

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

**Substantive Meeting  
Thursday, 12 February 2026 – Monday, 16 February 2026**

Virtual Meeting

<b>Name of Registrant:</b>	<b>Jayne Carson</b>
<b>NMC PIN:</b>	1510766S
<b>Part(s) of the register:</b>	RNMH: Mental health nurse, level 1 (16 September 2018)
<b>Relevant Location:</b>	Falkirk
<b>Type of case:</b>	Misconduct/Health
<b>Panel members:</b>	Konrad Chrzanowski (Chair, lay member) Melanie Lumbers (Registrant member) Chanelle Gibson-McGowan (Lay member)
<b>Legal Assessor:</b>	Robin Hay
<b>Hearings Coordinator:</b>	Max Buadi
<b>Facts proved:</b>	Charges 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 and 12
<b>Facts not proved:</b>	Charge 11
<b>Fitness to practise:</b>	Impaired
<b>Sanction:</b>	<b>Striking-off order</b>
<b>Interim order:</b>	<b>Interim suspension order (18 months)</b>

## **Decision and reasons on service of Notice of Meeting**

The panel was informed at the start of this meeting that that the Notice of Meeting had been sent to Ms Carson's registered email address by secure email on 23 December 2025.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Meeting provided details of the allegation, the time, dates and the fact that the meeting would take place on or after 27 January 2026. The panel noted an undated letter from Ms Carson where she indicated that she would not be attending any hearing and was content for it to proceed as a meeting.

In the light of all of the information available, the panel was satisfied that Ms Carson has been served with notice of this meeting in accordance with the requirements of Rules 11A and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

### **Details of charge (as amended)**

That you, a registered nurse;

1. On 15 April 2022

- a) Stole and/or misappropriated £30 from the social fund, recording the transaction as 'Easter Group'
- b) signed the name of another colleague or Colleague A as a second checker in for a transaction of £30 for 'Easter Group'
- c) Annotated "Patients' Funds – Ward Cash Record" with receipt numbered 6 to suggest that a receipt had been received.

2. On 16 April 2022

- a) Withdrew £110 for 'Spanish books' without a second check and/or signature
- b) Stole or misappropriated £10, as you withdrew £110 recording the transaction for 'Spanish books' but only gave Colleague B £100
- d) Annotated "Patients' Funds – Ward Cash Record" with receipt numbered 7 to suggest that a receipt had been received.

3. On 17 April 2022

- a) Stole and/or misappropriated £40 from the social care fund in a transaction recorded as 'Activities'
- b) signed the name of another colleague or Colleague A as a second checker for a transaction of £40 for 'Activities'

4. On an unknown date in April 2022 created receipt number 11 fraudulently for 'activities' with a colleague's signature

5. On 20 April 2022

- a) Stole and/or misappropriated £50 for 'gardening group'
  - b) forged another Colleagues/or Colleague A's signature against a transaction withdrawing £50 for 'gardening group'
6. On an unknown date in April 2022 produced a false receipt number 10 for 'gardening group activities'.
7. On 20 April 2022 stole and or misappropriated £20 from self-care fund for a transaction recorded as 'ward shopping'
- a) forged another Colleague's or Colleague A's signature against a transaction withdrawing £20 for 'ward shopping'
  - b) Produced a receipt where one is not required.
8. On an unknown date produced a false receipt dated 21 April 2022 as receipt number 9 to cover up errors.
9. Your actions in the above charges were dishonest as you intended to create the misleading impression that genuine transactions had taken place.
10. On 27 April 2022 signed another staff members signature in the controlled drugs book.
11. Your action in charge 10 was dishonest as you intended to create the misleading impression that the drugs had been appropriately second checked.
12. [PRIVATE]

AND in light of the above, your fitness to practise is impaired by reason of your misconduct (charges 1-11) and/or health (charge 12).

Schedule 1

[private]

## **Background**

Ms Carson was employed by NHS Forth Valley (“the Trust”) between September 2018 and February 2023 as a staff nurse. She worked on the Hope House Ward. The Hope House Ward is designed to care for women detained in hospital under the Mental Health Act or Criminal Procedures Act.

Ms Carson would on occasions carry out the nurse in charge role, otherwise known as the Shifts Coordinator. The Nurse in Charge of the shift will be issued with the key to the safe which has patient funds and valuables. The patient funds, Reconciliation Cash Book, Patient’s Funds Ward Cash Record, and the Receipt Book should all be stored within the safe.

In April 2022, concerns were raised by Colleague A, staff nurse at the Trust, about financial transactions and entries made by Ms Carson. Colleague A was concerned that, between 15 to 21 April 2022, Ms Carson was allegedly withdrawing money from the funds which had money that was allocated for patient activities.

Colleague A raised concerns that these transactions were false, did not take place and a few of these entries did not have the required number of signatures. For the transactions that had two signatures, it was alleged that Ms Carson attempted to falsify Colleague A’s signature. Colleague A denied signing these and said he was not in the country at the time of one of these alleged transactions. Further, it was alleged these transactions did not have the appropriate receipt to confirm the amount that was spent.

On 27 April 2022, Ms Carson signed Colleague A’s signature in the controlled drugs book instead of her own during the medication checks in the presence of Colleague C.

Colleague C then raised those concerns with Colleague A and they then reported the concerns to the charge nurse.

The concerns were investigated locally and referred to the police. Ms Carson was dismissed from her employment in February 2023. The police took no further action.

### **Decision and reasons on application to amend the charge**

The panel of its own volition proposed to amend the wording to charges 1c and 2c.

The panel was of the view that both charges as written were contradictory, namely that you cannot produce a receipt that does not exist. The panel was of the view that the proposed amendment would more accurately reflect the evidence.

### **Proposed amendment**

1. On 15 April 2022

- c) ~~Produced a false receipt, number 6, when a receipt numbered 6 did not exist~~  
**Annotated “Patients’ Funds – Ward Cash Record” with receipt numbered 6 to suggest that a receipt had been received.**

2. On 16 April 2022

- c) ~~Produced a false receipt, number 7, when a receipt numbered 7 did not exist~~  
**Annotated “Patients’ Funds – Ward Cash Record” with receipt numbered 7 to suggest that a receipt had been received.**

The panel was of the view that the proposed amendments did not change the nature of the allegation and was in the interests of justice. The panel was satisfied that there would be no prejudice to Ms Carson and no injustice would be caused to either party by the proposed amendments being allowed. It was therefore appropriate to allow the amendment to ensure that the charge was accurately expressed in order to reflect the receipt that had been produced.

## Decision and reasons on facts

In reaching its decisions on the disputed facts, the panel took into account all the documentary evidence in this case together with the representations made by the NMC and from Ms Carson.

The panel was aware that the burden of proof rests on the NMC, and that the standard of proof is the civil standard, namely the balance of probabilities. This means that a fact will be proved if a panel is satisfied that it is more likely than not that the incident occurred as alleged.

The panel had regard to the written statements of the following witnesses on behalf of the NMC:

- Colleague A: Staff Nurse at the Trust who raised the concerns about Ms Carson;
- Colleague B: Activities Coordinator at the Trust.
- Colleague C: Staff Nurse at the Trust;
- Colleague D: At the relevant time, Nursing Assistant at the Trust;
- Colleague E: Service Manager for Emergency, Inpatient, Perinatal and Forensic Mental Health Services at the Trust. Investigated the concerns raised.

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor. It considered the documentary evidence provided by both the NMC and Ms Carson.

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

## **Charge 1a and 1b**

1. On 15 April 2022
  - a) Stole and/or misappropriated £30 from the social fund, recording the transaction as 'Easter Group'
  - b) signed the name of another colleague or Colleague A as a second checker in for a transaction of £30 for 'Easter Group'

### **These sub-charges are found proved.**

The panel considered these sub-charges separately, but as the evidence in relation to each is similar, it has dealt with them under one heading. In reaching this decision, the panel took account of the evidence of Colleague A and Colleague E.

The panel considered the "Patients' Funds – Ward Cash Record" provided by Colleague A. This record showed a payment of £30 for the "Easter group" on 15 April 2022, alongside two signatures. The panel compared these with the Trust staff signatures provided by Colleague E and noted that the signatures appeared to belong to Colleague A and Ms Carson. However, recognising that it was not comprised of handwriting experts, the panel did not place determinative weight on this observation and instead relied on other supporting evidence in its assessment of this charge.

The panel referred to the witness statement of Colleague A who confirmed that he did not sign the 15 April 2022 entry for "Easter Group". He stated that he was not in the country that day as he was in Sweden. The Duty Rota provided by Colleague E confirmed that Colleague A was on annual leave on 15 April 2022 and this is further supported by a copy of flight information of a return flight from Gothenburg Lavender to Edinburgh on 15 April 2022.

The panel considered the Investigation Meeting Notes produced by Colleague E, which recorded a meeting between Colleague E and Ms Carson on 19 August 2022. While the Duty Rota records that Ms Carson was not rostered to work in her substantive role at the Trust on 15 April 2022, she confirmed to Colleague E that she was working a bank shift on that day; this shift was documented on the ward rota. In relation to the payment to the

“Easter Group”, Ms Carson stated that she could not recall the transaction or “Easter Group” itself. However, later in the same interview Ms Carson stated that she could recall “Easter stuff” and “making bonnets”. The panel considered that this was a contradiction as she had earlier stated she could not recall any details but later on she remembered making Easter bonnets.

When asked about the second signature, Ms Carson again stated that she could not remember and suggested that it may have belonged to a student.

The panel also considered that Colleague C in her witness statement stated that she had seen that Ms Carson had written a signature in the controlled drugs book which looked like Colleague A’s.

The panel took account of Ms Carson’s undated letter to the NMC and her “Nurse, midwife, nursing associate context form”. However, she does not specifically reference these sub-charges. The panel bore in mind that there is no evidence before the panel, particularly in the aforementioned Investigation meeting notes, where Ms Carson denies making the entry on 15 April 2022.

The panel was persuaded by the evidence of Colleague A and Colleague E which it deemed to be credible, reliable and consistent. It also took account of the evidence of Colleague C who stated that she witnessed Ms Carson entering a signature that Colleague C believed was similar to Colleague A’s signature in the controlled drugs book on 20 April 2022. The panel took this as supporting evidence that Ms Carson attempted to fraudulently append Colleague A’s signature to official documents prior to that date.

The panel was satisfied, on the balance of probabilities, that on 15 April 2022, Ms Carson stole and/or misappropriated £30 from the social fund, recording the transaction as ‘Easter Group’ and signed the name of another colleague or Colleague A, who was not on shift, as a second checker in for a transaction of £30 for ‘Easter Group’.

The panel therefore find these sub-charges proved.

### **Charge 1c**

1. On 15 April 2022
  - c) Annotated “Patients’ Funds – Ward Cash Record” with receipt numbered 6 to suggest that a receipt had been received.

**This sub-charge is found proved.**

In reaching this decision, the panel took account of the evidence of Colleague A and Colleague E.

The panel considered the “Patients’ Funds – Ward Cash Record” provided by Colleague A. This record showed a payment of £30 for the “Easter group” on 15 April 2022 with the receipt number recorded as “6”.

However, the panel noted that there is no evidence before the panel to suggest that receipt numbered 6 exists. The “Patients’ Funds – Ward Cash Record” also lists receipt number 11 for “Activities”, and receipt number 10 for “Gardening Group”, and a receipt numbered 9 listed as “Change from above”. Documents said to correspond to those receipt numbers were provided to the panel. However, no document corresponding to receipt number 6 was produced. The panel makes no findings as to the authenticity or validity of any of these documents, as this does not form part of the determination on this charge.

The panel took account of Ms Carson’s undated letter to the NMC and her “Nurse, midwife, nursing associate context form”. However, she does not specifically reference this sub-charge.

The panel was persuaded by the evidence of Colleague A and Colleague E which it deemed to be credible, reliable and consistent. It was satisfied that, on the balance of probabilities that on 15 April 2022, Ms Carson Annotated “Patients’ Funds – Ward Cash Record” with receipt numbered 6 to suggest that a receipt had been received, thus attempting to cover up the misappropriation of funds.

The panel therefore found this sub-charge proved

## **Charge 2a and 2b**

2. On 16 April 2022
  - a) Withdrew £110 for 'Spanish books' without a second check and/or signature
  - b) Stole or misappropriated £10, as you withdrew £110 recording the transaction for 'Spanish books' but only gave Colleague B £100

### **These sub-charges are found proved.**

The panel considered these sub-charges separately, but as the evidence in relation to each is similar, it has dealt with them under one heading. In reaching this decision, the panel took account of the of Colleague A, Colleague D and Colleague E.

The panel considered the "Patients' Funds – Ward Cash Record" provided by Colleague A. This record showed a payment of £110 for the "Spanish Books" on 16 April 2022, alongside one signature. The panel compared these with the Trust staff signatures provided by Colleague E and noted that the signatures appeared to belong to Ms Carson. As with previous charges, in the absence of expert handwriting evidence, the panel placed limited weight on this comparison and relied on the wider evidential picture in assessing this charge.

The panel considered the Investigation Meeting Notes produced by Colleague E, which recorded a meeting between Colleague E and Ms Carson on 19 August 2022. The panel took account of the Duty Rota records and noted that Mrs Carson recorded as "O" for off on 16 April 2022. However, within the Investigation Meeting Notes, Ms Carson does not dispute being at the Trust and signing the receipt for "Spanish Books".

In the interview conducted by Colleague E, Ms Carson confirmed that on 16 April 2022, she had signed for Spanish books and confirmed that her signature was the one on the "Patients' Funds – Ward Cash Record". She also confirmed that she had made a mistake in recording £110 as she had only given Colleague D £100. The panel reminded itself that a payment of £110 had been recorded for the "Spanish Books" within the "Patients' Funds

– Ward Cash Record”. Additionally, in the balance column, £110 has been deducted from the previous entry.

The panel then considered the evidence of Colleague D. In her interview with Colleague E on 20 June 2022, she confirmed that on she was given £100 for Spanish books on 16 April 2022. She also confirmed that when she returned the change, recorded as £71.02 in the “Patients’ Funds – Ward Cash Record”, it amounted to £100 and not £110. Colleague D also reiterated this in a written statement, dated 20 June 2022. The panel were aware that all recorded cash details of withdrawals and returns were consistent with an initial deduction of £110.

Colleague E in his Scotland Workforce Policies Investigation Report, completed on 12 September 2022, confirmed that the change given by Colleague D is consistent with £100 being given and an expenditure of £28.98. He stated that if £110 has been given to Colleague D, then the change being returned would be £81.02 and not £71.02.

The panel then considered Colleague D’s witness statement. She stated that after she had returned the change and receipts to Ms Carson, she did not ask her to co-sign the social funds book to confirm the change she had been brought back. Colleague D further stated that she would always co-sign the social funds book with other nurses, but not with Ms Carson. She stated that Ms Carson would usually just bring her the money.

The panel took account of Ms Carson’s undated letter to the NMC and her “Nurse, midwife, nursing associate context form”. However, she does not specifically reference these sub-charges.

The panel was persuaded by the evidence of Colleague A, Colleague D and Colleague E which it deemed to be credible, reliable and consistent. Whilst the panel accepts that Ms Carson might enter £110 instead of £100 by mistake whilst on a busy shift, it does not find it credible that she would then amend the balance by £110 also. It was satisfied, on the balance of probabilities that on 16 April 2022, Ms Carson withdrew £110 and gave £100 to Colleague D to purchase the books but kept £10 for herself. This is further supported by Ms Carson not obtaining a counter signature for the change supplied by Colleague D.

The panel therefore found this charge proved

### **Charge 2c**

2. On 16 April 2022

- c) Annotated “Patients’ Funds – Ward Cash Record” with receipt numbered 7 to suggest that a receipt had been received

**This sub-charge is found proved.**

In reaching this decision, the panel took account of the evidence of Colleague A and Colleague E.

The panel considered the “Patients’ Funds – Ward Cash Record” provided by Colleague A. This record showed a payment of £110 for the “Spanish Books” on 16 April 2022 with the receipt number recorded as “7”.

However, just like with charge 1c above there is no evidence before the panel to suggest that receipt numbered 7 exists.

The panel took account of Ms Carson’s undated letter to the NMC and her “Nurse, midwife, nursing associate context form”. However, she does not specifically reference this sub-charge.

The panel was persuaded by the evidence of Colleague A and Colleague E which it deemed to be credible, reliable and consistent. It was satisfied that, on the balance of probabilities that on 16 April 2022, Ms Carson Annotated “Patients’ Funds – Ward Cash Record” with receipt numbered 7 to suggest that a receipt had been received, thus attempting to cover up the misappropriation of funds.

The panel therefore found this sub-charge proved

### **Charge 3a and 3b**

3. On 17 April 2022
  - a) Stole and/or misappropriated £40 from the social care fund in a transaction recorded as 'Activities'
  - b) signed the name of another colleague or Colleague A as a second checker for a transaction of £40 for 'Activities' 'Activities'

**These sub-charges are found proved.**

The panel considered these sub-charges separately, but as the evidence in relation to each is similar, it has dealt with them under one heading. In reaching this decision, the panel took account of the evidence of Colleague A and Colleague E.

The panel considered the "Patients' Funds – Ward Cash Record" provided by Colleague A. This record showed a payment of £40 for the "Activities" on 17 April 2022, alongside two signatures. The panel compared these with the Trust staff signatures provided by Colleague E and noted that the signatures appeared to belong to Colleague A and Ms Carson. As with previous charges, in the absence of expert handwriting evidence, the panel placed limited weight on this comparison and relied on the wider evidential picture in assessing this charge.

The panel referred to the witness statement of Colleague A who confirmed that he did not sign the 17 April 2022 entry for "Activities". He stated that it was not possible for him to have signed for the transaction on 17 April 2022 as he was not on shift. He reiterated this in the Investigation Meeting Notes produced by Colleague E, which recorded a meeting between Colleague E and Colleague A on 29 June 2022. Colleague A denied that the second signature was his and confirmed that he was not on duty on 17 April 2022. The panel considered the Duty Rota, provided by Colleague E, which confirmed that Colleague A was on annual leave on 17 April 2022.

The Duty Rota records that Mrs Carson was not present at the Trust on 17 April 2022. In relation to the payment to the "Activities", Ms Carson stated the signature next to the transaction did not look like hers but later said that it was. When asked about the second signature, Ms Carson stated that it looked it belonged to Colleague A. However, when she

was informed that Colleague A denied this, she said that it could have been one of the activity co-ordinators. The panel considered her responses to be vague.

The panel bore in mind that Colleague C in her witness statement stated that she had seen that Ms Carson had written a signature in the controlled drugs book which looked like Colleague A's. The panel took this as supporting evidence that Ms Carson attempted to fraudulently append Colleague A's signature to official documents.

The panel took account of Ms Carson's undated letter to the NMC and her "Nurse, midwife, nursing associate context form". However, she does not specifically reference these sub-charges.

The panel was persuaded by the evidence of Colleague A and Colleague E which it deemed to be credible, reliable and consistent. It was satisfied that, on the balance of probabilities that on 17 April 2022, Ms Carson stole and/or misappropriated £40 from the social fund, recording the transaction as 'Activities' and signed the name of another colleague or Colleague A as a second checker in for a transaction of £40 for 'Activities'.

The panel therefore find these sub-charges proved.

#### **Charge 4**

4. On an unknown date in April 2022 created receipt number 11 fraudulently for 'activities' with a colleague's signature

**This charge is found proved.**

In reaching this decision, the panel took account of the evidence of Colleague A and Colleague E.

The panel considered the receipt for "Activities" for £40.00 dated 17 April 2022. This corresponded with the "Patients' Funds – Ward Cash Record" provided by Colleague A referenced in sub-charges 3a and 3b. The panel noted there are two signatures on this receipt. The panel compared these with the Trust staff signatures provided by Colleague E

and noted that the signatures appeared to belong to Colleague A and Ms Carson. As with previous charges, in the absence of expert handwriting evidence, the panel placed limited weight on this comparison and relied on the wider evidential picture in assessing this charge.

Colleague E in his Scotland Workforce Policies Investigation Report, completed on 12 September 2022, confirmed that receipt number 11 (120774) is dated 17 April 2022, but is out of sequence, as the preceding receipt (120773) is dated 21 April 2022. He also confirmed that these receipts are signed by Ms Carson and the second signature appears to be that of Colleague A. However, Colleague A denies having signed these receipts. Additionally, on 17 April 2022, when receipt 11 is dated, neither Ms Carson nor Colleague A were on duty.

The Duty Rota provided by Colleague E confirmed that on 17 April 2022, Colleague A was on leave and Ms Carson was marked as “off”.

The panel took account of Ms Carson’s undated letter to the NMC and her “Nurse, midwife, nursing associate context form”. However, she does not specifically reference this charge.

The panel was persuaded by the evidence of Colleague A and Colleague E which it deemed to be credible, reliable and consistent. It was satisfied that, on the balance of probabilities that on an unknown date in April 2022 Ms Carson created receipt number 11 fraudulently for ‘activities’ and appended what appeared to be Colleague A’s signature, thus attempting to cover up the misappropriation of funds.

The panel therefore found this charge proved

### **Charge 5a and 5b**

5. On 20 April 2022
  - a) Stole and/or misappropriated £50 for ‘gardening group’
  - b) forged another Colleagues/or Colleague A’s signature against a transaction withdrawing £50 for ‘gardening group’

**These sub-charges are found proved.**

The panel considered these sub-charges separately, but as the evidence in relation to each is similar, it has dealt with them under one heading. In reaching this decision, the panel took account of the evidence of Colleague A and Colleague E.

The panel considered the “Patients’ Funds – Ward Cash Record” provided by Colleague A. This record showed a payment of £50 for the “Garden Group” on 20 April 2022, alongside two signatures. The panel compared these with the Trust staff signatures provided by Colleague E and noted that the signatures appeared to belong to Colleague A and Ms Carson. As with previous charges, in the absence of expert handwriting evidence, the panel placed limited weight on this comparison and relied on the wider evidential picture in assessing this charge.

The panel referred to the witness statement of Colleague A, the nurse in charge of the shift, who had the keys to the safe which contains the funds and the cash record book. At some point after 18:00 Ms Carson requested the keys from Colleague A so she could give money to a patient. Shortly after 20:30 Ms Carson told Colleague A that she had already completed the safe reconciliation.

Colleague A then confirmed that he did not sign the 20 April 2022 entry for “Gardening Group” activities and was not aware of any such purchases. He stated that when he asked Ms Carson what the £50 was for, she stated that Colleague B asked her for gardening items. Colleague A stated that gardening activities would have already taken place therefore gardening items would have already been purchased. Colleague A also stated that he had the keys to the safe and nobody had asked for money during the time of the gardening club.

The panel considered the Investigation Meeting Notes produced by Colleague E, which recorded a meeting between Colleague E and Ms Carson on 19 August 2022. Ms Carson provided contradictory evidence. She stated that she could vaguely remember getting gardening supplies for the garden. However later she stated that she did not remember

“April or May at all”. She also stated that Colleague B or Colleague D bought plants, in reference to gardening supplies.

Colleague B in her witness statement stated she was asked about funds for “Gardening Group” activities by Colleague A. She stated she denied receiving any money on 20 April 2022 for a gardening group and reiterated this in her statement dated 22 April 2021[sic].

Colleague D also denied receiving any money from Ms Carson. She reiterated this in the Investigation Meeting Notes produced by Colleague E, which recorded a meeting between Colleague E and Colleague D on 24 June 2022 and her internal investigation statement dated 22 April 2022 and her witness statement dated 11 August 2024.

The panel took account of Ms Carson’s undated letter to the NMC and her “Nurse, midwife, nursing associate context form”. However, she does not specifically reference these sub-charges.

The panel was persuaded by the evidence of Colleague A, Colleague B, Colleague D and Colleague E which it deemed to be credible, reliable and consistent. It was satisfied that, on the balance of probabilities that on 20 April 2022, Ms Carson stole and/or misappropriated £50 for ‘gardening group’ and forged another Colleagues/or Colleague A’s signature against a transaction withdrawing £50 for ‘gardening group’, thus attempting to cover up the misappropriation of funds.

The panel therefore find these sub-charges proved.

## **Charge 6**

6. On an unknown date in April 2022 produced a false receipt number 10 for ‘gardening group activities’

**This charge is found proved.**

In reaching this decision, the panel took account of the evidence of Colleague A and Colleague E.

The panel considered the “Patients’ Funds – Ward Cash Record” provided by Colleague A. This record showed a payment of £50 for the “Gardening Group” on 20 April 2022. The panel considered the receipt for this. This corresponded with the “Patients’ Funds – Ward Cash Record” provided by Colleague A referenced in sub-charges 5a and 5b. The panel noted there are two signatures on this receipt. The panel compared these with the Trust staff signatures provided by Colleague E and noted that the signatures appeared to belong to Colleague A and Ms Carson. As with previous charges, in the absence of expert handwriting evidence, the panel placed limited weight on this comparison and relied on the wider evidential picture in assessing this charge.

Regarding this receipt, Colleague A confirmed that he had not signed this receipt.

The panel took account of Ms Carson’s undated letter to the NMC and her “Nurse, midwife, nursing associate context form”. However, she does not specifically reference this charge.

The panel was persuaded by the evidence of Colleague A and Colleague E which it deemed to be credible, reliable and consistent. It was satisfied that, on the balance of probabilities that on an unknown date in April 2022 produced a false receipt number 10 for ‘gardening group activities’, thus attempting to cover up the misappropriation of funds.

The panel therefore found this charge proved

### **Charge 7a**

7. On 20 April 2022 stole and or misappropriated £20 from self-care fund for a transaction recorded as ‘ward shopping’
  - a. forged another Colleague’s or Colleague A’s signature against a transaction withdrawing £20 for ‘ward shopping’
  - b. Produced a receipt where one is not required.

**These sub-charges are found proved.**

The panel considered these sub-charges separately, but as the evidence in relation to each is similar, it has dealt with them under one heading. In reaching this decision, the panel took account of the evidence of Colleague A.

The panel considered the “Patients’ Funds – Ward Cash Record – self care” provided by Colleague A. This record showed a payment of £20 for the “Ward Shopping” on 20 April 2022, alongside two signatures. The panel compared these with the Trust staff signatures provided by Colleague E and noted that the signatures appeared to belong to Colleague A and Ms Carson. As with previous charges, in the absence of expert handwriting evidence, the panel placed limited weight on this comparison and relied on the wider evidential picture in assessing this charge.

The panel referred to the witness statement of Colleague A. He confirmed that he did not sign for this transaction as there was no ward shopping to be done that day. He said that if there was, then it would not have been himself or Ms Carson as they were the staff nurses. He stated that it would have been wither Colleague B, Colleague D or one of the nursing assistants. He stated that as a result, the second signature would have been one of theirs. He further stated; *“I can certainly say there was no ward shopping because I had keys up to 17:30 – 18:00 and by that point the patients already had their dinner and so there was nothing to be purchased”*. He also stated that there was no receipt for any purchases for this transaction.

Colleague A, in his witness statement, referred to a receipt produced by Ms Carson for £20 for activities dated 21 April 2022. The panel considered this receipt and was satisfied that it corresponded with the entry in the “Patients’ Funds – Ward Cash Record – social funds”.

The panel took account of Ms Carson’s undated letter to the NMC and her “Nurse, midwife, nursing associate context form”. However, she does not specifically reference these sub-charges.

The panel was persuaded by the evidence of Colleague A which it deemed to be credible, reliable and consistent. It was satisfied that Ms Carson had forged another Colleague’s or Colleague A’s signature against a transaction withdrawing £20 for ‘ward shopping’ and

produced a receipt where one was not required, thus attempting to cover up the misappropriation of funds.

The panel then turned to the stem of the charge and bore in mind that a reconciliation check was done on 24 April 2022 and the total was correct in light of the £20 deduction made, namely £125.14 from £145.14. It was therefore satisfied that on the balance of probabilities that on 20 April 2022 Ms Carson stole and or misappropriated £20 from self-care fund for a transaction recorded as 'ward shopping'.

The panel therefore found these sub-charges proved.

### **Charge 8**

8. On an unknown date produced a false receipt dated 21 April 2022 as receipt number 9 to cover up errors

**This charge is found proved.**

In reaching this decision, the panel took account of the evidence of Colleague A.

The panel referred to the receipt referenced in sub-charges 7a and 7 above and in Colleague A's witness statement. This receipt was for the sum of £20 and is purported to be signed by Ms Carson and counter signed by Colleague A dated 21 April 2022. The panel noted there are two signatures on this receipt. The panel compared these with the Trust staff signatures provided by Colleague E and noted that the signatures appeared to belong to Colleague A and Ms Carson. As with previous charges, in the absence of expert handwriting evidence, the panel placed limited weight on this comparison and relied on the wider evidential picture in assessing this charge.

In sub-charges 7a and 7b, the panel had already determined that no ward shopping had been undertaken on 20 April. It was of the view that Ms Carson had submitted this receipt to cover the fact that she had, more likely than not, stolen and or misappropriated £20 from self-care fund for a transaction recorded as 'ward shopping'. The panel noted this receipt is annotated as 'Activities' and has been entered on the 'Social Funds' page and not the

'Self Care' page. The panel also noted that this receipt (120772) is out of sequence. Receipt 11 (120774) for £40.00 was submitted on 17 April 2022. Receipt 10 (120773) for £50.00 was submitted on 20 April 2022. Receipt 9 was submitted on 21 April 2022. From the serial numbers it can be deduced that all three receipts are from the same receipt book. If that is the case then it does not follow that Receipt 11 would be logged before Receipt 10 and Receipt 10 before Receipt 9. Additionally, the receipts are not 'shop receipts' rather they are NHS Forth Valley Board Financial Services receipts that are used to log patient valuables when they are being transferred between wards. The panel has determined that, on the balance of probabilities, Ms Carson filled out those receipts and entered them on the same day but annotating different dates.

The panel took account of Ms Carson's undated letter to the NMC and her "Nurse, midwife, nursing associate context form". However, she does not specifically reference these sub-charges.

The panel was persuaded by the evidence of Colleague A which it deemed to be credible, reliable and consistent. It was satisfied that, on the balance of probabilities that on an unknown date produced a false receipt dated 21 April 2022 as receipt number 9 to cover up errors.

The panel therefore found this charge proved

## **Charge 9**

9. Your actions in the above charges were dishonest as you intended to create the misleading impression that genuine transactions had taken place.

**This charge is found proved.**

In reaching this decision, the panel bore in mind the test for dishonesty in *Ivey v Genting Casinos (UK) Ltd t/a Crockfords [2017] UKSC 67*. It had to now determine what Ms Carson actual state of mind was as to the facts and decide whether her conduct with that state of

mind would be considered dishonest by the standards of ordinary honest and decent people.

The panel reminded itself that it had found in all the above charges that Ms Carson had fraudulently added Colleague A's signature to various documents and receipts in an attempt to cover up the misappropriation of funds.

In light of this, the panel was satisfied that Ms Carson had intentionally attempted to create the misleading impression that genuine transactions had taken place.

Consequently, the panel was satisfied that this was dishonest and an ordinary decent member of the public would consider this to be dishonest.

The panel concluded that on the balance of probabilities Ms Carson actions in relation to the charges above based on the test in *Ivey v Genting Casinos (UK) Ltd t/a Crockfords* [2017] UKSC 67 were dishonest.

The panel therefore found this charge proved

### **Charge 10**

10. On 27 April 2022 signed another staff member's signature in the controlled drugs book.

**This charge is found proved.**

In reaching this decision, the panel took account of the evidence of Colleague A, Colleague C and Colleague E.

Colleague C in her witness statement stated that she had witnessed that Ms Carson had written a signature in the controlled drugs book which looked like Colleague A's.

This was reiterated in the Investigation Meeting Notes produced by Colleague E, which recorded a discussion between Colleague E and Colleague C. Colleague C confirmed that

she and Ms Carson were both on shift that day and stated that she witnessed Ms Carson sign a colleague's signature resembling the letter "A". She said that she challenged this in a light-hearted manner, noting that the signature was not hers, and that Ms Carson accepted this and amended it. These comments are further reflected in an internal statement dated 4 July 2022.

In addition, within the controlled drugs book provided by Colleague E, the panel noted an entry had been recorded on 27 April 2022 and what appeared to be Ms Carson's signature had been written over another. The panel considered that the underlying signature contained a capitalised "A".

The panel considered the Investigation Meeting Notes produced by Colleague E, which recorded a meeting between Colleague E and Ms Carson on 19 August 2022. When asked about the allegation of forging Colleague A's signature, Ms Carson denied signing Colleague A's signature in the controlled drug book. She stated that she had a difficult relationship with Colleague C and issues with Colleague C's nursing practice. However, it was never escalated to management or reported elsewhere.

The panel was persuaded by the evidence of Colleague C which it deemed to be credible, reliable and consistent. It had no evidence before it to suggest that Colleague C was lying about the incident. It was satisfied that Ms Carson on 27 April 2022 signed another staff members signature in the controlled drugs book and amended it when challenged by Colleague C. The panel noted that Ms Carson and Colleague A's signatures are significantly different in that Ms Carson signs her full name whereas Colleague A's signature is basically an initial - capital "A".

The panel therefore found this charge proved

### **Charge 11**

11. Your action in charge 10 was dishonest as you intended to create the misleading impression that the drugs had been appropriately second checked.

## **This charge is found not proved.**

In reaching this decision, the panel bore in mind the test for dishonesty in *Ivey v Genting Casinos (UK) Ltd t/a Crockfords* [2017] UKSC 67 as stated in charge 10 above.

The panel bore in mind that the controlled drugs were checked at 14:30 which was the start of Ms Carson and Colleague C's shift. The panel considered that they were undertaking a routine controlled drug check at the start of their shift. It was of the view that the signatures you would expect to see in the controlled drugs book at that time would have been the signatures of Ms Carson and Colleague C.

Colleague A, in his witness statement, stated that he had seen what looked like his signature in the controlled drugs book. He stated that he was not sure if Ms Carson has been practicing his signature whilst she was off, but he had never accidentally signed someone else's attempt to write her signature. He stated that this was an act of muscle memory from Ms Carson.

The panel see no reason why Ms Carson would counter sign with Colleague A's signature dishonestly to create the misleading impression that the drugs had been appropriately second checked deliberately because Colleague A was going off duty. It was mindful that these charges had occurred over a relatively short period of time and determined that it was likely that muscle memory was engaged. Therefore, the panel was satisfied that Ms Carson had signed Colleague A's signature accidentally in this case and that this error was, on the balance of probabilities, caused by her having regularly signed Colleague A's signature over the recent proceeding period.

The panel therefore found this charge not proved

## **Charge 12**

12.[PRIVATE]

Schedule 1

[Private]

**This charge is found proved.**

[PRIVATE]

### **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 Ms Carson'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 ability to practise kindly, safely and professionally.

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, Ms Carson's fitness to practise is currently impaired as a result of that misconduct.

### **Representations on misconduct and impairment**

In coming to its decision, the panel had regard to the case of *Roylance v GMC (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.' It also considered the case of *Nandi v General Medical Council* [2004] EWHC 2317 (Admin).

The NMC invited the panel to take the view that the facts found proved amount to misconduct. The panel had regard to the terms of 'The Code: Professional standards of practice and behaviour for nurses and midwives 2015' ("the Code") in making its decision.

The NMC submitted that Ms Carson put patients and colleagues at unwarranted risk by forging their signatures during the commission of thefts. The NMC submitted that Ms Carson's actions could have led to seriously adverse consequences for her colleagues, such as the loss of their jobs, potential criminal liability, damage to their reputations and future job prospects, if it were believed that the signatures signed by Ms Carson were made by them.

The NMC requires the panel to bear in mind its overarching objective to protect 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. The panel has referred to the cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin).

The NMC invited the panel to find Ms Carson's fitness to practise impaired on the grounds that Ms Carson has acted in a manner which demonstrates a deep-seated attitudinal issue, in that she repeatedly stole money from the Trust, forged her colleagues' signatures, signed their names in the controlled drugs book and informed others when challenged about this conduct that it was her colleagues who had stolen monies from the Trust. The NMC submitted that Ms Carson put patients, colleagues and members of the public at an unwarranted risk of harm by doing so.

The NMC submitted that submitted that given the repeated nature of her actions, indicates a deep-seated attitudinal issue, it is submitted that there is a remaining risk of repetition and liability to place patients at risk of harm in future.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments.

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

When determining whether the facts found proved amount to misconduct, the panel had regard to the terms of the Code.

The panel was of the view that Ms Carson's actions, in relation to charges 1 to 10, did fall significantly short of the standards expected of a registered nurse, and that Ms Carson's actions amounted to a breach of the Code. Specifically:

***20 Uphold the reputation of your profession at all times***

*To achieve this, you must:*

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

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

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

*20.4 keep to the laws of the country in which you are practising*

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

*20.9 maintain the level of health you need to carry out your professional role*

***21 Uphold your position as a registered nurse, midwife or nursing associate***

*To achieve this, you must:*

*21.3 act with honesty and integrity in any financial dealings you have with everyone you have a professional relationship with, including people in your care*

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel bore in mind that Ms Carson's conduct was dishonest and formed a pattern of behaviour that occurred on more than one occasion. It also noted that she sought to conceal this dishonesty by submitting fraudulent documents.

The panel was of the view that Ms Carson's actions amounted to conduct unworthy of a registered nurse and would be considered deplorable by fellow practitioners.

In light of the above, the panel found that Ms Carson's actions did fall seriously short of the conduct and standards expected of a nurse and amounted to misconduct.

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

In relation to impairment, the panel first considered the misconduct charges found proved under charges 1 to 10. The panel next went on to decide if as a result of the misconduct, Ms Carson's fitness to practise is currently impaired.

In coming to its decision, the panel had regard to the NMC Guidance on '*Impairment*' (Reference: DMA-1 Last Updated: 28 January 2026) in which the following is stated:

*'Being fit to practise is not defined in our legislation but for us it means that a professional on our register can practise as a nurse midwife or nursing associate safely and effectively without restriction.'*

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 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/their fitness to practise is impaired in the sense that S/He/They:*

- 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.'*

For reasons already set out above, the panel considered that all four limbs were engaged by Ms Carson's misconduct in this case.

The panel bore in mind that The Hope House Ward is designed to care for women detained in hospital under the Mental Health Act. Supporting the recovery of mental health patients includes funding therapeutic and rehabilitative activities, such as gardening. By misappropriating these funds, Ms Carson may have compromised the provision of such activities, particularly given that it was unknown whether these funds could be replenished, thereby potentially affecting the support available to patients in their recovery and therefore potentially causing harm to patients.

The panel considered that Ms Carson's actions brought the profession into disrepute. A fellow practitioner, aware of facts of the case, would find Ms Carson's conduct deplorable. It was of the view that Ms Carson's conduct had breached the fundamental tenets of the nursing profession, namely to "*Uphold the reputation of your profession at all times*" and to "*Uphold your position as a registered nurse, midwife or nursing associate.*" The panel found that the very nature of the charges proved engaged the fourth limb, namely that her actions were dishonest. It 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 recognised that it must make an assessment of Ms Carson's fitness to practise as of today. This involves not only taking account of past misconduct but also what has happened since the misconduct came to light and whether she would pose a risk of repeating the misconduct in the future.

The panel had regard to the principles set out in the case of *Ronald Jack Cohen v General Medical Council* [2008] EWHC 581 (Admin) and considered whether the concerns identified in Ms Carson's nursing practice were capable of remediation, whether they have been remedied and whether there was a risk of repetition of a similar kind at some point in the future.

Misconduct involving dishonesty is often said to be less easily remediable than other kinds of misconduct. However in the panel's judgment, evidence of insight, remorse and reflection together with evidence of subsequent and previous integrity are all highly relevant to any consideration of the risk of repetition, as is the nature and duration of the dishonesty itself.

The panel took account of Ms Carson's undated letter to the NMC and her "Nurse, midwife, nursing associate context form". It also took account of her "Application for removal by agreement from the NMC register". Within this she stated that she accepted all the concerns that had been raised about her fitness to practice, and the impact it had on the Trust. She accepted that she had fallen short of the NMC code of conduct. She also stated that she had reflected on the concerns, regrets the way she treated colleagues and acknowledged the impact her actions had on the reputation of the nursing profession.

However, the panel noted that at no point does Ms Carson admit the charges, or say what she would do differently or how she would ensure this would not happen again. The panel reminded itself that when Ms Carson was challenged, her initial reaction was to blame other colleagues or allege bullying. Ms Carson, in her responses, has not taken responsibility for her action neither does she acknowledge any harm to her patients or colleagues by her actions.

In light of the above, the panel determined that Ms Carson had an insufficient level of insight in relation to her misconduct.

The panel was satisfied that the misconduct in this case would be difficult to address as it is a case of repeated serious dishonesty that only ended when the dishonesty was identified by Colleague A.

The panel was of the view that there was no evidence before it that would assist in determining whether Ms Carson had taken steps to strengthen her practice or to remedy the concerns identified or the attitudinal issues which appear to underpin them.

The panel bore in mind that Ms Carson's conduct was dishonest and formed a pattern of behaviour that occurred on more than one occasion over a short period of time. Additionally, she attempted to conceal her conduct. It was of the view that in the absence of insight, remorse and evidence that Ms Carson had strengthened her practice, in the areas of concern identified by the panel, Ms Carson was liable to repeat her actions in the future. It followed that the panel determined that limbs a, b, c and d of *Grant* were engaged with regard to the future.

The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

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

The panel was satisfied that, having regard to the nature of the misconduct and lack of competence in this case, *“the need to uphold proper professional standards and public confidence in the profession would be undermined”* if a finding of current impairment were not made. It was of the view that a reasonable, informed member of the public would be very concerned if Ms Carson’s fitness to practise was not found to be impaired and therefore public confidence in the nursing profession would be undermined if Ms Carson were allowed to practise unrestricted.

For all the above reasons the panel concluded that Ms Carson’s fitness to practise is currently impaired by reason of misconduct on both public protection and public interest grounds in relation to charges 1 to 10.

**[PRIVATE]**

### **Sanction**

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

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

### **Representations on sanction**

The NMC submitted that the nature and seriousness of Ms Carson’s actions is so serious that a registered professional would consider this conduct deplorable and therefore incompatible with remaining on the register. The prolonged, repeated dishonesty raises serious questions about Ms Carson’s professionalism and is capable of shattering public confidence that she would fail to adhere to and uphold fundamental tenets of the profession, such as honesty and integrity.

The NMC submitted that Ms Carson's erasure from the register is the only sanction that would be sufficient to protect the public, the public interest and maintain confidence in the profession.

The NMC submitted that, given the circumstances, a Striking-off Order is the appropriate and proportionate sanction in the circumstances of the case.

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

Having found Ms Carson's fitness to practise to be currently impaired by the matters found proved under charges 1 to 10, 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:

- Abuse of a position of trust;
- Conduct which deliberately or recklessly puts patients and colleagues at risk of harm;
- Deliberate breaches of the Code;
- A pattern of misconduct over a period of time
- Limited insight and no evidence of remediation;
- Premeditated behaviour;
- Actions damaging to the nursing profession.

The panel also took into account the following mitigating features:

- [PRIVATE];

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case and the repeated dishonesty

associated with it. 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 Ms Carson'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 Ms Carson'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 Ms Carson'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. It bore in mind that it had identified deep seated attitudinal issues. Additionally, the panel was of the view that the dishonesty identified in this case was not something that can be addressed through retraining. The panel concluded that placing conditions on your registration would not adequately address the seriousness of this case, would not protect the public nor meet 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 where some of the following factors are apparent:

- *whether the risk posed to the public, or to people receiving care, can only be managed by temporary removal from the Register?*
- *will suspension be sufficient to protect people using services, public confidence in the profession, or professional standards?*
- *is it realistic that the professional could return to unrestricted practice in the future, even if it is not appropriate for them to do so now?*
- *What would the registrant need to do in order to be fit to practise in the future? Is it realistic that they will be able to do this?*

The panel also referred to the NMC guidance entitled “Deciding between suspension and strike off” (reference: SAN-3 last updated 28 January 2026).

The panel took account of the aggravating factors it determined were engaged in this case. It bore in mind that Ms Carson had committed a number of dishonest acts over a period of time and tried to conceal these actions and was prepared to divert attention towards other colleagues. When faced with the allegations, Ms Carson tried to apportion blame onto her colleagues. In the panel’s view, had her conduct not been identified by another senior nurse, Ms Carson would have continued to misappropriate funds.

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 the serious breach of the fundamental tenets of the profession evidenced by Ms Carson’s actions is fundamentally incompatible with Ms Carson remaining on the register.

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

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

- *Do the charges found proved raise fundamental questions about their professionalism?*
- *Can public confidence in the profession be maintained if the professional is not removed from the Register?*
- *Is there any amount of insight and reflection which could keep people receiving care and members of the public safe, maintain public confidence in the profession, and uphold professional standards?*
- *Is there a realistic prospect that, after suspension, the professional will have gained insight and strengthened their practice such that the risk they pose will have reduced?*

Ms Carson's actions were significant departures from the standards expected of a registered nurse, and are fundamentally incompatible with her remaining on the register. The panel was of the view that the findings in this particular case demonstrate that Ms Carson'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.

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 matters it identified, in particular the effect of Ms Carson'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.

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 matters it identified, in particular the effect of Ms Carson's actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct herself, the panel has concluded that nothing short of this would be sufficient in this case.

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

This will be confirmed to Ms Carson 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 Ms Carson's own interests

until the striking-off sanction takes effect. The panel heard and accepted the advice of the legal assessor.

### **Representations on interim order**

The panel took account of the representations made by the NMC that an 18-month interim suspension order should be imposed on the basis that it is necessary for the protection of the public and otherwise in the public interest to cover the appeal period and the time likely to be required before the Court considers the appeal.

### **Decision and reasons on interim order**

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

The panel concluded that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order. The panel therefore imposed an interim suspension order for a period of 18 months.

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

That concludes this determination.