Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Hearing
Monday, 8 August 2022 – Friday, 19 August 2022

2 Stratford Place, Montfichet Road, London, E20 1EJ

Name of registrant:	**Mohamed Lamin Mansaray**
NMC PIN:	15F0518E
Part(s) of the register:	Registered Nurse – Sub-part 1 Mental Health Nursing – Level 1 – 11 October 2015
Relevant Location:	London
Type of case:	Misconduct
Panel members:	Bryan Hume (Chair, Lay member) Helen Eatherton (Registrant member) Pauline Esson (Registrant member)
Legal Assessor:	Charles Conway
Hearings Coordinator:	Philip Austin
Nursing and Midwifery Council:	Represented by Tope Adeyemi, Case Presenter
Mr Mansaray:	Present and represented by Zara Ahmed, instructed by the Royal College of Nursing
Facts proved by way of admission:	Charges 1, 2b, 2d, 2e, 2f, 2g, 2h, 2i, 2j, 2k, 2l, 2m, 2n, 2o, 2p, 2q, 3a, 3b, 5a, 5b, 7, 8, 9, and 10
Facts proved:	Charges 2a, 2c, 4, 6, 11, 12 and 13
Facts not proved:	None
Fitness to practise:	**Currently impaired**
Sanction:	**Striking-off order**
Interim order:	**Interim suspension order – 18 months**

Decision and reasons on application to admit hearsay evidence

Ms Adeyemi, on behalf of the Nursing and Midwifery Council (NMC), invited the panel to admit the hearsay evidence of Patient A, specifically the account given by him during the course of the NMC investigation. She provided the panel with a written copy of her skeleton argument and informed it that she would like to make some additional oral submissions in support of her application.

Ms Adeyemi submitted that Rule 31 of The Nursing and Midwifery Council (Fitness to Practise) Rules 2004 ("the Rules") permits the admission of evidence in so far as it is 'fair and relevant'. She submitted that the panel will have to consider whether it is fair to adduce the interview notes of Ms 1, an NMC Investigator, which sets out an account provided to her by Patient A in August 2018

Ms Adeyemi submitted that Patient A's evidence is critical to the point in determining whether sexual activity took place. She submitted that he is the only witness who gives direct evidence on this point, given the sensitive nature of the secretive sexual relationship. Ms Adeyemi submitted that Patient A was told not to tell anyone about the relationship by you. She submitted that Patient A's parents, Mr 2 and Ms 3, persistently pressed their son as to who he was meeting but he never said anything. Ms Adeyemi reminded the panel that the allegations include Patient A having been to your home address, and there is evidence to suggest that Patient A had sent a message to his father telling him that he was staying over on this date. She submitted that this also supports the idea that sexual contact took place as stated by Patient A in the account he provided to Ms 1.

Ms Adeyemi submitted that Patient A attended the NMC offices for an interview with Ms 1. She submitted that some reassurance can be garnered from the formal setting in which Patient A's account was provided to the NMC. Patient A had never met with Ms 1 before that time.

Ms Adeyemi submitted that there is no clear evidence before the panel that points to the account provided by Patient A being fabricated. She accepted that whilst there is no opportunity to cross-examine Patient A on the evidence he provided, you are able to make any assessment of his veracity and reliability, and the panel can decide what weight it can give to that evidence in due course.

Ms Adeyemi referred the panel to the case of *Al-Khawaja and Tahery vs the United Kingdom [2011] 26766/05 and 22228/06 [GC]* and submitted that, as a starting point, the expectation is for witnesses to attend a hearing to give live evidence unless there is a good reason for why that cannot happen. She submitted that one of the acceptable circumstances set out for non-attendance in this judgment is the death of a witness and, as Patient A has died, this is such a case.

Ms Adeyemi submitted that there is no other option for the regulator to take in adducing the evidence of Patient A. She submitted that there must be a way for evidence to be adduced for people who are no longer with us so that they can have their say as to what happened. Ms Adeyemi submitted that whilst fairness to you is critical, there is also a very strong public interest in ensuring the NMC is in a proper position to present its case.

Ms Adeyemi submitted that, according to Ms Ahmed's written argument, it is being alleged that Patient A had a propensity to lie. She submitted that despite Patient A's health conditions, [PRIVATE], there is nothing to say that any of his evidence has been fabricated. Ms Adeyemi drew the panel's attention to Patient A's care plan and informed it that it was recorded "*Female staff to be especially cautious due to delusional beliefs*". However, she submitted that there is nothing to say that Patient A had gone on to lie about anything, it is simply advising female staff to be "*cautious*". In addition, Ms Adeyemi submitted that Patient A's risk assessment should be considered in terms of the lengthy interactions had with those in charge of his health and wellbeing, and these two people do not identify a propensity for Patient A to lie. Furthermore, she submitted that in having regard to Ms 4's NMC witness statement, adduced by Ms Ahmed, there was evidence to confirm that Patient A had taken illegal drugs by way of cocaine and cannabis, but not

heroin as he had initially stated at the time of being tested, so he may have been confused. Ms Adeyemi submitted that Ms 4, Patient A’s former Care Coordinator, is attending to give oral evidence at this hearing, so she can be asked questions about what Patient A had told her.

Ms Adeyemi submitted that Patient A had extensive contact with a range of independent health professionals, but there is nothing to say that Patient A did have a history of making up allegations against people. She submitted that there is nothing to suggest that Patient A had any desire to get you in trouble; Patient A did not raise the complaint initially and he was very upset with his parents when they said they were going to complain to the hospital. Ms Adeyemi submitted that when Patient A did go on to provide his first account, he mentioned the sexual contact between the two of you, but he did not have a bad word to say about you. She submitted that whilst Patient A recognised that the contact between the two of you was inappropriate, Patient A thought you were being nice to him. It was clear that Patient A had wanted to keep your relationship with him a secret.

In conclusion, Ms Adeyemi invited the panel to adduce the interview notes containing Patient A’s account.

Ms Ahmed, instructed by the Royal College of Nursing (“RCN”), on your behalf, submitted that Ms 1’s interview notes with Patient A should not be admitted into evidence. She invited the panel to take account of her written argument, in support of your case.

Ms Ahmed submitted that you accept that there was post-discharge contact that took place between you and Patient A, as you wanted to check on his welfare. You accept that a professional line was crossed that should not have been. However, you categorically deny that there was any sexual contact between you and Patient A.

Ms Ahmed submitted that Ms 1’s interview notes were taken some 14 months after the alleged contact between you and Patient A and have not been signed and dated by him.

She accepted that whilst this evidence is relevant to the charges, it would not be fair to admit it, with the panel needing to weigh competing factors.

Ms Ahmed referred the panel to the cases of *Thorneycroft v NMC [2014] EWHC 1565 (Admin)*, *El Karout v NMC [2019] EWHC 28 (Admin)*, *R (Bonhoeffer) v GMC [2011] EWHC 1585 (Admin)* and *NMC v Ogbonna [2010] EWCA Civ 1216* and submitted that all three cases confirm that the overriding requirement is fairness.

Ms Ahmed submitted that the NMC's case is that professional boundaries were crossed by you. However, she submitted that it is only Patient A who has alleged that there was sexual conduct; there are no other witnesses who confirm this. Ms Ahmed submitted that Mr 2 and Ms 3 are not able to comment on what sexual contact could have occurred between you and Patient A. Ms Ahmed submitted that now that Patient A has passed away, the NMC are seeking to rely on the interview notes completed by Ms 1.

Ms Ahmed submitted that there have been a number of independent practitioners that have picked up inconsistent accounts provided by Patient A, albeit they do not relate directly to you. She submitted that this evidence is relevant because the NMC are now inviting the panel to rely on the evidence as a true account. Ms Ahmed referred the panel specifically to Ms 4's NMC witness statement and submitted that Patient A had made a clear assertion that he had taken heroin, but the test results prove otherwise. She submitted that there is other evidence of inconsistencies in the paperwork before it.

Ms Ahmed submitted that you are not able to challenge what Patient A has said about the sexual contact in the interview notes with Ms 1. She submitted that the next best option is to question Ms 1 directly, but she cannot give evidence on these points as she did not witness any of the alleged sexual behaviour. Furthermore, Ms Ahmed submitted that Ms 1 is not a registered medical practitioner, so she is not qualified to speak on issues relating to Patient A's state of mind; she can only agree or disagree on what she was told by Patient A. Ms Ahmed submitted that this puts you in some difficulty in defending your

case. She submitted that there is a lacuna in the NMC's case as there is no psychiatric assessment that has been conducted on Patient A.

Ms Ahmed submitted that perhaps the most damning assessment of Patient A comes from Ms 1 herself. Ms Ahmed submitted that Ms 1 states that Patient A's mood drastically changed approximately 20 minutes into the interview. She submitted that Patient A changed his account within a very short space of time in this interview, that being minutes, and had gone from talking about the first sexual contact you had had with him to then saying the opposite, that you were just a registered nurse doing your job. Ms Ahmed informed the panel that Patient A died on 5 February 2020.

Ms Ahmed submitted that there is no contemporaneous evidence of sexual misconduct. As mentioned previously, the evidence provided by Patient A was given to the NMC some 14 months after the incident is alleged to have occurred. Ms Ahmed submitted that the indicators point away from Patient A being a reliable witness.

Ms Ahmed reminded the panel that Patient A never did provide an official NMC witness statement; there has never been a declaration of truth signed by him. She submitted that these are extremely serious charges and, if found proved, could have very serious consequences for you. Ms Ahmed submitted that you face being struck off the NMC Register, thereby losing your right to practise as a registered nurse.

Ms Ahmed invited the panel to exclude the interview notes of Ms 1, which contained the account of Patient A.

The panel heard and accepted the legal assessor's advice on the issues it should take into consideration in respect of this application. This included that Rule 31 provides that, so far as it is 'subject only to the requirements of relevance and fairness', a panel may accept evidence in a range of forms and circumstances, whether or not it is admissible in civil proceedings. He referred the panel to the cases above.

In determining this application, the panel considered the account provided by Patient A to Ms 1 to be clearly relevant to the charges, particularly in respect of the alleged sexual behaviour. It was of the view that due consideration would need to be given to whether it would be fair to admit Ms 1's interview notes with Patient A into evidence.

The panel had sight of Ms1's interview notes with Patient A. It noted that Patient A attended the NMC offices on 23 August 2019 and it considered him to have been aware of what the purpose of his attendance was, namely, to discuss your relationship with Patient A. Patient A went on to provide his account to Ms 1, in front of Ms 4 who had attended as support. The panel noted that Patient A's evidence comments on the professional boundaries you had allegedly breached, as well as the alleged sexual contact between the two of you. You appear to be accepting that you breached professional boundaries with Patient A by contacting him post-discharge, but you categorically deny any sexual contact.

However, the panel noted that Patient A had not completed an NMC witness statement, nor had he signed a declaration of truth at the point that he took his own life. The panel had sight of an email from Dr 5, Patient A's former Consultant Psychiatrist, who had advised the NMC not to pursue Patient A for an NMC witness statement due to his heightened suicidal ideation at the time. The panel determined that no blame could be apportioned to the NMC for adhering to the advice of Dr 5. It decided that the fact that Patient A had not completed an NMC witness statement or signed a declaration of truth had little bearing in these particular tragic circumstances.

The panel considered the allegations to be very serious and it considered there to be a high public interest in admitting this evidence. It noted that Patient A's account was consistent with some of the other evidence before the panel, including the secretive and sensitive nature of the alleged relationship, and it was also able to provide more general background context to the allegations.

Whilst the panel acknowledged that Patient A was the only direct witness to the sexual allegations, it agreed with the submission of Ms Adeyemi that it would be extremely

unusual for there to be additional witnesses in relation to matters such as this. Sexual contact is an intimate act, and it was of the view that the lack of corroboration regarding the specifics of the sexual relationship did not mean that it would be unfair to admit this evidence.

The panel had sight of the numerous dates of the alleged text messages and telephone calls between you and Patient A between 5 August 2019 – 20 August 2019. There is also evidence in Mr 2's NMC witness statement that Patient A had slept over at your residence and this had aroused his suspicions that his son was in an inappropriate relationship. The panel regarded the above as potential support for the suggestion that you were in a sexual relationship with Patient A.

The panel noted that Ms Ahmed drew the panel's attention to Patient A's tendency to have delusional thought processes, but the panel did not find any evidence to suggest that Patient A had deliberately lied about having sexual contact with you. Whilst it was documented in his care plan that females should be '*extremely cautious*' due to Patient A's delusional beliefs, there was nothing to suggest that he had indeed fabricated versions of events relating to women, or anyone else for that matter. Furthermore, the panel noted that at points when giving his account, Patient A appeared to be doing his best to stop you from getting into trouble. Therefore, this indicated that he had no motive for making up this account around the allegation of sexual conduct between you and him.

Ms Ahmed also made the point that the account was provided by Patient A some 14 months after the allegations are said to have occurred. However, the panel did not consider this to be too lengthy a time period for it to be unusual in these particular circumstances, and for cases such as this. The panel noted that Patient A disclosed the alleged sexual contact between the two of you at the first instance he was asked about it.

The panel did not consider Patient A's account to be so unreliable that it should not be admitted into evidence. There is other evidence before the panel to demonstrate that the alleged relationship between you and Patient A was covert from the start, as there is some

suggestion that you told him not to tell anyone about it, and you also allegedly used a false name and provided a false address to people to keep up appearances.

In balancing all of the factors, the panel decided that it would admit into evidence the hearsay account given by Patient A, contained within the interview notes of Ms 1 and also contained in Ms 1’s witness statement. However, it determined that it would attach appropriate weight too this evidence, once all of the evidence has been reviewed and evaluated.

Therefore, the panel accepted Ms Adeyemi’s application to admit Ms 1’s interview notes into evidence.

Details of charge

That you, a registered nurse:

1. On or around 27 July 2018 provided your personal telephone number to Patient A.

2. On one or more of the following occasions communicated, or attempted to communicate, with Patient A:

    a. 28 July 2018;
    b. 2 August 2018;
    c. 4 August 2018;
    d. 5 August 2018;
    e. 6 August 2018;
    f. 7 August 2018;
    g. 8 August 2018;
    h. 9 August 2018;
    i. 10 August 2018;

j. 11 August 2018;
k. 12 August 2018;
l. 13 August 2018;
m. 14 August 2018;
n. 15 August 2018;
o. 16 August 2018;
p. 17 August 2018;
q. 19 August 2018;

3. On 7 August 2018:
    a. met with Patient A at a restaurant;
    b. drove Patient A in your car.

4. On 8 August 2018 took Patient A to your home.

5. On 9 August 2018 (or in the alternative on a date other than 7 August 2018):

    a. met with Patient A at a restaurant;
    b. drove Patient A in your car.

6. On 17 August 2018 permitted Patient A to come to your home.

7. On 22 August 2018 gave a false name to Patient A's mother.

8. Failed to record, excepting a single entry on 7 August 2018, any of the above contact with Patient A on Patient A's care notes.

9. Failed to inform your line manager or matron about your post-discharge contact with Patient A.

10. Your actions at one or more of charges 1 – 7 above were a breach of professional boundaries.

11. Your actions at one or more of charges 1 – 7 above were sexually motivated in that you intended to pursue a future sexual relationship with Patient A.

12. On an unknown date between June 2018 and 27 July 2018 while on Emerald Ward:

    a. exposed your penis to Patient A;
    b. touched Patient A's penis

13. On a date or dates unknown after 27 July 2018 you engaged or attempted to engage in sexual activity with Patient A.

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

Admissions to the charges

At the outset of the hearing, you admitted charges 1, 2b, 2d, 2e, 2f, 2g, 2h, 2i, 2j, 2k, 2l, 2m, 2n, 2o, 2p, 2q, 3a, 3b, 5a, 5b, 7, 8, 9, and 10.

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

In taking account of the legal assessor's advice, the panel found charges 1, 2b, 2d, 2e, 2f, 2g, 2h, 2i, 2j, 2k, 2l, 2m, 2n, 2o, 2p, 2q, 3a, 3b, 5a, 5b, 7, 8, 9, and 10 proved by way of admission. The panel noted that it would move on to consider the outstanding charges in its deliberation on facts, after having received all the evidence in this case.

NMC Opening

The NMC received a referral from the Camden and Islington NHS Foundation Trust ("the Trust") on 18 October 2018 in relation to you. During the time period in which the conduct, giving rise to the allegations occurred, you were employed by the Trust as a band 5 Clinical Nurse Specialist on Emerald Ward ("the Ward") at Highgate Mental Health Centre ("the Centre"). The Ward is a 16 bed acute inpatient mixed gender ward. Patients cared for have a variety of mental health diagnoses, with a majority being held on the Ward under a section of the Mental Health Act 1983. You had joined the Trust shortly after registering as a nurse in 2015.

It was on the Ward that you met Patient A. Patient A, who at that time was in his early twenties, had been admitted to the Ward in May 2018 under Section 3 of the Mental Health Act 1983. He had a diagnosis of paranoid schizophrenia, mixed personality traits and substance misuse. You were Patient A's key worker on the Ward during his admission, and Ms 4 later became his Care Coordinator in February 2019.

Patient A was discharged from the Centre on 27/28 July 2018. Upon discharge he stayed with his father, Mr 2.

Having concerns for his health conditions, both of Patient A's parents wanted to find out who Patient A had been secretly meeting. It came to light in late August 2018 that it was you who had been contacting Patient A, following a telephone call you had had with Ms 3, Patient A's mother, on 22 August 2018. Both Patient A's parents were extremely concerned that the registered nurse who they had met on the Ward was contacting their son post-discharge. They raised their concerns about Patient A's covert telephone conversations and meetings with you almost immediately, contacting the Ward Manager at the Centre on 24 August 2018.

Following the concerns being raised, the matter was investigated by the Trust.

It is alleged that on the date Patient A was discharged from the Ward, telephone numbers were exchanged between you and Patient A. You allegedly told Patient A that he was not to share this number with anyone, nor was he to tell anyone that you were in contact. You allegedly kept in frequent contact with Patient A until late August 2018, with evidence of telephone records showing contact every day. Specifically, between 4 August 2018 and 12 August 2018, you allegedly called Patient A on approximately 20 occasions.

Following the telephone contact, the relationship allegedly progressed from the two speaking on the phone to meeting in person.

On 7 August 2018, a week or so after Patient A was discharged from the Ward, you allegedly met up with Patient A at a restaurant, after you collected him in the vicinity of his home address in your car. On 8 August 2018, it is alleged that Patient A met with you again and you went to your home. On 9 August 2018, or on another day other than 7 August 2018, you and Patient A allegedly met again and visited another restaurant, after you collected him in your care from his home address.

On 17 August 2018, it is alleged that Patient A sent a message to Mr 2 at around 21:30 hours saying he was going to sleep over. Mr 2 allegedly responded by indicating he would come and get his son from where he was and that he was aware that he was with the same person that he had met up with the previous week. Allegedly, following the text exchange, Patient A left the area as he was under the impression that his father knew where he was and he did not want him to stay out.

When Patient A returned home on 17 August 2018, Mr 2, having become increasingly suspicious of the relationship. Mr 2 did not know who this person was, Patient A would not tell him, and his attempts to spot the person when they came to collect his son where unsuccessful due to your constant parking around the corner. It is alleged that Mr 2 attempted to call your telephone number as he wanted to speak to you, but he could not get through. He allegedly passed the telephone number he had on to Patient A’s mother to call after having discussed the concerns with her.

Ms 3 allegedly called your telephone number on 22 August 2018 and recorded the conversation, after Mr 2 had suggested she download a call recording application. There is a transcript of the alleged conversation, which sets out that Ms 3 had asked you how her son is, how you knew Patient A, and what your name was. You allegedly told Ms 3 that you knew Patient A '*from the area*' and that your name was Jonah. You allegedly ended the call with Ms 3 quickly and subsequently changed your telephone number that same day.

Once the call ended however, Ms 3 had allegedly saved the number she had called to her phone and, after opening the WhatsApp application, a picture appeared in which she recognised you. Ms 3 allegedly then sent you a text massage that same day stating *"have you blocked me? I am going to check you out on the NMC. Why someone is spending his spare time with a vulnerable person?".*

Allegedly, the Trust's subsequent investigation related to there having been a breach of professional boundaries. The scope did not extend to consideration of whether there had been any sexual contact between you and Patient A.

On 23 August 2019, Patient A attended the NMC's offices in Stratford alongside his Care Coordinator, Ms 4, to meet with Ms 1. During the interview, Patient A allegedly informed Ms 1 that whilst he was an in-patient on the Ward, you had entered his room, removed your penis and then advanced towards Patient A and removed his penis before rubbing them together. Patient A also allegedly told Ms 1 that he had been to your house a couple of times and that they had tried to have sex.

It had allegedly been Ms 1's intention to meet with Patient A to obtain more information in order to prepare a final witness statement. However, Patient A ended his own life by suicide on 5 February 2020.

Application regarding the admissibility of tracking data and no case to answer

The panel considered an application made by Ms Ahmed that there is no case to answer in respect of charge 6. This application was made under Rule 24 (7) of the Rules. This rule states:

> 24 (7) Except where all the facts have been admitted and found proved under paragraph (5), at the close of the Council's case, and –
>
> (i) either upon the application of the registrant, or
> (ii) of its own volition…
>
> the Committee may hear submissions from the parties as to whether sufficient evidence has been presented to find the facts proved and shall make a determination as to whether the registrant has a case to answer.

In relation to this application, Ms Ahmed referred the panel to the case of *R v Galbraith 73 Cr.App.R.124 CA* which gives guidance as to the proper approach to follow in relation to applications of no case to answer. She submitted that there is no case to answer for you if, at the close of the NMC's case, there is no evidence before the panel which is capable of finding a charge proved, according to the first limb in *R v Galbraith*. Furthermore, she submitted that there is also no case for you to answer if there is some evidence in relation to a charge, but it is of a tenuous nature, because of inherent weakness or vagueness or because it is inconsistent with other evidence (the second limb of *R v Galbraith*).

Ms Ahmed submitted that her submissions will be focused on the second limb of *R v Galbraith*, as the evidence is so tenuous that no reasonably directed panel could find matters in relation to charge 6 proved.

Ms Ahmed stated that there is no expert evidence available to the panel. She submitted that this would show that the location-based evidence is false and unreliable.

Ms Ahmed submitted that the case has been prepared on the basis of a partly redacted text message; with the unredacted version having been in the NMC's possession. She submitted that the unredacted version of the screenshotted text message sent by Mr 2 to Patient A was not available to the defence at the time Mr 2 gave oral evidence to the panel. She submitted that there has also been a Google timeline which does not give the exact coordinates, [PRIVATE].

Ms Ahmed submitted that Mr 2's tracking evidence was obtained through covert means and unauthorised, which is a criminal offence as this is contrary to section 1(1) of the Computer Misuse Act 1990. She submitted that Mr 2 is not a law enforcement agent; this was ultimately a civilian tracking another civilian, and it is the only evidence to support charge 6.

Ms Ahmed submitted that the Google timeline provided by Mr 2 is not a tracker itself, and it can be altered manually. She submitted that it is not possible to travel through London via a straight route.

Ms Ahmed submitted that it is unclear where this Google timeline came from, and Mr 2 was not clear in his evidence as to how he got the exact location Patient A was allegedly at. Furthermore, she submitted that it is not clear how Mr 2 came by your alleged postcode, but it is clear that he did not get the postcode from the timeline itself. Ms Ahmed submitted that Mr 2 has clearly made a number of assumptions in providing his oral and documentary evidence. He was relying on the tracker and the Google timeline in placing Patient A at your alleged home address.

Ms Ahmed submitted that the Google timeline allegedly showing Patient A's movements on 17 August 2018 has been doctored. She submitted that according to Google Maps, the marker places the end of Patient A's journey on that day as being right in the middle of [PRIVATE]. Ms Ahmed submitted that Mr 2 was not able to account for why this was in his oral evidence, but it is only himself or Patient A who could have edited this Google

timeline. Furthermore, Ms Ahmed submitted that Patient A could have switched off his location, which is what Google Maps allows people to do.

Ms Ahmed submitted that there are inconsistencies between the Google timeline, and other documentary evidence provided by Mr 2. She submitted that the screenshots of the text messages that were sent between Mr 2 and Patient A should not be relied upon.

Ms Ahmed concluded by saying that the evidence relating to 17 August 2018 has been obtained illegally and, therefore, it is right that there is no case to answer for you in respect of this charge. She submitted that if the panel were so minded, consideration should be given as to whether it is suitable to obtain expert evidence.

Ms Adeyemi submitted that there are three reasons why the tracking data should be admitted into evidence. She submitted that, in the NMC's view, the evidence has not been illegally obtained, it is highly relevant to the charges the panel is being asked to consider, and it is fair for the panel to take account of it in all the circumstances of this case.

Ms Adeyemi submitted that the police were alerted to your behaviour as far back as 2018. She informed the panel that you were interviewed by the police when all of this evidence was available to them at the time. Ms Adeyemi submitted that if the police was of the view that Mr 2's conduct was illegal then, as a law enforcement agency, they could have pursued it, which they did not.

Ms Adeyemi submitted that Mr 2 was clear that he acted in the way that he did because Patient A had previously attempted suicide. She submitted that it is clear that Mr 2's intention was not to coerce or control his son, but to check his safety.

Ms Adeyemi reminded the panel of Rule 31. She submitted that even if the evidence in relation to Mr 2 tracking Patient A is considered to have been illegally obtained or a breach of General Data Protection Regulations ("GDPR"), this does not mean that the evidence

should not be inadmissible. Ms Adeyemi submitted that no authorities have been provided in support of this.

Ms Adeyemi submitted that one of the primary considerations of this panel is to consider fairness. She submitted that the address in question was initially redacted and subsequently revealed last week, but this is not a late disclosure of information. Ms Adeyemi submitted that the unredacted information has always been available, much like the unredacted version of Ms 4's NMC witness statement which the representative had in her possession. She informed the panel that the NMC had redacted the address as it was not understood that there was a challenge as to the accuracy of the address/postcode. Ms Adeyemi submitted that even as far back as 2018, you had made initial admissions that you took Patient A to your home address.

Ms Adeyemi submitted that the screenshot of the unredacted address is not the first time this appears in the evidence. She submitted that Mr 2 revealed the postcode somewhere else saying he had checked the address on Google Maps – Street View. Ms Adeyemi submitted that it cannot be said that this postcode has only just been suddenly revealed; this postcode has been available for a number of years in respect of the case against you.

Furthermore, Ms Adeyemi was submitted that there was ample opportunity to cross-examine Mr 2 on the point of where he obtained this postcode, but he was never asked a simple question about it. She submitted that the allegation that he may have '*doctored*' or '*falsified*' the evidence is a serious allegation, and again, could have been put to him during his oral evidence. Ms Adeyemi submitted that Mr 2 attended with the intention of being open and transparent; he had brought his laptop in with him ready to download the original evidence that he had in 2018 if he needed to provide it.

Ms Adeyemi submitted that Mr 2 did explain how he came by this postcode. She submitted that Mr 2 had said that he used the postcode in accordance with the Google Maps timeline, and he sent a text message to Patient A based on that. Ms Adeyemi submitted that Mr 2 had accepted that the journey itself is not always accurate, but the pin

drops are. She submitted that there is no mystery as to where this postcode came from. Ms Adeyemi submitted that this application is an attempt at distracting the panel; it is a complication of a matter that is very simple.

Ms Adeyemi referred the panel to the case of *Professional Standards Authority for Health and Social Care v The NMC & Jozi [2015] EWHC 764 (Admin)* and submitted that the panel should take a more proactive role in admitting evidence as it has an inquisitorial remit.

Ms Adeyemi submitted that these are serious charges which the panel is being asked to consider. She submitted that the panel could always consider the possibility of recalling Mr 2 to answer questions if required.

In relation to the no case to answer application, Ms Adeyemi submitted that this should fail on both limbs of the *R v Galbraith* test. She submitted that there is ample evidence from other sources to demonstrate that there remains a case for you to answer in respect of charge 6.

Ms Adeyemi submitted that the information from the Trust in 2018 shows the address in an unredacted form, and you also disclosed during the internal investigation that you had taken Patient A to your home address. She submitted that the NMC's case is that Patient A entered your home address but, even if he didn't, the fact that Patient A was taken to the address was a significant breach of professional boundaries. Ms Adeyemi submitted that it does not need to be shown that Patient A went inside your home address in respect of charge 6. She submitted that it is unclear why it is now being said that there is no evidence in support of this charge.

Ms Adeyemi concluded by saying that there is clear evidence to support a case to answer in respect of charge 6, and the evidence provided by Mr 2 in relation to the address is valid and admissible.

The panel heard and accepted the advice of the legal assessor. In considering the admissibility application, the panel accepted his advice that the method of obtaining the tracking data contravened section 1(1) of the Computer Misuse Act 1990 because it was unauthorised by Patient A. Nonetheless, this did not mean that the tracking data obtained as a result was inadmissible. They accepted his advice that the test for admissibility is set out in Rule 31 of the Rules.

In considering the admissibility application, the panel had sight of the data that was compiled by Mr 2 in tracking Patient A. The panel had regard to Rule 31 of the Rules and considered this evidence to be relevant to the charges it was being asked to determine.

The panel was of the view that this material adds context to the charges and explains Mr 2's thought processes behind his actions. Mr 2 was concerned as to Patient A's whereabouts and who he might be meeting, particularly as Patient A was living with him at the time these concerns arose. Patient A was a particularly vulnerable adult, who had displayed suicidal tendencies in the past, and the panel considered Mr 2 to have been a concerned father who was doing what he felt was his duty in trying to safeguard his son after a recent suicide attempt. The panel noted that Mr 2's tracking of his son led to the alleged concerns being uncovered; they may never have come to light without it. The panel did not consider his actions to be controlling or coercive behaviour in breach of section 76 of the Serious Crime Act 2015, as submitted by Ms Ahmed.

Furthermore, the panel noted that you had admitted taking Patient A to your home address during the Trust investigation. There are a number of places in the paperwork which documents your alleged postcode so it cannot be said that the unredacted screenshot of the text message is the sole and decisive evidence in support of this charge. Mr 2 explained during his cross-examination that he had obtained the postcode by going on Google Maps – Street View, finding the name of the estate and looking up the postcode on the post office website. Mr 2 was not challenged by Ms Ahmed during his oral evidence as to where he got the postcode from. The panel was satisfied that the

unredacted screenshot of the text message did not amount to a late disclosure of the documents.

The panel was of the view that, having balanced all the factors together, it would be fair to admit the tracking data adduced by Mr 2 into evidence. The panel noted that its primary objective is public protection, and it determined that it would need to have sight of all the evidence to make a fully informed decision. Upon reviewing the evidence, the panel can decide what weight would be appropriate to attach to it.

In considering the no case to answer application in respect of charge 6, namely, ‘On 17 August 2018 permitted Patient A to come to your home’, the panel noted that Patient A had confirmed to Ms 1 during his interview that he had been to your home address “*a couple of times*”. Furthermore, the panel was aware that in your statement on 24 August 2018, you had also provided an admission to the Trust in respect of Patient A attending your house. The panel also considered that the text message dated 17 August 2018 from Patient A to Mr 2, in which Patient A stated “*I’m sleeping over tonight*” supports charge 6. Therefore, the panel considered there to be some evidence before it to support this charge, and it did not consider this evidence to be of a weak or tenuous nature.

Decision and reasons on facts

During the hearing, you admitted charges 1, 2b, 2d, 2e, 2f, 2g, 2h, 2i, 2j, 2k, 2l, 2m, 2n, 2o, 2p, 2q, 3a, 3b, 5a, 5b, 7, 8, 9, and 10 and the panel announced these proved by way of admission.

In reaching its decisions on the disputed facts, the panel took account of all the oral and documentary evidence adduced, together with the submissions made by Ms Adeyemi, on behalf of the NMC, and the submissions made by Ms Ahmed, in support of your case.

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 heard oral evidence from the following witnesses called on behalf of the NMC:

- Ms 1: NMC Investigator
- Mr 2: Patient A's father
- Ms 3: Patient A's mother
- Ms 4: Community Mental Health Nurse at the Trust and Patient A's Community Care Coordinator
- Mr 6: Assistant Director of Nursing at the Trust

The panel also heard evidence from you.

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

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

Charge 2

2. On one or more of the following occasions communicated, or attempted to communicate, with Patient A:

    a. 28 July 2018;
    c. 4 August 2018;

These charges are found proved

In reaching this decision, the panel took account of Ms 1's and Mr 6's evidence in support of the NMC's case, as well as your own evidence.

In relation to 28 July 2018, you accepted during your oral evidence that you did communicate with Patient A on this date. You said that you took a telephone call whilst driving, and that it displayed on your car dashboard as an unknown number. When you answered the telephone, it was Patient A.

The panel noted that the above evidence was also consistent with the evidence provided by Mr 6 in the Notes of the Investigation Meeting held on 3 October 2018. In the investigation meeting, Ms 7, Investigating Manager at the Trust, is documented as having asked you "*Can you talk me through the phone call on 28th July 2018?*" and you responded by saying "*On this date the patient called me, however I was driving [PRIVATE] with my family. I answered the phone and told him I would call him back*". Whilst this investigation meeting was held approximately two months after these dates, the panel considered it to be a much more contemporaneous record, and the timeline of events would be fresher in your memory.

Therefore, in taking account of the above, the panel was satisfied that you communicated with Patient A on 28 July 2018. It acknowledged that your evidence was you did not talk to him for very long on that date, but nevertheless, the panel considered there to have been

some communication between the two of you, as accepted by you in both your oral evidence and the Notes of the Investigation Meeting held on 3 October 2018. The panel did not consider it important to establish who initiated the contact on 28 July 2018 for the purposes of determining this charge.

In addition to this, the panel had sight of a telephone bill which suggested that a telephone call was made by Patient A to you on 4 August 2018. It noted that this telephone call was said to have been made by Patient A at 17:04 hours and that call duration was 1 minute and 24 seconds. This can be found in Mr 2’s telephone bill, which was from the telephone that was being used by Patient A at the time. Whilst there was no mention of this telephone call within the Trust documentation, the panel considered the telephone bill to be sufficient in determining that you made a telephone call to him on 4 August 2018, so it was satisfied that you communicated or attempted to communicate with Patient A on 4 August 2018.

Therefore, the panel found charges 2a and 2c proved on the balance of probabilities.

Charge 4

4. On 8 August 2018 took Patient A to your home.

This charge is found proved.

In reaching this decision, the panel took account of Ms 1’s and Mr 6’s evidence in support of the NMC’s case, as well as your own evidence.

The panel noted that Patient A had told Ms 1 during his witness interview that he had been to your home address on “*a number of times*”. You have accepted that Patient A has been to your home address, but you dispute that this was on 8 August 2018. The panel noted

that, in respect of this charge, you only appear to have a discrepancy in relation to the date.

The panel noted that in the Notes of the Investigation Meeting held on 3 October 2018, the following passage is recorded between Ms 7 and you:

> "*[Ms 7] The following day 8th August 2018, you indicated that Patient A asked to come to your house to meet your son. Is this correct?*
>
> "*MM he called me on the phone, however I think at the time I was taking my son to football. He asked me whether he could meet my son who plays football, he said can I see your football boy; my son is 14 years old. I said maybe one day you can see my son. Later that day the patient requested to meet my son and so I picked him up, we were driving towards my house and my son called telling me that he will not be coming home tonight as he will be staying over at a friend's house. I spent 1.5 hours with the patient, however we did not go into my house as my son was not at home and he was not due to come home that night. We sat outside my house and spoke.*

In taking account of the above, the panel was satisfied that you did take Patient A to your home address on 8 August 2018. As above, whilst the Notes of the Investigation Meeting held on 3 October 2018 is not a contemporaneous record of events, the panel considered the account given at the investigation meeting to be more accurate as it was provided less than two months after the event in question. The panel was of the view that the timeline of events would be fresher in your memory.

Therefore, in taking account of the above, the panel was satisfied that you did take Patient A to your home address on 8 August 2018. It found charge 4 proved on the balance of probabilities.

Charge 6

6. On 17 August 2018 permitted Patient A to come to your home.

This charge is found proved.

In reaching this decision, the panel took account of Ms 1's and Mr 2's evidence in support of the NMC's case, as well as your own evidence.

The panel noted that in the screenshot of the text messages between Patient A and Mr 2 on 17 August 2018, Patient A had stated at 21:29 hours on 17 August 2018:

> "*4758 steps. I'm sleeping over tonight…*"

From the way this text message is worded, the panel was able to draw an inference from that Patient A was already at somebody's address when he sent this text message.

In his oral evidence, Mr 2 explained that he was concerned for Patient A being out so late and saying that he was staying over someone else's address. Because of this, Mr 2 chose to locate Patient A's whereabouts, and he sent a text message to Patient A at 22:04 hours with the postcode of what the tracker was telling him as to his son's location. Mr 2 was clear in his oral evidence that he had used Google Maps – Street View to identify the location [PRIVATE].

The panel noted that there were numerous telephone calls and text messages between you and Patient A on 17 August 2018, but these telephone calls and text messages stopped during the evening. There is no mention by you of Patient A coming to your home address in the Notes of the Investigation Meeting held on 3 October 2018. The panel

noted that this meeting was not mentioned in the Incident Report Form on 24 August 2018 or in the Trust investigation, and was vehemently denied in your oral evidence.

You told the panel during your oral evidence that Patient A knew where you lived by this point, but you did not see him at all on this date. You said that Patient A could have got the bus to a location near to where you lived, and that he could have gone to [PRIVATE] as people congregate in that area.

The panel agreed with Ms Ahmed's submission that Patient A could have got the bus to your home address, but it did not accept that he could have got the bus back. It noted that after Mr 2 had informed Patient A that he was aware of his location, Mr 2 had said that Patient A was dropped home a relatively short time afterwards. This was consistent with the NMC witness statement of Ms 1, who stated "*Patient A said that his father sent him a text message confirming his location but did not know whose house they were at. Patient A did not tell his father whose address it was. When the Registrant heard this, Patient A got ready and the Registrant dropped him back home within 5 minutes*". This evidence was also supported by the contemporaneous notes Ms 1 had made of the witness interview with Patient A.

The panel noted that the bus route Ms Ahmed referred to proposed a journey longer than an hour and a half. The panel considered that Patient A using public transport to get back to Mr 2's address would have been inconsistent with the evidence it had received from Ms 1 and Mr 2. This time period was too lengthy for Patient A to have travelled back to Mr 2's home address by public transport. The panel had no reason to doubt Mr 2's evidence, it considered him to be clear in his oral evidence that he did not hold a grudge towards you, but the wider health services as a result of Patient A's overall treatment. The panel had found Mr 2 to be credible and reliable in the account he had given, and it considered his approach to be consistent with that of a concerned father, taking account of Patient A's particular health issues. It did not find him to have attempted to embellish his evidence, instead, it had found him to have attempted to assist the panel to the best of his knowledge and belief. The panel did not find your account that you never met Patient A at

all on this day to be credible. There were many contradictions in your oral evidence with the Notes of the Investigation Meeting held on 3 October 2018 which you endeavoured to explain was due to you not reading the notes after the interview. The panel found this to be an implausible explanation for such an intelligent and well-educated man. Furthermore, your Union rep was present with you at the investigation meeting. It is for this reason that the panel preferred the evidence of Patient A.

Whilst the panel accepted that it had not heard direct evidence from Patient A, the text messages and Google timeline support the account given by him to Ms 1 in the witness interview. Although Patient A did not explicitly mention what date this took place in the witness interview, he recalled the text message conversation with his father, Mr 2, and this was shown as having taken place on 17 August 2018 through the screenshots. The panel considered there to be sufficient evidence to suggest that Patient A was at your home address.

On the balance of probabilities, the panel was satisfied that you had permitted Patient A to come to your home address, and that you had dropped him back to Mr 2's home address.

Therefore, it found charge 6 proved.

Charge 11

11. Your actions at one or more of charges 1 – 7 above were sexually motivated in that you intended to pursue a future sexual relationship with Patient A.

This charge is found proved.

In reaching this decision, the panel took account of all the evidence adduced in this case.

The panel was satisfied that you had attempted to form a secretive relationship with Patient A, and this had started from the moment you discreetly gave him your telephone number on the Ward and told him not to tell anyone, as you admitted in oral evidence. As your relationship progressed, you also admitted that you did not update any of the health professionals on the Ward in respect of you seeing Patient A after he had been discharged. Again, you admitted using the name '*Jonah*'. It was a name that Patient A could give to people who enquired without attracting attention and he saved your number on his mobile telephone under the name '*Jonah*'. You changed your mobile telephone number after Ms 3 had called you to find out who you were, having first given her a false name at the time, and you did not call her back as you had indicated to her. Mr 6 said you were angry when your involvement with Patient A came to light, and you broke off the contact with Patient A. It considered Mr 6 to be credible and reliable, and to have a good knowledge and understanding of the Ward. It did not consider him to embellish his evidence in any way, and it found him to have assisted the panel to the best of his knowledge and belief.

The panel considered you to have been sexually motivated in forming this relationship with Patient A. Patient A had provided an account to Ms 1 in which he confirmed that you and him had tried to have sex at your home address. Despite not hearing from Patient A directly, his account was plausible and consistent with all the other evidence the panel had received.

Mr 2 and Ms 3 both gave evidence as to comments that you would make about Patient A's physical appearance. Whilst you vehemently denied doing this, Ms 3 was very clear that you had paid compliments about Patient A to her, even going as far as calling him "*beautiful*" in front of her. The panel also noted that Mr 2 had reported in the Notes of the Investigation Meeting held on 3 October 2018 that you told him "*…he tells me I'm beautiful and he makes me feel good and he takes me to restaurants…*". The panel found both Mr 2 and Ms 3 to be credible and reliable in their oral evidence. It was of the view that your actions were consistent of someone trying to gain Mr 2's and Ms 3's trust.

The panel rejected your evidence in respect of not being sexually motivated in your contact with Patient A in charges 1 – 7. It did not consider you to have provided plausible explanations for your behaviour, and it had found evidence to be unconvincing and inconsistent. For example, you had stated in the Notes of the Investigation Meeting held on 3 October 2018 that your son had called you whilst you were driving on 8 August 2018 to tell you that he was not at your home address. However, during your oral evidence, you changed this account by saying that you were in the car park outside your home address with Patient A when your flatmate informed you that your son was not in. Furthermore, you also said at one point that your son never stayed out all night and that he did not have a mobile telephone to contact you on.

At the investigation meeting, you had initially stated that you contacting Patient A after he had been discharged from the Ward was for the purposes of you conducting your own research. However, you made no mention of this at this hearing during your oral evidence until the panel asked you about this. You confirmed you were doing research into drugs and alcohol but this contradicted with the main oral evidence you gave, in that you were just being nice to Patient A. The panel found your evidence to be completely unconvincing.

The evidence before the panel suggested that whenever you went to pick up Patient A, you did so at a junction outside of a McDonald's restaurant near to where he lived, as opposed to outside Mr 2's home address. The panel considered you to have reasons to want to be discreet, and it did not form the view that you were picking him up there to save time.

When Ms 3 called you on the telephone, you gave her a different name to that of your own, and you were not clear about where you knew Patient A from, given that you said that you knew him from the '*Camden area*' which was untrue. When asked "*Did you meet him in the hospital?*" you said "*no*" to this. In the Incident Report that you completed on 24 August 2018, you stated that you "*did not want to give any misleading information*" to Patient A's mother, Ms 3, yet you immediately did so.

The panel was of the view that you would have been aware of your duty to maintain professional boundaries. It rejected your evidence that you were not aware of the need to maintain professional boundaries at the time of your contact with Patient A. A registered mental health nurse would know not to behave in the way that you did.

In determining the above, the panel considered the evidence with great care and attention. It was satisfied that there was a large amount of evidence to suggest that you had '*groomed*' Patient A and it determined that your behaviour was sexually motivated.

Therefore, on the balance of probabilities, the panel considered your actions in charges 1 – 7 to be demonstrative of a pattern of behaviour of someone intending to pursue a future sexual relationship with Patient A.

The panel found charge 11 proved.

Charge 12

12. On an unknown date between June 2018 and 27 July 2018 while on Emerald Ward:

    a. exposed your penis to Patient A;
    b. touched Patient A's penis

This charge is found proved.

In reaching this decision, the panel took account of Ms 1's and Ms 4's evidence in support of the NMC's case, as well as your own evidence.

In considering Patient A's hearsay evidence, the panel reminded itself that it had made a determination that there is often no witness corroboration for incidents such as this, but

that does not mean that Patient A's account was accurate or inaccurate because of it. The panel considered that, by its very nature, sexual contact is sensitive.

The panel noted that Patient A told Ms 1 in the witness interview that you had exposed your penis to him and you had touched Patient A's penis. Ms 4, who was present at the time of the witness interview, states in her NMC witness statement that:

> *"…Patient A said the Registrant showed his penis to Patient A, they touched each other penises whilst on the Ward…"*[sic].

This was also confirmed by Ms 1's handwritten notes that she was making at the time of the witness interview. Patient A permitted her to take brief notes of what he was saying, but he wanted Ms 1 to feel engaged in their conversation. The panel was satisfied that Patient A had said this to Ms 1 in the witness interview, but it noted that this does not necessarily mean that this is an accurate reflection of what actually happened.

However, the panel considered the account Patient A had given to Ms 1 was consistent with the other evidence the panel had before it. The panel noted that Patient A had said that this first sexual contact took place on the Ward itself. In your defence, you tried to argue that this would not have been possible due to the layout of the Ward, it being busy, and the fact that staff could interrupt you at any moment. However, the panel did not consider this to mean that it was impossible for you to have behaved as alleged. The panel was of the view that as the named nurse for Patient A, it was unlikely that you would have been interrupted when you were talking to him in his private room. In any event, the panel considered that you could have organised a time when it was less busy on the Ward, and when there were not many members of staff around to expose yourself to Patient A. It therefore did not find your evidence on this point to be compelling.

Whilst there are some inconsistencies in Patient A's account, it did not consider this to make his entire version of events to be implausible. Ms Ahmed made the point in her submissions that Patient A had reported in his witness interview with Ms 1 of you providing

him with Lorazepam after his discharge, but the email from the Head of Nursing in the R&R Division at the Trust stated that there is no record of Lorazepam having gone missing and no Datix Incident Form completed in relation to it. However, the panel did not consider this email to be conclusive proof that Lorazepam was not taken from the medicine cupboard and given to Patient A. The panel noted that the Lorazepam could have been obtained at any earlier time, and the panel had evidence from Mr 2's tracking data to suggest that Patient A attended the Hospital on two occasions in the early morning after the date of his discharge.

The panel also noted that Patient A reported to Mr 2 that you had hugged him in an inappropriate way and that Ms 3 noted that the compliments you gave Patient A were always physical.

In taking account of the above, the panel determined that, on the balance of probabilities, on an unknown date between June 2018 and 27 July 2018, while on the Ward, you had exposed your penis to Patient A, and you had also touched Patient A's penis. In having regard to all the evidence adduced, the panel considered this to be consistent with the direction your relationship had gone with Patient A.

Therefore, the panel found charges 12a and 12b proved.

Charge 13

13. On a date or dates unknown after 27 July 2018 you engaged or attempted to engage in sexual activity with Patient A.

This charge is found proved.

In reaching this decision, the panel took account of Ms 1's, Mr 2's, and Ms 4's evidence in support of the NMC's case, as well as your own evidence.

The panel noted that in Ms 1's NMC witness statement, she states:

> "*Patient A told me he had been to the Registrant's house a couple of times and that they tried to have sex. Patient A said that he had been to his house "a number of times" when I asked him if he could remember on how many occasions. I asked Patient A what happened when they were at the Registrant's house to which he replied that the Registrant removed Patient A's clothes and then undressed himself. Patient A said they then did stuff, but did not provide further details when I asked him what "stuff" they did. I asked Patient A if they had sex but he just said that it was sexual stuff. I tried to gauge an understanding of what sexual "stuff" they did but Patient A did not answer. Patient A did not explicitly say they had sex save for they "tried"…*"[sic].

This was confirmed in Ms 1's handwritten notes that she was making at the time of the witness interview.

Whilst Ms 4's NMC witness statement does not record as much detail in relation to this specific issue, the sentiment is the same as she states in her NMC witness statement that "*…Patient A had visited the Registrant's accommodation and had sex there…*".

In taking account of the above, and in having regard to the panel's earlier findings, the panel considered Patient A's account given to Ms 1 to be plausible. It considered this account to be consistent with the other evidence it had received throughout the hearing and the natural direction your relationship had taken.

Furthermore, Mr 2 had provided a screenshot of text messages between him and Patient A, where Patient A says that he will be "*staying over*" on 17 August 2018. Whilst Patient A did not explicitly tell Mr 2 who he was with in this text message, the panel noted that the tracker placed Patient A in the vicinity of your address. The panel regarded this text

interchange between Patient A and Mr 2 as important supporting evidence of Patient A's account that you tried to have sex with him at your home on 17 August 2018.

The panel was satisfied that you were sexually motivated in your contact with Patient A. It determined that you engaged or attempted to engage in sexual activity with Patient A on a date or unknown dates after 27 July 2018.

Therefore, the panel found charge 13 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 your 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 suitability to remain on the register unrestricted.

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. Firstly, 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, your fitness to practise is currently impaired as a result of that misconduct.

Submissions on misconduct

In her submissions, Ms Adeyemi 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'.*

Ms Adeyemi invited the panel to take the view that your conduct amounted to breaches of *The Code: Professional standards of practice and behaviour for nurses and midwives* (2015) ("the Code"). She then directed the panel to specific paragraphs and identified where, in the NMC's view, your actions amounted to misconduct.

Ms Adeyemi submitted that you embarked on a course of conduct that was very serious in nature. She submitted that whilst there may have been an element of concern for Patient A's wellbeing, your predominant objective was to use Patient A for your own sexual gratification.

Ms Adeyemi submitted that you breached professional boundaries and your actions had consequences for Patient A's safety. She submitted that due to Patient A's vulnerabilities, mental distress could have been caused to him when your contact with him stopped, and this had the potential to impact upon his treatment and engagement with other health services. Ms Adeyemi referred the panel to the evidence of Mr 6, who said that uncoordinated input that was not part of a strategy delivered by the appropriate professionals could impact upon a vulnerable individual's health. She also reminded the panel of Mr 2's evidence that Patient A would get upset whenever this secretive relationship was discussed with him. As well as Patient A, Ms Adeyemi submitted that you have undoubtedly caused distress to Mr 2 and Ms 3 through your conduct and behaviour.

Ms Adeyemi submitted that you exposed Patient A to a risk of significant harm and your behaviour clearly amounts to misconduct.

Ms Ahmed submitted that it is a matter for the panel as to whether your actions amounted to misconduct. She submitted that you have admitted breaching professional boundaries and not upholding proper professional conduct.

Submissions on impairment

Ms Adeyemi 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 uphold proper standards and maintain public confidence in the profession and in the NMC as a regulatory body. She referred the panel to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant [2011] EWHC 927 (Admin)*.

Ms Adeyemi also referred the panel to the case of *Cohen v General Medical Council [2008] EWHC 581 (Admin)*, and invited it to consider whether the concerns identified are capable of remediation, whether they have been remediated, and whether there is a risk of repetition of the incidents occurring at some point in the future. She submitted that insight and remediation are key in determining whether a registrant is currently impaired, as it means they will be less likely to repeat their failings.

Ms Adeyemi submitted that you did initially demonstrate some insight and remorse into breaching professional boundaries in your reflective piece, but overall, your insight has been very limited. She submitted that you have loosely been able to articulate how crossing professional boundaries came about, but you seem to have no understanding of the risks associated with your behaviour. Ms Adeyemi reminded the panel that you had admitted breaching professional boundaries in admitting a number of charges and in your reflective piece. However, she submitted that at the end of her cross-examination you appeared to contradict this as you did not consider yourself to have exposed Patient A to a risk of harm. You stated instead that you were just wanting to help Patient A.

Furthermore, Ms Adeyemi submitted that you have not considered how your behaviour impacted upon Patient A's parents. She submitted that the secretive relationship you had encouraged with Patient A was a source of great concern for them. Ms Adeyemi also submitted that there is no evidence to suggest that you have considered the reputational harm that your actions could have had on the nursing profession.

Ms Adeyemi referred the panel to the training courses completed by you and invited it to consider how effective this is in addressing the areas of concern. She submitted that, up to the point you gave your oral evidence, you still have a limited understanding of how you crossed professional boundaries.

In summary, Ms Adeyemi submitted that you do not appear to have a real understanding of what you did wrong and, as such, there is a real risk of you behaving in a similar way again in future. She submitted that your actions involved a breach of trust, as you were able to engage with Patient A in the way you did because of the respect Patient A had for you.

Ms Adeyemi invited the panel to find that your fitness to practise as a registered nurse is currently impaired. She submitted that public confidence in the nursing profession would be undermined if a finding of current impairment was not made.

Ms Ahmed submitted that the panel should consider whether you are currently impaired, and not whether you were impaired at the time of your actions. She submitted that there has been ample opportunity for you to reflect due to the lapse in time since then, given the incidents in question took place four years ago.

Ms Ahmed submitted that you have shown insight into your shortcomings and you have learnt a salutary lesson as a result of your actions. She submitted that you were dismissed from your nursing role at the Trust and all of the matters have been found proved during these proceedings.

Ms Ahmed submitted that you have undertaken some training in an attempt to address the areas of concern, and you have also completed a reflective piece for the panel to take account of in considering current impairment. She submitted that you have given an unreserved apology to all those involved because of your conduct and you have accepted responsibility for your actions, as shown in your reflective piece. Ms Ahmed submitted that you recognise the impact your actions could have had, and you also accept that you would have caused distress to Ms 3 when giving her false information on the telephone.

Ms Ahmed submitted that there was an element of general concern for Patient A's welfare. She submitted that there was never an intention on your part to Patient A at a risk of harm.

Ms Ahmed submitted that the panel can take account of the positive testimonials provided on your behalf. She submitted that your current employer speaks very highly of you in your current role.

Ms Ahmed submitted that you have a previous good history, and there is no evidence to suggest that you have acted in a similar way towards anyone else since. She submitted that there have been no other complaints in respect of your behaviour.

Ms Ahmed concluded by saying that you have always taken responsibility for your lapse in judgment.

Decision and reasons on misconduct

The panel heard and accepted the advice of the legal assessor which included reference to a number of relevant judgments.

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 your actions did fall significantly short of the standards expected of a registered nurse, and it considered them to amount to several breaches of the Code. Specifically:

"***1 Treat people as individuals and uphold their dignity***
To achieve this, you must:
1.1 treat people with kindness, respect and compassion
1.2 make sure you deliver the fundamentals of care effectively
1.5 respect and uphold people's human rights

2 Listen to people and respond to their preferences and concerns
To achieve this, you must:
2.1 work in partnership with people to make sure you deliver care effectively

8 Work co-operatively
To achieve this, you must:
8.1 respect the skills, expertise and contributions of your colleagues, referring matters to them when appropriate
8.2 maintain effective communication with colleagues
8.6 share information to identify and reduce risk

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

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, treating people fairly and without discrimination, bullying or harassment
20.3 be aware at all times of how your behaviour can affect and influence the behaviour of other people
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".

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. It went on to consider each charge individually in determining whether your actions were sufficiently serious so as to amount to misconduct.

The panel noted that the regulatory concerns identified relate to your conduct and behaviour, which are directly linked to your nursing practice. You had given Patient A your personal telephone number and you had communicated with him over a period of time after he had been discharged from your care, without clinical justification. The panel had found your intention to be sexually motivated and, in the panel's view, you had intended to pursue a future sexual relationship with him.

The panel considered you to have demonstrated a pattern of behaviour over a number of months. It was of the opinion that this behaviour fell far below the standards expected of a registered nurse, exacerbated by the fact that you were a trained registered mental health nurse, and Patient A was particularly vulnerable due to his presenting health conditions. The panel noted that your behaviour was not a single instance, nor was it spontaneous. Your actions were pre-planned and covert.

The panel had regard to Mr 6's evidence, specifically, the importance of maintaining professional boundaries in a mental health nursing environment. He told the panel that the

scenario you embarked on in communicating with Patient A after he had been discharged from the Ward was full of risk. Mr 6 also stated that mental health patients can be very vulnerable to misinterpreting relationships and can often see staff as friends. However, registered mental health nurses cannot be friends with patients as they need to maintain their professionalism, and this needs to be conveyed to patients sensitively. The panel agreed with Mr 6's evidence.

The panel considered you to have gravely abused your position of trust by communicating with Patient A, forming a secret relationship with him which included taking him to restaurants and permitting him to come to your home address on a number of occasions, with the intention of forming a sexual relationship with him. It determined that you were fully aware of Patient A's health issues, having worked with him for a period of time whilst he was admitted to the Ward, and you were aware of the balance of power in your favour as his former named nurse. You had taken advantage of the professional relationship with him for the purposes of '*grooming*' him for a future sexual relationship.

The panel had no doubt that your actions, in breach of all protocols, in each of the charges found proved, amounted to serious misconduct. It considered the importance of maintaining professional boundaries to be particularly significant when dealing with vulnerable and young patients in crisis. The panel determined that other members of the nursing profession would consider your actions to be deplorable.

In summary, the panel found that your actions did fall seriously short of the conduct and standards expected of a registered nurse and amounted to misconduct in all of the charges found proved.

Decision and reasons on impairment

The panel next went on to decide if, as a result of the misconduct, your fitness to practise is currently impaired.

Registered 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 registered nurses with their lives and the lives of their loved ones. To justify that trust, registered nurses must act with integrity, and 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) …

The panel considered limbs a, b and c above to be engaged, both as to the past and to the future.

The panel had found Patient A to have been exposed to a significant risk of unwarranted harm as a result of your misconduct. It had also found you to have breached fundamental tenets of the nursing profession, and it found you to have brought the reputation of the nursing profession into disrepute by virtue of your actions.

The panel had regard to the case of *Cohen* and considered whether the concerns are capable of remediation, whether they have been remediated, and whether there is a risk of repetition of the incidents occurring at some point in the future.

The panel noted that the concerns identified are not easily remediable, in principle. Your misconduct is directly linked to your nursing practice. The panel considered your behaviour to be more difficult to remediate as it could be suggested that there is an underlying attitudinal issue present in this case.

In assessing your level of insight, the panel noted that you admitted a large number of the charges relating to contacting Patient A after he had been discharged from the Ward, and that through these admissions, you had accepted breaching professional boundaries. You denied all of the charges with sexual elements to them, as is your right. You had provided the panel with a bundle of documents containing a reflective piece, training certificates and testimonials.

In your reflective piece, the panel considered you to have demonstrated limited insight. Nonetheless, you had accepted that your conduct had fallen below the standards expected of a registered nurse, you were remorseful for your behaviour and you recognised that you should not have acted in the way that you did. However, in your oral evidence, the panel considered your level of insight and remorse to be extremely limited. Your evidence in this respect was largely self-reflective, as you sought to deflect blame away from yourself by saying that you were just trying to help Patient A. The panel had found you to have '*groomed*' Patient A for a future sexual relationship, and you did not offer any further evidence at the misconduct and impairment stage. The panel did not consider you to have sufficiently reflected on how your misconduct may have impacted upon Patient A, Patient A's family, colleagues, the nursing profession, or the wider public as a whole. In summary, it was of the view that you had failed to fully understand or appreciated the gravity of your misconduct.

The panel had sight of the training course undertaken by you in respect of professional boundaries, but it noted that this was now out of date. Whilst your current employer attests positively to your current performance, the panel noted that three of the testimonials provided are from friends and not colleagues.

In light of all the above, the panel had insufficient evidence before it to allay its concerns that you currently pose a risk to patient safety. It considered there remains a risk of repetition of the incidents found proved and a risk of significant harm to patients in your care, should adequate safeguards not be imposed on your nursing practice. Therefore, the panel decided that a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind that the overarching objectives of the NMC 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.

The panel considered there to be a high public interest in the consideration of this case. It was of the view that a fully informed member of the public would be appalled by your behaviour, taking account of the panel's findings throughout these proceedings. You were in a position of trust as a result of being employed as a registered mental health nurse, and you were expected to take steps to safeguard Patient A at a time when he was vulnerable. Instead of maintaining professional boundaries, you sought to pursue Patient A for the purposes of a future sexual relationship. The panel noted that Patient A's Care Coordinator was particularly concerned by the full extent of your behaviour, after Patient A had made sexual accusations against you, and she escalated this against Patient A's wishes as she considered it to be a clear safeguarding concern. The panel concluded that public confidence in the nursing profession would be undermined if a finding of impairment were not made in this case. Therefore, the panel determined that a finding of impairment on public interest grounds was also required.

Having regard to all of the above, the panel concluded that your fitness to practise as a registered nurse is currently impaired.

Sanction

The panel has considered this case very carefully and has decided to make a striking-off order. It directs the NMC Registrar to strike your name off the NMC register. The effect of this order is that the NMC register will show that you have been struck off the NMC 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.

Submissions on sanction

Ms Adeyemi submitted that the purpose of a sanction is not to punish a registrant, but to protect the public and properly mark the seriousness of the case.

Ms Adeyemi took the panel through aggravating factors which, in the NMC's view, were present in this case. She also invited the panel to take account of any contextual factors which may have given rise to mitigation.

Ms Adeyemi submitted that your misconduct is at the top end on the spectrum of seriousness. She referred the panel to the guidance titled '*Clear sexual boundaries between healthcare professionals and patients: guidance for fitness to practise panels*' dated January 2008, for Healthcare Regulatory Excellence (now the Professional Standards Authority) as referred in the SG.

Ms Adeyemi submitted that you have clearly brought the reputation of the nursing profession into disrepute, and the panel have rightly identified that members of the public would be appalled by your actions. She submitted that breaching professional boundaries can negatively impact upon patients care, particularly when, as in this case, there is a sexual element to it. Ms Adeyemi submitted that Patient A was a vulnerable adult who had a history of abuse, which you would have been aware of. She submitted that the negative impact can be exacerbated by young age, Patient A being in his early twenties, and this has elevated the level of seriousness significantly.

Ms Adeyemi submitted that the panel has found there to be an underlying attitudinal issue present in this case. She submitted that there remains a risk of harm to the public, arising out of the risk of repetition.

Ms Adeyemi invited the panel to have regard to its overarching objective of public protection in considering what sanction to impose in this case.

Ms Ahmed submitted that the panel should consider the principle of proportionality, and she invited the panel to consider whether a lengthy suspension order would be sufficient in this case.

Ms Ahmed submitted that you had made early admissions to charges during these proceedings, and you cooperated with both the NMC and the Trust during their investigations. Furthermore, she submitted that there has also been evidence of remorse demonstrated by you, and that all of these can be considered by way of mitigation.

Ms Ahmed submitted that you have demonstrated evidence of developing insight, but acknowledged the panel's finding that this was insufficient for a decision of no current impairment to be made.

Ms Ahmed submitted that there is no evidence to suggest that you have behaved in a similar way, either before or since these incidents occurred in 2018.

Ms Ahmed submitted that a suspension order would be the proportionate sanction to impose, and that this would sufficiently address the public protection and public interest concerns identified. She submitted that if the panel were minded to impose a suspension order for a period of 12 months, this would provide you with the opportunity to reflect on your behaviour, and develop your insight further.

Decision and reasons on sanction

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

Having found your 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 and the guidance issued titled '*Clear sexual boundaries between healthcare professionals and patients: guidance for fitness to practise panels*' from January 2008. The decision on sanction is a matter for the panel independently exercising its own judgement.

In respect of aggravating factors, the panel has considered the following as relevant:

- You abused your position of trust as a registered mental health nurse.
- You encouraged Patient A to keep your relationship a secret, and the panel found you to have '*groomed*' him for the purposes of a sexual relationship.
- Patient A was particularly vulnerable, and you exposed him to a risk of significant harm as a result of your misconduct. This was exacerbated by the fact that you were Patient A's named nurse for a period of time prior to him being discharged from the Ward, so you would have been aware of his health conditions and vulnerabilities.
- You caused Patient A's parents, Ms 2 and Ms 3, a certain amount of distress by behaving in the way that you did.
- You repeatedly breached professional boundaries and sustained these breaches for a period of time.
- You breached fundamental tenets of the nursing profession.
- You have only demonstrated a limited amount of insight, remediation and remorse.
- Your conduct was demonstrative of an underlying attitudinal issue.

In respect of mitigating factors, the panel has considered the following as relevant:

- You made early admissions to a number of charges, accepting that you breached professional boundaries.

The panel noted that you engaged with the Trust and NMC investigations throughout, as well as attending before the panel every day of this hearing. It also noted that there had been no previous regulatory findings against you.

The panel first considered whether to take no action but concluded that this would be wholly inappropriate in view of the seriousness of this case. Taking no further action would place no restriction on your nursing registration, and would therefore not protect the public. Furthermore, the panel determined that it would not address the high public interest concerns identified.

Next, in considering whether a caution order would be appropriate in the circumstances, the panel took into account the SG, which 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 was of the view that your misconduct was not at the lower end of the spectrum of fitness to practise, so it determined 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 a conditions of practice order on your nursing registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable.

The panel is of the view that there are no practical or workable conditions that could be formulated, given the nature of the serious concerns identified. The misconduct in this case is not something that can be addressed through retraining. There are no clinical deficiencies that have been identified, all of the charges relate to your conduct and behaviour.

In taking account of the above, the panel determined that placing a conditions of practice order on your nursing registration would not adequately address the seriousness of this case, nor would it satisfy the public protection and public interest considerations.

The panel then went on to consider whether a suspension order would be the appropriate sanction.

The panel considered whether the seriousness of this case could be addressed by temporary removal from the NMC Register and whether a period of suspension would be sufficient to protect patients and satisfy the wider public interest concerns. When considering seriousness, the panel took into account the extent of the departure from the standards to be expected of a registered nurse and the risk of harm to the public interest caused by that departure.

The panel was of the view that this was an extremely serious case of misconduct which involved the '*grooming*' of a vulnerable patient by a registered mental health nurse who had been placed in a position of trust. It noted that you had breached professional boundaries on multiple occasions, and that you sustained these breaches for a period of time. Your actions were pre-planned and covert. You gave Patient A your personal mobile telephone number and encouraged him to contact you outside of the normal protocols. You then engaged with Patient A on multiple occasions, including talking to him on the telephone, taking him out to restaurants, and having him attend your home address. It considered you to have a clear sexual motivation through your behaviour, and this culminated in you and Patient A attempting to have sex.

You had initially offered some insight in your reflective piece, but you did not expand on your thought process in any great detail. A significant part of your oral evidence was contradictory, and the panel found you to have only demonstrated extremely limited insight overall. There is limited evidence that you appreciate the serious ramifications of your actions, and the impact this could have had on Patient A, Patient A's family, colleagues, the nursing profession, or the wider public as a whole. It therefore determined that you had

not shown any meaningful insight into the misconduct found proved and, consequently, the panel found there to be a real risk of repetition.

The panel considered you to have shown little attempt to remediate the concerns, even in respect of the charges that you did admit. It determined that you had already had a significant period of time to reflect on your actions, given that these incidents took place over four years ago. The panel was satisfied that there was an underlying attitudinal issue in this case; one that raises fundamental concerns about your level of professionalism. The panel considered you to have been aware that what you were doing was wrong at the time of the incidents and this is why you encouraged Patient A to keep your relationship a secret.

Taking account of the above, the panel determined that your misconduct was not merely a serious departure from the standards expected of a registered nurse and a serious breach of the fundamental tenets of the nursing profession, it was fundamentally incompatible with you remaining on the NMC register. In the panel's judgment, to allow someone who had behaved in this way to maintain their NMC registration would undermine public confidence in the nursing profession and in the NMC as a regulatory body.

In reaching its decision, the panel bore in mind that its decision would have an adverse effect on you both professionally and personally. However, the panel was satisfied that the need to protect the public and address the public interest elements of this case outweighs the impact on you in this regard.

Balancing all of these factors and after taking into account all the evidence before it, the panel determined that the only appropriate and proportionate sanction is that of a striking-off order. Having regard to the effect of your misconduct in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct themselves, the panel has concluded that nothing short of this would be sufficient in this case. You gravely abused your position of trust and sought to '*groom*' a vulnerable former-patient into having a covert sexual relationship with you.

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.

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 is in your own interest until the striking-off order takes effect.

Submissions on interim order

Ms Adeyemi invited the panel to impose an interim suspension order for a period of 18 months. She submitted that this interim order is necessary on the grounds of public protection and it is also in the public interest, having regard to the panel's findings.

Ms Ahmed did not oppose the application and submitted that it is a matter for the panel.

Decision and reasons on interim order

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 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. Owing to the seriousness of the misconduct in this case, along with the risk of repetition identified, it determined that your actions were sufficiently serious to justify the imposition of an interim suspension order until the striking-off order takes effect. In the panel's judgment, public confidence in the regulatory process would be undermined if you were to be permitted to practise as a registered nurse prior to the substantive order coming into effect.

The panel decided to impose an interim suspension order in the circumstances of this case. To conclude otherwise would be incompatible with its earlier findings.

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 you are sent the decision of this hearing in writing.

That concludes this determination.