Nursing and Midwifery Council

Fitness to Practise Committee

Substantive Hearing
Tuesday 10 June 2025- Thursday 19 June 2025

Virtual Hearing

Name of Registrant:	**Priscilla Afomma Okore**
NMC PIN:	18F0960E
Part(s) of the register:	Registered Nurse - Sub part 1 Learning Disabilities (08 October 2019)
Relevant Location:	Hertfordshire
Type of case:	Misconduct
Panel members:	Mary Idowu (Chair, lay member) Rosalyn Mloyi (Registrant member) Fay Jackson (Lay member)
Legal Assessor:	Graeme Sampson
Hearings Coordinator:	Sara Glen
Nursing and Midwifery Council:	Represented by Mohsin Malik, Case Presenter
Mrs Okore:	Present and represented by Joy Isaac
Facts proved:	Charges 1, 2a,2b,3a,3b,3c,3d
Fitness to practise:	Impaired
Sanction:	**Suspension order (12 Months with a review)**
Interim order:	**Interim suspension order (18 months)**

Details of charges

That you, a registered nurse:

1. On 17 October 2022 pushed/hit Patient A.

2. Between September to October 2022, on one or more occasions, failed to treat Patient A with dignity and respect, in that you:
   a. Said to Patient A “go away stupid boy”
   b. Attempted to slam a door whilst Patient A’s fingers were in the way and could have been caught.
3. Between September to October 2022 created an intimidating/hostile work environment by:
   a. Telling Colleague A not to speak to Colleague B;
   b. Shouting on the ward;
   c. Arguing with colleagues on the corridor or in the lounge;
   d. Responded to Colleague A in an aggressive demeanour and/or allocating Colleague A difficult jobs, when you were challenged.

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

Background

You were referred to the Nursing and Midwifery Council (NMC) by a staff nurse employed at [PRIVATE] ("the Hospital") on 25 October 2022. You started your employment at the Hospital as a registered nurse on 16 November 2019.

The regulatory concerns relate to an incident that took place on 17 October 2022 whereby it is alleged that you made physical contact with one of the patients, Patient A, causing him to lose his balance. Staff who were in the ward lounge reported this incident to the ward manager, who escalated it.

You were suspended on the 19 October 2022 while the Hospital conducted its investigations.

During the investigation meeting, you allegedly confirmed that you pushed Patient A. However at your disciplinary hearing, you stated that you made physical contact with the Patient A but described this action to be that you lifted/raised your elbow to stop the patient from coming near you. You denied pushing him and made reference to the patient not having stability. You reiterated in all your communications that you did not intend to hurt him by your actions. You also explained that you [PRIVATE] when you saw him coming towards you, because [PRIVATE].

During the course of the investigation complaints were made about your conduct whilst on duty at the Hospital. Those complaints related to abuse of Patient A, your referring to him as a 'Stupid Boy' and slamming a door nearly trapping his hand, thereby exposing him to a risk of harm. Further allegations were made about you creating an intimidating and/or hostile work environment by shouting and arguing with colleagues and in particular allocating difficult jobs to Colleague A.

You resigned from the Hospital on 8 December 2022.

Submissions on application to exclude hearsay evidence

The panel heard an application made by Ms Isaacs to exclude hearsay evidence which forms part of evidence from Witness 2 namely the "*Investigation Meeting notes*" of 26 October 2022 and 31 October 2022. Ms Isaacs was specifically referring to the fact that Witness 2 was the person who conducted the initial investigation and provided a management report and witness meeting notes regarding the investigation.

Ms Isaacs submitted that in the investigation meeting notes dated 31 October 2022 where you, Witness 2 and a note-taker were present, you felt unable to sign the meeting notes as you believed there to be some inaccuracies and did not reflect the contents of the meeting. Further, Ms Isaacs submitted to the panel that in the investigation meeting notes dated 26 October 2022 where Ms 1, Witness 2 and a notetaker were present, "*the contents are significant*" and Ms 1 has signed and dated the meeting notes.

Ms Isaacs submitted that there are significant errors with this evidence and based on those inaccuracies of your meeting notes, cannot be properly relied upon and that the Ms 1 should have been properly called by the NMC to give their evidence.

Ms Isaacs directed the panel to the rules in admitting evidence as set out in 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules). She also referred to NMC guidance namely *Evidence* DMA-6 and submitted that the guidance speaks to the admissibility of evidence in these proceedings with the primary principles relating to fairness. She further directed the panel to NMC guidance namely "*Hearsay*" in DMA-6, in which she quoted,

> "*Most commonly, hearsay evidence will involve a witness reporting what they were told about something in issue by another individual who is not themselves a witness, or a statement being placed before a panel without the maker of the statement giving oral evidence."*

Regarding this, Ms Isaacs submitted that in an instance where the veracity and accuracy of the meeting notes is being challenged by you, it is right, proper and only fair that Ms 1 is called as a witness so that her evidence can be properly tested. Ms Isaacs further states that this is in alignment with the principles in the case of *Thorneycroft V The Nursing and Midwifery Council [2014] EWHC 1565 (Admin).*

Ms Isaacs reminded the panel that it has the power to direct proceedings as it should see fit under case management powers, and whilst the panel cannot summon a witness, the panel can request for the NMC to provide information as to what efforts it has made to secure witness attendance and any reason as to why the witness is not in attendance or has not been called. She referred the panel to the case of *Thorneycroft* which speaks to why a witness may not be called being a relevant consideration.

Ms Isaacs concluded her submissions by asking the panel to exclude the evidence of Ms 1 in part or in its entirety since Ms 1 is not present at this hearing and the evidence cannot be properly tested. She further submitted that your evidence cannot be properly relied upon due to Ms 1 not being present to be tested against your evidence.

When asked by the panel why the accuracy of the meeting notes was being questioned. Ms Isaacs submitted that there are parts of the investigation meeting notes that appear to be, or could have been inaccurately transcribed. Whilst the meeting notes are signed by Ms 1, she is not giving live evidence. She submitted that as your investigation meeting notes are being relied upon by Witness 2 and by the NMC, Ms 1 should be called as a witness so that her evidence can be tested.

NMC submissions on application to exclude hearsay evidence

Mr Malik submitted that the NMC's position is that they oppose the application to exclude hearsay evidence in the strongest terms.

Mr Malik submitted that in relation to Ms 1's meeting notes, they are a record of the interview of the local investigation and that it is not hearsay. Further, Witness 2 has signed and dated them, which is a statement of truth in that it shows that the meeting notes are accurate and a true reflection of the discussion that took place at the meeting. He further submitted that there was no suggestion of any fabrication.

Mr Malik further submitted in response to Ms Isaac's submissions on Ms 1 not being called as a witness, that the NMC attempted to contact Ms 1 to attend and give evidence at this hearing. He told the panel that Ms 1 was contacted on the 17 April 2024, in which she told the NMC that she did not wish to give a statement saying,

" *I just don't want to. I didn't know this would go this far*"

Ms 1 further declined to continue with the NMC interview and stated clearly that she was not willing to give evidence if the case proceeded to a Fitness to Practice Committee.
Mr Malik reiterated that there have been several attempts to secure Ms 1's attendance at this hearing, but Ms 1 is not willing to participate, and her attendance cannot be forced.

Mr Malik further submitted that there is no hearsay as it is a record of a meeting that took place with Witness 2 as chair. He further submitted that any questions that Ms Isaac may have could be put to Witness 2 as she would be giving live evidence and was part of the investigation where the meeting notes are in question. He submitted that this would be relevant and fair.

Decision and reasons on application to exclude hearsay evidence

The panel heard and accepted the legal assessor's advice on the issues it should take into consideration in respect of this application. The advice included reference to NMC guidance DMA-6.

The panel considered fairness and referred to NMC guidance DMA-6 where it states that,

> "*Hearsay statements will usually carry less weight than oral evidence because it cannot be tested."*

However the panel determined that the evidence could be tested as witnesses are attending who are able to corroborate their live evidence with the investigation meeting notes, which are signed and dated at the time of taking place and also contain a statement of truth.

The panel also took into consideration the fact that there are no suggestions that the investigation meeting notes are inaccurate as both Witness 2 and Ms 1 have signed and dated them.

Further, in regard to the issues surrounding Ms 1 not giving her live evidence, she has signed and dated the investigation meeting notes, therefore the panel do not believe that this is hearsay
For these reasons, the panel rejected the application.

Submissions on application of no case to answer

The panel considered an application from Ms Isaacs that there is no case to answer in respect of all the charges. This application was made under Rule 24(7).

Ms Isaacs reminded the panel that the burden of proof is on the NMC to prove its case on the balance of probabilities.

Ms Isaacs directed the panel the case of *R v Galbraith* [1981] 1WLR 1039.

In consideration of charge 1 and the evidence from Witness 3 over the allegation that you pushed or hit Patient A, Ms Isaacs submitted that Witness 3 accepted in her live evidence that she only saw the incident in her peripheral view as she was speaking to a colleague at the time and glancing occasionally. She further submitted that the

extent to which Witness 3 can elaborate on details of the incident are limited even with the passage of time. Therefore, she submitted that her evidence is poor and non-conclusive in relation to the hitting part in charge 1 and that there is a clear distinction between pushing and hitting as set out in charge 1.

In consideration of charge 2, Ms Isaacs put to the panel that in relation to the allegation that you told Patient A "*go away stupid boy*", that it only has regard to live evidence from Witness 3 and documentary evidence. There are no other live evidence accounts to corroborate this allegation. She further submitted that she believed Witness 1 to be a credible witness whilst giving their live evidence and that he reported to have never heard you use this type of language, even when he would turn up on the ward unannounced. Further, she submitted that, in giving her live evidence, Witness 3 was unable to provide further details, her evidence is weak, tenuous and inconsistent with the live evidence of Witness 1.

In regard to the allegation that you attempted to slam the door on Patient A's fingers, Ms Isaacs put to the panel that although they had heard live evidence from Witness 3, she did not believe this explanation of events to be plausible. She put to the panel that this event did not happen at all and that Witness 3's evidence is unreliable, as she could not explain any further detail when asked questions. Further, she submitted that that her evidence is weak, tenuous and inconsistent in relation to other evidence put before the panel about how you cared for patients. Therefore, it cannot be relied upon to find the charge proved.

In consideration of charge 3, Ms Isaacs put forward that regarding the dates of September to October 2022, in her live evidence, Witness 3 could not answer any questions about the timeframe in which she worked with you. Ms Isaacs submitted that in respect of charge 3, it is a tall order for someone who is relatively new in their profession as a nurse and new on the ward to create a hostile and intimidating environment as suggested in Witness 3's live evidence and written statement. Ms Isaacs further asks why you would tell people not to speak to each other, given that as the nurse in charge you require staff to collaborate, engage and work as part of a team in order to provide safe and effective care.

Ms Isaacs further submitted that there are inconsistencies with Witness 3's account and Witness 1's live evidence and written statement. Witness 1 said that there were already pre-existing concerns with staff members. Further, Witness 1 stated that you worked well in a multi-disciplinary team.

Ms Isaacs submitted that the evidence heard by the panel is not substantiated by collaborative evidence. Witness 3's evidence is inconsistent, tenuous and cannot be capable to prove this charge.

In relation to charge 3 (b), Ms Isaacs submitted that when asked questions in her live evidence, Witness 3 said that you were shouting across the ward. She further submitted that in his live evidence, Witness 1 accepted that there were occasions where it was appropriate to raise one's voice. Ms Isaacs put that it is unlikely that in just a few weeks of beginning work on the ward that you would be shouting, and there is no other evidence to confirm this to be the case. As such, she submits that this part of the charge cannot be found proved due to there not being enough sufficient evidence to corroborate this part of the charge and that Witness 3's evidence is unreliable and inconsistent.

In regard to the allegations that you were arguing with colleagues in the corridor, Ms Isaacs submitted that Witness 3 was unable to provide further details of what she saw and heard at these events, or even where and how they took place. Ms Isaacs put forward that in her witness statement, Witness 3 describes one occasion with one individual. Ms Isaacs also submitted that as Witness 3 was looking after a patient one to one, that she did not hear the totality of the discussion that took place. Therefore, as there have been no other accounts put forward by the NMC from other colleagues, Ms Isaacs submitted that this part of the charge cannot be proved based on the evidence put before the panel alone.

In relation to the allegation that you responded in an aggressive manner and allocated difficult jobs. Live evidence from Witness 1 acknowledged that you were developing your practice as a nurse and were still relative new to the role. He further does not describe you as being aggressive to patients or colleagues, even when he has turned up on the ward unannounced. Ms Isaacs submitted that statements from

other witnesses in the investigation who mention that you were aggressive, do not provide further detail, contain vague descriptions and are non-specific. She submitted that there are many contradictions in the evidence put before the panel to corroborate this part of the charge to be found proved.

NMC submissions on application for no case to answer

Mr Malik submitted that there is a case to answer in regards to all charges. In accordance with Rule 24 (7) he further submitted that the NMC has presented sufficient evidence such that a properly directed panel could find the facts proved.

Mr Malik directed the panel to the case of *R v Galbraith* [1981] 1WLR 1039 and NMC guidance DMA-6 where it states,

> *"There may be situations where, at the close of our case, the nurse, midwife or nursing associate feels that we just haven't put forward enough evidence to mean that they still have a case to answer.*
>
> *There will be no case for a nurse, midwife or nursing associate to answer where, at the close of our case, there is;*
>
> *1.no evidence*
>
> *2. some evidence, but evidence which, taken at its highest, could not properly result in fact being found proved against the nurse, midwife or nursing associate or the nurse, midwife or nursing associate's fitness to practice being found to be impaired."*

Mr Malik reminded the panel that it is not at the stage of reaching conclusions on facts but is solely considering whether proper application of the limbs of *Galbraith* that it could find any of the contested charges proved.

In regard to charge 1, Mr Malik submitted that you accepted in a local interview dated 22 October 2022 that you pushed Patient A. This Interview took place close to

the time of the alleged incident. Further, in her live evidence, Witness 3 said that Patient A told a doctor on the ward that you had hit him. Mr Malik submitted that the evidence is such that, taken at its highest charge, is capable of being found proved.

Mr Malik submitted in regard to charge 2, in her live evidence and in her NMC statement, Witness 3 was clear, concise and consistent in what she said in relation to this charge. As such, the panel can rely on what she says. Further, he submitted that Ms 1 was present at the time of the incident and confirmed that you said "*Go away, you stupid boy*" as written in the meeting notes. Those notes are both signed and dated and accompanied by a statement of truth, and he sees no reason as to why Witness 3 would lie about this alleged event and therefore, her evidence can be relied upon. Furthermore, in regard to the alleged incident where you attempted to slam the door whilst Patient A's fingers were in the way, Mr Malik stated that Witness 3 was very clear about this account of events in her live evidence and documentary evidence and also said that if she had not moved Patient A out of the way, he would have hurt his fingers. Mr Malik further submitted that during live evidence put before the panel, it was heard that only a registrant has keys to the clinic room. Mr Malik submits that Witness 3's evidence can be relied upon and does not demonstrate any weakness in her evidence. The evidence taken at its highest charge is capable of being found proved.

In regard to charge 3, Mr Malik submitted that Witness 3's live evidence was consistent with the NMC statement. Witness 3 reported how she was made to feel working in a hostile and intimidating work environment and that she did not want to go to work in a job that she loved. The panel also heard details in Witness 3's evidence about how colleagues were scared to challenge you and the consequences of such, if they did. Mr Malik submitted that from the evidence put before the panel, that it is clear that you responded aggressively toward Witness 3. He further submitted that Witness 3, was working in the ward three to four times a week and therefore she is the best person to inform the panel of exactly what was happening on the ward at that time.

In regard to the allegation that you were shouting on the ward, Mr Malik referred the panel to Witness 1's live evidence where he said that shouting was only acceptable

on the ward when calling for a colleague in an emergency. Mr Malik further submitted that Witness 3, in any of her evidence, stated that there was not any sort of emergency that required you to shout at colleagues and patients at the time of the alleged event.
Mr Malik further submitted that there is sufficient evidence presented to the panel and that the evidence is neither inherently weak nor vague. Each of the evidence taken at its highest, for charges 1,2 and 3 could properly be found proved and therefore, the NMC opposes the application of no case to answer.

Decision and reasons on application of no case to answer

The panel accepted the advice of the legal assessor which included reference to *Galbraith* and the NMC guidance on Evidence (DMA-6).

In reaching its decision, the panel has made an initial assessment of all the evidence that had been presented to it at this stage and had regard to NMC guidance DMA-6. The panel was considering whether sufficient evidence had been presented, such that it could find the facts proved and whether you had a case to answer on the facts. If the panel was to find that you had a case to answer on the facts, it would then consider whether you have a case to answer on impairment.

In regard to charge 1, the panel had sight of the CCTV footage and witness statements. They also had regard to your witness statement. In this statement you say in relation to pushing Patient A, "*Yes I did, but I never had any intention to hurt him.*" As a result of your admission in your witness statement, and that the panel have not yet heard your live evidence, the panel determined that there is a case to answer and that the charge wording "*pushed/hit*" should remain.

The panel considered Witness 3's live evidence and witness statement, and Ms 1's investigation meeting notes in regard to charge 2. The panel note that charge 2 is not referring to only one occasion and refers to a period of time between September and October 2022. The panel also considered that the evidence put it, is corroborated by Witness 3 and Ms 1 in relation to you allegedly saying, "*go away*

stupid boy". Further, the panel noted that as Witness 3 is the only witness that can speak to the alleged incident, there is no reason to question her evidence at this stage. Further, in your investigation meeting notes you said in relation to Patient A, "*Patient A would chase me and I tried to run and close the door*." The panel determined that it should consider both Witness 3's account and your live evidence in order to form a balanced account. The panel determined that there is sufficient and credible evidence that could potentially support the charge at this stage. Therefore, it was not prepared, based on the evidence before it, to accept that there is no case to answer in relation to charge 2.

In regard to charge 3, the panel considered the live evidence and documentary evidence before it. The panel considered that, in having regard to Witness 3's live evidence and documentary evidence and in the absence of any evidence from Colleague B, it is difficult ascertain what happened in respect to the allegations that you told Witness 3 not to speak to Colleague B. The panel determined that it should hear your evidence, and hear your reflections on the matter in order to make a balanced decision.

In respect of staff reports of you raising your voice on the ward, the panel considered that in your investigation meeting notes you said,

> *"I would try not to communicate like that and think before I communicate. I have grown in this and I try and avoid communicating in that way as it does not go well for me."*

The panel have heard live evidence from Witness 3 and have regard to documentary evidence from Ms 1, that both corroborate accounts of hearing you shout on the ward. The panel are yet to hear your live evidence, therefore the panel determined that there is enough credible evidence to continue investigating this part of the charge.

Further, with regards to alleged professional disagreements on the ward between yourself and colleagues, the panel heard evidence from Witness 1. The panel

determined that in order to make a balanced decision, they should hear your evidence and your reflection on what has happened.

In relation to the allegations that you responded to Witness 3 with an aggressive demeanour and allocated her difficult jobs when challenged, the panel considered the documentary evidence and live evidence from Witness 3. In relation to you, Witness 3 says in her investigation meeting notes "*She had an aggressive demeanour*".

Witness 3 further says:

> "*You would have to do as she said or deal with drama, sarcasm, get shouted on or get a difficult job that you probably would not have gotten if you did not confront her."*

The panel determined that in order to make a balanced decision, they should hear your evidence. The panel determined that there is sufficient and credible evidence that could potentially support the charge at this stage. Therefore, it was not prepared, based on the evidence before it, to accept that there is no case to answer in relation to charge 3.

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

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

Mr Malik did not oppose the application.

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

The panel determined to go into private session as and when matters in relation to [PRIVATE] are raised, in order to [PRIVATE].

The panel heard evidence from you under oath.

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 Malik and Ms Isaacs.

The panel was aware that the burden of proof rests on the NMC, and that the standard of proof is the civil standard, namely the balance of probabilities. This means that a fact will be proved if a panel is satisfied that it is more likely than not that the incident occurred as alleged.

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

- Witness 1: Hospital Director and Registered Manager of the Hospital.
- Witness 2: Employed at the Hospital as the Head of Psychology.
- Witness 3: Currently works at the Hospital as a Senior Healthcare Assistant.

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

- Witness 4: Health Care Assistant at the Hospital

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 Ms Isaacs.

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

Charge 1

"That you, a registered nurse:

1. On 17 October 2022 pushed/hit Patient A."

This charge is found proved.

In reaching this decision, the panel took into account the evidence before it, including the CCTV footage, Witness 3's Investigation meeting notes dated 26 October 2022 and NMC statement dated 21 August 2024, Ms 1's Investigation meeting notes dated 26 October 2022, Witness 2's NMC statement dated 1 May 2024, Witness 1's oral evidence and your Investigation meeting notes dated 31 October 2022.

The panel noted that you said that you made some amendments to your Investigation meeting notes dated 31 October 2022 on a blank sheet of paper during your Investigation meeting with Witness 2. You told the panel that Witness 2 said that you should not sign the original document, but to write all your corrections on blank sheet of paper and sign that. However, when asked what corrections that you made, you were very vague in your reply. The panel accepted the oral evidence from Witness 2 where she noted that any amendments would not have made a material difference to her findings.

The panel found that in considering the CCTV footage alone it was very clear in showing that you pushed Patient A. The CCTV shows Patient A moving towards the doorway. In order to reach the doorway, Patient A had to move past you and the patient you were caring for. Patient A appears to be unstable on their feet prior to the

incident and continues being unstable on their feet as they move toward the doorway. You raised your arm up and you pushed Patient A. Witness 3 corroborates this evidence both in her NMC statement in which she says,

> "*I saw from my peripheral vision her arm move and she shouted at him…I immediately turned to my colleague and asked if Priscilla had just hit Patient A"*.

Witness 3 confirms this in her Investigation meeting notes dated 26 October 2022 and her oral evidence. The panel further noted that in her Investigation meeting notes dated 26 October 2022, when asked about the incident in charge 1, Ms 1 noted that she saw a "*kick back with her hand*", referring to your actions towards Patient A. The panel further noted that in her NMC statement Witness 2 stated that she had watched the CCTV footage and noticed that you made contact with Patient A in the lounge.

In the Investigation interview dated 31 October 2022, when asked if you pushed Patient A, you stated,

> *"Yes I did but I never had any intention to hurt him. After that, I apologised to Patient A and told him to stop being naughty and I told him that "I did not mean to hurt you""*

In your oral evidence, you told the panel that in the initial investigation interview with Witness 2, you were not sure which incident she was referring to. You said that you thought it was in reference to an incident involving Patient A and a bat he had hit you with in the corridor. However, in your Investigation meeting notes, Witness 2 clearly asks about the incident in relation to what happened in the lounge on that day, stating: "*What happened in the lounge on this particular day at 11.25?".*
You had noted the alleged bat incident had occurred in the corridor. Further, you stated that this incident with the bat happened in the afternoon and not at 11.25 as was asked by Witness 2. The panel has no other evidence before it in relation to the alleged incident involving a bat and Patient A.

The panel heard during your oral evidence that at the time of the incident shown on the CCTV, there was a high-risk urgent situation unfolding, in that a patient was "*gasping for air*" and you were on the phone to 111. You said they had asked you to take the patient's blood pressure. You told the panel you reacted as you felt vulnerable and that Patient A was going to interfere with what you were doing. However, the atmosphere in the CCTV footage appeared to be relaxed with no indication of an emergency.

You stated that Patient A had previously interfered with another patients care, by entering their room, taking a blood pressure machine and running off with it, therefore you believed that he was coming towards you to do this again. The panel was of the view that the CCTV footage does not support this. Patient A appeared to be trying to unsteadily walk past you towards the door. The panel also found evidence from Witness 4 on your behalf to be contradictory and unreliable. In his oral evidence, when asked if whether Patient A would interfere with other patients' treatment he stated: "*He would invade your privacy but did not have the power to interfere*". However, when questioned by Ms Isaacs on whether Patient A could interfere with patients, he responded "*yes*". The panel preferred the evidence from Witness 3, who noted that Patient A would not interfere in other patients' care.

Therefore, the panel determined that this was an unnecessary and malicious assault, although there no evidence that you intended to cause injury. The panel rejected the explanation put forward by you, that it was an urgent, busy situation and this is not reflected in the CCTV footage. Further on their findings of fact, the panel determined that this was a deliberate act which was consistent with you generally abusive behaviour towards Patient A.
The panel therefore determined that on the balance of probabilities, you did push Patient A. As such, it found charge 1 proved.

Charge 2a

"That you, a registered nurse:

2. Between September to October 2022, on one or more occasions, failed to treat Patient A with dignity and respect, in that you:

   a) Said to Patient A “go away stupid boy”

This charge is found proved.

In reaching this decision, the panel took into account the evidence before it including: Witness 3’s NMC statement dated 21 August 2024, Ms 1’s Investigation meeting notes dated 26 October 2022, Witness 1’s NMC statement dated 20 February 2024, Witness 2’s NMC statement dated 1 May 2024, Witness 4’s oral evidence and your Investigation meeting notes dated 13 December 2022.

The panel first considered that in regard to charge 2 (a) and as set out in the NMC code of conduct that you, as a registered nurse have a duty to “*treat people as individuals and uphold their dignity**”.*** It considered Ms 1’s investigation meeting notes dated 26 October 2022***,*** that are signed and dated, which stated:

“*She always says “your mother, your father- you stupid boy*”.”

Ms 1 further stated that, “*She calls him “Stupid boy” and she has stated she does not care if the cameras are here*.” Witness 3 corroborates this in her NMC statement dated 21 August 2024, by saying:

> “*Although I did not hear her call him a stupid boy at the time of the incident, I have heard her call him that on several occasions*.”

Witness 3 further confirmed this in her oral evidence and Investigation meeting notes.

In the investigation interview, dated 13 December 2022, when asked if you called Patient A “*a stupid boy*” you said, “*That’s not correct, I would never call anyone that, this is someone I care for.”* You also said this in your oral evidence. Witness 1 told the panel in his oral evidence that he never heard you say “*stupid boy*”. This was consistent with what he said in his investigation meeting dated 31 October 2022.

Witness 1 said he would sometimes enter the ward unannounced and listen when no one knew he was there. Witness 1 also noted that when around senior staff, your tone of voice would change.

The panel further considered that, in his oral evidence, Witness 1 stated that he was not frequently on the hospital ward. The panel noted that the periods of time that he was present on the ward, were snapshots of time. As Witness 1 was not on the ward as frequently, the panel preferred the evidence of Witness 3 and Ms 1. Further, the panel also noted the oral evidence given by Witness 4 to be unreliable as he could not confirm how many times he has worked with you on the ward. He originally said a couple of shifts, then 20 shifts and then again to 10 shifts.

The panel therefore determined that on the balance of probabilities, you said to Patient A "*Go away stupid boy*". As such, it found charge 2 (a) proved.

Charge 2b

"That you, a registered nurse:

2. Between September to October 2022, on one or more occasions, failed to treat Patient A with dignity and respect, in that you:

    b) Attempted to slam a door whilst Patient A's fingers were in the way and could have been caught."

This charge is found proved.

In reaching this decision, the panel took into account the evidence before it including Witness 3's NMC statement dated 21 August 2024 and oral evidence, Ms 1's Investigation meeting notes dated 26 October 2022 and your Investigation meeting notes dated 31 October 2022.

In Witness 3's NMC statement dated 21 August 2024, in regards to charge 2 (b), Witness 3 described the clinic room door as being a Dutch door, split in half

horizontally. She described the incident as Patient A having his fingers on the "*surface of the bottom door*" and having to quickly pull Patient A away, so his fingers did not get caught between the doors as you slammed the door shut. Witness 3's oral evidence confirmed this, and the panel found her evidence to be consistent. Documentary evidence from Ms 1, in her Investigation meeting notes dated 26 October 2022 suggest that this incident is something that has potentially occurred before. When asked if you had made physical contact with Patient A, Ms 1 stated,

> "*Lots of times- PO was going into the clinical office and she banged the door on the boy."*

When asked in your Investigation interview dated 31 October 2022 if you recalled slamming a door on patient A, you stated, "*Patient A would chase me and I tried to run and close the door."* In your oral evidence, you denied that you had slammed the door on Patient A and that Patient A would chase you. You told the panel that there was no occasion that a patient would chase you and that you would run and slam the door. You told the panel that you always closed the door when you entered the clinic room and locked it, as you did not want to be disturbed while you were doing medications.

Further, you told the panel that Witness 3 was jealous of the fact that you had become a nurse after previously working as a Healthcare Support Worker. However, Witness 3, in her oral evidence, told the panel that she was happy that you had become a nurse and wanted you to succeed. The panel had no regard to any evidence before it that would corroborate this claim about Witness 3 being jealous of you.

The panel therefore determined that on the balance of probabilities the evidence from Witness 3 and Ms 1 to be credible. As such, it found charge 2 (b) proved.

Charge 3a

"That you, a registered nurse:

3. “Between September to October 2022 created an intimidating/hostile work environment by:

    a) Telling Colleague A not to speak to Colleague B”

This charge is found proved.

In reaching this decision, the panel took into account the evidence before it including Witness 3’s oral evidence and investigation meeting notes dated 26 October 2022 and Witness 1’s NMC statement dated 20 February 2024.

The panel first considered the environment on the ward on the whole in regard to you. In her Investigation meeting notes dated 26 October 2022, Witness 3 said. “*There is a bad atmosphere on the ward*.” Further, she says, “*I feel she has come to Wren ward and has tried to divide the staff*.” The panel also considered Witness 3’s evidence in regard to charge 3(a) that you told colleague A not to speak to colleague B. In her NMC statement dated 21 August 2024, Witness 3 said:

> *“She did not want staff interacting with each other. She actually told me to stop speaking to one of my colleagues.”*

The panel considered that although colleague B was not available to give evidence at this hearing, that it would be unusual for such a thing to be entirely fabricated.

The panel also had regard to Witness 1’s NMC statement dated 20 February 2024 where he said,

> “*One area where Priscilla fell short was how to skilfully use her authority. I noticed that because she was a newly qualified junior staff nurse, she struggled with properly asserting her authority. She sometimes adopted the wrong tone of voice, volume, facial expression, phrases or physical stance when dealing with colleagues, patients, other professionals or relatives of patients. I have personally witnessed this on a number of occasions”*

You denied this charge.

The panel determined that on the balance of probabilities that you did tell colleague A not to speak to Colleague B. As such, it found charge 3 (a) proved.

Charge 3b

"That you, a registered nurse:

3. "Between September to October 2022 created an intimidating/hostile work environment by:

b) Shouting on the ward"

This charge is found proved.

In reaching this decision, the panel took into account the evidence before it including the CCTV footage, Witness 3's NMC statement dated 21 August 2024 and oral evidence, Witness 1's NMC statement dated 20 February 2024 and oral evidence.

The panel took into consideration Witness 3's evidence in her NMC statement dated 21 August 2024, she further told the panel in her oral evidence that she heard you shouting in the ward and corridor.

The panel also considered the CCTV footage. You told the panel that you did not "*say a word*" to Patient A after the incident and were talking to a Health Care Assistant (HCA) who you stated was meant to be with Patient A to ask for help. The panel, on reviewing the CCTV it appeared that you were gesturing and shouting at Patient A, although it acknowledged there was no sound on the video, so it is hard to tell what is exactly being said.

In his oral evidence, Witness 1 explained to the panel the difference between raised voices and shouting. He told the panel that he had heard you speaking with a raised

voice on occasion, when he had entered the ward unannounced. The panel determined that the meaning of what is regarded as shouting, and what is regarded as a raised voice is entirely subjective.

Further, in his NMC statement dated 20 February 2024, Witness 1 said, "I *heard her speak in a very authoritarian manner to a patient. I cannot remember her exact words but she was being blunt."*

Witness 1 also stated: "*she sometimes adopted the wrong tone of voice, volume, facial expression, phrases or physical stance when dealing with colleagues, patients, other professionals or relatives of patients."*
The panel determined that the fact that you were described as adopting the wrong tone of voice and adopting the wrong volume as important in their consideration of charge 3(b). Evidence of you creating a hostile environment can be further demonstrated in your Investigation meeting notes dated 31 October 2022 where you were asked about allegations of raising your voice and making staff cry on shift. You said,
" *The other day Margaret was crying and loud… I told her she needs to stop this drama. I gave her time to discuss the matter and told her not to cry on my shift. I have never shouted at anyone or made them cry."*

The panel determined that you showed a lack of empathy for Ms 1 in this instance. You noted this was in the amendment you provided to Witness 2. The panel preferred the evidence of Witness 2, where she noted the amendments you provided did not change the material outcome of the investigation meeting notes dated 31 October 2022.

With all of the evidence before it, the panel therefore determined that on the balance of probabilities that you shouted on the ward. As such, it found charge 3 (b) proved.

Charge 3c

"That you, a registered nurse:

3. “Between September to October 2022 created an intimidating/hostile work environment by:

c) Arguing with colleagues on the corridor or in the lounge”

This charge is found proved.

In reaching this decision, the panel took into account the evidence before it including Witness 3’s NMC statement dated 21 August 2024, Investigation meeting notes dated 26 October 2022 and oral evidence and Witness 1’s NMC statement dated 20 February 2024.

The panel considered the documentary evidence from Witness 3 in her NMC statement dated 21 August 2024, in which she describes an argument that you and a doctor were having about whether Patient A should go to hospital. She described the exchange as being “*relatively loud but not shouting*” and you made a sarcastic comment saying “*who am I to argue with the doctor*”. In her oral evidence Witness 3 also told the panel that it was after this argument that you told her not to speak to colleague B.

She further corroborates this in her Investigation meeting notes dated 26 October 2022 by saying,

> “ *I have seen in the past PO having an argument with the doctor and I said you cannot do this in front of patients it is unprofessional.”*

The panel also considered evidence from Witness 1’s NMC statement dated 20 February 2024 in relation your general manner in which he says,

> *“She sometimes adopted the wrong tone of voice, volume, facial expression, phrases or physical stance when dealing with colleagues, patients, other professionals or relatives of patients.”*

Witness 1 further states in regard to your relationship with your colleagues,

“I also received complaints from others about their displeasure with how Pricilla interacted with them. Anytime a concern was raised, I would have an informal conversation with her to give her guidance and advice on how to interact with people and be an efficient leader.”

However, Witness 1 also stated in his NMC statement dated 20 February 2024, that he does not have any written record of those complaints and conversations because other individuals did not want to raise them as formal concerns. Witness 1 further described your approach with people as variable saying,

“…*she was sometimes warm and kind to patients, even on occasions where she was unaware of my presence and other times she was very prescriptive, blunt and authoritative.”*

Witness 1 also stated,
“*She claims that people don’t like her. I believe that she has also reported to Hospital Director that I don’t like her, when I’ve been working to support her. She has an attitude issue. I have learned that other members of staff have recently felt intimidated by her, however that had not been reported to me.”*

The panel considered the evidence from Witness 3 to be consistent and reliable and was further given weight by the context provided by Witness 1. The panel further determined that given the evidence put before it, it was more than likely that there had been more than one occasion where you had argued with colleagues.
The panel therefore determined that on the balance of probabilities that charge 3 (c) is proved.

Charge 3d

“That you, a registered nurse:

3.“Between September to October 2022 created an intimidating/hostile work environment by:

d) Responded to Colleague A in an aggressive demeanour and/or allocating Colleague A difficult jobs, when you were challenged"

This charge is found proved.

In reaching this decision, the panel took into account the evidence before it including Witness 3's NMC statement dated 21 August 2024 and oral evidence, Witness 2's Management report dated 11 November 2022, and your oral evidence.

The panel considered Witness 3's evidence in her NMC statement dated 21 August 2024 in which she speaks about the environment on the ward and how no one felt they could talk as a result of your demeanour. She said,

> *"Priscilla is not someone that you can question. Her feedback towards you would be very aggressive and sometimes you will feel like you were being disciplined, from the kinds of tasks she would allocate to you, if you tried to correct her. For instance repeatedly being given all the difficult and nasty jobs."*

In her oral evidence, Witness 3 suggested that you would change the allocated jobs on the shift planner and give staff members an unpleasant job when you were challenged. Witness 3 also gave details as to what the difficult jobs were in her oral evidence.

In your oral evidence, you told the panel that you did not allocate jobs to staff in the ward. You told the panel that you would check the allocation of jobs, to ensure that staff on the ward were swapping roles and receiving breaks.

In her NMC statement dated 21 August 2024, Witness 3 stated,*" She had an aggressive demeanour, she was uncaring and did not seem to have empathy or compassion for anybody."* Further evidence of an intimidating/hostile work environment were detailed in Witness 2's management report dated 11 November 2022, where it was noted "…*she is aggressive and patronising and has no empathy or compassion*."

In regard to the "*and/or allocating Colleague A difficult jobs*" part of charge 3 (d) Witness 3 also said in her Investigation meeting notes dated 26 October 2022 that, "*there were repercussions like being sent to work on another ward."* In your oral evidence, you told the panel that you did not make the decision as to who would move wards and that was a decision for management. The panel determined that there had been no evidence put before it to suggest that staff members were moved to another ward as punishment.

Based on the evidence put before the panel, it determined that the registrant acted aggressively and was a dominant character over colleagues and subordinates. It is within these circumstances, on the balance of probabilities that this charge was proven.

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

Mr Malik referred to the cases of *Calhaem v GMC [2007] EWHC 2606 (Admin)***,** *Nandi v General Medical Council* [2004] EWHC 2317 (Admin) and *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.'*

Mr Malik 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.

Mr Malik identified the specific, relevant sections of the Code that were breached as a result of your conduct: 1,1.1,1.2,2.6,8,8.2,9.3,16.5,20.1,20.2,20.3,20.5,20.8.
In regard to the panel having found all charges proven, Mr Malik acknowledged that these were all very serious charges. He submitted that in relation to charge 1, this was a deliberate act of violence towards a vulnerable patient. He submitted that Patient A was a vulnerable adult who was dependent on you to provide safe and effective care. He submitted that the conduct of the charges found proved were unacceptable and not what is expected of a registered nurse. He submitted that this amounted to a deep-seated attitudinal issue and your actions being capable of undermining public trust and confidence in the nursing profession.

In relation to charge 3 and creating a hostile/intimidating environment for work colleagues, Mr Malik submitted that oral evidence from Witness 3 described the ward as a horrible place to work because of you and that you created an environment where colleagues felt they could not talk to one another. Mr Malik submitted that you abused your authority

Further, in her NMC statement dated 21 August 2024, Witness 3 described the ward as, "*It was a miserable place to be in and it impacted on patients."* Mr Malik referred the panel to NMC guidance FTP-2a updated 6th May 2025 and the Code, where he noted that protecting people from harm , abuse and neglect goes to the heart of what nurses, midwives and nursing associates do and that failure to do so will always be treated very seriously due to the high risk of harm of those receiving care if their behaviour is not put right. Mr Malik submitted that Patient A, a vulnerable adult told the doctor that you had hit him.

Mr Malik submitted the presence of bullying, harassment and victimisation in the workplace can have a negative effect on the work environment. He submitted that this can further effect the delivery of care and therefore affect trust and confidence in the profession. Mr Malik referred the panel to Witness 3's evidence, in regard to the culture and atmosphere on the ward and submitted that you created a environment on the ward where nobody could talk. He submitted that the misconduct in this case, occurred in your workplace, involved a vulnerable patient, your colleagues, and as such is a serious departure from the Code. Mr Malik submitted that fellow practitioners would find this departure from the Code deplorable.

Mr Malik reminded the panel that seriousness is an important concept which informs various stages of the regulatory processes. He further submitted that taking into consideration public confidence and trust in the nursing profession, and your behaviour must amount to serious misconduct.

In regard to charge 1, Ms Isaacs submitted that based on the panels finding of facts, you accept that the incident relating to the charge found proved amounts to misconduct. Ms Isaacs submitted that while your actions fell below the required standard of care of Patient A, they do not amount to serious misconduct. She

submitted that as your actions fall below the required standard of a registered nurse, they could amount to misconduct.

In regard to charge 2, Ms Isaacs submitted that the panel found you to fail to treat Patient A with dignity and respect. Ms Isaacs submitted that, in regard to the incident involving the slamming of the door, this was a near miss and no harm to Patient A was caused. She submitted that you told the panel that this was unintentional. Ms Isaacs submitted that evidence has been put before the panel in relation to charge 2 and your conduct around Patient A. She further submitted that the panel preferred the evidence of Witness 3, and it is on that basis, she submitted that the panel could find misconduct.

In relation to charges 3a,3b and 3c and causing an intimidating and hostile environment, Ms Isaacs submitted that telling colleague A not to speak to colleague B does not amount to serious misconduct. In your evidence, you told the panel that you had no intention of being hostile and intimidating to colleague A or colleague B. Ms Isaacs submitted that based on the evidence put before the panel from other witnesses, and the fact that telling colleague A not to speak to colleague B happened once, is not sufficient to say that it amounts serious misconduct.
In regard to you shouting on the ward that the panel in their finding of facts did not comment on how many times you were shouting. She submitted that Witness 1's evidence noted that you raised your voice on occasions, however it is unclear how often this occurred. Ms Isaacs submitted that for this to be considered misconduct, there had to be numerous occasions that you were shouting on the ward to the extent that this caused a impact on the environment. Therefore, she submitted this cannot be amounted to misconduct.
In regard to charge 3c, Ms Isaacs submitted that the panel found you argued with colleagues on more than one occasion. She submitted that it was only on one occasion that you argued with a doctor. Ms Isaacs submitted that based on the hospital environment, there may be differences of opinion and that in order to fall short of the expected standards of a registered nurse, you would have to be shouting in the presence of patients or in a way that is intimidating. She submitted that at the panel's findings of fact, it was not clear what impact this was said to have beyond that of Witness 3. Ms Isaacs submitted that charge 3c, does not amount to serious

misconduct as it does not fall short of the standards that are expected of a registered nurse.

In regard to charge 3d, Ms Isaacs submitted that based on the panel's findings that you were aggressive, this fell short of the expected standard of a registered nurse who is expected to '*treat everyone with dignity and respect'* as written in the Code. On that basis, Ms Isaacs accepted that charge 3d could amount to misconduct.

Submissions on impairment

Mr Malik 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), Yeong v GMC [2009] EWHC 1923 (Admin) Hamer para 36.07) and *Ronald Jack Cohen v General Medical Council* [2008] EWHC 581 (Admin).

Mr Malik submitted that your practice is currently impaired. He directed the panel to the case law of *Grant* and submitted that the limbs a, b and c are engaged in this case. In regard to limb a, he submitted that you put Patient A and your colleagues at an unwarranted risk of harm. He further submitted that your actions could have caused Patient A and your colleagues psychological harm and you could have caused serious injury to Patient A when you slammed the door, if he was not removed. Mr Malik submitted that in the absence of full insight and remediation, the risk of repetition of future harm remains. In respect of limbs b and c, he submitted that you have brought the nursing profession into disrepute through your actions and you have breached the fundamental tenets of the nursing profession by failing to promote professionalism and acting in a thoroughly inappropriate manner.

Mr Malik referred the panel to NMC guidance FTP-15 '*Insight and strengthened practice'* where it states,

> "*Evidence of the nurse, midwife or nursing associate's insight and any steps they have taken to strengthen their practice will usually be central to deciding whether their fitness to practise is currently impaired."*

He asked the panel to consider to what extent have you demonstrated insight and what steps you have taken to remediate the concerns. Mr Malik submitted that although you spoke about some reflection in your oral evidence, you failed to address what you would do differently in the future. Further, he submitted that although you have provided some employment references and character references, you have not yet provided a reflection statement for the panels consideration. Therefore, Mr Malik submitted that there is very little evidence before the panel that you have addressed and taken any steps to address the risks and concerns identified in this case.

Mr Malik submitted that there is evidence of deep-seated attitudinal issues. He submitted that your misconduct was only brought to an end when Witness 3 put in a complaint about the incident with Patient A on 17 October 2022. He submitted that your explanations of the matters found proved, and your denial of pushing Patient A are not satisfactory. In regards to your denial of pushing Patient A, he submitted that clear evidence on CCTV and your admission in the investigation interview dated 31 October 2022, regarding pushing Patient A, that you later denied, indicate a deep seated attitudinal issue and cannot be easily remediated. Further, Mr Malik submitted that this misconduct is serious as this incident occurred at your workplace and involved your colleagues, therefore a risk of unwarranted harm to the public remains.

Mr Malik directed the panel to the case of Yeong v GMC [2009] EWHC 1923 (Admin) Hamer para 36.07).

Mr Malik submitted that it is necessary for the panel to consider whether public's confidence in the nursing profession would be appropriately maintained if no finding of impairment were to be made. In his submission, your actions were deplorable and amount to serious professional misconduct. He submitted that the charges found proved raise fundamental questions about your integrity and trustworthiness as a

registered professional and seriously undermine public trust in nurses, midwives and nursing associates.

Therefore, Mr Malik submitted that a finding of impairment is required to mark your unacceptable behaviour and breach of the fundamental tenets of the nursing profession, and to reaffirm proper standards of behaviour of nurses.

Ms Isaacs submitted that you worked at the hospital between 2016 and 2019 as a Health Care assistant and then as a registered nurse from 2019-2022.She submitted in that time there were no formal or similar complaints of these concerns in relation to your practice. She submitted that the allegations of the charges found proved relate to a short period of time, where there were no previous complaints of a similar nature to the charges found proved formally reported.

Ms Isaacs acknowledges that in the panel's findings of facts, attitudinal concerns are raised. She submits that these attitudinal concerns and misconduct only relate to one patient and in one incident. She further submitted that you have demonstrated insight and remorse by apologising and stating in the local investigation that you did not mean to cause Patient A any harm. Ms Isaacs submitted that no harm was actually caused. Ms Isaacs submitted that you have shown insight during your oral evidence as when you were asked what you would do differently, you told the panel that you would call for help, move equipment and ensure you used the appropriate techniques towards patients. Ms Isaacs therefore submitted that you have demonstrated remorse, shown insight and have remediated charge 1. She further submitted to the panel that based on the fact that no harm was caused and that nothing similar has happened therefore the panel could be sure that it would never happen again.

Ms Isaacs submitted that the panel have 15 character references put before it that attest to your good character and evidence a number of years working without any concerns in relation to the treatment of patients. She further submitted that there have been no formal complaints made about your conduct. Ms Isaacs submitted that in regard to language used toward Patient A, the panel can be assured that you would not repeat any language of that type. In your oral evidence, you told the pane;

that you are not in the habit of using language of the type of the charge found proved. Ms Isaacs further submitted that this charge was in relation to one patient and happened on an isolated occasion.

Ms Isaacs submitted that you have many testimonials from work colleagues and other professionals that speak to your nature, behaviour, demeanour, teamwork and care of patients. Ms Isaacs told the panel that you are currently working as a Healthcare Assistant and that there have been no concerns from current employers at all. Though Ms Isaacs acknowledged that you were impaired in the past, she submitted that in regard to recent references and testimonials, these can attest to safe and effective practice and therefore you are currently not impaired in this regard.

Ms Isaacs submitted that you have undertaken a number of training courses relating to the charges found proved and that you have reflected on your communication and leadership skills. She submitted that you also have an understanding of what went wrong and what you would do differently. She further submitted that engaged with the initial investigation of the incident and subsequent disciplinary investigations and that you have engaged with the NMC and throughout this hearing by being present and giving your oral evidence.

Ms Isaacs stated that it is her submission that you are not impaired and that you can practice kindly, professionally and safely.
The panel accepted the advice of the legal assessor which included reference to the case of *Grant* and NMC guidance FTP- 2a '*Misconduct*' and DMA-1 '*Impairment*'.

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*

***1.2** make sure you deliver the fundamentals of care effectively*

***1.5** respect and uphold people's human rights.'*

*'**2 Listen to people and respond to their preferences and concerns***

To achieve this, you must:

***2.6** recognise when people are anxious or in distress and respond compassionately and politely.'*

*'**3 Make sure that people's physical, social and psychological needs are assessed and responded to***

To achieve this, you must:

***3.4** act as an advocate for the vulnerable, challenging poor practice and discriminatory attitudes and behaviour relating to their care.'*

*'**6 Always practise in line with the best available evidence***

To achieve this, you must:

***6.2** maintain the knowledge and skills you need for safe and effective practice.'*

*'**8 Work cooperatively***

To achieve this, you must:

***8.1** respect the skills, expertise and contributions of your colleagues, referring matters to them when appropriate*

***8.2** maintain effective communication with colleagues*

***8.5** work with colleagues to preserve the safety of those receiving care.'*

*'**9 Share your skills, knowledge and experience for the benefit of people receiving care and your colleagues***

To achieve this, you must:

***9.1** provide honest, accurate and constructive feedback to colleagues*

9.2 *gather and reflect on feedback from a variety of sources, using it to improve your practice and performance*

9.3 *deal with differences of professional opinion with colleagues by discussion and informed debate, respecting their views and opinions and behaving in a professional way at all times.'*

*'**11 Be accountable for your decisions to delegate tasks and duties to other people***

To achieve this, you must:

11.2 *make sure that everyone you delegate tasks to is adequately supervised and supported so they can provide safe and compassionate care.'*

*'**14 Be open and candid with all service users about all aspects of care and treatment, including when any mistakes or harm have taken place***

To achieve this, you must:

14.1 *act immediately to put right the situation if someone has suffered actual harm for any reason or an incident has happened which had the potential for harm*

14.2 *explain fully and promptly what has happened, including the likely effects, and apologise to the person affected and, where appropriate, their advocate, family or carers*

14.3 *document all these events formally and take further action (escalate) if appropriate so they can be dealt with quickly.'*

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

To achieve this, you must:

16.5 *not obstruct, intimidate, victimise or in any way hinder a colleague, member of staff, person you care for or member of the public who wants to raise a concern*

16.6 *protect anyone you have management responsibility for from any harm, detriment, victimisation or unwarranted treatment after a concern is.'*

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

To achieve this, you must:

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

*'**19 Be aware of, and reduce as far as possible, any potential for harm associated with your practice***

To achieve this, you must:

***19.1** take measures to reduce as far as possible, the likelihood of mistakes, near misses, harm and the effect of harm if it takes place*

***19.4** take all reasonable personal precautions necessary to avoid any potential health risks to colleagues, people receiving care and the public.'*

*'**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*

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

*'**24 Respond to any complaints made against you professionally***

To achieve this, you must:

***24.1** never allow someone's complaint to affect the care that is provided to them*

***24.2** use all complaints as a form of feedback and an opportunity for reflection and learning to improve practice.'*

*'**25 Provide leadership to make sure people's wellbeing is protected and to improve their experiences of the health and care system***

To achieve this, you must:

***25.1** identify priorities, manage time, staff and resources effectively and deal with risk to make sure that the quality of care or service you deliver is maintained and improved, putting the needs of those receiving care or services first.'*

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel was of the view that the charges found proved are serious.

In its consideration on whether the concerns in this case amount to misconduct, the panel considered NMC guidance FTP-2a. It states,

"*Professionals are also expected to make sure that people's physical, social and psychological needs are assessed and responded to, which includes acting as advocates for the vulnerable"*

In regards to the incident of charge 1, and all of the evidence before it, the panel determined that you pushed a patient A unnecessarily. Whilst there has been no evidence of physical or psychological harm of Patient A put before the panel as a result of this incident, the panel were of the view that there was a serious risk of psychological harm to Patient A. Additionally, in regard to the incident in charge 2(b), slamming the door on Patient A could have caused physical harm.

The panel determined that Patient A was a vulnerable patient and that through your actions you fundamentally did not ensure that Patient A's physical, social and psychological needs were responded to.

The panel noted your position of seniority on the ward as a registered nurse. You were in charge of the shift and you were also in a position that others would look up to. The panel noted the general atmosphere on the ward to be a hostile environment due to your behaviour and attitude with other staff members. The concerns of the matters found proved, identify a bullying culture on the ward where staff noted that you tried to divide them, you would shout and colleagues were afraid to approach

you. The panel identified these attitudinal concerns to be something that is serious and difficult to remediate.

For these reasons, the panel found that your actions in all the charges found proved, fell seriously short of the conduct and standards expected of a nurse and amounted to misconduct.

Decision and reasons on impairment

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

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

> *'The question that will help decide whether a professional's fitness to practise is impaired is:*
> *"Can the nurse, midwife or nursing associate practise kindly, safely and professionally?"*
> *If the answer to this question is yes, then the likelihood is that the professional's fitness to practise is not impaired.'*

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional. 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 first considered whether you could *"…practise kindly, safely and professionally?"* With all of the evidence put before it, the panel determined that you could not.

The panel determined that limbs 'a', 'b' and 'c' of *Grant* are engaged in this case and was satisfied that limb 'd' is not applicable as there are no charges relating to dishonesty. The panel determined that there was a real risk of physical and

psychological harm to Patient A as a result of your misconduct. The panel noted that as a registered nurse, you are in a leadership position and you are in a position to set an example of how others should behave. The panel also considered your behaviour towards Patient A, your shouting on the ward and the hostile, intimidating environment you created on the ward. Therefore, the panel determined that your misconduct breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute.

Regarding insight, the panel acknowledged your apology at the initial local investigation and disciplinary meeting when you said, "…*It was not my intention to harm him."* However, the panel were of the view that this did not go far enough to demonstrate full insight and remorse. When asked by the panel in your oral evidence what you would do differently regarding the incident with Patient A, you told the panel that you would have made sure someone else was there to look after Patient A. In your oral evidence, you did not demonstrate any understanding of your misconduct or take any responsibility for your misconduct. Further, you failed to consider how your actions put Patient A at risk of harm. In this regard, the panel felt that your responses and denial of the seriousness of the charges undermined your earlier apology and do not believe you have been fully open and honest. As a result, the panel were not of the view that you would handle the situation differently in the future.

The panel acknowledged the testimonies and character references provided on your behalf. The panel noted that there has been nothing provided from an evidence perspective relating to the incidents of the charges found proved. The panel determined that your misconduct has not yet been remedied and is highly likely to be repeated.

The panel also noted that whilst it had not received or seen any reflection piece that your representative intended to send, given the evidence that the panel have reviewed, the lack of insight displayed during the hearing and the seriousness of the charges, the panel did not feel any written reflection would be sufficient in relation to you being remedied. The panel will take into account any reflection that is provided when it comes to consider sanction.

The panel, having regard to your poor insight, lack of reflection, and the absence of any steps to strengthen your practice could not conclude that your misconduct is highly unlikely to be repeated. The panel finds that your misconduct is highly likely to be repeated in the circumstances and that there is a continuing risk to public safety.

The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind that the overarching objectives of the NMC; to protect, promote and maintain the health, safety, and well-being of the public and patients, and to uphold and protect the wider public interest. This includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions. The panel determined that if you were to be able to practice unrestricted, this would undermine public confidence.

The panel determined that, in this case, a finding of impairment is also required on public interest grounds. The panel concluded that a member of the public, fully appraised of the facts of the case, that public confidence in the profession would be undermined if a finding of current impairment were not made.

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

Sanction

The panel has considered this case very carefully and has decided to make a suspension order for a period of up to 12 months. The effect of this order is that the NMC register will show that your registration has been suspended.

Submissions on sanction

Mr Malik submitted that the NMC's position on sanction is for a strike-off order to be made. It was his submission that this would be the most appropriate and proportionate sanction.

Mr Malik referred to the panel to NMC guidance 'Factors to consider before deciding on sanctions (SAN-1).

Mr Malik took the panel through what he submitted were the aggravating factors of this case. He submitted that you have demonstrated a lack of full insight into your failings, a lack of remorse and limited remediation. Mr Malik put to the panel that although you were in a senior position as the nurse in charge, you created an intimidating and hostile work environment. Mr Malik submitted that you abused a vulnerable patient and put fellow colleagues at risk of psychological harm and as such, your actions fell far short what is expected of registered professionals.

Mr Malik submitted that there are no mitigating factors in this case.

Mr Malik submitted that taking no action or imposing a caution order would be inappropriate and disproportionate in this case as the misconduct found proved is serious. Further, he submitted that neither of these sanctions sufficiently protect the public or maintain public confidence.

Mr Malik referred the panel to NMC guidance SAN-3c and submitted that a conditions of practice order would not be appropriate. He stated that conditions of practice orders are more suited to clinical concerns where nurses can be supported back to safe practice in an identifiable area. Given your limited insight, the absence of sufficient evidence of strengthened practice and the fact that the matters found proved relate to your attitude and behaviour, it was Mr Malik's submission the issues identified are likely to be repeated. As such, his submission was that there are no workable conditions that would be sufficient to protect the public.

Mr Malik referred the panel to NMC guidance 3d and submitted that a suspension order may be appropriate in the case of a single instance of misconduct. In relation the charges found proved, Mr Malik submitted that creating a hostile work

environment was not an isolated incident. It was his submission that the concerns are serious and that there are indicative of deep-seated attitudinal issues. Mr Malik referred to the panel's findings in respect of Patient A, the risk of repetition and your lack of sufficient insight and remorse and submitted that a suspension order would not be appropriate.

Mr Malik submitted that a striking off order would be the most appropriate in this case due to the nature and seriousness of your misconduct. He submitted that your misconduct is a significant departure from what is expected of a registered professional and that it is fundamentally incompatible with you remaining on the register. He referred the panel to NMC guidance on 'Abuse or neglect of children or vulnerable people' (SAN-2) updated 6 May 2025 which states,

> *"…abuse and neglect is an integral part of the standards and values set out in the Code"*

Mr Malik submitted that your misconduct and behaviour can have a severe impact on public confidence in the nursing profession and undermines public confidence in the NMC as a regulator.

Mr Mailk submitted that the High Courts would expect the sanction of a strike off order in cases such as these, and anything else would be too lenient.

Ms Isaacs took the panel through what she submitted were the mitigating factors of this case. She told the panel that you have attended and completed several training courses recently that cover a range of topics such as Safeguarding and Communication. She stated that you have also taken courses on Restraint, Bullying and Harassment, Managing People and Professional Boundaries, which were completed between March 2025 and May 2025. Ms Isaacs further stated that you completed a course on Safeguarding Children Levels 1 and 3. Ms Isaacs submitted that the completion of these courses highlights your efforts to maintain and strengthen your practice and remediate your misconduct. As such, she submitted that the panel can be assured that the acts of misconduct will not be repeated in future. She put to the panel that additional mitigating factors such as the level of

support you received in the workplace, your personal circumstances and the fact that you were newly qualified should be taken into consideration.

Ms Isaacs submitted that you have demonstrated insight into your actions as you reflected on the incident in local investigation and disciplinary proceedings and have expressed remorse in your reflective statements and to the NMC, throughout the course of their investigation. You have engaged with the NMC proceedings and have provided recent written reflections. In your oral evidence you apologised and expressed an understanding of what went wrong with Patient A and in relation to your conduct with Colleague A.

Ms Isaacs submitted that in their decision the panel should consider the least restrictive sanction. Ms Isaacs submitted that based on the panel's finding of fact, taking no action and a caution order would be unlikely sanction.

Ms Isaacs submitted that a conditions of practice order may be the most appropriate. She submitted that there have been no concerns raised regarding your clinical practice. She submitted that this could be addressed by formulating conditions that would require you to reflect further on your practice, be indirectly supervised whilst working with particular patients and implementing personal development portfolio with reflections of your behaviour. Ms Isaacs submitted that direct supervision would be disproportionate given that you have continued to work in a healthcare setting since the incidents occurred. Ms Isaacs submitted that the panel have not referenced any deep-seated personality concerns and found that you did not intend to harm Patient A. Therefore, it was Ms Isaacs's submission that there are workable conditions that would address the concerns.

Ms Isaacs asked the panel to consider a suspension order if a conditions of practice order is not appropriate. Ms Isaacs submitted that your misconduct is related to a single incident, over a short period of time and there is no evidence of deep-seated personality issues. She further submitted that there has been no evidence of similar behaviour prior to the incident or repetition of behaviour of the same kind since. Ms Isaacs asked the panel to consider that you have demonstrated sufficient insight into the concerns and the fact that the charges found proved are not related to your

clinical practice. She therefore submitted that a suspension order would be appropriate if the panel found that a conditions of practice order was not suitable.

Ms Isaacs submitted that the NMC seeking a striking off order is disproportionate, bearing in mind that you have sought to take steps to remediate the concerns identified. She submitted that it is not the case that remediation is not possible, nor is it the case that you are incompatible with being on the register. She referred to the 13 character references you provided and stated that they are recent, dated and authored by named individuals who can attest to your good character and professionalism. Ms Isaacs submitted that you have an otherwise unblemished record and have taken steps to strengthen your practice through completing training courses.

Ms Isaacs submitted that the panel should apply proportionality in its decision and that a suspension order would be sufficient to mark the seriousness of your misconduct and to protect the public and maintain confidence in the profession. It was her submission that public confidence can be maintained by you being retained on the register. Ms Issacs submitted that should the panel choose a to impose a striking off order, this would go against public interest in that it would deprive the healthcare profession of an otherwise fit nurse.

The panel accepted the advice of the legal assessor.

The panel asked if there was anything that you would like to add. You reiterated that at the time of your investigation interview, you did not realise that Witness 2 was referring to you pushing Patient A.

You said that you have a great passion for nursing and that you have been taking steps to reflect on the incidents and strengthen your practice. Further, you told the panel that you have worked in many different hospitals and have not had any issues working with vulnerable people. You asked the panel to consider the fact that you have worked very hard to be where you are today and that you strive to do better. You sincerely apologised for your wrongdoings.

Decision and reasons on sanction

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

The panel took into account the following aggravating features:

- Abuse of a position of leadership
- Limited insight into failings
- A pattern of misconduct over a period of time
- Conduct that put a vulnerable patient at risk of suffering harm

The panel also took into account the following mitigating features:

- Multiple positive references
- Incidents occurred at an early stage in your career
- Made apologies at initial investigation and at this hearing

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 your practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where '*the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'* The panel considered

that your misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the 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 placing conditions of practice on your registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel took into account the SG, in particular:

- *No evidence of harmful deep-seated personality problems;*
- *Identifiable areas of the nurse or midwife's practice in need of assessment and/or retraining;*
- *No evidence of general incompetence;*
- *Potential and willingness to respond positively to retraining;*

The panel was of the view that there are no practical or workable conditions that could be formulated, given the nature of the charges in this case. Based on your limited insight the misconduct identified in this case was not something that can be addressed through retraining. The panel determined that the matters of this case are related to your behaviour and attitudinal issues, rather than your clinical competency as a nurse.

The panel noted Witness 1's evidence which highlighted that there were some issues regarding your attitude and behaviour previously. The panel noted the incidents relating to your behaviour and attitude towards colleagues occurred over a period of time. The panel considered that as you continued to deny the seriousness of your misconduct, you did not address any behavioural concerns at the time they were raised. As such, the panel determined that there are no practical, workable, measurable or proportionate conditions that could be formulated that would adequately address the seriousness of the concerns, protect the public and maintain public confidence in the profession.

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

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

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

It did go on to consider whether a striking-off order would be proportionate but, taking account of all the information before it, and of the mitigation provided, the panel concluded that it would be disproportionate. Whilst the panel acknowledged that a suspension may have a punitive effect, it would be unduly punitive in your case to impose a striking-off order.

The panel considered the NMC guidance 'Available Sanction orders' (SAN-3). The panel considered that your misconduct relates to a short period of time. It took into account that you are currently working in a healthcare environment as an HCA and there is no evidence of further concerns raised about your conduct and behaviour. The panel further considered the positive testimonials you provided and Witness 1's evidence that at the time of the incident, you were new to the ward and to your role as a registered nurse. Therefore, the panel determined that the concerns surrounding your attitude and behaviour are capable of being remediated.
The panel determined that you have demonstrated limited insight into your misconduct, therefore, there would be a risk to patients if you were permitted to practise unrestricted at this time. The panel concluded that a period of suspension would allow you to reflect fully on your role as a registered nurse and the wider

impact that your misconduct may have on your colleagues, patients and on the nursing profession.

The panel noted the hardship such an order will inevitably cause you. 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.

In making this decision, the panel carefully considered the submissions of Mr Malik in relation to the sanction that the NMC was seeking in this case. However, the panel considered that a striking- off order would be wholly disproportionate. The panel was satisfied that a suspension order would be sufficient in maintaining public confidence in the nursing profession. The panel determined that a striking-off order would be punitive and that a suspension order would be sufficient to mark the seriousness of your misconduct whilst protecting the public.

Balancing all of these factors the panel has concluded that a suspension order would be the appropriate and proportionate sanction. The panel determined that a suspension order for a period of 12 months was appropriate in this case to mark the seriousness of the misconduct.

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:

- Reflective piece focussing on practise with Patient A, and colleagues and your conduct.
- Additional training further than mandatory courses addressing the failings identified. For example, managerial training, dealing with

conflict at work, body language and communication styles and managing challenging behaviour from vulnerable adults.
- Testimonials from managers and colleagues focussing on patient care, leadership and communication.
- Continued engagement and attendance with any review.

This will be confirmed to you 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 your own interests until the suspension takes effect. The panel heard and accepted the advice of the legal assessor.

Submissions on interim order

The panel took account of the submissions made by Mr Malik. He submitted that an interim order was necessary to give effect to the panel's determination. If an interim suspension order were not made, and if you were to appeal the determination of the panel this would not come into effect until the conclusion of that appeal process. It would therefore defeat the effect of your determination whereby your practice was to be restrained immediately.

The panel noted that Ms Isaacs would support the making of an interim order for the reasons set out by Mr Malik.

Decision and reasons on interim order

The panel was satisfied that an interim order is necessary for the protection of the public and is otherwise in the public interest. The panel had regard to the seriousness of the facts found proved and the reasons set out in its decision for the substantive order in reaching the decision to impose an interim order.

The panel concluded that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order. The panel therefore imposed an interim suspension order for a period of 18 months due to allow for the appeal period. In making this order, the panel considered the impact this order will have on you and was satisfied that this order, for this period, is necessary, appropriate and proportionate.

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

That concludes this determination.