Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Meeting
Tuesday, 27 October 2026 – Thursday, 29 October 2026

Virtual Meeting

Name of Registrant:	Hannah Speirs Corinne Gleeson
NMC PIN:	12E0330E
Part(s) of the register:	Nurses part of the register Sub part 1 RNLD: Learning disabilities nurse, level 1 (1 December 2012)
Relevant Location:	Merthyr Tydfil
Type of case:	Misconduct
Panel members:	Shaun Donnellan (Chair, Lay member) Anne Sharpe (Registrant member) Christine Wroe (Lay member)
Legal Assessor:	Caroline Hartley
Hearings Coordinator:	Abigail Addai
Facts proved:	Charges 1a), 1b), 2a), 2b), 3), 4)
Facts not proved:	N/A
Fitness to practise:	Impaired
Sanction:	**Suspension order (9 months)**
Interim order:	**Interim suspension order (18 months)**
Final outcome:	**FTP impaired - suspension order**

Decision and reasons on service of Notice of Meeting

The panel was informed at the start of this meeting that the Notice of Meeting had been sent to Mrs Gleeson's registered email address by secure email on 2 September 2026.

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 this meeting was to take place virtually.

In the light of all of the information available, the panel was satisfied that Mrs Gleeson 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

That you, a Registered Nurse:

1) On or around 29 October 2023 in relation to Patient A:
a) Failed to take their blood sugar levels
b) Documented that their blood sugar levels had been taken when this was not the case

2) On or around 29 October 2023 in relation to Patient B:
a) Failed to take their blood sugar levels
b) Documented that their blood sugar levels had been taken when this was not the case

3) Your conduct at Charge 1(b) and/or 2(b) were dishonest in that you documented that blood sugar levels had been checked when you knew you had not checked them

4) Your conduct at Charge 1 and/ or 2 lacked integrity in that they were contrary to your duty of candour and / or accurate record keeping

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

Background

On 7 December 2023, The NMC received a referral from Hallmark Care Homes ("the Home"). The referral alleged that on or around 29 October 2023, Mrs Gleeson:

a) Failed to obtain blood sugar readings from Patient A and Patient B;
b) Updated Patient A and Patient B's records to reflect that a blood sugar reading had been taken;
c) Falsified documents which was dishonest.

Mrs Gleeson was employed at the Home as a Nurse from April 2022 and was suspended whilst an internal investigation took place. During the investigation, Mrs Gleeson denied the accusations of falsifying patient records. At the disciplinary hearing, she stated that she did not know why the readings were not showing on the blood glucose monitor machines. Mrs Gleeson was dismissed on 8 November 2023 and appealed the dismissal, but the decision was upheld on 23 November 2023.

Decision and reasons on facts

At the outset of the meeting, the panel noted the Case Management Form (CMF) from Mrs Gleeson, which stated that she has made full admissions to charges 1a), 1b), 2a), 2b), 3), 4).

The panel therefore finds charges 1a), 1b), 2a), 2b), 3), 4) proved in their entirety, by way of Mrs Gleeson's admissions.

Fitness to practise

Having accepted the admission and found the facts proved, the panel then moved on to consider, whether the facts found proved amount to misconduct and, if so, whether Mrs Gleeson'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 safely and effectively without restriction.

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, Mrs Gleeson'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.'

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 identified the specific, relevant standards where Mrs Gleeson's actions amounted to misconduct. The NMC submitted that the following sections of the Code are engaged, namely 1.2, 1.4, 10.1, 10.3, 13.1, 14.1, 14.2, 14.3, 19.1 and 20.2.

The NMC asserts that the breaches of the Code amount to misconduct because misconduct in any area of nursing practice places patients at risk, and failing to obtain

blood sugar readings of two diabetic patients could have posed significant risks, ranging from acute, life threatening emergencies to long term complications. Furthermore, Mrs Gleeson chose to update the records to reflect that a blood sugar reading had been taken. Other professionals looking at the patients' records would be led to believe that the readings were accurate and could have caused missed opportunities for intervention and increased the risk of adverse outcomes. As such, it does not allow an accurate picture of the patients' current health status to be given.

The NMC considers this to amount to professional misconduct because Mrs Gleeson demonstrated conduct that breaches fundamental tenets of the profession and had the potential to cause harm to patients. Through this conduct, Mrs Gleeson failed to effectively care for patients.

The NMC submitted that the dishonesty is particularly serious because it undermines public trust in the profession. The NMC referred the panel to the to the NMC Guidance: DMA-8, in particular the three key considerations:

1) *'What the nurse, midwife or nursing associate knew or believed about what they were doing, the background circumstances, and any expectations of them at the time?*
2) *Whether the panel considers that the nurse, midwife or nursing associate's actions were dishonest; or*
3) *Whether there is evidence of alternative explanations, and which is more likely?'*

The NMC also referred to *Ivey v Genting Casinos* (UK) Ltd t/a Crockfords [2017] UKSC 67 in which the UK Supreme Court confirmed that dishonesty is assessed by a two point test:

1) *Determining the individual's actual knowledge or belief as to the facts; and*
2) *Considering whether their conduct was dishonest by the standards of ordinary decent people.*

The NMC submitted that according to the test and guidance, Mrs Gleeson would be considered dishonest in her conduct. Mrs Gleeson knew that she did not take blood glucose readings of both patients but updated both records with false readings. As such, Mrs Gleeson placed vulnerable patients under her care at risk of harm, and this conduct would be considered as dishonest by the standards of ordinary decent people.

The NMC submitted that honesty and integrity are integral to the nursing profession and the conduct demonstrated in falsifying patient records falls short of the standards expected from a registered nurse and therefore amounts to misconduct.

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) and *R (on application of Cohen) v General Medical Council* [2008] EWHC 581 (Admin).

The NMC invited the panel to find Mrs Gleeson's fitness to practise impaired. The NMC submitted that questions 1-4 of the *Grant* test can be answered in the affirmative in this case. They submitted that Mrs Gleeson had in the past put patients at risk of harm, has put the profession into disrepute, has breached the fundamental tenets of the nursing profession and has acted dishonesty.

The NMC submitted that Mrs Gleeson had breached the standards expected of a registered nurse by failing to take the blood sugar readings of two patients and then falsifying records. This opposes the standards expected of a nurse in her position and was an act of dishonesty which is harder to address than other behaviours and goes to the issue of professionalism.

The NMC submitted that members of the public are entitled to expect high standards of honesty, integrity and transparency from registered professionals. Nurses are also required to always uphold the reputation of their profession and to adhere to the standards and values set out in the Code. Accordingly, members of the public must be able to trust registered professionals with their lives and the lives of their loved ones.

The NMC submitted that serious dishonesty and wilful neglect are deep-seated attitudinal behaviours that Mrs Gleeson demonstrated that go against the core principles and values embedded in the nursing profession. Furthermore, Mrs Gleeson abused her position of trust by failing to deliver essential care to two patients and falsifying their records to create a false impression that readings had been taken. In doing so, she directly breached her position of trust and expected duty of candour that should have followed when Mrs Gleeson failed to take the blood glucose readings. As such, the abuse of trust and deliberate deception inherently damages public confidence in the nursing profession.

The NMC adopted the approach of Silber J in *Cohen* by asking the questions:

I. Whether the concern is easily remediable.
II. Whether it has in fact been remedied.
III. Whether it is highly unlikely to be repeated.

The NMC submitted that the main concerns relate to Mrs Gleeson falsifying patient records, acting dishonestly and her failure of duty of candour, which indicate deep seated attitudinal issues and would be more difficult to remediate. They submitted that Mrs Gleeson has engaged with the NMC's investigation to date and also made full admissions to the allegations by way of responses to the CMF. However, whilst Mrs Gleeson has made admissions to the charges and impairment, the NMC consider that Mrs Gleeson has displayed limited insight into the alleged concerns because there is no evidence of reflection of her dishonesty. Mrs Gleeson also has not provided an explanation into the reason why she chose to admit all charges in the CMF which she had previously denied.

The NMC submitted that Mrs Gleeson has undertaken some relevant training in respect of the issues of concern. However, the NMC has not received evidence of further training that demonstrates continued improvement and they are not aware if Mrs Gleeson has applied the training in a clinical setting. The NMC submitted that the following training is relevant:

- Record keeping e-learning course delivered by Florence Academy on 5 November 2023

The NMC note that Mrs Gleeson has worked since the issue of concern and has been employed by Vetro Nursing Agency as of 2024. On 22 August 2024, the NMC requested an employment reference which was provided. Mrs Gleeson has not since provided the NMC with an update regarding her employment.

The NMC considered that whilst there is no evidence of repetition and Mrs Gleeson has shown a willingness to remediate, her dishonesty and breach of her duty in candour are indicative of attitudinal concerns. Therefore, a risk of repetition remains.

The NMC consider there is a public interest in a finding of impairment being made in this case to declare and uphold proper standards of conduct and behaviour. Mrs Gleeson's conduct engages the public interest because a member of the public, who is well-informed about the allegations, would be concerned about the continuation of Mrs Gleeson's practice.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Roylance v General Medical Council* (No 2) [2000] 1 A.C. 311, *Nandi v General Medical Council* [2004] EWHC 2317 (Admin), and *General Medical Council v Meadow* [2007] QB 462 (Admin).

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 Mrs Gleeson's actions did fall significantly short of the standards expected of a registered nurse, and that Mrs Gleeson's actions amounted to a breach of the Code. Specifically:

*'**1 Treat people as individuals and uphold their dignity***
To achieve this, you must:
1.2 make sure you deliver the fundamentals of care effectively.
1.4 make sure that any treatment, assistance or care for which you are responsible is delivered without undue delay.

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.

13 Recognise and work within the limits of your competence

To achieve this, you must:

13.1 accurately identify, observe and assess signs of normal or worsening physical and mental health in the person receiving care.

14 Be open and candid with all service users about all aspects of care and treatment, including when any mistakes or harm have taken place

To achieve this, you must:

14.1 act immediately to put right the situation if someone has suffered actual harm for any reason or an incident has happened which had the potential for harm.

14.2 explain fully and promptly what has happened, including the likely effects, and apologise to the person affected and, where appropriate, their advocate, family or carers.

14.3 document all these events formally and take further action (escalate) if appropriate so they can be dealt with quickly.

19 Be aware of, and reduce as far as possible, any potential for harm associated with your practice

To achieve this, you must:

19.1 take measures to reduce as far as possible, the likelihood of mistakes, near misses, harm and the effect of harm if it takes place.

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'.

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct.

The panel found that Mrs Gleeson's actions did fall seriously short of the conduct and standards expected of a nurse and amounted to misconduct. This was because failing patient care and acting dishonestly, is a serious transgression.

Decision and reasons on impairment

The panel next went on to decide if as a result of the misconduct, Mrs Gleeson'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:28/01/2026) 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. 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.'*

The panel determined that all four limbs of the *Grant* test are engaged in this case.

The panel finds that patients were put at risk of harm because Mrs Gleeson failed to obtain blood sugar levels of two diabetic patients. Mrs Gleeson then went on to falsify the patients' records to show that she had taken the blood sugar levels. This could have impacted the level of care that other medical professionals would be able to provide. As such, Mrs Gleeson's misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute. Therefore, it was satisfied

that confidence in the nursing profession would be undermined if its regulator did not find the charge relating to dishonesty extremely serious.

The panel next referred to the comments of Silber J in the case of *Cohen*. It noted that the concerns surrounding the blood sugar levels are capable of remediation. The dishonesty, whilst more difficult to address, could be addressed through relevant training and the development of insight. In respect of the second question, the panel took into account that Mrs Gleeson indicated throughout her regret about her actions and showed a willingness to remediate. However, prior to her admissions within the CMF, Mrs Gleeson repeatedly changed her story, including in the local investigation dated 1 November 2023, where she states she should have recorded the readings and has a vague memory of what occurred. In her local statement made two days later (3 November 2023), Mrs Gleeson states poor staffing was a factor at the time and the presence of an extra member of staff was not brought to her attention until the evening, even though she was in charge of the shift. On 5 November 2023, Mrs Gleeson stated that someone accessed her electronic patient record profile and entered data on her behalf without her consent or knowledge. On 23 November 2023, Mrs Gleeson appealed the dismissal, stating that the outcome was disproportionate and she was not given the opportunity to work or develop her skills with the assistance of the management team. Mrs Gleeson was subsequently sent the Regulatory Response Form by the NMC on 3 September 2024 and replied with some admissions and some denials and she included a reflective piece setting out what she says happened in October 2023. On 4 August 2025, she was sent a CMF by the NMC and in her response, made full admissions to all the charges but did not include a further reflective piece explaining her change of position. The panel noted that this CMF dated 4 August 2025 is her first acceptance of her wrongdoing.

The panel noted that Mrs Gleeson undertook a one day e-learning course on Record Keeping on 5 November 2023. It had sight of her employer reference which demonstrated effective working and also showed elements of candour in the sense that she had been open with her employer about the concerns that had been raised about her practice in these allegations. The panel acknowledged that Mrs Gleeson complied with all elements of the investigation and noted the personal circumstances she faced at the time. With regards to her reflective piece, the panel noted that she was still trying to deflect blame onto others whilst also demonstrating some insight into the failings identified. As a result of

her variously admitting but also denying the allegations since they took place, the panel found it very difficult to assess how much weight to place on her insight. The panel found it difficult to ascertain, to what extent, if any, she recognised her own culpability and whether she had actually accepted responsibility for her failings or not. Her lack of insight into the impact on the patients was limited and she focused mainly on what she perceived as difficult working relationships with colleagues. [PRIVATE].

The panel concluded that there is no evidence to demonstrate that her conduct would not be repeated as her reflections deflect blame on to others and there is no evidence of self-reflection. The panel determined there is a risk of repetition and all four limbs of *Grant* remain engaged. Therefore, the panel 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 went onto consider whether a finding of impairment is necessary on public interest grounds. The panel noted that honesty and integrity are the cornerstone of good nursing practice and adherence to these principles is what maintains public confidence in the profession. The panel considered that Mrs Gleeson's dishonest conduct would undermine the public's trust and confidence in the nursing profession and a finding of impairment is necessary to uphold public confidence and professional standards.

Having regard to all of the above, the panel determined that Mrs Gleeson's 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 9 months. The effect of this order is that the NMC register will show that Mrs Gleeson's 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 regard to the NMC Guidance on *'The sanctions available'* (Reference: SAN-2 Last Updated: 28/01/2026).

The panel accepted the advice of the legal assessor.

Representations on sanction

The panel noted that in the Notice of Meeting, dated 2 September 2026, the NMC had advised Mrs Gleeson that it would seek the imposition of a six month suspension order with a review if it found Mrs Gleeson's fitness to practise currently impaired.

The NMC submitted that the following aggravating factors are engaged in this case:

- Conduct which deliberately or recklessly puts people receiving care at risk of suffering harm
- Vulnerable patients placed at risk of harm
- Limited Insight – in relation to dishonesty and lack of candour charges

The NMC submitted that the following mitigating factors are engaged in this case:

- Mrs Gleeson has completed relevant training
- Contextual matters raised, including personal circumstances and work related

The NMC submitted that since the incident, there is no evidence of a repetition of Mrs Gleeson's conduct outlined in the charges, however the conduct of dishonesty and breach of her duty of candour are indicative of deep-seated attitudinal concerns. While more difficult to remediate, the dishonesty and lack of duty of candour occurred on a single shift and as there is no evidence of repetition, there is a possibility of remediation with sufficient insight being evidenced and subsequently reducing any risk of repetition of similar concerns. Therefore, a suspension order with a review is the most appropriate and proportionate sanction given the circumstances of this case.

Decision and reasons on sanction

Having found Mrs Gleeson's fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose. 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 regard to the NMC Guidance on *'The sanctions available'* (Reference: SAN-2 Last Updated: 28/01/2026). The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- Actions amounted to conduct which deliberately or recklessly puts people receiving care at risk of suffering harm
- Placed residents at risk by not taking their blood sugar readings
- Risk to other staff and to the reputation of the service
- Lack of recognition on the impact of her actions on patients
- Deflecting blame onto others.

The panel also took into account the following mitigating features:

- Single incident of misconduct
- [PRIVATE]
- A positive testimonial from her employer dated 22 August 2024

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 and would not protect the public from the potential risk of harm.

The panel next considered a caution order and had regard to the NMC Guidance on *'Caution order'* (Reference: SAN-2b Last Updated: 28/01/2026) in which the following is stated:

> *'A caution is only appropriate if the Committee has decided there's no risk to the public or to people using services that requires the professional's practice to be restricted. This means the case is at the lower end of the spectrum of impaired*

fitness to practise, but the Committee wants to mark that what happened was unacceptable and must not happen again.'

The panel considered that Mrs Gleeson's misconduct was not at the lower end of the spectrum, and it found that there is a risk to patient and public safety. A key factor was Mrs Gleeson's late admission of dishonesty and no evidence of insight regarding that. The panel therefore determined that a sanction that does not restrict Mrs Gleeson's practise would not protect the public. The panel also determined 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 Mrs Gleeson's registration would be appropriate. The panel is mindful that any conditions imposed must be relevant, proportionate, workable and measurable. The panel had regard to the NMC Guidance on *'Conditions of practice order'* (Reference: SAN-2c Last Updated: 28/01/2026) and had regard to the following factors:

- *'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.'*

The panel is of the view that there are no relevant, proportionate, workable or measurable conditions that could be formulated, given the nature of the charges in this case. Mrs Gleeson's late admission and lack of insight demonstrated into her dishonesty means that members of the public would be potentially at risk of harm if she were allowed to practise.

Furthermore, the panel concluded that the placing of conditions on Mrs Gleeson's registration would not adequately address the seriousness of this case and would not protect the public.

The panel went on to consider whether a suspension order is appropriate in this case. The panel had regard to the NMC Guidance on *'Suspension order'* (Reference: SAN-2d Last Updated: 28/01/2026) in which the following factors on when a suspension order may be appropriate are set out:

- *'the impairment is very serious but not fundamentally incompatible with continuing to be a registered professional*
- *an outcome less severe than strike-off would still satisfy the over-arching objective.'*

The panel also had regard to the key considerations as set out in the NMC Guidance to weigh up before imposing a suspension. It noted the following list of circumstances that may make a suspension order an appropriate sanction:

- *'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 was satisfied that in this case; the misconduct was not fundamentally incompatible with remaining on the register.

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 because the clinical concerns themselves formed a single incident. It was the ongoing presentation of alternative explanations and only a late admission of dishonesty which heightened the seriousness of the misconduct. Whilst the panel acknowledges that a suspension may have a punitive effect, it would be unduly punitive in Mrs Gleeson's 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 Mrs Gleeson. However, this is outweighed by the public interest in this case because of the risk in relation to the dishonesty and lack of reflection on this.

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 and integrity required of a registered nurse.

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 and to allow time for sufficient development of insight and remediation. The panel noted the sanction bid of the NMC for a six month suspension order but concluded that the absence of any meaningful reflection from Mrs Gleeson in relation to the dishonesty and lack of integrity, meant that the work she needed to do to remediate would take longer than six months.

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:

- A detailed reflection that covers the dishonesty, lack of integrity, the impact of Mrs Gleeson's actions on patients and colleagues and the impact on the Home and the wider nursing profession.
- A reflective piece focusing on the risk of potential harm caused to patients by Mrs Gleeson's actions and dishonesty.
- Relevant training on diabetic care, accurate record keeping and duty of candour. Mrs Gleeson should explain how she would incorporate the training and reflections upon it into her future practice.
- Any other training that Mrs Gleeson feels is relevant.

This will be confirmed to Mrs Gleeson 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, is otherwise in the public interest or in Mrs Gleeson's own interests until the suspension sanction takes effect.

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

Representations on interim order

If a finding is made that Mrs Gleeson's fitness to practise is impaired on a public protection basis and a restrictive sanction imposed, The NMC consider an interim order in the same terms as the substantive order should be imposed on the basis that it is necessary for the protection of the public and otherwise in the public interest.

If a finding is made that Mrs Gleeson's fitness to practise is impaired on a public interest only basis and that her conduct was fundamentally incompatible with continued registration, the NMC consider an interim order of suspension should be imposed on the basis that it is otherwise in the public interest.

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 to cover the appeal period.

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

That concludes this determination.