Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Meeting
Thursday, 1 August 2024 – Friday, 2 August 2024

Virtual Meeting

Name of Registrant:	Carly Bassett
NMC PIN:	08A1972E
Part(s) of the register:	Nurses part of the register Sub part 1 RNA: Adult nurse, level 1 (21 January 2008)
Relevant Location:	Plymouth
Type of case:	Misconduct
Panel members:	Judith Webb (Chair, Lay member) Sally Shearer (Registrant member) Gill Edelman (Lay member)
Legal Assessor:	Andrew Gibson
Hearings Coordinator:	Amira Ahmed
Facts proved:	Charges 1, 2, 3 a) and b)
Fitness to practise:	**Impaired**
Sanction:	**Striking-off order**
Interim order:	**Interim suspension order (18 months)**

Decision and reasons on service of Notice of Meeting

The panel was informed at the start of this meeting that that the Notice of Meeting had been sent to Mrs Bassett's registered email address by secure email on 24 June 2024.

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, date and the fact that this meeting was being held virtually.

In the light of all of the information available, the panel was satisfied that Mrs Bassett 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).

Decision and reasons to amend charge

The panel noted that there was a formatting error in stem of charge 3 namely the colon after 'did not' should have come after 'you'.

The panel accepted the advice of the legal assessor. It had regard to Rule 28 of the Rules and were satisfied that the charge could be amended without injustice as it was obvious that this was merely a formatting error.

This error has been amended below in the details of the charge.

Details of charge

That you, a registered nurse:

1) Between May 2017 and 31 July 2020, on one or more occasions, took for yourself or another, one or more medications belonging to University Hospitals of

Plymouth, including controlled drugs.

2) Your conduct in Charge 1 was dishonest in that you knew you were not authorised to take this medication.

3) Failed to cooperate with an NMC investigation into your fitness to practise in that you:

a) did not accurately identify your GP and/or GP surgery in your medical examination consent form; and

b) refused to undergo a medical examination when requested to.

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

Background

Mrs Bassett was employed by University Hospitals Plymouth NHS Trust ('the Trust') as a Band 5 Nurse from January 2008. She was initially based on the Respiratory Medicine Unit ('Honeyford Ward'). In May 2017 she moved to the Neuro-intensive Care Unit ('Pencarrow Ward').

It is alleged that from 2017 when Mrs Bassett was employed on Pencarrow ward usage of codeine and co-codamol increased unaccountably beyond previous levels. Covert twice daily stock counts commenced on 9 July 2020 which showed that when Mrs Bassett went on annual leave in July 2020 the stored medication went unused. It is alleged that during Mrs Bassett's first night shift back from leave on 29 July 2020 medication went unaccounted for. Medication was also unaccounted for during the following night shift when Mrs Bassett was on duty. Mrs Bassett was asked about this by the Trust on 31 July 2020. The police subsequently attended and went to search her house. Medication without prescription labels, including tramadol, co-codamol, diazepam and amoxicillin, were found in her home and car. Some of this medication had batch numbers that directly correlated to batch numbers recorded as being received by the Trust.

Mrs Bassett denied taking medication in the quantities alleged but admitted to taking one box of codeine per week [PRIVATE], during the police interview. However, she later changed this and only admitted to the NMC taking one box in total.

Ms 1 opened an action plan following the notification of concerns regarding the increased usage of controlled drugs on Pencarrow ward. It was to examine previous patterns of supply and usage of codeine and co-codamol over time and compare these with staff rosters for those with access to the controlled drugs. Covert twice daily stock checks were commenced from 9 July 2020 with the whole process being supported by an external NHS counter fraud officer.

Mrs Bassett was suspended from work on 4 August 2020. On 6 August 2020 the Trust submitted a referral to the NMC. The police also submitted a referral to the NMC on 7 August 2020.

On 11 August 2020 the Trust commissioned an internal investigation led by Mr 3. This included a consideration of all the evidence gathered by Ms 1 and the police investigation together with additional witness statements from staff on Pencarrow ward.

On 25 November 2020 the police informed the NMC that Mrs Bassett had been given a deferred charge, and on 12 November 2020 she had enrolled on the Pathfinder scheme. To be eligible for the scheme, the offender must have admitted to the offence in interview, or if they gave a ‘no comment’ interview, there must be sufficient evidence to prove that they committed the offence. If the offender agrees to the scheme and successfully completes the program no further action would be taken.

Decision and reasons on facts

In reaching its decisions on the facts, the panel took into account all the documentary evidence in this case together with the representations made by the NMC in the statement of case provided to the panel.

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

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

- Ms 1: Chief Pharmacist and controlled drug accountable officer at the Trust at time of events
- Ms 2: Senior Sister on Pencarrow Neuro ICU at the Trust at the time of events
- Ms 3: Investigations Team Manager at the NMC
- Mr 1: Critical Charge Nurse on Pencarrow Neuro ICU at the Trust at the time of events
- Mr 2: Police Constable who conducted the police interviews with Mrs Bassett
- Mr 3: Associate Chief Nursing Officer at the Trust and the Investigator of the allegations at local level at the time of events

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

The panel noted that Ms 1's investigation of the missing medication set out a robust process, as described in the background above. The panel was therefore satisfied that Mrs Bassett was correctly identified as the individual who had taken the controlled drugs.

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

Charge 1

1) Between May 2017 and 31 July 2020, on one or more occasions, took for yourself or another, one or more medications belonging to University Hospitals of Plymouth, including controlled drugs.

This charge is found proved.

In reaching this decision, the panel took into account that there is evidence from the Trust that the dates in charge 1 are accurate. Mrs Bassett was working on Pencarrow ward from May 2017. She was working on this ward when an increased usage of codeine and co-codamol tablets took place. The pattern of decreasing stock levels of these controlled drugs aligned with Mrs Bassett's shifts. The panel noted that tablet medication is an unusual form of drug to be used on an intensive care unit where medication is usually administered intravenously. On 9 July 2020 pharmacy audits began at the Trust and the panel have been made aware that no drugs went missing whilst Mrs Bassett was on annual leave.

The panel noted that when Mrs Bassett returned from leave on the evening of 29 July 2020 there was a stock count at 20.55 hours. Another was conducted at 07.05 hours on 30 July 2020, which revealed an unaccounted loss of 40 Co-codamol tablets and 24 Codeine tablets. The same process was followed for the next night shift when Mrs Bassett was on duty and 28 codeine tablets were found to be unaccounted for.

The panel was satisfied that Mrs Bassett had taken for herself, or another, one or more medications belonging to the Trust. The panel noted the exceptional usage of the drugs coincided with her working on Pencarrow ward. The panel also took account of the admissions made by Mrs Bassett in the local investigation interview with the Trust and in

the police interview. It also noted that the drugs were controlled drugs as defined by the Misuse of Drugs Act 1971.

Although Mrs Bassett had made admissions there is inconsistent information from her on the number of occasions on which she took drugs from the Trust. In her statements to the Trust, she admits to taking medication on only one occasion. [PRIVATE]. The panel determined that by looking at the audits from the Trust and the drugs being found in her home and car by the police, on the balance of probabilities it can be found that she did in fact take the drugs on one or more occasions.

The panel noted that batch numbers for drugs which had been confirmed to be delivered to the hospital were found in Mrs Bassett's home and in her car. Ms 1 said it was highly unlikely they ended up in Mrs Bassett's home in any other way. The panel noted that it could not be sure who the drugs were taken for, however, there was clear evidence that she did take the drugs.

Therefore, the panel found this charge proved in its entirety.

Charge 2)

2) Your conduct in Charge 1 was dishonest in that you knew you were not authorised to take this medication.

This charge is found proved.

The panel was of the view that during her nurse training Mrs Bassett would have been assessed on the correct, safe storage and management of medications including controlled drugs. The panel noted that controlled drugs must always be kept in a locked cabinet and only issued to a patient for whom they have been prescribed.

In reaching this decision, the panel took into account the local investigation where Mrs Bassett admitted to taking the drugs from the Trust. Also, in the police investigation, Mrs Bassett admitted to taking drugs from the Trust and concealing them in the 'bedspace' prior to removing them from the Trust premises. In the police interview she states:

"think I just put them in the bed space, and then…"

In the police interview Mrs Bassett explains that she conceals the drugs in the ward bed space, which shows that she knows what she was doing was wrong. The panel noted that it has been found in charge 1 that Mrs Bassett had in fact taken the drugs on more than one occasion which demonstrates a pattern of dishonest behaviour.

In applying the two-stage test set out in *Ivey v Genting Casinos UK Ltd* [2017] UKSC 67 the panel were first satisfied that Mrs Bassett knew what she was doing was dishonest when she concealed the controlled drugs and took them home, the panel found that she had acted in the knowledge that what she was doing was wrong as she was not authorised to take the medication.

The panel further noted that Mrs Bassett was in fact aware that her actions were wrong as the submissions provided by the RCN on her behalf, dated 18 August 2020, stated:

'[She] recognises and accepts that this behaviour is unacceptable, and … [does] not seek to offer a justification for these actions. Ms Bassett deeply regrets her actions and would like to express her remorse…'

The panel noted the electronic message from Mrs Bassett to Ms 2 on August 1 2020, where she states:

"I'm so sorry for my actions and my abuse of trust. I'm ashamed and absolutely terrified with the next steps…"

The panel were also satisfied that a reasonable member of the public would view Mrs Bassett's conduct as dishonest. The panel therefore found this charge proved.

Charge 3)

3) Failed to cooperate with an NMC investigation into your fitness to practise in that

you:

a) did not accurately identify your GP and/or GP surgery in your medical examination consent form; and

This charge is found proved.

The panel noted that there is a general duty on registered nurses to cooperate with the NMC as their regulator.

On 24 January 2022, Mrs Bassett signed the medical consent form and returned it to the NMC. In the completed medical consent forms, Mrs Bassett agreed to medical examination, listed [PRIVATE] as her GP practice, and named her
GP/

On 23 February 2022, a telephone note by the NMC case officer was made stating:

> *"TC to* [PRIVATE]*. Answered, I explained the situation and that we needed to request medical information for reg. Gave reg's name and DOB, the advisor confirmed that there wasn't anyone named Carly Bassett on their register. They also suggested that* [Dr 1] *retired 2 years ago…"*

The panel noted that on 25 February 2022 the NMC informed the RCN of the information provided by [PRIVATE] and requested that Mrs Bassett complete updated medical forms. The panel noted that the medical consent forms stipulate that the Registrant is obliged to cooperate. The return of signed consent forms was chased throughout 2022 to no avail. On 27 January 2023, Mrs Bassett emailed the NMC to advise that she refused to undergo a medical examination and inaccurately stated that she had previously refused a medical examination.

The panel therefore found this charge proved.

Charge 3)

3) Failed to cooperate with an NMC investigation into your fitness to practise in that you did not:

b) refused to undergo a medical examination when requested to.

The panel noted that Mrs Bassett did not cooperate with undergoing a medical examination when requested to do so by the NMC.

It noted the email sent by Mrs Bassett on 27 January 2023 to the NMC which stated:

"Good afternoon

I dont understand what i am consenting for or against so therefore will not sign anything. I do know i declined a medical examination when requested previously but as in the documentation i recieved it states this was still requested from my GP. So my wishes and consent was meaningless. Therefore i do not wish to give consent/ not consent as this is not honered when i have previously. My response is worthless so i will not be responding further. [sic]

Kind regards
Carly Bassett."

It is not the case that Mrs Bassett had declined a medical examination when requested previously. She had returned the medical examination consent form indicating her consent but had provided inaccurate information on that form in regards to her GP practice and GP's identity.

Therefore, the panel found this charge proved.

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 Mrs Bassett's fitness to practise is currently impaired. There is no statutory definition of fitness

to practise. However, the NMC has defined fitness to practise as a registrant's ability to practise kindly, safely and professionally.

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

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

Representations on misconduct and impairment

The NMC referred the panel 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. it referred the panel 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 Bassett's actions amounted to misconduct. It submitted that Mrs Bassett's conduct detailed in charges 1 to 3 falls far short of what is expected of a registered nurse. It further submitted that Mrs Bassett's significant departure from the principles of promoting professionalism and trust by dishonestly taking medication that she knew she was not entitled to, from her employer, for [PRIVATE] and failing to cooperate with the NMC's investigation would be seen as deplorable by fellow practitioners and would damage the trust that the public places in the profession.

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 was referred to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin).

The NMC invited the panel to find all four limbs of the *Grant* test to be engaged and that Mrs Bassett's fitness to practise is impaired on both grounds of public protection and in the wider public interest.

The panel accepted the advice of the legal assessor on both misconduct and impairment.

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

> ***'18 Advise on, prescribe, supply, dispense or administer medicines within the limits of your training and competence, the law, our guidance and other relevant policies, guidance and regulations***
>
> *18.4 take all steps to keep medicines stored securely*
>
> ***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…*
>
> *20.4. keep to the laws of the country in which you are practising.*

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

23. Cooperate with all investigations and audits

To achieve this, you must:

23.1. cooperate with any... other relevant audits that we may want to carry out to make sure you are still fit to practise.'

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. The panel was of the view that as a result of Mrs Bassett's actions, controlled drugs were unsafely stored outside of a controlled environment, within ward bed spaces and Mrs Bassett's home and her car. The panel determined that this placed the public including [PRIVATE] at risk of unsafe administration without the oversight of a medical practitioner.

The panel also noted that Mrs Bassett's conduct warranted a police investigation and further action in the form of a referral to the Pathfinder scheme which highlighted to the panel the seriousness of this conduct.

The panel determined that the fundamental tenets of the profession, honesty and integrity were breached by Mrs Bassett's actions as there was an abuse of trust by her and a pattern of dishonest behaviour repeated over a period of time.

The panel therefore found that Mrs Basset's 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, Mrs Basset'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 February 2024, 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.'*

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 find limbs a, b, c and d of the *Grant* test are engaged because these controlled drugs were taken and were neither properly prescribed nor overseen by a medical practitioner. It noted that the controlled drugs were removed by Mrs Bassett from a controlled environment and not stored securely and therefore could have placed others at risk of harm. The panel also noted that there has been no information provided to it that demonstrates that Mrs Bassett has understood the risk of harm that her actions could have.

The panel determined that Mrs Bassett's misconduct has breached the fundamental tenets of the nursing profession including honesty and integrity and therefore brought its reputation into disrepute. It was satisfied that confidence in the nursing profession would be undermined if its regulator did not find charges relating to dishonesty extremely serious.

The panel also noted that there has been no evidence to suggest that the risk has been reduced at all as Mrs Bassett has not produced a reflective statement regarding her actions. The panel further noted that Mrs Bassett has only considered the impact her actions would have on herself and not on the wider public and on patients.

The panel determined that the public would be shocked in the way Mrs Bassett responded to the local investigation, her regulator and to the police investigation. This was shown in an email from Mrs Bassett to the NMC dated 16 July 2021, in which she wrote:

> *'To be honest with you I would not ever want to nurse again after the corrupt way I have been treated. I am not guilty of the accusations by Derriford hospital I have simply been targeted for my views and opinions. I was bullied into the pathfinder and it is totally disgusting. If you or or [sic] colleagues can not [sic] investigate properly to see the truth then that's your problem not mine. I do not want anymore of this. You can stop wasting yours and my time. I have found a fantastic job so please just give up with this insitutional [sic] nonsense.'*

Taking this email into account and other inconsistencies in the information Mrs Bassett has provided in the investigations, the panel is of the view that there is a high risk of repetition in this case. The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

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

The panel concluded that public confidence in the profession would be undermined if a finding of impairment were not made in this case and therefore also finds Mrs Bassett's fitness to practise impaired on the grounds of public interest.

Having regard to all of the above, the panel was satisfied that Mrs Bassett's fitness to practise is currently impaired.

Sanction

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

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

Representations on sanction

The panel noted that in the Notice of Meeting, dated 24 June 2024, the NMC had advised Mrs Bassett that it would seek the imposition of a striking off order if it found her fitness to practise currently impaired.

The panel noted the NMC's submissions in the statement of case for this substantive meeting which stated:

> *"A striking-off order is the appropriate order in this case. Having reviewed the key considerations set out in the NMC guidance at SAN-3e, the NMC submit that Mrs Bassett's actions raise fundamental concerns about her professionalism and trustworthiness, and the public's confidence in the profession and the NMC as a regulator would be undermined if Mrs Bassett were not removed from the register. Furthermore, we consider that a striking off order is the only sanction which will be sufficient to not only protect patients and members of the public, but to maintain professional standards."*

Decision and reasons on sanction

Having found Mrs Bassett's 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. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- Dishonest conduct over a significant period of time.
- Property was misappropriated from an NHS trust.
- Abuse and breach of a position of trust.
- Risk of harm to [PRIVATE], and others because of the lack of safe storage as controlled drugs were taken and potentially given to a [PRIVATE] without prescription.
- Very limited insight or remorse shown by Mrs Bassett.
- Criminal investigation which led to a deferred caution and being placed on a pathfinder scheme.
- Serious lack of respect and cooperation with local, police and NMC investigations
- Mrs Bassett's failure to take responsibility for her own actions.

The panel also took into account the following mitigating feature

- No clinical practice concerns reported.

The panel noted the small number of testimonials provided by Mrs Bassett. However, these were from junior ward colleagues and were four years old. The panel had not been provided with anything more recent from Mrs Bassett.

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 not be proportionate as it would neither protect the public nor would it be in the wider public interest.

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 Bassett'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 Bassett's

misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the seriousness of the case. The panel decided that it would not be proportionate as it would neither protect the public nor would it be in the wider public interest to impose a caution order.

The panel next considered whether placing conditions of practice on Mrs Basset's registration would be a sufficient and appropriate response. The panel is of the view that there are no relevant, 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. Furthermore, the panel concluded that the placing of conditions on Mrs Bassett's registration would not adequately address the seriousness of this case and would neither protect the public nor be in the wider public interest.

The panel then went on to consider whether a suspension order would be an appropriate sanction. It took account of the SG and noted that Mrs Bassett has made it clear that she no longer wants to engage with the NMC and has not provided any information such as a reflective statement to this meeting.

The panel determined that a suspension order would only temporarily protect the public. Having reviewed the guidance at (SAN-3d), the panel decided that a suspension would be insufficient to protect the public's confidence in the profession and the NMC as a regulator. The panel noted that the serious breach of the fundamental tenets of the profession evidenced by Mrs Bassett's actions are fundamentally incompatible with her remaining on the register. The misconduct took place over a significant period and there is evidence to suggest a harmful deep-seated attitudinal problem and a lack of cooperation demonstrated by Mrs Bassett during the investigations by the Trust, the police and the NMC. Therefore, Mrs Bassett's actions fall far short of the standards expected of a registered nurse.

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

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

- *Do the regulatory concerns about the nurse or midwife raise fundamental questions about their professionalism?*
- *Can public confidence in nurses and midwives be maintained if the nurse or midwife is not removed from the register?*
- *Is striking-off the only sanction which will be sufficient to protect patients, members of the public, or maintain professional standards?*

The panel took account of the case *Ige v Nursing and Midwifery Council* [2011] EWHC 3721 to support the decision of a strike off despite their being no concerns around Mrs Bassett's clinical skills. The case of *Ige* is an example which displays the courts supporting decisions to strike off healthcare professionals where there has been lack of probity, honesty or trustworthiness, notwithstanding that in other regards there were no concerns around the professional's clinical skills or any risk of harm to the public.

The panel were satisfied that Mrs Bassett's behaviour and misconduct demonstrated a lack of probity, honesty and trustworthiness and also potentially placed the public at risk of harm.

The panel also took into account the case of *Parkinson v Nursing and Midwifery Council* [2010] EWHC 1898 which states:

> *'A nurse found to have acted dishonestly is always going to be at severe risk of having his or her name erased from the register. A nurse who has acted dishonestly, who does not appear before the Panel either personally or by solicitors or counsel to demonstrate remorse, a realisation that the conduct criticised was dishonest, and an undertaking that there will be no repetition, effectively forfeits the small chance of persuading the Panel to adopt a lenient or merciful outcome and to suspend for a period rather than direct erasure.'*

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

Bassett's actions were serious and to allow her to continue practising would place the public at risk of harm and would undermine public confidence in the profession and in the NMC as a regulatory body.

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

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

This will be confirmed to Mrs Bassett in writing.

Interim order

As the striking-off order cannot take effect until the end of the 28-day appeal period, the panel has considered whether an interim order is required in the specific circumstances of this case. It may only make an interim order if it is satisfied that it is necessary for the protection of the public, is otherwise in the public interest or in Mrs Basset's own interests until the striking-off sanction takes effect. The panel heard and accepted the advice of the legal assessor.

Representations on interim order

The panel took account of the representations made by the NMC that an interim suspension 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.

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 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 striking off order 28 days after Mrs Bassett is sent the decision of this hearing in writing.

That concludes this determination.