

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

Thursday, 27 February 2020 – Friday, 28 February 2020

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

Name of registrant:	Philip Andrew Millott
NMC PIN:	96I1899E
Part(s) of the register:	Registered Nurse – Sub-part 1 Adult Nursing – 30 August 1999 Specialist practitioner Adult Nursing – 20 December 2005
Area of Registered Address:	England
Type of Case:	Misconduct
Panel Members:	Nicola Jackson (Chair, Lay member) Claire Clarke (Registrant member) Jane Fraser (Registrant member)
Legal Assessor:	Michael Levy
Panel Secretary:	Philip Austin
Mr Millott:	Present and represented by David Claxton, instructed by the Royal College of Nursing
Nursing and Midwifery Council:	Represented by Dulcie Piff, Case Presenter
Facts proved by admission:	Charge 1
Facts not proved:	None
Fitness to practise:	Currently impaired
Sanction:	Striking-off order
Interim Order:	Interim suspension order – 18 months

Details of charge:

That you, a registered nurse:

- 1) On 8 January 2019 engaged in an online conversation with another person during which you made explicit references to the sexual abuse of children.

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

Admissions

At the outset of the hearing, Mr Claxton, instructed by the Royal College of Nursing ("RCN"), on your behalf, admitted charge 1.

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

Therefore, the panel found charge 1 proved by way of admission.

Decision and reasons on application under Rule 19

Before your oral evidence, Mr Claxton made a request that parts of the hearing be held in private on the basis that proper exploration of your case involves reference to your health. The application was made pursuant to Rule 19 of the NMC (Fitness to Practise) Rules 2004, as amended (“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 there will be reference to your health, the panel determined to hold such parts of the hearing in private. It decided that it was not in the public interest for these matters to be heard in public session. The panel therefore determined to rule on whether or not to go into private session in connection with these matters as and when such issues are raised.

Background

You were referred to the NMC by the Deputy Chief Nurse, Ms 1, at the Nottingham University Hospitals NHS Foundation Trust (“the Trust”) on 20 February 2019. You were employed as an Adult Safeguarding Lead at the Trust, although you also had involvement in the safeguarding of children. You attended Multi-Agency Risk Assessment Conference (“MARAC”) meetings, investigating significant allegations of domestic abuse involving children, and informal supervision of safeguarding children’s nursing colleagues.

It is alleged that on 8 January 2019, you engaged in an online conversation with another person in a chat room for approximately six/seven hours, in which you made explicit and graphic references to you engaging in the alleged sexual abuse of your two children, although you do not have any children, and the sexual abuse of another child.

The record from the initial allegations strategy meeting (“the record”) dated 22 January 2019, when referring to your employment at that time, stated: “He is involved in serious case reviews, also for children, and also attends strategy meetings if necessary. Mr Millott chairs the quality assurance group for the Adult Safeguard Board at Loxley House and attends multi-agency meetings. He sits on the serious case review board for adults and sometimes covers the children’s side. He deputises on the safeguarding adults board and attends MARAC. The plan this year was to have him chair MARAC meetings. He goes on to children’s wards and reviews cases, gives advice to safeguarding nurses, and deals with the management of staff allegations. He delivers safeguarding training... Mr Millott completes safeguarding investigations within NUH [Nottingham University Hospital]”. Further, the record states that on 8 January 2019, there were online conversations between Mr Millott and another person which continued throughout the day.

The record states in relation to you “He said that he likes seeing his lad cum, and is involved in a chat with an adult male who said he likes abusing his own 8 year old daughter. It is a general chat between both adults about how they abuse their

respective children. He said that he play fights with his youngest and gets his hand down his pants. He said it must feel great for the other party getting his finger inside his girl. He said he has played and tickled their bellies”.

The record states “The website used is called Kik, which is a social media app for people to meet and socialise. Within the Police role, the website is synonymous with paedophiles using this frequently”. Uniformed police visiting on 8 January 2019, on this night, neither male “put their hands up” as to being responsible. On 9 January 2019, you told your line manager that there had been an allegation against another person. You eventually admitted responsibility to your line manager on 10 January 2019 at 14:30 hours.

The police attended your home address on 9 January 2019 and seized electronic devices found on the premises. You were interviewed by the police in relation to these allegations but no further action was taken.

A disciplinary hearing was held and you were dismissed for gross misconduct from the Trust on 24 May 2019.

Submission on misconduct and impairment:

Having announced its finding on all the facts, 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.

In her submissions, Ms Piff invited the panel to take the view that your actions 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 Piff 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 Piff submitted that at the time of the incident, you were employed in a senior position at the Trust as an Adult Safeguarding Lead Nurse. She submitted that the regulatory concerns do not relate directly to your clinical nursing practice, however, your actions were so serious so as to justify a finding of misconduct.

Ms Piff then moved on to the issue of impairment and addressed the panel on the need to protect the public and the wider public interest. This included the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body. Ms Piff referred the panel to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin)*.

Ms Piff submitted that your level of professionalism has clearly been brought into question by you acting in the way that you did. She submitted that you have breached

fundamental tenets of the nursing profession, failed to uphold the public's trust in registered nurses, and have brought the nursing profession into disrepute.

Ms Piff also referred the panel to the case of *Cohen v General Medical Council [2008] EWHC 581 (Admin)* and invited the panel to consider whether your conduct is capable of remediation, whether it has been remediated, and whether it is likely to be repeated in future.

Ms Piff submitted that attitudinal concerns are more difficult to remediate than clinical nursing failures. Nonetheless, you have taken some steps to remediate the regulatory concerns identified. Ms Piff submitted that you have attended counselling sessions which are still ongoing, and you have made good progress in developing your understanding of what happened. She informed the panel that you also cooperated with your employer after informing them of the allegations against you, and you made admissions at the earliest opportunity, both to your employer and the NMC. However, Ms Piff submitted that you have not fully reflected on your actions, as your attempts at remediation has involved you focusing on your own personal wellbeing, as opposed to maintaining professional standards.

Ms Piff invited the panel to find that your fitness to practise as a registered nurse is currently impaired predominantly on the grounds of it being in the wider public interest. She drew the panel's attention to the letter from the Disclosure and Barring Service ("DBS") dated 19 February 2020, which confirms that you are currently barred from working as a registered nurse with adults and children. In light of this, Ms Piff submitted that confidence in the regulatory process would be undermined if a registered nurse subject to these restrictions was found not to be currently impaired.

Mr Claxton invited the panel to disregard the DBS letter dated 19 February 2020, having regard to the case of *Enemuwe vs NMC [2015] EWHC 2081*.

Mr Claxton submitted that you are appalled by the nature of the conversation you had with the person in the online chatroom, and that you accept that your actions amount to misconduct.

Mr Claxton invited the panel to take account of your prompt admissions to the police, and the proactive steps you took in informing your employer of the allegations against you.

Mr Claxton submitted that the messages you sent to another person on the online chatroom on 8 January 2019 were isolated to that day. He submitted that there was scrutiny of the digital devices found at your home address by the police, and there was no evidence found of any similar or connected conduct having occurred on any other occasion.

Mr Claxton submitted that you have reflected on your conduct, as you wanted to develop meaningful insight. He submitted that you have shown a real commitment to remediating the regulatory concerns identified, and have sought to develop coping mechanisms in your personal life to help you deal with your personal circumstances.

Mr Claxton submitted that you have provided a rational explanation for why you engaged in this type of conduct. He submitted that the self-destructive behaviour you embarked on is understood to be a genuine phenomenon.

Mr Claxton submitted that your actions did not occur within the workplace, nor did they involve any other member of staff from the Trust. He submitted that you are of previous good character, having had a 20 year career in nursing without your attitude, skill or commitment being brought into question.

Mr Claxton submitted that given the nature of your conduct, it is inevitable that your fitness to practise as a registered nurse will be found to be currently impaired on the

ground of it being in the wider public interest. However, he submitted that you do not accept that there is a repetition rationale for the basis of impairment.

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

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

Decision on misconduct

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

The panel, in reaching its decision, had regard to the public interest and accepted that there was no burden or standard of proof at this stage and exercised its own professional judgement.

The panel was of the view that your actions did fall significantly short of the standards expected of a registered nurse, and it considered your actions to have involved multiple breaches of the Code in that you failed in your fundamental duty as a registered nurse to protect the public. Specifically:

“16 Act without delay if you believe that there is a risk to patient safety or public protection

To achieve this, you must:

16.1 raise and, if necessary, escalate any concerns you may have about patient or public safety...

17 Raise concerns immediately if you believe a person is vulnerable or at risk and needs extra support and protection

To achieve this, you must:

17.1 take all reasonable steps to protect people who are vulnerable or at risk from harm, neglect or abuse

17.2 share information if you believe someone may be at risk of harm, in line with the laws relating to the disclosure of information, and

17.3 have knowledge of and keep to the relevant laws and policies about protecting and caring for vulnerable people.

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

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

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

20.10 use all forms of spoken, written and digital communication (including social media and networking sites) responsibly, respecting the right to privacy of others at all times.”

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

The panel took account of the NMC’s guidance on Responsible use of Social Media 2019. It noted that “This guidance is not intended to cover every social media situation that you may face, however it sets out broad principles to enable you to think through issues and act professionally, ensuring public protection at all times...”.

In particular, to:

“Prioritise People

Do not post anything on social media that...does not recognise individual choice...

Use all forms of spoken, written and digital communication (including social media and networking sites) responsibly

Act without delay if you believe that there is a risk to patient safety or public protection

Promote professionalism and trust

Protect your professionalism and your reputation

It is important to consider who and what you associate with on social media. For example, acknowledging someone else's post can imply that you endorse or support their point of view. You should consider the possibility of other people mentioning you in inappropriate posts."

The panel also took account of the NMC guidance on particularly serious incidents, and considered this to be so as it involved the online discussion of child sexual abuse.

The panel noted that you held a position of seniority in your role at the Trust, as you were employed in the role as an Adult Safeguarding Lead Nurse. It also considered your understanding to be extensive as you would have had a more in-depth knowledge around the importance of policy, processes and procedure related to the safeguarding of vulnerable adults and children.

Whilst the panel noted that the two children you referred to in the online chatroom as your own were fictitious, there is no evidence the other participant's child was fictitious. The panel was of the view that you would have been aware of the type of conversation that you were engaging in, along with the serious nature of your remarks and how they could be interpreted by others. You were an active participant in a conversation where you made graphic references to the sexual abuse of your own two fictional children over the course of a six/seven hour conversation with another person describing the sexual abuse of their own child. You also had time to reflect upon the implications of your actions, at times when the conversation paused during this six/seven hour period, but at no point did you seek to disengage from this conversation, nor escalate any safeguarding concerns, regarding the abusive comments made by the other participant about the previous abuse and their intention to engage in the sexual abuse of their child later that night.

In these circumstances, the panel decided that your actions in charge 1 were so serious so as to amply justify a finding of misconduct. The panel found that your actions did fall seriously short of the conduct and standards expected of a registered nurse. It was of the view that to characterise your actions as anything other than misconduct would fail to declare and uphold proper standards of conduct and behaviour on the part of a registered nurse, exacerbated by the fact that you were in a position of senior safeguarding lead nurse. The panel determined that other members of the nursing profession would consider your behaviour to have been deplorable.

Decision on impairment

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

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

Mrs Justice Cox went on to say in Paragraph 76:

I would also add the following observations in this case having heard submissions, principally from Ms McDonald, as to the helpful and comprehensive approach to determining this issue formulated by Dame Janet Smith in her Fifth Report from Shipman, referred to above. At paragraph 25.67 she identified the following as an appropriate test for panels considering impairment of a doctor's fitness to practise, but in my view the test would be equally applicable to other practitioners governed by different regulatory schemes.

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 finds that limbs a, b and c are engaged in this case.

The panel noted that the concerns identified in this case relate to your conduct and behaviour. However, whilst there is no evidence of any clinical nursing incompetence, your actions have adversely impacted upon your ability to practice as a registered nurse, especially in a safeguarding role.

In assessing your level of insight, the panel took account of the documentary evidence before it, as well as the oral evidence you gave at the misconduct and impairment stage of the hearing.

The panel generally found you to be a calm and controlled witness. It considered you to have appeared reluctant to elaborate at several points, despite panel questioning. The panel noted that you said that your actions were out of character for you, and that you are not sexually attracted to children. The panel found you to have demonstrated some

evidence of remorse in your reflective piece, but you appeared detached until mentioning your relationship breakdown with your line manager during your oral evidence.

Whilst the panel considered you to have begun to reflect introspectively, it considered there to have been a lack of reflection on the impact your conduct has had on colleagues, patients, and the public indirectly, as well as the impact your conduct has had on the reputation of the nursing profession. You did not mention the impact of the sexual abuse discussed online with the other participant and his eight year old daughter. Therefore, the panel found you to have demonstrated some limited insight into your misconduct.

The panel considered the factors set out in the case of Cohen, and noted that attitudinal concerns are often more difficult to remediate than clinical nursing deficiencies. Furthermore, this type of conduct would be exacerbated through multiple instances of it. Whilst the panel noted that the incident occurred on a single day, it was over the course of six/seven hours, in which you exchanged multiple messages in the online chatroom making graphic references to the sexual abuse of your own two fictional children and the abuse the other participant had planned for his daughter later that day. At no point did you seek to put an end to the conversation you were both having about the sexual abuse of children, nor to report the safeguarding concerns about the abusive actions described by the adult male you were conversing with. The panel considered you to have found the conversations gratifying, as demonstrated by your comments “He said it must feel great for the other party getting his finger inside his girl”. You said you engaged in this conversation for personal and professional reasons, citing inquisitiveness, exploration and intrigue to see how someone would respond. You told the panel that it was only after the conversation had ended, did you appreciate the gravity of what you had done. The panel were gravely concerned by the lack of escalation in relation to the eight year old female child, and your failure to follow the normal safeguarding procedures which you would have been very familiar with. The panel was of the view that this could potentially be evidence of a more deep-seated

attitudinal issue, although it took account of your evidence that you were struggling with your health and wellbeing at the time of the incident. You continue to attend counselling sessions to help you cope with the difficult circumstances that have arisen in your personal life.

The panel had sight of the reference provided by your counsellor dated 17 July 2019, as well as a reference from a colleague which was undated, but you stated that it was for your interim order hearing in April 2019, attesting positively to your clinical abilities, work ethic and professionalism. The panel were not presented with any other contemporaneous training or references.

In taking account of all the above, the panel was not satisfied that there was compelling evidence before it to suggest that there is a low risk of repetition of your misconduct. The panel was very concerned that you were unable to fully explain your motivation for engaging in this reprehensible behaviour, which leads it to believe that a risk of repetition is still present. In the absence of full insight into your misconduct, the panel remained concerned that in future you could act in a similar way. Accordingly, the panel determined 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 was of the view that a fully informed member of the public would be extremely concerned should a finding of impairment not be made given the nature of your misconduct. The panel determined that in this case, a finding of impairment on public interest grounds was also required.

The panel noted the DBS letter dated 19 February 2020, but it did not play any part in its decision-making.

Having regard to all of the above, the panel was satisfied that your fitness to practise is currently impaired.

Determination on sanction:

The panel has considered this case carefully and has decided to make a striking-off order. It directs the NMC registrar to strike your name off the NMC register.

In reaching its decision on sanction, the panel considered all of the evidence before it, along with the submissions of Ms Piff, on behalf of the NMC, and Mr Claxton, on your behalf.

Ms Piff invited the panel to impose a striking-off order. She submitted that this is the only sanction that can adequately protect the public and maintain professional standards.

Ms Piff submitted that the panel has identified clear and fundamental concerns in its decision on misconduct and impairment, in that your behaviour is reprehensible and demonstrative of a potential attitudinal concern. Furthermore, she submitted that the panel also found there to be a risk of repetition of the misconduct identified, and considered that the public would be extremely concerned by your actions.

Ms Piff took the panel through the aggravating and mitigating factors she considered to be engaged in this case.

Ms Piff submitted that your conduct is too serious for the panel to consider taking no further action, or imposing a caution order. Furthermore, she submitted that there are no workable conditions that can be formulated in a conditions of practice order to address the regulatory concerns identified. Due to the nature of the regulatory concerns, Ms Piff also submitted that a suspension order would not be an appropriate sanction.

Mr Claxton agreed that no further action, a caution order, or a conditions of practice order would be insufficient to meet the gravity of this case. He invited the panel to impose a suspension order for a length of time to be determined by the panel, with a

review of the order prior to expiry as a consequence of the panel's decision on misconduct and impairment.

Mr Claxton submitted that there is a world of difference between what was described in the online conversation and it actually taking place. He submitted that had there been any sexual abuse of children in this case, the misconduct would have been of the utmost seriousness.

Mr Claxton invited the panel to take account of the events that occurred on a single day, in the context of your long career in nursing. He submitted that there was no direct harm to children as a result of your actions.

Mr Claxton submitted that a striking-off order is not the only sanction which would address the concerns identified. He referred the panel to the Sanctions Guidance ("SG") published by the NMC and submitted that a suspension order can be appropriate where there is a prospect of remediation, particularly in the circumstances of where there is no direct harm caused.

Mr Claxton submitted that registered nurses are not dispensable as there is a profound public interest in maintaining the registration of a highly skilled practitioner, taking account of your long career in nursing and the efforts you have made in attempting to remediate the concerns identified. He submitted that to deprive the public of a much needed and capable registered nurse in the long-term would be disproportionate.

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

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, including the section titled 'Cases involving sexual misconduct'. It recognised that the decision on sanction is a matter for the panel, exercising its own independent judgement.

As regards aggravating factors, the panel has considered the following as relevant:

- The serious nature of the misconduct.
- An initial lack of candour in relation to your involvement in what had occurred.
- There was a risk of harm to a vulnerable child which you failed to escalate.
- The conversation you had with the other person was for a prolonged period of time, between six/seven hours.
- You held a senior safeguarding position at the Trust and, as such, had a greater specialist knowledge of safeguarding children.
- You demonstrated a lack of insight in significant areas.

As regards mitigating factors, the panel has considered the following as relevant:

- You made admissions to the charge and to your fitness to practise being currently impaired.
- There have been no previous regulatory concerns over a 20 year career.
- Difficult personal circumstances at the time of the events regarding your relationships.

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 NMC registration, and therefore would not protect the public. Further, it would not address the public interest elements 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 considered that your misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the seriousness of the case, as recognised at the misconduct and impairment stage of these proceedings. The panel noted that a caution order would not restrict your nursing practice and therefore would not protect the public from the risk of harm identified. 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 NMC registration would be a sufficient and appropriate response. Such an order is often appropriate where there are identifiable areas of practice in need of assessment or retraining. However, the panel noted that in this case, there are no clinical nursing deficiencies that have been identified in your nursing practice. The issues this panel had been asked to consider related mainly to your conduct and behaviour, even though your actions have adversely impacted upon your ability to practice as a registered nurse, especially taking account of your previous safeguarding role at the Trust. The panel concluded that workable conditions could not be devised to cover these concerns, nor would such an order be sufficient in light of the seriousness of the misconduct.

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 considered the misconduct identified to be very serious. It reminded itself of its findings in respect of misconduct, in that you would have been aware of the type of conversation that you were engaging in, along with the serious nature of your remarks and how they could be interpreted by others. You made graphic references to the sexual abuse of your own two fictional children over the course of a six/seven hour conversation with another person describing the sexual abuse of their own child. You had time to reflect upon the implications of your actions at times when the conversation paused during this six/seven hour period, but at no point did you seek to disengage from this conversation, nor escalate any safeguarding concerns in respect of the other participant's comments in relation to his own eight year old daughter.

In considering the NMC's guidance on 'Cases involving sexual misconduct,' the panel noted that "Sexual misconduct will be particularly serious if the nurse or midwife has abused a special position of trust they hold as a registered caring professional...The level of risk to patients will be an important factor, but the panel should also consider that generally, sexual misconduct will be likely to seriously undermine public trust in nurses and midwives".

In taking account of the above, the panel considered your actions to have seriously undermined public trust in the nursing profession. It found you to have offered only limited insight into your misconduct, despite having a substantial amount of time to reflect on your behaviour. In your oral evidence, you were unable to fully explain to the panel what had led you to engage in this behaviour. You had opportunities at the time to reflect upon the gravity of what you had done, yet returned to a conversation where you empathised with someone whose online persona was that of a child abuser, where you yourself expressed some gratification towards his comments by saying "He said it must feel great for the other party getting his finger inside his girl". You also breached multiple standards of the Code, and breached fundamental tenets of the nursing profession.

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

serious breaches of the fundamental professional tenets of probity and trustworthiness; they were fundamentally incompatible with you remaining on the NMC register, and fell far below the standards expected of a registered nurse, particularly one in a senior safeguarding role. In the panel's judgment, to allow someone who had behaved in this reprehensible way to maintain an 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, although it had no specific information in relation to this. However, in any event, the panel was satisfied that the need to protect the public and satisfy the public interest elements of this case outweighs the impact this decision would have on you.

Considering all of these factors, the panel determined that the appropriate and proportionate sanction is a striking-off order. Having regard to the matters it identified, in particular, the effect of your actions in damaging public confidence in the nursing profession, the panel has concluded that nothing short of this would be sufficient in this case.

Determination on Interim Order

The panel has considered the submissions made by Ms Piff that an interim order should be made on the grounds that it is necessary for the protection of the public and it is otherwise in the public interest. She invited the panel to impose an interim suspension order for 18 months.

Mr Claxton did not make any submissions on this application at this stage.

The panel accepted the advice of the legal assessor.

The panel had regard to the seriousness of the facts found proved, and the reasons set out in its decision for the substantive order. The panel decided that an interim suspension order is necessary for the protection of the public and it is otherwise in the public interest. To conclude otherwise would be incompatible with its earlier findings.

The period of this order is for 18 months to allow for the possibility of an appeal to be made and determined.

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

That concludes this determination.