Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Hearing
Monday, 4 November 2024 – Friday, 15 November 2024
Monday, 7 April 2025 – Thursday, 10 April 2025

Virtual Hearing

Name of Registrant:	**Colwyn Allen**
NMC PIN:	20A0069O
Part(s) of the register:	Nurses Part of the Register – Sub Part 1 RN1: Adult Nurse, Level 1 (8 January 2020)
Relevant Location:	Essex
Type of case:	Misconduct
Panel members:	Debbie Hill (Chair, Lay member) Rosalyn Mloyi (Registrant member) Seamus Magee (Lay member)
Legal Assessor:	Nicholas Baldock
Hearings Coordinator:	Zahra Khan
Nursing and Midwifery Council:	Represented by Rory Gordon, Case Presenter
Mr Allen:	Present and not represented at the hearing. Craig Barlow at 33 Bedford Row instructed to cross examine Patient B and Colleague A, on Mr Allen's behalf, as Special Counsel
Facts proved by admission:	Charges 1c, 2b, 3, 5a, 5b, 5c, 6, and 7
Facts proved:	Charges 1a, 1b, 1d, 2a (i), 2a (ii), 2a (iii), 2a (iv), 2a (v), 2a (vi), 2a (vii), and 2a (viii), 2d, 2e, 2f, 2g, 2h, 2i, 2j, 4, 8, 9, 10, 12, and 13

Facts not proved:	Charges 2c and 11
Fitness to practise:	Impaired
Sanction:	**Striking-off order**
Interim order:	**Interim suspension order (18 months)**

Decision and reasons on application for parts of the hearing to be held in private regarding Patient B and Colleague A

At the outset of the hearing, Mr Gordon, on behalf of the Nursing and Midwifery Council (NMC), made a request that this case be held partly in private on the basis that Patient B and Colleague A's evidence involves reference to [PRIVATE]. Further, Mr Gordon requested that Witness 6's evidence should be held in private as Witness 6 will refer to [PRIVATE]. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

You did not oppose the application.

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.

The panel determined to go into private session in connection with Patient B and Colleague A's [PRIVATE] as and when such issues are raised in order to protect their privacy.

Decision and reasons on application for special measures to be put in place in relation to Patient B and Colleague A under Rule 23

Mr Gordon made a request for special measures to be put in place to assist both Patient B and Colleague A in giving their best evidence.

Regarding Patient B, Mr Gordon informed the panel that Patient B has [PRIVATE] and requires frequent breaks to ensure cogency of her evidence.

Regarding Colleague A, Mr Gordon informed the panel that Colleague A indicated that she did not wish to be seen by you whilst she gave her evidence, nor did she wish to see you either. Mr Gordon submitted that, since this is a virtual hearing, the request is for your camera and audio to be turned off throughout the duration of Colleague A's evidence. However, this would not meet Colleague A's request as you would be able to see her. A solution would be that you would need to dial into the hearing, as opposed to joining with your camera, so that you can only hear Colleague A and not see her, and she cannot see or hear you.

Mr Gordon submitted that any perceived unfairness can be mitigated by the fact that special counsel (Mr Barlow) has been appointed to cross examine Colleague A on your behalf. Mr Gordon submitted that Mr Barlow will be able to take observations and feed them back to you as he will be able to see Colleague A.

Mr Barlow, on your behalf, had no objection to you having to dial into the hearing for the duration of Colleague A's evidence.

The panel accepted the advice of the legal assessor. He referred to Rule 23, in particular, Rule 23 (1) which sets out a number of ways that a witness may be treated as a vulnerable witness. He also referred to Rule 23 (2) and Rule 23 (3) which includes the measures that the panel can adopt as it considers necessary to enable it to receive evidence from a vulnerable witness. He reminded the panel of your right to a fair hearing.

The panel granted Mr Gordon's application.

The panel determined that Patient B is a vulnerable witness and accepted that Patient B requires frequent breaks.

The panel further determined that Colleague A is a vulnerable witness and accepted that Colleague A should not be able to see or to be seen by you, or to hear you, but you will be able to hear her. If the hearing had been in person, then the panel considered that steps

would be taken to ensure that Colleague A would not see you, and you would not see her, and a similar protection was necessary in this remote hearing.

The panel considered whether this would be unfair to you. However, it noted that Mr Barlow has been appointed to cross examine Patient B and Colleague A which mitigates any potential unfairness.

The panel therefore determined that, in order to best assist Colleague A in giving her evidence, you will dial into the hearing room and your audio will remain muted for the entirety of Colleague A's evidence, so that Colleague A cannot see or hear you, and you will not see Colleague A, although you will be able to hear her evidence.

Details of charge

That you, a registered nurse:

1. On or around the end of June 2020 in relation to Patient B:

    a. Said to them that they were pretty.

    b. Asked if they had a boyfriend.

    c. Gave them your phone number and/or told them to keep it a secret.

2. On or around 12 November 2021:

    a. Said to Colleague A words to the effect of:

        i. That they should invite you out.
        ii. That in Ghana, men don't like women dancing themselves and/or that if you saw two women dancing together you would beat them.

iii. That you did not like gay people.

iv. That they had a face that does “Molly”.

v. “You have a good body and hourglass figure” and/or made an hourglass shape with your hands and/or stuck your tongue out.

vi. Those in Schedule 1.

vii. Those in Schedule 2.

viii. Those in Schedule 3.

b. Gave Colleague A your phone number.

c. Told Colleague A that you were a clinical nurse educator.

d. Sat next to Colleague A on the bus.

e. Asked Colleague A where she lived.

f. Got off the bus at Colleague A’s stop.

g. Told Colleague A that they could call you “sugar daddy”.

h. Said to Colleague A that they were shy and/or they had six weeks to get to know each other.

i. Made grinding gestures when you were walking with Colleague A.

j. Offered to pay for Colleague A’s shopping and/or told Colleague A that you would buy them candles so that every time they lit them they could think of you.

3. On 13 November 2021 sent one or more Whatsapp and/or Instagram messages to Colleague A.

4. On or around 13 November 2021 said to Colleague A that you wanted to be more than a work friend.

5. On or around 16 November 2021:

    a. Called Colleague A on their phone.

    b. Sent a text message to Colleague A.

    c. Told them that you were waiting for them on the bus.

6. On 18 November 2021 sent a message to Colleague A which stated “hey beautiful how is it”.

7. On one or more occasion on 20 November 2021 called Colleague A’s phone.

8. Your conduct at one or more of the charges above was a breach of professional boundaries in that you behaved inappropriately towards Patient B and/or Colleague A.

9. Your conduct in charge 1 was sexually motivated in that you were in pursuit of a future relationship with Patient B.

10. Your conduct in charges 2a(ii) and/or 2a(iii) were discriminatory in nature

11. Your conduct in charge 2c was dishonest in that you knew you were not a clinical educator but told Colleague A that you were as you wanted them to communicate with you.

12. Your conduct at charges 2 and/or 3 and/or 4 and/or 5 and/or 6 was sexually motivated in that you were in pursuit of a future relationship with Colleague A.

13. Your conduct in charges 2 and/or 3 and/or 4 and/or 5 and/or 6 was intended to intimidate and/or harass Colleague A.

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

Schedule 1 (private)

[PRIVATE]

Schedule 2 (private)

[PRIVATE]

Schedule 3 (private)

[PRIVATE]

Decision and reasons on application to amend the charge

The panel heard an application made by Mr Gordon to amend the wording of charge 1c and charge 2a (ii).

The proposed amendments were firstly to break charge 1c down and create a charge 1d, and secondly to replace ‘Ghana’ with ‘Guyana’ in charge 2a (ii). It was submitted by Mr Gordon that the proposed amendment would provide clarity and more accurately reflect the evidence.

“That you, a registered nurse:

1. On or around the end of June 2020 in relation to Patient B:

c. Gave them your phone number**.** ~~and/or told them to keep it a secret.~~

d. Told them to keep it a secret.

2. On or around 12 November 2021:

a. Said to Colleague A words to the effect of:

ii. That in Ghana **or Guyana**, men don't like women dancing themselves and/or that if you saw two women dancing together you would beat them**, or words to that effect.**

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

You did not oppose this application.

The panel accepted the advice of the legal assessor and had regard to Rule 28 of 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The panel was of the view that such an amendment of charge 1, as applied for, was in the interest of justice. The panel was satisfied that there would be no prejudice to you and no injustice would be caused to either party by the proposed amendment being allowed. It was therefore appropriate to allow the amendment, as applied for, to ensure clarity and accuracy.

In relation to the amended charge 2, the panel decided it was a matter of evidence as to what was said and that any application to amend should be considered later. Following the relevant evidence, the charge was amended to read Ghana or Guyana given there would be no prejudice to you.

Details of charge (as amended)

That you, a registered nurse:

1. On or around the end of June 2020 in relation to Patient B:
   a. Said to them that they were pretty. **[PROVED]**
   b. Asked if they had a boyfriend. **[PROVED]**
   c. Gave them your phone number. **[PROVED BY WAY OF ADMISSION]**
   d. Told them to keep it a secret. **[PROVED]**

2. On or around 12 November 2021:

   a. Said to Colleague A words to the effect of:

      i. That they should invite you out. **[PROVED]**
      ii. That in Ghana or Guyana, men don't like women dancing themselves and/or that if you saw two women dancing together you would beat them, or words to that effect. **[PROVED]**
      iii. That you did not like gay people. **[PROVED]**
      iv. That they had a face that does "Molly". **[PROVED]**
      v. "You have a good body and hourglass figure" and/or made an hourglass shape with your hands and/or stuck your tongue out. **[PROVED]**
      vi. Those in Schedule 1. **[PROVED]**
      vii. Those in Schedule 2. **[PROVED]**
      viii. Those in Schedule 3. **[PROVED]**

   b. Gave Colleague A your phone number. **[PROVED BY WAY OF ADMISSION]**

   c. Told Colleague A that you were a clinical nurse educator. **[NOT PROVED]**

   d. Sat next to Colleague A on the bus. **[PROVED]**

e. Asked Colleague A where she lived. **[PROVED]**

f. Got off the bus at Colleague A's stop. **[PROVED]**

g. Told Colleague A that they could call you "sugar daddy". **[PROVED]**

h. Said to Colleague A that they were shy and/or they had six weeks to get to know each other. **[PROVED]**

i. Made grinding gestures when you were walking with Colleague A. **[PROVED]**

j. Offered to pay for Colleague A's shopping and/or told Colleague A that you would buy them candles so that every time they lit them they could think of you. **[PROVED]**

3. On 13 November 2021 sent one or more Whatsapp and/or Instagram messages to Colleague A. **[PROVED BY WAY OF ADMISSION]**

4. On or around 13 November 2021 said to Colleague A that you wanted to be more than a work friend. **[PROVED]**

5. On or around 16 November 2021:

    a. Called Colleague A on their phone. **[PROVED BY WAY OF ADMISSION]**

    b. Sent a text message to Colleague A. **[PROVED BY WAY OF ADMISSION]**

    c. Told them that you were waiting for them on the bus. **[PROVED BY WAY OF ADMISSION]**

6. On 18 November 2021 sent a message to Colleague A which stated “hey beautiful how is it”. **[PROVED BY WAY OF ADMISSION]**

7. On one or more occasion on 20 November 2021 called Colleague A’s phone. **[PROVED BY WAY OF ADMISSION]**

8. Your conduct at one or more of the charges above was a breach of professional boundaries in that you behaved inappropriately towards Patient B and/or Colleague A. **[PROVED]**

9. Your conduct in charge 1 was sexually motivated in that you were in pursuit of a future relationship with Patient B. **[PROVED]**

10. Your conduct in charges 2a(ii) and/or 2a(iii) were discriminatory in nature. **[PROVED]**

11. Your conduct in charge 2c was dishonest in that you knew you were not a clinical educator but told Colleague A that you were as you wanted them to communicate with you. **[NOT PROVED]**

12. Your conduct at charges 2 and/or 3 and/or 4 and/or 5 and/or 6 was sexually motivated in that you were in pursuit of a future relationship with Colleague A. **[PROVED]**

13. Your conduct in charges 2 and/or 3 and/or 4 and/or 5 and/or 6 was intended to intimidate and/or harass Colleague A. **[PROVED]**

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

Schedule 1 (private)

[PRIVATE]

Schedule 2 (private)

[PRIVATE]

Schedule 3 (private)

[PRIVATE]

Background

The charges arose from events whilst you were employed as a Band 5 Registered Nurse at Broomfield Hospital ('the Hospital'). You were referred to the NMC by the Theatre Manager at Mid Essex Hospital Services NHS Trust ('the Trust').

The regulatory concerns relate to a number of incidents that took place on dates during June 2020 and November 2021.

The regulatory concerns are as follows:

1. Intimidating and/or harassing behaviour towards Colleague A over a period of time in that you:

- Repeatedly made inappropriate comments, some of which were sexual in nature.
- Made inappropriate gestures that were sexual in nature.
- Repeatedly engaged in inappropriate text messaging outside of work.
- Repeatedly telephoned when you had been informed not to contact anyone from your workplace.
- Were aggressive during a phone call.

2. Your behaviour in regulatory concern 1 was sexually motivated.

3. Dishonesty – in that you intended to mislead Colleague A by informing her that you were a Clinical Educator in the theatre department when you were not.

4. Breach of professional boundaries – in that you provided Patient B and Colleague A with your personal telephone contact details.

Decision and reasons on facts

At the outset of the hearing, you informed the panel that you made full admissions to charges 1c, 2b, 3, 5a, 5b, 5c, 6, and 7.

The panel therefore finds charges 1c, 2b, 3, 5a, 5b, 5c, 6, and 7 proved in their entirety, by way of your admissions.

In reaching its decisions on the disputed facts, the panel took into account all the oral and documentary evidence in this case together with the submissions made by Mr Gordon and by you.

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 live evidence from the following witnesses called on behalf of the NMC:

- Patient B: A patient at Broomfield Hospital (Mid Essex Hospital Services NHS Trust) at the time of the incident.

- Colleague A: Student Nurse at Broomfield Hospital (Mid Essex Hospital Services NHS Trust) at the time of the incident.
- Witness 3: Lead Matron and Investigating Officer at Broomfield Hospital (Mid Essex Hospital Services NHS Trust) at the time of the incident.
- Witness 4: Band 5 Nurse at Broomfield Hospital (Mid Essex Hospital Services NHS Trust) at the time of the incident.
- Witness 5: Band 7 Lead for the Day Surgery Unit at Broomfield Hospital (Mid Essex Hospital Services NHS Trust) at the time of the incident.
- Witness 6: Matron for the Trauma and Orthopaedics wards at Broomfield Hospital (Mid Essex Hospital Services NHS Trust) at the time of the incident.

The panel also heard evidence from you under oath.

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.

Charges 1a, 1b, and 1d

"That you, a registered nurse:

1. On or around the end of June 2020 in relation to Patient B:

    a. Said to them that they were pretty
    b. Asked if they had a boyfriend
    d. Told them to keep it a secret".

These charges are found proved.

The panel decided to look at charges 1a, 1b, and 1d collectively as they are linked.

In reaching this decision, the panel took into account Patient B's NMC witness statement dated 15 August 2023, Patient B's complaint via a handwritten note dated 27 June 2020, a handwritten conversation between Patient B and Witness 5 regarding your behaviour towards Patient B dated 29 June 2020, and Patient B's oral evidence. The panel also took into account your oral evidence and a letter dated 30 June 2020 from Witness 6 that was delivered to you by hand.

The panel had regard to Patient B's NMC witness statement. It noted that she stated:

> *'He just hung around for a while talking to me. I was starting to wonder why he was really friendly with me and hung around my room more than nurses would do, and I started to get uncomfortable as I wasn't too trusting of men. He did flirt at times if I remember, like saying "you're pretty" and asking "do you have a boyfriend"… To communicate with the nurse, I lipread and responded by typing it down on my phone. If I didn't understand him, he wrote it down for me. He then got a paper out*

and told me to keep it a secret by doing a shh hand gesture, putting his finger to his lips. He said don't tell anyone, pointing to other nurses outside my room. He proceeded to write his number down. I have no clue why he did that; I didn't ask for it nor give him signs that I wanted it. He kept showing me and pointing the WhatsApp on his phone, pointing back and forth from him to me… He kept coming back to my room throughout the day, again showing me pointing to his WhatsApp on his phone. He was pestering and pestering. To the point, I felt incredibly uncomfortable and almost unsafe. I was constantly trying to avoid him. I was vulnerable, and lost the use of my legs temporarily. I didn't like it at all, I didn't understand why he thought I was up for that… I started feeling incredibly uncomfortable and unsafe, because I didn't trust men back then and I was getting anxious what if he would do something to me. Like sexually harass me'.

The panel also had regard to Patient B's complaint via a handwritten note which stated:

'The guy [you] *gave me his phone number and told me not to tell anyone. It just made me feel really uncomfortable, not really appropriate isn't it? … He wrote it on paper and gave it to me secretly… Don't want anything done but just have a word so he doesn't do it again…'.*

The panel was of the view that Patient B's evidence was consistent throughout. It noted that, during Patient B's oral evidence, she told the panel that the comments that you made towards her had stuck with her as she had low self-esteem and had not been complimented in a while. Further, the panel noted that Patient B demonstrated your actions, namely by placing her finger on her lips to indicate 'shh'. This suggested to the panel that you wanted Patient B to keep the phone number a secret. The panel also noted that Patient B merely wanted to bring this to other staff's attention but not get you in trouble.

The panel heard your oral evidence whereby you stated that this conversation never took place.

When looking at these charges, the panel bore in mind that you admitted to giving Patient B your phone number (charge 1c) but for the purpose of buying her cigarettes at her request. You stated that this took place when Patient B had recently arrived on the ward and was in considerable pain and behaving in an unruly manner. The panel regards this as being unlikely in terms of timing. Patient B stated that after her initial admission her family bought her cigarettes, and she did not need you to do so. The panel accepted that evidence. You stated that an HCA, who had escorted Patient B out with you, had been away from you and Patient B asking people for cigarettes on her behalf, then later said that the same HCA had been present when you gave your phone number. The panel also noted that, in your meeting with Witness 6 after the incident, you said that there were no witnesses when this occurred. The panel was of the view that your evidence was inconsistent.

The panel preferred Patient B's evidence as it found her to be credible and consistent.

The panel determined that it was more likely than not that, on or around the end of June 2020, you told Patient B that she was pretty, asked Patient B if she had a boyfriend, and told Patient B to keep your phone number a secret.

The panel therefore found charges 1a, 1b, and 1d proved.

Charge 1c

"That you, a registered nurse:

1. On or around the end of June 2020 in relation to Patient B:

c. Gave them your phone number".

This charge is found proved by way of your admission.

Charge 2a (i)

"That you, a registered nurse:

2. On or around 12 November 2021:

a. Said to Colleague A words to the effect of:

i. That they should invite you out."

This charge is found proved.

In reaching this decision, the panel took into account Colleague A's local statement to the Trust dated 22 November 2021, Colleague A's NMC witness statement dated 11 August 2023, a summary of the investigation interview at the Trust between Colleague A and Witness 3 dated 26 January 2022, a summary of the investigation interview at the Trust between Witness 3 and Witness 4 dated 31 January 2022, a summary of the investigation interview at the Trust between Witness 3 and Witness 5 regarding Colleague A dated 31 January 2022, the Trust's investigation report dated 25 March 2022, screenshots of WhatsApp and text messages between you and Colleague A dated November 2021, the Trust's Bullying and Harassment at Work Policy and the Trust's Values and Behaviours exhibited by Witness 5, and notes from the initial meeting between you and Witness 5 dated 19 November 2021. The panel also took into account your statement to the Trust and your oral evidence.

The panel had regard to Colleague A's local statement to the Trust. It noted that she stated:

'He stated that he didn't just want to be my work friend… and also expressed that he wanted to go out with me and my friends on the weekend…'.

The panel also had regard to Colleague A's NMC witness statement. It noted that she stated:

> *'We were talking about food and the conversation then went into what I was doing at the weekend. I replied that I would probably see my friends. He then said you should invite me out as I don't have a lot of friends. He said that clubs back home are better than the UK. I told him that I like to spend time with my girlfriends… He expressed that he wanted to go out with me and my friends on the weekend.'.*

The panel also had regard to a WhatsApp conversation between you and Colleague A dated 12 November 2021. It noted that you messaged Colleague A saying:

> *'I really enjoyed ya company'.*

The panel heard your oral evidence. You told the panel that you do not go out because you are busy with family life including childcare commitments. As your evidence and submissions progressed, you became more and more critical of Colleague A, including to the effect that she had made advances to you and that it was she who used sexually inappropriately and racist language. The panel did not accept this evidence and found it incompatible with your WhatsApp messages which suggested the opposite. The panel also did not accept your evidence that some relevant messages had been deleted to give a false impression of your contact with Colleague A. Neither did it accept your evidence that Colleague A had fabricated the allegations to make her life easier at university.

In contrast, the panel found the core of Colleague A's evidence to be credible and consistent throughout.

The panel determined that, as you agreed that you spoke to Colleague A about dancing, it is more likely than not that on or around 12 November 2021 you suggested Colleague A invite you out as this would have naturally led into the rest of the discussion.

The panel therefore found charge 2a (i) proved.

Charges 2a (ii) and 2a (iii)

"That you, a registered nurse:

2. On or around 12 November 2021:

a. Said to Colleague A words to the effect of:

ii. That in Ghana or Guyana, men don't like women dancing themselves and/or that if you saw two women dancing together you would beat them, or words to that effect.
iii. That you did not like gay people."

These charges are found proved.

The panel decided to look at charges 2a (ii) and 2a (iii) collectively as they are linked.

In reaching this decision, the panel took into account Colleague A's local statement to the Trust dated 22 November 2021, Colleague A's NMC witness statement dated 11 August 2023, a summary of the investigation interview at the Trust between Colleague A and Witness 3 dated 26 January 2022, a summary of the investigation interview at the Trust between Witness 3 and Witness 4 dated 31 January 2022, a summary of the investigation interview at the Trust between Witness 3 and Witness 5 regarding Colleague A dated 31 January 2022, the Trust's investigation report dated 25 March 2022, screenshots of WhatsApp and text messages between you and Colleague A dated November 2021, the Trust's Bullying and Harassment at Work Policy and the Trust's Values and Behaviours exhibited by Witness 5, and notes from the initial meeting between you and Witness 5 dated 19 November 2021. The panel also took into account your statement to the Trust and your oral evidence.

The panel had regard to Colleague A's local statement to the Trust. It noted that she stated:

> *'… he does not like when girls dance in the club together as there are men there. I was very disturbed and unsettled about this but did not want to cause a fuss at work…'.*

The panel also had regard to Colleague A's NMC witness statement. It noted that she stated:

> *'… He then went on to say that in Ghana* [Guyana]*, where he came from, men don't like women dancing themselves. He said he didn't like gay people…'.*

The panel heard your oral evidence. You initially stated that you had told Colleague A that people in Guyana are homophobic and that is what they would do. You later told the panel that you had said that if two women came onto you then you would 'show them the boot'. You clarified that 'show them the boot' means that you would 'kick them' (the women). You told the panel that you said this because you were responding to a question from Colleague A who had asked you what you would do if women came and danced on you. You said that your response to Colleague A's question was that the women would be coming into your 'personal space', hence why you would 'show them the boot'. You said both you and Colleague A laughed about this.

You admitted to the panel that you would physically assault women dancing together if they danced on you. It was clear to the panel that you do not approve of two women dancing together and that you think it is inappropriate.

You further stated that you are 'pro-gay' and that you had continued this conversation with Colleague A and told her that now you have been in this country and are a nurse, you have learned that it would not be the correct thing to do. The panel found it implausible that you would have discussed your nursing career in the context of this conversation.

The panel found the core of Colleague A's evidence to be credible and consistent throughout.

The panel determined that it was more likely than not that, on or around 12 November 2021, you told Colleague A that in Guyana men do not like women dancing themselves and/or that if you saw two women dancing together you would beat them, or words to that effect, and that you did not like gay people.

The panel therefore found charges 2a (ii) and 2a (iii) proved.

Charge 2a (iv)

"That you, a registered nurse:

2. On or around 12 November 2021:

a. Said to Colleague A words to the effect of:

iv. That they had a face that does "Molly"",

This charge is found proved.

In reaching this decision, the panel took into account Colleague A's local statement to the Trust dated 22 November 2021, Colleague A's NMC witness statement dated 11 August 2023, a summary of the investigation interview at the Trust between Colleague A and Witness 3 dated 26 January 2022, a summary of the investigation interview at the Trust between Witness 3 and Witness 4 dated 31 January 2022, a summary of the investigation interview at the Trust between Witness 3 and Witness 5 regarding Colleague A dated 31 January 2022, the Trust's investigation report dated 25 March 2022, screenshots of WhatsApp and text messages between you and Colleague A dated November 2021, the Trust's Bullying and Harassment at Work Policy and the Trust's Values and Behaviours

exhibited by Witness 5, and notes from the initial meeting between you and Witness 5 dated 19 November 2021. The panel also took into account your statement to the Trust and your oral evidence.

The panel had regard to Colleague A's local statement to the Trust. It noted that she stated:

> *'… He then asked me whether I did drugs. I replied "I do not!" this made me feel a bit uncomfortable as his questions were starting lean towards the more invasive side. He then replied "that looks like a face that does molly" to which I said "it doesn't"…'.* [sic]

The panel also had regard to Colleague A's NMC witness statement. It noted that she stated:

> *'… The registrant asked if I did drugs. I replied that I do not. The registrant, then said you have a face that does Molly. Molly is a recreational drug, more commonly known as ecstasy. This conversation took place on my first day on the ward. I laughed it off. I didn't want to make the rest of my placement awkward…'.*

The panel noted that, during Colleague A's oral evidence, she stated that she was offended by your comment.

The panel heard your oral evidence. You said that 'molly' is not a term that you would use. You stated that you do not drink, smoke, or do drugs, therefore this would not be something that you would ask someone.

The panel noted that your comment about 'Molly' appears to be part of the same conversation regarding parties and dancing, as in charges 2a (i), 2a (ii), and 2a (iii). It was clear to the panel that you were testing whether Colleague A does drugs or not and that it

is unlikely that Colleague A would have made this up, particularly as ‘Molly’ is a very specific term.

The panel found Colleague A’s evidence to be credible and consistent throughout.

The panel determined that it was more likely than not that, on or around 12 November 2021, you told Colleague A that she has a face that does ‘Molly’ or words to that effect.

The panel therefore found charges 2a (iv) proved.

Charge 2a (v)

> “That you, a registered nurse:
>
> 2. On or around 12 November 2021:
>
> a. Said to Colleague A words to the effect of:
>
> v. “You have a good body and hourglass figure” and/or made an hourglass shape with your hands and/or stuck your tongue out”.

This charge is found proved.

In reaching this decision, the panel took into account Colleague A’s local statement to the Trust dated 22 November 2021, Colleague A’s NMC witness statement dated 11 August 2023, a summary of the investigation interview at the Trust between Colleague A and Witness 3 dated 26 January 2022, a summary of the investigation interview at the Trust between Witness 3 and Witness 4 dated 31 January 2022, a summary of the investigation interview at the Trust between Witness 3 and Witness 5 regarding Colleague A dated 31 January 2022, the Trust’s investigation report dated 25 March 2022, screenshots of

WhatsApp and text messages between you and Colleague A dated November 2021, the Trust's Bullying and Harassment at Work Policy and the Trust's Values and Behaviours exhibited by Witness 5, and notes from the initial meeting between you and Witness 5 dated 19 November 2021. The panel also took into account your statement to the Trust and your oral evidence.

The panel had regard to Colleague A's local statement to the Trust. It noted that she stated:

> *'… Once the shift had finished I got on the bus to realize we were going the same way. He said he had a shortcut to get to the bus stop and followed him jokingly saying that I was getting my steps in today!"* [sic] *He then replied that he and other men love a body shape like mine and gesture and hourglass shape with his hands and stuck out his tongue…'.*

The panel also had regard to Colleague A's NMC witness statement. It noted that she stated:

> *'… When my shift finished, I left to get my bus. The registrant saw me and I realised that we were going in the same direction. He said that he knew a short cut to get to the bus stop. I joked I was getting my steps in and he said 'you have a good body and hourglass figure.' He gestured an hourglass shape with his hands and stuck his tongue out. Again, I brushed this off.…'.*

The panel noted that, during Colleague A's oral evidence, she demonstrated the hourglass shape, which she said you made, with her hands and stated that she found your actions to be inappropriate and sexual. Although Witness 4 was not present at the time of the incident, she was able to demonstrate the same hourglass shape with her hands to the panel when she was recounting what Colleague A had reported to her in the days after the incident occurred.

The panel heard your oral evidence. You said that you ‘did not do this’ and ‘would not have done this as it is inappropriate’. However, in light of the charges found proved, the panel was not persuaded that you would not have made such a gesture.

The panel found Colleague A’s evidence to be credible and consistent throughout. It noted that Colleague A built a full description of how these events occurred, including the context, which suggested to the panel that you were trying to flatter Colleague A before moving on to the next conversation and further testing the boundaries of what was acceptable.

The panel determined that it was more likely than not on or around 12 November 2021 you told Colleague A that she has a ‘good body and hourglass figure’ and/or made an hourglass shape with your hands and/or stuck your tongue out”.

The panel therefore found charges 2a (v) proved.

Charges 2a (vi), 2a (vii), and 2a (viii)

“That you, a registered nurse:

2. On or around 12 November 2021:

a. Said to Colleague A words to the effect of:

vi. Those in Schedule 1
vii. Those in Schedule 2
viii. Those in Schedule 3”.

These charges are found proved.

The panel decided to look at charges 2a (vi), 2a (vii), and 2a (viii) collectively as they are linked.

In reaching this decision, the panel took into account Colleague A's local statement to the Trust dated 22 November 2021, Colleague A's NMC witness statement dated 11 August 2023, a summary of the investigation interview at the Trust between Colleague A and Witness 3 dated 26 January 2022, a summary of the investigation interview at the Trust between Witness 3 and Witness 4 dated 31 January 2022, a summary of the investigation interview at the Trust between Witness 3 and Witness 5 regarding Colleague A dated 31 January 2022, the Trust's investigation report dated 25 March 2022, screenshots of WhatsApp and text messages between you and Colleague A dated November 2021, the Trust's Bullying and Harassment at Work Policy and the Trust's Values and Behaviours exhibited by Witness 5, and notes from the initial meeting between you and Witness 5 dated 19 November 2021. The panel also took into account your statement to the Trust and your oral evidence.

The panel had regard to Colleague A's local statement to the Trust. It noted that she stated:

> *'… I had to carefully watch that he hadn't followed me home. Sexual comments and gestures were flung at me throughout the whole interaction as well as questions asking me* [PRIVATE] *when I did not reply he laughed… he also offered personal information of his stating he* [PRIVATE]*'.*

The panel also had regard to Colleague A's NMC witness statement. It noted that she stated:

> *'… He continued with his questioning* [PRIVATE] *I was shocked… He was making me feel extremely uncomfortable'.*

The panel heard your oral evidence. You told the panel that it was Colleague A making inappropriate comments towards you, not the other way around. You stated that Colleague A had asked you if [PRIVATE] and you had said 'no, do you?' in turn asking her the same question she had asked you. You said Colleague A had told you that she was a

Christian and you said that you are a Christian too. You denied talking about [PRIVATE], stating that you were a happily married man and could not have said all this within a 90-minute period. The panel rejected your account.

It was clear to the panel that you were progressing the conversation by asking Colleague A intimate and sexual questions and making inappropriate comments. It was also clear to the panel that you were of the view that you and Colleague A were getting on well and that you were seeking a relationship with her.

The panel found Colleague A's evidence to be credible and consistent throughout, even in the face of firm and professional cross examination on your behalf.

The panel determined that it was more likely than not that, on or around 12 November 2021, you said to Colleague A words to the effect of those in Schedule 1, 2, and 3 [PRIVATE].

The panel therefore found charges 2a (vi), 2a (vii), and 2a (viii) proved.

Charge 2b

"That you, a registered nurse:

2. On or around 12 November 2021:

b. Gave Colleague A your phone number".

This charge is found proved by way of your admission.

Charge 2c

"That you, a registered nurse:

2. On or around 12 November 2021:

c. Told Colleague A that you were a clinical nurse educator".

This charge is found NOT proved.

In reaching this decision, the panel took into account Colleague A's local statement to the Trust dated 22 November 2021, Colleague A's NMC witness statement dated 11 August 2023, a summary of the investigation interview at the Trust between Colleague A and Witness 3 dated 26 January 2022, a summary of the investigation interview at the Trust between Witness 3 and Witness 4 dated 31 January 2022, a summary of the investigation interview at the Trust between Witness 3 and Witness 5 regarding Colleague A dated 31 January 2022, the Trust's investigation report dated 25 March 2022, screenshots of WhatsApp and text messages between you and Colleague A dated November 2021, the Trust's Bullying and Harassment at Work Policy and the Trust's Values and Behaviours exhibited by Witness 5, and notes from the initial meeting between you and Witness 5 dated 19 November 2021. The panel also took into account Witness 5's NMC witness statement dated 30 September 2024, your statement to the Trust, and your oral evidence.

The panel had regard to Colleague A's NMC witness statement. It noted that she stated:

'…When we reached the bus stop, the registrant gave me his phone number. The registrant said that he was a clinical nurse educator. He said if I was ever looking for help to give him a call or send him a text. I thought he would be a good networking contact as I was still a student nurse. I exchanged my phone number… It was when I spoke to [Witness 5] that I found out he was not a clinical educator…'.

The panel also had regard to Witness 5's NMC witness statement. It noted that she stated:

'Colleague A told me that she had given her phone number to the Registrant as he stated that he was a clinical facilitator. I informed her that this was not true at all. He

was a staff nurse who had just moved to the Unit on a secondment. I can confirm that he was not in any capacity during his time on the Unit, a clinical facilitator. In fact, I think he was still working his probationary period at the Trust at the time…'.

The panel heard your oral evidence. You told the panel that, at the time, you were telling Colleague A about what you used to do in Guyana and that you had said this in the presence of other nurses at the nurse's station. You said that you were in a similar role in Guyana.

The panel was aware that Colleague A indicated that this was the reason as to why she gave you her phone number for professional purposes, and that she was under the impression that you could be someone useful to her in placement. In these circumstances, the panel was of the view that you gave Colleague A the impression that you were someone who could be of assistance to her in a professional capacity. It noted that Witness 5 confirmed that you were not and never had been employed in the capacity of a clinical nurse educator.

However, the panel noted that the plausibility of your explanation allows for a misunderstanding between you and Colleague A which explains why she gave you her phone number. The panel was not provided with sufficient evidence by the NMC that you specifically stated to Colleague A that you were a clinical nurse educator.

The panel therefore found charge 2c not proved.

Charge 2d

"That you, a registered nurse:

2. On or around 12 November 2021:

d. Sat next to Colleague A on the bus".

This charge is found proved.

In reaching this decision, the panel took into account Colleague A's local statement to the Trust dated 22 November 2021, Colleague A's NMC witness statement dated 11 August 2023, a summary of the investigation interview at the Trust between Colleague A and Witness 3 dated 26 January 2022, a summary of the investigation interview at the Trust between Witness 3 and Witness 4 dated 31 January 2022, a summary of the investigation interview at the Trust between Witness 3 and Witness 5 regarding Colleague A dated 31 January 2022, the Trust's investigation report dated 25 March 2022, screenshots of WhatsApp and text messages between you and Colleague A dated November 2021, the Trust's Bullying and Harassment at Work Policy and the Trust's Values and Behaviours exhibited by Witness 5, and notes from the initial meeting between you and Witness 5 dated 19 November 2021. The panel also took into account your statement to the Trust and your oral evidence.

The panel had regard to Colleague A's local statement to the Trust. It noted that she stated:

> *'…When we got to the bus then sat on the seat right beside me without regards to personal space. These actions made me feel uncomfortable but I just brushed it off as him being socially awkward…'.* [sic]

The panel also had regard to Colleague A's NMC witness statement. It noted that she stated:

> *'… When the bus arrived, I got on and took a seat. There were two empty seats in front of where I sat and there were empty seats to the side but he sat in the seat beside me on the bus. I brushed it off as him being socially awkward. He then started to ask probing questions…'.*

The panel heard your oral evidence. You told the panel that the bus was packed and that there was nowhere else to sit as it was ‘rush hour’ at the hospital. You stated that you had sat in a seat near Colleague A but across the aisle as it was the only one available. The panel did not find your explanation to be plausible as it is unlikely that the bus would have been packed at that time of night, even allowing for staff coming off shift.

The panel bore in mind the charges that it has previously found proved. It was of the view that it was more likely that you sat next to Colleague A to continue a conversation as you were getting increasingly comfortable with her.

The panel found Colleague A’s evidence to be credible and consistent throughout.

The panel determined that it was more likely than not that, on or around 12 November 2021, you sat next to Colleague A on the bus.

The panel therefore found charge 2d proved.

Charge 2e

“That you, a registered nurse:

2. On or around 12 November 2021:

e. Asked Colleague A where she lived”.

This charge is found proved.

In reaching this decision, the panel took into account Colleague A’s local statement to the Trust dated 22 November 2021, Colleague A’s NMC witness statement dated 11 August 2023, a summary of the investigation interview at the Trust between Colleague A and Witness 3 dated 26 January 2022, a summary of the investigation interview at the Trust

between Witness 3 and Witness 4 dated 31 January 2022, a summary of the investigation interview at the Trust between Witness 3 and Witness 5 regarding Colleague A dated 31 January 2022, the Trust's investigation report dated 25 March 2022, screenshots of WhatsApp and text messages between you and Colleague A dated November 2021, the Trust's Bullying and Harassment at Work Policy and the Trust's Values and Behaviours exhibited by Witness 5, and notes from the initial meeting between you and Witness 5 dated 19 November 2021. The panel also took into account your statement to the Trust and your oral evidence.

The panel had regard to Colleague A's local statement to the Trust. It noted that she stated:

> *'… he kept asking me probing questions such as << do you live by yourself? >> or << where is your house >> or << are you allowed people over? >> or << where do you go after work >> I felt no need to be truthful to these questions and answered vaguely…'.* [sic]

The panel also had regard to Colleague A's NMC witness statement. It noted that she stated:

> *'… When the bus arrived, I got on and took a seat. There were two empty seats in front of where I sat and there were empty seats to the side but he sat in the seat beside me on the bus. I brushed it off as him being socially awkward. He then started to ask probing questions. The registrant asked what stop do you get off? He asked who do you live with? I told him I lived with my auntie and that she was really strict. The registrant asked what I was doing after work. I replied that I was going home, as I was working the next day. His actions were starting to make me feel extremely uncomfortable.…'.*

The panel heard your oral evidence. You told the panel that Colleague A told you that she lived with her aunt and four cousins, and that this conversation happened while you were

at the nurses' station. This suggested to the panel that this conversation did occur despite you stating that it did not.

The panel found Colleague A's evidence to be credible and consistent throughout. It considered that Colleague A gave a clear and consistent report regarding how and what took place. Further, Colleague A provided information around the events by identifying the fact that she started to become uncomfortable and felt the need to lie to you by saying she lived with some family relatives. It noted that Colleague A said that she felt intimidated by your actions, and she did not want you to know where she lived or who she lived with.

The panel had sufficient information before it to infer that you asked Colleague A where she lived and that it was unlikely for her to voluntarily give you personal information given how uncomfortable she was.

The panel determined that it was more likely than not that, on or around 12 November 2021, you asked Colleague A where she lived.

The panel therefore found charge 2e proved.

Charge 2f

"That you, a registered nurse:

2. On or around 12 November 2021:

f. Got off the bus at Colleague A's stop".

This charge is found proved.

In reaching this decision, the panel took into account Colleague A's local statement to the Trust dated 22 November 2021, Colleague A's NMC witness statement dated 11 August

2023, a summary of the investigation interview at the Trust between Colleague A and Witness 3 dated 26 January 2022, a summary of the investigation interview at the Trust between Witness 3 and Witness 4 dated 31 January 2022, a summary of the investigation interview at the Trust between Witness 3 and Witness 5 regarding Colleague A dated 31 January 2022, the Trust's investigation report dated 25 March 2022, screenshots of WhatsApp and text messages between you and Colleague A dated November 2021, the Trust's Bullying and Harassment at Work Policy and the Trust's Values and Behaviours exhibited by Witness 5, and notes from the initial meeting between you and Witness 5 dated 19 November 2021. The panel also took into account your statement to the Trust and your oral evidence.

The panel had regard to Colleague A's local statement to the Trust. It noted that she stated:

> *'…Once I got off the bus he asked me where I was heading towards and I said town and he said he would walk with me as he could get a bus from tesco,However as we started getting closer to my house I felt I didn't want him to know where I lived so I changed my direction stating I have to get food. I ended up at three different shops with him still following and about an hour later arrived at tesco…'.* [sic]

The panel also had regard to Colleague A's NMC witness statement. It noted that she stated:

> *'… I stood up to get off the bus, two stops earlier than I usually would. The registrant said that he would get off the same stop. He said that he could get a bus at Tesco to take him home. When I got off the bus I wasn't sure what to do. I wasn't sure where to walk, I didn't want to walk straight home. I didn't want him to know where I lived. He said he didn't have to rush home. I live about 3 minutes from the bus stop that I got off. I wanted to go home. I walked to three different shops it had been an hour since I left work. I finished work at 8pm, it was now 9pm…'.*

The panel heard your oral evidence. It noted that, during the panel's questions, you described going 'past the bus station' and 'past H&M'. You clarified that H&M is where you usually get off the bus. It was clear to the panel that you got off at the bus station, before your usual stop.

The panel found Colleague A's evidence to be credible and consistent throughout.

The panel determined that it was more likely than not that, on or around 12 November 2021, you got off the bus at Colleague A's stop.

The panel therefore found charge 2f proved.

Charges 2g and 2j

"That you, a registered nurse:

2. On or around 12 November 2021:

g. Told Colleague A that they could call you "sugar daddy"
j. Offered to pay for Colleague A's shopping and/or told Colleague A that you would buy them candles so that every time they lit them they could think of you".

These charges are found proved.

The panel decided to look at charges 2g and 2j collectively as they are linked.

In reaching this decision, the panel took into account Colleague A's local statement to the Trust dated 22 November 2021, Colleague A's NMC witness statement dated 11 August 2023, a summary of the investigation interview at the Trust between Colleague A and Witness 3 dated 26 January 2022, a summary of the investigation interview at the Trust

between Witness 3 and Witness 4 dated 31 January 2022, a summary of the investigation interview at the Trust between Witness 3 and Witness 5 regarding Colleague A dated 31 January 2022, the Trust's investigation report dated 25 March 2022, screenshots of WhatsApp and text messages between you and Colleague A dated November 2021, the Trust's Bullying and Harassment at Work Policy and the Trust's Values and Behaviours exhibited by Witness 5, and notes from the initial meeting between you and Witness 5 dated 19 November 2021. The panel also took into account your statement to the Trust and your oral evidence.

The panel had regard to Colleague A's local statement to the Trust. It noted that she stated:

> *'…I ended up at three different shops with him still following and about an hour later arrived at tesco, he then told me to get a basket and pick anything I liked and that I could call him sugar daddy, I said I felt this was inappropriate and he laughed it off saying friends can make jokes and he just wants to help me out as I'm a uni student. While he went to go pick some more stuff I paid for the shopping myself and proceeded to leave. When he saw this he looked slightly annoyed stating that he wanted to at least pay for the candles I bought so that when I light them I would think of him. This interaction ended after I halted my footsteps and told him sternly that I was going to go home now and he should go catch his bus. He made small comments about being so comfortable with me already and how he couldn't wait to spend more time with me and didn't want to leave…'.* [sic]

The panel also had regard to Colleague A's NMC witness statement. It noted that she stated:

> *'… I walked to Tesco, and he told me to get a basket and pick up whatever I wanted. He said I could call him sugar daddy. I said that I thought that was inappropriate and he laughed saying it's a joke and friends make jokes.… The Registrant offered to pay for my shopping. He wanted to put my items on the*

counter. I said he didn't have to pay for the items. He then went to pick up something and I took the opportunity to quickly pay for my items. He noticed that I was paying for my items and looked annoyed. He then said I wanted to pay for the candles so that when I lit them, I thought of him. I got annoyed. I told him that I was going home and that he needed to go and catch his bus. He made some more comments about being so comfortable with me and didn't want me to leave. I left the store and knew that there was an alleyway close to where I live I ran down alleyway to get home. I looked over my shoulder to make sure he wasn't following me. I finally arrived home at around 9.30 pm. I was disturbed by this interaction...'.

The panel heard your oral evidence. You accepted that you had offered to pay for Colleague A's shopping so you could use a voucher that was on your Clubcard, but denied saying that you wanted her to think of you when she lit the candles, she had in her shopping basket. You said that people in Guyana pay for each other's shopping as a kind gesture. You later said that you wanted to collect Clubcard points which was a different explanation to what you had initially given. The panel noted that if it indeed was the case of collecting points, you could have passed Colleague A your Clubcard for her to use and collect the points for you. Further, you told the panel that you would never use the term "sugar daddy" as this was not used in your country and it was a Nigerian term. In relation to the candles, you said you had asked Colleague A about them, and she had told you that they bring her peace and serenity when she lit them.

The panel found Colleague A's evidence on this point to be credible and consistent throughout. It was clear to the panel that Colleague A wanted to draw a line and did not want you to get the wrong idea by allowing you to pay for her shopping. Colleague A was also clear that she ended up at Tesco simply because she walked past her own house and did not want you to know where she lived.

During Colleague A's oral evidence, she stated that you were insistent about paying for the items in her basket, and that you were 'furious' when she took the opportunity to quickly pay for her own shopping while you had gone off to get some Guiness for yourself.

Further, Colleague A told the panel that, on another day when back at work, you 'cornered' her and said you did not want her to 'forget' about you at weekends. Colleague A also stated that you made her uncomfortable by telling her that she could refer to you as a "sugar daddy". All this is consistent with the pattern of the behaviour that the panel has already found proved.

The panel determined that it was more likely than not that, on or around 12 November 2021, you told Colleague A that she could call you "sugar daddy", and that you offered to pay for Colleague A's shopping and/or told Colleague A that you would buy her candles so that every time she lit them, she could think of you.

The panel therefore found charges 2g and 2j proved.

Charge 2h

"That you, a registered nurse:

2. On or around 12 November 2021:

h. Said to Colleague A that they were shy and/or they had six weeks to get to know each other".

This charge is found proved.

In reaching this decision, the panel took into account Colleague A's local statement to the Trust dated 22 November 2021, Colleague A's NMC witness statement dated 11 August 2023, a summary of the investigation interview at the Trust between Colleague A and Witness 3 dated 26 January 2022, a summary of the investigation interview at the Trust between Witness 3 and Witness 4 dated 31 January 2022, a summary of the investigation interview at the Trust between Witness 3 and Witness 5 regarding Colleague A dated 31 January 2022, the Trust's investigation report dated 25 March 2022, screenshots of

WhatsApp and text messages between you and Colleague A dated November 2021, the Trust's Bullying and Harassment at Work Policy and the Trust's Values and Behaviours exhibited by Witness 5, and notes from the initial meeting between you and Witness 5 dated 19 November 2021. The panel also took into account your statement to the Trust and your oral evidence.

The panel had regard to Colleague A's local statement to the Trust. It noted that she stated:

> *'… I had to carefully watch that he hadn't followed me home. Sexual comments and gestures were flung at me throughout the whole interaction as well as questions asking me* [PRIVATE] *when I did not reply he laughed and said "oh? Youre shy, its okay we have six weeks to get to know each other" …'.* [sic]

The panel also had regard to Colleague A's NMC witness statement. It noted that she stated:

> *'…I walked to Tesco, and he told me to get a basket and pick up whatever I wanted. He said I could call him sugar daddy. I said that I thought that was inappropriate and he laughed saying it's a joke and friends make jokes. He continued with his questioning asking* [PRIVATE] *I was shocked. He replied oh you're shy, well we have six weeks to get to know each other.…'.*

The panel heard your oral evidence. You stated that there was no conversation about shyness or getting to know each other in six weeks. You stated that you would not have known how long Colleague A was on her placement. However, the panel did not find your reasoning to be plausible as students are generally on the ward for a specified number of weeks and it considered this to be easy information for you to get hold of.

The panel found Colleague A's evidence to be credible and consistent throughout. It noted that Colleague A provided context as to why these comments were said by you. Colleague

A stated that your comments revolved around the questions you asked her in Schedule 1, 2, and 3 (which she did not answer, and you then equated this to her being shy). Colleague A further mentioned that there was a shift planner for students on the ward on which names and shifts would be identified. When Colleague A spoke to Witness 4, she had wanted her shifts changed so she does not work with you and also requested that the information not be added to the shift planner so you would not know when she is working. This further suggested that the duration of Colleague A's placement would be easily accessible information to staff on the ward including yourself.

The panel determined that it was more likely than not that, on or around 12 November 2021, you said to Colleague A that she was shy and/or that you had six weeks to get to know each other.

The panel therefore found charge 2h proved.

Charge 2i

"That you, a registered nurse:

2. On or around 12 November 2021:

i. Made grinding gestures when you were walking with Colleague A".

This charge is found proved.

In reaching this decision, the panel took into account Colleague A's local statement to the Trust dated 22 November 2021, Colleague A's NMC witness statement dated 11 August 2023, a summary of the investigation interview at the Trust between Colleague A and Witness 3 dated 26 January 2022, a summary of the investigation interview at the Trust between Witness 3 and Witness 4 dated 31 January 2022, a summary of the investigation interview at the Trust between Witness 3 and Witness 5 regarding Colleague A dated 31

January 2022, the Trust's investigation report dated 25 March 2022, screenshots of WhatsApp and text messages between you and Colleague A dated November 2021, the Trust's Bullying and Harassment at Work Policy and the Trust's Values and Behaviours exhibited by Witness 5, and notes from the initial meeting between you and Witness 5 dated 19 November 2021. The panel also took into account your statement to the Trust and your oral evidence.

The panel had regard to Colleague A's NMC witness statement. It noted that she stated:

> *'… Whilst walking around Tesco he was walking very closely behind me. I can't remember if he tried to touch me. I said that he needed to go home and did not need to walk me home. He said he wanted to spend time with me as 'time just flies'. He was making inappropriate grinding gestures when we were walking. He was making me feel extremely uncomfortable…'.*

The panel heard your oral evidence. You stated that you never made any grinding gestures when you were walking with Colleague A. Colleague A described the grinding gestures as you dancing and holding your crutch.

The panel found Colleague A's evidence to be credible and consistent on this point throughout. It considered that Colleague A had no reason to make things up. On the other hand, your alleged behaviour is consistent with what the panel has already found proved and which was part of a pattern.

The panel noted that this charge is linked to charge 2g (when you told Colleague A that she could call you "sugar daddy").

Taking into account the progression of how the conversation went between you and Colleague A, and your inappropriate behaviour and unwanted actions towards Colleague A, the panel determined that it was more likely than not that, on or around 12 November 2021, you made grinding gestures when you were walking with Colleague A.

The panel therefore found charge 2i proved.

Charge 3

"That you, a registered nurse:

3. On 13 November 2021 sent one or more Whatsapp and/or Instagram messages to Colleague A".

This charge is found proved by way of your admission.

Charge 4

"That you, a registered nurse:

4. On or around 13 November 2021 said to Colleague A that you wanted to be more than a work friend".

This charge is found proved.

In reaching this decision, the panel took into account Colleague A's local statement to the Trust dated 22 November 2021, Colleague A's NMC witness statement dated 11 August 2023, a summary of the investigation interview at the Trust between Colleague A and Witness 3 dated 26 January 2022, a summary of the investigation interview at the Trust between Witness 3 and Witness 4 dated 31 January 2022, a summary of the investigation interview at the Trust between Witness 3 and Witness 5 regarding Colleague A dated 31 January 2022, the Trust's investigation report dated 25 March 2022, screenshots of WhatsApp and text messages between you and Colleague A dated November 2021, the Trust's Bullying and Harassment at Work Policy and the Trust's Values and Behaviours exhibited by Witness 5, and notes from the initial meeting between you and Witness 5

dated 19 November 2021. The panel also took into account your statement to the Trust and your oral evidence.

The panel had regard to Colleague A's local statement to the Trust. It noted that she stated:

> *'… 9am he sent me a message stating good morning. 11pm he sent me a message stating good night. I replied to neither. He had also sent me messages on Instagram to which I did not respond. The next shift that he was in he called me privately to the side and expressed to me that he felt used and as though I discarded him although this only our third or fourth time meeting. He stated that he didn't just want to be my work friend and that I would forget about him on the weekends and also expressed that he wanted to go out with me and my friends on the weekend , I just responded that Im not on my phone very often…'.* [sic]

The panel also had regard to Colleague A's NMC witness statement. It noted that she stated:

> *'…I received two text messages one at 9am it said Good morning and one at 11pm stating good night. These messages were received on whatsapp. I also received a message on Instagram. I did not reply to any of the messages. On the next shift that we were both on together, the registrant pulled me to one side. The registrant said he felt that he had been discarded and that he wanted to be more than my work friend, that would be forgotten about over a weekend. He expressed that he wanted to go out with me and my friends on the weekend. I made the excuse that I was not on my phone very often…'.*

The panel heard your oral evidence. You stated that you had sent messages back and forth between you and Colleague A and they were 'professional' in nature. You stated that the messages put before the panel were not all the messages and that some had been deleted. When asked to clarify what was missing in the messages, you were unable to

clearly give this information. You later said that the missing conversations may have been sent at a different time about a different subject matter. You also said that you were unable to produce the missing messages because your phone had been damaged (screen had cracked and there was ink on it). The panel noted that, at the investigation meeting, you gave a different reason for this, stating that you could not access the messages as you had changed your phone because it did not have enough storage.

You stated that your reason for calling Colleague A on a Saturday morning was to ask if Colleague A had reported you and you also intended to invite her to come to church with you and your family which the panel found to be unlikely especially given your evidence that she was racist and made inappropriate and explicit advances to you. Your actions suggested to the panel that you saw Colleague A as more than just a colleague.

Further, the panel had regard to the WhatsApp and text messages between you and Colleague A whereby you inappropriately contacted Colleague A on several occasions at different times and called Colleague A ‘beautiful’ and ‘hun’. You stated that you recognised that addressing Colleague A as ‘beautiful’ was not appropriate and you apologised for it. However, you mentioned that in the UK people call each other names of that nature. You had first been offended when you were called similar terms but had learned to accept it. The panel considered that these were not the types of messages that you would send to a colleague.

The panel also noted Colleague A’s evidence about you cornering her at work when you next met after the night that you took the bus together. You questioned her about why she was not answering your text messages. Colleague A said that she told you that she was not on her phone much when you questioned her as to why she had not responded to your messages as she was trying not to make things awkward for her on placement. She said that your response was that you did not want to be a friend at work and be forgotten at the weekend.

The panel found Colleague A's evidence to be credible and consistent throughout and preferred it to yours.

The panel determined that it was more likely than not that, on or around 13 November 2021, said to Colleague A that you wanted to be more than a work friend.

The panel therefore found charge 4 proved.

Charge 5

"That you, a registered nurse:

5. On or around 16 November 2021:

a. Called Colleague A on their phone.
b. Sent a text message to Colleague A.
c. Told them that you were waiting for them on the bus".

This charge is found proved in its entirety by way of your admission.

Charge 6

"That you, a registered nurse:

6. On 18 November 2021 sent a message to Colleague A which stated "hey beautiful how is it"".

This charge is found proved by way of your admission.

Charge 7

*"*That you, a registered nurse:

7. On one or more occasion on 20 November 2021 called Colleague A's phone".

This charge is found proved by way of your admission.

Charge 8

*"*That you, a registered nurse:

8. Your conduct at one or more of the charges above was a breach of professional boundaries in that you behaved inappropriately towards Patient B and/or Colleague A".

This charge is found proved.

In reaching this decision, the panel took into account all the relevant evidence as stated in the charges above. The panel also took into account its findings on the above charges.

The panel had regard to Patient B's NMC witness statement. It noted that she stated:

'… He was pestering and pestering. To the point, I felt incredibly uncomfortable and almost unsafe. I was constantly trying to avoid him. I was vulnerable, and lost the use of my legs temporarily. I didn't like it at all, I didn't understand why he thought I was up for that… I started feeling incredibly uncomfortable and unsafe, because I didn't trust men back then and I was getting anxious what if he would do something to me. Like sexually harass me. Again, I can't remember what things were being said from him but just remember how I felt. It felt like he was trying to hit on me. I had no interest so just it all felt dodgy. I've never had that experience in hospital before with staff. So that put me off. Getting a bit more personal, I really didn't like

this whole situation with the registrant. I didn't feel safe and brought back few bad memories. I wasn't so good with men around the time of the incident, I didn't trust them, due to past experience with men. I had [PRIVATE]*; I broke my ankle from jumping off a bridge. So, my* [PRIVATE] *wasn't so good that time. The fact I couldn't walk and had a man hanging around in my room when I didn't trust men. It was just horrible and nerve wrecking. And when reporting the incident, communicating through 'third language' just added more stress. To be fair, I felt so alone, vulnerable and unsafe… wasn't nice experiencing that in a hospital where it's supposed to be a safe place'.*

The panel also had regard to Patient B's complaint via a handwritten note which stated:

'The guy [you] *gave me his phone number and told me not to tell anyone. It just made me feel really uncomfortable, not really appropriate isn't it? … He wrote it on paper and gave it to me secretly… Don't want anything done but just have a word so he doesn't do it again…'*

The panel had regard to Colleague A's local statement to the Trust. It noted that she stated:

'…made me feel a bit uncomfortable as his questions were starting lean towards the more invasive side… these actions made me feel uncomfortable… I was very disturbed and unsettled… I began to get worried that the behaviour would excascalate as I had made it clear to him politely that I was uncomfortable…'. [sic]

The panel also had regard to Colleague A's NMC witness statement. It noted that she stated:

'…His actions were starting to make me feel extremely uncomfortable… He said I could call him sugar daddy. I said that I thought that was inappropriate and he laughed saying it's a joke and friends make jokes. He continued with his

questioning asking [PRIVATE] *I was shocked. He replied oh you're shy, well we have six weeks to get to know each other… He was making inappropriate grinding gestures when we were walking. He was making me feel extremely uncomfortable… I left the store and knew that there was an alleyway close to where I live I ran down alleyway to get home. I looked over my shoulder to make sure he wasn't following me. I finally arrived home at around 9.30 pm. I was disturbed by this interaction… I was concerned that his behaviour was escalating. I told him that I was uncomfortable. I avoided getting the same bus as the registrant… I spoke to a colleague, [Witness 4]. I asked her to change my shift. The registrant knew what my shifts were, and I felt that I could not avoid him. I didn't want to make a fuss. [Witness 4] felt that our manager [Witness 5] should be made aware of the situation. [Witness 5] came and had a chat with me later that day. It was not my intention to get the registrant in trouble. I just want to change my shift and not be in the same day as him… The registrant hasn't realised how this had made me feel. I know that I am friendly but it has made me conscious how I interact with colleagues. This has made me anxious… '.*

Taking into account its findings on the above charges, the panel determined that your conduct was unprofessional and inappropriate. It was aware that you had asked both Patient B and Colleague A for their numbers and gave them sustained unwanted attention to the point where they felt frightened, uncomfortable, and harassed. You also asked Colleague A many inappropriate and sexual questions. This demonstrated to the panel that you had no regard to professional boundaries with either Patient B or Colleague B.

Further, Witness 5 provided the panel with the Trust's Bullying and Harassment at Work Policy and the Trust's Values and Behaviours which you would have also been aware of at the time of your conduct. You would also have been trained on this policy as it was mandatory for all staff during their induction. Your conduct was manifestly inconsistent with those principles.

The panel found Colleague A and Patient B's evidence to be credible and consistent throughout.

The panel determined that your conduct at one or more of the charges was a breach of professional boundaries in that you behaved inappropriately towards Patient B and/or Colleague A.

The panel therefore found charge 8 proved.

Charge 9

"That you, a registered nurse:

9. Your conduct in charge 1 was sexually motivated in that you were in pursuit of a future relationship with Patient B".

This charge is found proved.

In reaching this decision, the panel took into account all the relevant evidence as stated in the charges above. The panel also took into account its findings on charge 1 which it found proved.

The panel had regard to Patient B's NMC witness statement. It noted that she stated:

'I didn't provide any response to him, I just smiled and nodded hoping that he would get the message that I wasn't interested in him. I really can't remember what exactly he said during that time. But it confirmed that he was interested in me by giving me his phone number. I didn't give him a reason to provide me his phone number. I was just being nice as usual. I have so much respect for nurses but I lost the respect once he gave me his number. He did say that he wanted me to text him but didn't say why. He did say that I was a pretty girl. So, I assumed that he fancied me

and wanted to be in contact. I started feeling incredibly uncomfortable and unsafe, because I didn't trust men back then and I was getting anxious what if he would do something to me. Like sexually harass me. Again, I can't remember what things were being said from him but just remember how I felt. It felt like he was trying to hit on me. I had no interest so just it all felt dodgy. I've never had that experience in hospital before with staff. So that put me off…'.

The panel heard Patient B's oral evidence. Patient B told the panel that she felt 'pestered' by you and that she had no interest in you. She said that she was initially flattered as she had not received a compliment in a while but felt increasingly uncomfortable and unsafe around you as your interaction progressed and was relieved when you had been reassigned.

The panel also heard your oral evidence. You told the panel that you gave your phone number to Patient B as you wanted to get her cigarettes. However, if this was the case, the panel questioned as to why you wanted secrecy around it as it has found you did. The panel determined that the reasons as to your conduct in charge 1 was because you were attempting to find out whether Patient B would be interested in pursuing a relationship with you. You were aware that Patient B was in a vulnerable state at the time but still continued to act inappropriately. It was clear to the panel that there was no other reason as to why you gave Patient B your phone number and complimented her.

The panel found Patient B's evidence to be credible and consistent throughout.

The panel determined that your conduct in charge 1 was sexually motivated in that you were in pursuit of a future relationship with Patient B.

The panel therefore found charge 9 proved.

Charge 10

*"*That you, a registered nurse:

10. Your conduct in charges 2a(ii) and/or 2a(iii) were discriminatory in nature".

This charge is found proved.

In reaching this decision, the panel took into account all the relevant evidence as stated in the charges above. The panel also took into account its findings on charges 2a (ii) and 2a (iii) which it found proved.

The panel determined that your conduct related to a protected characteristic which is discriminatory in nature.

The panel heard from Witness 5 that all staff had to complete Equality, Diversity and Inclusion mandatory training. This indicated to the panel that you would have been aware of the equality and diversity policies within the workplace. However, it was of the view that you should not require training to know that the comments you made are discriminatory and inappropriate which they so obviously were.

The panel determined that your conduct in charges 2a (ii) and/or 2a (iii) were discriminatory in nature.

The panel therefore found charge 10 proved.

Charge 11

*"*That you, a registered nurse:

11. Your conduct in charge 2c was dishonest in that you knew you were not a clinical educator but told Colleague A that you were as you wanted them to communicate with you".

This charge is found NOT proved.

This charge falls away as the panel found charge 2c not proved.

Charge 12

"That you, a registered nurse:

12. Your conduct at charges 2 and/or 3 and/or 4 and/or 5 and/or 6 was sexually motivated in that you were in pursuit of a future relationship with Colleague A".

This charge is found proved.

In reaching this decision, the panel took into account all the relevant evidence as stated in the charges above. The panel also took into account its findings on charges 2, 3, 4, and 5 which were all found proved excluding charge 2c.

The panel determined that your actions were sexually motivated towards Colleague A as you asked her several sexually related questions, such as those listed in Schedule 1, 2, and 3. You also commented inappropriately on Colleague A's body shape, gave her unwanted compliments, told her that she could call you "sugar daddy", and sent her several messages via Whatsapp/Text/Instagram.

It was clear to the panel that all of your actions were made because you wanted to pursue some sort of sexual relationship with Colleague A. There is no other motivation that explains your actions and to find otherwise would be perverse.

The panel found Colleague A's evidence to be consistent and credible throughout.

The panel determined that your conduct at charges 2 and/or 3 and/or 4 and/or 5 and/or 6 was sexually motivated in that you were in pursuit of a future relationship with Colleague A.

The panel therefore found charge 12 proved.

Charge 13

"That you, a registered nurse:

13. Your conduct in charges 2 and/or 3 and/or 4 and/or 5 and/or 6 was intended to intimidate and/or harass Colleague A".

This charge is found proved.

In reaching this decision, the panel took into account all the relevant evidence as stated in the charges above. The panel also took into account its findings on charges 2, 3, 4, and 5 which were all found proved excluding charge 2c.

The panel determined that unwanted attention was given to Colleague A on several occasions. The panel was aware (as stated in Colleague A's witness statement and her oral evidence) that Colleague A felt intimidated by you as you sat next to her on the bus, got off at her stop, and followed her for over an hour. Colleague A stated that she wanted to get away from you and not be involved with you. Colleague A further stated that she went into Tesco on her way home in an attempt to avoid you following her home and finding out where she lived.

Further, the panel had regard to the WhatsApp and text messages that you sent Colleague A. You should have stopped contacting Colleague A when you could see that

she was uncomfortable or did not respond to your messages. Colleague A even told you that you did not need to wait for her on the bus as she was not a baby, but you continued to harass her.

The panel heard your oral evidence whereby you tried to deny that it was possible or likely that you could behave in this manner as you are a religious person, and both your parents are pastors. However, that did not stop you behaving with various specific ways that the panel has found that you did which were clearly unwanted and amounted to harassment.

The panel found Colleague A's evidence to be consistent and credible throughout.

The panel determined that your conduct in charges 2 and/or 3 and/or 4 and/or 5 and/or 6 was intended to intimidate and/or harass Colleague A.

The panel therefore 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 ability to practise kindly, safely and professionally.

The panel, in reaching its decision, 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 therefore exercised its own professional judgement.

The panel adopted a two-stage process in its consideration. First, the panel must determine whether the facts found proved amount to misconduct. Secondly, only if the

facts found proved amount to misconduct, the panel must decide whether, in all the circumstances, your fitness to practise is currently impaired as a result of that misconduct.

The NMC's submissions on misconduct

Mr Gordon invited the panel to take the view that the facts found proved amount to misconduct. He referred to paragraphs 1, 1.1, 1.3, 1.5, 4, 4.1, 20, 20.2, 20.3, 20.5, 20.6, 20.7, 20.8, and 20.10 of 'The Code: Professional standards of practice and behaviour for nurses and midwives' (2015) (the Code).

Mr Gordon submitted that you denied the majority of the charges during the substantive hearing and the panel may therefore feel that there has been a lack of meaningful insight into the charges and into the behaviour that occurred during this time.

Mr Gordon therefore submitted that in all the circumstances the facts found proved amount to serious misconduct.

The NMC's submissions on impairment

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

Mr Gordon submitted that, although an apology was offered to Colleague A, you have not demonstrated a sufficient understanding of the seriousness of the concerns in terms of the impact on either colleagues or patients. Instead, you have focused on the impact on yourself and your family. As such, Mr Gordon submitted that there is a lack of evidence of remediation in this case.

Mr Gordon accepted that these charges are now of some age and date back to November 2021 in respect of Colleague A and June 2020 in respect of Patient B.

Nevertheless, Mr Gordon submitted that your fitness to practise is currently impaired.

Your evidence on misconduct and impairment

You made submissions which included matters of evidence which you then confirmed to be true under oath.

You said that it was very difficult for you to go through this process, both [PRIVATE], and that you have tried to be helpful and cooperative with the panel throughout. Since the hearing began, it has had a devastating impact on you, and you have been doing your best to cope and reflect.

You told the panel that you have always been a loving and helpful person, both in your personal and professional life. You explained that you were a politician back home, ran a charity, and worked on radio and TV to help others. You said you came to the UK in 2019 and found the cultural change challenging, which may have led to misunderstandings in your workplace conduct.

You said you often checked in with colleagues and patients in a friendly way, and that your intentions were never inappropriate. You said that any communication between you and Colleague A was, from your point of view, within a professional context, and you were shocked and hurt by the suggestion that your behaviour was of a sexual nature.

Further, you said it was never your intention to upset anyone and that you have reflected a lot over the last four years. You now better understand professional boundaries and what is and is not appropriate in the UK healthcare context. You also said that you have apologised and continue to apologise for any misunderstanding or offence caused.

You said that you are not a criminal or a bad person, and you felt like giving up at times, but you have chosen to keep going because you believe you still have something to give.

You told the panel that you have been working various jobs, including in airports, warehouses, and security, and that your former managers would have only positive things to say about your character and work ethic.

You acknowledged that you misunderstood what constitutes sexual harassment in the UK, saying that in your home country, it was often only associated with physical contact. You said that since learning more about UK standards, you understand how your actions may have been perceived differently.

You said you are willing to accept restrictions and monitoring from the NMC and would comply with any conditions they impose. You said you just want another chance to return to nursing, a profession you have been in since 2005. You mentioned your qualifications, past responsibilities, and that you were once the chair of an organisation supporting hundreds of nurses relocating to the UK.

You have spoken to your family and colleagues about your mistakes and are trying to raise awareness among others, so they do not repeat them. You said you are prepared to take full responsibility. You also spoke about the impact this process has had on your family.

You said you are sorry for any harm caused to Colleague A and Patient B, and you want the panel to know that you have reflected, learned, and changed. You ended by saying you are begging for a second chance and are ready to return to practice as a safe, professional, and respectful nurse.

You told the panel that you had not had time to provide the NMC with evidence to support your case at this stage. In the spirit of fairness, the panel allowed you time to collate this

and suggested that you consider providing a reflective statement. You then provided the panel with various testimonials and a reflective statement all dated April 2025.

The panel's decision and reasons on misconduct

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments, including *Roylance v GMC* [1999] Lloyd's Rep Med 139*, R (Remedy UK Limited) v General Medical Council* [2010] EWHC 1245 (Admin), *Cohen v GMC* [2008] EWHC 581 (Admin), *Zygmunt v GMC* [2008] EWHC 2643 (Admin)*, Dr ABC v GMC* [2025] EWHC 242*, Sayer v General Medical Council* [2021] EWHC 370 (Admin)*,* and *Sawati v General Medical Council* [2022] EWHC 283 (Admin).

In particular, the panel noted that in *R (Remedy UK Limited) v General Medical Council* [2010] EWHC 1245 (Admin), Elias LJ said:

> *"(1) Misconduct is of two principal kinds. First, it may involve sufficiently serious misconduct in the exercise of professional practice such that it can properly be described as misconduct going to fitness to practise. Second, it can involve conduct of a morally culpable or otherwise disgraceful kind which may, and often will, occur outwith the course of professional practice itself, but which brings disgrace upon the doctor and thereby prejudices the reputation of the profession.*
>
> *…(6) Conduct falls into the second limb if it is dishonourable or disgraceful or attracts some kind of opprobrium; that fact may be sufficient to bring the profession of medicine into disrepute. It matters not whether such conduct is directly related to the exercise of professional skills".*

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

The panel determined that your actions did fall significantly short of the standards expected of a registered nurse, and that your actions amounted to breaches of the following paragraphs in the Code:

'1 Treat people as individuals and uphold their dignity

To achieve this, you must:

1.1 treat people with kindness, respect and compassion

1.3 avoid making assumptions and recognise diversity and individual choice

1.5 respect and uphold people's human rights

4 Act in the best interests of people at all times

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

20.7 make sure you do not express your personal beliefs (including political, religious or moral beliefs) to people in an inappropriate way

20.8 act as a role model of professional behaviour for students and newly qualified nurses, midwives and nursing associates 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. However, the panel decided that the above paragraphs of the Code were engaged in the context of this case.

In relation to Patient B, the panel noted that she was a vulnerable patient under your care. During Patient B's oral evidence, she told the panel that the comments you made towards her had stuck with her as she had low self-esteem and had not been complimented in a while. Your role was to provide Patient B with safe and compassionate care but, instead, she described feeling increasingly uncomfortable and unsafe around you and was relieved when you were reassigned.

In relation to Colleague A, the panel noted that you were a registered nurse, and she was a student nurse. This created a clear power imbalance which you abused. It noted that Colleague A stated that she went along with the interactions because of your seniority and a desire to avoid awkwardness in the workplace. This highlights a failure to maintain professional boundaries and to safeguard those in a subordinate position.

The panel found that your conduct included inappropriate sexual comments and discriminatory remarks, which are wholly unacceptable in a professional healthcare setting. Such behaviour falls far below the standards expected of a registered nurse.

You stated that, in Guyana, when you worked on a maternity unit, it was completely normal for a patient to ask you to be their baby's godparent and you would exchange phone numbers, visit their home, and allow them to pay for your shopping when you met up at the supermarket. However, the panel was of the view that, in particular, the sexual comments could not be explained by cultural differences which you relied on in your submissions.

Further, in relation to Colleague A, the panel also noted that the [PRIVATE] were contacted in relation to your behaviour, indicating the seriousness with which these matters were viewed outside of the regulatory process.

The behaviour in question caused significant distress to both a patient and a colleague. The panel therefore found that your actions did fall seriously short of the conduct and standards expected of a nurse and amounted to serious misconduct.

The panel's 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.

In coming to its decision, the panel had regard to the Fitness to Practise Library, updated on 27 March 2023, which states:

> *'The question that will help decide whether a professional's fitness to practise is impaired is:*
> *"Can the nurse, midwife or nursing associate practise kindly, safely and professionally?"*

If the answer to this question is yes, then the likelihood is that the professional's fitness to practise is not impaired.'

The panel noted that 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. Further, 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. At 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.'

At 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…'.*

The panel finds that both Patient B and Colleague A were caused emotional and psychological harm as a result of your misconduct. Your misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute.

In relation to insight, the panel determined that you failed to demonstrate sufficient understanding of how your actions caused Patient B and Colleague A harm, nor did you demonstrate sufficient understanding of why what you did was wrong and how this impacted negatively on the reputation of the nursing profession.

The panel had regard to your reflective statement but found it to lack meaningful insight. While you briefly mentioned Colleague A and Patient B, the overall focus of your reflection was on yourself and the personal difficulties you have faced, such as the [PRIVATE] and [PRIVATE] toll on your family. You referred, for example, to your inability to [PRIVATE]. As far as you were concerned, the key lesson you had learned was not to be sharing personal telephone numbers. This did not assist the panel in assessing your understanding of the impact your behaviour had on those affected or on the wider public's trust in the profession.

The panel was not satisfied that you have demonstrated genuine remorse. Although you apologised for your actions, you have not shown that you have fully understood or learned from the serious aspects of your misconduct. There was no evidence of robust remediation or meaningful insight. The panel noted that you provided screenshots of short online courses of seven to fifteen minutes each about discrimination that you said you had completed in the course of your current work. You also said that you had watched

podcasts about sexual harassment at work focusing on people who had been accused in the same way you had been. The panel was however not satisfied that this evidenced robust strengthening of practice or meaningful insight.

The panel recognised that attitudinal concerns are inherently more difficult to address than clinical failings, though not incapable of remediation. It had regard to the testimonials you provided. While two individuals from your church community appeared to be aware of your circumstances, the majority of testimonials were given without a clear understanding of the allegations. You acknowledged that what most people had heard about the matter was inaccurate. As a result, the panel concluded that these testimonials were given without full knowledge of the facts and therefore placed limited weight upon them.

In these circumstances, the panel is of the view that there is a risk of repetition. The panel therefore determined that a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind the overarching objectives of the NMC to protect, promote and maintain the health, safety, and well-being of the public and patients, and to uphold and protect the wider public interest. This includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

The panel determined that public confidence in the profession would be undermined if a finding of impairment were not made in this case and therefore also finds your fitness to practise impaired on the grounds of public interest.

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

Sanction

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

In reaching its decision, the panel 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. In particular, 'Considering sanctions for serious cases' (Ref: SAN-2) and 'Available sanction orders' (Ref: SAN-3).

Submissions on sanction

Mr Gordon informed the panel that in the original Notice of Hearing, dated 24 September 2024, the NMC had advised you that it would seek the imposition of a striking-off order if the panel found your fitness to practise currently impaired.

Mr Gordon submitted that the following aggravating features are engaged in this case:

- The misconduct was not a single isolated incident but rather a course of conduct involving two individuals over a lengthy period of time.
- The concerns are attitudinal in nature, which are more difficult to remediate.
- You have shown little insight and continued to dispute the facts of the incidents.
- There is limited evidence of remediation, particularly concerning the underlying attitudes linked to sexual misconduct and discrimination.
- There remains a risk to the public due to insufficient remediation.

Mr Gordon did not address the panel on potential mitigating features.

In relation to no order or the imposition of a caution order, Mr Gordon submitted that these would be inappropriate and insufficient, given the seriousness of the misconduct and the ongoing risk to the public.

In relation to the imposition of a conditions of practice order, Mr Gordon submitted that this is also inappropriate as the concerns are attitudinal and not easily remediated through conditions. Further, he submitted that there is insufficient evidence of any attempt to address the underlying issues.

In relation to the imposition of a suspension order, Mr Gordon submitted that a suspension is not considered suitable as this is not a single incident but a pattern of misconduct. He submitted that your lack of insight and attitudinal issues suggest that a lesser sanction than striking-off would not be sufficient.

In these circumstances, Mr Gordon submitted that a striking-off order is the only sanction sufficient to protect the public, maintain confidence in the profession, and address the seriousness and nature of the misconduct. He submitted that the misconduct raises fundamental questions about your professionalism.

Therefore, Mr Gordon submitted that a striking-off order should be imposed.

You submitted that you respect the panel's decision and have been focused on rehabilitation from the start, consistently showing remorse and accepting the need to take responsibility. You indicated that you acknowledge the psychological impact on Patient B and Colleague A and apologise for your actions.

You explained your personal and [PRIVATE] struggles, including being unable to [PRIVATE], and attempting other jobs like construction and watch repairs. You submitted that, despite this, you remain committed to nursing which has been your lifelong career since 2005.

You submitted that the testimonials you provided were not intended to mislead. You also mention completing relevant training and being willing to provide further evidence and to comply with the NMC.

You asked the panel for a second chance to continue nursing. You submitted that you are not a danger to the public, have a clean DBS, and want to contribute positively to the profession.

You submitted that you should not be struck off for giving your phone number to Patient B. You asked the panel to consider your remorse, your [PRIVATE], the impact on [PRIVATE] who looked up at you as a nurse and were expecting a positive outcome from the hearing, and your dedication to nursing.

Decision and reasons on sanction

The panel 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. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- The misconduct was not a single isolated incident but rather a course of conduct involving two individuals over two separate periods of time.
- The concerns are attitudinal in nature.
- Lack of insight and genuine remorse.
- Limited evidence of remediation, particularly concerning the underlying attitudes linked to sexual misconduct and discrimination.
- You shifted blame onto Colleague A on oath at the fact-finding stage rather than accepting responsibility yourself. At the impairment stage, you continued to minimise your conduct and focus purely on the impact on yourself and your family.

- Patient B and Colleague A were both vulnerable individuals.
- Abuse of power given your seniority over Colleague A who was a student nurse and your position as a nurse in relation to Patient B.
- Emotional and psychological harm caused to Patient B and Colleague A.

The panel noted your reference to cultural differences between Guyana and the UK as a mitigation of your conduct. However, it determined that any potential cultural differences do not explain or justify your actions. In particular, the facts found in relation to the sexual harassment of Colleague A was behaviour which you must have known was unacceptable and especially towards a vulnerable, junior colleague. The panel found the continued depiction of your actions as some form of misunderstanding to be indicative of a deep-seated attitudinal problem. That problem was yet further indicated by your description of yourself as a "victim" in this case when addressing the panel on sanction and with it the assertion that Colleague A was in a better position than you as she could continue to earn money through nursing.

The panel did not identify any mitigating features in this case.

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

The panel then considered the imposition of a caution order but again determined that, due to the seriousness of the case and the public protection issues identified, an order that does not restrict your practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'* The panel considered that 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. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether placing conditions of practice on your registration would be a sufficient and appropriate response. The panel is of the view that there are no practical or workable conditions that could be formulated, given the nature of the charges found proved and the attitudinal concerns in this case. In addition, the misconduct identified in this case (discrimination, sexual harassment, and intimidation) was not something that can easily be addressed through retraining. However, even if this were possible, the panel was concerned that your current attitude and lack of insight would prevent any engagement with conditions of practice. Further, the panel concluded that the placing of conditions on your registration would not adequately address the seriousness of this case and would not protect the public.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG states that suspension order may be appropriate where some of the following factors are apparent:

- *A single instance of misconduct but where a lesser sanction is not sufficient;*
- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *No evidence of repetition of behaviour since the incident; and*
- *The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour.*

The repeated conduct, as highlighted by the facts found proved, was a significant departure from the standards expected of a registered nurse. The panel noted that the serious breaches of the fundamental tenets of the profession, evidenced by your actions, lack of insight, and the deep-seated personality and attitudinal issues, is fundamentally incompatible with your remaining on the register. As such, the panel determined that a suspension order would not be a sufficient, appropriate, or proportionate sanction and would not adequately address the public protection or public interest issues identified.

Finally, in looking at a striking-off order, the panel took note of the following paragraphs of the SG:

- *Do the regulatory concerns about the nurse or midwife raise fundamental questions about their professionalism?*
- *Can public confidence in nurses and midwives be maintained if the nurse or midwife is not removed from the register?*
- *Is striking-off the only sanction which will be sufficient to protect patients, members of the public, or maintain professional standards?*

The panel determined that your actions were significant departures from the standards expected of a registered nurse and are fundamentally incompatible with your remaining on the register. The findings in your case demonstrate that your actions were very serious and to allow you to continue practising would significantly undermine public confidence in the profession and in the NMC as a regulatory body.

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel determined that the only appropriate and proportionate sanction is that of a striking-off order. Having regard to the effect of your actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct himself, the panel concluded that nothing short of this would be sufficient in this case to protect the public.

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.

This will be confirmed to you in writing.

Interim order

As the striking-off order cannot take effect until the end of the 28-day appeal period, the panel considered whether an interim order is required in the specific circumstances of this case. It may only make an interim order if it is satisfied that it is necessary for the protection of the public, is otherwise in the public interest or in your own interests until the striking-off sanction takes effect.

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

Submissions on interim order

Mr Gordon submitted that an interim suspension order for a period of 18 months is necessary given the panel's findings in order to protect the public and meet the wider public interest. Further, he submitted that this was required to cover the 28-day appeal period and, if you do appeal the decision, the period for which it may take for that appeal to be heard.

You indicated that you had no response to Mr Gordon's application.

Decision and reasons on interim order

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. The panel therefore imposed an interim suspension order for a period of 18 months to cover the 28-day appeal period and any period which an appeal may be heard.

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

That concludes this determination.