

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

**Substantive Meeting  
12 July 2022**

Virtual Hearing

**Name of registrant:** Larissa Wynn

**NMC PIN:** 13A2934E

**Part(s) of the register:** Nursing, Sub part 1  
RNMH, Registered Nurse - Mental Health (19  
Sept 2013)

**Relevant Location:** Wakefield

**Type of case:** Conviction

**Panel members:** John Vellacott (Chair, Lay member)  
Michael Duque (Registrant member)  
Tricia Breslin (Lay member)

**Legal Assessor:** Charles Conway

**Hearings Coordinator:** Max Buadi

**Consensual Panel Determination:** Accepted

**Facts proved:** Charges 1

**Facts not proved:** N/A

**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 provided with the Notice of Meeting letter that had been sent to HMP/YOI Askham Grange on 27 May 2022.

Further, the panel noted that the Notice of Meeting was also sent to Miss Wynn's representative, Mr Parkes, at the Royal College of Nursing (RCN) on 25 May 2022.

The panel took into account that the Notice of Meeting provided details of the allegations as well as the time frame for a Consensual Panel Determination (CPD) meeting.

The panel accepted the advice of the legal assessor.

In the light of all of the information available, the panel was satisfied that Miss Wynn has been served with the Notice of Hearing in accordance with the requirements of Rules 11A and 34.

## **Details of charge**

That you, a registered nurse:

1. Were convicted on 24 May 2021 of two counts of penetrative sexual activity by carer with a male with a mental disorder/learning disability, contrary to the Sexual Offences Act 2003

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

## **Consensual Panel Determination**

At the outset of this meeting, the panel was made aware that a provisional agreement of a Consensual Panel Determination (CPD) had been reached with regard to this case between the NMC and Miss Wynn.

The agreement, which was put before the panel, sets out Miss Wynn's full admission to the facts alleged in the charge, and that her fitness to practise is currently impaired by reason of her conviction. It is further stated in the agreement that the appropriate sanction in this case would be a striking-off order.

The panel has considered the provisional CPD agreement reached by the parties.

That provisional CPD agreement reads as follows:

- 1. Miss Wynn is content for her case to be dealt with by way of a CPD meeting. Miss Wynn understands that if the panel determines that a more severe sanction should be imposed, the panel will adjourn the matter for this provisional agreement to be considered at a CPD hearing.*

### ***The charge***

- 2. Miss Wynn admits the following charges:*

*That you, a registered nurse:*

- 1. Were convicted on 24 May 2021 of two counts of penetrative sexual activity by carer with a male with a mental disorder/learning disability, contrary to the Sexual Offences Act 2003*

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

conviction

### **The facts**

3. *Miss Wynn appears on the register of nurses, midwives and nursing associates maintained by the NMC as a registered mental health nurse and has been a registered nurse since 19 September 2013.*
4. *On 19 November 2018 the NMC received a referral from South West Yorkshire Partnership Foundation (“the Trust”) and on 5 February 2019 a member of public referred the same matter, saying that they were concerned that Miss Wynn appeared to remain unrestricted on the register.*
5. *On 17 November 2018, a mobile phone was found in the possession of Patient A, when this was strictly prohibited. When the messages on the phone were accessed, a number of explicit texts of a sexual nature were discovered between Miss Wynn and Patient A, indicating that they were in a sexual relationship. Further exploration in the photographic and video footage of the phone revealed images of Miss Wynn and Patient A engaging in sexual contact, including sexual intercourse, on more than one occasion.*
6. *Miss Wynn was suspended, pending a Trust investigation and she was referred to Safeguarding and the police. Following a disciplinary hearing on 9 August 2019, she was dismissed from the Trust with immediate effect on the grounds of gross misconduct.*
7. *Miss Wynn was subsequently charged with penetrative sexual activity by carer with a male with a mental disorder/ learning disability. Miss Wynn was convicted following a guilty plea, at Leeds Crown Court on 24 May 2021, of two counts of ‘Penetrative sexual activity by carer with a male with a mental disorder/learning disability’. On 28 June 2021, Miss Wynn was sentenced to 28 months*

*imprisonment and her name was placed on the Sex Offenders Register for 10 years.*

8. *The transcript of the Judge’s sentencing remarks sets out further details of the relationship. It also states:*

*“In your Pre-Sentence Report, you describe yourself as a victim who was used and manipulated by the defendant...But given your years of experience as a staff nurse in that environment, you also know full well how vulnerable inpatients are. [Patient A] himself, as I recall, had suffered a traumatic childhood of abuse. He had complex mental health issues at the time and therefore he was vulnerable, and you had to recognise that with your experience”*

9. *Miss Wynn has engaged with the NMC investigation. On 5 January 2022 Miss Wynn’s representatives returned the case management form (“CMF”), in which Miss Wynn admits the charge in full, and accepts that her fitness to practise is impaired as a result.*

### ***Impairment***

10. *Miss Wynn’s conduct has fallen seriously short of the standards set out in **The Code: Professional standards of practice and behaviour for nurses and midwives** (2015) (‘the Code’). Miss Wynn’s conduct breached the following standards set out in the Code:*

*20.1 keep to and uphold the standards and values set out in the Code*

*20.3 be aware at all times of how your behaviour can affect and influence the behaviour of other people*

*20.4 - keep to the laws of the country in which you are practising*

*20.5 treat people in a way that does not take advantage of their vulnerability or cause them upset or distress*

*20.6 stay objective and have clear professional boundaries at all times with people in your care (including those who have been in your care in the past), their families and carers*

*11. Miss Wynn's conduct is a serious departure from the professional standards and behaviour expected of a registered professional.*

*12. Miss Wynn's fitness to practise is currently impaired by reason of her conviction.*

*13. Consideration of current impairment is often approached by addressing the questions posed by Dame Janet Smith in her Fifth Shipman Report, as endorsed by Mrs Justice Cox in the leading case of Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin):*

*"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:*

*1. 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*

*2. Has in the past brought and/or is liable in the future to bring the professions into disrepute; and/or*

*3. Has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the professions; and/or*

*4. Has in the past acted dishonestly and/or is liable to act dishonestly in the future?*

*14. The Parties agree that limbs 1, 2, and 3, as identified in the above test, are engaged in this case.*

*1. 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;*

*Patient A had been detained under the Mental Health Act 1983, he had a known mental disorder and he was dependent on others to meet his needs. He is described as vulnerable. He was also a victim of childhood abuse. Miss Wynn recognises that her conduct put Patient A at risk of significant and unwarranted harm especially in respect of his mental health and wellbeing.*

*2. Has in the past brought and/or is liable in the future to bring the professions into disrepute.*

*15. Miss Wynn accepts that she has clearly brought the profession into disrepute by virtue of the conduct which led to her conviction. Nurses occupy a position of privilege and trust in society and are expected to act with integrity at all times to justify that that. Adhering to the law and acting with integrity are fundamental tenets of the nursing profession. Miss Wynn's criminal conviction for a serious sexual offence is likely to have significantly eroded the reputation of the profession in the eyes of the public.*

*3. Has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the professions;*

*16. The provisions of the Code constitute fundamental tenets of the nursing profession, and as noted above, Miss Wynn agrees that she did not keep to and*

*uphold the standards and values set out in the Code. She has breached fundamental tenets of the nursing profession.*

17. *In Cohen v General Medical Council [2008] EWHC 581 (Admin), the Court set out three matters which it described as being ‘highly relevant’ to the determination of the question of current impairment;*

1. *Whether the conduct that led to the charge is easily remediable.*
2. *Whether it has been remedied.*
3. *Whether it is highly unlikely to be repeated.*

**Remediation, reflection, training, insight, remorse**

18. *NMC guidance entitled ‘Is the concern remediable?’ states that it may not be possible to remedy conduct including criminal convictions which led to a custodial sentence..., particularly if it was serious and sustained over a period of time or directly linked to the nurse’s practice. Inappropriate personal or sexual relationships with patients, service users or other vulnerable people is a further example of conduct which may not be possible to address.*

19. *Miss Wynn has provided the NMC with little evidence of remediation, insight, remorse. Although Miss Wynn has shown some insight by entering an early guilty plea, and indicating on the CMF that her fitness to practice is impaired, she has not provided any evidence of insight in the form of a reflective statement, addressing the impact her actions are likely to have had on patients, the public or her fellow colleagues; nor has she identified relevant training or shown remorse.*

20. *Miss Wynn’s criminal conviction did result in a custodial sentence, and the conduct which led to it was both serious and sustained.*



21. *The Parties agree that the concerns in this case have not been remedied and cannot easily be remedied. And as such it cannot be said that there is no risk of repetition.*

**Public protection impairment**

22. *A finding of impairment is necessary on public protection grounds.*

23. *Although no concerns have been raised with respect to Miss Wynn’s clinical practice, Miss Wynn has been convicted of a serious sexual offence involving a vulnerable patient who is known to have a mental disorder. Her actions may not have caused physical harm, but emotional and/or psychological harm is likely to have been caused. Miss Wynn agrees that a finding of impairment on the grounds of public protection is necessary and given the lack of remediation, insight and remorse the risk of repetition remains.*

**Public interest impairment**

24. *A finding of impairment is required on public interest grounds.*

25. *In Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin) at paragraph 74 Cox J commented that:*

*“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.”*

26. *It is accepted that Miss Wynn's conduct fell significantly short of what is expected of a registered nurse, and that the impact of a conviction of a sexual nature is particularly damaging to the reputation of the profession and highly likely to undermine the public's trust and confidence in the profession.*
27. *A finding of impairment is required in this case to uphold standards and to firmly declare that such conduct is not acceptable.*
28. *This also accords with the comments of Sales, J at paragraphs 50-51 of Yeong v General Medical Council [2009] EWHC 1923 (Admin), which also involved sexual misconduct. The principles from these comments is twofold.*
- 1) *There will be occasions where impairment must be found as a matter of public policy, to uphold public confidence in the profession, where to make no such finding would have an adverse impact on public confidence in the profession*
  - 2) *The efforts made by the practitioner to address his problems and to reduce the risk of recurrence of such misconduct in the future may be of far less significance than in other cases, such as those involving clinical errors or incompetence.*
29. *Accordingly the parties agree that a finding of impairment is essential to maintain public confidence in the profession, and that a member of the public, who was fully apprised of the facts behind the conviction, would be shocked if a finding of impairment were not made.*
30. *Any other outcome would undermine confidence in the profession and the NMC as regulator.*

## **Sanction**

31. *In accordance with Article 3(4) of the Nursing and Midwifery Order the overarching objective of the NMC is the protection of the public.*
32. *Article 3(4A) of The Nursing and Midwifery Order 2001 states:-  
The pursuit by the Council of its over-arching objective involves the pursuit of the following objectives-*
- (a) to protect, promote and maintain the health, safety and well-being of the public;*
  - (b) to promote and maintain public confidence in the professions regulated under this Order; and*
  - (c) to promote and maintain proper professional standards and conduct for members of those professions.*
33. *The appropriate sanction in this case is a striking off order.*
34. *This case is aggravated by the fact that Miss Wynn abused her position of trust. She had a sexual relationship with a vulnerable patient with known mental health issues. Miss Wynn sought to blame the patient, as seen in the sentencing remarks from her criminal Court hearing. Miss Wynn's conduct put the patient at risk of suffering emotional/ psychological harm. The conduct also resulted in Miss Wynn being placed on the sex offenders register and a lengthy custodial sentence being imposed on her.*
35. *There are some mitigating features. Miss Wynn entered an early guilty plea. She has no previous criminal history, nor are there concerns about Miss Wynn's general clinical practice.*

36. The NMC's online *Fitness to Practise* library provides guidance on considering sanctions for serious cases. It states:

*“Conduct ranging from criminal convictions for sexual offences... could undermine a nurse, midwife or nursing associate’s trustworthiness as a registered professional... Sexual misconduct will be particularly serious if the nurse had abused a special position of trust that they hold as a registered caring professional. It will also be particularly serious if they have to register as a sex offender”.*

37. The Parties considered the sanctions in order of least restrictive first, noting that **taking no action** would be rare at the sanction stage. In this case, it is agreed that the seriousness of the conviction means that taking no action would not be sufficient to protect the public or to address the public interest considerations in this case. The conviction was clearly serious and needs to be marked so as to maintain confidence in the nursing profession and its regulator, and to publicly declare and maintain proper standards of conduct and behaviour.

38. A **caution order** is the least restrictive sanction which will only be suitable where the nurse presents no risk to the public. Given the serious nature of the conviction in this case, a caution order would not be an appropriate outcome for the same reasons as above.

39. This is a case involving sexual misconduct. In light of there being no live clinical concerns in this case, and the fact that Miss Wynn is currently serving a custodial sentence, the Parties agree that a conditions of practice order would not be workable, relevant or appropriate; and furthermore, the misconduct in the case is so serious that it merits some form of removal from the register.

40. *The NMC's guidance sets out that a number of factors which, if present, might indicate that a suspension order is appropriate, namely:*

- *A period of suspension will be sufficient to protect patients, public confidence in nurses, midwives or nursing associates, or professional standards.*
- *There has been a single instance of misconduct but where a lesser sanction is not sufficient.*
- *There is no evidence of harmful deep-seated personality or attitudinal problems.*
- *There is no evidence of repetition of behaviour since the incident.*
- *The Committee is satisfied that the nurse, midwife or nursing associate has insight and does not pose a significant risk of repeating behaviour.*

41. *As with the conditions of practice order, a **suspension order** would not be sufficient to protect patients, public confidence in nurses, midwives or nursing associates, or professional standards in this case. This is not a single instance of misconduct but a sexual relationship that took place over a period of time.*

42. *Miss Wynn's conduct suggests attitudinal issues, underpinned by concerns surrounding her professionalism and trustworthiness. Miss Wynn has not remedied these concerns which, by their nature, are particularly difficult to remedy, nor has she evidenced sufficient insight or remorse to satisfy you that there is no risk of repetition.*

43. *The Parties agree that the general rule in Council for the Regulation of Health Care Professionals v General Dental Council & Fleischmann [2005] EWHC 87 (Admin) that a practitioner should not be permitted to return to practice until they have satisfactorily completed their criminal sentence applies in this case. Miss Wynn was sentenced to 28 months imprisonment on 28 June 2021. Her sentence is not due to until October 2023, which indicates that even the maximum period of 12 months suspension would be incompatible.*

44. A **Striking off Order** is the most severe sanction that can be applied by this panel and should be used only where there is no other means of protecting the public and/or maintaining confidence in the profession.
45. The NMC guidance explains that striking off is likely to be appropriate when the Registrant's behaviour or attitude is fundamentally incompatible with being a registered nurse, midwife or nursing associate.
46. And the guidance 'Considering sanctions for serious cases' specifies:  
"Panels deciding on sanction in cases about serious sexual misconduct will, like in all cases, need to start their decision-making with the least severe sanction, and work upwards until they find the appropriate outcome. They will very often find that in cases of this kind, the only proportionate sanction will be to remove the nurse, midwife or nursing associate from the register. If the panel decides to impose a less severe sanction, they will need to make sure they explain the reasons for their decision very clearly and very carefully".
47. The Parties agree that a **striking off order** is the only sanction appropriate in the circumstances. There is a substantial concern that public confidence would be drastically undermined by allowing Miss Wynn to remain on the register. As per NMC guidance, striking off is likely to be appropriate when fundamental questions are raised as to a registrant's professionalism, whether public confidence can be maintained if they are not removed from the register, and whether striking off is the only sanction sufficient to maintain professional standards.
48. The NMC guidance specifies:  
"If the criminal offending was directly linked to the nurse, midwife or nursing associate's professional practice, it's very likely this would be serious enough to

*affect their fitness to practise.*

*For example, offences that involved neglecting, exploiting, assaulting or otherwise harming patients are so serious that it may be harder for the nurse, midwife or nursing associate to remediate. In these cases it's more likely that we'll need to take regulatory action to maintain professional standards and public confidence in nurses, midwives or nursing associates”.*

*The guidance also confirms that relationships with patients, in breach of guidance on clear sexual boundaries is considered a serious concern which is more difficult to put right.*

*49. As a result, it is clear that these concerns are particularly serious, and a striking off order is the only appropriate sanction in this case.*

### ***Interim order***

*50. An interim order is required in this case. The interim order is necessary for the protection of the public and otherwise in the public interest for the reasons given above. The interim order should be for a period of 18 months in the event Miss Wynn seeks to appeal against the panel's decision. The interim order should take the form of an interim suspension order. The Parties understand that this provisional agreement cannot bind a panel, and that the final decision on findings impairment and sanction is a matter for the panel. The Parties understand that, in the event that a panel does not agree with this provisional agreement, the admissions to the charges and the agreed statement of facts set out above, may be placed before a differently constituted panel that is determining the allegation, provided that it would be relevant and fair to do so.*

Here ends the provisional CPD agreement between the NMC and Miss Wynn. The provisional CPD agreement was signed by Mr Parkes, on behalf of Miss Wynn, on 30 May 2022 and the NMC on 6 June 2022.

### **Decision and reasons on the CPD**

The panel decided to accept the CPD.

The panel heard and accepted the legal assessor's advice. He referred the panel to the 'NMC Sanctions Guidance' (SG) and to the 'NMC's guidance on Consensual Panel Determinations'. He reminded the panel that they could accept, amend or outright reject the provisional CPD agreement reached between the NMC and Miss Wynn. Further, the panel should consider whether the provisional CPD agreement would be in the public interest. This means that the outcome must ensure an appropriate level of public protection, maintain public confidence in the professions and the regulatory body, and declare and uphold proper standards of conduct and behaviour.

The panel noted that Miss Wynn admitted the facts of the charge. Accordingly the panel was satisfied that the charges are found proved by way of Miss Wynn's admissions as set out in the signed provisional CPD agreement.

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

The panel then went on to consider whether Miss Wynn's fitness to practise is currently impaired. Whilst acknowledging the agreement between the NMC and Miss Wynn, the panel has exercised its own independent judgement in reaching its decision on impairment.



The panel finds that limbs a, b and c of *Grant* are engaged. The panel bore in mind that Patient A was described as vulnerable and had a known mental disorder. It was of the view that Miss Wynn's conduct put Patient A at risk of significant and unwarranted harm. It determined that Miss Wynn brought the nursing profession into disrepute, as she breached fundamental tenets of the nursing profession by receiving a criminal conviction for a serious sexual offence.

In this respect, the panel endorsed paragraphs 14 to 16 of the provisional CPD agreement in respect of conviction.

The panel had regard to the case of *Cohen*, and considered whether the three areas of concern identified in Miss Wynn nursing practice are capable of remediation, whether they have been remediated, and whether there is a risk of repetition of similar concerns occurring at some point in the future.

The panel noted that Miss Wynn accepted that her fitness to practice is impaired. It was of the view that her actions may have caused emotional and/or psychological harm to Patient A. It bore in mind that there is no evidence before the panel to demonstrate that the risk of repetition has been mitigated. Further, it noted that Miss Wynn accepted that a finding of impairment on public protection grounds given the lack of remediation, insight and remorse. Therefore, the panel determined that a finding of impairment on public protection grounds is required.

The panel bore in mind that the overarching objectives of the NMC are to protect, promote and maintain the health, safety and well-being of the public and patients, and to uphold/protect the wider public interest, which includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions. It determined that a fully informed member of the public would be appalled by Miss Wynn's conviction, and would be extremely concerned should a finding of no current impairment be made in light of her conviction.

Having regard to all of the above, the panel was also satisfied that Miss Wynn's fitness to practise as a registered nurse is currently impaired on public interest grounds.

In this respect the panel endorsed paragraphs 18 to 30 of the provisional CPD agreement.

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

Having found Miss Wynn 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. 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:

- Miss Wynn abused her position of trust. She had a sexual relationship with a vulnerable patient with known mental health issues.
- Miss Wynn sought to blame the patient, as seen in the sentencing remarks from her criminal Court hearing.
- Miss Wynn's conduct put the patient at risk of suffering emotional/ psychological harm.
- The conduct also resulted in Miss Wynn being placed on the sex offenders register and a lengthy custodial sentence being imposed on her.

The panel also took into account the following mitigating features:

- Miss Wynn entered an early guilty plea.
- She has no previous criminal history;

- No concerns about Miss Wynn's general clinical practice.

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

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict Miss Wynn 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 Miss Wynn'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 be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether placing conditions of practice on Miss Wynn's registration would be a sufficient and appropriate response. The panel is of the view that there are no practical or workable conditions that could be formulated, given the nature of the charges in this case. The misconduct identified in this case was not something that can be addressed through retraining. Furthermore, the panel concluded that the placing of conditions on Miss Wynn's registration would not adequately address the seriousness of this case and would not protect the public.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The panel took into account the SG, and the indicative factors which may indicate that a suspension order is suitable.

The conduct, as highlighted by the facts found proved, was a significant departure from the standards expected of a registered nurse. The panel noted that the serious breach of

the fundamental tenets of the profession evidenced by Miss Wynn's actions is fundamentally incompatible with Miss Wynn remaining on the register.

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?*

Miss Wynn'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 Miss Wynn'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.

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel agreed with the CPD 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 Miss Wynn'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.

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

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 Miss Wynn's own interest. The panel heard and accepted the advice of the legal assessor.

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 agreed with the CPD 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.

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

That concludes this determination.