Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Hearing
Monday, 1 December 2025 – Wednesday, 10 December 2025

Virtual Hearing

Name of Registrant:	**Claire Louise Mary Kitson**
NMC PIN:	98D0315E
Part(s) of the register:	Registered Nurse - Sub part 1 Mental Health, level 1 (2 May 2001)
Relevant Location:	Liverpool
Type of case:	Misconduct
Panel members:	Bernard Herdan (Chair, Lay member) Lisa Holcroft (Registrant member) Sabrina Sheikh (Lay member)
Legal Assessor:	Angus Macpherson
Hearings Coordinator:	Eyram Anka (1 – 2 December 2025) Daisy Sims (3 – 10 December 2025)
Nursing and Midwifery Council:	Represented by Stephen Earnshaw, Case Presenter
Mrs Kitson:	Present and represented by Carolina Bracken, Counsel, instructed by the Royal College of Nursing (RCN)
Facts proved by admission :	Charges 1a, 1b(i), 1b(ii), 1c (not in relation to mother's consent), 1e, 2a, 2b, 2c, 2d, 2e, 2f, 2g, 2h, 2i, 3a and 3b
Facts proved:	Charge 1f
Facts not proved:	Charges 1d, 1g, 3c, 4, 5, 6 and 7

Fitness to practise:	Impaired
Sanction:	**Caution order (3 years)**
Interim order:	**Not applicable**

Details of charge

That you, a registered nurse, whilst working at Sefton Community and Mental Health Division, between May 2020 and July 2023:

1) Failed to maintain professional boundaries with Patient A in that you:

    a) Gave them your personal mobile number; **[PROVED BY ADMISSION]**

    b) Sent messages to them, on one or more occasions;

        i) Outside of working hours; **[PROVED BY ADMISSION]**
        ii) Which extended beyond the clinical and/or therapeutic relationship as set out in Schedule 1 below; **[PROVED BY ADMISSION]**

    c) Engaged in and/or planned social activities with them which extended beyond the clinical and/or therapeutic relationship **[PROVED BY ADMISSION]** and/or their mother's consent; **[NOT PROVED]**

    d) On one or more occasions, kissed them on the forehead; **[NOT PROVED]**

    e) Hugged them; **[PROVED BY ADMISSION]**

    f) Purchased one or more dangerous and/or intimate items for them as set out in Schedule 2; **[PROVED]**

    g) Carried out a bra fitting on them. **[NOT PROVED]**

2) Said to Patient A about their mother words to the effect of:

    a) "Bell end"; **[PROVED BY ADMISSION]**

b) “What she say??? Has she got a brain tumour yet”; **[PROVED BY ADMISSION]**

c) “…Let me know when I can ring as I’ll try and do it when your mum is out; **[PROVED BY ADMISSION]**

d) “She’s not living on this planet, it must be nice living on planet mother!!!!”; **[PROVED BY ADMISSION]**

e) “You can’t fend for yourself, two reasons, one, your mother hasn’t promoted any independent living skills for you, or showed you anything, which is actually very disabling…”; **[PROVED BY ADMISSION]**

f) “…Can we not talk about it and talk about your mother’s new diagnosis instead!!!! I’m going to call her doctor mother, she could have her own talk show with that name”; **[PROVED BY ADMISSION]**

g) “If I could I would adopt you xxxx”; **[PROVED BY ADMISSION]**

h) “I can be your second mum x”. **[PROVED BY ADMISSION]**

i) “That bitch doesn’t love you”. **[PROVED BY ADMISSION]**

3) Did not keep accurate records in relation to Patient A in that:

a) On one or more occasions as set out in Schedule 3 did not document sessions held with them in a timely manner and/or at all. **[PROVED BY ADMISSION]**

b) Did not record out-of-hours contact; **[PROVED BY ADMISSION]**

c) Did not update the care plan and risk assessment form between August 22 and May 23 and/or notify relevant parties of their progress; **[NOT PROVED]**

4) Around May 2023, failed to escalate Patient A's suicidal ideation. **[NOT PROVED]**

5) Your conduct at charge 1/ charge 2 was sexually motivated in that you sought to pursue a future sexual relationship with Patient A. **[NOT PROVED]**

6) Your conduct at charge 1d/ charge 1e/ charge 1g was sexually motivated in that you sought sexual gratification from such conduct. **[NOT PROVED]**

7) Your conduct at charge 2 was done with the intention of alienating Patient A from their mother. **[NOT PROVED]**

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

Schedule 1

'Love you too x'
'Love you so much too x never forget that'
'Bell end'
'Never ever show anyone these texts or I could go to prison'
'Dick'
'You are my fave girl'
'I am off to bed, love you lots and lots xxx'
'That's cos I'm ace and love you to bits x'
'Love you lots like jelly tots xxxx'
'If I could I would adopt you xxxx'
'You are so so welcome xxxx think a lot of you'
'Its all bollocks'
'Skimpy bikini pictures'

Schedule 2

Vapes

Razor blades

Sharps

A bra

Schedule 3

recorded documentation exceeding 72	19.02.21
hours	22.02.21
27.05.20	25.02.21
12.06.20	01.03.21
15.06.20	04.03.21
25.06.20	08.03.21
02.07.20	09.03.21
03.07.20	12.03.21
06.07.20	18.03.21
16.07.20	25.03.21
21.07.20	26.03.21
27.07.20	01.04.21
06.08.20	18.04.21
02.09.20	22.04.21
29.09.20	29.04.21
30.09.20	05.05.21
07.10.20	13.05.21
12.10.20	08.10.21
03.12.20	25.02.21
23.12.20	17.12.21
05.02.21	21.01.22
12.02.21	28.01.22
18.02.21	02.02.22

11.02.22	*No session note*
18.02.22	09.09.20
03.03.22	25.09.20
10.03.22	30.10.20
15.03.22	12.11.20
10.06.22	27.01.21
22.06.22	10.02.21
05.07.22	18.02.21
15.07.22	06.07.21
05.08.22	04.02.22
29.08.22	04.03.22
02.09.22	07.03.22
16.09.22	22.03.22
30.09.22	25.03.22
14.10.22	06.04.22
28.10.22	19.04.22
06.01.23	09.05.22
21.04.23	13.05.22
28.04.23	17.02.23
09.06.23	10.03.23
14.06.23	

Background

The NMC received a referral on 11 June 2023 from HCL Managed Services Ltd ('the Agency'). The allegations relate to concerns raised whilst you were working as a case manager at Alder Hey Children's NHS Foundation Trust ('the Trust') at Sefton Child and Adolescent Mental Health Services ('CAMHS'), (Community & Mental Health Division) between May 2020 and July 2023.

It is alleged that you breached professional boundaries with Patient A, developing an overly familiar relationship. Improper messages between you and Patient A were allegedly shared throughout, including declarations of love, improper language, your planning vacations and your planning to live together. It is also alleged that you purchased presents for Patient A, including undergarments, disposable vapes and blades. You were reportedly aware that Patient A was at risk of self-harm and had suicidal ideations.

It is also alleged that some of your alleged conduct was sexually motivated and/or for sexual gratification and that you sought to alienate Patient A from her mother.

Furthermore, it is alleged that you failed to properly keep records according to the Sefton CAMHS internal procedures. It is reported that you failed to input consultation records and failed to update several different documents, including those relevant to evaluate treatment.

Decision and reasons on application to admit Patient A's hearsay evidence

The panel heard an application made by Mr Earnshaw, on behalf of the Nursing and Midwifery Council ('NMC'), under Rule 31 to admit Patient A's hearsay evidence. Mr Earnshaw submitted that the evidence is relevant as the panel would have had sight of a myriad of documentation in relation to Patient A and within that documentation, there is her account signed by her on 29 November 2023. It was his submission that it is admissible within the rules, however he left the matter of fairness to the panel's discretion.

Mr Earnshaw submitted that Patient A's hearsay evidence is not the only evidence in relation to these charges. It was his submission that Patient A's evidence is corroborated by other witnesses that will appear before the panel to give oral evidence. Mr Earnshaw therefore submitted that the panel can be satisfied that Patient A's evidence is relevant and it would not be unfair to you to admit the evidence.

Ms Bracken did not oppose the application.

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 reference to the case of *Thorneycroft v The Nursing and Midwifery Council* [2014] EWHC 1565 (Admin). Further, the advice included an explanation of Rule 31 which 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.

Prior to reaching its decision, the panel asked Mr Earnshaw why Patient A had not been asked to attend the hearing to give evidence.

Mr Earnshaw's explanation was that on 11 September 2025, it was confirmed that Patient A was not willing to engage. He submitted that there is evidence within the bundle of Patient A's attitude towards both you and her mother, and, as well, her personal health difficulties. Mr Earnshaw put to the panel that it would be wrong in principle to try to put further pressure on Patient A to change her mind about giving evidence at this hearing.

The panel gave the application in regard to Patient A serious consideration and had regard to the principles set out in *Thorneycroft*.

The panel accepted the NMC's explanation as to why Patient A is unable to give live evidence at this hearing. In the panel's judgment, requiring Patient A to attend and give evidence could possibly result in a deterioration of her wellbeing.

The panel noted that Witness 1's record of her interview was signed by Patient A and therefore represents the closest form of contemporaneous evidence available. The panel noted that Patient A's record of interview is not the only evidence before the panel relating to your relationship with her. It will hear from other witnesses who will be attending to give live evidence and they can be questioned directly.

The panel was exercised as to whether, in these circumstances, it would be fair and relevant to accept into evidence the hearsay evidence of Patient A, particularly as she is now an adult and is the person with whom, it is alleged, you formed an inappropriate relationship. It determined on balance that it should do so but indicated that it would attach the weight it deemed appropriate once the panel had heard and evaluated all the evidence before it.

Decision and reasons on facts

At the outset of the hearing, the panel heard from Ms Bracken, who informed the panel that you made full admissions to charges 1a, 1b(i), 1b(ii), 1c (save in relation to Patient A's mother's consent), 1e, 2a, 2b, 2c, 2d, 2e, 2f, 2g, 2h, 2i, 3a and 3b.

The panel therefore finds charges 1a, 1b(i), 1b(ii), 1c (save in relation to Patient A's mother's consent), 1e, 2a, 2b, 2c, 2d, 2e, 2f, 2g, 2h, 2i, 3a and 3b proved in their entirety, by way of your admissions.

In reaching its decisions on the disputed facts, the panel took into account all the oral and documentary evidence in this case together with the submissions made by Mr Earnshaw on behalf of the NMC and by Ms Bracken on your behalf.

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 either under oath or affirmation called on behalf of the NMC:

- Witness 1: Assistant Clinical Lead at the Trust and Case Investigator

- Witness 2: Clinal Lead at the Trust and your line manager
- Witness 3: Patient A's mother
- Witness 4: Head of Behaviour at Patient A's school

The panel also heard evidence from you under affirmation.

The context in which the panel came to consider those charges which are not admitted is that you have admitted failing to maintain professional boundaries with Patient A between May 2020 and July 2023. This admission included the sending of messages outside of working hours which extended beyond the clinical / therapeutic working relationship as set out Schedule 1. Without reciting those messages, they include protestations of love, coarse or vulgar expressions which are inconsistent with professional standards, an interest in adopting Patient A and assertions that Patient A should delete the messages, otherwise you could go to prison. You have also admitted failing to maintain professional boundaries with Patient A by making disparaging remarks to her about her mother, Witness 3.

The panel noted that Patient A's history included periods when she became very close to other people. In the clinical timeline entry for 21 April 2023, the following entry from you is recorded:

> *'CK documents that* [Patient A] *said that she has always felt like* [Witness 3] *never wanted her, and she wants someone to love her.* [Patient A] *admitted that she was drawn to certain people, like Miss A from Chesterfield, and H, one of the nurses from Ancora House and said that she wanted H to be her Mum.*

CK documented that [Patient A] *said she doesn't have a close relationship with her Mum,* [REDACTED] *and that she has looked to other people for that nurturing and support.* [Patient A] *said that she gets overly upset when people 'leave' her, she has had a good relationship with a TA from school, and she left recently, about the same time as the care staff did, so she is feeling lonely, as she misses them.'*

The panel will set out its findings about your motivation for conducting yourself in the manner set out in charges 1 and 2 of the allegation when it comes to consider charge 5. Suffice it to say, at this juncture, that the panel takes the view that that conduct was likely to have a significant impact on the mind of a 16 year old girl who was receiving treatment from Sefton CAHMS because of longstanding mental health conditions. The combination of Patient A's mental health conditions and the confusion which was likely to be generated in her upon receiving text and other messages from you in that vein obliges the panel to consider how reliable her accounts to whomsoever she related them may be.

The work of the panel was hampered by the lack of important evidential material. The panel noted that the NMC relied upon the internal investigation record of Witness 1's interview with Patient A in the presence of Witness 4 dated 24 November 2023 which was signed by Patient A on 29 November 2023. The NMC did not take or produce a written statement from Patient A. Patient A did not participate in this hearing in any way. Further, although Patient A's diary was referred to in evidence, particularly by Witness 3, the panel did not have sight of this and had to treat its contents as untested hearsay. The panel had sight of text messages between you and Patient A, but the messages were selected by Patient A, and mainly one-sided in that Patient A's contributions to the texting dialogue were largely omitted consequent upon the editorial control which she imposed. In consequence, the panel found it difficult to develop a secure understanding of the issues which were being discussed between you and Patient A and the context thereof. Finally, the panel noted that the factual matters in dispute in the case, including the charges alleging sexual motivation stemmed from conversations which Witness 4 had had with Patient A. The hearsay evidence of Patient A was therefore not confined to matters in her interview with Witness 1.

Finally the panel noted that Witness 1 did not interview you. Her explanation for not so doing was that she complied with the investigation terms of reference which did not specify the need to interview you and you had already ceased working at Sefton CAHMS. In consequence of this, the referral to the NMC by the agency took place notwithstanding the absence of any account of what happened from yourself.

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor. The legal assessor reminded the panel that you are a person of good character meaning that you have no criminal convictions for dishonesty; no fitness to practice history; no adverse employment history. He advised that the panel should take that into account when considering whether you are telling the truth about these matters but it is not determinative.

The panel considered the oral and documentary evidence provided by both the NMC and Ms Bracken.

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

Charge 1(c) (in relation to Patient A's mothers consent)

1) Failed to maintain professional boundaries with Patient A in that you:

    c) Engaged in and/or planned social activities with them which extended beyond the clinical and/or therapeutic relationship and/or their mother's consent;

This charge is found NOT proved in relation to Patient A's mother's consent.

The panel noted that you admitted that you engaged in and/or planned social activities with Patient A which extended beyond the clinical and therapeutic relationship but that you did

not admit that you engaged and/or planned social activities without Patient A's mother's consent.

The panel noted that the NMC did not particularise the alleged social activities which are the subject of the charge.

The panel first considered the text messages between you and Patient A insofar as they were before it. It noted that these text messages were selected by Patient A and that they did not show entire conversations. The panel noted that they included messages suggesting Patient A's mother did, on occasion, consent to your social activities with Patient A.

The panel considered that it was not always clear whether Patient A's mother had given consent to some of the planned social activities between you and Patient A, nor whether, if consent was not obtained, the social activity necessarily related to activities which extended beyond the clinical / therapeutic relationship. The panel determined that this evidence is not sufficient for it to reach a proper conclusion that you did not obtain Patient A's mother's consent for the alleged social activities.

The panel also noted the oral and written evidence of Witness 3, Patient A's mother. She did not say that she was unaware of planned social activities between you and Patient A.

Further, the panel noted the evidence from within the CAMHS team regarding the difficult relationship which subsisted between Patient A and their mother. The panel noted that it was agreed within the team that Patient A and Patient A's mother were to be dealt with separately given the strain on their relationship. In those circumstances, it was difficult for the panel to conclude that a particular social activity planned or engaged upon with Patient A by you should necessarily be shared with Patient A, or whether, by your not doing so, you were failing to maintain professional boundaries in that regard.

In conclusion, insofar as the panel was able to reach a determination in relation to any of the social activities which you planned or engaged upon with Patient A, it did not accept that

Patient A's mother was unaware of them. The panel was also not satisfied that it would have been a breach of boundaries if Patient A's mother was not told, given the concerns around the relationship between Patient A and their mother.

Charge 1(d)

1) Failed to maintain professional boundaries with Patient A in that you:

    d) On one or more occasions, kissed them on the forehead;

This charge is found NOT proved.

In reaching this decision, the panel took into account the evidence of Witness 4, Witness 3 and yourself.

The panel noted the following from Witness 4's NMC witness statement:

> *'Patient A told me that when she went to Cheshire Oaks with Claire, whilst they were in Claire's car, Claire leaned over, and she thought Claire was going to kiss her on her lips. Claire kissed her on her forehead multiple times instead. Patient A didn't say whether she thought it was good or bad, she just said what happened. She said that Claire frequently kissed her on her head and that Claire loved her.'*

She demonstrated how Patient A alleged that you had done this. The panel also noted that Witness 4 stated the following in their investigation interview dated 24 November 2023:

> '[Patient A] *has also told me that Claire never kissed her on her lips but had kissed her on her head frequently'.*

The panel noted that Witness 3 did not give evidence that she had heard from Patient A that kissing on her head had occurred and it was not referred to in Patient A's diary entries. The panel noted that you deny this allegation.

The panel recognised that there is no direct evidence to support this charge. It entirely stems from the untested hearsay evidence from Patient A. The panel therefore had to consider your denial as against the hearsay evidence of Patient A. It reflected that this allegedly occurred in the context of your having breached professional boundaries with a vulnerable 16 year old girl. The panel could not discount the possibility that Patient A made up the allegation.

The panel determined that the NMC has not discharged its burden of proof in relation to this charge.

Charge 1(f)

1) Failed to maintain professional boundaries with Patient A in that you:

    f) Purchased one or more dangerous and/or intimate items for them as set out in Schedule 2;

Schedule 2
Vapes
Razor blades
Sharps
A bra

This charge is found proved in relation to vapes only. It is found not proved in relation to razor blades, sharps and a bra.

In reaching its decision, the panel considered the items listed in Schedule 2 separately.

In relation to vapes, the panel noted that there is no direct evidence before it that you had actually given any to Patient A. The evidence before it stems from Patient A's interview with Witness 1 in which this exchange appears:

> *Witness 1: Did you give money to Claire for vapes for her to buy them for you? How often did she do that?*
> *Patient A: I wouldn't give her my money. She got me like 6.*
> *Witness 1 : Was this just one occasion?*
> *Patient A: No.*

Witness 4 stated that she had read the text messages and concluded that you had presented vapes to Patient A. She stated:

> *Witness 4: '… Since seeing the messages on [Patient A's] phone where I've seen that Claire bought vapes for [Patient A] …'*

The panel also noted Witness 3's witness statement in which she stated referring to Patient A's diary:

> *'I also read that Ms. Kitson had gifted Patient A nicotine vapes (claiming it would help with her anxiety).."*

The panel noted your acceptance that you did purchase vapes on more than one occasion for Patient A, but that, before you actually presented them to her, you thought better of it and threw them away.

In light of the fact that the charge relates only to 'purchasing', the panel does not need to resolve the dispute between Patient A and yourself as to whether you presented the vapes which you purchased to her. It did note that the text messages demonstrate that you

offered to buy her vapes on many occasions and that therefore Patient A was cognisant of the fact that that was your avowed intention.

The panel accepted that vapes were harmful items and that it was illegal for persons under the age of 18, and therefore Patient A, to use them.

The panel determined that it is a clear breach of professional boundaries to purchase a vape for a young patient, regardless of whether this was given to the patient. The panel therefore found this element of charge 1(g) proved.

The panel determined to deal with the sharps and razor blades together.

It noted that during Patient A's internal interview dated 24 November 2023, Patient A gave answers about the sharps prompted by Witness 4 and not the investigator as follows:

> *Witness 4: Did she buy you sharps to cut yourself?*
> *Patient A: Yes, that was in Cheshire Oaks*.

It noted that this was a leading question, not open ended like the rest of the questions.

The panel noted that in her witness statement, Witness 3 stated, referring to Patient A's diary:

> *'I also read that Ms. Kitson had gifted Patient A …. razor blades, and that Ms. Kitson was aware of infected wounds that Patient A would have inflicted on herself.'*

The panel noted your denial that you ever purchased razors or sharps for Patient A and your evidence that to do so would be contrary to everything you were striving to achieve for Patient A.

The panel recognised that the only evidence in relation to the charge in respect of sharps and blades is hearsay from Patient A. It was mindful of the confusion which was likely to be generated in Patient A's mind as to what in fact you had done for her. The panel accepted your evidence and determined that the NMC has not adduced sufficient evidence to discharge the burden of proof.

In relation to you purchasing a bra for Patient A, the panel recognised that this charge was closely connected with 1(g) – carrying out a bra fitting on Patient A. It noted that during Patient A's internal interview dated 24 November 2023, Patient A gave answers about underwear prompted by Witness 4 and not the investigator as follows:

> *'Witness 1 : Were there any other gifts?*
> *Patient A: She bought me loads of stuff; in the shops she spent like £50 on me.*
> *Witness 4: Didn't she buy you some underwear?*
> *Patient A: It doesn't matter. I'm wearing the bra she got me today.*
> *Witness 1: Mum mentioned that Claire took you for a bra fitting.*
> *Patient A: She did the bra fitting.*
> *Witness 1: How?*
> *Patient A: It doesn't really matter.'*

The panel also noted the evidence of Witness 4. In her witness statement dated 15 September 2025, she wrote, referring to a meeting with Patient A which she could not date:

> *It was in this meeting that Patient A also said that Claire had bought her knickers and a bra from Cheshire Oaks (a designer outlet). She said she measured me like this and then put her hands into a cup around her breast to show me how Claire had done it.*

In her oral evidence, Witness 4 stated that Patient A explained to her how you physically put your hands on Patient A's breasts in such a way as to fit a bra.

The panel was concerned about Witness 4's evidence. This description was not reflected at all in her interview with Witness 1 in November 2023. The NMC never alleged that you had purchased knickers for Patient A, and, as to the touching of Patient A's breasts during the alleged fitting, this could amount to an allegation of sexual assault which would warrant escalation. There was no reliable evidence that this ever took place. It noted that Witness 4 first articulated this material in September 2025, long after the events in question.

The panel also noted your evidence. You denied ever purchasing Patient A a bra. You explained that you were with Patient A for the entirety of your visits to different shopping centres, except for when Patient A went to the toilet. You explained that there was no opportunity for a bra fitting to have occurred in the shops you visited. You also explained that you had only brought Patient A food and drink on these shopping trips.

The panel recognised that there is no direct evidence to support this charge. Again it entirely stems for the hearsay evidence of Patient A. The panel therefore had to consider your denial as against the hearsay evidence of Patient A. It reflected that this allegedly occurred in the context of your having breached professional boundaries with a vulnerable 16 year old. The panel could not discount the possibility that Patient A made up the allegation.

The panel considered that there is not sufficient evidence before it to determine that you did purchase a bra for Patient A.

Charge 1(g)

1) Failed to maintain professional boundaries with Patient A in that you:

g) Carried out a bra fitting on them.

This charge is found NOT proved.

The panel noted its findings at charge 1(f) in relation to the bra. The panel determined that there is insufficient evidence before it to determine that you did buy Patient A a bra. The panel then considered whether you carried out a bra fitting on Patient A. The panel considered your evidence that there was no opportunity for a bra fitting to have occurred in the shops you visited on your outings.

The panel has set out its concerns in respect of the evidence of Witness 4 in its determination in relation to charge 1(f).

The panel recognised that there is no direct evidence to support this charge. It entirely stems from the hearsay evidence of Patient A. The panel therefore had to consider your denial as against the hearsay evidence of Patient A. Again it reflected that this allegedly occurred in the context of your having breached professional boundaries with a vulnerable 16 year old. The panel could not discount the possibility that Patient A made up the allegation.

The panel determined that the evidence is not sufficient to find this charge proved.

Charge 3c)

3) Did not keep accurate records in relation to Patient A in that:

c) Did not update the care plan and risk assessment form between August 22 and May 23 and/or notify relevant parties of their progress;

This charge is found NOT proved.

In reaching its decision, the panel noted that during your oral evidence you accepted that you did not update the care plan or risk assessment, but you explained that you did not do it yourself because you had issues with logging on to the Meditech system ('the system'). You said you kept handwritten notes and sent them to a colleague whom you asked to do it for you.

The panel considered Witness 1's clinical timeline of events in her report which recites many of the clinical notes. It does not include the actual letters and other communications sent to the system. It heard from you that they feature in a different folder on the system. It noted that there are multiple entries that refer to you and information that you had passed on to the team in order for it to be added to Patient A's care plan and risk assessment. It was clear to the panel from the clinical timeline of events that you had notified relevant parties of Patient A's progress on multiple different occasions.

The panel noted the evidence of Witness 2, your line manager, who explained to the panel that it was acceptable for you to update other parties in order for them to update Patient A's care plan and risk assessment. Witness 2 also said that you were not the only member of staff who had difficulty in using the system.

Whilst the panel noted that it did not have sight of the actual care plans and risk assessments, it determined from the clinical timeline of events and the evidence of Witness 2, that you did notify relevant parties of Patient A's progress. Therefore, the panel determined that, although you did not update the care plans and risk assessments yourself, you did so by regularly notifying relevant persons of your progress with Patient A, and that therefore you did keep accurate records in relation to Patient A in this respect.

The panel therefore found this charge not proved.

Charge 4

4) Around May 2023, failed to escalate Patient A's suicidal ideation.

This charge is found NOT proved.

In reaching its decision, the panel considered the evidence it had before it in relation to Patient A's medical history. It noted that Patient A had attempted suicide in the past and had regular suicide ideations.

The panel reminded itself of its findings at charge 3, that you did update relevant persons of your progress with Patient A and its acceptance that you were unable to update care plans and risk assessments yourself.

The panel considered the clinical timeline of events, which shows regular updates from you regarding Patient A's mental wellbeing, albeit added by another person.

The panel then considered the evidence before it of Patient A's suicidal ideations around May 2023. It noted the following from Witness 1's written statement :

> *'A particularly relevant message interaction involves Ms. Kitson responding to messages sent by* [Patient A] *about her having suicidal ideations. According to the images, Ms. Kitson told* [Patient A] *that "[she] can't come to stay at [Ms. Kitson's home] if [her] brain is in bits from the car park!". This would have been in reference to* [Patient A] *texting Ms. Kitson from a car park with suicidal ideations. Ms. Kitson had recorded in the electronic record for* [Patient A] *that she had told Ms. Kitson of her suicidal ideations and that they had communicated over the weekend, but failed to indicate that* [Patient A] *told her about her ideations while at the car park. Ms. Kitson also failed to follow protocol on mental health emergencies, as she did not escalate the events with the crisis hotline.'*

The panel also had sight of the relevant text messages and the clinical timeline in relation to this event.

The panel understood that this charge, drafted without particularity, may relate to the weekend when Patient A informed you that she had located a car park [PRIVATE] where she would end her life. That weekend was 6/7 May 2023. The panel considered the entries relating to Patient A, some apparently from you, recorded in the clinical timeline of events following that weekend:

> **08/05/23**
> *'File note entered by* [Mx 5] *on behalf of CK on 09/05/23*
> *The title of the entry was 'feedback from weekend 05/05/23 – 08/05/23'*
> *CK documents that she took* [Patient A] *to the Trafford Centre and there were no difficulties.'*
>
> '[Patient A] *reportedly alluded to going out on Saturday and she identified a place to end her life. CK documents that "I kept in touch with her all weekend".*
> *CK wrote that she still couldn't access Meditech and couldn't update the risk assessment or care plan and asked if* [Witness 3] *could do this on her behalf.*
> *It is not clear how many hours CK worked with* [Patient A*] over the weekend and who had authorised this'*
>
> **09/05/23**
> '[Patient A] *stated to* [Mx 6] *that she had a "boring weekend". She then went on to say that she "had a good evening with CK".'*
> *'She stated she wished she could do this with mum.* [Patient A] *reported Mum had implied it was not proper for CK to spend time with her.* [Patient A] *stated she responded that it was normal and therapist sometimes took YP out.*
> *It is not clear whether* [Patient A] *was referring to CK taking her out over the weekend during the evening.'*

The panel concluded that it would be wrong to infer from Patient A's reference to her having located a place to end her life that there was a high risk of that happening in the context of her suicidal ideation and attempts over many years. Her visit to Liverpool that

weekend took place after a successful evening with you on the Friday. In any event you reported to Witness 2, your line manager what you knew about Patient A and a colleague recorded it on the system.

The panel recognised that this charge may refer to other occasions when Patient A was experiencing suicide ideations in May 2023. It therefore considered entries on the clinical timeline of events on 24 May 2023 as follows:

> *'School advised that 'this morning I received a very distressed call from CK. She believes that* [Patient A] *is at a high risk crossroad as her mental health is deteriorating …'*
>
> *'We discussed confidentiality and capacity.*[sic] *is 16 years old and presenting with significant concerns regarding risk of self harm and suicide. Is engaging in her meetings with* [Mx 6]*, CK and* [Mx 7] *but is refusing for information to be shared with her parent. Where possible attempts have been made to encourage to share the worry and risk with her mum so she is aware of how to support her. CAMHS are working with Mum and acknowledging that is struggling while maintaining confidentiality'*
>
> *'CK is meeting* Patient A *face to face on 26/05/23 at Burlington. During this time CK will discuss Home Treatment Intervention and calls from Crisis Care over the weekend to check her well-being. It is hoped that will be agreeable to increased support from unplanned care services such as Crisis Care Team alongside planned care from* [Mx 6] *and CK.* [Witness 2] *had requested admin add this appointment to CK's resource as she is having difficulty accessing Meditech. CK will liaise with Crisis Care on Friday if* [REDACTED] *is agreeable to their involvement.'*

In addition, the panel noted the following entries in the clinical timeline for 26 May 2023:

‘The CAMHS CCT received a telephone call from P, interim head teacher at Patient A's school. P reported that he had spoken to CK who advised he ring CAMHS CCT. P reported he had attempted to contact Patient A*'s social worker however she was not in work until next week.*

Discussion – P reported that Patient A *had attended school on 25/05/23 with cuts to her legs, they had taken to the walk in centre where she received antibiotics. On arrival at school on 26/05/23 was searched and no sharps were found on her person however reportedly went to the bathroom and cut her leg to a degree where staff have accompanied her to AED at Whiston’*

‘Professional discussion between [Witness 2] *and* [Mx 7] *in respect of Patient A attending Whiston A&E. Outcome: Referral to Home Treatment Team for Intervention discussed in response to escalating difficulties at home leading to increased risk. It was agreed* [Mx 7] *will consult with* [Mx 8] *(Consultant Psychiatrist – CAMHS CCT).’*

The context of this was Patient A’s significant concern and anxiety that you would shortly be leaving your role as her case manager. The panel noted that Witness 2 had explained that he was aware of this situation.

The panel recognised that there is substantial evidence in the clinical timeline of events which demonstrates that Patient A was significantly distressed towards the end of May 2023. The panel noted further entries dated 13 June 2023 and 14 June 2023 which demonstrate that you were, at that time, aware of Patient A’s increasing distress and that you were focusing on ways to relieve that distress and a safe clinical handover to colleagues:

13/06/2023

'[Mx 6] *had a phone call with CK and CK asserted she has not planned to foster Patient A nor completed any respite forms. CK discussed she was worried about how she exits from Patient A's care'*

14/06/2023

'CK also documented that she reminded Patient A that she was supposed to be leaving a number of months ago, but given that her mood deteriorated and she was self-harming and having suicidal thoughts, then, CK agreed to stay to support her, there was also another member of staff who had been identified to work with Patient A, however, this has not happened for some reason, but will have a team of people she has worked with, around her.CK documented that "at the moment, Patient A is convinced that her Mum has done this, I have assured her that this is absolutely not the case, and Mum doesn't even know yet".

The panel also considered your oral evidence, specifically that you said that you did breach professional boundaries because you were deeply concerned about Patient A's wellbeing and that you stated that if Patient A were to say she was going to end her life imminently, you would have called the police and escalated this. The panel considered that this is reaffirmed in the transcript of clinical notes dated 8 May 2023.

Based on all of the above, the panel was not satisfied that around May 2023 you failed to escalate Patient A's suicidal ideations.

Charge 5

5) Your conduct at charge 1/ charge 2 was sexually motivated in that you sought to pursue a future sexual relationship with Patient A.

This charge is found NOT proved.

The panel considered the texts between you and Patient A. As previously determined, the panel was aware that these messages do not depict the entire conversation and noted that these messages had been selected by Patient A. The panel specifically noted the following messages:

> '*love you lots like jelly tots'*
> *'no one better read these messages or I will go to prison'*
> *'*[…]*wait until you are 18'*

In reaching its decision on whether these messages were sexually motivated, the panel noted its previous findings, specifically that it did not find proved that you kissed Patient A on the forehead, that you brought Patient A a bra or carried out a bra fitting on her.

The panel acknowledged that, in the text messages you frequently told Patient A that you loved her and she reciprocated the sentiment. In addition you stated that you were anxious that the messages be deleted. It was therefore keen to understand the meaning behind such messages which were frequently sent very late in the evening.

The panel heard from Witness 4. It was apparent from her oral evidence and from her interview with Witness 1 that she suspected you of being sexually attracted to Patient A. Witness 4 said in her interview:

> '[Patient A's] *mum would speak to me and ask if I thought there was something strange happening between* [Patient A] *and Claire. Initially I wondered whether Claire had been taken in by* [Patient A] *and Claire had just overstepped the mark professionally. I've always had really clear boundaries with* [Patient A] *since seeing the messages on* [Patient A's] *phone where I've seen that Claire bought vapes for* [Patient A] *and Claire asked* [Patient A] *to change her name and tell her when she's deleted the messages I feel it was more serious than that.'*
> […]

‘Witness 4: On a separate occasion, Claire came to the school for a meeting. She was saying to [Patient A] - *"I need to get you this respite" and they spoke about a "bucket list" but didn't give any context about what she meant. Claire asked me to leave the room but I returned after 5 minutes as I didn't feel comfortable with this. I reported this to the School Safeguarding Team afterwards. I think* [Mx 9] *contacted CAMHS with these concerns.*
Witness 1: Is there anything else that you feel is important to share?
Witness 4 [Patient A] *would sometimes ask me "would you tell me about your sex life with your wife?" "would you talk to me about strap ons", I asked her why she was asking this and she replied that this was what Claire spoke to her about.*
[Patient A] *told me that Claire used to say "Claire loves me like jelly tots" and showed pictures to me of Claire and at Cheshire Oakes,* [Patient A] *told me that Claire had bought her underwear.’*

In her oral evidence Witness 4 stated that at first she did not believe you were trying to pursue a sexual relationship with Patient A but the more Patient A was opening up and telling her what you were sharing with Patient A, Witness 4 started to question your motivation and felt that *‘you were going down a path that wasn’t right’.* Witness 4 stated that once she left the school and had more meetings about what was taking place, she determined the relationship was not right and had sexual motivation elements to it.

The conclusions which Witness 4 drew depend upon the truth and accuracy of what she was being told by Patient A. Only in respect of one point was Witness 4 able to state something from her first hand observation, namely that she witnessed you ‘gazing’ at Patient A with love.

In her interview, Patient A’s mother, Witness 3 stated:

[Patient A] *showed* [Mx 10] *some more messages a few weeks ago including photos sent from Claire while she was on holiday in a bikini and a selfie where it*

looks like she has a bra on. Claire also took [Patient A] *lingerie shopping around June and brought her a bra,* [Patient A] *said she found this weird.*
[Mx 10] *said that this is now a criminal investigation and told* [Patient A] *that Claire was not trying to be a motherly figure and wanted to be more than that. I want to know when the school had concerns because F stated that school had described it as grooming.*

Mx 10 was identified as a social worker in the hearing. She did not give evidence.

The panel recognised that this material was hearsay, even double hearsay and entirely depended on what Witness 4 had said to Mx 10, and of course whether it was true.

In her oral evidence, Witness 1 stated that she had spoken to Patient A and she had said there was no insinuation of a sexual element to your relationship.

The panel considered your evidence in relation to those matters set out in charges 1 and 2 which were found proved either upon your own admission or by the panel. You told the panel that the prime motivation for your conduct towards Patient A was your concern for her safety. You freely admitted and regretted that you overstepped professional boundaries. You had been her care manager at CAMHS since May 2020. You recounted your grief concerning a previous patient of yours who had taken their own life. You were always concerned lest that should happen again. You accepted that the language you used reflected the fact that you had formed an emotional bond with Patient A. You knew that your professional relationship with her could not continue. It was scheduled to come to an end at the beginning of 2023, but was extended until about the summer of that year.

In the context of that relationship ending in May / June 2023, Patient A manifested extreme anxiety and your messaging her became all the more unrestrained. You used loving terminology in your messages, but you deny any sexual interest in Patient A. It was acknowledged that you have your own partner and family and that you were about 40 years older than Patient A.

You repeatedly stated that you were not thinking clearly when you communicated in the way you did with Patient A. You used inappropriate unprofessional language in your messages including coarse and inappropriate terms; you referred to adoption and you denigrated Patient A's mother. You said that you had never behaved in this way with any other patient. Although you initially denied that you had formed a mother / daughter relationship with Patient A, you did concede on further questioning that you could see how some of the messages might appear to indicate that type of relationship.

The panel noted that the context of this relationship was not only Patient A's mental health, but also her relationship with her mother, Witness 3, which had been problematic for a long time and was a real concern to CAHMS. CAMHS had determined that it should establish separate relationships with each of them in order to achieve progress with Patient A. In this context, in the panels view, you allowed yourself to cherish Patient A in a way which far exceeded your role as her Care Manager.

Your failure to maintain professional boundaries with Patient A exemplified the very reason why professional boundaries are in place – to protect the vulnerable patient. However, the panel finds that your failure in this regard was not because you were planning to pursuing a future sexual relationship with her but because you were allowing yourself to become emotionally attached to her when she was so vulnerable.

Based on all of the above, the panel determined that whilst it clearly breached professional boundaries, your conduct to Patient A was not sexually motivated.

Charge 6

6) Your conduct at charge 1d/ charge 1e/ charge 1g was sexually motivated in that you sought sexual gratification from such conduct.

This charge is found NOT proved.

The panel noted that the only relevant charge found proved is 1e – 'hugged them'.

The panel noted that in oral evidence you stated that hugging is something that would regularly happen between workers and patients in times of distress. Additionally, the panel noted that Witness 2 explained in oral evidence that hugging did occur between workers and patients in appropriate situations. Further, the panel noted that Witness 1 in oral evidence stated that young people frequently initiate a hug with a care professional and that this can be reciprocated without breaching professional boundaries.

The panel considered that there was no evidence before it upon which it would be appropriate to find that your hugging of Patient A was sexually motivated.

The panel therefore determined, based on the evidence before it, that your hugging of Patient A was not sexually motivated in that you did not seek sexual gratification from such conduct.

Charge 7

7) Your conduct at charge 2 was done with the intention of alienating Patient A from their mother.

This charge is found NOT proved.

The panel noted the evidence before it in relation to the fragile relationship between Patient A and her mother at this time. Further, it noted that there were discussions in CAMHS about Patient A having respite care in May / June 2023.

The panel considered that the alienation of Patient A from her mother was a possible consequence of the derogatory way you spoke about her in your messages to Patient A

on multiple occasions, and, as well, from your stating that you would 'foster' Patient A on multiple occasions.

The issue for the panel is whether you intended that consequence when communicating with Patient A as set out in charge 2. The panel noted your explanation as to why you messaged Patient A about her mother in a derogatory way. Insofar as you were able to offer an explanation, it was because you were intending to empathise with Patient A. The panel accepted your evidence that you were very concerned that Patient A would end her life and that you did everything you thought you could do to stop this from happening, including breaching professional boundaries in this way.

The panel considered whether your actions outside the text messages with Patient A likewise were likely to alienate Patient A from her mother. The panel noted the entries dated 9 June 2023 and 14 June 2023 on the clinical timeline of events as follows:

> **9/06/2023**
> *'session documented by* [Mx 5] *on behalf of CK on 21/06/23.*
> *Email from CK had been sent on 19/06/23.*
> […] *CK encouraged to talk to her mum about her feelings. CK asked to give mum a chance however* [Patient A] *did not seem interested.'*
>
> **14/06/2023**
> *'[…] at the moment,* Patient A *is convinced that her Mum has done this, I have assured her that this is absolutely not the case, and mum doesn't even know yet' - 'CK documents that* Patient A *informed her saying she had a call from social care and mum advised that the social worker said she was looking at residential respite with other young people. CK reports as an MDT, they have agreed* Patient A *and Mum would benefit from structured time apart and that* Patient A *would need to be the only young person in the placement'.*

In the light of these entries, the panel concluded that there was evidence before it that refuted the charge of alienating Patient A from her mother.

The panel was of the view that the language which you used in the text messages supports the proposition that you were seeking to engage with Patient A as if you were of a similar age and that you were attempting to make Patient A feel heard and safe. The panel determined that whilst your messages clearly breached professional boundaries, it is more likely than not that your intention in referring to Patient A's mother in a derogatory way was not to alienate you from her, but to sympathise with Patient A and show your support.

The panel therefore determined, on the balance of probabilities, that it would be wrong to infer that you had any intention to alienate Patient A from her mother when sending the messages to Patient A as set out in charge 2.

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 and impairment

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.'*

The panel heard evidence from you.

Mr Earnshaw 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. He submitted that elements 1, 3, 4 and 10 of the Code have been breached by your conduct and he submitted that you breached your obligation to uphold the reputation of the profession. Mr Earnshaw informed the panel that you also accept that you had breached the Code.

Mr Earnshaw 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) and Grant* [2011] EWHC 927 (Admin).

Mr Earnshaw took the panel through the questions outlined in the test set out in the case of Grant (outlined below). He submitted that you have accepted that there was a risk of harm to Patient A as a result of your actions. He submitted that it is a matter for the panel to decide whether your conduct brought the profession into disrepute.

Mr Earnshaw submitted that it is a matter for the panel to determine whether your actions amount to a finding of current impairment.

Ms Bracken stated that she does not seek to suggest that your actions do not amount to serious misconduct.

In relation to impairment, Ms Bracken submitted that you have been described as a committed nurse who is dedicated to your work and who is willing to go above and beyond in an appropriate way.

Ms Bracken referred to your evidence on impairment in which you stated that you will now find a balance between what you can and cannot do in your role and you will recognise boundaries in respect of what is appropriate. She reminded the panel of your evidence of your inability at the time to really reflect on your need to reach out for help; you did not realise that you were dealing with too much yourself. Ms Bracken submitted that this was a complex case and you effectively became lost in your efforts to comfort Patient A and make her feel heard and supported.

Ms Bracken submitted that the context of your behaviour is important because it is relevant to determining whether there is a risk of repetition. She submitted that you have shown real insight into your actions. She reminded the panel that the first course you undertook was in August 2023, before any internal investigation and long before these proceedings. You demonstrated to the panel that you had undertaken numerous other courses. She submitted that this demonstrates your efforts to reflect and learn from your actions and shows that this was not simply going through the motions of establishing insight. She submitted that you have shown a consistent effort to continue with this progress.

Ms Bracken submitted that whilst the charges proved are serious, they are not in the highest category of seriousness. She submitted that the matters found proved did not reach the threshold warranting a finding of impairment in the wider public interest.

Ms Bracken submitted that a finding of impairment should only be made if the nurse cannot practise kindly, safely and effectively.

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 and *R (on the application of Remedy UK Ltd) v General Medical Council* [2010] EWHC 1245 (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:

> ***'1 Treat people as individuals and uphold their dignity***
> *To achieve this, you must:*
> *1.1 treat people with kindness, respect and compassion*
>
> ***10 Keep clear and accurate records relevant to your practice***
> *This applies to the records that are relevant to your scope of practice. It includes but is not limited to patient records.*
> *To achieve this, you must:*
> *10.1 complete records at the time or as soon as possible after an event, recording if the notes are written some time after the event*

10.2 identify any risks or problems that have arisen and the steps taken to deal with them, so that colleagues who use the records have all the information they need

20 Uphold the reputation of your profession at all times

To achieve this, you must:

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

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

20.5 treat people in a way that does not […] *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

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

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

The panel considered your professional conduct in general, starting with your inappropriate behaviour and conduct with Patient A. The panel determined that this was a serious departure from what is expected of a registered nurse. The panel considered that your actions had the potential to cause a significant risk of harm to Patient A given that she was a particularly vulnerable 16 year old being treated by CAHMS. The panel also considered that your inappropriate behaviour to Patient A was not an isolated incident but was sustained over a long period of time. The panel accepted that it may not be a serious breach of professional standards for a nurse in your position to give a vulnerable patient your personal mobile number based on the evidence before it. However, it determined that the timings, frequency, language and content of many of your messages to Patient A were

completely inappropriate and reflected that an inappropriate relationship had developed between you.

The panel determined that professional boundaries are there for a purpose and breaching these boundaries brings a potential risk of harm to patients. Whilst the panel accepted your evidence that you were trying to help Patient A and that you became emotionally involved, due in part to your memory of a previous traumatic event, it determined that this was not a momentary lapse. The panel determined that you breached professional boundaries for a sustained period of time and so there was a prolonged risk of harm both to Patient A and to Patient A's relationship with her mother.

The panel considered that the derogatory words which you used in your messages to Patient A about her mother, at a time when the relationship between Patient A and her mother was fragile, did not reflect the actions expected of a registered nurse.

The panel also noted the misconduct in relation to record keeping, namely the times when no records were made and out of hours contact was not recorded.

The panel considered that an informed member of the public would be dismayed if a finding of misconduct was not made given the serious departure from what is expected from a registered nurse.

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 NMC Guidance on *'Impairment'* (Reference: DMA-1 Last Updated: 03/03/2025) in which the following is stated:

> *'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. To justify that trust, nurses must be honest and open and act with integrity. They must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

In this regard the panel considered the 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 noted that it had no direct evidence that your prolonged breach of professional boundaries caused actual harm to Patient A. However, it considered that your behaviour created a significant potential for emotional harm, particularly given Patient A's vulnerabilities. It determined that your misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute. It was satisfied that confidence in the nursing profession would be undermined if its regulator did not find charges relating to continued breaches of professional boundaries extremely serious.

In making its decision as to the present and future in respect of limbs of the questions set out by Dame Janet Smith in her test, the panel considered the following elements set out in *Ronald Jack Cohen v General Medical Council [2008] EWHC 581 (Admin):*

- Whether the conduct which led to the charge(s) is easily remediable;
- Whether the conduct has been remedied; and

- Whether the conduct is highly unlikely to be repeated.

In answer to the first question, the panel determined that your misconduct does not amount to a deep-seated attitudinal problem and so is capable of remediation through remorse, training and reflection.

The panel determined that your conduct has been remedied. It based its decision on the significant insight which you have developed, your remorse and the depth and sincerity of your reflections. The panel noted that you have shown sustained reflection and training since 2023 and also noted that you undertook your first course in professional boundaries before any investigation into your actions had started. It determined that this together with your continued training and reflection shows that you have properly understood the seriousness of your actions and demonstrated that your conduct has been remedied. The panel noted that you have had a long and unblemished nursing career and saw testimonial evidence that you are a highly regarded nurse. It determined that in light of your continued training, remorse and remediation, you are capable of kind safe and professional practice in the future. The panel also determined, in light of this finding, that your conduct is highly unlikely to be repeated. It was satisfied that you pose no current risk to patients.

The panel therefore found that your fitness to practise is not impaired on public protection grounds.

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

The panel determined that a finding of impairment on public interest grounds is required. It considered that an informed member of the public would be dismayed if a finding of

impairment were not made against a registered nurse who had breached professional boundaries with a vulnerable 16 year old with mental health difficulties over a prolonged period in the significant and concerning way found proved in charges 1 and 2. The panel concluded that public confidence in the profession would be undermined if a finding of impairment were not made in this case and therefore finds your fitness to practise impaired on the grounds of public interest.

Having regard to all of the above, the panel was satisfied that your fitness to practise is currently impaired on the grounds of public interest alone.

Sanction

The panel decided to make a caution order for a period of three years. The effect of this order is that your name on the NMC register will show that you are subject to a caution order and anyone who enquires about your registration will be informed of this order.

Submissions on sanction

Mr Earnshaw informed the panel that in the Notice of Hearing, 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. During the course of the hearing, and in light of the panel's findings on impairment, he submitted that it is a matter for the panel to make a decision on sanction.

Ms Bracken submitted that your behaviour, whilst serious, does not reflect your practice as a nurse and your ability to practise in the future. She submitted that the public would want you, as a kind, competent and professional nurse to return to professional practice.

Ms Bracken submitted that a caution order would be appropriate. She submitted that a caution order can be imposed for any length of time up to five years. She submitted that whilst it is the lowest of the sanctions, she submitted it would be appropriate in this case.

Ms Bracken submitted that if the panel were not with her, a conditions of practice order could be imposed with conditions such as directing you to keep a log of training and requiring you to reflect on how you deal with specific similar incidents in the future.

Ms Bracken submitted that a suspension order would not be proportionate given the efforts already taken by you. She submitted that there is no work for you to do before returning to practise. Additionally, she submitted that a striking off order would be wholly disproportionate.

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

Decision and reasons on sanction

Having found your fitness to practise currently impaired on public interest grounds alone, 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 Sanction Guidance ('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:

- Your blurring of professional boundaries was with a vulnerable young patient by becoming too emotionally involved in the care of a patient.
- This was sustained unprofessional conduct.
- You used derogatory language in messages to Patient A.

The panel also took into account the following mitigating features:

- Your early admission to many of the charges.
- Your insight and remediation.

- You had had previous experience of a patient of yours taking their own life, and your motivation was to do everything possible to prevent a recurrence.
- This was an incident involving only one patient.

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

Next, in considering whether a caution order would be appropriate in the circumstances, the panel took into account the SG, which states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'*

The panel noted that you have shown extensive insight into your conduct over a long period of time. The panel also noted that you made admissions and apologised to this panel, Patient A and her mother for your misconduct, showing evidence of genuine remorse.

The panel considered that your impairment, whilst serious, is not at the higher end of the spectrum of impaired fitness to practice and that you have developed extensive insight, shown remorse and achieved significant remediation. The panel noted that your misconduct, whilst prolonged, was in relation to one patient. It noted the mitigating factors above in that you had a previous traumatic work situation which it accepts impacted your behaviour with Patient A. It accepted your evidence, together with your training and reflective statements, that this will not happen again.

The panel noted its previous finding in relation to impairment that there are no ongoing public protection concerns in that there is no risk of repetition of your actions. However, the panel determined that your serious misconduct needs to be marked. The panel has seen extensive testimonials from your former colleagues and managers. The panel balanced the public interest in marking the seriousness of your conduct with the public

interest in allowing a competent, successful and well regarded nurse back into practice. The panel determined that a caution order would adequately mark the seriousness of your conduct whilst also allowing you to return to practice as a nurse. The panel hopes that you will now resume your career and your care of patients with your new insight and your strengthened practice. The panel encourages you to continue your professional development as you progress in your career.

The panel considered whether it would be proportionate to impose a more restrictive sanction and looked at a conditions of practice order. The panel noted your extensive continued insight and reflection. The panel considered that you have shown that you are keeping up to date with nursing practice and that you have continued to strengthen your skills. It also reminded itself that impairment was not found on public protection grounds.

The panel concluded that no useful purpose would be served by a conditions of practice order and there are no conditions that could be formulated that would be relevant, proportionate, practical or workable in your case. The panel did not consider that conditions could be relevant to address its finding concerning the public interest. The panel further considered that a suspension order would be disproportionate in this case. It would be punitive.

The panel has decided that a caution order would adequately address its findings concerning the public interest. For the next three years, your employer - or any prospective employer or any member of the general public viewing the NMC register - will be on notice that your fitness to practise had been found to be impaired and that your practice is subject to this sanction. Having considered the general principles above and looking at the totality of the findings on the evidence, the panel has determined that to impose a caution order for a period of three years would be the appropriate and proportionate response. It would mark not only the importance of maintaining public confidence in the profession, but also send the public and the profession a clear message about the standards required of a registered nurse.

At the end of this period the note on your entry in the register will be removed. However, the NMC will keep a record of the panel's finding that your fitness to practise had been found impaired. If the NMC receives a further allegation that your fitness to practise is impaired, the record of this panel's finding and decision will be made available to any practice committee that considers the further allegation.

This decision will be confirmed to you in writing.

That concludes this determination.