure of frankness. The evidence available to the panel was that there was no coercive conduct on your part.'

Review Hearing

11. *On 26 May 2016, a panel of the CCC convened to undertake a review of the suspension order. At that hearing, Ms Harrison asserted that she no longer had any contact with Patient A and had not had contact with him since around August 2014. The CCC considered that Ms Harrison's fitness to practise remained impaired because the public interest elements of the case had not yet been remedied. However, it*

decided to take no further action in the case and to allow the order to lapse on its expiry on 30 June 2016:

> *'The panel decided to take no further action in this case and to allow the order to lapse on its expiry on 29 June 2016. In reaching this decision, the panel had regard to the fact that the substantive hearing panel imposed the order on public interest grounds alone. Although the matters found proved are extremely serious, there are no longer any public protection issues in this case, it is not necessary to place any restrictions on your practice. The panel had regard to the significant mitigating factors outlined by the previous panel and added to this list the highly comprehensive documentation you have provided today. The panel considered that there was a public interest in allowing an otherwise good nurse to return to safe practice.*
>
> *The panel did consider imposing a further sanction but determined that, as it could not go behind the decision of a previous panel, any other sanction would not be proportionate bearing in mind your level of insight and remorse and the reflection you have undergone since the last hearing. The panel was of the view that a caution order would serve no purpose, as the public interest had already been satisfied by your suspension order. It did not consider any higher sanction because, in the absence of any public protection issues, there is no need to restrict your practice.*
>
> *The panel therefore concluded that it was appropriate to take no further action in this case and the current order will lapse on its expiry.'*

Present Case

12. *On 21 December 2020, the NMC received a referral from Patient A. At the time of the referral, Ms Harrison was working as a registered nurse at Four Seasons Health Care in Angus. The referral set out that Ms Harrison and Patient A had remained in a relationship throughout the previous NMC investigation and disciplinary hearings.*

13. *Patient A moved in with Ms Harrison in 2015 and lived with her for about a year. Ms Harrison and Patient A separated on 25 December 2016 following an argument at Ms Harrison's home, during which she physically assaulted, verbally abused, and damaged property belonging to Patient A.*

14. *Although Patient A did not see Ms Harrison again after their separation, Ms Harrison continued to contact Patient A via phone calls and messages. Patient A blocked Ms Harrison from being able to further contact him and the last message he received from her was therefore on 26 October 2017.*

15. *In his referral, Patient A stated that he appreciated some time had passed since the end of his relationship with Ms Harrison but that the events still play on his mind daily. Further, he communicated his concern that Ms Harrison could 'potentially ruin someone else's life'.*

Charges

Charges 1 and 3

16. *On 23 February 2016, during her initial substantive hearing before the CCC, Ms Harrison gave evidence under oath. When questioned, Ms Harrison confirmed that she had no contact with Patient A at all since August 2014. Responding to what she would do if Patient A were to get back in contact with her, Ms Harrison said:*

    'I wouldn't, I wouldn't, it's a part of my life that is over. Its not something I want to revisit. I wouldn't be interested in having any kind of relationship or communication with him at all.'

17. *On 26 May 2016, at her substantive review hearing, Ms Harrison again gave evidence under oath. When asked whether it remained the case that since August 2014 she had no contact with Patient A either by email or any method whatsoever, Ms Harrison confirmed that was still the position. The transcript of this hearing records her stating:*

    'I know that evidence was given to the contrary, and I'm not sure why or where that came from, but no, I have had no contact.'

18. *On both occasions, the information given by Ms Harrison was misleading as she had in fact remained in contact with Patient A. Patient A confirms in his witness statement dated 25 January 2022:*

    'In 2014, [Ms Harrison] was referred to the NMC regarding her relationship with me. During these proceedings I did not want to be a witness as we were still in a romantic relationship at the time… [Ms Harrison] told the NMC that she was no longer in contact with me but that was a lie.'

19. *Patient A also states that he moved in with Ms Harrison in 2015 and lived with her until they broke up on 25 December 2016. In support of his statement, Patient A has produced screenshots of emails and messages that had been sent between himself and Ms Harrison. This correspondence includes messages sent on dates between August 2014 and the dates of Ms Harrison's hearings in 2016. Additionally, Patient A has provided bank statements showing money that he transferred to Ms Harrison between July 2015 and January 2017.*

Charges 2 and 4

20. *In providing the misleading evidence above, Ms Harrison was dishonest as she was attempting to conceal the fact that she was in a personal relationship with Patient A.*

21. *In finding dishonesty, the test laid down by the Supreme Court in Ivey v Genting Casinos (UK) Ltd [2017] UKSC 67 applies:*

    'When dishonesty is in question the fact-finding tribunal must first ascertain (subjectively) the actual state of the individual's knowledge or belief as to the facts. The reasonableness or otherwise of his belief is a matter of evidence (often in practice determinative) going to whether he held the belief, but it is not an additional requirement that his belief must be reasonable; the question is whether it is genuinely held. When once his actual state of mind as to knowledge or belief as to facts is established, the question whether his conduct was honest or dishonest is to be determined by the fact-finder by applying the (objective) standards of ordinary decent

people. There is no requirement that the defendant must appreciate that what he has done is, by those standards, dishonest.'

22. *When giving misleading evidence on 23 February and 26 May 2016, Ms Harrison knew that she had been in contact with Patient A since August 2014. Her written correspondence with Patient A was repeated on numerous occasions, she received money from Patient A in the month prior to each hearing, and Ms Harrison was living with Patient A at the time of both hearings. In terms of her actual state of knowledge, on both occasions Ms Harrison was aware that the information she was providing to the CCC panel was untrue.*

23. *Applying the objective standards of ordinary decent people, it is clear that giving misleading evidence under oath, which Ms Harrison knew to be untrue, would be considered dishonest.*

Charge 5

24. *[PRIVATE]*

25. *[PRIVATE]*

26. *Patient A states that he and Ms Harrison first started seeing each other in a romantic capacity in around June 2013 and that they started living together in 2015, which post-dates Ms Harrison's CCC panel hearings. Patient A has provided screenshots of written correspondence between them from 19 June 2013 up to and including 26 October 2017. He has also produced audio files which recorded an interaction between Ms Harrison and Patient A at her home on 25 December 2016. Patient A states that this was the last date on which he saw Ms Harrison.*

27. *On 7 May 2017, Ms Harrison sent a message to Patient A stating that she:*

'… should never have overstepped my role n fallen for u… I will always love u. [sic]'

28. *In entering a personal/sexual relationship with Patient A, Ms Harrison breached professional boundaries. The Council for Healthcare Regulatory Excellence published*

guidance on clear sexual boundaries between healthcare professionals and patients in January 2008, outlining the responsibilities of healthcare professionals. The guidance provides:

'On occasion healthcare professionals find themselves sexually attracted to patients or their carers. It is the healthcare professional's responsibility never to act on these feelings and to recognise the harm that any such actions would cause.

…

Sexual relationships with any former patient … will often be inappropriate however long ago the professional relationship ended. This is because the sexual relationship may be influenced by the previous professional relationship, which will often have involve an imbalance of power...'

29. *The guidance also sets out a number of factors to be taken into consideration in circumstances where a healthcare professional thinks that a relationship with a former patient might develop:*

    - *When the professional relationship ended and how long it lasted*
    - *The nature of the previous professional relationship and whether it involved a significant imbalance of power*
    - *Whether the former patient was particularly vulnerable at the time of the professional relationship, and whether they might still be considered vulnerable*
    - *Whether they would be exploiting any power imbalance, knowledge or influence obtained while they were the patient's healthcare professional to develop or progress the relationship*
    - *Whether they are, or in future are likely to be, treating other members of the former patient's family*

30. *Ms Harrison's personal relationship with Patient A began before he had been discharged from her caseload in 2013. …[PRIVATE]… Despite acknowledging that she had not maintained proper professional boundaries with Patient A at her initial substantive hearing, and having been made subject to a suspension order, Ms Harrison nevertheless continued a personal/sexual relationship with Patient A.*

Charge 6

31. *[PRIVATE]*

32. *[PRIVATE]*

Charge 7

33. *Charge 7 relates to an interaction between Ms Harrison and Patient A on or around the evening of 25 December 2016, the last date on which Patient A saw Ms Harrison.*

34. *In relation to the physical assault by Ms Harrison to Patient A, in his witness statement, Patient A explains that there was a 'fight' between him and Ms Harrison. He states that Ms Harrison physically attacked him by hitting/punching him and digging her nails into his arms. In audio recordings of the interaction, Patient A can be heard stating that Ms Harrison had attacked him and Ms Harrison does not deny sitting on Patient A and failing to get off him when asked. Patient A's mother has exhibited video files, which were taken during a later part of the incident. In the video, Patient A can be heard making a noise conveying pain, followed by him shouting 'hitting me'. Patient A's mother states in her witness statement that she witnessed Ms Harrison punch Patient A in the chest/face on the date of this interaction. In written correspondence between Ms Harrison and Patient A on 11 May 2017, Patient A writes:*

    '…how do you think the thought of me coming anywhere near your house in the middle of nowhere makes me feel given the last I saw you left me covered in bruises and scratches?...'.

35. *Ms Harrison also verbally abused Patient A during the interaction. [PRIVATE].*

36. *In relation to the damage to Patient A's property, Patient A describes that Ms Harrison emptied his clothes from the wardrobe and drawers onto the bed, and threw Christmas presents and his laptop onto the stones in the garden. Patient A states that his laptop was damaged as a result. Within audio recordings of the interaction, Patient A can be heard asking Ms Harrison why she had thrown his belongings. In the screenshots of written correspondence between Ms Harrison and Patient A, Ms Harrison wrote on 8 February 2017:*

    'Stuff was broken by accident when I was throwing ur stuff out after u said u we were done. I didn't deliberately break or destroy anything or rip anything up. I swear x

    …

    I'm sorry ur stuff was broken… Wasn't my intention was hurting n angry n u said was ur laptop after I threw it. I shouldn't have been throwing anything. I'm sorry… [sic]'

Ms Harrison's response

37. *Although Ms Harrison did not return a completed Case Management Form, on 15 September 2022, she completed a Voluntary Removal application form. Within that form she set out the charges against her in this case. At Section 3, Part A she filled in the 'Yes' boxes at question 6.1 and 6.2. This was in answer to the questions:*

    'Do you admit the facts of the allegation against you?'

    And

    'Do you admit that your fitness to practise is impaired?'

38. *Ms Harrison's application for voluntary removal was refused on 14 November 2022.*

39. *Ms Harrison has subsequently agreed to the matter being disposed of by way of a CPD.*

Misconduct

The facts amount to misconduct.

40. *In relation to misconduct, the case of Roylance v General Medical Council (No. 2) [2000] 1 A.C. 311 provides:*

> *'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 rules and standards ordinarily required to be followed by a practitioner in the particular circumstances. The misconduct is qualified in two respects. First, it is qualified by the word professional which links the misconduct to the profession. Secondly, the misconduct is qualified by the word serious. It is not any professional misconduct which would qualify. The professional misconduct must be serious.'*

The Code

41. *The admitted facts amount to serious departures from the expected standards of conduct and behaviour of a registered nurse. Of note, Ms Harrison's conduct departs from the following parts of The Code:*

> ***1.1*** *treat people with kindness, respect and compassion*
>
> ***20.1*** *keep to and uphold the standards and values set out in the Code*
>
> ***20.2*** *act with honesty and integrity at all times, treating people fairly and without discrimination, bullying or harassment*
>
> ***20.5*** *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*

42. *Ms Harrison's conduct in providing misleading evidence at two CCC hearings was dishonest and not in line with the requirement to act with honesty at all times. Her relationship with Patient A clearly breached professional boundaries with someone who had been in her care. …[PRIVATE].*

Serious Professional Misconduct

43. *In relation to dishonesty, the case of Tait v Royal College of Veterinary Surgeons [2003] UKPC 34 provides that for all professionals, a finding of dishonesty lies at the top end of the spectrum of gravity of misconduct.*

44. *Having regard to Ms Harrison's serious departures from The Code, which include dishonesty, breaching professional boundaries, physical assault, and verbal abuse, it is clear that her conduct amounts to serious professional misconduct.*

Impairment

45. *Ms Harrison's fitness to practise is currently impaired by reason of her misconduct.*

46. *In considering whether Ms Harrison's fitness to practise is currently impaired, regard has been given to the guidance provided by Dame Janet Smith in her Fifth Shipman Report from Shipman, as approved in the case of CHRE v NMC and Paula Grant [2011] EWHC 297 Admin by Cox J. Any of the following features are likely to be present when a nurse's fitness to practise is found to be impaired:*

- *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*
- *Has in the past brought and/or is liable in the future to bring the professions into disrepute; and/or*
- *Has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the professions; and/or*
- *Has in the past acted dishonestly and/or is liable to act dishonestly in the future*

47. *[PRIVATE]... Ms Harrison abused her position of trust and breached professional boundaries by continuing to take advantage of Patient A's vulnerability. Her conduct has caused and/or aggravated harm to Patient A in that it caused one or more of the conditions set out in Schedule A. Ms Harrison's conduct in breaching professional boundaries and acting as admitted on 25 December 2016 has brought the profession into disrepute and is a breach of fundamental tenets of the profession. In respect of her relationship with Patient A, the misconduct is further aggravated by Ms Harrison's repeated dishonesty under oath before a CCC panel.*

48. *In Cohen v General Medical Council [2008] EWHC 581 (Admin), the court set out three matters which it described as being 'highly relevant' to the determination of the question of current impairment. This relates to whether the misconduct is easily remediable, has been remedied, and is likely to be repeated.*

Insight, remediation, risk of repetition

49. *In line with NMC guidance, the misconduct in this case falls under the category of concerns which are more difficult to put right in that it involves continuing a relationship with a patient in breach of guidance on clear sexual boundaries. It is also notable that it can be difficult to demonstrate remediation of dishonesty.*

50. *On 18 March 2022, Ms Harrison provided the NMC with a reflective statement to be considered by the Case Examiners. In relation to the concern that she had been dishonest during her substantive review hearing, Ms Harrison stated:*

'I was shocked and bewildered as there is no credence to these claims.'

Referring to the emails sent to Patient A from her account, Ms Harrison wrote:

'…I was very trusting when the relationship was ongoing, allowing [Patient A] access to all my accounts and the passwords and PIN numbers for these. As I did not send it, I can only surmise that he accessed my account and sent the email. Unfortunately and remissly, I did not change my passwords. Even as I'm writing this, I know how far fetched it seems but I cannot think of any other way this occurred. [sic]'

51. *Although Ms Harrison has now admitted that she was in fact dishonest on both the date of her substantive hearing and that of the substantive review hearing, she has not provided any further reflection in relation to these facts nor any evidence that she has remediated her misconduct.*

52. *Addressing the breach of professional boundaries, Ms Harrison wrote that she had accepted the existence of 'a full relationship which included sexual contact'. She again asserted that this relationship and contact ended 'long before the substantive hearing in 2016'. Ms Harrison acknowledged that she should have recognised the many reasons why entering into a relationship with an ex-patient was wrong and she referred the Case Examiners to her reflections provided at the previous hearings. Although this goes some way to demonstrating insight into the inappropriateness of her relationship with Patient A, the continuation of the relationship undermines the previous remediation undertaken by Ms Harrison and she has not provided any evidence of insight into the ongoing nature of her misconduct which continued up until at least 25 December 2016.*

53. *In relation to the verbal abuse and physical assault of Patient A, and the damage to his property, Ms Harrison has demonstrated no insight, remorse, or evidence of remediation.*

54. *In light of the lack of relevant insight and current remediation in relation to any of the charges, there is a significant risk that Ms Harrison will repeat her misconduct in the future.*

Public protection impairment

55. *A finding of impairment is necessary on public protection grounds.*

56. *In circumstances where there has been repetition of dishonesty, a breach of professional boundaries, and new allegations of physical assault, verbal abuse and damage to property, Ms Harrison has demonstrated a pattern of behaviour which has become increasingly harmful to a former patient and the wider public. She has provided no evidence of insight or remediation addressing the present concerns and as*

a result, there remains a real risk to the health, safety, and wellbeing of the public. A finding of impairment is therefore required to protect the public.

Public interest impairment

57. *A finding of impairment is necessary on public interest grounds.*

58. *In CHRE v NMC and Paula Grant [2011] EWHC 297 Admin at paragraph 74 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."

59. *The public ought to be able to trust registered professionals and the nature and circumstances of Ms Harrison's misconduct undermine public confidence in nurses. A well informed member of the public would expect a finding of impairment to be made in relation to a nurse who has committed repeated dishonesty, a continued breach of professional boundaries, and verbal assault and physical abuse of a former patient.*

60. *Ms Harrison's fitness to practice is impaired on public protection and public interest grounds.*

Sanction

61. *The appropriate sanction in this case is a striking off order.*

62. *Ms Harrison's misconduct includes the following aggravating features:*

    - *Previous referral for the same type of misconduct*
    - *Dishonesty to her regulator on more than one occasion*

- *Abuse of position*
- *Sought to suggest to the Case Examiners that the emails to Patient A contained within the bundle were sent by Patient A on the basis that he had access to her passwords for her email accounts*

63. *The guidance on sanctions for serious cases sets out the forms of dishonesty which are most likely to call into question whether a nurse, midwife or nursing associate should be allowed to remain on the register. In Ms Harrison's case, the following apply:*

- *Misuse of power*
- *Vulnerable victims*
- *Direct risk to patients*
- *Premeditated, systematic or longstanding deception*

64. *In deciding the appropriate outcome, the sanctions have been considered in ascending order, starting with the least severe.*

No further action

65. *There are no exceptional circumstances in relation to Ms Harrison's case that would justify taking no further action. The misconduct is particularly serious and falls within the category of concerns that are more difficult to put right. There continues to be a risk of harm to patients and the public and such a sanction would clearly undermine public confidence in the profession and the NMC as a regulator.*

Caution order

66. *The sanctions guidance sets out that a caution order is only appropriate if there is no risk to the public or to patients and the case is at the lower end of the spectrum of impaired fitness to practise. The nature and extent of Ms Harrison's misconduct does not fall within this definition and a caution would not therefore be sufficient to protect the public nor uphold public confidence and maintain professional standards.*

Conditions of practice order

67. *Conditions of practice are more likely to be appropriate in cases where a nurse's clinical practice has been called into questions. There are no identified areas of Ms Harrison's clinical practice which require retraining and which would benefit from conditions being imposed that can be appropriately monitored and assessed.*

68. *Given that Ms Harrison's misconduct involves dishonesty and a continued breach of professional boundaries, there are no workable conditions that can be formulated to address these attitudinal concerns. Moreover, the circumstances are such that a conditions of practice order would not adequately address the gravity of the misconduct.*

Suspension order

69. *The sanctions guidance provides that a suspension order may be appropriate where there is no evidence of repetition of behaviour and no evidence of harmful deep-seated personality or attitudinal problems. Suspension may also be appropriate in cases where a nurse has demonstrated insight and does not pose a significant risk of repeating the behaviour.*

70. *Ms Harrison's misconduct does not fall within this category of concerns. Her dishonesty and breach of professional boundaries has been both repeated and escalated. Ms Harrison lied on two separate occasions under oath when giving evidence before her regulator in order to conceal her ongoing relationship with Patient A. The impact of the relationship on Patient A has moved beyond indirect harm arising as a consequence of the breached professional boundaries and advanced to direct physical assault, verbal abuse and damage to property. The nature of this misconduct points towards Ms Harrison having a harmful deep-seated attitudinal problem. Ms Harrison has acted in a way which falls far short of what is expected of a registered nurse and has not expressed any insight or remorse in relation to the recent findings of misconduct.*

71. *A suspension order would not adequately address the seriousness of Ms Harrison's misconduct and would not be sufficient to protect the public or the wider public interest.*

Striking-off order

72. *The sanctions guidance states that a striking off order is likely to be appropriate when what the nurse has done is fundamentally incompatible with being a registered professional. Key considerations include:*

- *Do the regulatory concerns about the nurse, midwife or nursing associate raise fundamental questions about their professionalism?*
- *Can public confidence in nurses, midwives and nursing associates be maintained if the nurse, midwife or nursing associate 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?*

73. *Ms Harrison's repeated misconduct, despite having previously been subject to regulatory proceedings which resulted in a suspension order, raises serious concerns in relation to her professionalism. She has not demonstrated any insight into her dishonesty nor the impact that her continued relationship, physical assault, verbal abuse, and damage to property has had on Patient A.*

74. *Ms Harrison's actions amount to conduct which is fundamentally incompatible with being a registered professional. As a result, public confidence in nurses cannot be maintained unless she is removed from the register. As there remains a high risk of repetition, a striking-off order is the only sanction which is sufficient to protect patients and members of the public, uphold public confidence in nurses, and to maintain professional standards.*

75. *Ms Harrison's name will therefore be removed from the register of nurses and she will be unable to apply for restoration until a period of five years has elapsed since the striking order is made.*

Maker of allegation comments

76. *Patient A has submitted the following comments in relation to the case being resolved by way of a CPD:*

> *'I agree with the provisional agreement and that Angela should be struck off.*
>
> *I think she should have admitted to her misconduct and disgraceful treatment of me in the first instance rather than engaging a team of people in a now expensive and lengthy investigation. This has been emotionally exhausting for me, bringing back horrific memories and feelings I had suppressed. [PRIVATE].*
>
> *I suspect she thought she could talk her way out of it again and would get away with it as she had previously, until inevitable she saw no escape or was advised otherwise. I am saddened that it has taken so long for her to make this admission. I can only assume this is also her last ditch attempt at maintaining some control over the situation as it's my understanding that less information about her will now be available in the public domain due to this change in proceedings.*
>
> *Not only has grooming and convincing me to enter into this shameful excuse for a relationship caused irreversible emotional damage, but it has also left me with extreme trust issues. This has been particularly troublesome when dealing with medical professionals and medication due to her repeatedly telling me she had the power to have me sectioned. She was supposed to be someone I could have faith in, and instead, knowing her has turned into a living nightmare.*
>
> *The night I left Angela was after a particularly vicious, prolonged attack on Christmas day. When some of my family members answered my call for help and took me away from the house, she messaged me shortly after we left. I had expected to see an apology but all it said was "please don't ruin my career". I would like to be very clear, I did not start these proceedings with that intention. I simply knew that I never wanted anyone to feel or be treated as I had by her. It has taken me a long time to come to terms with what has happened and fear has been the main driving factor that has stopped me from reporting her unforgivable actions.*

She tried to isolate me from my family and friends but thankfully was unsuccessful in the long run as we are still close [PRIVATE]. Plus I am happy to report that I have found love with a wonderful woman but she has had to be very patient and understanding due to the emotional trauma caused by Angelas selfish behaviour.

I firmly believe Angela is a danger to the public. She has finally taken ownership of her actions and admitted that she is unfit to practice. This is a tragic admission which has come reluctantly and it has without question caused me significant emotional damage.'

Interim order

77. *An interim order is required in this case. The interim order is necessary for the protection of the public and is otherwise in the public interest for the reasons given above. The interim order should be for a period of 18 months in the event that Ms Harrison seeks to appeal the panel's decision. The interim order should take the form of an interim suspension order.*

78. *The Parties understand that this provisional agreement cannot bind a panel, and that the final decision on findings 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 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 Ms Harrison. The provisional CPD agreement was signed by Ms Harrison and the NMC on 19 January 2023 and 23 January 2023.

Decision and reasons on the CPD

Ms Denholm provided a summary of the facts which were fully set out in the CPD. She noted that Ms Harrison admits to all of the charges and submitted that her actions were fundamentally incompatible with the professional standards expected of her, amounting to misconduct. She submitted that Ms Harrison's misconduct was serious and her fitness to practise is currently impaired, all of the limbs in the case of *Grant* being engaged the detail of which set out in the CPD. Ms Denholm submitted that the panel could accept, amend or

outright reject the provisional CPD agreement reached between the NMC and Ms Harrison. 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 profession and the regulatory body, and declare and uphold proper standards of conduct and behaviour.

The panel heard and accepted the legal assessor's advice.

The panel decided to accept the CPD. Having found the charges are proved by way of Ms Harrison's admissions, the panel, exercising its own professional judgment, determined that the facts amounted to misconduct. The panel further considered that Ms Harrison's fitness to practice is currently impaired, by reasons of that misconduct, where in light of the seriousness of that misconduct the appropriate and proportionate sanction is a striking-off order.

Decisions on facts in the CPD

The panel noted that Ms Harrison admitted the facts of the charges. Accordingly the panel was satisfied that the charges are found proved by way of Ms Harrison's admissions as set out in the signed provisional agreement before the panel.

Decision and reasons on misconduct and impairment

Having found the charges proved, by way of Ms Harrison's admissions, the panel then went on to consider whether those facts amounted to misconduct. Whilst acknowledging the agreement between the NMC and Ms Harrison, the panel has exercised its own independent judgement in reaching its decision on impairment.

In making its decision, the panel had regard to The Code: Professional standards of practice and behaviour for nurses and midwives (2015) ('the Code'). It determined that the sections of the Code as set out in the CPD agreement were relevant in this case:

1.1 *treat people with kindness, respect and compassion*

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

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

20.5 *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*

The panel determined that the facts found proved amount to misconduct as they are very serious and raise deep-seated attitudinal concerns as Ms Harrison was dishonest with her regulator on more than one occasion. The panel agreed that Ms Harrison had departed from a number of sections from the Code, in particular in breaching profession boundaries with Patient A who was a vulnerable patient under her care and in acting dishonestly on a number of occasions whilst on oath and in writing before her regulator.

…[PRIVATE]…

The panel further noted that Ms Harrison had not demonstrated any meaningful insight as she had not expressed remorse in relation to her misconduct and the effect her behaviour had on a vulnerable patient.

In light of this, the panel determined that Ms Harrison's misconduct has breached fundamental tenets of the nursing profession, brought the profession into disrepute and remains liable to do so in the future. In light of the information before it, including the

pattern of repeated behaviour by Ms Harrison over a long number of years and the absence of any developing insight, the panel determined that a finding of impairment is necessary on the grounds of public protection.

The panel further determined that a finding of impairment on public interest grounds is also required. It concluded that a reasonable and fully informed member of the public would expect a finding of impairment to follow and would be extremely concerned if a nurse was not found impaired due to the concerns raised, and the lack of remorse, regret or remediation. Any other outcome would undermine confidence in the profession.

In this regard, the panel endorsed paragraphs 40 to 60 of the CPD agreement.

Decision and reasons on sanction

Having found Ms Harrison's fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose in this case. The panel has borne in mind that any sanction imposed must be appropriate and proportionate and, although not intended to be punitive in its effect, may have such consequences. The panel had careful

regard to the SG. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features (as outlined in the CPD):

- Previous referral for the same type of misconduct
- Dishonesty to her regulator on more than one occasion
- Abuse of position
- Sought to suggest to the Case Examiners that the emails to Patient A contained within the bundle were sent by Patient A on the basis that he had access to her passwords for her email accounts

The panel did not identify any mitigating factors in Ms Harrison's case, nor did Ms Harrison seek to put forward any mitigation before the panel today.

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 misconduct, as well the panel's finding of current impairment on public protection grounds, an order that does not restrict Ms Harrison'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 found that Ms Harrison's repeated behaviour were extremely serious and were not at the lower end of the spectrum. It therefore determined that a caution order would be neither proportionate nor in the public interest.

The panel next considered whether placing conditions of practice on Ms Harrison's registration would be a sufficient and appropriate response. The panel is of the view that

there are no practical or workable conditions that could be formulated, given the nature of the charges in this case. The misconduct in this case cannot be addressed through retraining or a period of supervised practise. Furthermore, the panel concluded that the placing of conditions on Ms Harrison'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 a 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;*

Ms Harrison's behaviour, as highlighted by her misconduct, was a significant departure from the standards expected of a registered nurse and was not a one time incident, to the extent that she continued to demonstrate a pattern of deliberate and persistent behaviour towards Patient A. The panel also note Ms Harrison lied on two separate occasions under oath, whilst giving evidence before her regulator in order to hide her ongoing relationship with Patient A and further in an email to her regulator. The panel further noted that Ms Harrison has acted in a way which falls far short of what is expected of a registered nurse and has not expressed any insight or remorse in relation to the recent findings of misconduct.

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 Ms Harrison at a previous NMC hearing in which she has been dishonest, a sanction of suspension had been imposed. This did not prevent Ms Harrison continuing to repeat the misconduct.

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

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

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

Ms Harrison's actions were significant departures from the standards expected of a registered nurse, and are fundamentally incompatible with her remaining on the register. …[PRIVATE]… The panel considered there remains a real risk to the health, safety and wellbeing of the public. The panel was of the view that the findings in this particular case were extremely serious and to allow her to continue practising would undermine public confidence in the profession and in the NMC as a regulatory body.

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel agreed with the CPD that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the matters it identified, [PRIVATE]…Ms Harrison'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 a striking-off order would be sufficient in this case.

The panel considered that this order was necessary for the protection of the public, to mark the importance of maintaining public confidence in the profession, and to send to the public and the profession a clear message about the standard of behaviour required of a registered nurse.

This will be confirmed to Ms Harrison in writing.

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 Ms Harrison's own interest

until the striking-off sanction takes effect. The panel heard and 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 Ms Harrison's misconduct 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 cover any potential appeal period.

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

That concludes this determination.