

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

**Substantive Hearing  
20 & 21 June 2022**

Temple Court  
13a Cathedral Road, Cardiff, CF11 9HA

**Name of registrant:** Miss Charlotte Anne Skyrme

**NMC PIN:** 10K1474E

**Part of the register:** Registered Nurse Adult – (2001)

**Area of registered address:** Herefordshire

**Type of case:** Misconduct

**Panel members:** Janet Fisher (Chair, lay member)  
Jodie Jones (Registrant member)  
Claire Corrigan (Lay member)

**Legal Assessor:** Nigel Ingram

**Hearings Coordinator:** Leigham Malcolm

**Nursing and Midwifery Council:** Represented by Ms Aoife Kennedy, NMC Case Presenter

**Miss Skyrme:** present and represented by Mr Andrew Windross, instructed by the Royal College of Nursing

**Facts proved by admission:** Charges 1a, 1b & 1c

**Fitness to practise:** Impaired

**Sanction:** Striking-off Order

**Interim order:** Interim Suspension Order (18 months)

## **Details of charge**

*That you a Registered Nurse, while working at County Hospital at the Wye Valley NHS Trust:*

*1. Stole Tramadol from the Emergency Department at County Hospital, for your own personal use on the following dates:*

- a) 17 February 2019.*
- b) 24 March 2019.*
- c) On or around 3 May 2019.*

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

## **Decision and reasons on application for hearing to be held in private**

At the outset of the hearing, Mr Windross, on your behalf, made a request that this case be held in private on the basis that proper exploration of it involves matters of your health. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Ms Kennedy, on behalf of the Nursing and Midwifery Council (NMC), supported the application.

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

Having heard that matters of your health are inextricably linked to the facts of this case the panel determined to hold the entirety of the hearing in private in accordance with Rule 19.

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

At the outset of the hearing, Mr Windross informed the panel that you admitted charges 1a, 1b & 1c in their entirety. The panel therefore found charges 1a, 1b & 1c proved in their entirety by way of your admissions.

### **Background**

In December 2015 you received a Police Caution for theft of medication from Wye Valley NHS Trust (the Trust). The incident resulted in you being suspended by the NMC and your period of suspension ended on 17 May 2017. Later in 2017 you returned to nursing practice at the Trust within the Emergency Department at County Hospital.

On 17 May 2019 Pharmacy Department at County Hospital first raised concerns and an audit took place on the Emergency Department's Omni Cell system covering 4 February 2019 – 13 May 2019. You were subsequently moved to a non-clinical role.

On 9 October 2019 you were dismissed from the Wye Valley NHS Trust for gross misconduct.

The NMC then received a referral on 17 October 2019 from the Matron of the Emergency Department alleging that you repeatedly stole Tramadol, as set out in the Charges.

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

**Charge 1a**

*1. Stole Tramadol from the Emergency Department at County Hospital, for your own personal use on the following dates:*

*a) 17 February 2019.*

The panel found charge 1a proved on the basis of your full admission.

**This charge is found proved.**

**Charge 1b**

*b) 24 March 2019.*

The panel found charge 1b proved on the basis of your full admission.

**This charge is found proved.**

**Charge 1c**

*c) On or around 3 May 2019.*

The panel found charge 1c proved on the basis of your full admission.

**This charge is found proved.**

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 your fitness to practise is currently impaired. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's suitability to remain on the register unrestricted.

The panel, in reaching its decision, has recognised its statutory duty to protect the public and maintain public confidence in the profession. Further, it bore in mind that there is no burden or standard of proof at this stage and it has therefore exercised its own professional judgement.

The panel adopted a two-stage process in its consideration. First, the panel must determine whether the facts found proved amount to misconduct. Secondly, only if the facts found proved amount to misconduct, the panel must decide whether, in all the circumstances, your fitness to practise is currently impaired as a result of that misconduct.

### **Submissions on misconduct and impairment**

In coming to its decision, the panel had regard to the case of *Roylance v General Medical Council (No. 2)* [2000] 1 AC 311 which defines misconduct as a '*word of general effect, involving some act or omission which falls short of what would be proper in the circumstances.*'

Ms Kennedy invited the panel to take the view that the facts found proved amount to misconduct. She referred the panel to Code: Professional standards of practice and behaviour for nurses and midwives (2015) (the Code) and submitted that your actions breached the following standards: 18.4, 20.1, 20.2 & 20.3.

Ms Kennedy then 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. She referred to the cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin). In view of your repeated dishonesty, Ms Kennedy invited the panel to find your fitness to practise currently impaired on the grounds of public protection as well as in the public interest.

Mr Windross accepted that your actions amounted to misconduct and that your fitness to practise is currently impaired.

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

When determining whether the facts found proved amount to misconduct, the panel accepted the advice of the legal assessor. It also took account of the Code.

While the pane acknowledged Mr Windross' acceptance on your behalf that the facts admitted amounted to misconduct and that your practice was currently impaired the panel has formed its own independent judgement on both misconduct and impairment.

The panel was of the view that your actions did fall significantly short of the standards expected of a registered nurse, and that your actions amounted to a breach of the Code, specifically the following sections:

*18.4 take all steps to keep medicines stored securely;*

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

*20.2 act with honesty and integrity at all times...*

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

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 honesty is the bedrock of the nursing profession. You chose to steal a significant quantity of drugs while you were already receiving a [PRIVATE] prescription [PRIVATE]. Further, the theft was neither impulsive nor a one-off, it was repeated and occurred on three occasions. This was compounded by the fact that this was a repetition of your dishonest behaviour of 2015.

In these circumstances, the panel found that your actions did fall 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 the misconduct, your fitness to practise is currently impaired.

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. To justify that trust, nurses must be honest and open and act with integrity. They must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

In this regard the panel considered the judgment of Mrs Justice Cox in the case of *CHRE v NMC and Grant* in reaching its decision. In paragraph 74, she said:

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

In paragraph 76, Mrs Justice Cox referred to Dame Janet Smith's "test" which reads as follows:

*'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her fitness to practise is impaired in the sense that s/he:*

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

The panel was of the view that although no patients were directly harmed by your dishonesty, you depleted the supply of prescribed drugs available for patients, which created a potential for patient harm.

The panel bore in mind that you have made admissions and have also written a reflective piece setting out an understanding of why what you did was wrong and how this impacted negatively on the reputation of the nursing profession. It also noted that you have apologised. [PRIVATE]. However, despite the positive steps you have taken, and your developing insight, the panel was of the view that your fitness to practise is currently impaired.

[PRIVATE]. It also bore in mind the police caution that you received in 2015 for theft of medication along with a period of suspension by the NMC. The panel considered your requirement for pain management, along with your incomplete insight, and the fact that you have a history of stealing drugs, to mean that the risk of repetition is high.

The panel also had concerns that the reflective statement dated June 2022 which you provided indicated that you had stopped taking Tramadol in August 2020. However, the DNA Legal drug analysis report dated 15 December 2020 reported evidence of Tramadol in your system up to the end of November 2020, which you have not provided an explanation for.

You stole medication on three separate occasions, and the repetition of your dishonesty was particularly serious and breached one of the fundamental tenets of the nursing profession, and therefore brought its reputation into disrepute. The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind that the overarching objective of the NMC; to protect, promote and maintain the health, safety, and well-being of the public and patients, and to uphold and protect the wider public interest. This includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

The panel was satisfied that confidence in the nursing profession would be undermined if its regulator did not find charges relating to dishonesty extremely serious. The panel determined that a finding of impairment on public interest grounds is required in order to maintain public confidence in the nursing profession.

Having regard to all of the above, the panel was satisfied that your fitness to practise is currently impaired.

### **Application under Rule 24.13(c)**

Ms Kennedy made an application for the panel to see the determination from a Conduct and Competence Committee review hearing held on 19 April 2017, in relation to the previous sanction imposed by the NMC in a separate case brought against you. She submitted that it was relevant and no prejudice would be caused to you.

Having had time to review the document Mr Windross did not oppose the application.

The panel accepted the advice of the legal assessor and decided to allow Ms Kennedy's application.

### **Sanction**

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

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

### **Submissions on sanction**

Ms Kennedy informed the panel that in the Notice of Hearing, dated 9 May 2022, the NMC had advised you that it would seek the imposition of a striking-off order if the panel found your fitness to practise currently impaired.

Both Ms Kennedy and Mr Windross provided the panel with written submissions in respect of sanction.

The panel then bore in mind the written submissions of Mr Windross who invited the imposition of a 12 month suspension order.

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

Having found your fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose in this case. The panel accepted the advice of the legal assessor. It bore 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 identified the following aggravating features:

- You have previously had a sanction imposed by the NMC for identical theft of medication;

- The repetition of the misconduct on three occasions is indicative of a pattern of poor behaviour;
- The large quantity of drugs stolen;
- By stealing drugs you abused your position as a registered nurse and the trust placed in you by your employer, your colleagues, and the wider public;
- The presence of a deep-seated attitudinal issue;
- Potential risk of harm to patients.

The panel also took into account the following mitigating features:

- [PRIVATE];
- [PRIVATE];
- The positive testimonials provided and your expressed insight into your behaviour.

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 repetition of your misconduct along with the dishonesty element, an order that does not restrict your 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 your 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 your 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 dishonesty identified in this case was not something that can be addressed through retraining. Furthermore, the panel concluded that the placing of conditions on your registration would not adequately address the seriousness of this case and address the public interest.

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, which would not apply in this case, 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;*
- *The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour.*

The conduct, as highlighted by the facts found proved, was a significant departure from the standards expected of a registered nurse. The panel determined that the serious breach of the fundamental tenets of the profession evidenced by your actions is fundamentally incompatible with your remaining on the register.

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

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

- *Do the regulatory concerns about the nurse or midwife raise fundamental questions about their professionalism?*
- *Can public confidence in nurses and midwives be maintained if the nurse or midwife is not removed from the register?*

- *Is striking-off the only sanction which will be sufficient to protect patients, members of the public, or maintain professional standards?*

The panel contextualised your dishonesty. Whilst there was no evidence of direct patient harm in the panel's view there was potential for patient harm. Whilst placing your misconduct and dishonesty on the spectrum of seriousness, the panel reached the view that it was serious as it was premeditated, occurred on three separate occasions, and came within a short period after your previous NMC hearing where you received a suspension for identical dishonest behaviour.

The panel took account of the positive testimonials you provided which highlighted many good qualities and good patient care. However, in view of the fact that you have previously received a sanction from the NMC for theft of medication the panel had serious concerns about your honesty and integrity. It noted that you demonstrated impressive insight and remorse during previous NMC proceedings where you were sanctioned for stealing drugs. Despite the good reflective statement and positive testimonials provided to this panel, it questioned whether you truly had insight into your past misconduct and indeed your more recent misconduct and dishonesty. The panel reached the view that the repetition of the misconduct was indicative of a significant attitudinal problem.

The panel was concerned that there remained an unresolved issue around the DNA Legal report dated 15 December 2020 which concluded that Tramadol was present in your system. The report concluded that this is consistent with occasional low level use in contrast to your case that it was simply a residual amount and that you had not taken any Tramadol since August 2020.

[PRIVATE]. However, the panel was concerned that this reduced risk was a consequence of your circumstances and not a consequence of your insight into your dishonest behaviour.

The panel determined that your actions were significant departures from the standards expected of a registered nurse and that to allow you to continue practising would undermine public confidence in the profession. It determined that, given the repetition of similar misconduct and dishonesty, indicative of an attitudinal problem, removing you from the register was the only way to maintain the standard of honesty and integrity and uphold the reputation of the nursing profession.

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel determined that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the effect of your actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct herself, the panel has concluded that nothing short of this would be sufficient in this case.

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

This will be confirmed to you in writing.

### **Interim order**

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

The panel took account of the submissions made by both Ms Kennedy and Mr Windross. It also accepted the advice of the legal assessor.

The panel was satisfied that an interim order is necessary for the protection of the public and is otherwise in the public interest. The panel had regard to the seriousness of the facts found proved and the reasons set out in its decision for the substantive order in reaching the decision to impose an interim order.

The panel concluded that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order. Not to impose a suspension order would be inconsistent with the panel's earlier findings. The panel therefore imposed an interim suspension order for a period of 18 months to allow for any potential appeal to be made and determined.

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

That concludes this determination.