

**Nursing and Midwifery Council**

**Fitness to Practise Committee**

**Substantive Hearing**

**7 - 16 May 2019**

Nursing and Midwifery Council, 2 Stratford Place, Montfichet Road, London, E20 1EJ

<b>Name of registrant:</b>	Daniel Mark Moore
<b>NMC PIN:</b>	14I1099E
<b>Part(s) of the register:</b>	Sub part 1 RNMH ,Registered Nurse - Mental Health (22 September 2014)
<b>Area of Registered Address:</b>	England
<b>Type of Case:</b>	Misconduct/Health
<b>Panel Members:</b>	Najrul Khasru (Chair, lay member) Tracey Jary (Registrant member) Suzy Ashworth (Lay member)
<b>Legal Assessor:</b>	Tracy Ayling QC
<b>Panel Secretary:</b>	Rob James
<b>Registrant:</b>	Mr Moore not in attendance nor represented
<b>Nursing and Midwifery Council:</b>	Represented by Assad Badruddin, Case Presenter
<b>Facts proved:</b>	1, 6, 8, 10, 11, 12, 14 (in relation to 2 of schedule 1
<b>Facts proved by admission:</b>	2, 3, 7, 13 & 14 (in relation to 1 of schedule 1)
<b>Facts not proved:</b>	4, 5.1, 5.2, 5.3, 9
<b>Fitness to practise:</b>	Impaired
<b>Sanction:</b>	Striking off order
<b>Interim Order:</b>	Interim suspension order (18 months)

## Details of charge:

That you a registered nurse

1. In or around November 2015 attended work on more than one occasions whilst unfit for duty;
2. In or around December 2015 attended work on more than one occasion whilst unfit for duty
3. In or around January 2016 attended work on more than one occasion whilst unfit for duty
4. Whilst working on the Maple Ward communicated inappropriately with female patients in that you regularly called them 'darling'
5. Whilst working on the Maple Ward breached professional boundaries with female patients in that you:
  - 5.1 called them 'darling';
  - 5.2 touched their shoulders;
  - 5.3 called them 'sweetheart'
6. Between January 2016 and April 2016 asked Colleague B if she could obtain drugs for you
7. On an 13 January 2016 asked Colleague D for prescription medication
8. On the 14 February 2016 and /or 14 December 2017 asked Colleague C for prescription medication

9. On or around the 16 February 2016 asked Colleague A if she could obtain cocaine and/or cannabis for you
  
10. In or around 13 October 2017 whilst working for Chadwick Lodge stole drugs from your employer
  
11. On the 13 October 2017 attended work whilst unfit for duty
  
12. On the 13 October 2017 attended work whilst under the influence of drugs
  
13. Between the 4 May 2018 and 10 May 2018 failed to co-operate with the NMC investigation in that you refused to provide a hair sample for the purposes of drug testing

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

14. That you a registered nurse have suffered from and/or are currently suffering from one or more of the health conditions set out in schedule 1

And in light of any associated and/or consequential mental/physical conditions set out in schedule 1, your fitness to practise is impaired by reason of your physical and/or mental health

### **Decision and reasons on application under Rule 19**

Prior to making an application to proceed in the absence of Mr Moore, Mr Badruddin made a request that the hearing of Mr Moore's case be held entirely in private as the matters involved are inextricably linked to Mr Moore's health. Mr Badruddin submitted that it would not be practical to go in and out of private session depending on the evidence the panel was hearing. The application was made pursuant to Rule 19 of the Rules.

The legal assessor reminded the panel that while Rule 19 (1) provides, as a starting point, that hearings shall be conducted in public, Rule 19 (3) states that the panel may hold hearings partly or wholly in private if it is satisfied that this is justified by the interests of any party or by the public interest.

Rule 19 states

- 19.—(1) Subject to paragraphs (2) and (3) below, hearings shall be conducted in public.
- (2) Subject to paragraph (2A), a hearing before the Fitness to Practise Committee which relates solely to an allegation concerning the registrant's physical or mental health must be conducted in private.
- (2A) All or part of the hearing referred to in paragraph (2) may be held in public where the Fitness to Practise Committee—
  - (a) having given the parties, and any third party whom the Committee considers it appropriate to hear, an opportunity to make representations; and
  - (b) having obtained the advice of the legal assessor, is satisfied that the public interest or the interests of any third party outweigh the need to protect the privacy or confidentiality of the registrant.
- (3) Hearings other than those referred to in paragraph (2) above may be held, wholly or partly, in private if the Committee is satisfied—

- (a) having given the parties, and any third party from whom the Committee considers it appropriate to hear, an opportunity to make representations; and
  - (b) having obtained the advice of the legal assessor, that this is justified (and outweighs any prejudice) by the interests of any party or of any third party (including a complainant, witness or patient) or by the public interest.
- (4) In this rule, “in private” means conducted in the presence of every party and any person representing a party, but otherwise excluding the public.

Having heard that the evidence is inextricably linked to Mr Moore’s health, the panel determined to hold the entirety of the hearing in private.

That concludes this determination.