

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

**Substantive Hearing
Monday 27 October 2025 – Friday 31 October 2025
Wednesday 28 January 2026 – Thursday 29 January 2026**

Virtual Hearing

Name of Registrant:	Caroline Elizabeth Harding
NMC PIN:	11F0114E
Part(s) of the register:	Registered Nurse - Mental Health Nursing RNMH – (10 December 2011)
Relevant Location:	Colchester
Type of case:	Misconduct
Panel members:	Nicola Dale (Chair, Lay member) Alison Thomson (Registrant member) Sally Ann Kitson (Lay member)
Legal Assessor:	Oliver Wise (27 – 31 October 2025) Nicholas Baldock (28 – 29 January 2026)
Hearings Coordinator:	Aisha Charway (27 – 30 October 2025) Nicola Nicolaou (31 October 2025) Rene Aktar (28 – 29 January 2026)
Nursing and Midwifery Council:	Represented by Pamela Muniya, Case Presenter (27 – 30 October 2025) Ruth Alabaster (28 – 29 January 2026)
Miss Harding:	Present and not represented at the hearing
Facts proved by way of admission:	Charges 1a and 1b
Facts proved:	Charge 2
Fitness to practise:	Impaired

Sanction:	Suspension order (9 months)
Interim order:	Interim suspension order (18 months)

Details of charge

'That you, a registered nurse

1. On or around 24 March 2022;
 - a. Retained £100 cash belonging to a patient rather than handing it immediately to the Finance Office
 - b. Retained a bank card belonging to a patient rather than handing it immediately to the Finance Office
2. Your conduct at Charge 1a and/or Charge 1b was dishonest as you intended to retain the cash/bank card for your own personal use

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

You were present and unrepresented. You told the panel that you admitted charges 1a and 1b.

Background

The charges arose whilst you were employed as a registered nurse by [PRIVATE] in Colchester ('the Hospital'). The referral is in connection with concerns that arose whilst you were employed as an acting ward manager at the Hospital. On 24 March 2022 you offered to take £400 cash that was handed to you by Patient A's parents to the finance office. It is alleged that Patient A's parents first counted out the money, then handed it to you, and you also counted the money and checked that the total was £400. This was in the presence of two other staff members. The finance office is a short walk away from the

ward and on the first floor. It is accepted by you that when you arrived at the finance office you handed the senior finance administrator, Witness 2, the amount of £300 despite £400 being counted and handed to you when you were on the ward a few minutes earlier. Witness 2 reported to Witness 1 that she had received only £300 and was informed by Witness 1 that it should have been £400.

You were contacted by phone by Colleague A and it is alleged that you stated that you must have inadvertently dropped the money into your bag when checking your phone for messages. You found the missing cash in your bag and returned it to the finance office.

It is also alleged that you had also been handed two patient bank cards by Witness 1 to be handed into the finance office with the cash and, rather than handing in both cards you retained one for personal use. It is alleged that you retained both the £100 cash and the patient bank card dishonestly.

Submission on application to admit hearsay evidence

The panel heard an application made by Ms Muniya, on behalf of the Nursing and Midwifery Council (NMC) under Rule 31 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules). The application was to allow the written statement of Witness 3 into evidence. Witness 3 was not present at this hearing and, whilst the NMC had made sufficient efforts to ensure that this witness was present, he was unable to attend during the scheduled dates of this hearing due to him being abroad without internet access.

Ms Muniya submitted that this application is in relation to a statement made by Witness 3 and stated that this was contained in the witness statement bundle. She also applied in relation to a statement made by Colleague A, and one made by Colleague B, both made in internal disciplinary proceedings.

Ms Muniya referred the panel to Rule 31 which states:

'Upon receiving the advice of the legal assessor and subject only to the requirements of relevance and fairness, a Practice Committee considering an allegation may admit oral, documentary or other evidence, whether or not such evidence would be admissible in civil proceedings in the appropriate court in that part of the United Kingdom, in which the hearing takes place.'

Ms Muniya indicated to the panel that the factors to be considered when admitting hearsay evidence is, is the evidence relevant and fair.

Ms Muniya referred to the legal guidance and principles in the case of *Thorneycroft v Nursing and Midwifery Council* [2014] EWHC 1565 (Admin).

Ms Muniya submitted that this evidence is not the sole and decisive evidence in support of the dishonesty charge 2.

Ms Muniya submitted that in relation to Witness 3's evidence there are clear reasons for his non-attendance at the hearing today. She made reference to his correspondence which is exhibited, and in his correspondence, [PRIVATE]. Witness 3 also provided his flight itinerary. Ms Muniya informed the panel that Witness 3 would be returning on 10 November 2025. Ms Muniya informed the panel that Witness 3 was only recently informed of the dates of this hearing, on 18 August 2025. She informed the panel that you were notified at the prehearing meeting on 23 September 2025 that Witness 3 would not be in attendance.

Ms Muniya submitted that this evidence is not sole and decisive. Witness 3 was not an eyewitness and Witness 3's evidence consisted of a statement and exhibited documentary records and policies on managing individual's money and the financial affairs procedure and Safeguarding Adult England and Wales's policy. She stated that this includes a copy of the finance form which the panel had seen during the witness evidence of Witness 2 and has been the subject to cross-examination. Ms Muniya informed the panel that this document confirmed that £300 was deposited and signed by you and Witness 2.

Ms Muniya stated to the panel that it is not bound by the findings or opinions of the witnesses. Ms Muniya submitted that under the circumstances the panel may find that details provided by Witness 3 is unlikely to be challenged by you. Ms Muniya further submitted that this evidence is relevant to assist the panel to understand the case more widely in relation to policies regarding safeguarding and management of patient finances.

Ms Muniya stated that there is no dispute over Colleague A and B's evidence as it is accepted that a transfer of the money to you took place in the presence of Colleague A, Witness 1, and Patient A's parents. Ms Muniya stated that it is accepted that there was a phone call between yourself and Colleague A after Witness 2 called Witness 1. Ms Muniya further noted that it is not disputed that Colleague A contacted you after the incident, and you stated that you were going to take the £100 back to the office.

In relation to fairness, Ms Muniya submitted that it is fair to admit the documentation as hearsay as the panel has heard live evidence from Witnesses 1 and 2. She further noted that both of these witnesses were cross examined and there is no prejudice to you as there is no dispute in relation to the hearsay evidence.

In response to Ms Muniya's application, you stated that you had no concerns with the evidence being considered by the panel, you agreed that Colleague A's statement would have been the same account as Witness 1, with the caveat that you strongly disagree with the findings of the disciplinary hearing contained in Witness 3's evidence.

The panel accepted the legal assessor's advice. He referred to Rule 31, which provides that, so far as it is 'fair and relevant', a panel may accept evidence in a range of forms and circumstances, whether or not it is admissible in civil proceedings. He advised that, despite your agreement to the admission of this evidence, it was for the panel to determine in the exercise of its own judgement whether it was fair to admit this evidence.

Decisions on application to admit hearsay evidence

The panel first considered the application in regard to Witness 3. The panel acknowledged that Witness 3 had short notice of this hearing. It further noted that the reasons for Witness 3's non-attendance [PRIVATE]. The panel noted that Witness 3 exhibits relevant documents, such as safeguarding and patient finance policies as well as the details of the interview which was conducted after the local investigation. The panel noted that you had raised no objection to the evidence of Witness 3 being admitted with the caveat of the outcome of the disciplinary hearing which you disputed. The panel determined that there was a good reason for Witness 3's non-attendance, that the evidence was relevant and that it would be fair to admit it as hearsay. The panel did however note that, within Witness 3's statement and local investigation report was opinion from Witness 3 and determined that any opinion would be disregarded.

The panel then considered the local statement of Colleague A. It found that this evidence was relevant to the proceedings. The panel accepted the submission that the evidence in this statement merely serves to corroborate and duplicate the evidence provided by Witness 1 and is thus not sole or decisive. The panel noted that you had raised no objection to it being admitted. The panel determined that it was fair to admit the local statement of Colleague A as hearsay.

The panel then considered the local statement of Colleague B. It found that this evidence was relevant to the proceedings. The panel accepted the submission that the evidence in this statement merely serves to corroborate and duplicate some of the evidence provided by Witness 2 and is thus not sole or decisive. The panel noted that you had raised no objection to it being admitted. The panel determined that it was fair to admit the local statement of Colleague B as hearsay.

Decision and reasons on facts

At the outset of the hearing, you informed the panel that you made full admissions to charges 1a and 1b.

The panel therefore finds charges 1a and 1b proved in their entirety, by way of your admissions.

In reaching its decisions on the disputed facts, the panel took into account all of the oral and documentary evidence in this case, together with the submissions made by Ms Muniya on behalf of the NMC and by you.

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 heard live evidence from the following witnesses called on behalf of the NMC:

- Witness 1: Clinical Team Leader at the Hospital
- Witness 2: Senior Finance Administrator at the Hospital

The panel also considered the hearsay documentary evidence of Witness 3, Colleague A and Colleague B.

The panel also heard evidence from you under oath and from Witness 4, a colleague of yours, who gave evidence in relation to your character.

The panel also considered the documentary evidence provided by you which included professional and personal testimonials.

Before making any findings on the facts, the panel accepted the advice of the legal assessor.

The panel then considered the disputed charge and made the following findings.

Charge 2

2. Your conduct at Charge 1a and/or Charge 1b was dishonest as you intended to retain the cash/bank card for your own personal use

This charge is found proved.

In order to fully assess the facts, the panel determined that it should consider each stage of the events on 24 March 2022.

The panel considered the allegations concerning the cash and the card separately.

The panel noted that it was not in dispute that you had joined a meeting between Witness 1, Colleague A, and Patient A's parents on the ward and had become involved in the process of Patient A's parents depositing cash for their son. There is no dispute that there was a conversation with the parents about how much they would leave. The panel also noted that it is not in dispute that you offered to take the cash to the finance office as you had stated that you were on your way there to discuss staff timesheet issues.

The panel first considered whether you were aware of how much cash you were taking from the parents to be handed in to the finance office. The panel noted both the local statement and oral evidence of Witness 1 who was clear and consistent that he had witnessed you count the notes in your hand in the presence of the parents. He stated in his local statement that you had:

'counted and double checked the money in our presence and that of the parents'

It also noted the local statement of Colleague A who corroborated this. Indeed, it also noted that in your own local statement made on the day of the incident you stated:

'I counted the money whilst talking to [Patient A's] parents...'

In your disciplinary hearing you disputed this assertion stating:

'when I got there [Witness 1] already had the money not the parents, I was talking to the parents. I did not see the money being counted'

When you were cross examined in oral evidence, your account differed again when you asserted that:

"I went through the mechanics, I was talking to the parents at the time and wasn't paying full attention. I probably knew at the time it was £400 but thought it was £300 once they had taken the £100."

The panel heard in Witness 1's oral evidence, as well as your oral evidence, that the notes that were provided by Patient A's parents were ordinary flat £20 notes without creases and not folded up. This was accepted by you.

The panel then considered what happened whilst you were on the stairwell leading to the finance office. The panel found that there is no dispute that you stopped in the stairwell on your way to the finance office. It noted the area of dispute was that you say you stopped to check for urgent phone messages. The NMC allege that it was to place £100 into your bag out of the view of any CCTV camera.

The panel noted that in your local statement written on the day of the incident you make no mention of needing to check your telephone. Your local statement states:

'on the way to the finance office I put the money and cards in my bag'

In your disciplinary interview dated 29 April 2022, you stated that you stopped to 'checked text message'.

In your oral evidence at this hearing, you said:

"I pulled my phone to check, I get lots of emails and lots of calls that was probably why I put the money in my bag"

You accepted that there was not a specific call you were answering. You were merely checking for messages. You said that you put all of the money in the front zip pocket of your shoulder laptop bag, as you freed up your left hand to look at your phone.

The panel then considered the exchange in the finance office.

Witness 1 said in oral evidence that this office was a one-minute walk away and, in your own evidence, no more than two to three minutes. The panel noted that there is no dispute in you placing £300 cash on the desk on your arrival together with the two bank cards and then you and Witness 2 dealt with timesheet administration in the first instance.

The panel went on to consider who confirmed the amount of money as £300 first; whether it was you, as asserted by the NMC or Witness 2 as asserted by you. Witness 2 told the panel in oral evidence, in line with her local and NMC statement, that, before she touched or counted the money herself, in line with her usual practice she had asked you how much was there and that you had replied £300. You told the panel that it was only after Witness 2 had counted the money and told you that there was £300 did you confirm it was £300. Witness 2 also told the panel that after counting the money she once again asked you to confirm that it was £300 which you did.

Witness 2 was asked to confirm this sequence of events in oral evidence and was emphatic that she had asked you how much was there prior to her counting the money herself. You did not challenge Witness 2 in cross examination as to this order of events. The panel noted that there is no dispute that you confirmed the amount as £300 after Witness 2 had counted it. The panel heard that Witness 2 had suggested to you that she

was expecting more money. You told Witness 2 that it was short as £100 had been left in Patient A's wallet in the ward safe.

The panel also considered the evidence that the £400 comprised of uncreased, flat £20 notes at the point of being handed over by the parents and that the £300 initially handed to the finance office were also flat uncreased notes. The panel heard in your oral evidence that the notes of the missing £100 were later found folded in your bag.

The panel reached the following conclusions regarding the cash:

The panel found that your account varied at every point that you were asked about the counting of the money on the ward and therefore could not be relied upon. The panel determined that you were fully aware that you had £400 in your possession having counted it and checked it personally in front of witnesses at the point that you left the ward to go to the finance office.

The panel also determined that, as an experienced nurse with management responsibilities, you would have fully appreciated the importance of careful handling of patients' money. The panel concluded that it was not plausible that that you would casually or absentmindedly put money belonging to the patient in your personal work bag to check your phone for messages that may or may not have come through during the day whilst you were walking a very short direct distance to the finance office. The panel further noted that, in oral evidence you told the panel that "*there was nothing really important*" on the phone. The panel determined that you stopped in the stairwell to place £100 of the money into your bag dishonestly.

The panel found it likely that it would be the normal practice of a finance officer to ask a depositor how much money is there before counting to confirm. The panel determined that you had stated that there was £300 cash prior to it being counted by Witness 2 but found that you would have known that there should have been £400 as only moments before had you counted and checked it to be £400 in front of witness 1, Colleague A and Patient

A's parents. The panel rejected your assertions in oral evidence that this was a simple mistake due to you being "cocksure" or "arrogant" and that you "were busy doing other things and should have paid more attention". The panel again determined this claim to be implausible given your experience as a nurse, your knowledge of dealing with patient money and the short period of time between checking the money and arriving in the finance office. The panel found that you were aware that you had been given £400 and that you had only handed in £300 as you had dishonestly appropriated £100 on your way to the finance office.

The panel next considered the bank card of Patient B that is the subject of the charge.

The panel found that there was no dispute that you had brought Patient B's bank card to the finance office with the cash of Patient A and that you had then taken this card away from the finance office stating that you would deal with it. However, there was a dispute in relation to whether Patient B's bank card was valid or had expired.

The panel considered the oral evidence of Witness 2 who said:

"The card was not expired. When she returned the money she returned the card, the card was not expired"

The panel also noted that Witness 3 stated in the disciplinary meeting notes dated 29 April 2022 that:

'We checked it had not expired'

And evidence from Witness 1's statement:

'I informed [Witness 2] that Patient B's bank card was still in date'

The panel noted that in your disciplinary interview you initially asserted that the card had expired in 2021 but when questioned stated:

'perhaps I looked at the issue date by mistake'

However, during your oral evidence you asserted that you did not accept that the card had not expired as you had not been shown any proof.

The panel considered the evidence of Witness 1, Witness 2, and Witness 3, who all gave evidence that Patient B's card had not expired. The best evidence would be the card itself, or a photograph of it. The panel has not seen documentary evidence of the card itself. However, the panel was satisfied that these three witnesses are correct. The panel determined that the bank card of Patient B was still valid at the time of the incident.

The panel then considered your intention when stating to Witness 2 that you would '*deal with it*'. You asserted to the panel in oral evidence that you intended to return it to the ward safe. The panel heard that the card had just come from the ward safe which was there for temporary out of hours use only for bank cards. You did not provide the panel with a reason for returning it there. You stated that you did not recognise the name on the card and had no knowledge of who it belonged to. The panel heard evidence from Witness 1 that the card belonged to Patient B who was no longer on the ward. The panel determined that there would be no reason to put the card back into the ward safe, rather than leave it in the finance office as per the policy exhibited by Witness 3. This was also explained by Witness 2 in oral evidence that it was the finance office's role to return property to patients or their appointees. The panel concluded that, on the balance of probabilities, you dishonestly took the card for your own use believing that it would not be easily missed as the patient was no longer on the ward.

The panel noted that you are previously of good character. It also acknowledged that you were new to your role as acting manager and would be working under pressure in a busy environment. The panel heard from Witness 1 that you were an excellent manager and

referred to you as “*the best*”. The panel was also mindful of the positive character references before it. However, upon reviewing all of the evidence, the panel found that there were too many implausible inconsistencies in relation to both the misplaced money and bank cards. The panel was of the view that you acted impulsively and made a dishonest decision to appropriate both the £100 cash and the bank card for your own personal use.

Interim order

As the hearing will not conclude within the five days allocated, and will need to be relisted, the panel has considered whether an interim order is required for the period of adjournment. The panel 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 interests.

Submissions on interim order

The panel took account of the submissions made by Ms Muniya. She submitted that there is now a material change in the circumstances given the panel’s findings on the facts. Ms Muniya submitted that dishonesty is a serious matter and the public needs to be protected during the adjournment period. Ms Muniya submitted that whilst you currently work in a Personal Independence Payment (PIP) assessment role, you gave evidence that you occasionally undertake bank work via an agency. She submitted that there is a risk of repetition and subsequent risk of harm and therefore an interim order is necessary on the ground of public protection.

Ms Muniya submitted that an interim order is also otherwise in the public interest to maintain public confidence in the profession and to declare and uphold proper standards of conduct and performance. She submitted that given the panel’s finding of dishonesty, the public and fellow nursing professionals would find this behaviour deplorable and would expect your nursing practise to be restricted. Ms Muniya submitted that there would be

serious damage to the reputation of the nursing profession if you were not subject to an order at this time.

You told the panel that you believe you are safe to practise without restriction. You said that your current full-time role as a PIP assessor is a remote job which involves conducting telephone assessments. You said that within your current role, there is no risk of harm to the public.

You said that if the panel imposed an interim suspension order, [PRIVATE]. You told the panel that you are willing to comply with any conditions it may consider imposing.

The panel accepted the advice of the legal assessor.

Decision and reasons on interim order

The panel considered that you have been working without restriction for the last three years with no further concerns raised. It noted that your current role does not involve any in-person patient contact and considered that there is no evidence before it to suggest that you present any current risk to patients or the public.

However, the panel considered that there has been a material change in circumstances in that the facts have been found proved in this case, including a finding of dishonesty. The panel was therefore satisfied that, as there may be some months before the hearing can resume and subsequently conclude, there remains a risk of public protection insofar as financial protection of patient's property. The panel therefore determined that an interim order is necessary on the ground of public protection.

The panel also considered that a member of the public would be shocked to learn that a registered nurse had behaved dishonestly. It therefore determined that an interim order is also otherwise in the public interest to maintain public confidence in the profession and to declare and uphold proper standards of conduct and performance. The panel considered

that there would be serious damage to the reputation of the nursing profession if you were not subject to an order at this time.

The panel took into account the positive testimonials provided by your colleagues which attest to your good character. There is a substantial amount of evidence, including the evidence given by Witness 1 when giving evidence for the NMC attesting to your high clinical competence and your value as a colleague. Your current colleagues have given written evidence attesting to your honesty and integrity.

Balancing all the considerations which the panel is required to weigh up, it has determined that there are workable conditions that could be formulated to sufficiently manage the risk identified, protect the public, and meet the public interest. As such, the panel determined that an interim conditions of practice order would be made for a period of eight months, with the following necessary and proportionate conditions:

'For the purposes of these conditions, 'employment' and 'work' mean any paid or unpaid post in a nursing, midwifery or nursing associate role. Also, 'course of study' and 'course' mean any course of educational study connected to nursing, midwifery or nursing associates.'

1. You must limit your nursing practice to online and telephone clinical work only with no in-person patient contact.

2. You must keep the NMC informed about anywhere you are working by:
 - a) Telling your case officer within seven days of accepting or leaving any employment.
 - b) Giving your case officer your employer's contact details.

3. You must immediately give a copy of these conditions to:

- a) Any organisation or person you work for.
- b) Any employers you apply to for work (at the time of application).

4. You must tell your case officer, within seven days of you becoming aware of:

- a) Any clinical incident you are involved in.
- b) Any investigation started against you.
- c) Any disciplinary proceedings taken against you.

5. You must allow your case officer to share, as necessary, details about your performance, compliance with and / or progress under these conditions with:

- a) Any current or future employer.

The panel decided to make this interim order for a period of eight months to cover the period of adjournment.

Until this case concludes, this interim order must be reviewed before the end of the next six months. Additionally, you or the NMC may ask for the interim order to be reviewed if any new evidence becomes available that may be relevant to the interim order.

At any review the reviewing panel may revoke the interim order or any condition of it, it may confirm the interim order, or vary any condition of it, or it may replace the interim conditions of practice order with an interim suspension order.

On resumption of this substantive hearing, when the panel consider the next stage, it panel may be assisted by:

Your up-to-date thorough reflection covering:

- The impact on the nursing profession and the public's trust

- The impact on individuals
- What you have learned from the incident
- How the panel can be assured that a similar incident will not happen in the future.

That concludes this determination.

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 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 practice kindly, safely, and professionally, and 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

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.*'

You gave evidence under affirmation. In response to questions from Ms Alabaster, [PRIVATE]. You also said that you still stand by your sworn evidence that you did not commit any dishonesty. You said that you had spent a lot of time thinking about how you had ended up in that position.

You told the panel that you had so many self-imposed expectations at the time. You said that this is not an excuse and that you are able to separate your work from your home life. You said that at the time, you were managing two wards as a new acting ward manager. You said that no other manager would put themselves forward in the way that you did. You also said that you were eager to carry on in your career.

You said that you have not repeated the incidents since leaving the ward. You said that you are a loyal person and that you had stayed with that company through three management changes. [PRIVATE]. You said that you have learnt so much about yourself and that you are much happier now working elsewhere.

You told the panel that the findings on the facts that you had received has allowed you to think about how your actions have impacted on other people. [PRIVATE]. You said that you have reflected on how this had affected public trust and other professionals.

You said that vulnerable people have trust in the healthcare system and that professionals have to trust one another. You said that if someone were to read about a nurse stealing from a patient, the trust would automatically break. You said that you would like the opportunity to build back that trust and prove that you are a trustworthy person and that you do have people's best interests at heart.

You also said that you were an advocate for the NMC and it is really important that it has oversight of nurses and professionals. The NMC ensures the highest level of care and promotes up-to-date training like accountability and transparency. You said that all these things help to uphold trust.

You told the panel that on a few occasions since the incident when working in a care home setting, you had some dealings with patient or resident money where you have had to count it and put it away. You said that this was not a general day-to-day part of your job and that it was only when people were admitted that they may have a purse or personal belongings. You said that this is usually dealt with by two people. You said that residents tend to have their own safe and their belongings locked away in their own rooms.

You said that, since the incident, you have been open and honest with everyone about the facts and your fitness to practise investigation in every role you have undertaken. You told the panel that, when you signed up to the agency, you told them the full details of everything that had happened and that you are a nurse that is under investigation. You said that although you are ashamed of and embarrassed by what you have done, you want to be open and honest with people. You also said that you make sure you read company policies on how to handle money.

You said that you would never deal with money on your own again. You said that you will always handle money with other people and that it is securely locked and put away before anyone leaves the room.

[PRIVATE]. You said that you are ashamed that you had ever put yourself, your family, patients, and your colleagues into a position where they have had to doubt you. You said that you would never put yourself in this position again.

When answering the panel's questions, you said that the colleagues that you worked with directly felt let down and upset as they had trusted you. You said that you were a person who people relied upon and that it might have shattered them when they hear that something like this had happened. You said that you can see how other people's opinion of the hospital could be impacted by your actions.

You told the panel that the few agency shifts that you were able to work last year exposed you to face to face dealings with patients which helped you to start to rebuild your confidence.

You told the panel that you are now a cautious person and that you make sure that you take the time to read policies. You said that you know the people to contact if you ever need to seek advice again about making a decision that you are unsure of. [PRIVATE]. You said that you have worked in high pressure environments and that you pride yourself on being able to deal with incidents or risk situations very quickly.

Ms Alabaster submitted that there is no burden or standard of proof at this stage and the matter of whether or not your fitness to practice is currently impaired is one best left to the professional judgement of the panel. She submitted that the panel has to consider whether or not the charges found proved amount to misconduct.

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

Ms Alabaster submitted that the NMC has considered the Code and has identified a number of standards which your conduct has fallen short of. She referred the panel to parts of the code specifically standards, 1.1, 1.5, 8, 10, 10.3, 20.1, 20.2, 20.3, 20.5, 20.8, and 21.3.

Ms Alabaster invited the panel to find that the charges found proved in this case amounts to misconduct.

Submissions on impairment

Ms Alabaster moved on to the issue of impairment and addressed the panel on the need to have regard to protecting the public and the wider public interest. This included the

need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body. This included reference to the cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin).

Ms Alabaster submitted that your actions did place patients at unwarranted risk of harm and that this harm was in the form of financial abuse and potential distress had the removal of the money not been promptly discovered and rectified.

Ms Alabaster submitted also that you were in a position of responsibility in your role as acting ward manager for the Learning Disability and Autism Service. She submitted that patients on the ward were vulnerable due to their moderate to severe learning disabilities where they required safeguarding.

Ms Alabaster submitted that there were also strict processes and procedures in place around the handling of their money. She submitted that to hear that an acting ward manager had abused their responsibility and position of trust for their own financial gain, would cause distress to the patients and families. She said that it would also cause anxiety and distress to other vulnerable people and their families who will be relying on trusting the integrity and professionalism of the nursing profession.

Ms Alabaster submitted that, for these reasons, there is a public protection ground for a finding of impairment.

Ms Alabaster submitted that a dishonest action in the course of clinical care is a breach of a fundamental tenant of the profession that can stand alone. She submitted that this dishonesty, whilst not admitted, was found proved. She also submitted that this is dishonesty associated with clinical practice as it created a direct risk to patients receiving care.

Ms Alabaster submitted that your dishonesty was motivated by personal financial gain and you allowed your personal interests to outweigh your duty to protect patients, and be open, honest, and truthful. She submitted that dishonesty of this nature is at the more serious end of the spectrum.

Ms Alabaster submitted that there is a likelihood and a risk of repetition. She said that the misconduct involves dishonesty arising from professional practice. Ms Alabaster submitted that this demonstrates an underlying attitudinal concern of abusing your power and position and placing personal financial gain above the care provided to patients. She referred the panel to guidance FTP-15.

Ms Alabaster submitted that your conduct is more difficult to remediate. She also submitted that your insight is not fully developed and that has only just commenced, possibly during your evidence at this stage of these proceedings when questioned.

Ms Alabaster invited the panel to make a finding on both public protection and public interest grounds. She submitted that if a finding of impairment on the grounds of public protection was found not to be necessary, a finding of impairment on the basis of public interest would still be required in this case.

In response, you said that the biggest thing that you took from this process is your reflection on how your actions have impacted the public. You said that your reflections show how this has impacted the public and the people around you.

You told the panel that you have told your colleagues and managers about this situation. You said that you are aware of the impact of your actions and that you have spent a lot of time reflecting on this. You said that you love your profession and that you want to be open and honest with everyone that you work with.

You said that you are upset and disappointed with yourself. You said that you never want to be in this position again.

The panel accepted the advice of the legal assessor.

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 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:

'1 Treat people as individuals and uphold their dignity

To achieve this, you must:

- 1.1 treat people with kindness, respect and compassion*
- 1.5 respect and uphold people's human rights*

10 Keep clear and accurate records relevant to your practice

This applies to the records that are relevant to your scope of practice. It includes but is not limited to patient records.

To achieve this, you must:

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

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 ...*
- 20.4 keep to the laws of the country in which you are practising*
- 20.5 treat people in a way that does not take advantage of their vulnerability or cause them upset or distress*

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

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. The panel considered this to be serious misconduct as it was in the course of your clinical work and involved using your position as a registered nurse for financial gain from vulnerable patients who were not capable of managing their own finances.

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 found that all four limbs were engaged. The panel finds that vulnerable patients were put at risk of harm as a result of your misconduct. You have brought the nursing

profession into disrepute by breaching a fundamental tenet of the profession by acting dishonestly.

The panel then went on to consider *Cohen* and whether your actions were remediable. The panel found that your misconduct as found proved would be difficult to remediate as it was attitudinal in nature and had potential for direct impact on patients and trust within the profession. The panel noted your continued denial of dishonesty and found no plausible explanation for your actions.

The panel acknowledged that you have recently been working predominantly as an online nurse assessor, and prior to the last hearing, you had occasionally worked in a care home environment through agency work.

The panel found that there were no doubts about your clinical abilities, this was a matter of attitudinal concerns that have arisen from your dishonest conduct.

The panel noted that when you were questioned under affirmation, you were able to provide some limited reassurance that you had considered the impact on the profession, the public, and colleagues.

However, in relation to insight, the panel was concerned to review your written reflective pieces in relation to the findings. The panel noted that they were heavily weighted with contextual circumstances around you [PRIVATE]. It did not address the broader considerations of the impact on colleagues, patients, their families, and confidence in the profession. Whilst acknowledging that you continue to deny the dishonest nature of your actions, the panel found that you had not been able to properly consider how the facts might appear to an objective bystander and the associated impact on others and the profession.

The panel found that your reflections were at times inconsistent, lacked depth, and failed to consider that the impact on the wider profession outweighed your personal situation.

In the absence of sufficient insight, the panel determined that you are impaired on the grounds of public protection as, without full insight, there remains a real risk of repetition and therefore a risk of harm to patients.

When considering public interest, the panel had sight of NMC Guidance FTP-15b which stated:

'A nurse, midwife or nursing associate who shows insight will usually be able to:

- *step back from the situation and look at it objectively*
- *recognise what went wrong*
- *accept their role and responsibilities and how they are relevant to what happened*
- *appreciate what could and should have been done differently*
- *understand how to act differently in the future to avoid similar problems happening.'*

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 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 also required.

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

Sanction

The panel has considered this case very carefully and has decided to make a suspension order for a period of nine months. The effect of this order is that the NMC register will show that your registration has been suspended.

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 updated Sanctions Guidance (SG) published by the NMC. The panel accepted the advice of the legal assessor.

Submissions on sanction

Ms Alabaster submitted that the aggravating factors in this case include abusing a position of trust which put people receiving care at risk of suffering harm through financial abuse. She submitted that the mitigating features in this case include that there has been limited insight provided to the panel and some positive testimonials.

Ms Alabaster submitted that no further action, a caution order or a conditions of practice order would be applicable in this case due to their being a public protection risk associated with your practice. She submitted that these orders would not protect the public immediately and would not be suitable. Ms Alabaster submitted that this is a case involving attitudinal concerns.

Ms Alabaster submitted that a suspension order would not be appropriate given the panel's reasons on impairment. She submitted that you have not developed sufficient insight and that there are still unanswered questions relating to your dishonesty.

Ms Alabaster submitted that a striking-off order would be the most appropriate sanction at this stage.

You told the panel that you admit your actions were dishonest, but that you did not intend to be dishonest. You told the panel that this was not something that you forethought or pre-planned and that you did not intend for this to happen.

You told the panel that you have trust in the NMC as a regulating body with oversight of nursing. You said that you have let down the public, colleagues, and that you have damaged confidence and trust in the profession.

You said that your actions were inexcusable and that this would not be repeated. You told the panel that you have had no past issues with your fitness to practice and have had no past incidents in relation to criminality.

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

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 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 and in particular SAN-4 'Cases involving dishonesty'. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel found the following aggravating features:

- Abuse of a position of trust towards vulnerable patients
- Dishonest conduct
- Risk of harm to patients in terms of financial abuse

The panel also found the following mitigating features:

- Remorse shown
- [PRIVATE]
- This was a spontaneous opportunistic act rather than premeditated dishonesty

The panel noted that you have had no previous fitness to practise findings and that you have worked as a nurse since the incident, some four years ago, without any further fitness to practise issues or concerns.

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

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict 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 due to its dishonest nature and that a caution order would be inappropriate in view of the issues identified. 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 mindful that any conditions imposed must be proportionate, measurable and workable. The panel took into account the SG, in particular:

- *no evidence of deep-seated personality or attitudinal problems*
- *identifiable areas of the professional's practice in need of assessment and/or retraining*
- *competence cases where there is a realistic likelihood that the concerns about their practice can be resolved*

- *potential and willingness to respond positively to retraining (this should be based on specific evidence provided by the professional)*
- *insight into any health problems, alongside willingness to abide by conditions relating to a medical condition, treatment and supervision*
- *people using services will not be put at risk either directly or indirectly as a result of the conditions*
- *conditions can be created that can be monitored and assessed.*

Whilst this panel had imposed a conditions of practice order as an interim measure between the findings of facts and this hearing, this was based on a risk assessment, and not as a sanction. The panel is of the view that there are no practical or workable conditions that could be formulated, given the nature of the charges in this case. The misconduct identified in this case was not something that can be addressed through retraining or any other conditions. Furthermore, the panel concluded that the placing of conditions on your registration would not adequately address the seriousness of this case and would not protect the public.

The panel considered the guidance SAN-2d, whether a suspension order would be an appropriate sanction. It first considered the following:

- *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 determined that, without fully developed insight, there remains a risk to patients should a similar set of circumstances occur. It considered that a suspension order would

afford protection to patients whilst this insight develops. The panel has heard evidence that you are a very capable clinician. However, whilst due to these circumstances, it would not be appropriate for you to practice unrestricted at this time, it did find it highly realistic that you would be able to reflect further and more broadly, develop a full insight as to why this panel found you to be currently impaired, and return to unrestricted practice in the future.

The sanctions guidance states that a suspension order may be appropriate where some of the following factors are apparent:

- *the charges found proved are at the most serious end of the spectrum and call into question the professional's suitability to continue practising, either currently or at all*
- *while it is possible that the professional could be fit to practise in future, only a period out of practice would be sufficient to allow them to fully strengthen their practice through reflection, the development of their professional skills and / or development of insight and remediation*
- *there is a risk to the safety of people using services if the professional were allowed to continue to practise even with conditions*
- *what went wrong is so serious that public confidence in the profession and professional standards could not be maintained if the professional were able to continue practising without stopping for a period of time*
- *despite the seriousness of what happened, the professional has engaged in the proceedings and has shown at least some meaningful insight which evidences a realistic possibility that they will continue to develop this insight, address their concerns and return to practice.*

The panel found all of these factors to be engaged in this matter. It considered that, despite the seriousness of the misconduct, you have engaged fully in these proceedings. It also noted that, having read the panel's determination concerning your current impairment, you have started to show greater reflection and remorse. The panel found that you had started to recognise how others perceived your conduct and the impact on the

reputation of the profession. This provides evidence of a realistic possibility that you will continue to develop, address the concerns, and return to practice in the future.

The panel did go on to consider whether a striking-off order would be proportionate but, taking account of all the information before it, including the mitigating factors, the panel concluded that at this stage, it would be disproportionate. Whilst the panel acknowledges that a suspension may have a punitive effect, it would be unduly punitive in your case to impose a striking-off order.

Balancing all of these factors the panel has concluded that a suspension order would be the appropriate and proportionate sanction.

The panel noted the hardship such an order will inevitably cause you. However, this is outweighed by the public interest in this case.

The panel considered that this order is 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.

In making this decision, the panel carefully considered the submissions of Ms Alabaster in relation to the striking-off sanction that the NMC was seeking in this case. However, the panel considered that a striking-off order was disproportionate and that the risks could be managed by temporarily removing you off the register.

The panel determined that a suspension order for a period of nine months was appropriate in this case to mark the seriousness of the misconduct.

At the end of the period of suspension, another panel will review the order. At the review hearing the panel may revoke the order, or it may confirm the order, or it may replace the order with another order.

Any future panel reviewing this case would be assisted by:

- Up to date testimonials from employers attesting to your integrity
- Reflections from you commenting on appropriate situations where you have been in a position of trust
- Further reflections on the conduct found proved and the impact on the nursing profession, public, patients and colleagues
- Your continued engagement in the NMC process

This will be confirmed to you in writing.

Interim order

As the suspension 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, and in the public interest until the suspension sanction takes effect.

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

Submissions on interim order

The panel took account of the submissions made by Ms Alabaster. She invited the panel to impose an interim suspension order for 18 months on the basis that it is necessary for the protection of the public and otherwise in the public interest. This would be to ensure that an interim suspension order remains in place in the event that you lodge an appeal and remains in place until any such appeal has been determined.

You did not oppose this application.

Decision and reasons on interim order

The panel was satisfied that an interim suspension 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. To do otherwise would be incompatible with its earlier findings.

The period of this order is for 18 months to allow for the possibility of an appeal to be made and determined.

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

That concludes this determination.

This will be confirmed to you in writing.