

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

**Substantive Hearing
Monday, 8 December 2025 – Tuesday, 16 December 2025**

Virtual Hearing

Name of Registrant:	David James Ford
NMC PIN:	19C1699E
Part(s) of the register:	Registered Nurse, Sub Part 1 Adult Nursing (17 January 2020)
Relevant Location:	Devon
Type of case:	Misconduct
Panel members:	Janine Ellul (Chair, registrant member) Rebecca Aylward (Registrant member) Jayanti Durai (Lay member)
Legal Assessor:	Richard Tyson
Hearings Coordinator:	Clara Federizo
Nursing and Midwifery Council:	Represented by James Edenborough, Case Presenter
Mr Ford:	Not present and unrepresented
Facts proved:	Charges 1, 2, 3a, 4, 5a, 5b, 5c, 6, 7, 8 and 9 (in relation to charges 2, 7 and 8)
Facts not proved:	Charges 3b, 5d, 10a, 10b and 11
Fitness to practise:	Impaired
Sanction:	Suspension order (12 months, with review)
Interim order:	Interim suspension order (18 months)

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Mr Ford was not in attendance and that the Notice of Hearing letter had been sent to Mr Ford's registered email address by secure email on 4 November 2025. Further, the panel noted that the Notice of Hearing was also sent to Mr Ford's representative at the Royal College of Nursing (RCN).

Mr Edenborough, on behalf of the Nursing and Midwifery Council (NMC), submitted that it had complied with the requirements of Rules 11 and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Hearing provided details of the allegation, the time, dates and that the hearing was to be held virtually, including instructions on how to join and, amongst other things, information about Mr Ford's right to attend, be represented and call evidence, as well as the panel's power to proceed in his absence.

In the light of all of the information available, the panel was satisfied that Mr Ford has been served with the Notice of Hearing in accordance with the requirements of Rules 11 and 34.

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

Mr Edenborough made a request that this case be held partly in private [PRIVATE]. [PRIVATE]. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

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

The panel determined to go into private session in connection with [PRIVATE], as and when such matters are raised, in order to protect his privacy in relation to these.

Decision and reasons on proceeding in the absence of Mr Ford

The panel next considered whether it should proceed in the absence of Mr Ford. It had regard to Rule 21 and heard the submissions of Mr Edenborough who invited the panel to continue in the absence of Mr Ford.

Mr Edenborough referred the panel to the correspondence from the RCN on 4 December 2025, which stated:

“It is with regret I must inform you that Mr Ford has decided to disengage from the proceedings and will not be in attendance nor represented at Monday’s hearing.

[PRIVATE]. [PRIVATE]. For the avoidance of doubt he does not wish to request an adjournment, he wishes to disengage from the proceedings, albeit with a heavy heart. I attach a bundle of documents and we would be grateful if they could be placed before the panel considering his case on Monday.

As such the RCN is no longer acting for Mr Ford and all future correspondence should be directed to Mr Ford...”

Considering Mr Ford’s [PRIVATE] as well as his decision to disengage from proceedings, Mr Edenborough submitted that Mr Ford had voluntarily absented himself. He further submitted that Mr Ford had not requested an adjournment and that it was unlikely that Mr Ford would attend at a later date. Mr Edenborough noted that the panel has before it a bundle with all the documentation submitted by Mr Ford prior to disengaging, including his reflections and character testimonials, which the panel can consider in reaching its decisions at the relevant stages of these proceedings.

The panel accepted the advice of the legal assessor.

The panel noted that its discretionary power to proceed in the absence of a registrant under the provisions of Rule 21 is not absolute and is one that should be exercised '*with the utmost care and caution*' as referred to in the case of *R v Jones (Anthony William)* (No.2) [2002] UKHL 5.

The panel has decided to proceed in the absence of Mr Ford. In reaching this decision, the panel has considered the submissions of Mr Edenborough, the recent correspondence from the RCN, and the advice of the legal assessor. It has had particular regard to the factors set out in the decision of *R v Jones* and *General Medical Council v Adeogba* [2016] EWCA Civ 162 and had regard to the overall interests of justice and fairness to all parties. It noted that:

- No application for an adjournment has been made by Mr Ford;
- Mr Ford has informed the NMC, through the RCN, that he has received the Notice of Hearing and confirmed he has disengaged from the proceedings;
- There is no reason to suppose that adjourning would secure his attendance at some future date;
- Three witnesses are due to attend to give live evidence;
- Not proceeding may inconvenience the witnesses, their employer(s) and, for those involved in clinical practice, the clients who need their professional services;
- Further delay may have an adverse effect on the ability of witnesses accurately to recall events; and
- There is a strong public interest in the expeditious disposal of the case.

There is some disadvantage to Mr Ford in proceeding in his absence. Although the evidence upon which the NMC relies will have been sent to him at his registered address, He denies the allegations and has put forward documentation, which is before the panel.

He will not be able to challenge the evidence relied upon by the NMC and will not be able to give evidence on his own behalf. However, in the panel's judgement, this can be mitigated. The panel can make allowance for the fact that the NMC's evidence will not be tested by cross-examination and, of its own volition, can explore any inconsistencies in the evidence which it identifies. Furthermore, the limited disadvantage is the consequence of Mr Ford's decisions to absent himself from the hearing, waive his rights to attend, and/or be represented, and to not provide evidence or make submissions on his own behalf.

In these circumstances, the panel has decided that it is fair to proceed in the absence of Mr Ford. The panel will draw no adverse inference from Mr Ford's absence in its findings of fact.

Decision and reasons on application to amend the charge

The panel heard an application made by Mr Edenborough, on behalf of the NMC, to amend the wording of charge 9.

The proposed amendment was to correct a typographical error by deleting charge 3c from the list of charges outlined in connection with charge 9. It was submitted by Mr Edenborough that the proposed amendment would provide clarity and more accurately reflect the evidence as charge 3c is not relevant to the allegation in charge 9 and it was not included in the charges provided in the Notice to Mr Ford.

Further, the panel, of its own volition, determined it is appropriate to add the word "*one*" so the charge states "*one or more*" for the purpose of correcting a grammatical error in the charge.

The proposed amendments would read as follows:

"That you a registered nurse, whilst working at the Royal & Devon Exeter NHS Foundation Trust (the Trust):

...

- 9) *Your actions in **one** or more of the above charges, 1, 2, 3a, 3b, 3c, 4, 5b, 5d, 6, 7, & 8 were sexually motivated, in that you sought sexual gratification from such acts.*

...

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

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

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

Decision and reasons on application to admit recent email from Colleague B

The panel heard an application on 11 December 2025 made by Mr Edenborough under Rule 31 to allow the email of the same date from Colleague B, a witness at this hearing, into evidence. He explained that the purpose of the application was to place before the panel a direct and fuller response from Colleague B to a query that arose after she had completed her oral evidence, specifically in relation to the apparent previous provision of a testimonial for Mr Ford. At present, the panel only had a brief telephone note summarising a conversation about this matter. While Mr Edenborough did not suggest there was any difficulty with that note, he submitted that the email represented a more complete and accurate account, coming directly from the witness herself.

Mr Edenborough submitted that the witness had not had the opportunity to address the panel on this issue during her evidence and that, through no fault of her own, she had been required to respond to a further query. He suggested that admitting the email would be in the interests of justice, as it would allow the panel to consider Colleague B's direct response rather than relying solely on a third-party note, and might also assist in reassuring the witness about the fairness of the process.

Mr Edenborough recognised that Mr Ford was not present but submitted that this did not cause any injustice nor did it give rise to any need to recall the witness. He submitted that it was fair and reasonable for the panel to admit the redacted email so that it had a complete and direct response from the witness to the question it had raised (namely why and in what circumstances she appeared to have written a testimonial for Mr Ford) and he therefore invited the panel to grant the application.

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

The panel considered the application and discussed whether any further steps were required in relation to the testimonial and the email from Colleague B.

The panel acknowledged that the email was relevant, particularly in providing context regarding potential power imbalances and the circumstances in which the testimonial may have been produced. The panel accepted that Colleague B may have felt under pressure at the time. It determined that it was fair and appropriate to admit the email, given that a query had arisen which was subsequently put to Colleague B, and that fairness required she be given the opportunity to respond directly and in her own words.

The panel noted that positive testimonial appeared unusual for a colleague alleging inappropriate behaviour. The panel also noted that Mr Ford had provided other positive references, including from student nurses, which broadly aligned with the testimonial. The panel did not consider it appropriate to conclude that the testimonial was fabricated.

The panel considered whether recalling Colleague B would assist in resolving any uncertainty about the provenance of the testimonial. However, the panel decided having regard to the content of her email, in which she stated that she recalled being asked to provide a testimonial but could not remember writing it, the panel concluded that she had provided all the information she was able to give. The panel determined that recalling the witness was unlikely to provide any further relevant evidence and could cause unnecessary distress, without any corresponding benefit.

The panel therefore decided to admit the email (and the related telephone note) into evidence, and to consider the weight to be attached to this evidence when assessing the relevant charges. The panel decided not to recall Colleague B and confirmed that any concerns about the testimonial would be addressed during its deliberations on the facts and credibility of the evidence as a whole.

In these circumstances, the panel came to the view that it would be fair and relevant to accept into evidence the email correspondence from Colleague B, and would give what it deemed appropriate weight once the panel had heard and evaluated all the evidence before it.

Details of charge (as amended)

That you a registered nurse, whilst working at the Royal & Devon Exeter NHS Foundation Trust (the Trust):

- 1) Around November and/or December 2021 made an inappropriate comment to Colleague B, using words to the effect of '*You've got something on your boobies*'.
- 2) On an unknown date during a nightshift made an inappropriate comment to Colleague B, using words to the effect of '*I get really horny on nights*'.

- 3) On unknown dates on one or more occasions:
 - a. Inappropriately touched Colleague B waist.
 - b. Inappropriately placed and or touched your body up against Colleague B's body.
- 4) On an unknown date whilst in the Trust kitchen, inappropriately touched and/or squeezed Colleague B's sides.
- 5) In or around May 2023 when Colleague B attended Accident and Emergency as a patient:
 - a. Took Colleague B straight through for an ECG without checking if they wanted their husband and/or a chaperone to accompany them.
 - b. Left Colleague B's breasts exposed, in that you did not provide Colleague B a sheet and/or cover.
 - c. Used your personal phone whilst undertaking Patient B's ECG.
 - d. Took and/or attempted to take a picture of Patient B's exposed breasts whilst undertaking their ECG.
- 6) Around July and/or August 2023 inappropriately placed both of your hands on Colleague A's lower back and/or bottom.
- 7) In or around August 2023 inappropriately brushed your hand across Colleague A's bottom.

- 8) In or around November 2023, inappropriately placed your hands on Colleague A's waist and/or hips.
- 9) Your actions in one or more of the above charges 1, 2, 3a, 3b, 4, 5b, 5d, 6, 7 & 8 were sexually motivated, in that you sought sexual gratification from such acts.
- 10) On 7 March 2024 during your fact-finding meeting at the Trust, inaccurately stated that:
 - a. You do not have conversations and/or contact with Sodexo staff.
 - b. You have nothing to do with Sodexo staff.
- 11) Your actions in one or more of charges 10a & 10b above were dishonest in that you misrepresented to your employer that you did not know and/or have contact with Colleague A and/or Sodexo staff.

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

Background

The NMC received a referral on 12 June 2024 from the Royal Devon and Exeter NHS Foundation Trust (the Trust) concerning Mr Ford's conduct. He was a registered nurse who had been employed by the Trust as a Band 5 Nurse for approximately three years.

The charges arose from multiple allegations of sexual misconduct made by female colleagues. The Trust initially identified three separate complainants, one of whom was also a patient at the time of the alleged incident. The allegations described a pattern of inappropriate physical contact, including brushing past colleagues and touching their

bottoms, waists, hips and/or lower backs, as well as the use of sexually inappropriate language in the workplace.

In particular, allegations were made by Colleague B, who stated that between late 2021 and 2023 Mr Ford made sexually inappropriate comments, including remarks about her body and statements about being “horny” while on night shifts. It is further alleged that on multiple occasions he inappropriately touched her waist, pressed his body against hers, and touched or squeezed her sides while in the Trust kitchen.

An additional allegation arose from an incident in or around May 2023, when Colleague B attended the Trust’s Accident and Emergency department as a patient. It is alleged that Mr Ford took her through for an ECG without checking whether she wished her husband or a chaperone to be present, failed to adequately cover her breasts during the procedure, used his personal mobile phone while undertaking the ECG, and took or attempted to take a photograph of her exposed breasts.

Further allegations were made by Colleague A, who alleged that, between July and November 2023, Mr Ford inappropriately placed his hands on her lower back, bottom, waist and/or hips, and brushed his hand across her bottom on separate occasions.

During the Trust’s investigation, concerns were also raised regarding Mr Ford’s honesty and integrity. In a fact-finding meeting on 7 March 2024, he stated that he had no contact or conversations with Sodexo staff. The Trust later concluded that these statements were inaccurate and dishonest, as evidence suggested he did know and have contact with Sodexo staff, including Colleague A. Additional concerns were identified when Mr Ford denied knowing or having spoken to two of the complainants, despite evidence that he was connected to them on social media and had previously worked in the same department.

[PRIVATE]

At the conclusion of the Trust's internal investigation into a series of concerns, Mr Ford was dismissed for gross misconduct.

There is no further information regarding Mr Ford's current employment status.

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 Mr Edenborough on behalf of the NMC.

The panel has drawn no adverse inference from the non-attendance of Mr Ford.

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:

- Colleague A: Worked for Sodexo as a Domestic Housekeeper and was based in the Emergency Department of the Trust;
- Colleague B: Adult Nurse in the Emergency Department of the Trust;
- Colleague C: Clinical Matron at the Trust.

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

Context considered for charges 1 to 5d

The panel noted that charges 1 to 5d all relate to the evidence of Colleague B and concern events alleged to have occurred in the course of her working relationship with Mr Ford and, later, when she attended the Emergency Department as a patient.

In considering these charges, the panel recognised the inherent difficulties in determining allegations of this nature, where there is no direct corroboration and the panel is required to assess one person's account against another's. The panel carefully considered the credibility and reliability of Colleague B's evidence alongside the documentation provided by Mr Ford. It noted that there were no witnesses to any of the alleged incidents and that this absence of corroboration presented a challenge.

In relation to Colleague B's credibility, the panel noted that during the incidents in charges 1 to 3, she had provided a complimentary reference for Mr Ford in support of his revalidation. The panel was unable to explore this directly with Colleague B (as her reference only became known to the panel after she had completed her evidence) but did take into account a telephone note dated 10 December 2025 and a subsequent email from her dated 11 December 2025 addressing this issue. The panel considered that Colleague B was a student nurse at the time and Mr Ford was her mentor, placing him in a position of authority. The panel accepted that a student nurse in such circumstances might feel under pressure to provide a positive reference, particularly where sign-off and professional progression were at stake. The panel also noted that the reference was undated, unsigned and that Colleague B expressed uncertainty as to whether she had written it in full, while accepting that she could understand why she might have done so. The panel further recognised that it was possible for Colleague B to acknowledge Mr Ford's clinical skills and professionalism while simultaneously feeling uncomfortable about aspects of his

behaviour. For these reasons, the panel gave the reference Colleague B provided for Mr Ford little weight when assessing Colleague B's credibility.

The panel also noted Mr Ford's submission that, if Colleague B's concerns were genuine, it was difficult to understand why she would later provide a positive reference. However, in the absence of evidence about the circumstances in which the reference was requested, drafted or submitted, and given Mr Ford's absence from the hearing, the panel was unable to draw firm conclusions from this point.

All of these contextual factors were taken into account when the panel assessed charges 1 to 5d. The panel then considered each of the disputed charges and made the following findings:

Charge 1

- 1) *"Around November and/or December 2021 made an inappropriate comment to Colleague B, using words to the effect of 'You've got something on your boobies'."*

This charge is found proved.

In reaching this decision, the panel took into account Colleague B's witness evidence, including her written statement dated 26 November 2024.

In her statement, Colleague B described:

"On a date unknown, I came back from a break at the Trust. I was past the drug cupboard in the green area of majors, where there is a long desk. Here, Mr Ford said 'you've got something on your boobies' to me. Instead, Mr Ford could have said to me that I had something on my top. I had a mark on my top following eating on my break."

I felt taken aback by the above comment and said to him ‘why are you looking at my chest?’. Mr Ford then said he was not looking (meaning at my chest)…”

The panel noted that this allegation was not explored during the Trust’s investigation and was not put to Mr Ford. It also noted that, in the information he submitted to the panel, there was no direct response or explanation from him in relation to this specific allegation.

The panel considered that the only evidence in support of this charge was Colleague B’s written evidence. However, the panel was satisfied that Colleague B’s witness statement constituted reliable evidence, even where the matter was not otherwise investigated or addressed at the time, as this evidence was dated, signed and included a statement of truth. The panel had no evidence before it to suggest that Colleague B was unreliable, mistaken or had a reason to fabricate allegations nor was there any material which undermined Colleague B’s credibility.

The panel also found that there is nothing in the evidence before it which suggests an alternative plausible account from Mr Ford. In these circumstances, where Colleague B’s evidence was consistent and unchallenged, the panel concluded that her account was more likely than not to be true.

Therefore, the panel determined, on the balance of probabilities, that it was more likely than not that around November and/or December 2021, Mr Ford made an inappropriate comment to Colleague B, using words to the effect of *‘you’ve got something on your boobies’*.

Accordingly, the panel finds charge 1 proved.

Charge 2

- 2) *“On an unknown date during a nightshift made an inappropriate comment to Colleague B, using words to the effect of ‘I get really horny on nights’.”*

This charge is found proved.

In reaching its decision, the panel considered the written and oral evidence of Colleague B and the internal investigation meeting minutes on 25 January 2024.

In her statement, Colleague B described:

“I was in bay three area in the resus area when Mr Ford went to say something to me. I asked Mr Ford to carry on (as he had not said anything)... Mr Ford then said ‘I get really horny on nights’...I was taken aback as I felt this was a sexual related remark, I was shocked and felt extremely uncomfortable. I did not respond as I was unsure how to respond to that remark. There were not any colleagues present during this incident...”

The panel found Colleague B’s evidence to be clear, consistent and credible. It found that she gave a coherent account of the context in which the comment was made and was able to explain her understanding of the word “*horny*” when questioned. The panel noted that Colleague B was confused and taken aback by the remark, which she recalled clearly.

The panel also considered Mr Ford’s account, in which he denied making the comment and suggested that he may have been misheard, stating that he could have said he was “*hungry and tired on nights*”. However, the panel was not persuaded that this explanation was sufficiently plausible, given the context described by Colleague B and her clear recollection of what was said. The panel further noted that Mr Ford’s account could not be tested, whereas Colleague B’s evidence was tested through questioning during her oral evidence at this hearing.

The panel preferred the evidence of Colleague B and concluded that, on the balance of probabilities, it was more likely than not that Mr Ford did make an inappropriate comment to Colleague B during a night shift using words to the effect of ‘*I get really horny on nights*’.

Accordingly, the panel finds charge 2 proved.

Charge 3a

3) *“On unknown dates on one or more occasions:*

a. Inappropriately touched Colleague B waist.”

These charges are found proved.

In reaching its decision, the panel considered the written and oral evidence of Colleague B and the internal investigation meeting minutes on 25 January 2024.

In her witness statement, Colleague B stated:

“Mr Ford inappropriately touched me on a continual basis... Mr Ford would place his hands on me as he went behind me, touch my waist or touch his body up against the back of mine...”

On a number of occasions, I would be getting medication out of the green cupboard... There is lots of space to do this. Mr Ford would come up behind me and touch my waist...

On a date unknown to me, I attended the Trust for an Oncology appointment for my daughter. Mr Ford appeared and again inappropriately touched me in the same manner mentioned above...”

The panel considered that Colleague B gave clear evidence that the touching occurred around her waist and lower back, at times extending towards the top of her bottom. The panel noted that while one example related to the kitchen incident referred to in charge 4,

Colleague B's evidence was that this behaviour occurred on multiple occasions in different areas of the workplace.

The panel found Colleague B to be a credible and reliable witness. Her account was consistent, detailed and she maintained her position during her oral evidence. The panel acknowledged that Mr Ford denied acting inappropriately and noted that not all colleagues interviewed had observed such behaviour. However, the panel was satisfied that the absence of corroboration did not undermine Colleague B's evidence. The panel preferred the evidence of Colleague B.

The panel also took into account Mr Ford's reflections in which he acknowledged that he should have been more mindful of his '*tactile*' behaviour with/towards female colleagues. Additionally, the panel found that this was consistent with Colleague B's account of repeated and unwanted physical contact.

The panel concluded that, on the balance of probabilities, it was more likely than not that Mr Ford inappropriately touched Colleague B's waist on one or more occasions.

Accordingly, the panel finds charge 3a proved.

Charge 3b

3) *"On unknown dates on one or more occasions:*

b. Inappropriately placed and/or touched your body up against Colleague B's body."

This charge is found NOT proved.

The panel noted that there was one short brief unparticularised mention of this allegation in Colleague B's witness statement. Body against body contact was not mentioned in her

Trust investigation interview, or in her oral evidence, and was not put to Mr Ford in his interviews within the Trust. The panel noted that Colleague B's allegations were really concerned with what Mr Ford was alleged to be doing with his hands. In all circumstances, the panel were not satisfied on the balance of probabilities that there was body to body contact.

Accordingly, the panel finds charge 3b not proved.

Charge 4

4) *"On an unknown date whilst in the Trust kitchen, inappropriately touched and/or squeezed Colleague B's sides."*

This charge is found proved.

In reaching its decision, the panel considered the written and oral evidence of Colleague B and the internal investigation meeting minutes on 25 January 2024.

In her witness statement, Colleague B stated:

"Mr Ford inappropriately touched me on a continual basis...There were a number of incidents which occurred in the kitchen of the Trust which is small..."

On one occasion on a date unknown to me, Mr Ford came up behind me and touched/squeezed my sides (further outlined in my interview notes dated 25 January 2024...) I recall I shouted out to say 'no do not do that' and...a Band 6 Sister walked into the department...Mr Ford appeared uncomfortable that people may have been aware."

The panel found that Colleague B gave a clear and detailed account of an incident in the Trust kitchen. It noted that Colleague B described the kitchen as a 'small' space.

The panel considered whether there was a plausible explanation that Mr Ford was simply attempting to move Colleague B out of the way in a confined space. However, it accepted the evidence that there were alternative, more appropriate ways of passing someone in the kitchen, such as waiting, asking them to move or tapping them on the shoulder. The panel found that the manner of the contact described, namely touching or squeezing someone else's sides, went beyond what would be necessary to move past someone.

The panel also noted that Mr Ford did not appear to dispute that contact occurred and had acknowledged that he generally could be overly '*tactile*'.

The panel found Colleague B's evidence to be credible and consistent and preferred her account of the incident.

The panel concluded that, on the balance of probabilities, it was more likely than not that Mr Ford inappropriately touched and/or squeezed Colleague B's sides in the Trust kitchen.

Accordingly, the panel finds charge 4 proved.

Charge 5a

5) *"In or around May 2023 when Colleague B attended Accident and Emergency as a patient:*

a. Took Colleague B straight through for an ECG without checking if they wanted their husband and/or a chaperone to accompany them."

This charge is found proved.

In reaching its decision, the panel considered the written and oral evidence of Colleague B. In her statement, Colleague B stated:

“Mr Ford pulled me straight through for an ECG, and my husband did not come in with me...Mr Ford had not asked me if I wanted my husband or someone else to accompany me during the ECG...When I have been triaged/attended an ECG, a family member or a chaperone is always present.

Mr Ford asked if I was okay if he completed an ECG. When someone asks “are you ok that I do an ECG”, it makes you feel uncomfortable and I felt that I was unable to say no. I did not want to say no. I was feeling rather rubbish, and I just wanted to be better. I wished I had as then this would never have happened.”

The panel found that Colleague B gave a clear and consistent account of attending Accident and Emergency as a patient in or around May 2023 and being taken directly through for an ECG by Mr Ford without being asked whether she wished her husband or a chaperone to accompany her. The panel found her evidence credible and reliable.

The panel considered Mr Ford’s account, in which he stated that he could not clearly recall the incident but suggested that it was his usual practice to offer a chaperone. However, the panel noted that Mr Ford later accepted that he should have offered a chaperone and acknowledged that at the time he had been focused on progressing Colleague B’s care quickly. The panel was satisfied that this amounted to an acceptance that the appropriate checks had not been made.

Therefore, the panel concluded that, on the balance of probabilities, it was more likely than not that Mr Ford took Colleague B through for an ECG without checking whether she wished her husband and/or a chaperone to accompany her.

Accordingly, the panel finds charge 5a proved.

Charge 5b

5) *“In or around May 2023 when Colleague B attended Accident and Emergency as a patient:*

b. Left Colleague B’s breasts exposed, in that you did not provide Colleague B a sheet and/or cover.”

This charge is found proved.

In reaching its decision, the panel considered the written and oral evidence of Colleague B and Colleague C.

In her statement, Colleague B described:

“...I was fully exposed on my top half...Mr Ford did not give me a sheet in order to cover myself. For previous ECGs I have both conducted and received, myself or patient’s breasts have not been left fully exposed. When taking an ECG, you stick the stickers on and then cover the patient to ensure they have their dignity...Whilst waiting for the reading, you would cover the patient over with a sheet. However, I had nothing placed over me, nor offered anything.”

The panel considered that in her oral evidence, Colleague B was clear that there was nothing in the room used to cover her and that she remained uncovered throughout the procedure.

The panel considered Mr Ford’s account in the internal investigation meeting, in which he denied leaving Colleague B uncovered and stated that it was his usual practice to ensure patients were appropriately covered. However, the panel noted that there was no clear evidence that any covering was in fact provided on this occasion.

The panel preferred Colleague B's clear and consistent account. It also noted the distress she described and the circumstances in which the procedure took place.

The panel concluded that, on the balance of probabilities, it was more likely than not that Mr Ford did not provide Colleague B with a sheet or cover and that her breasts were left exposed during the ECG.

Accordingly, the panel finds charge 5b proved.

Charge 5c

5) *"In or around May 2023 when Colleague B attended Accident and Emergency as a patient:*

c. Used your personal phone whilst undertaking Patient B's ECG."

This charge is found proved.

In reaching its decision, the panel considered the written and oral evidence of Colleague B and Colleague C, as well as the meeting minutes on 12 December 2023 and 25 January 2024.

The panel had regard to Colleague B's statement that Mr Ford was using a phone during the procedure and that it did not appear to be an NHS-issued device.

The panel considered Mr Ford's account, in which he could not remember but accepted that he may have used his personal phone at the time, explaining that this may have been to check information quickly due to Colleague B being unwell. Although Mr Ford also suggested at points that he may have been using a work 'rover' phone, the panel noted inconsistencies in his account and that he ultimately accepted the possibility that it was his personal phone.

The panel concluded that, on the balance of probabilities, it was more likely than not that Mr Ford did use his personal phone whilst undertaking Colleague B's ECG.

Accordingly, the panel finds charge 5c proved.

Charge 5d

5) *"In or around May 2023 when Colleague B attended Accident and Emergency as a patient:*

d. Took and/or attempted to take a picture of Patient B's exposed breasts whilst undertaking their ECG."

This charge is found NOT proved.

In reaching its decision, the panel considered the written and oral evidence of Colleague B, as well as the meeting minutes on 12 December 2023 and 25 January 2024.

The panel considered Colleague B's evidence that when she opened her eyes, she saw Mr Ford holding his phone facing towards her and she believed that he had taken a photograph. The panel accepted that Colleague B was sincere in her belief and found her evidence to be honestly given.

However, the panel also considered Mr Ford's consistent and firm denial that he took or attempted to take a photograph. It noted that there was no corroborative evidence to support the allegation, in that no photograph of Colleague B was found during the investigation, and there was no objective proof that a photograph had been taken or attempted.

The panel accepted that it was possible for Colleague B to be both credible and genuinely mistaken in her interpretation of what she saw. It considered alternative explanations, including that Mr Ford may have been looking at his phone for a clinical reason and put it away quickly.

The panel determined that the NMC had not provided sufficient evidence to meet the burden of proof for this charge. Accordingly, the panel finds charge 5d not proved.

Context to charges 6 to 9

The panel noted that charges 6 to 9 all relate to the evidence of Colleague A.

In considering these charges, the panel recognised the inherent difficulties in determining allegations of this nature, where there is no direct corroboration and the panel is required to assess one person's account against another's. The panel carefully considered the credibility and reliability of Colleague A's evidence alongside the documentation provided by Mr Ford. It noted that there were no witnesses to any of the alleged incidents and that this absence of corroboration presented a challenge.

The panel noted that Colleague A was not a nursing colleague of Mr Ford but a domestic housekeeper. Mr Ford was in a position of authority in the environment as a registered nurse with a long history of working in the department in a number of roles. Colleague A was a domestic member of staff who would work in the department for a short amount of time. This power dynamic differed from that between Colleague B and Mr Ford and so required the panel to consider the charges accordingly.

Charge 6

- 6) *“Around July and/or August 2023 inappropriately placed both of your hands on Colleague A's lower back and/or bottom.”*

This charge is found proved.

In reaching this decision, the panel took into account the written and oral evidence of Colleague A and Mr Ford's reflection.

The panel found Colleague A's evidence to be consistent and credible. Although it was unclear whether both hands were used, the panel was satisfied on the balance of probabilities that inappropriate physical contact occurred.

The panel noted that this happened in the kitchen, which Colleague A and other colleagues consistently describe it to be "*rather small*". The panel considered other similar instances in the kitchen where Mr Ford appears to move past female colleagues by touching them by the waist.

The panel also noted that Mr Ford himself acknowledged in his reflection that he should have waited rather than touching a colleague to move past them.

The panel considered that touching a colleague in this area was inappropriate in any circumstances, particularly as Colleague A was not a nursing colleague. The panel noted that Colleague A particularly highlights in her evidence that "*he did not say anything*" to her if he were intending to move past her, and there were other, more appropriate ways to navigate a confined space, such as waiting or communicating verbally.

The panel concluded that, on the balance of probabilities, it was more likely than not that, around July and/or August 2023, Mr Ford inappropriately placed both of his hands on Colleague A's lower back and/or bottom.

Accordingly, the panel finds charge 6 proved.

Charge 7

7) *“In or around August 2023 inappropriately brushed your hand across Colleague A’s bottom.”*

This charge is found proved.

In reaching this decision, the panel took into account the written and oral evidence of Colleague A, the email from Colleague A on 3 December 2023, and Mr Ford’s reflection.

The panel accepted Colleague A’s evidence that Mr Ford brushed his hand, specifically his knuckles, across her bottom. The panel found Colleague A to be a credible and reliable witness. It placed weight on the fact that she was sufficiently concerned to raise the incident with colleagues and that this incident was a key factor prompting her to identify a pattern of behaviour and make a report. Her account was consistent throughout the local investigation and in her oral evidence, including her description of feeling Mr Ford’s knuckles and her immediate response of saying *“what are you doing?”*.

The panel also noted that the incident occurred in a wide corridor where there was sufficient space to pass without making contact. Colleague A was standing with a food trolley, and Mr Ford could have ensured no contact and taken an alternative route as he came up behind her.

The panel also considered that the manner of contact, involving the knuckles rather than an accidental brush of the hand, suggested a deliberate act rather than inadvertent contact, which was inappropriate.

The panel concluded that, on the balance of probabilities, it was more likely than not that, around August 2023, Mr Ford inappropriately brushed his hand across Colleague A’s bottom.

Accordingly, the panel finds charge 7 proved.

Charge 8

8) *“In or around November 2023, inappropriately placed your hands on Colleague A’s waist and/or hips.”*

This charge is found proved.

In reaching this decision, the panel took into account the written and oral evidence of Colleague A and Colleague C, as well as the email from Colleague A dated 3 December 2023, the meeting minutes from 21 December 2023, and the disciplinary hearing meeting minutes on 20 August 2024 and Mr Ford’s reflection.

In her statement, Colleague A described:

“On a date unknown to me in November 2023, I was located in the cleaning cupboard which is located next to the doors at the Trust. This is the ‘resus’ area of the Trust. I was getting my belongings ready for my cleaning trolley. To confirm, Mr Ford was not in the cleaning cupboard with me. There is a little nook next to the resus doors, where cleaning trolleys are kept. Mr Ford was in the little nook, which is rather small. I was stood in front of the resus doors in front of the cleaning trolley. To confirm, this is an open area.

Here, Mr Ford put his hands on my waist to move me out of the way whilst I was working, and there was no need for him to do so. Mr Ford touched me for a few seconds. To confirm, no one was present and both Mr Ford and I did not say anything.”

The panel found Colleague A’s evidence to be clear and consistent evidence that, in an “open area” within the department, Mr Ford placed his hands on her waist to move her aside while she was working, despite there being ample space and “no need for him to do so”. The panel noted that Mr Ford was not required to pass so closely to Colleague A and

that he had to go out of his way to make physical contact. The panel noted that Colleague A recalls the touching lasted for several seconds, no words were exchanged, and no explanation was given by Mr Ford to Colleague A as to why he touched her waist or hips at the time.

The panel also took into account that this incident prompted Colleague A to report her concerns to her employer by email dated 3 December 2023.

Further, in Mr Ford's disciplinary hearing, he accepted that he *"may have thoughtlessly moved her to one side in order to complete an urgent task"* and apologised, was consistent with an acknowledgement that the contact was inappropriate.

The panel concluded that, on the balance of probabilities, it was more likely than not that Mr Ford inappropriately placed his hands on Colleague A's waist and/or hips around November 2023.

Accordingly, the panel finds charge 8 proved.

Charge 9

9) *"Your actions in one or more of the above charges, 1, 2, 3a, 3b, 4, 5b, 5d, 6, 7, & 8 were sexually motivated, in that you sought sexual gratification from such acts."*

This charge is found proved.

In reaching this decision, the panel took into account all the evidence before it and its earlier decisions on each of the relevant charges linked to this charge.

In considering whether Mr Ford's actions in charges 1, 2, 3a, 3b, 4, 5b, 5d, 6, 7 and 8 were sexually motivated for the purposes of charge 9, the panel carefully assessed the nature of each of the comments and/or actions, the surrounding circumstances, the NMC guidance and advice from the legal assessor on sexual motivation.

In relation to charge 1

The panel accepted that the comment found proved on charge 1 was inappropriate and unprofessional. It considered that the use of the term "*boobies*" was poorly chosen and understandably caused Colleague B to feel taken aback. However, the panel had to determine not only whether the language was sexualised, but also whether, on the balance of probabilities, Mr Ford made the comment with the intention of seeking sexual gratification.

The panel considered that Colleague B's evidence was that she had a mark on her top after eating during her break, providing a plausible alternative explanation for why Mr Ford may have sought to draw her attention to it, albeit in an inappropriate manner. The panel also noted that the comment did not involve a remark about Colleague B's body in a sexualised sense, nor did it contain an expression of sexual interest or desire.

Having regard to the guidance that not all sexualised language is necessarily sexually motivated, and in the absence of clear evidence demonstrating an intention to derive sexual gratification, the panel concluded that the threshold for sexual motivation was not met in relation to this charge.

Accordingly, while the panel found charge 1 proved, it did not find that Mr Ford's actions in respect of charge 1 were sexually motivated for the purposes of charge 9.

In relation to charge 2

The panel found this charge proved in relation to charge 9. The panel concluded that there was no plausible explanation for Mr Ford to say “*I get really horny on nights*” other than it was sexually motivated.

Accordingly, the panel finds charge 9 proved in relation to charge 2.

In relation to charge 3a

The panel accepted that Mr Ford’s actions under charge 3a was inappropriate. However, it was not satisfied that the touching was sexually motivated. The panel noted that while Colleague B perceived the behaviour as inappropriate, it considered that there was a plausible alternative explanation that Mr Ford was overfamiliar or misguidedly ‘*tactile*’ in a busy and pressured working environment, rather than acting with the intention of seeking sexual gratification.

The panel considered that not all nursing colleagues experienced or interpreted similar contact as sexual. It also considered that there was no direct evidence of sexual intent or desire linked to this conduct. Applying the guidance that inappropriate physical contact is not always necessarily sexually motivated, and in the absence of clear evidence demonstrating an intention to derive sexual gratification, the panel concluded that sexual motivation was not established.

Accordingly, while charge 3a was proved, charge 9 was not proved in relation to charge 3a.

In relation to charge 4

While the panel found that the touching in the Trust kitchen was inappropriate and unprofessional, it was not satisfied that it was carried out with the intention of seeking sexual gratification.

The panel took into account Mr Ford's reflective statement. In his personal reflection, Mr Ford stated:

"On reflection, I should have not been such a tactile person. Whilst it was never done from a sexual viewpoint it can still evidently be an [offensive] characteristic and one that should not be present within a professional setting. Using my hands on a colleague's side to get past them should not have occurred and I should simply have waited for the room to empty before entering it".

The panel considered that Mr Ford acknowledged that touching a colleague's sides in this manner could be *"misconstrued, unwanted and inappropriate"*, and accepted that he should have waited for the kitchen to clear rather than making physical contact. The panel accepted that this reflection was consistent with an explanation of overfamiliarity rather than sexual intent.

The panel also considered the context of a small, busy kitchen and accepted that, although Mr Ford's actions were inappropriate, there was a plausible alternative explanation that the behaviour arose from misguided attempts to navigate the space rather than from sexual motivation.

In the absence of clear evidence demonstrating an intention to derive sexual gratification and having regard to the guidance that inappropriate physical contact is not necessarily sexually motivated, the panel concluded that sexual motivation was not established.

Accordingly, while charge 4 was proved, Charge 9 was not proved in relation to charge 4.

In relation to charge 5b

While the panel found that Colleague B's breasts were left exposed and that this was distressing and inappropriate, the panel was not satisfied that this occurred with the intention of seeking sexual gratification.

The panel took into account evidence from other nursing staff that the practice regarding covering patients during ECGs can vary between clinicians, and that some staff do not routinely use a sheet or cover due to concerns about interference with ECG readings. The panel accepted that there were plausible alternative explanations that Colleague B was left uncovered because Mr Ford did not have a suitable covering available or was following a differing clinical practice, rather than acting with sexual intent.

In the absence of clear evidence demonstrating sexual motivation and having regard to the guidance that not all inappropriate clinical practice is sexually motivated, the panel concluded that sexual motivation was not established.

Accordingly, while charge 5b was proved, charge 9 was not proved in relation to charge 5b.

In relation to charge 6

The panel considered that while Colleague A was clear that she did not like the contact and found it inappropriate, she did not suggest that it was sexually motivated. The panel considered that there was no evidence of sexual intent as there was no accompanying conversation, no prior relationship or familiarity between them, and the incident appeared to occur in passing in a confined environment.

The panel accepted that, although the behaviour was inappropriate, there was a plausible non-sexual explanation consistent with Mr Ford's general over-familiar way of interacting with colleagues when attempting to move past them. In the absence of evidence demonstrating an intention to seek sexual gratification, the panel concluded that sexual motivation was not established.

Accordingly, while charge 6 was proved, charge 9 was not proved in relation to charge 6.

In relation to charge 7

The panel found charge 9 proved in relation to charge 7. The panel concluded that there was no plausible non-sexual explanation for the contact. It noted that Mr Ford and Colleague A were not close colleagues and did not have a relationship that might explain over-familiar behaviour. Mr Ford stated that he could not recall the incident, and the panel had no information before it to indicate any plausible alternative explanation for his actions.

Given the ample space in the corridor, the nature of the contact, and the absence of any operational necessity for Mr Ford to pass directly behind Colleague A, the panel concluded that the contact was deliberate rather than accidental. The panel was satisfied that brushing his hand across Colleague A's bottom was a purposeful act intended to elicit a reaction or draw attention from her.

On that basis, the panel determined that, on the balance of probabilities, Mr Ford's actions in respect of charge 7 were more likely than not sexually motivated, in that he sought sexual gratification from such acts.

The panel noted that charge 9 required only that sexual motivation be established in relation to one or more of the specified charges.

Accordingly, the panel finds charge 9 proved in relation to charge 7.

In relation to charge 8

In considering sexual motivation, the panel found no plausible alternative explanation for the contact in this instance. Given the open nature of the area, the lack of necessity for physical contact, the absence of any verbal communication, and the fact that Mr Ford and Colleague A were not familiar with one another, the panel concluded that the touching was intentional. The panel placed weight on Colleague A's oral evidence that she experienced

the incident as sexually inappropriate and felt “*violated*” and “*uncomfortable*”, particularly when viewed in the context of previous incidents involving similar conduct.

The panel determined that, on the balance of probabilities, Mr Ford’s actions in respect of charge 8 were more likely than not sexually motivated, in that he sought sexual gratification from such acts.

Accordingly, the panel finds charge 9 proved in relation to charge 8.

Charges 10a and 10b

10) *“On 7 March 2024 during your fact-finding meeting at the Trust, inaccurately stated that:*

a. You do not have conversations and/or contact with Sodexo staff.

b. You have nothing to do with Sodexo staff.”

These charges are found NOT proved.

In reaching this decision, the panel took into account the witness statement and oral evidence of Colleague C, as well as the transcript of the fact-finding meeting she had with Mr Ford, held on 7 March 2024.

The panel accepted that, during the fact-finding meeting on 7 March 2024, Mr Ford did use words to the effect that he had “*nothing to do with Sodexo staff*”, “*did not have conversations with them*” and affirms he has “*no contact with Sodexo staff*”. However, when the panel considered the transcript of that meeting as a whole, it noted that Mr Ford went on to qualify and clarify those statements during the same interview. In particular, he explained that while he did not socialise or routinely converse with Sodexo staff, he “*may*

ask them to do something” thus he might have limited, task-related interactions and that he has been in the kitchen, though *“rarely”*.

The panel concluded that, when read in context, Mr Ford’s comments were not inaccurate representations of his position, but rather reflected his attempt to distinguish between minimal, work-related contact and more general or social interaction.

The panel also noted the evidence of Colleague A that there was limited interaction during working hours with Mr Ford except when asked to do some cleaning.

The panel was not satisfied that the factual threshold for charges 10a and 10b was met and the NMC had not discharged the burden of proof for these charges.

Accordingly, the panel finds charges 10a and 10b not proved.

Charge 11

11) “Your actions in one or more of charges 10a & 10b above were dishonest in that you misrepresented to your employer that you did not know and/or have contact with Colleague A and/or Sodexo staff.”

This charge is found NOT proved.

Having found charges 10a and 10b were not proved, the panel did not go on to find that Mr Ford’s actions were dishonest. Accordingly, the panel also finds charge 11 not proved.

Fitness to practise

Having reached its determination on the facts of this case, the panel then moved on to consider whether the facts found proved amount to misconduct and, if so, whether Mr Ford’s 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, Mr Ford's fitness to practise is currently impaired as a result of that misconduct.

Submissions on misconduct

Mr Edenborough invited the panel to take the view that the facts found proved amount to misconduct. In doing so, he directed the panel to the provisions of 'The Code: Professional standards of practice and behaviour for nurses and midwives (2015)' (the Code) and identified the specific, relevant standards where Mr Ford's actions amounted to misconduct.

Mr Edenborough submitted that Mr Ford failed to prioritise people, particularly patients, as required by the Code. He referred in particular to charge 5, where one of the witnesses was a patient at the relevant time. He submitted that Mr Ford did not treat the patient with dignity, kindness, respect or compassion, in failing to obtain appropriate covering during a procedure, the failure to offer a chaperone, and the lack of explanation or apology when the patient's breasts were left exposed. He submitted that even in the absence of a finding of sexual motivation, this conduct created a real risk of psychological harm for the patient.

Mr Edenborough further submitted that Mr Ford failed to listen to and respond to the patient's preferences and concerns and failed to involve the patient or her husband in decisions about care. He submitted that the apparent focus on proceeding quickly with the procedure, including the use of a phone, demonstrated a lack of regard for the patient's privacy and emotional needs, and failed to reduce the risk of harm as far as possible.

In relation to colleagues, Mr Edenborough submitted that Mr Ford's '*tactile behaviour*' and use of sexualised language breached professional boundaries and failed to maintain effective communication. He submitted that such conduct, whether sexually motivated or not, carried a risk of misinterpretation, caused distress and discomfort, and undermined trust and cooperative working relationships. Further, he emphasised that the colleagues concerned were junior or students, which he submitted aggravated the seriousness of the misconduct and amounted to an abuse of a position of trust.

Mr Edenborough submitted that Mr Ford's conduct demonstrated insufficient awareness of how his behaviour affected others and failed to uphold the standards and values of the profession. He submitted that Mr Ford's actions undermined confidence in the nursing profession and the reputation of the regulator, and that individual incidents should not be viewed in isolation. He submitted that there was a pattern of repeated behaviour, both sexually motivated and non-sexually motivated, which increased the seriousness of the misconduct.

Mr Edenborough referred the panel to the NMC guidance and submitted that this was serious professional misconduct because the conduct occurred in the course of professional practice and carried a risk of harm to patients and colleagues. He further submitted that repetition of the conduct suggested an underlying attitudinal concern, even where sexual motivation was not found.

In relation to the sexually motivated charges, Mr Edenborough submitted that these clearly amounted to misconduct. He emphasised that they involved two colleagues on three occasions, constituted serious boundary violations, and involved abuse of trust. He

submitted that guidance relating to sexual misconduct, although referring to criminal convictions, was directly relevant to the assessment of seriousness and misconduct in this case.

Submissions on impairment

Mr Edenborough 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.

Mr Edenborough submitted that Mr Ford's fitness to practise was currently impaired on both public protection and public interest grounds. He submitted that the case involved repeated misconduct over time, including sexually motivated conduct, and that this demonstrated an ongoing risk of repetition. He submitted that there was limited insight into the impact of the behaviour, and that the lack of awareness itself amounted to an attitudinal concern.

Mr Edenborough further submitted that actual harm was caused to colleagues, one whom at one point was a patient in Mr Ford's care. He also submitted that this indicated a real risk of harm to any future patients. He submitted that a finding of impairment was necessary to protect the public, address the risk of harm and maintain confidence in the profession and its standards.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Nandi v General Medical Council* [2004] EWHC 2317 (Admin), *The Bar Standards Board v Howd* [2017] EWHC 210 (Admin) and *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin).

Decision and reasons 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.*’

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 Mr Ford’s actions did fall significantly short of the standards expected of a registered nurse, and that Mr Ford’s actions amounted to a breach of the Code. Specifically:

‘1 Treat people as individuals and uphold their dignity

To achieve this, you must:

1.1 treat people with kindness, respect and compassion

2 Listen to people and respond to their preferences and concerns

To achieve this, you must:

2.1 work in partnership with people to make sure you deliver care effectively

2.3 encourage and empower people to share decisions about their treatment and care

2.4 respect the level to which people receiving care want to be involved in decisions about their own health, wellbeing and care

20 Uphold the reputation of your profession at all times

To achieve this, you must:

20.1 keep to and uphold the standards and values set out in the Code

20.2 act with honesty and integrity at all times, treating people fairly and without discrimination, bullying or harassment

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

20.5 treat people in a way that does not take advantage of their vulnerability or cause them upset or distress

20.6 stay objective and have clear professional boundaries at all times with people in your care (including those who have been in your care in the past), their families and carers

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

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. The panel therefore considered carefully whether Mr Ford's conduct, as found proved, reached the required threshold of seriousness.

The panel determined that charges 1, 3a, 4, 5a, 5b, 5c and 6, when viewed in isolation, amounted to inappropriate behaviour and poor professional practice but did not, of themselves, reach the threshold of serious professional misconduct. This included certain instances of non-sexually motivated touching, inappropriate language, and aspects of the clinical care provided (taken in context with what was considered normal practice at the Trust), which the panel considered fell below expected standards but were not, in isolation, morally reprehensible or disgraceful.

However, the panel found that charges 2, 7, 8 and 9, which involved sexually motivated conduct, clearly crossed professional boundaries and indicated a deliberate abuse of trust and authority as a more senior member of staff. The panel determined that Mr Ford's actions in making inappropriate comments such as *"I get really horny on nights"*, purposeful touching in brushing his hands on a colleague's bottom, placing his hands on a colleague's waist and/or hips without necessity or explanation other than likely seeking sexual gratification from such acts, would be regarded as deplorable by reasonable members of the nursing profession. The panel concluded that this behaviour constituted serious professional misconduct.

Further, the panel considered the overall context and cumulative effect of Mr Ford's non-sexually motivated conduct. It concluded that, taken together, the repeated instances of inappropriate behaviour towards colleagues over an extended period demonstrated a pattern of conduct that breaches professional boundaries. The panel was satisfied that the cumulative nature of this behaviour, together with its impact on colleagues and the lack of appropriate professional boundaries, amounted also to serious professional misconduct.

Accordingly, the panel found that Mr Ford's actions did fall seriously short of the conduct and standards expected of a registered nurse and amounted to misconduct.

Decision and reasons on impairment

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

In coming to its decision, the panel had regard to the NMC guidance DMA-1, updated on 3 March 2025, 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) has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
- b) has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
- c) has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*

d) ...'

The panel considered limbs a, b and c of the test in *Grant*, as set out above, were engaged both in the past and in the future. The panel found that Mr Ford's misconduct caused psychological harm to colleagues, one whom was also a patient, and placed them at unwarranted risk of harm. Although no physical harm was identified, the panel considered the psychological harm to be serious. The panel further found that Mr Ford's behaviour breached fundamental tenets of the nursing profession, including maintaining professional boundaries and acting with integrity, and brought the profession into disrepute. The panel was satisfied that public confidence in the nursing profession would be undermined if a finding of impairment were not made.

In relation to insight, the panel considered that Mr Ford had demonstrated some insight. The panel had regard to Mr Ford's written reflection and to the opening statement in his disciplinary hearing where he stated:

"...I truly wish that any concerns regarding my behaviour would have been brought to my attention earlier so that I could alter my actions so as not to cause further distress. It has become evident to me that it will be highly difficult for me to return to the ED regardless of the outcome of this meeting. The situation is potentially compromised myself and Colleague B's relationship going forward and if she may feel unable to approach me this may have a detrimental effect on patient safety. I love working in the emergency department and would really like to return. I am willing to undertake mediation with Colleague B and Colleague A to clear up any misunderstandings if this could be an option, I would also like to apologise to them verbally or in writing if you feel that would be appropriate and helpful. If it were not possible to return to the ED I would want to return to work in some capacity in order to support my own family and with hindsight to think carefully about my tactile actions around female members of staff. I have brutally learnt from this experience that my actions despite having no sexual views in mind were inappropriate and highly naïve and I am truly sorry for this."

However, the panel concluded that this insight was insufficient as it was not satisfied that Mr Ford had demonstrated sufficient understanding of why his behaviour was inappropriate, particularly in relation to professional boundaries, power dynamics, and the vulnerability of more junior or non-clinical colleagues, who may have felt unable to challenge his behaviour. The panel considered that Mr Ford continued to characterise his conduct as being part of a “*tactile*” workplace culture and did not fully recognise how such behaviour could impact on colleagues causing them to be uncomfortable or distressed.

The panel accepted that the misconduct in this case is capable of remediation. It therefore considered whether Mr Ford had taken sufficient steps to strengthen his practice. The panel took into account the online courses Mr Ford had completed and the reflective statement he provided. However, the panel noted that the courses were brief, largely completed on the same day, and were not clearly targeted at the underlying issues of professional boundaries, sexualised behaviour and power dynamics. The panel determined that there was little evidence before it of reflective learning, engagement with the standards in the Code or demonstrating how his practice had changed as a result. Thus, the panel concluded that meaningful remediation had not yet taken place.

The panel was therefore of the view that there remains a significant risk of repetition, and consequently a real risk of harm, arising from the pattern of misconduct over a prolonged period, the limited insight demonstrated, the lack of effective remediation, and the absence of evidence of sustained changed practice. The panel also noted that Mr Ford’s non-attendance at the hearing limited its ability to test his insight, remorse, and understanding of the impact of his behaviour, although no adverse inference was drawn from this.

The panel acknowledged many positive professional testimonials provided on Mr Ford’s behalf and accepted that these demonstrated aspects of professionalism and integrity in his wider nursing practice. It also noted that his reflective statement was provided at an earlier stage of the proceedings and that he may not have been fully aware of the extent of the psychological impact on his colleagues at that time. Nevertheless, the panel concluded

that these factors did not outweigh the seriousness of the misconduct, the limited insight demonstrated by Mr Ford at this stage, and the ongoing risk identified.

Accordingly, the panel determined that a finding of impairment is necessary on the grounds of public protection.

The panel also bore in mind the overarching objectives of the NMC, namely to protect, promote and maintain the health, safety and well-being of the public, and to uphold and protect the wider public interest. This includes maintaining public confidence in the nursing profession and upholding proper professional standards.

The panel determined that a finding of impairment on public interest grounds is required given the seriousness of the misconduct, which involved sexually motivated and repeated behaviour which crossed professional boundaries with colleagues, and the need to declare and uphold proper standards of professional conduct. The panel concluded that public confidence in the profession would be undermined if a finding of impairment were not made in these circumstances.

Having regard to all of the above, the panel was satisfied that Mr Ford's fitness to practise is currently impaired.

Sanction

The panel has considered this case very carefully and has decided to make a suspension order for a period of 12 months, with a review. The effect of this order is that the NMC register will show that Mr Ford's registration has been suspended.

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 who, amongst other

matters, referred it to the sexual misconduct section in the NMC guidance on sanctions for particularly serious cases (SAN-2, May 2025).

Submissions on sanction

Having read the panel's earlier decisions and the risks identified, Mr Edenborough invited the panel to consider a striking off order due to the nature and seriousness of Mr Ford's actions which involved two complainants.

Mr Edenborough referred to the panel's findings regarding insight, that this was not sufficiently developed. He acknowledged that Mr Ford had completed a written reflection. However, he submitted that Mr Ford had ample opportunity to engage meaningfully with the process over a prolonged period yet had not demonstrated sufficient insight. This, combined with Mr Ford's tendency to minimise the seriousness of the behaviour rather than fully understanding its context and impact, indicated that a suspension or less restrictive order would not serve any purpose to address the issues and risks identified.

Mr Edenborough highlighted that there were multiple instances of misconduct, including three matters found to be sexually motivated, and further cumulative inappropriate behaviour without a finding of sexual motivation. Mr Edenborough submitted that Mr Ford's actions were fundamentally incompatible with remaining on the register, breaches the fundamental tenets of the nursing profession, carries a significant risk of harm and undermines public confidence in the nursing profession. He further emphasised the apparent lack of acknowledgement by Mr Ford of the seriousness of his misconduct.

Mr Edenborough submitted that public confidence in the profession could not be maintained if Mr Ford were not removed from the register. He submitted that a striking off order was the only sanction that would sufficiently protect the public and uphold professional standards.

Decision and reasons on sanction

Having found Mr Ford's fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose in this case. The panel has borne in mind that any sanction imposed must be appropriate and proportionate and, although not intended to be punitive in its effect, may have such consequences. The panel had careful regard to the SG. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- The misconduct involved sexual misconduct in the workplace, which is inherently serious.
- Abuse of a position of trust, specifically in relation to junior colleagues and a domestic worker.
- Insufficient insight into his failings, with a tendency to minimise the seriousness of his behaviour.
- A pattern of misconduct over a period of time, involving more than one complainant.
- The conduct caused distress and made colleagues feel unsafe at work, thereby undermining professional boundaries and confidence in the profession.

The panel also took into account the following mitigating features:

- Positive testimonials and references attesting to Mr Ford's clinical competence and previous good character.
- Some expressions of remorse and apology, and some insight although this was limited.
- Evidence of some relevant online training undertaken since the incidents.
- No criticism of Mr Ford's clinical skills and no evidence of repetition of the behaviour since the incidents.

The panel first considered whether to take no 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.

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 Mr Ford's 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 Mr Ford's misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether conditions of practice would be an appropriate and sufficient response. The panel was mindful that any conditions must be workable, proportionate and capable of addressing the concerns identified. However, the panel concluded that there were no practical or workable conditions that could be formulated given the nature of the misconduct. It considered that the concerns related to professional boundaries and sexual misconduct, which could not be remedied through retraining or supervision alone as a reflection also was required. The panel further concluded that conditions of practice would not adequately reflect the seriousness of the case or sufficiently protect the public. The panel also noted that with Mr Ford's current DBS sanction, it would not be possible for him to work as a nurse at this time with or without conditions.

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 harmful deep-seated personality or attitudinal problems;*

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

The panel considered that, while there were multiple incidents, there was no evidence of harmful deep-seated personality or attitudinal problems and no evidence of repetition since the incidents. It also considered that there is no criticism of Mr Ford's general competence and that his sexual misconduct was at the lower end of the scale. The panel accepted that Mr Ford had demonstrated some, albeit limited, insight and that there was a realistic prospect of further remediation with time and reflection.

The panel was satisfied that, in this case, the misconduct was serious but not fundamentally incompatible with remaining on the register at this stage.

In reaching this decision, the panel carefully considered the submissions made on behalf of the NMC in relation to sanction. The panel carefully considered whether a striking-off order would be proportionate, given the sexual nature of the misconduct and the need to maintain public confidence. The panel concluded that whilst some of the misconduct was of a sexual nature and therefore inherently serious, the sexual misconduct was at the lower end of the spectrum and did not involve any criminal proceedings. Taking into account all the circumstances of the case and the mitigation available, the panel concluded that a striking-off order would be disproportionate at this time.

While acknowledging that suspension would have a punitive effect, the panel considered that striking off would be unduly punitive in Mr Ford's case.

Balancing all of these factors the panel has concluded that a suspension order would be the appropriate and proportionate sanction.

The panel noted the hardship such an order will inevitably cause Mr Ford. However, this is outweighed by the public interest in this case.

The panel considered that this order is 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.

The panel determined that a suspension order for a period of 12 months (with review) was appropriate in this case to mark the seriousness of the misconduct, to protect the public, and to maintain public confidence in the profession.

At the end of the period of suspension, another panel will review the order. At the review hearing the panel may revoke the order, or it may confirm the order, or it may replace the order with another order.

Any future panel reviewing this case would be assisted by:

- Mr Ford's attendance and engagement at the review hearing.
- A detailed reflective piece demonstrating full insight into the impact of his behaviour on colleagues, the workplace, and public confidence in the profession.
- Documentary evidence of completion of relevant professional boundaries and ethics training.
- Evidence of steps taken to maintain professional knowledge and skills during the period of suspension.
- Testimonials or references demonstrating insight, remediation, and appropriate behaviour in the workplace.

This will be confirmed to Mr Ford in writing.

Interim order

As the suspension 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 Mr Ford's own interests until the suspension sanction takes effect.

Submissions on interim order

The panel took account of the submissions made by Mr Edenborough. He submitted that the imposition of an interim suspension order to cover the appeal period until the substantive sanction takes effect and any appeal is resolved is necessary for the same reasons that the panel imposed the substantive sanction.

Mr Edenborough invited the panel to consider an interim suspension order for 18 months. This duration accounts for the possibility that an appeal may be lodged and concluded.

The panel heard and 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 determined that an interim suspension order was necessary to protect the public and uphold public confidence in the nursing profession, and to do otherwise would be incompatible with its earlier findings. The period of this order is for 18 months to allow for the possibility of an appeal to be made and concluded.

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

That concludes this determination.