Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Hearing
Tuesday, 28 May 2024 – Thursday, 13 June 2024
Monday, 17 March 2025 – Friday, 28 March 2025
Wednesday, 16 April 2025 – Thursday, 17 April 2025

Virtual Hearing

Name of Registrant:	**Hamid Mahjid Bun-Seisay**
NMC PIN:	05L0942E
Part(s) of the register:	Registered Nurse - Adult Nursing (May 2007)
Relevant Location:	Essex
Type of case:	Misconduct
Panel members:	Konrad Chrzanowski (Chair, Lay member) Patience McNay (Registrant member) Joanne Morgan (Lay member)
Legal Assessor:	Trevor Jones (28 May 2014 – 6 June 2024) Marian Gilmore (10 June 2024) Ruth Mann (11 - 13 June 2024) Graeme Sampson (17 – 28 March 2025 and 16 April 2025)
Hearings Coordinator:	Eyram Anka
Nursing and Midwifery Council:	Represented by Rowena Wisniewska, Case Presenter
Mr Bun-Seisay:	Present and represented by Neomi Bennett, Equality 4 Black Nurses (28 May 2024 – 13 June 2024) Present and represented by Richard Conteh (17 – 28 March 2025)
Facts proved:	Charges 1a, 1b(i), 1b(ii), 2a, 2b, 3a(i), 3a(ii), 3a(iii), 3a(iv), 3a(v), 3a(vi), 3a(viii), 3a(ix), 3b(i), 4b, 5a, 5b(i), 5b(ii), 6

Facts not proved:	Charges 3a(vii), 4a(i), 4a(ii), 4a(iii), 4a(iv)
Fitness to practise:	Impaired
Sanction:	**Striking off order**
Interim order:	**Interim suspension order (18 months)**

Decision and reasons on application for hearing to be held in private

At the outset of the hearing, Ms Wisniewska, on behalf of the Nursing and Midwifery Council (NMC), made an application that this case be held partly in private on the basis that proper exploration of your case involves reference to a third-party investigation. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Ms Bennett opposed the application, on your behalf. She submitted that these proceedings must be heard in public due to the significant public interest, particularly regarding issues of systemic racial discrimination. She referred to the principle of open justice in *Scott v Scott* [1913] AC 417. It was her submission that transparency is crucial for public accountability and trust.

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 decided to reject the application for this case to be heard partially in private because the third-party investigation is no longer on-going and therefore, there would be no prejudice if matters relating to the investigation were to be discussed in public.

Details of charge

That you, a registered nurse whilst working at HMP Chelmsford:

1) Between around August 2019 and 31 December 2019:
    a) In conversation with colleagues, made reference to Colleague A's body
    b) Said to Colleague A, words to the effect of:
        i) Your husband needs to put a baby in you
        ii) If I wasn't married you wouldn't be able to stop me

2) Between around 1 February and 31 March 2020:
    a) On one or more occasions, touched and/or rubbed Colleague A's stomach
    b) kissed Colleague A's stomach

3) On unknown dates between around 1 January 2020 and 22 May 2020:
    a) In relation to Colleague B:
        i) hugged and/or tried to hug them on one or more occasions
        ii) Said words to the effect of: If I find out that you have dropped your knickers for an officer I won't be happy
        iii) On one or more occasions, kissed their neck
        iv) Said words to the effect of: I need to go give them a hug, they are like my morning coffee
        v) stood with your legs touching their knees
        vi) said words to the effect of: are you not going to stand up and give me a hug then
        vii) sounded your car horn at them
        viii) said words to the effect of: I thought I told you not to get with any officers
        ix) on one or more occasions after 1 March 2020, blew kisses at them

    b) In relation to Colleague C:
        i) kissed them on the lips

4) On unknown dates:
    a) in relation to Colleague D:
        i) Lifted them up
        ii) Pushed the back of their knee(s)
        iii) Picked up their diary when they were using it
        iv) Laughed at them

    b) Hugged Colleague E after they had told you not to do the same

5) Your behaviour at one or more of the charges and/or sub-charges set out above at 1 to 4:

a) Was unwanted conduct of a sexual nature
b) Had the purpose and/or effect of:
    i) Violating Colleague A and/or Colleague B and/or Colleague C and/or Colleague D and/or Colleague E's dignity
    ii) Creating an intimidating, hostile, degrading, or offensive environment for Colleague A and/or Colleague B and/or Colleague C and/or Colleague D and/or Colleague E

6) Your behaviour at one or more of the charges and/or sub-charges set out above at 1 to 4 were sexually motivated in that you were seeking sexual gratification

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

Decision and reasons on application for hearing to be held in private

Ms Wisniewska made a request for the hearsay application be held in private to protect the privacy of Witness 7 and Witness 9. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Ms Bennett 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.

Having heard that there would be reference to Witnesses 7 and 9's health and personal circumstances, the panel determined to hold the entirety of the hearsay application section of the hearing in private to protect their privacy.

Decision and reasons on application to admit hearsay evidence

The panel heard an application made by Ms Wisniewska under Rule 31 to allow the written statements of Witness 7 and Witness 9 into evidence.

Ms Wisniewska submitted that Witness 9 was not present at this hearing and, whilst the NMC had made sufficient efforts to ensure that she was present, she was unable to attend because [PRIVATE]. The NMC emailed her on 28 May 2024 to ask if she would be able to attend on another day at any point during these proceedings, since the hearing is being held virtually. She has yet to respond.

Ms Wisniewska said that Witness 7 informed the NMC that she is currently struggling with [PRIVATE]. Although the NMC offered Witness 7 extra support, she insisted that she could not attend because of [PRIVATE]. [PRIVATE] The NMC have not received a response yet.

In considering the admissibility of Witness 7 and Witness 9's written statements, Ms Wisniewska took the panel through the seven-stage test in *Thorneycroft v NMC* [2014] EWHC 1565 (Admin). She submitted that the Witness 9's statement is not the sole and decisive evidence in support of the charges. She said that there is other evidence available in the witness statements, for instance, the allegations discussed in Witness 9's statement are also covered in Witness 1's statement.

Regarding Witness 7's statement, although much of it is the sole and decisive evidence for several of the charges, Ms Wisniewska invited the panel to admit the statement. She asked the panel to take a holistic view of the allegations and the pattern of behaviour because Witness 7's evidence details part of a continuation of the alleged inappropriate behaviour and harassment.

Ms Wisniewska stated that the NMC note that you deny all the charges against you. However, her submission was that the panel should take all the witness statements into account because they show a pattern of behaviour and corroborate each other. Further, she told the panel that if you choose to give evidence then you will have the

opportunity to tell your version of events, subject to cross examination and questions from the panel. It was her submission that this would allow the panel to weigh up the evidence and take a holistic view having tested your version of events against the witness statements. Additionally, Ms Wisniewska submitted that there is nothing to suggest that Witness 7 and Witness 9 had any reason to fabricate the allegations.

Ms Wisniewska submitted that these are serious charges and if found proved, will likely have an adverse impact on your career. Further, she told the panel that you had been sent the witnesses statements prior to this hearing.

Ms Wisniewska submitted that there is good reason for the non-attendance of Witness 7 and Witness 9, as set out above. She said that the NMC has taken reasonable steps to secure their attendance by contacting them, proposing alternative dates, and offering support based on their respective circumstances.

Ms Wisniewska invited the panel to admit the written statements of Witness 7 and Witness 9, on the basis that it is relevant and fair in all the circumstances. She submitted that this approach ties in with the principles set out in *El Karout v Nursing and Midwifery Council* [2019] EWHC 28 Admin. Ms Wisniewska explained that *El Karout* sets out two distinct stages that assess fairness when considering hearsay evidence: admissibility and weight. She said that the issue of admissibility is dealt with through the seven-stage test in *Thorneycroft.* She told the panel that she would leave the decision on weight to be assessed at a later stage.

Ms Bennett submitted that she opposed the application to allow the written statements of Witness 7 and Witness 9. She told the panel that Witnesses 7 and 9 were key decision makers in matters directly pertaining to you. She said that they shared an office and made joint decisions relevant to this case, raising substantial concerns that the allegations against you were collaboratively concocted. It was her submission that allowing their statements without the opportunity for cross examination severely undermines your ability to challenge the credibility and veracity of the allegations.

Ms Bennett said that you believe that Witness 9 referring you to the NMC was racially motivated. She told the panel that in the light of this, you must be given the opportunity to cross examine these witnesses to explore and challenge any potential biases or motivations that may have influenced their actions and decisions. It was her submission that an accused person has a fundamental right to confront and cross examine their accusers. This right is essential for a fair hearing. Ms Bennett therefore submitted that admitting the hearsay evidence of key witnesses compromises this fundamental right and the fairness of these proceedings.

Ms Bennett said that Witness 7 and Witness 9 were instrumental in filing the police report against you. She added that the police investigation was later discontinued. She told the panel that this reinforces the need to cross examine them because of the overlapping nature of their evidence and their collective involvement in the initial police report.

Ms Bennett asked the NMC to exercise its power to summon witnesses in this case because cross examining these witnesses is vital for your defence.

Ms Bennett referred the panel to *El Karout v Nursing and Midwifery Council* [2019] EWHC 28 Admin. She submitted that the principle in *El Karout* supports your argument that the hearsay evidence of Witness 7 and Witness 9 must be scrutinised and deemed inadmissible to ensure a fair hearing. Further, she referred to other relevant authorities including, *Tui v Griffiths* [2023] UKSC 48, *Al-Khawaja and Tahery v United Kingdom* [2011] ECHR 2127 and *R v Horncastle & Others* [2009] UKSC 14.

Ms Bennett submitted that the fairness and integrity of these proceedings require that Witness 7 and Witness 9 be present for cross examination rather than relying on their written statements which have not been properly deemed admissible. Ms Bennett therefore asked the panel to reject the NMC's application to adduce the written statements of Witness 7 and Witness 9, in the interest of fairness to you.

The panel heard and accepted the legal assessor's advice on the issues it should take into consideration in respect of this application. This included that Rule 31 provides that, so far as it is 'fair and relevant', a panel may accept evidence in a

range of forms and circumstances, whether or not it is admissible in civil proceedings.

In making its decision the panel considered *Thorneycroft*, *El Karout*, the NMC guidance on 'Evidence' (DMA-6) and other relevant case law.

The panel determined that NMC had not taken all reasonable steps to secure the attendance of Witness 7 and Witness 9.

The panel considered that Witness 7's [PRIVATE] expires on 2 June 2024, before this hearing is due to conclude. [PRIVATE]

The panel also noted that Witness 9 [PRIVATE]. However, the panel was not convinced that the NMC made all reasonable efforts to secure her attendance. Based on the information before it, the panel found no good reason to accept Witness 9's non-attendance. Given that the hearing is virtual, the panel took the view that this could accommodate her circumstances. The panel therefore concluded that the NMC could have done more to secure the attendance of Witnesses 9.

The panel considered that Witness 7's written statement is the sole and decisive evidence for charge 4. Although Witness 7 reported the allegation to Witness 8, he can only relay what was reported to him because he was not present when the alleged incident occurred.

The panel had regard to your denial of the charges and Ms Bennett's suggestion that the witnesses could have colluded to raise these allegations against you. Given the seriousness of the charges, the panel concluded that the only fair way of dealing with this matter is to refuse the admission of evidence from witnesses that you cannot cross-examine. In these circumstances the panel refused the admit the written statements of Witness 7 and Witness 9.

As a professional panel, it will put the matters that have been ruled inadmissible out of its mind as it considers the charges.

Background

You were referred to the NMC on 2 June 2020 by CRG Medical Services Limited about your alleged behaviour towards female colleagues at His Majesty's Prison (HMP) Chelmsford, where you were working as an agency nurse.

The concerns arose over at least a three-month period and involved several colleagues, a number of whom were junior to you. It is alleged that you breached professional boundaries by making unwanted physical contact with different colleagues, including by kissing someone on the mouth, cheek, neck and touching the stomach of a pregnant colleague, and hugging and lifting others.

It is also alleged that you made inappropriate sexually motivated comments towards female colleagues. It is alleged that your colleagues experienced the contact as inappropriate, unwanted, and sexualised.

Further, it is alleged that your behaviour persisted after your colleagues asked you directly to stop and after a manager confirmed in writing that physical contact between members of staff was not appropriate.

Decision and reasons on facts

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 Ms Wisniewska and Ms Bennett.

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:

- Witness 2: Healthcare Assistant at HMP Chelmsford (HCA) (at the relevant time)
- Witness 3: Medical Secretary for CRG Medical at HMP Chelmsford (at the relevant time)
- Witness 6: Operations Director at HMP Chelmsford (at the relevant time)

Witness 8 and Witness 5 were scheduled to give evidence on Monday 3 June 2024. However, the hearing coordinator received an email from Ms Bennett requesting an adjournment, on your behalf, due to urgent and unforeseen health matters.

Decision and reasons on application for hearing to be held in private

Ms Wisniewska made an application that your request for an adjournment be held entirely in private on the basis that it involves reference to your health. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Ms Bennett supported the application in her email dated 3 June 2024.

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.

Having heard that there will be reference to your health, the panel determined to hear the request in private in order to protect your privacy.

[PRIVATE]

Decision and reasons on application for hearing to be held in private

Ms Bennett made an application that your request for an adjournment be held entirely in private on the basis that it involves reference to your health. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Ms Wisniewska 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.

Having heard that there will be reference to your health, the panel determined to hear the request in private in order to protect your privacy.

Decision and reasons on application for adjournment

Ms Bennett, on Mr Bun-Seisay's behalf, made an application to adjourn the hearing because of his [PRIVATE].

Ms Bennett informed the panel that Mr Bun-Seisay has been part of the proceedings since this hearing began and given that she is not a legally qualified representative, she does not feel comfortable representing him without him being present. She said that it would be best if he was present throughout the process in order for them to make decisions concerning his case together.

Prior to this application, Mr Bun-Seisay provided a [PRIVATE] on 3 June 2024. He also provided letters and screenshots of [PRIVATE]. The NMC wrote back to Mr Bun-Seisay and asked him to provide further details about his health condition and its effect on his ability to attend the hearing, as outlined in CMT-11.

On 6 June 2024, Ms Bennett told the panel that Mr Bun-Seisay had been seen by another GP [PRIVATE] who was willing to provide the NMC with specific information about his health condition but could only do so after a full examination. Mr Bun-Seisay was assessed by [PRIVATE] on 7 June 2024. Following this assessment, [PRIVATE] provided a letter dated 9 June 2024. Ms Bennett drew the panel's attention to the last paragraph of the letter, which states:

'[PRIVATE]'

She asked the panel to take this paragraph in particular into consideration when making its decision.

On 11 June 2024, Mr Bun-Seisay went to the [PRIVATE], he was told that it would be in the next three months.

In light of the above, Ms Bennett asked the panel to grant an adjournment for Mr Bun-Seisay [PRIVATE]. This will enable him to effectively take part in the proceedings without affecting his health.

Ms Wisniewska submitted that the NMC is maintaining a neutral stance on this matter and leaves it to the panel to make the decision. She drew the panel's attention to the final paragraph of [PRIVATE] letter set out above. She told the panel that [PRIVATE] offers an opinion on Mr Bun-Seisay's ability to continue the proceedings, which could assist the panel in its decision making.

The panel accepted the advice of the legal assessor. She referred to Rule 32(2) and Rule 32(4) of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules). She also referred to the NMC guidance on 'Proceeding with hearing when the nurse, midwife or nursing associate is absent' (CMT-8) and the NMC guidance on 'When we postpone or adjourn hearings' (CMT-11).

Further, the legal assessor referred to relevant authorities including to *Levy v Ellis - Carr* [2012] EWHC 63, *General Medical Council v Hayat* [2018] EWCA Civ 2796, *Brabazon - Drenning v United Kingdon Central Council for Nursing Midwifery and Health Visting* [2001] HRLR 6, *Webberley v General Medical Council* [2022] EWHC 3520 (Admin). She told the panel that deciding whether to grant an adjournment or proceed in the absence of the Mr Bun-Seisay is effectively about striking a balance between fairness to all parties involved and taking into consideration all the information provided by Mr Bun-Seisay. In addition, the panel must also consider the public interest in the expeditious disposal of the case and the potential inconvenience caused to any party or witness.

In reaching its decision, the panel had regard to the Rule 32(2) and Rule 32(4) of the Rules, CMT-8, CMT-11, relevant case law and the medical information Mr Bun-Seisay's provided.

The panel took the view that Mr Bun-Seisay provided sufficient evidence to satisfy the considerations in the NMC guidance on deciding whether to adjourn a hearing (CMT-11). The panel accept that Mr Bun-Seisay is [PRIVATE] and is unable to participate in the proceedings. [PRIVATE].

The panel had regard to the strong public interest in the efficient disposal of this case, given the nature of the charges, relating to allegations of sexual misconduct. On the one hand, the panel considered that adjourning this hearing may be unfair to the witnesses who have yet to give their evidence as the delay could result in witnesses finding it harder to recall the alleged incidents. Additionally, the panel considered that several of the witnesses have been waiting for a considerable amount of time for this hearing to conclude. The panel bore in mind its overarching duty to protect the public.

However, the panel was equally mindful of its duty to ensure fairness to Mr Bun-Seisay. It had regard to his consistent attendance and participation in the hearing and noted that [PRIVATE] is an unfortunate and unforeseen occurrence. The panel had regard to [PRIVATE] medical opinion in the last paragraph of her letter dated 9 June 2024. Based on the medical information provided, the panel decided that it would be fair to allow the Mr Bun-Seisay time to [PRIVATE] before continuing this

hearing. It also acknowledged that Mr Bun-Seisay made every effort to provide the panel and the NMC with all the information that was required of him in a reasonably timely manner.

Further, the panel heard that Mr Bun-Seisay is sincerely apologetic about the disruption to the proceedings because he also wants this case to be concluded expeditiously. However, the panel took the view that it is unlikely that this case would have been concluded within the allocated timeframe. It determined that between now and when this hearing is likely to resume, Mr Bun-Seisay will have had enough time to complete [PRIVATE], enabling him to attend and participate in the hearing without worrying about his health.

The panel considered that Ms Bennett stated that she does not feel comfortable progressing this hearing in Mr Bun-Seisay's absence because she is not a legally qualified representative and does not want to defend him without his direct input. The panel also took into account the NMC's position of neutrality.

Having regard to all the above factors, the panel decided that Mr Bun-Seisay's right to attend the hearing, give evidence and cross-examine the witnesses outweighs the other factors in this case. On the balance, the only fair and proportionate way forward is to adjourn the hearing at this time. The panel was satisfied that although this may cause inconvenience to the NMC and its witnesses, it would not cause any injustice to the parties.

The panel bore in mind its overarching duty to protect the public. It noted that in any event, you are currently subject to an interim conditions of practice order.

Resumed Hearing

The hearing resumed on Monday 17 March 2025.

NMC witness evidence

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

- Witness 1 (Colleague A): Nurse Practitioner at HMP Chelmsford (at the relevant time)
- Witness 9: Head of Primary Care (Clinical Lead) at HMP Chelmsford (at the relevant time)
- Witness 4: Healthcare Administrator at HMP Chelmsford (at the relevant time)
- Witness 5: Primary Care Nurse at HMP Chelmsford (at the relevant time)
- Witness 8: Partnership integration Manager (PIM) (Head of Healthcare) at HMP Chelmsford (at the relevant time)

The panel heard live evidence from the following witnesses called on your behalf:

- Witness 10: Senior Nurse at HMP Chelmsford (at the relevant time)
- Witness 11: Nurse Prescriber at HMP Chelmsford (at the relevant time)

The panel heard evidence from you under oath.

Decision and reasons on application to admit written witness statements

The panel heard an application made by Mr Conteh under Rule 31 to allow the written statements of Ms 1, Ms 2, Ms 3, Ms 4 and Mr 1 into evidence.

Mr Conteh put to the panel that the witness statements should be admitted into evidence because they are from people who worked with you at HMP Chelmsford and observed the racial biases and/or toxic culture of the prison. He submitted that each statement describes a personal experience with you and speaks to your character and professionalism within the workplace towards colleagues and patients. It was Mr Conteh's submission that it would be fair to admit these statements into evidence as they provide further context about your working environment at the time.

Ms Wisniewska submitted that the NMC maintains a neutral position in relation to whether the statements of Ms 1, Ms 2, Ms 3, Ms 4 and Mr 1 should be admitted into evidence. She told the panel that there is nothing within the statements that goes directly to the factual allegations in this case.

However, Ms Wisniewska asked the panel to consider the admissibility of the witness statements using the principles in *Thorneycroft v Nursing and Midwifery Council* [2014] EWHC 1565 (Admin). She took the panel through the questions it ought to consider when making its decision on admissibility:

1. Whether the statement is the sole and decisive evidence in support of the charges;
2. The nature and extent of the challenge to the contents of the statement;
3. Whether there was any suggestion that the witness had reason to fabricate their allegation;
4. The seriousness of the charge, taking into account the impact which adverse findings might have on the registrant's career;

5. Whether there was a good reason for the non-attendance of the witness;
6. Whether the regulator had taken reasonable steps to secure the witness's attendance; and
7. Whether the registrant did not have prior notice that the witness statement would be read.

Ms Wisniewska referred to *El Karout v Nursing and Midwifery Council* [2019] EWHC 28 (Admin) and asked the panel to consider the weight it will give to the evidence.

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

The panel then considered whether to admit the witness statements of Ms 1, Ms 2, Ms 3, Ms 4 and Mr 1 into evidence as hearsay evidence. The panel bore in mind that the NMC have taken a neutral position in relation to the admissibility of the statements.

The panel determined that these statements are not the sole and decisive evidence for any of the charges. The panel noted that the witness statements do not provide direct evidence to the charges. However, it determined that the statements do provide further context around the culture and working environment of HMP Chelmsford at the time of the alleged incidents. The panel has no evidence to suggest that the witness statements are fabricated. The panel was made aware that these witnesses were not available to attend the hearing to give live evidence. Further, the panel took the view that the witness statements provide character references for you which would be fair to admit into evidence as the allegations are serious.

The panel therefore decided that it would be fair and relevant to accept into evidence the written statements of Ms 1, Ms 2, Ms 3, Ms 4 and Mr 1, but would give what it deemed appropriate weight once the panel had heard and evaluated all the evidence before it.

The panel heard live evidence from a witness called on your behalf:

- Witness 12: Senior Healthcare Assistant at HMP Chelmsford (at the relevant time)

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 you and the NMC.

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

The panel considered that Mr Bun-Seisay's case is that all the accusations are "engineered", "untrue" and "fabricated" in a conspiracy instigated by Witnesses 8 and 9, who were managers employed by CRG Medical in HMP Chelmsford, at the relevant time. It is alleged that they encouraged five female members of staff to make false allegations against you. Those allegations were submitted as internal statements to Witness 8 and reported to the police who collected signed statements during their investigation. This was then reiterated in statements to the NMC. Colleagues A, B and E gave oral evidence about those allegations before the panel.

The panel took the view that if this is a conspiracy, it has continued for five years notwithstanding the fact that Colleague D was not in the line management chain of Witnesses 8 and 9 as she was prison officer and did not work for CRG Medical. Furthermore, the panel considered that Colleagues B no longer works for CRG Medical nor at the prison and D no longer works at HMP Chelmsford.

The panel heard that the allegations and the alleged conspiracy around the allegations were based on a racist intent to have your employment at CRG

Medical terminated. The panel took a view that it was clear from the evidence provided by your witnesses, who were of varying ethnic backgrounds, that there was a thread of racism within the prison and there was an allegation that Witnesses 8 and 9 were actively racist. However, this was not put to them during their oral evidence. Further the panel noted that Witness 8 stated that you never raised the allegations of racism with him at any point, he went on to say, *'This was not a racial issue; it was purely about Hamid's behaviour, not about anything else.'*

Accordingly, the panel's view was that there seemed to be clear evidence of racial tensions within the medical staff at HMP Chelmsford. However, the panel could not find that Witnesses 8 and 9 were intentionally racist to the extent alleged and could not find that they encouraged other members of staff to make false allegations against you.

The panel also noted from the evidence of Colleague A and Colleague E that they were generally supportive towards you and did not display any animosity or racial prejudice towards you.

The panel did not consider it plausible for Colleagues A, B, C, D and E, had they been involved in this conspiracy, to report and maintain false allegations against you for over five years. Further, the panel considered that if Witnesses 8 and 9 wanted to exclude you for any reason they had the power to do so by merely requesting that your agency no longer deploy you to the prison.

Charge 1

"That you, a registered nurse, whilst working at HMP Chelmsford:

1) Between around August 2019 and 31 December 2019:

a) In conversation with colleagues, made reference to Colleague A's body
b) Said to Colleague A, words to the effect of:

i) Your husband needs to put a baby in you
ii) If I wasn't married you wouldn't be able to stop me"

These charges are found proved.

Whilst the panel determined each of these charges separately, it considered them together as they arise from the same set of facts.

The panel noted that Colleague A was supportive of you throughout her oral evidence. She commented on you being a good nurse and a team player. However, she further stated that although she did not view your conduct and behaviour as *"grotesque"* and was not threatened by it, she could understand how it may have bothered other people.

The panel had regard to Colleague A's local statement dated 27 May 2020 in which she describes the alleged incidents,

> *'Hamid has also on occasion said some inappropriate sexual comments to me before I was pregnant like "your husband needs to put a baby in you", "if I wasn't married you wouldn't be able to stop me" and made comments about my "curves" and breasts.'*

Colleague A reiterated this during her oral evidence. The panel noted the consistency between her oral evidence, local statement and her NMC statement dated 23 March 2021. Having considered the evidence, the panel preferred Colleague A's account and found charge 1 proved in its entirety on the balance of probabilities.

Charge 2

"That you, a registered nurse, whilst working at HMP Chelmsford:

2) Between around 1 February and 31 March 2020:

a) On one or more occasions, touched and/or rubbed Colleague A's stomach
b) kissed Colleague A's stomach"

These charges are found proved.

Whilst the panel determined each of these charges separately, it considered them together as they arise from the same set of facts.

In reaching this decision, the panel took into account Colleague A's local statement dated 27 May 2020, in which she stated,

> *'The first being(sic) after [PRIVATE]. I was standing talking to a colleague outside the manager's office and Hamid walked up to me and started to rub my stomach and then proceeded to kiss my bump. At the time I was so shocked that I wasn't sure what to do and didn't address it with him. The encounter made me feel uncomfortable and felt inappropriate but I wasn't sure how to act in the situation or even if I should act at all. I felt it could be an isolated incident so rather than say anything I discussed it with a colleague and felt that I was ok and it didn't need any further action.'*

Colleague A reiterated this during her oral evidence. The panel noted that Colleague A's account was corroborated by Witness 2. During her oral evidence Witness 2 said words to the effect of, *"I am 100% sure hands were on stomach and 70% sure he kissed her stomach".*

The panel also had regard to Witness 2's NMC statement dated 29 May 2021 which states,

> *'I do remember one time when my colleague [Colleague A], who I believe was a Nurse Prescriber, [PRIVATE] and Hamid did something which I found a bit weird and over the top.*

…Hamid definitely had his hands on [Colleague A's] tummy. His face was very close and it looked like he kissed her [PRIVATE] tummy. Hamid had definitely not, in that particular moment, asked [Colleague A] for permission to touch or kiss her tummy…'

The panel noted that when put to both Colleague A and Witness 2, they described the incident similarly, which was consistent with both their previous statements. Both witnesses told the panel that these incidents did occur. The panel preferred the evidence of Colleague A as it was clear, consistent and corroborated by Witness 2. Accordingly, the panel found charge 2 proved on the balance of probabilities.

Charge 3

The panel determined that Colleague B's evidence was consistent throughout all her written statements and in her oral evidence. The panel found her to be credible and compelling despite being challenged heavily, she reaffirmed that the incidents occurred as alleged.

Charge 3a(i)

"That you, a registered nurse, whilst working at HMP Chelmsford:

3) On unknown dates between around 1 January 2020 and 22 May 2020:
    a) In relation to Colleague B:
        i) Hugged and/or tried to hug them on one or more occasions

This charge is found proved.

In reaching this decision, the panel had regard to Colleague B's police statement dated 29 June 2020 in which she described the instances when you hugged and/or tried to hug her. She stated,

‘The first time he hugged me was about a month after I started my job.

After this every time HAMID saw me he would try and hug me…

…he walked into the office and came up behind me and I was sitting at my desk he leant over me cuddled me from behind in a bear hug…

HAMID then started to hug me again from behind…’

…HAMID walked into the office and came and hugged me and kissed my neck…

‘Since this time I have not been on my own with HAMID, although he did still hug me in front of other people and I tell him to stop…’

The panel noted that Colleague B reiterated this in her NMC statement dated 12 June 2023 and during her oral evidence before the panel. The panel preferred Colleague B’s evidence in relation to this charge because she was clear, and her oral evidence was consistent with all her written statements. The panel also considered Colleague B’s evidence credible. For these reasons, the panel determined that it is more likely than not that you hugged and/or tried to hug Colleague B on one or more occasions. The panel therefore found charge 3a(i) proved.

Charge 3a(ii)

“That you, a registered nurse, whilst working at HMP Chelmsford:

3) On unknown dates between around 1 January 2020 and 22 May 2020:
   a) In relation to Colleague B:

      ii) Said words to the effect of: If I find out that you have dropped your knickers for an officer I won’t be happy

This charge is found proved.

The panel considered Colleague B's police statement dated 29 June 2020 in which she mentions this incident stating,

> *'…we were chatting and he asked me if I was in a relationship, I told him I was single… he then started to warn me off dating other work colleagues as they had a bad reputation he then said 'IF I FIND OUT YOU HAVE DROPPED YOUR KNICKERS FOR AN OFFICER I WON'T BE HAPPY' I was really shocked by this and just turned away I did not know how to respond he then just walked away.'*

The panel noted that Colleague B describes this incident in the same way in her NMC statement dated 12 June 2023. Further, the panel heard Colleague B reassert that this incident occurred, when it was put to her during her oral evidence.

For these reasons, the panel determined that it is more likely than not that you said words to the effect of, *"If I find out you have dropped your knickers for an officer, I won't be happy".* The panel therefore found charge 3a(ii) proved.

Charge 3a(iii)

> "That you, a registered nurse, whilst working at HMP Chelmsford:
>
> 3) On unknown dates between around 1 January 2020 and 22 May 2020:
>
> a) In relation to Colleague B:
>
> iii) On one or more occasions, kissed their neck

This charge is found proved.

In reaching this decision, the panel had regard to Colleague B's police statement dated 29 June 2020 in which she described the instances when you kissed her on the neck. She stated,

> *'The first time he kissed me again I was in the office, he walked in the office and came up behind me I was sitting at my desk he leant over me cuddled me from behind in a bear hug and kissed me on the back of my neck, this lasted for about two seconds…*
>
> *…HAMID walked into the office and came and hugged me and kissed my neck…*
>
> *…HAMID walked into the office again hugged me from behind and kissed my neck, I pulled away and he quickly walked away out of the office.'*

This allegation was put to Colleague B during her oral evidence and her response was consistent with her police statement and her NMC statement. During her oral evidence Colleague B told the panel that she could *"still feel the kiss on her neck"* and that she *"pushed him off and he looked like he nearly laughed*".

The panel further noted that in her NMC statement, Colleague B explained that she *'eventually went to the other administrators(sic) office and told [Ms 5] what happened'*, that *'…Hamid had just hugged [her] and kissed [her] neck'*. She also stated that was *'anxious and shaky'*. The panel considered that Colleague B reported this incident to senior members of staff.

The panel preferred the evidence of Colleague B because it was clear and consistent. For these reasons, the panel determined that it is more likely than not that you kissed Colleague B's neck on one or more occasions. The panel therefore found charge 3a(iii) proved.

Charge 3a(iv)

> "That you, a registered nurse, whilst working at HMP Chelmsford:

3) On unknown dates between around 1 January 2020 and 22 May 2020:
    a) In relation to Colleague B:

        iv) Said words to the effect of: I need to go give them a hug, they are like my morning coffee

This charge is found proved.

In Colleague B's NMC statement she describes the incident, stating,

> *'I next saw Hamid approximately a week after I had confronted him and told him that him hugging me was making me feel uncomfortable. I do not recall the date. It was around 09:00 or 10:00 am. I was sat on the chair in my office and the door was open. There was a prison officer sitting outside of my door, assisting with the clinic. I do not recall their name. There was nobody else present inside of the office. Hamid greeted the prison officer and said good morning. Hamid then said "oh I need to go give her a hug, she is like my morning coffee". Hamid then walked into the office. Before I had the chance to process what he had said, Hamid had placed both of his arms around my shoulder blades. I was sat at an angle, as my chair was faced towards the prison officer who was sat outside of the office. It was a really quick hug, lasting one or two seconds. As soon as I realised what was happening, I launched my body away from Hamid and said "no". I turned my head and looked at Hamid in the eyes and said "no, Hamid". My voice shook as I said it. Hamid appeared to have a smirk on his face. Hamid did not say anything, he just left the office. The prison officer then made a joke of the situation and said "I thought you were going to cry then".*
>
> *The incident made me [PRIVATE]. I had asked Hamid not to hug me anymore and I thought that I had made this very clear during our previous conversation. After the clinic had finished, I informed [Ms 5] of the incident. I am unsure on what action [Ms 5] took as a result.'*

Colleague B's account of this incident in her NMC statement is consistent with her police statement dated 29 June 2020. She reiterated this account clearly when it the allegation was put to her during her oral evidence.

Witness 4, in her police statement dated 30 June 2020, corroborates Colleague B's account of this incident. Witness 4 stated,

> *'…HAMID walked straight over to [Colleague B] as though me and [Witness 5] were not in the room. I saw [Colleague B] look uncomfortable and try to turn her chair away but he was trying to hug her, he was trying to envelop her in his arms, [Colleague B] was saying 'GET OFF OF ME' and was trying to get away from him, her tone was forceful but in a police(sic) way but you could tell she was not happy with what he was doing.'*

Having considered the evidence before it, the panel preferred Colleague B's account as it was consistent and corroborated by Witness 4. The panel therefore found that on the balance of probabilities you said words to the effect of, *"I need to go give them a hug, they are like my morning coffee".*

Accordingly, the panel found charge 3a(iv) proved.

Charges 3a(v) and 3a(vi)

"That you, a registered nurse, whilst working at HMP Chelmsford:

3) On unknown dates between around 1 January 2020 and 22 May 2020:
   a) In relation to Colleague B:

      v) Stood with your legs touching their knees
      vi) Said words to the effect of: are you not going to stand up and give me a hug then

These charges are found proved.

Whilst the panel determined each of these charges separately, it considered them together as they arise from the same set of facts.

The panel took into account all the evidence before it, in particular Colleague B's NMC statement dated 12 June 2023, which states,

> *'I do not recall the date of the incident, or the time. I was in the shared office with [Ms 5] and [Witness 4]. …Hamid then walked over to me, and stood directly in front of me. Hamid was so close to me, that his legs touched my knees and he towered over me. Hamid said "are you not going to stand up and give me a hug then". [PRIVATE] I shook my head and turned my chair back around to my desk and continued working. I do not recall whether Hamid stayed in the office, or left. The incident happened in front of [Mr 2] who was a senior staff member. I wanted to remain professional in front of [Mr 2]. By Hamid asking if I was going to stand up and give him a hug, it made it seem as though I had done this before. This was not the case.'*

The panel considered that Colleague B reiterated this during her oral evidence. Taking into account all the evidence before it, the panel preferred the evidence of Colleague B, who it has determined is credible. For these reasons, the panel found charges 3a(v) and 3a(vi) proved on the balance of probabilities.

Charge 3a(vii)

> "That you, a registered nurse, whilst working at HMP Chelmsford:
>
> 3) On unknown dates between around 1 January 2020 and 22 May 2020:
>
> a) In relation to Colleague B:
>
> vii) Sounded your car horn at them

This charge is found NOT proved.

Whilst the panel believe that a car horn was sounded, it determined that the NMC have not been able to prove on the balance of probabilities that it was definitely your car or that it was directed at Colleague B. Accordingly, the panel found charge 3a(vii) not proved.

Charge 3a(viii)

> "That you, a registered nurse, whilst working at HMP Chelmsford:
>
> 3) On unknown dates between around 1 January 2020 and 22 May 2020:
>
> a) In relation to Colleague B:
>
> viii) Said words to the effect of: I thought I told you not to get with any officers

This charge is found proved.

In Colleague B's local statement detailing the timeline of incidents, dated 22 May 2020, she stated,

> *'One afternoon my colleague [Witness 4] and I were sitting in the office talking about an officer that I had recently got into a relationship with. The conversation was appropriate for the workplace and our office door was shut. R.G.N Bun-Seisay came in and overheard the topic of our conversation and confronted me saying "I thought I told you not to get with any officers". R.G.N Bun-Seisay seemed to be quite frustrated with this and walked out of the office.'*

Colleague B reiterates this in her NMC statement dated 12 June 2023 and recounted the incident clearly and consistently during her oral evidence. The panel preferred Colleague B's evidence to your denial of the allegation. As such, it found that it is more likely than not that in relation to Colleague B, you said words to the effect, *"I thought I told you not to get with any officers*".

The panel therefore found charge 3a(viii) proved.

Charge 3a(ix)

"That you, a registered nurse, whilst working at HMP Chelmsford:

3) On unknown dates between around 1 January 2020 and 22 May 2020:
   a) In relation to Colleague B:
      ix) On one or more occasions after 1 March 2020, blew kisses at them"

This charge is found proved.

The panel had regard to Colleague B's NMC statement dated 12 June 2023, in which she stated,

'I am unable to recall the date of the incidents. I know that the incidents happened after March 2020, as I had moved offices at this point and I was working in the shared office. The shared office had windows all around it. My desk faced a window. Outside of the window that my desk faced was the entrance door to the healthcare wing. On approximately five separate occasions, Hamid walked past the window that my desk faced and blew kisses at me with his hand and lips. I would not ever react or respond to Hamid. I would either put my head back down or turn away from Hamid. He would never say anything when he blew me kisses. If he did then I could not hear him as the window was closed. [Ms 5] was usually present when this

happened and would witness Hamid blow kisses at me. [Ms 5] would usually respond by saying words to the effect of "ew that's disgusting".'

The panel took account of Witness 4's police statement dated 30 June 2020, which corroborates Colleague B's account of the incident. In her police statement, Witness 4 stated,

'Shortly after the incident we were in the office and I heard [Colleague B] say 'OH MY GOD' I asked her what was wrong and she said that HAMID has just walked past the office window and blown her a kiss.'

Colleague B asserted that this incident occurred when it was put to her during her oral evidence. She was adamant about the fact that Ms 5 witnessed this incident and that she told Witness 4. The panel noted that during her oral evidence, Colleague B said words to the effect of, *"he could only see me so it was only aimed at me"*; *"…remember thinking what office could I go to… nothing was working… I felt like I could not escape him"* and that *"it kept getting worse".*

Having considered the evidence in relation to this charge, the panel preferred Colleague B's evidence as opposed to your denial of the charge. For these reasons, the panel found charge 3a(ix) proved on the balance of probabilities.

Charge 3b

"That you, a registered nurse, whilst working at HMP Chelmsford:

3) On unknown dates between around 1 January 2020 and 22 May 2020:
   b) In relation to Colleague C:
      i) kissed them on the lips"

This charge is found proved.

This charge relates to an alleged incident involving Colleague C, who did not provide any documentary or oral evidence to this panel.

However, the panel carefully considered the evidence before it and determined that Colleague B was a direct witness to this incident. In particular, the panel had regard to Colleague B description this incident in her NMC statement dated 12 June 2023, which is as follows:

> *'I turned my chair around and saw Hamid approach [Colleague C] from her side. Hamid towered over [Colleague C] and kissed her on the lips, before he pulled away and left the office. The kiss lasted for one or two seconds. [Colleague C] often wore red or pink lipstick. When Hamid pulled away, I saw that [Colleague C's] lipstick had transferred onto his face, around his mouth. [Colleague C] sat there with her mouth wide open in shock. I froze. Neither of us could comprehend what had just happened and we were both in disbelief, repeating that we could not believe that Hamid had just done that.'*

The panel noted that Colleague B reiterated this accounted clearly when it was put to her during her oral evidence. The panel considered that Colleague B was adamant that she saw Colleague C's lipstick around your mouth. The panel found Colleague B's evidence to be consistent with her written statement. As such, the panel found that on the balance of probabilities you kissed Colleague C on the lips.

The panel therefore found charge 3b(i) proved.

Charge 4a

> "That you, a registered nurse, whilst working at HMP Chelmsford:
>
> 4) On unknown dates:
> a) In relation to Colleague D:
> i) Lifted them up
> ii) Pushed the back of their knee(s)

iii) Picked up their diary when they were using it
iv) Laughed at them”

These charges are NOT found proved.

At the start of this hearing the NMC made a hearsay application in respect of adducing Colleague D’s witness statements into evidence as hearsay. The NMC have since attempted to secure Colleague D’s attendance to give oral evidence, but Colleague D failed to attend.

The panel decided not to admit Colleague D’s statement because it determined the evidence to be sole and decisive. The NMC in closing attempted to rely upon that evidence as recited by Witness 8. The panel regarded it as inappropriate to allow that evidence to be admitted as hearsay simply by an alternative route. It follows that the panel could not then make a finding of facts in relation to this charge. As such, the panel found the entirety of charge 4a not proved.

Charge 4b

“That you, a registered nurse, whilst working at HMP Chelmsford:

4) On unknown dates:

b) Hugged Colleague E after they told you not to do the same”

This charge is found proved.

In reaching its decision, the panel had regard to the evidence before it, particularly Colleague E’s NMC statement dated 16 June 2023, in which she described the incident,

‘There was one occasion in which Hamid hugged me after I had told him not to. I was entering the healthcare wing with a visitor (due to the passage of time I cannot recall the date of the incident or the name of the visitor). I had not seen Hamid in a while. Hamid came over to me as I was entering the gate to the healthcare wing and put his arms out towards me as though he was going to give me a hug. I told Hamid “no” in a humorous voice as I had a visitor with me. Hamid then hugged me anyway. I’d like to make it clear that I was not offended by Hamid hugging me and he did not make me feel uncomfortable or bothered. As I had said “no” in a humorous tone of voice, I thought that Hamid may have took it as a joke, or a dare. Hamid was not being or acting sexual in any way.’

The panel noted that throughout her oral evidence Colleague E was supportive of you and stated that she considered you to be a good nurse. Notwithstanding, she reiterated that the incident occurred as alleged. She expressed to the panel that although she was not offended by it, she recognised that it was inappropriate.

The panel determined that Colleague E’s evidence was consistent with her witness statement, and it found Colleague E to be credible. As such, the panel preferred her evidence. Accordingly, the panel therefore found that on the balance of probabilities, you hugged Colleague E after she told you not to do the same.

The panel found charge 4b proved.

Charge 5a

“That you, a registered nurse, whilst working at HMP Chelmsford:

5) Your behaviour at one or more of the charges and/or sub charges set out above at 1 to 4:

a) Was unwanted conduct of a sexual nature”

This charge is found proved.

The panel had regard to the evidence before it and determined that your conduct in relation to Colleague A, B and C was of a sexual nature.

Although the panel heard during Colleague A's oral evidence that she was not offended or threatened by your behaviour, it determined that this does not mean your comments and actions were appropriate. Based on the evidence the panel heard, it was certain that Colleague A did not invite you to use words such as *'your husband needs to put a baby in you'* and *'if I wasn't married you wouldn't be able to stop me'*. The panel was of the view that these comments have explicit sexual undertones.

In respect of Colleague B, it is clear that your conduct was unwanted and of a sexual nature as you continuously kissed and hugged her without her consent and made sexually suggestive remarks towards her. The panel considered that she expressed in her witness statements and during oral evidence that she was not comfortable with your behaviour at the time and the impact it has had on her life and [PRIVATE].

Further, the panel determined that your actions at charge 3b(i) could only be unwanted conduct of a sexual nature as the panel do not have any evidence of Colleague C consenting to you kissing her on the lips.

For the reasons set out above, the panel found that your behaviour at one or more of the charges and/or sub charges set out at 1 to 4 was unwanted conduct of a sexual nature. As such, it found charge 5a proved.

Charge 5b (i)

> "That you, a registered nurse, whilst working at HMP Chelmsford:
>
> 5) Your behaviour at one or more of the charges and/or sub charges set out above at 1 to 4:

b) Had the purpose and/or effect of:

i) Violating Colleague A and/or Colleague B and/or Colleague C and/or Colleague D and/or Colleague E's dignity

This charge is found proved.

Based on its findings at charges 1 to 4, the panel determined that you violated Colleague A's dignity by subjecting her to derogatory remarks and touching her stomach.

In relation to Colleague B, the panel determined that your use of sexually suggestive language, inappropriate touching and non-consensual kisses on her neck could only have had a purpose and/or effect of violating her dignity.

Although the panel noted that your behaviour in relation to Colleague C was a single instance, it determined that your behaviour was inappropriate in that kissing a colleague on the lips without their consent suggests that you purposefully violated their dignity. The panel considered that even if it was not your intention, the effect of your behaviour amounts to violating her dignity.

The panel therefore found that your behaviour at one or more of the charges and/or sub charges set out above at 1 to 4 had the purpose and/or effect of violating Colleague A, B and C's dignity.

Accordingly, the panel charge 5b(i) proved.

Charge 5b (ii)

"That you, a registered nurse, whilst working at HMP Chelmsford:

5) Your behaviour at one or more of the charges and/or sub charges set out above at 1 to 4:

b) Had the purpose and/or effect of:

ii) Creating an intimidating, hostile, degrading, or offensive environment for Colleague A and/or Colleague B and/or Colleague C and/or Colleague D and/or Colleague E”

This charge is found proved.

In reaching this decision, the panel considered your behaviour towards the Colleagues identified in the charge.

In relation Colleague A, the panel considered that in her evidence she stated that although she wasn’t threatened by your behaviour, she felt slightly uncomfortable and made efforts to ensure that there was some kind of barrier or distance between you and her. The panel determined that Colleague A having to take precautions when interacting with you was as a result of you creating an intimidating environment for her.

Based on Colleague B’s documentary and oral evidence, the panel determined that you created an intimidating, hostile, degrading and offensive environment for her. The panel noted that she expressed this through her complaints to management and conversations with you asking you to stop your inappropriate behaviour. Further, during her oral evidence, Colleague B explained that your conduct has adversely affected her and continues to do so.

In relation to Colleague C, D and E, the panel did not find that your behaviour created an intimidating, hostile, degrading or offensive environment.

The panel found charge 5b(ii) proved in relation to Colleagues A and B.

Charge 6

"That you, a registered nurse whilst working at HMP Chelmsford:

5) Your behaviour at one or more of the charges and/or sub-charges set out above at 1 to 4 were sexually motivated in that you were seeking sexual gratification"

This charge is found proved.

In reaching its decision, the panel considered the language and actions identified above. The panel took into account the language used towards Colleague A, i.e. words to the effect of *"your husband needs to put a baby in you"* and *"if I wasn't married you wouldn't be able to stop me"*.

The panel also considered your behaviour towards Colleague B in that you hugged and kissed her without her consent on multiple occasions. It noted the comments you made to Colleague B such as, words to the effect of *"If I find out that you have dropped your knickers for any officers I won't be happy"*. Further it had regard to your conduct towards Colleague C in that you kissed her on the lips without her consent.

The panel determined that your conduct in relation to Colleagues A, B and C was sexually motivated in that you were seeking sexual gratification from those actions.

The panel therefore found charge 6 proved in relation to Colleagues A, B and C but not in relation to Colleagues D and E.

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, has recognised its statutory duty to protect the public and maintain public confidence in the profession. Further, it bore in mind that there is no burden or standard of proof at this stage and it has therefore exercised its own professional judgement.

The panel adopted a two-stage process in its consideration. 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.

Submissions on misconduct

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

Ms Wisniewska invited the panel to take the view that the facts found proved amount to misconduct. The panel had regard to the terms of 'The Code: Professional standards of practice and behaviour for nurses and midwives 2015' (the Code) in making its decision.

Ms Wisniewska identified the following sections of the Code that were breached as a result of your conduct: 20, 20.1, 20.2, 20.3, 20.5, 20.7, 20.8, 20.10.

Ms Wisniewska submitted that the subject matter of the charges found proved is serious and all the charges found proved are indicative of serious attitudinal failings. It was her submission that the seriousness is compounded by the findings made at charges 5 and 6 because those charges reveal serious attitudinal failings including sexual motivation behind the conduct towards colleagues.

Ms Wisniewska submitted that in respect of charge 5, the conduct was of an unwanted nature, violating the dignity of some colleagues and creating an intimidating, hostile, degrading or offensive environment. Regarding charge 6, your conduct was found to be sexually motivated and seeking sexual gratification. Ms Wisniewska argued that the panel's findings highlight and compound the attitudinal failings.

Taking into account the standards and requirements imposed by the Code, it was Ms Wisniewska's submission that your actions do amount to serious professional misconduct.

Submissions on impairment

Ms Wisniewska 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. This included reference to the cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2), Grant* [2011] EWHC 927 (Admin) and *Nandi v General Medical Council* [2004] EWHC 2317 (Admin).

Ms Wisniewska invited the panel to find that you are not currently fit to practise without restriction.

Ms Wisniewska took the panel through the four limbs set out by Dame Janet Smith in the Fifth Shipment Report and set out in the case of *Grant*:

a) *has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*

b) *has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*

c) *has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*

d) *has in the past acted dishonestly and/or is liable to act dishonestly in the future'*

Ms Wisniewska said that limb (d) is not engaged in this case, as the charges do not involve dishonesty.

Ms Wisniewska submitted that you did put patients at risk of harm through your conduct towards colleagues because it created a risk of endangering their performance at work, including their care towards patients in that you negatively impacted the environment. She put to the panel that your behaviour risked impacting the working environment which creates a risk of harm to patients as well as a risk of your own behaviour potentially being translated into behaviour towards patients.

Ms Wisniewska submitted that your conduct in the charges found proved breached the four fundamental tenets of the profession, namely prioritising people, practice effectively, preserve safety and promote professionalism. She submitted that your behaviour had a negative impact on colleagues trying to do their jobs.

Taking into account all the circumstances of the case and the egregious nature of the charges found proved, it was Ms Wisniewska's submission that your conduct in the past has brought the profession into disrepute,

Given that three limbs of *Grant* are engaged in this case, Ms Wisniewska put to the panel that it would be justified in finding that you are liable in the future to repeat the same behaviour. She submitted that there is no evidence of insight, reflection or remediation. Accordingly, Ms Wisniewska invited the panel to find that your fitness to practise is currently impaired by virtue of your past misconduct and the risk of harm you present going forward.

Mr Conteh's submissions on misconduct and impairment on your behalf

Mr Conteh submitted that you never denied that you were part of the culture of HMP Chelmsford. Mr Conteh put to the panel that Colleague B and Witness 4 were Administrators, which means they had nothing to do with patients. Therefore, any alleged conduct by you would not have affected patients because they were not part of the nursing team. Further, the witnesses who worked as nurses for CRG Medical i.e. Colleague A, Witness 8 and Witness 9 never gave any indication in their evidence that your conduct affected patient safety. On this basis, he submitted that your practise is not impaired.

Mr Conteh asked the panel to consider that you were only acting in accordance with an established culture at HMP Chelmsford. He put to the panel that your actions were not outside of the culture of the prison, which you understood to be acceptable but was later turned against you. As such, it was Mr Conteh's submission that you should not be considered a risk to the public as a result of that conduct.

Mr Conteh asked the panel to consider your reflective statement, in which you reflected on professional boundaries. He said you also expressed that in any future workplace, even if there is an established culture, you would not participate in it.

Mr Conteh submitted that a finding of impairment would be a loss to the profession given your 22-year nursing career and the fact that there has never been any question about your professionalism and competency prior to these allegations. He put to the panel that future patients will not benefit from your years of experience if there is a finding of impairment at this time. He told the panel that you are in the process of completing a degree.

Mr Conteh informed the panel of how difficult your personal circumstances have been since the allegations were brought against you. [PRIVATE]

Mr Conteh asked the panel to consider the evidence of the witnesses that appeared before the panel on your behalf. He reminded the panel that they provided positive character references, speaking to your competence as a nurse.

For these reasons, Mr Conteh urged the panel to find that your fitness to practise is not currently impaired.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Roylance v General Medical Council* (No 2) [2000] 1 A.C. 311, *Nandi v General Medical Council* [2004] EWHC 2317 (Admin), and *General Medical Council v Meadow* [2007] QB 462 (Admin).

Decision and reasons on misconduct

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

The panel was of the view that your actions did fall significantly short of the standards expected of a registered nurse, and that your actions amounted to a breach of the Code. Specifically:

> *'**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'

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel determined that your actions were a departure from acceptable standards and amounted to clear breaches of the code. The panel took the view that fellow practitioners would find your conduct deplorable.

The panel had regard to the NMC guidance on 'Misconduct' (FTP-2a) and 'How do we determine seriousness' (FTP-3). The panel considered the following:

'Some behaviours are particularly serious as they suggest there may be a risk to people receiving care; examples include:

- *…*
- *sexual misconduct,*
- *discrimination and harassment, and*
- *...'*

The panel took account of FTP-3, particularly the guidance on sexual misconduct and noted the following:

'Sexual misconduct is unwelcome behaviour of a sexual nature, or which can reasonably be interpreted as sexual, that degrades, harms, humiliates or intimidates another. It can be physical, verbal or visual. It could be a pattern of behaviour or a single incident.

…

Sexual misconduct can have a profound and long-lasting impact, on people, including causing physical, emotional and psychological harm. Acts of sexual misconduct directly conflict with the standards and values set out in the Code.

Sexual misconduct is likely to be serious enough to impair fitness to practise whether the conduct takes place in professional practice or outside professional practice. Sexual misconduct poses risks both to people receiving

care and colleagues and can seriously undermine public trust and confidence in our professions.'

The panel found that your behaviour was degrading, intimidating and humiliating to a number of your colleagues respectively. The panel determined that the repetitive nature of the incidents to different colleagues suggests a general pattern of behaviour. [PRIVATE]

For the reasons set out above, the panel found that your actions did fall seriously short of the conduct and standards expected of a nurse and amounted to misconduct.

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.'

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. They must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

In this regard the panel considered the judgment of Mrs Justice Cox in the case of *CHRE v NMC and Grant* in reaching its decision. In paragraph 74, she said:

> *'In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.'*

In paragraph 76, Mrs Justice Cox referred to Dame Janet Smith's "test" which reads as follows:

> *'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her/ fitness to practise is impaired in the sense that S/He:*
>
> *a) …*
>
> *b) has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
>
> *c) has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*
>
> *d) ...'*

The panel determined that limbs '*a'* and '*d'* of Grant are not engaged in this case. The panel had no evidence before it to indicate that patients were put at an

unwarranted risk of harm as a result of your misconduct. Further, the panel noted that there are no elements of dishonesty in the charges found proved.

The panel determined that your misconduct brought the profession into disrepute and breached the fundamental professional tenets of prioritising people, practising effectively and promoting professionalism and trust.

Regarding insight, the panel considered that although you have engaged with these proceedings, you have not demonstrated any insight into your misconduct. The panel considered that you have not demonstrated an understanding of why what you did was wrong and how this impacted negatively on the reputation of the nursing profession and upon colleagues involved. The panel noted Mr Conteh's submission that in the future you will not participate in established workplace cultures. However, it determined that you failed to take any responsibility for actions and sought to blame others instead.

The panel was not satisfied that your conduct in the charges found proved are easily remediable. The charges relate to instances of unwanted conduct of sexual nature and multiple breaches of professional boundaries. The panel considered that charges such as these are more difficult to remedy as they indicate an attitudinal issue.

The panel carefully considered the evidence before it and noted the positive character references your witnesses provided. It also had regard to your detailed reflective statement. However, the panel noted that you did not provide any evidence of remediation.

The panel determined that given the lack of insight or accountability, you are liable to repeat matters of the kind found proved. The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind that the overarching objectives of the NMC are to protect, promote and maintain the health, safety and well-being of the public and patients,

and to uphold/protect the wider public interest, which includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

The panel determined that a finding of impairment on public interest grounds is required given the serious nature of your misconduct and the risk of repetition. The panel concluded that, given the breach of fundamental tenets of the profession, public confidence in the profession would be undermined if a finding of impairment were not made in this case and therefore finds her fitness to practise impaired on public interest grounds.

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

Sanction

The panel has considered this case very carefully and has 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 this decision, the panel has had regard to all the evidence that has been adduced in this case and had careful regard to the Sanctions Guidance (SG) published by the NMC. The panel accepted the advice of the legal assessor.

NMC submissions on sanction

In the Notice of Hearing, dated 30 April 2024, the NMC had advised you that it would seek the imposition of a striking off order if it found your fitness to practise currently impaired.

Ms Wisniewska referred to the panel's decisions and reasons in relation to misconduct and impairment. She submitted that the aggravating factors in this case are as follows:

- You have not demonstrated any insight into the misconduct.
- You have not demonstrated any understanding of why what you did was wrong and how your misconduct impacted negatively on the reputation of the profession and also upon the particular colleagues involved in the incidents.
- You failed to take responsibility for actions and sought to blame others instead.
- The charges relate to incidents of unwanted conduct of a sexual nature.
- Multiple breaches of professional boundaries.
- The misconduct is difficult to remediate because it is indicative of an attitudinal issue.
- There is no evidence of remediation.
- There is a risk of repetition.

Although the NMC has identified that there are no mitigating factors in this case, It was Ms Wisniewska's submission that the NMC does recognise the supportive and positive testimonials you provided.

Ms Wisniewska submitted that taking no action and a caution order would evidently be inappropriate in this case given the gravity of the misconduct and the panel's findings. She submitted that there is a risk of repetition of the issues identified and this means that more must be done by way of sanction to protect the public and maintain public confidence in the profession.

Ms Wisniewska argued that a conditions of practice order would not appropriately address the concerns regarding public protection and public interest. She submitted that there are no workable, relevant and proportionate conditions that could address the misconduct, given the panel's finding that it is not easily remediable. She reminded the panel that you have not provided any evidence of remediation.

Ms Wisniewska invited the panel to conclude that a suspension order is not the appropriate order in this case either. She referred to the NMC guidance on 'Suspension order' (SAN-3d). The guidance states that a suspension order is appropriate where there is no evidence of harmful or deep-seated personality or

attitudinal problems, where there is no significant risk of repetition. As such, it was Ms Wisniewska's submission that a suspension order is not appropriate or proportionate in this case, given the finding of an attitudinal issue and a risk of repetition.

Ms Wisniewska referred the panel to the NMC guidance on 'Striking off order' (San-3e) and the key considerations when imposing a striking off order. She submitted that the regulatory concerns about you raise fundamental questions about your professionalism and public confidence in nurses will not be maintained if you are not removed from the register. Further she submitted that a striking off order is the only sanction which will be sufficient to protect patients, members of the public and maintain professional standards.

It was Ms Wisniewska's submission, that your misconduct is serious enough to justify removing you from the register, taking into account the nature of the misconduct, the fact that it is not easily remediable and the risk of repetition. Further, she put to the panel that you have not demonstrated any insight, accountability or remediation.

Ms Wisniewska submitted that in applying the principle of proportionality, the need to protect the public and maintain public interest outweighs your interest in this regard. As such, it was her submission that the most appropriate and proportionate sanction in these circumstances is a striking off order.

Mr Conteh's submissions on sanction

Mr Conteh provided both oral and written submissions to the panel. His written submissions are as follows:

> *'1 . The registrant, Mr Hamid Burn- Seisay's first job was as a Health Care Assistant working for nursing agencies in different healthcare settings, including nursing homes, and the King's College NHS Trust in September 2001.*

2. *In the same year, 2001, Hamid undertook an Access to Nursing course and Allied Health Studies in September of that year at Lambeth College, and he completed it in 2002 will he completed*

3. *The registrant, Mr Hamid Bun-Seisay, qualified as a registered general nurse in 2007. Furthermore, he completed a Higher Education Diploma course in Hygiene and Tropical Medicine in 2015 and became a qualified Tropical Disease Specialist Nurse.*

4. *As a registered nurse, Hamid's profession means the world to him and his family. To Hamid, it brought joy and happiness when caring for patients. Hamid prides himself on hard work, commitment, and being competent and reliable*

5. *It has never been the intention of the registrant to make colleagues feel uncomfortable. Following his training on professional boundaries, the registrant has taken the necessary steps to address the issue of being overly friendly with colleagues.*

6. *On completion of his nurse training, he worked as a nurse in the Clinical Research Analgesia Centre at University College London Hospital. He worked there for almost two years and at the same time worked as an agency nurse in several hospitals, prisons, Police custody around the UK and as a senior Band 6 community nurse in East London Foundation NHS Trust.*

7. *In February 2017 the registrant joined the British Transport Police from February as a permanent registered Police custody nurse until 2019. His duties involved conducting medical assessments to ensure that detainees are safe to be in*

custody, managing detainees with medical needs, such as substance misuse issues, including administering routine medications as per the Patient Group Direct Policy (PGD policy). His role was also to attend to medical emergencies in custodial cells and refer detainees to the accident and emergency department for further medical attention when necessary.

8. *Apart, he worked as a Police Custody Nurse in many places in the UK, including Wales and Scotland. One of the registrants' roles was conducting forensic sampling for rape cases, drugs and drinks driving cases etc.*

9. *The registrant started working as an agency nurse at HMP Chelmsford in 2018. His role at the time of the alleged incidents was to conduct assessments for prisoners (patients) coming into the prison from reception, coordinating and responding to medical emergencies throughout the prison. Furthermore, part of his role was to administer prescribed medication to patients and run a 3-nurse-led clinic for patients.*

10. *The registrant is currently unemployed and has been in this position since the allegations were brought against him on the **23rd of May 2020**.*

11. *[PRIVATE]*

12. *[PRIVATE]*

13. *The first-hand information of [Ms 2] on the **first page, paragraph 5** states that Hamid was a genuine professional who cared about his role and put his clients first. [Ms 2] went on to state that at no time did she feel uncomfortable working or*

*being around Nurse Hamid. Furthermore, **in paragraph 6**, [Ms 2] stated that Hamid always presented himself as a proud father to his family and never, in her presence, gave any indication to the contrary.*

14. *[Colleague A] described Nurse Hamid Bun-Seisay **(paragraph 4; page 2** of her witness statement) as a very good, friendly, and caring nurse.*

15. *[Colleague E] (CRG Operations Director), stated on **page 42, paragraph 17 of her witness statement**, that she had no concerns about Hamid's fitness to practice as a nurse and that Hamid was a very good nurse whom she frequently complimented on his documentation and treatment of the prisoner's wellbeing.*

16. *[Witness 2] states **(page 8, paragraph 5 of her witness statement)** that she did not have any concerns about Hamid's behaviour towards her at work and that there was nothing that made her feel uncomfortable. She further states in the same **paragraph 5, page 8**, that she did not see anything that made her question Hamid.*

17. *[Ms 3] is in **Paragraph 3 of the first page,** stated in her witness statement that she respected Hamid and feels that he was a great asset to any organisation. She went on to state that she worked with Hamid and found Hamid to be always welcoming, friendly, and happy to share his knowledge with others.*

18. *[Ms 4], **in paragraphs 3 and 4 of pages 1 and 2**, stated in her witness statement that Hamid always professionally conducted himself. [Ms 4] went on to state that she had known Hamid to be a very respectful person towards his*

colleagues and patients alike and disciplined enough to know where to draw the line in upholding his professional ethics and code of conduct. She concluded in ***paragraph 4*** *that Hamid's Professional practice is generally outstanding and works with honesty and integrity, knowing his professional boundaries.*

19. *[Mr 1], on the other hand, stated on the* ***first page, paragraph 1,*** *of his firsthand information that Hamid was a kind nurse with complete dedication and commitment to nursing practice and the healthcare team.*

20. ***Paragraph 2*** *of the witness statement of [Ms 1] states that the registrant's guidance and support were invaluable and that he consistently displayed professionalism and a deep understanding of custody and prison healthcare service.*

21. ***In paragraph 21*** *of the witness statement of [Witness 12], he stated that if he ever becomes unwell, he will trust Hamid to look after his health. [Witness 12] went on further to state in* ***paragraph 24*** *of the statement that the registrant was a dedicated and conscientious nurse and that overall, a good team player who can go beyond when understaffed.*

22. *On the other hand, [Mr 3] in his witness statement of* ***paragraph 14*** *stated that what stuck out in his mind about meeting Hamid is that he owes him a lot for his support. Also, he stated that he held high the competence, practice, personality, approachability, and clinical soundness of Hamid and his ability to check on the well-being of both patient and staff.*

23. *The registrant never contacted any of his female work colleagues outside the Prison environment, irrespective of*

the fact that he had the opportunity, time, and open space to do so. Therefore, this was not a motivated, deeply accustomed conduct to be repeated by the registrant, and the balance of probability for this happening in the future is zero. Looking back at the registrant's witness statement on ***page 6,*** *all the charges proved against the registrant on the balance of probability primarily centred on the registrant trying to be too overfriendly to work colleagues, [PRIVATE]*

24. *Considering the [PRIVATE] associated with the allegations brought against him, the possibility of this repeating itself will be zero in the future. Apart, the registrant had earlier completed a professional boundaries training, which was submitted to the NMC by the registrant's first representative.*

25. *In conclusion and on behalf of the registrant, I submit to this panel that the registrant has learned his bitter lesson for the past 5 years. He emphasized he will that he will ensure professional boundaries between himself and colleagues are kept at all levels. [PRIVATE] therefore, I am humbly asking the panel to give the registrant a sanction that will not be onerous and restore him to the position he was before the* ***23rd of May 2020***

26. *Hamid is a very hard-working, competent, and reliable nurse. He is indeed an asset to the nursing profession, and if given the condition to practice, or suspended or struck off the nursing register,* ***this will not*** *be in the public interest. The reasons are because of the care support and the lives of members of the public that he would have helped save or made a positive impact on health-wise.'*

Mr Conteh addressed the panel's finding of an attitudinal concern. He reminded the panel of the evidence it heard from your witnesses that you are a helpful and capable nurse who is willing to go beyond what is expected.

Mr Conteh told the panel that you have been a nurse for 22 years and have worked in different departments and environments. He argued that if there were indeed attitudinal issues, concerns would have been raised earlier in your nursing career. In the interest of proportionality, Mr Conteh asked the panel to consider the facts he outlined. He told the panel that since you qualified in 2007 to 2019, there were no concerns raised about your practice and there is no evidence of any complaint made against you in relation to your conduct.

Mr Conteh submitted that you have undertaken training on professional boundaries, and you are currently working on getting another degree.

[PRIVATE] Mr Conteh outlined the problems you faced in securing new representation prior to this case resuming in March 2025. He told the panel that you maintain that you believed that you were participating in an established workplace culture at HMP Chelmsford.

Mr Conteh submitted a striking off order should not be imposed. It was his submission that you are a good nurse, and members of the public will benefit from your 22-years of experience. He said that you love your profession and have been in it since you came to the UK.

Mr Conteh asked the panel to consider that you have been remorseful. [PRIVATE]

Mr Conteh asked the panel to consider the circumstances outlined above. He also asked the panel to take into account that the NMC's purpose is not to destroy lives but to correct wrongs. He submitted that [PRIVATE] therefore imposing a striking off order would be unduly punitive.

Decision and reasons on sanction

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:

- Lack of insight into failings
- A pattern of misconduct over a period of time
- Multiple breaches of professional boundaries
- Misconduct of a sexual nature
- No evidence remediation

The panel also took into account the following mitigating features:

- Positive testimonials
- Evidence of you being a good nurse

The panel had regard to the NMC guidance on 'Considering sanctions for serious cases' (SAN-2). It had regard to the following:

> *'Sometimes we may need to take regulatory action against a nurse, midwife or nursing associate to promote and maintain professional standards and the public's trust and confidence in the professions we regulate. A conviction for a serious crime or concerns that someone has displayed discriminatory views and behaviours, been involved in dishonest or violent behaviour, engaged in sexual misconduct or abused a child or vulnerable adult[1], for example, could have a particularly negative impact on public confidence.'*

The panel first considered whether to take no further action but concluded that this would be inappropriate in view of the seriousness of the case. The panel decided that it would be neither proportionate nor in the public interest to take no further action given the nature of the misconduct, the risk of repetition, the attitudinal concerns and the public interest in upholding professional standards.

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict 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 in this case. The misconduct identified in this case was not something that can be addressed through retraining. Furthermore, the panel concluded that the placing of conditions on your registration would not adequately address the seriousness of this case and would not protect the public or maintain public confidence in the profession.

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:

- *No evidence of repetition of behaviour since the incident;*

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

breach of the fundamental tenets of the profession evidenced by your actions is fundamentally incompatible with you remaining on the register.

The panel determined that this was not a single instance of misconduct as it involved several colleagues over a sustained period. It considered the repetition of your behaviour despite being asked on several occasions to cease that behaviour. The panel was not satisfied that you have demonstrated insight into your misconduct, as such the panel determined that there is a risk of repeating that behaviour. Consequently, the panel determined that a suspension order would not be a sufficient, appropriate or proportionate sanction.

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

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

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

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel determined that the 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 yourself, the panel has concluded that nothing short of this would be sufficient in this case.

The panel considered that this order was necessary to mark the importance of maintaining public confidence in the profession, and to send to the public and the profession a clear message about the standard of behaviour required of a registered nurse.

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 has considered whether an interim order is required in the specific circumstances of this case. It may only make an interim order if it is satisfied that it is necessary for the protection of the public, is otherwise in the public interest or in your own interests until the striking off order takes effect.

Submissions on interim order

Ms Wisniewska invited the panel to impose an interim suspension order for 18 months to protect the public and maintain public interest. She asked the panel to have regard to the seriousness of the facts found proved and the reasons set out in its decision. She argued that not imposing an interim suspension order would be inconsistent with the panel's findings. She submitted that an interim order is required, considering the specific circumstances of this case.

Mr Conteh expressed your dissatisfaction with the panel's decision but made no comment about the application for an interim order.

The panel accepted the advice of the legal assessor.

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 allow for the appeal period. In making this order, the panel considered the impact this order will have on you and was satisfied that this order, for this period, is necessary, appropriate and proportionate.

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.