

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

**Substantive Hearing  
Monday 2 December 2024 – Wednesday 4 December 2024**

**Virtual Hearing**

**Name of Registrant:** Karen Lesley Sutcliffe

**NMC PIN** 80Y2981E

**Part(s) of the register:** Sub part 2  
RN2: Adult Nurse, level 2 (29 December 1982) M1:  
Mental Health Nurse Level 1 (19 February 2001)

**Relevant Location:** Cheshire

**Type of case:** Misconduct

**Panel members:** Caroline Jones (Chair, Registrant member)  
Vivienne Cooper-Thorne (Registrant member)  
Saiqa Shaffi (Lay member)

**Legal Assessor:** Nigel Mitchell

**Hearings Coordinator:** Emma Norbury-Perrott

**Nursing and Midwifery Council:** Represented by Isabella Kirwan, Case Presenter

**Ms Sutcliffe:** Not present and unrepresented

**Facts proved by admission:** Charges 1, 2, 3.

**Fitness to practise:** Impaired

**Sanction:** **Striking-off order**

**Interim order:** **Interim suspension order (18 months)**

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

The panel was informed at the start of this hearing that Ms Sutcliffe was not in attendance and that the Notice of Hearing letter had been sent to Ms Sutcliffe's registered email address by secure email on 24 October 2024.

Ms Kirwan, 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 allegation, the time, dates and that the hearing was to be held virtually, including instructions on how to join and, amongst other things, information about Ms Sutcliffe'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 Ms Sutcliffe has been served with the Notice of Hearing in accordance with the requirements of Rules 11 and 34.

## **Decision and reasons on proceeding in the absence of Ms Sutcliffe**

The panel next considered whether it should proceed in the absence of Ms Sutcliffe. It had regard to Rule 21 and heard the submissions of Ms Kirwan who invited the panel to continue in the absence of Ms Sutcliffe. She submitted that Ms Sutcliffe had voluntarily absented herself.

Ms Kirwan referred the panel to an email received by the NMC on Saturday 30 November 2024 from Ms Sutcliffe, which stated:

*'Thanks for the information, but unfortunately I am unable to attend*

*Regards*

*Karen Sutcliffe'*

The panel accepted the advice of the legal assessor.

The panel noted that its discretionary power to proceed in the absence of a registrant under the provisions of Rule 21 is not absolute and is one that should be exercised '*with the utmost care and caution*' as referred to in the case of *R v Jones (Anthony William)*\_(No.2) [2002] UKHL 5.

The panel has decided to proceed in the absence of Ms Sutcliffe. In reaching this decision, the panel has considered the submissions of Ms Kirwan, the written submissions from Ms Sutcliffe, and the advice of the legal assessor. It has had particular regard to the factors set out in the decision of *R v Jones* and *General Medical Council v Adeogba* [2016] EWCA Civ 162 and had regard to the overall interests of justice and fairness to all parties. It noted that:

- No application for an adjournment has been made by Ms Sutcliffe;
- By an email dated 2 December 2024, Ms Sutcliffe informed the NMC that she has received the bundle and that she is "*happy for you to proceed*" in her absence. The panel noted the bundle to which Ms Sutcliffe referred contained the notice of hearing;
- There is no reason to suppose that adjourning would secure her attendance at some future date;
- Two witnesses have attended today to give live evidence;
- Not proceeding may inconvenience the witnesses, their employers and, for those involved in clinical practice, the clients who need their professional services;
- The charges relate to events that occurred in 2022, and further delay may have an adverse effect on the ability of witnesses accurately to recall events; and
- There is a strong public interest in the expeditious disposal of the case.

The panel noted there is some disadvantage to Ms Sutcliffe in proceeding in her absence, although she has confirmed that she has received the bundle of evidence upon which the NMC relies.

Ms Sutcliffe will not be able to challenge the evidence relied upon by the NMC in person and will not be able to give evidence on her own behalf. However, in the panel's judgement, this can be mitigated. The panel can make allowance for the fact that the NMC's evidence will not be tested by cross-examination and, of its own volition, can explore any inconsistencies in the evidence which it identifies. Furthermore, the limited disadvantage is the consequence of Ms Sutcliffe's decisions to absent herself from the hearing, waive her rights to attend, and/or be represented, and to not provide evidence or make submissions on her own behalf.

In an email to the NMC on 2 December 2024, Ms Sutcliffe states:

*'I have received the bundle thank you.  
I agree with the charges that I did whilst under a lot of pressure both  
at work and personally.  
I am happy for you to proceed, and once again I am truly sorry for  
what happened*

*Regards*

*Karen Sutcliffe'*

In these circumstances, the panel has decided that it is fair to proceed in the absence of Ms Sutcliffe. The panel will draw no adverse inference from Ms Sutcliffe's absence in its findings of fact.

### **Details of charge**

That you, a registered nurse:

1) On 9 September 2022:

- a) Failed to administer prescribed medication to one or more residents as set out in Schedule 1.
- b) Recorded that you had administered the prescribed medication to one or more residents set out in Schedule 1 when you had not.
- c) Disposed of prescribed medication in the incorrect bin
- d) Did not store personal data securely by disposing prescribed medication that identified one or more residents set out in Schedule 2.
- e) Told Colleague A:
  - i) that Colleague B and/or Colleague C failed to administer prescribed medication to one or more residents set out in Schedule 1.
  - ii) That one or more residents set out in Schedule 1 had refused their medication.

2) Your conduct at charge 1b was dishonest in that you knew you had not administered medication to one or more residents as set out in Schedule 1.

- 3) Your conduct at 1e)i) and/or 1e)ii) was dishonest in that you knew that:
- a) It was you who had failed to administer the prescribed medication.
  - b) One or more resident did not refuse their medication.
  - c) You intended to mislead Colleague A.

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

## **Background**

Mrs Sutcliffe was referred to the NMC on 16 September 2022 from [PRIVATE]. Mrs Sutcliffe had been employed as a registered staff nurse at [PRIVATE], one of their nursing homes. It is alleged that Mrs Sutcliffe had not been giving medication consistently to residents and was disposing of the medication into a black bin bag. Specifically it is alleged that on 9 September 2022, Mrs Sutcliffe was seen to dispose of medication consisting of 10 different tablets and three sachets of Laxido which

had the name of three residents written on them. It is also alleged that Mrs Sutcliffe had initially denied disposing of these medications, though she then allegedly stated that she had thrown them away due to residents refusing to take them. However, the MAR chart showed that these medications were signed off as given by Mrs Sutcliffe.

### **Decision and reasons on facts**

Ms Kirwan referred the panel to Ms Sutcliffe's email dated 2 December 2024, in which she stated:

*'I agree with the charges that I did whilst under a lot of pressure both at work and personally.'*

Ms Kirwan submitted that by this email, Ms Sutcliffe has made full admissions to charges 1, 2, and 3. Consequently, she submitted that the panel should find the facts found proved by way of admission.

The panel accepted the advice of the legal assessor.

The panel finds charges 1, 2, and 3, proved by way of Ms Sutcliffe's admissions.

The panel went on to hear live evidence from the following witnesses called on behalf of the NMC:

- Witness 1: Registered Nurse and Manager of 'The Home'
- Witness 2: Registered Nurse and Clinical Lead at 'The Home'

## **Fitness to practise**

Having reached its determination on the facts of this case, the panel then moved on to consider, whether the facts found proved amount to misconduct and, if so, whether Ms Sutcliffe's fitness to practise is currently impaired. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's ability to practise kindly, safely and professionally.

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

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

## **Submissions on misconduct**

Ms Kirwan referred to the case of *Roylance v General Medical Council (No. 2)* [2000] 1 AC 311 which defines misconduct as a '*word of general effect, involving some act or omission which falls short of what would be proper in the circumstances.*'

Ms Kirwan invited the panel to take the view that the facts found proved amount to misconduct. Ms Kirwan 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. Ms Kirwan submitted that the facts proved amounted to a breach of paragraph 13, 14, and 20 of the code.

Ms Kirwan submitted that the charges found proved were serious. Ms Kirwan highlighted that Ms Sutcliffe falsified documentation, failed to administer medication, breached patient confidentiality, jeopardised patient safety, and sought to mislead

colleagues and blame others in an attempt to cover up her failings. Ms Kirwan submitted that Ms Sutcliffe's dishonesty and professional conduct towards colleagues and patients was not in keeping with the expected standards and behaviour of a registered nurse.

Ms Kirwan submitted that Ms Sutcliffe has fundamentally breached the NMC code, demonstrating a lack of integrity and responsibility for patient safety. Further, she acted in a deliberate, dishonest and misleading manner when falsifying drug administration records and intentionally attempting to blame others for her wrongdoing. She submitted that this conduct did not occur in error and the panel should find that this amounts to serious misconduct.

Ms Kirwan's submission was that the facts found proved clearly amount to misconduct, and that such misconduct is serious.

### **Submissions on impairment**

Ms Kirwan moved on to the issue of impairment and addressed the panel on the need to have regard to protecting the public and the wider public interest. This included the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body.

Ms Kirwan submitted that Ms Sutcliffe's misconduct is not easily remediable due to the dishonesty involved, reflecting deep seated attitudinal issues.

Ms Kirwan referred to Ms Sutcliffe's reflective statement and submitted that Ms Sutcliffe has failed to fully acknowledge and accept how her actions, and dishonesty, jeopardised patient safety which had wide reaching ramifications for patients and colleagues. She stated that dishonesty profoundly undermines public confidence in the nursing profession and it is the NMC's duty to reassure the public that this kind of misconduct will not be tolerated.

Ms Kirwan concluded that Ms Sutcliffe engaged in serious misconduct, while breaching fundamental professional standards. She has not demonstrated

meaningful insight or remorse for her misconduct, which indicates that there is significant risk of repetition. Further, Ms Kirwan submitted that Ms Sutcliffe's Fitness to Practice should be deemed impaired in order to protect the public, and uphold public confidence in the nursing profession in order to mark a profound unacceptability of conduct.

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, *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin), *R (on the application of Ronald Jack Cohen) v General Medical Council* [2008] EWHC 581 (Admin).

In reaching its decision, the panel had regard to the evidence before it, Ms Sutcliffe's reflective statements, and Ms Kirwan's submissions.

## **Decision and reasons on misconduct**

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

The panel was of the view that Ms Sutcliffe's actions did fall significantly short of the standards expected of a registered nurse, and that Ms Sutcliffe'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*

### ***5 Respect people's right to privacy and confidentiality***

***As a nurse, midwife or nursing associate, you owe a duty of confidentiality to all those who are receiving care.***

**To achieve this, you must:**

*5.1 respect a person's right to privacy in all aspects of their care*

***This includes making sure that they are informed about their care and that information about them is shared appropriately.***

**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*

**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**

**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**

**To achieve this, you must:**

*18.4 take all steps to keep medicines stored securely*

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

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

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

The panel determined that Ms Sutcliffe's conduct which included failures to administer medication, falsifying of drug chart documentation, dishonesty, and inappropriate disposal of medication, represents a risk of harm to patients. Patient records and documentation are important to patients, as well as nurses and medical staff, to provide a full and accurate clinical picture of a patient's health and wellbeing. Further, medication which is not disposed of safely could be accessed and used by vulnerable patients in 'The Home', which is dangerous and fails to protect patients from potential harm.

Ms Sutcliffe's breaches of General Data Protection Regulation (GDPR) and confidentiality, by not disposing of patients' identifiable information in the appropriate confidential waste disposal, also displays a lack of care and respect for GDPR regulations and patient confidentiality and safeguarding.

The panel found that Ms Sutcliffe's actions did fall seriously short of the conduct and standards expected of a nurse and undermines public confidence in the profession and amounted to serious misconduct. Further, it determined that the charges found proved were serious and would be regarded as deplorable by fellow practitioners.

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

The panel next went on to decide if as a result of the misconduct, Ms Sutcliffe'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.'*

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional and to maintain professional boundaries. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. To justify that trust, nurses must be honest and open and act with integrity. They must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

In this regard the panel considered the judgment of Mrs Justice Cox in the case of *CHRE v NMC and Grant* in reaching its decision. In paragraph 74, she said:

*'In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.'*

In paragraph 76, Mrs Justice Cox referred to Dame Janet Smith's "test" which reads as follows:

*'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her/ fitness to practise is impaired in the sense that S/He:*

- a) has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
- b) has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*

- c) *has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*
- d) *has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

The panel finds that patients were put at risk as a result of Ms Sutcliffe's misconduct. Furthermore, her misconduct was such that she was in breach of fundamental tenets of the nursing profession 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 in the administration of medications which is extremely serious.

The panel concluded that all four limbs of *Grant* applied at the time of Ms Sutcliffe's misconduct given the wide ranging concerns, and the dishonesty involved.

The panel went on to consider whether Ms Sutcliffe was liable in the future to repeat her misconduct.

The panel acknowledged that Ms Sutcliffe has been a registered nurse for over 40 years. In her submissions to the NMC , she said that it was her intention to give the medication to the residents and acknowledged that she did not follow the disposal of medications policy. She said:

*“although I am aware of the correct policies and procedures surrounding the disposal of medication, I then panicked and without thinking due to the stress of the day and external factors disposed of the medication incorrectly...*

*My record keeping on that day was poor, I am aware that maintaining medication records is to ensure continuity of care for my residents... I made mistakes which I am truly sorry for. That day was truly very hectic, I had little support but that is no excuse for my*

*actions... I know I should not have signed as given til they had taken them.*

*I have learnt a valuable lesson from all of this and feel I am a better person...*

*I was dishonest in signing residents records, I had all the intentions to administer the medications when I knew the person was settled enough to accept them...*

*I am truly sorry for my actions that day, I value my PIN, I was proud to be called a nurse, I love caring for others and I want to prove myself again given the chance.”*

Regarding insight, the panel determined that Ms Sutcliffe has not demonstrated an understanding of how her actions put patients at a risk of harm, nor why her conduct and dishonesty was inappropriate and unprofessional and impacts negatively on the reputation of the profession.

Ms Sutcliffe stated in her reflective account that on the shift in question 9 September 2022 there were staff shortages which compounded a hectic day and referred to a lack of support. In their oral evidence, both witnesses confirmed there were no staff shortages on the day being referred to that they were aware of, and that there is an escalation policy and a contingency plan in place for staff shortages. Ms Sutcliffe states that on reflection she should have raised her concerns about high acuity and staffing levels.

In her reflective account, Ms Sutcliffe states:

*“also reflecting back over my [PRIVATE] I was under pressure... I did not disclose this to my [PRIVATE]... I was going to speak to my manager after I had been to [PRIVATE].*

*Reflecting back on all this had made me realise to open up and talk to someone...*

*My thinking was influenced by a combination of concerns of [PRIVATE] and the pressures in which I work.”*

Ms Sutcliffe’s reflective statement does not demonstrate that she has an understanding of how her dishonesty and failings have negatively impacted patients and colleagues. Ms Sutcliffe has raised the matter of [PRIVATE], but shows no significant ability to reflect on this and the misconduct. She has attempted to blame others, demonstrating a lack of insight. The panel has determined that this indicates attitudinal issues.

The panel saw no significant evidence before it in determining whether or not Ms Sutcliffe has taken steps to remedy past failings and strengthen her practice, however, at the time when she completed the regulatory concerns response form she indicated she was not working as a registered nurse. Further, there was no evidence to suggest that Ms Sutcliffe would not repeat matters found proved. The panel has concluded that there is a risk of repetition of misconduct of this nature.

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 general public expects nurses to behave with integrity, honesty and respect.

An informed member of the public would be concerned about Ms Sutcliffe’s conduct. 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 Ms Sutcliffe’s fitness to practice also to be impaired on public interest grounds.

Having regard to all the above, the panel was satisfied that Ms Sutcliffe's fitness to practise is currently impaired.

## **Sanction**

The panel has decided to make a striking-off order. The effect of this order is that the NMC register will show that Ms Sutcliffe has been struck-off the register.

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

## **Submissions on sanction**

Ms Kirwan submitted that, based on the evidence of serious misconduct and impairment, the appropriate sanction in this case is a striking-off order to uphold standards of care and performance and maintain confidence within the nursing profession.

She submitted that Ms Sutcliffe's reflective statement demonstrates a lack of understanding of how her actions put patients at harm. Further, Ms Sutcliffe's claim of staff shortages on the day in question was contradicted by live evidence from two witnesses. This demonstrates further attempts to shift blame for her misconduct and evidences deep seated attitudinal issues and dishonesty.

Ms Kirwan submitted that Ms Sutcliffe has not taken any steps to remedy her misconduct or strengthen her practice, and subsequently there is a high risk of repetition with no evidence that Ms Sutcliffe will not repeat matters found proved. Ms Sutcliffe's dishonesty and lack of integrity have directly compromised patient safety and trust in the nursing profession.

The concerns are serious and a failure to give medication, and falsify medication documentation, puts patients risk of significant harm. Acting in a manner that is

dishonest by falsely recording a signature on medication administration charts, and attempting to pass blame to others, is suggestive of deep-seated attitudinal concerns which are wholly incompatible with continued registration.

In light of the serious nature of Ms Sutcliffe's misconduct, her dishonesty, risk to patient safety, and her lack of remorse and insight, the only appropriate sanction is a striking-off order. This sanction is necessary to protect the public, maintain confidence in the nursing profession, and uphold the standards of professional conduct expected of registered nurses.

A striking-off order is the only sanction that adequately addresses the seriousness of Ms Sutcliffe's actions and serves to protect the public, uphold proper standards, and the integrity of the nursing profession.

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

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

Having found Ms Sutcliffe's fitness to practise currently impaired, the panel determined 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 regard to the NMC sanction guidance (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:

- Sole Registered Nurse on shift at the time of the events
- Lack of insight into failings
- Conduct which put very vulnerable patients at risk of harm
- Initially blaming others for her misconduct
- Dishonesty

The panel found there to be the following mitigating features

- [PRIVATE]
- Full admission of the charges
- Reflective statement with apology

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.

Misconduct of this nature demands a sanction.

The panel then considered the imposition of a caution order but again determined that, due to the seriousness of the misconduct, and the public protection issues identified, an order that does not restrict Ms Sutcliffe's practice would not be appropriate. 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.'* Ms Sutcliffe's misconduct was not at the lower end of the spectrum and a caution order would be inappropriate. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether placing conditions of practice on Ms Sutcliffe's registration would be a sufficient and appropriate response. The panel was of the view given the nature of the misconduct there were no relevant, proportionate, measurable and workable conditions that could be formulated. The panel determined that whilst the failure to administer medication could potentially be addressed through training, the misconduct involved dishonesty which was attitudinal in nature and more difficult to remediate by a conditions of practice order.

Accordingly, a conditions of practice order would not address the risk of repetition, which poses a risk of harm to patients' safety and to the public.

The panel therefore decided that a conditions of practice order would not protect the public, would not reflect the seriousness of Ms Sutcliffe's misconduct, or be in the public interest.

The panel then considered whether a suspension order would be an appropriate sanction. The SG (SAN-3d) 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 this case involved multiple incidents of misconduct. The panel also noted that the misconduct included incidents of dishonesty which it regarded as attitudinal in nature. The panel also took into consideration its earlier view that Ms Sutcliffe demonstrated insufficient insight into her misconduct both as to how it put patients at risk of harm and impacted upon the reputation of the profession. The panel determined that there is a real risk of repetition of the behaviour found proven. Whilst the panel also noted that it had no evidence before it of repetitious behaviour since the incident, it would appear from the information before the panel that Ms Sutcliffe has not been working within healthcare since the incident.

The panel noted that a suspension order would temporarily remove Ms Sutcliffe from the register and that this would protect the public for the period of suspension, however the panel was of the view that the misconduct was a significant departure from that expected of a registered nurse. It breached the fundamental tenets of the nursing profession and brought it into

disrepute. The panel was therefore of the view that a suspension order would not adequately protect the public and uphold public confidence in the profession.

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?*

Ms Sutcliffe's actions were significant departures from the standards expected of a registered nurse, and are fundamentally incompatible with her remaining on the register. Ms Sutcliffe's attempts to blame others for her misconduct does not suggest collaborative, open and safe working practices, which is detrimental to colleagues and in turn puts patients at a significant risk of harm. Colleagues were also put at risk as they could not trust the documentation of medication administered by Ms Sutcliffe, which she had falsely signed for. The panel has found that Ms Sutcliffe's actions were serious and to allow her to continue practising would undermine public confidence in the profession and in the NMC as a regulatory body. Further, members of the public would be concerned if she were allowed to continue in practice.

Balancing all these factors and after taking into account all the evidence before it, the panel determined that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the effect of Ms Sutcliffe's actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct herself with integrity and honesty, while prioritising patient care

and safety, the panel has concluded that nothing short of this would be sufficient as a sanction.

This order is necessary to mark the importance of the protection of patients, maintaining public confidence in the profession, and to send to the public and the profession a clear message about the standards of behaviour required of a registered nurse.

This will be confirmed to Ms Sutcliffe in writing.

### **Interim order**

As the strike-off order cannot take effect until the end of the 28-day appeal period, the panel has considered whether an interim order is required. It may only make an interim order if it is satisfied that it is necessary for the protection of the public, is otherwise in the public interest or in Ms Sutcliffe's own interests until the strike-off order takes effect.

### **Submissions on interim order**

The panel took account of the submissions made by Ms Kirwan. She submitted that given the panel's decision on sanction, an interim suspension order for a period of 18 months is necessary in order to protect the public and otherwise in the public interest, to cover the 28-day appeal period before the substantive order becomes effective.

The panel accepted the advice of the legal assessor.

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

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

The panel concluded that an interim conditions of practice order would not be appropriate or proportionate, 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 any appeal to be resolved, not to impose an interim suspension order would be inconsistent with the panel's earlier decision.

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

That concludes this determination.