

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

**Substantive Order Review Hearing
Thursday 18 June 2026**

Virtual Hearing

Name of Registrant: Joy Harradine

NMC PIN: 09B0637E

Part(s) of the register: RNMH: Mental health nurse, level 1 (25 February 2010)

Relevant Location: England

Type of case: Misconduct

Panel members: Dave Lancaster (Chair, lay member)
Sally Hatt (Registrant member)
Georgina Wilkinson (Lay member)

Legal Assessor: Elisa Hopley

Hearings Coordinator: Rene Aktar

Nursing and Midwifery Council: Represented by Stephen Earnshaw, Case Presenter

Mrs Harradine: Not present and unrepresented at the hearing

Order being reviewed: Suspension order (12 months)

Fitness to practise: Impaired

Outcome: **Striking-Off order to come into effect on 16 July 2026 in accordance with Article 30(1)**

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Mrs Harradine was not in attendance and that the Notice of Hearing had been sent to Mrs Harradine's registered email address by secure email on 19 May 2026.

Mr Earnshaw, on behalf of the Nursing and Midwifery Council (NMC), submitted that it had complied with the requirements of Rules 11 and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Hearing provided details of the substantive order being reviewed, the time, date, that the hearing was to be held virtually, including instructions on how to join and, amongst other things, information about Mrs Harradine's right to attend, be represented and call evidence, as well as the panel's power to proceed in her absence.

In the light of all of the information available, the panel was satisfied that Mrs Harradine has been served with notice of this hearing in accordance with the requirements of Rules 11 and 34.

Decision and reasons on proceeding in the absence of Mrs Harradine

The panel next considered whether it should proceed in the absence of Mrs Harradine. The panel had regard to Rule 21 and heard the submissions of Mr Earnshaw who invited the panel to continue in the absence of Mrs Harradine. He submitted that Mrs Harradine had voluntarily absented herself.

Mr Earnshaw referred the panel to the email dated 29 May 2026 from Mrs Harradine which stated:

"I am sorry to inform you that I will not be attending the hearing [PRIVATE]."

*I also cannot fully understand why you are having one, I am 70 years old,
[PRIVATE].”*

The panel accepted the advice of the legal assessor.

The panel has decided to proceed in the absence of Mrs Harradine. In reaching this decision, the panel has considered the submissions of Mr Earnshaw, and the advice of the legal assessor. It has had particular regard to relevant case law and to the overall interests of justice and fairness to all parties. It noted that:

- No application for an adjournment has been made by Mrs Harradine;
- Mrs Harradine has informed the NMC that she has received the Notice of Hearing and voluntarily absented herself;
- This is a mandatory review;
- There is no reason to suppose that adjourning would secure her attendance at some future date; and
- There is a strong public interest in the expeditious review of the case.

In these circumstances, the panel has decided that it is fair to proceed in the absence of Mrs Harradine.

Decision and reasons on review of the substantive order

The panel decided to impose a striking-off order to come into effect on 15 July 2026 in accordance with Article 30(1).

This order will come into effect at the end of 15 July 2026 in accordance with Article 30(1) of the ‘Nursing and Midwifery Order 2001’ (the Order).

This is the first review of a substantive suspension order originally imposed for a period of 12 months with a review by a Fitness to Practise Committee panel on 17 June 2025.

The current order is due to expire at the end of 15 July 2026.

The panel is reviewing the order pursuant to Article 30(1) of the Order.

The charges found proved by way of admission which resulted in the imposition of the substantive order were as follows:

Details of charge

'That you, a registered nurse, on 18 March 2023, following Patient A's unwitnessed fall:

1. Failed to respond appropriately in that you did not:
 - a) check Patient A for any injury; **[Proved by admission]**
 - b) seek medical advice; **[Proved by admission]**

2. Demonstrated poor record keeping in that you did not:
 - a) complete adequately, or at all, observations for Patient A; **[Proved by admission]**
 - b) complete adequately, or at all, neurological observations for Patient A; **[Proved by admission]**
 - c) document observations completed and/or in the alternative, document the reason why they had not been completed; **[Proved by admission]**
 - d) follow the Falls Policy in that you did not complete a;
 - i. falls report; **[Proved by admission]**
 - ii. accident form; **[Proved by admission]**
 - iii. daily notes; **[Proved by admission]**

3. Failed to safeguard Patient A in that you did not:
 - a) intervene when staff failed to follow manual handling guidelines by hoisting Patient A from the floor using inaccurate techniques; **[Proved by admission]**
 - b) intervene when Patient A was in pain during the hoisting procedure; **[Proved by admission]**
 - c) ensure that Patient A was covered during the hoisting procedure; **[Proved by admission]**
 - d) intervene when staff behaved inappropriately towards Patient A and said words to the effect of:

- i. “wind your neck in”; **[Proved by admission]**
- ii. “im not the one that fell out of bed, why am I the cunt?” **[Proved by admission]**
- iii. “wet lettuce”; **[Proved by admission]**

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

The last panel determined the following with regard to impairment:

‘Decision and reasons on impairment

The panel next went on to consider if as a result of the misconduct, Mrs Harradine’s fitness to practise is currently impaired.

In coming to its decision, the panel had regard to the Fitness to Practise Library, updated on 27 March 2023, which states:

‘The question that will help decide whether a professional’s fitness to practise is impaired is:

“Can the nurse, midwife or nursing associate practise kindly, safely and professionally?”

If the answer to this question is yes, then the likelihood is that the professional’s fitness to practise is not impaired.’

In this regard the panel considered the test of Mrs Justice Cox in the case of CHRE v NMC and Grant in reaching its decision. In paragraph 76, she said:

‘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) *...'*

The panel determined that limbs a), b) and c) are engaged as to the past in this case.

The panel bore in mind 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 finds that Patient A was put at significant risk of harm and was caused physical and emotional harm as a result of Mrs Harradine's misconduct. The panel noted Patient A's admission to hospital due to a fractured femur a few days after the incident. The panel was of the view that Patient A was extremely vulnerable and that Mrs Harradine's passive approach was deeply inappropriate. The panel was of the view that Mrs Harradine's misconduct brought the nursing profession into disrepute because of her failure to adequately care for a vulnerable patient. It noted the numerous and significant departures from the Code evident in the misconduct and therefore concluded that Mrs Harradine breached fundamental tenets of the nursing profession.

The panel went on to consider whether the misconduct in this case is capable of being addressed, whether it has been remedied and whether it is highly unlikely to be repeated.

The panel was of the view that the misconduct in this case includes attitudinal issues which can be more difficult to address. However, it determined that with significant and committed effort on Mrs Harradine's part, the misconduct is potentially capable of being addressed and remediated.

In considering whether Mrs Harradine's misconduct has been addressed, the panel noted her admissions to all the charges, her expression of remorse and written apology to Patient A. Beyond this however, the panel had no evidence to demonstrate full insight, reflection or strengthened practice. It also noted Mrs Harradine's views in respect of not documenting the incident where she inferred that it was meant to be completed by another colleague and was not her fault.

The panel, having regard to Mrs Harradine's poor insight, reflection and the absence of any steps to strengthen her practice could not conclude that her misconduct is highly unlikely to be repeated. The panel finds that Mrs Harradine's misconduct is highly likely to be repeated in the circumstances and that there is a continuing risk to public safety.

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

The panel determined that an informed member of the public would be concerned about Mrs Harradine's misconduct and that public confidence in the profession, and also the confidence of colleagues, would be undermined if a finding of impairment were not made. The panel therefore finds Mrs Harradine's fitness to practise also to be impaired on public interest grounds.

Having regard to all of the above, the panel was satisfied that Mrs Harradine's fitness to practise is currently impaired on both public protection and public interest grounds.'

The last panel determined the following with regard to sanction:

'The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG states that a suspension order may be appropriate where some of the following factors are apparent:

- A single instance of misconduct but where a lesser sanction is not sufficient;*
- No evidence of harmful deep-seated personality or attitudinal problems;*
- No evidence of repetition of behaviour since the incident;*
- The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour;*
- ...;*
- ...'*

The panel noted that Mrs Harradine's misconduct arose during a single shift but was nevertheless serious. It has found attitudinal issues but not deep seated or personality related. There is no evidence of Mrs Harradine repeating her misconduct. The panel earlier noted that Mrs Harradine's insight is currently limited.

It did go on to consider whether a striking-off order would be proportionate but, taking account of all the information before it, and of the mitigation provided, the panel concluded that it would be disproportionate. However, having regard to all of the circumstances, the panel was satisfied that in this case, the misconduct is not fundamentally incompatible with remaining on the register.

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

The panel considered that this order is necessary to protect the public and maintain 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.

The panel determined that a suspension order for a period of 12 months with review was appropriate in this case to mark the seriousness of the misconduct and to allow Mrs Harradine sufficient time to reflect, develop insight and begin to strengthen her practice.

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:

- *Evidence of keeping up to date with nursing practice*
- *Reflective piece and evidence of developing insight and strengthened practice*
- *Testimonials*
- *Any other evidence that Mrs Harradine considers would assist a future review panel*
- *Mrs Harradine's future career intentions'*

Decision and reasons on current impairment

The panel has considered carefully whether Mrs Harradine's fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as a registrant's suitability to remain on the register without restriction. In considering this case, the panel has carried out a comprehensive review of the order in light of the current circumstances. Whilst it has noted the decision of the last panel, this panel has exercised its own judgement as to current impairment.

The panel has had regard to all of the documentation before it, including the NMC bundle, and the on tables document stating that Mrs Harradine would not be in attendance. It has taken account of the submissions made by Mr Earnshaw on behalf of the NMC.

Mr Earnshaw referred the panel to the previous panel's decision. He submitted that Mrs Harradine's misconduct arose during a single shift. He submitted that there were attitudinal problems but not deep-seated or personality related issues.

Mr Earnshaw submitted that any reviewing panel would be assisted by evidence of Mrs Harradine keeping up to date with practice, such as by providing reflective pieces, or testimonials. He submitted that there is a persuasive burden on Mrs Harradine to prove that she is not currently impaired.

Mr Earnshaw submitted that Mrs Harradine is retired and that she does not want to work as a nurse again. He submitted that Mrs Harradine is unlikely to resume in her career as a nurse.

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

In reaching its decision, the panel was mindful of the need to protect the public, maintain public confidence in the profession and declare and uphold proper standards of conduct and performance.

The panel considered whether Mrs Harradine's fitness to practise remains impaired.

The panel noted that the original panel found that Mrs Harradine had insufficient insight. At this hearing, the panel had nothing before it to demonstrate that Mrs Harradine had demonstrated any insight into the charges found proved other than her response email dated 29 May 2026 which stated:

"I am sorry to inform you that I will not be attending the hearing [PRIVATE]."

I also cannot fully understand why you are having one, I am 70 years old, [PRIVATE]."

The panel noted that the original panel found that Mrs Harradine had not taken steps to strengthen her practice. At this meeting, this panel also had no evidence before it that Mrs Harradine had taken steps to strengthen her practice. Therefore, it determined that she had not taken steps to strengthen her practice.

The original panel determined that Mrs Harradine was liable to repeat matters of the kind found proved. In light of the fact that the panel has no evidence before it today to show that Mrs Harradine has addressed the concerns through insight, remediation, or strengthened practice, the panel determined that Mrs Harradine remains liable to repeat matters of the kind found proved. The panel therefore decided that a finding of continuing impairment is necessary on the grounds of public protection.

The panel has borne in mind that its primary function is to protect patients and the wider public interest, which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. In light of its finding that Mrs Harradine has not demonstrated any insight, remediation, or strengthened practice, the panel was of the view that a member of the public informed of the charges found proved would be very concerned that the NMC, as regulator, did not find continuing impairment in this case. Therefore, the panel determined that a finding of continuing impairment on public interest grounds is also required.

For these reasons, the panel finds that Mrs Harradine's fitness to practise remains impaired.

Decision and reasons on sanction

Having found Mrs Harradine's fitness to practise currently impaired, the panel then considered what, if any, sanction it should impose in this case. The panel noted that its powers are set out in Article 30 of the Order. It also took into account the NMC's guidance on sanctions, and substantive order reviews, and has borne in mind that the purpose of a sanction is not to be punitive, though any sanction imposed may have a punitive effect.

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

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 Mrs Harradine'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 Mrs Harradine's misconduct was not at the lower end of the spectrum 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 a conditions of practice on Mrs Harradine's registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel bore in mind the seriousness of the facts found proved at the original hearing, and that there has been no material change or strengthened practice since the last review and therefore concluded that a conditions of practice order would not adequately protect the public or satisfy the public interest. There was no evidence before the panel that Mrs Harradine was willing or able to comply with any conditions of practice. The panel was not able to formulate conditions of practice that would adequately address the concerns relating to Mrs Harradine's misconduct.

Mrs Harradine's email dated 29 May 2026 stated that she was retired and was not intending to return to work [PRIVATE]. In view of this, the panel considered that any conditions of practice would not be workable and would serve no useful purpose.

The panel next considered imposing a further suspension order. The panel was of the view that considerable evidence would be required to show that Mrs Harradine no longer posed a risk to the public. In light of Mrs Harradine's lack of meaningful engagement, strengthening of practice or insight, the panel determined that a further suspension order would not serve any useful purpose in any of the circumstances. The panel determined that it was necessary to take action to prevent Mrs Harradine from practising in the future and concluded that only removal from the register would adequately protect the public and serve the public interest.

In considering whether the most appropriate sanction is one of a striking-off order, the panel also took into account the case of *PSA v NMC & Graham* [2025] and the guidance on striking off orders. Although the original charges took place throughout an isolated shift, they were serious matters involving a vulnerable adult which raise fundamental questions about Mrs Harradine's professionalism. There has been no progress in addressing the omissions, or demonstrating insight, and therefore the risk of repetition and harm to the public is high. Given the lack of engagement in this process, the panel were of the mind that a striking-off order would protect the public and maintain public confidence.

In the alternative, the panel considered whether this case qualified for removal from the register under NMC guidance REV-2h concerning lapse with impairment.

'A panel should consider allowing a professional to lapse with impairment only in cases where all the following factors are present:

- the professional would no longer be on the register but for the order in place;*
- the panel concludes that the professional is unlikely to return to safe unrestricted practice within a reasonable period of time;*
- The case relates solely to health or English language or is one where the professional has retired and has made it clear through engagement with the NMC and evidence that they do not intend to return to practice or situations where a professional's inability to address impairment not related to health (for example misconduct or lack of competence) is clearly related to a health condition;*
- The case doesn't involve concerns of the kind referred to in our guidance on sanctions for the highest risk cases.'*

Although some of the provisions in the guidance above apply, the panel determined that this was a case where there remained a risk of harm to the public should Mrs Harradine return to practice. The public confidence in the profession would be undermined and there was a lack of corroborating evidence of Mrs Harradine's stated aim of not returning to practice in the future. In addition, the panel noted that the case involved concerns that are of the kind referenced in the NMC's guidance on sanctions for the highest risk cases (SAN-4) in that a vulnerable adult was involved. That being the case, the panel determined

that this was not a case where they could allow the existing order to lapse within impairment.

In light of this, the panel determined that it was necessary to take action to prevent Mrs Harradine from practising in the future and concluded that the only sanction that would adequately protect the public and serve the public interest was a striking-off order. The panel, therefore, directs the registrar to strike Mrs Harradine's name off the register.

This striking-off order will take effect upon expiry of the current suspension order, namely the end of 15 July 2026, in accordance with Article 30(1).

This will be confirmed to Mrs Harradine in writing.

That concludes this determination.