Nursing and Midwifery Council

Fitness to Practise Committee

Substantive Hearing
Monday 10 March - Friday 14 March 2025
Monday 17 March - Friday 21 March 2025
Monday 24 March 2025

Virtual Hearing

Name of Registrant:	**Henry Umoh Ekaete**
NMC PIN	97I4485E
Part(s) of the register:	Registered Nurse – Sub part 1 Adult Nursing (Level 1) – 20 November 2000
Relevant Location:	Worcestershire
Type of case:	Misconduct
Panel members:	Suzy Ashworth (Chair, Lay member) Janet Fitzpatrick (Registrant member) Rachel Onikosi (Lay member)
Legal Assessor:	Nina Ellin KC (10 March 2025) Caroline Hartley (11 March 2025 – 14 March 2025, 17 March 2025 – 21 March 2025 and 24 March 2025)
Hearings Coordinator:	Emily Mae Christie
Nursing and Midwifery Council:	Represented by Grace Khaile, Case Presenter
Mr Ekaete:	Not present and unrepresented
Facts proved:	Charges 1a, 1c, 2a, 2b, 2c, 2d, 2e, 2f, 3, 4a, 4e, 4f, 4gi, 4gii, 4giii, 4giv, 4gv
Facts not proved:	Charges 1b, 2g, 4b, 4c, 4d
Fitness to practise:	Impaired
Sanction:	**Striking-off order**

Interim order:	**Interim Suspension Order (18 months)**

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Mr Ekaete was not in attendance and that the Notice of Hearing letter had been sent to Mr Ekaete's registered email address by secure email on 5 February 2025.

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

The panel accepted the advice of the legal assessor.

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

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

Decision and reasons on proceeding in the absence of Mr Ekaete

The panel next considered whether it should proceed in the absence of Mr Ekaete. It had regard to Rule 21 and heard the submissions of Ms Khaile who invited the panel to continue in the absence of Mr Ekaete. She submitted that Mr Ekaete had voluntarily absented himself.

Ms Khaile submitted that there had been limited engagement by Mr Ekaete with the NMC in relation to these proceedings and, as a consequence, there was no reason to believe that an adjournment would secure his attendance on some future occasion.

The panel accepted the advice of the legal assessor.

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

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

- No application for an adjournment has been made by Mr Ekaete;
- Mr Ekaete has not engaged with the NMC since 12 September 2024, and he has not responded to any of the letters sent to him about this hearing;
- Mr Ekaete has not provided the NMC with details of how he may be contacted other than his registered email and postal addresses;
- There is no reason to suppose that adjourning would secure his attendance at some future date;
- One witness is scheduled to attend today, and five other witnesses are due to attend;
- Not proceeding may inconvenience the witnesses, their employer(s) and, for those involved in clinical practice, the clients who need their professional services;
- The charges relate to events that occurred in 2022 and 2023;
- Further delay may have an adverse effect on the ability of witnesses accurately to recall events; and
- There is a strong public interest in the expeditious disposal of the case.

There is some disadvantage to Mr Ekaete in proceeding in his absence. Although the evidence upon which the NMC relies will have been sent to him at his registered address, he will not be able to challenge the evidence relied upon by the NMC and will not be able to give evidence on his own behalf. However, in the panel's judgement, this can be mitigated. The panel can make allowance for the fact that the NMC's evidence will not be tested by cross-examination and, of its own volition, can explore any inconsistencies in the evidence which it identifies. Furthermore, the limited disadvantage is the consequence of Mr Ekaete's decisions to absent himself from the hearing, waive his rights to attend, and/or be represented, and to not provide evidence or make submissions on his own behalf.

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

Background

The charges arose whilst Mr Ekaete was employed as an agency nurse by NHS Professionals Ltd, through the Agency. Mr Ekaete had worked for the Agency since 23 November 2019.

The charges arose from a referral made by Worcestershire Acute Hospitals NHS Trust (the Trust) on 22 February 2023 relating to a shift that Mr Ekaete worked on 12 February 2023. The alleged concerns related to Mr Ekaete:

- Showing sexually explicit videos to staff and patients;
- Patient A discharging themselves from the Trust, despite needing to stay for stoma care, due to the way Mr Ekaete was behaving towards them which made them feel upset and uncomfortable;
- Taking Patient B's blood pressure without obtaining prior consent and telling them to *"shut up*" when doing their observations. Mr Ekaete then refusing to look after

Patient B stating: "*I'm not dealing with her anymore"* resulting in someone else having to take over Patient B's care;

- Not using PPE or following the aseptic technique when carrying out a PICC line procedure on Patient B (when discontinuing their blood transfusion); and
- Being verbally abusive towards Colleague 1 and making threats to them.

A complaint was received by the Trust from Patient A on 20 February 2022, which included:

- Mr Ekaete told them an inappropriate story involving someone making sexual advances towards Mr Ekaete;
- Mr Ekaete tried to offer Patient A oral paracetamol instead of IV paracetamol as prescribed;
- Mr Ekaete told Patient A that another patient on the ward was on methadone and that he had refused to treat them;
- A senior nurse came to the ward and asked Mr Ekaete to tend to another patient and Mr Ekaete responded, "*I'm not going in there find someone else to deal with it she's awkward*";
- Incorrectly told Patient A that their blood tests results indicated something serious; and
- Patient A asked Mr Ekaete two to three times for some pain relief for their journey home but Mr Ekaete failed to action their requests.

During the course of the NMC investigation, further concerns arose in relation to Mr Ekaete's shift at Gloucestershire NHS Trust on 29 October 2022 regarding allegations of poor patient care and record keeping.

Details of charge

That you a registered nurse

1) On 29 October 2022:-

   a) failed to check Patient ME's syringe driver on one or more occasions;

   b) or in the alternative, failed to record in the correct place that you had checked Patient ME's syringe driver on one or more occasions;

   c) failed to complete admission documentation for two patients.

2) On 12 February 2023:-

   a) had an inappropriate conversation in the presence of one or more patients (including Patient A) relating to a former [PRIVATE] sexual conduct towards you;

   b) breached patient confidentiality by telling Patient A that Patient C was "on methadone" and/or was "a drug addict" or words to that effect;

   c) told Patient A that you would not treat Patient C as she was being "difficult" and/or "awkward" or words to that effect;

   d) incorrectly told Patient A "something very serious is wrong with your bloods" and/or that they were "seriously ill" (or words to that effect) when their blood test results had not yet come back;

   e) did not give Patient A their prescribed paracetamol on one or more occasions;

   f) told Colleague 2 (in the presence of Colleague 1) that you would not look after Patient B because you did not like her (or words to that effect);

   g) left unattended medication in a pot next to Patient E's bed.

3) Your conduct at charge 2d) above was dishonest in that you knew that Patient A's blood test results had not yet been received from the laboratory, and, by your conduct, you intended to cause Patient A distress or alarm.

4) On 12 February 2023:-

   a) told Patient B and/or members of their family to "shut up";

   b) failed to obtain consent from Patient B before taking their blood pressure;

   c) failed to follow correct aseptic technique when cleaning Patient B's PICC line by not wearing sterile gloves;

   d) "stormed out" of Patient B's room by leaving suddenly when they asked you to put on gloves and clean the line properly;

   e) showed patients one or more sexually explicit or suggestive videos of [PRIVATE];

   f) made a sexual gesture or gyrated behind a patient's back in the presence of other patients;

   g) acted in a bullying and/or intimidating and/or threatening manner towards Colleague 1 by:-

      i) telling Colleague 1 "shh you shut your mouth now" or words to that effect;

      ii) saying "do you know who I am" or words to that effect;

iii) shaking your hand in close proximity to Colleague 1's face and/or gritting your teeth;

iv) calling Colleague 1 an "evil girl" and/or "the devil" and/or a "white devil";

v) telling Colleague 1 you were going to slap her and/or if you ever saw her outside of work you would slap her and would not stop (or words to that effect).

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

Decision and reasons on application to admit hearsay evidence

The panel heard an application made by Ms Khaile under Rule 31 to admit the following hearsay evidence in relation to charges 4a to 4f, namely:

Charge 4a: The witness statement of Witness 5 at paragraph 7, Exhibit SG/1, and the Witness Statement of Witness 4 at paragraph 11 and 12.

Charge 4b: The witness statement of Witness 4 at paragraph 9.

Charge 4c: The witness statement of Witness 5 at paragraph 7, Exhibit SG/1, and the witness statement of Witness 4 at paragraph 18 and 19.

Charge 4d: The witness statement of Witness 5 at paragraph 7.

Charge 4e: The witness statement of Witness 5 at paragraph 8, and Exhibit SG/1.

Charge 4f: The witness statement of Witness 5 at paragraph 8, Exhibit SG/1, the witness statement of Witness 3 at paragraph 8, and Exhibit LH/1.

Ms Khaile submitted that the evidence proposed to be admitted as hearsay is relevant to charges 4a to 4f. She directed the panel to the seven principles found in the case of *Thorneycroft v Nursing and Midwifery Counci*l [2014] EWHC 1565 (Admin).

In relation to the reason a direct statement from Patient B was never obtained, Ms Khaile submitted that the NMC had exhausted all lines of enquiry. She said that the NMC had contacted the Trust to gain Patient B's details, however, when the Trust reached out to Patient B, they had no response. The Trust determined that it would be a breach of GDPR for it to provide the NMC with Patient B's details without either Patient B's or their families consent. Ms Khaile submitted that while Patient A and Patient D were present during the incident at charge 4f, when asked about it, neither of them were able to recall the incident. Furthermore, Ms Khaile submitted that Patient A would be giving live evidence and could be asked questions about this.

Ms Khaile then addressed each charge separately. In relation to charge 4a, she submitted that both Witness 4 and Witness 5 had provided their statements in a professional capacity as it was related to their employment at the Trust. Furthermore, Ms Khaile submitted that the evidence is not sole and decisive as there are two separate witnesses, one of whom was working on the shift when the incident occurred.

Concerning charge 4b, Ms Khaile submitted that the evidence of Witness 4 was provided in a professional capacity and related to what procedure should have been followed. Additionally, it references Exhibit AR/17 which is the account given by another witness who took the account from the patients who were the direct witnesses to the incident.

In relation to charge 4c, Ms Khaile submitted that Witness 5 worked on the shift on the day of the incident and was told during the shift about Mr Ekaete's conduct and failure to follow proper technique. She referred the panel to Exhibit SG/1 where this was documented on the day of the incident. In addition to this, Ms Khaile submitted that Exhibit AR/9 which contains Patient A's original complaint is supportive of Witness 4's statement at

paragraphs 18 and 19. Therefore she submitted that this is not the sole and decisive evidence in relation to this charge.

In relation to charge 4d, Ms Khaile submitted that the sole and decisive evidence of this charge is that of Witness 5. However, she submitted that this evidence is important to admit because Witness 5 was present on the shift when the incident occurred. Furthermore, she submitted that this is the same for charge 4e, although this is further evidenced by Exhibit SG/1 which is Witness 5's local statement made on the date of the incident. Ms Khaile submitted that it is vital and credible evidence of the charge.

Finally, in relation to charge 4f, Ms Khaile submitted that the evidence is not sole and decisive because it is from Witness 3 and Witness 5 who provided their evidence in a professional capacity having been present on the shift that the incident occurred.

In the preparation of this hearing, the NMC had indicated to Mr Ekaete in the Case Management Form (CMF), dated 11 October 2024, that it was the NMC's intention for Witness 3, Witness 4, and Witness 5 to provide live evidence to the panel. Despite knowledge of the nature of the evidence to be given by these witnesses, Mr Ekaete made the decision not to attend this hearing. Furthermore, Ms Khaile submitted that the panel is able to review the response Mr Ekaete provided, however, he has not made it clear which charges he opposes or objects to. She submitted there was no lack of fairness to Mr Ekaete in allowing this to be admitted as hearsay evidence.

In conclusion, Ms Khaile reiterated that the proposed evidence to be admitted as hearsay is credible, relevant, and fair, and therefore, the panel should admit it as hearsay evidence.

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

In reaching its decision on the hearsay application, the panel considered the submissions of Ms Khaile, the advice from the legal assessor, and the relevant NMC guidance. The

panel noted that Mr Ekaete had received the NMC's case management form on 11 October 2025 and received notice of the hearing on 5 February 2025.

The panel then considered the evidence for each charge separately.

Charge 4a

The panel determined that the evidence is relevant, and it is not the sole or decisive evidence in support of this charge. Furthermore, it determined that the evidence was given by Witness 4 and Witness 5 in a professional context and there is no reason for them to fabricate the evidence. It determined that this charge is serious and if found proved, would have a significant impact on Mr Ekaete's career as a registered nurse.

The panel also took into consideration:

- The NMC took all reasonable steps to secure a witness statement from Patient B;
- Mr Ekaete received notice of the NMC's intention to rely on the evidence of Witness 4 and Witness 5 in the case management form, and he had received notice of this hearing along with the witness statements and exhibits; and
- Although Mr Ekaete strongly denies this charge, the panel has already determined that he has chosen voluntarily to absent himself from these proceedings, therefore he would not be in a position to cross-examine this witness in any case.

In light of this, the panel came to the view that it would be fair and relevant to accept the witness statement of Witness 5 at paragraph 7, Exhibit SG/1, and the Witness Statement of Witness 4 at paragraph 11 and 12 into evidence as hearsay. The panel noted that it would be hearing live oral evidence from Witness 4 and Witness 5 in due course. It therefore determined to admit this into evidence as hearsay but would give what it deemed appropriate weight once the panel had heard and evaluated all the evidence before it.

Charge 4b

The panel determined that the evidence is relevant and is the sole and decisive evidence in support of the charge. It considered that the evidence of Witness 4 was given in a professional context and there is no reason for them to fabricate the evidence. Additionally, the panel determined that the charge is serious and if found proved would have a significant impact of Mr Ekaete's career.

The panel also took into consideration:

- Mr Ekaete received notice of the NMC's intention to rely on the evidence of Witness 4 in the case management form, and he had received notice of this hearing along with the witness statements and exhibits; and
- Although Mr Ekaete strongly denies this charge as noted from paragraph 8 of his response, the panel has already determined that he has chosen voluntarily to absent himself from these proceedings, therefore he would not be in a position to cross-examine this witness in any case.

In light of this, the panel came to the view that it would be fair and relevant to accept the witness statement of Witness 4 at paragraph 9 into evidence as hearsay. Additionally, the panel noted that it would be hearing live oral evidence from Witness 4 in due course. It therefore determined to admit this into evidence as hearsay but would give what it deemed appropriate weight once the panel had heard and evaluated all the evidence before it.

Charge 4c

In relation to Charge 4c, the panel determined that the evidence is relevant and is the sole and decisive evidence in support of the charge. It considered that the evidence of Witness 4 and Witness 5 was given in a professional context and there is no reason for them to fabricate the evidence. Additionally, the panel determined that the charge is serious and if found proved would have a significant impact of Mr Ekaete's career.

The panel also took into consideration:

- The NMC took all reasonable steps to secure a witness statement from Patient B;
- Mr Ekaete received notice of the NMC's intention to rely on the evidence of Witness 4 and Witness 5 in the case management form, and he had received notice of this hearing along with the witness statements and exhibits.

In light of this, the panel came to the view that it would be fair and relevant to accept the witness statement of Witness 5 at paragraph 7, Exhibit SG/1, and the witness statement of Witness 4 at paragraph 18 and 19 into evidence as hearsay. Additionally, the panel noted that it would be hearing live oral evidence from Witness 4 and Witness 5 in due course. It therefore determined to admit this into evidence as hearsay but would give what it deemed appropriate weight once the panel had heard and evaluated all the evidence before it.

Charge 4d

In relation to Charge 4d, the panel determined that the evidence is relevant and is the sole and decisive evidence in support of the charge. It considered that the evidence was given by Witness 5 in a professional context and there is no reason for them to fabricate the evidence. Additionally, the panel determined that the charge is serious and if found proved would have a significant impact of Mr Ekaete's career.

The panel also took into consideration:

- Mr Ekaete received notice of the NMC's intention to rely on the evidence of Witness 5 in the case management form, and he had received notice of this hearing along with the witness statements and exhibits; and
- Although Mr Ekaete appeared to have had a disagreement with Witness 5 and it could be inferred that he would have strong challenges to her statement, the panel has already determined that he has chosen voluntarily to absent himself from these proceedings, therefore he would not be in a position to cross-examine this witness in any case.

In light of this, the panel came to the view that it would be fair and relevant to accept the witness statement of Witness 5 at paragraph into evidence as hearsay. Additionally, the panel noted that it would be hearing live oral evidence from Witness 5 in due course. It therefore determined to admit this into evidence as hearsay but would give what it deemed appropriate weight once the panel had heard and evaluated all the evidence before it.

Charge 4e

The panel determined that the evidence is relevant and is not the sole or decisive evidence in support of the charge. It considered that the evidence given by Witness 5 is made in a professional context and there is no reason for them to fabricate the evidence. Additionally, the panel determined that the charge is serious and if found proved would have a significant impact of Mr Ekaete's career.

The panel also took into consideration:

- The NMC had made all reasonable efforts to contact the patients in the bay and exhausted their enquiries;
- Mr Ekaete received notice of the NMC's intention to rely on the evidence of Witness 5 in the case management form, and he had received notice of this hearing along with the witness statements and exhibits; and
- Although Mr Ekaete strongly denies this charge claiming it is mistaken identity, the panel has already determined that he has chosen voluntarily to absent himself from these proceedings, therefore he would not be in a position to cross-examine this witness in any case.

In light of this, the panel came to the view that it would be fair and relevant to accept the witness statement of Witness 5 at paragraph 8, and Exhibit SG/1 into evidence as hearsay. Additionally, the panel noted that it would be hearing live evidence from Witness 5 in due course. It therefore determined to admit this into evidence as hearsay but would give what it deemed appropriate weight once the panel had heard and evaluated all the evidence before it.

Charge 4f

The panel determined that the evidence is relevant and is not the sole or decisive evidence in support of the charge. It considered that the evidence was given by Witness 3 and Witness 5 in a professional context and there is no reason for them to fabricate the evidence. Additionally, the panel determined that the charge is serious and if found proved would have a significant impact of Mr Ekaete's career.

The panel also took into consideration:

- The NMC had made all reasonable efforts to contact the patients in the bay and exhausted their enquiries; and
- Mr Ekaete received notice of the NMC's intention to rely on the evidence of Witness 3, and Witness 5 in the case management form, and he had received notice of this hearing along with the witness statements and exhibits.

In light of this, the panel came to the view that it would be fair and relevant to accept the witness statement of Witness 5 at paragraph 8, Exhibit SG/1, the witness statement of Witness 3 at paragraph 8, and Exhibit LH/1 into evidence as hearsay. Additionally, the panel noted that it would be hearing live evidence from Witness 3, and Witness 5 in due course. It therefore determined to admit this into evidence as hearsay but would give what it deemed appropriate weight once the panel had heard and evaluated all the evidence before it.

Decision and reasons to admit Exhibit AR/8

The panel enquired of Ms Khaile as to the status of the evidence in Exhibit AR/8 in light of the fact that it was not anticipated that the maker of this local statement would be giving oral evidence to the panel. Ms Khaile having considered the issue extended her application for the admission of hearsay evidence to include this local statement in relation to charge 4g.

The panel determined that the evidence is relevant and is not the sole or decisive evidence in support of the charge. It considered that the evidence was given in a professional capacity and there is no reason for the evidence to have been fabricated. Additionally, the panel determined that the charge is serious and if found proved would have a significant impact on Mr Ekaete's career.

Furthermore, the panel determined that Mr Ekaete had received notice of the NMC's intention to provide Exhibit AR/8 to the panel as it was contained within the exhibit bundle that was served with the notice of hearing.

In light of this, the panel came to the view that it would be fair and relevant to accept Exhibit AR/8. It therefore determined to admit this into evidence as hearsay but would give what it deemed appropriate weight once the panel had heard and evaluated all the evidence before it.

Decision and reasons to admit Exhibits AR/4, AR/5, AR/6, AR/7

During the oral evidence of Witness 4, the panel became aware that it had not been provided with Exhibits AR/4, AR/5, AR/6, and AR/7. These exhibits contained the local statements of witnesses who were present at the time of the alleged incidents on 12 February 2023. The panel asked Ms Khaile if the NMC would be able to disclose them. Following receipt of the exhibits and having been informed that Mr Ekaete had received them as part of the Case Examiners Bundle on 12 February 2024, the panel determined that it was fair and relevant for them to be admitted into evidence.

Decision and reasons to admit Exhibit AR/17

The panel became aware that the NMC had not applied to adduce as hearsay Exhibit AR/17 despite it being before the panel. Following discussion with the panel, Ms Khaile made an application for Exhibit AR/17 to be admitted as hearsay evidence. Ms Khaile submitted that the exhibit is relevant to charges 4a to 4f, and it would be relevant as well as fair to be considered by the panel. She submitted that this exhibit comes from Witness

4’s witness statement and forms part of their evidence. Ms Khaile explained that the NMC did not pursue Ms 1 as a witness because Witness 4 was going to give evidence; the NMC did not deem it proportionate nor necessary to call Ms 1 as a witness.

The panel determined that the evidence is relevant and is not the sole or decisive evidence in support of the charge. It considered that the evidence was given in a professional capacity and there is no reason for the evidence to have been fabricated. Despite the NMC’s failure to pursue Ms 1 as a witness, the panel determined that her evidence was vital to the relevant charges particularly as she had spoken directly to Patient B whose written complaint was not before the panel. The panel was mindful that the charge is serious and if found proved would have a significant impact on Mr Ekaete’s career.

Furthermore, the panel determined that Mr Ekaete had received notice of the NMC’s intention to provide Exhibit AR/17 to the panel as it was contained within the exhibit bundle that was served with the notice of hearing.

In light of this, the panel came to the view that it would be fair to accept Exhibit AR/17. It therefore determined to admit this into evidence as hearsay but would give what it deemed appropriate weight once the panel had heard and evaluated all the evidence before it.

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

Before hearing the evidence of Witness 2, Ms Khaile made a request that the evidence of Witness 2 be held wholly in private on the basis that proper exploration of their evidence involved mention of [PRIVATE]. Ms Khaile also made an additional request that any other witness evidence be heard partly in private on the basis that proper exploration of their evidence may involve discussion of [PRIVATE]. The application was made pursuant to Rule 19 of the ‘Nursing and Midwifery Council (Fitness to Practise) Rules 2004’, as amended (the Rules).

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

The panel determined to go into private for the entirety of Patient A's evidence, and partly in private for all other witness evidence as and when matters are raised in relation to [PRIVATE].

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, including that provided by Mr Ekaete together with the submissions made by Ms Khaile on behalf of the NMC.

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

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: Staff nurse who worked at Gloucestershire Hospitals NHS Trust and was on the morning handover from Mr Ekaete on 30 October 2022.

- Witness 2: Patient A

- Witness 3: Registered nurse who worked at Worcestershire Acute Hospitals NHS Trust on the same shift as Mr Ekaete on 12 February 2023.
- Witness 4: Matron at the Worcestershire Acute Hospitals NHS Trust who dealt with the complaint in relation to the allegations on 12 February 2023.
- Witness 5: Colleague 1, a Health Care Assistant who worked at Worcestershire Acute Hospitals NHS Trust.
- Witness 6: Governance Manager and Safeguarding Lead of the Agency where Mr Ekaete was employed.
- Witness 7: Registered nurse who worked at Worcestershire Acute Hospitals NHS Trust on the same shift as Mr Ekaete on 12 February 2023.
- Witness 8: Health Care Assistant who worked at Worcestershire Acute Hospitals NHS Trust on the same shift as Mr Ekaete on 12 February 2023.

The panel had previously admitted as hearsay the local statements of Witnesses 7 and 8 but during proceedings determined that it was necessary for those witnesses to attend to

give evidence. The NMC therefore called witnesses 7 and 8 to give oral evidence before the panel.

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

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

Charge 1a

"1. That you, a registered nurse, on 29 October 2022:-

a) failed to check Patient ME's syringe driver on one or more occasions."

This charge is found proved.

In reaching this decision, the panel took into account the oral evidence from Witness 1 who was the night nurse taking over from Mr Ekaete's day shift on 29 October 2022. The panel found witness 1 to be credible and compelling, noting no contradictions between her witness statement and her answers to questions during her oral evidence.

The panel took into account Witness 1's witness statement, notably at paragraph 15:

'Mr Ekaete would have been aware that the [sic] needed to monitor and review Patient ME's syringe driver because it would have been handed over to him when he was allocated Patient ME. I did not handover to him. It would be on the handover sheet and also Patient ME's notes contained in the syringe driver record and intervals for checks (see final page of JM2).The document sets out how often the checks need to be. This was a serious failure because it meant that Patient

ME's Morphine supply run out. I cannot remember if Patient ME came to any actual harm as they were not my patient.'

In light of this the panel was satisfied that Patient ME was allocated to Mr Ekaete on 29 October 2022 and it was his duty to check the syringe driver.

The panel noted Patient ME's electronic notes which were apparently written at 14:45 at Exhibit JM/1 which state that the syringe driver had not been checked for 48 hours on 29 October 2022. The electronic signature on the record shows *'Nurse(nurse)'* but there is no evidence to confirm that this was Mr Ekaete. Additionally, there were no entries on the syringe driver form to indicate that it had been checked during his shift.

The panel took into account Patient ME's syringe driver record at Exhibit JM/2 which showed that the syringe drive was set up on 28 October 2022 but was not checked until Witness 1 checked it on 29 October 2022 at 20:30, after Mr Ekaete's had left. It noted from the evidence of Witness 6 that Mr Ekaete was rostered to have been on shift on 29 October 2022 from 08:00 to 21:00, although Witness 1 had told the panel Mr Ekaete finished his shift at 19:45 and left the ward. The panel noted that whilst the syringe driver had not been checked on 28 October 2022, Mr Ekaete was not responsible for this until he came on shift at 08:00 on 29 October 2022.

The panel took into account the WhatsApp message from Witness 1 at Exhibit JM/3 which further supports this charge in that Patient ME's syringe driver had not been checked during Mr Ekaete's shift and had run out on 29 October 2022.

The panel took into account Mr Ekaete's response to this allegation from Exhibit JC/1. The panel noted that Mr Ekaete had said that documentation was not available and that he had started a new form which then went missing, he stated that he was too busy to finish the notes on that day. He stated that he made the nurse in charge aware who knew he would be working the next day shift. The panel preferred the evidence of Witness 1.

Based on the evidence before it, the panel was satisfied that it was more likely than not, that if Patient ME's syringe driver had been checked by Mr Ekaete, it could have been changed before it had run out. Therefore, the panel concluded that it is more likely than not that Mr Ekaete failed to check Patient ME's syringe driver on one or more occasions. The panel therefore found charge 1a proved.

Charge 1b)

"1. That you, a registered nurse, on 29 October 2022:-

b) in the alternative, failed to record in the correct place that you had checked Patient ME's syringe driver on one or more occasions;"

Having found charge 1a proved, the panel did not go on to consider charge 1b in the alternative and consequently found it NOT proved.

Charge 1c)

"That you, a registered nurse, on 29 October 2022:-

c) failed to complete admission documentation for two patients."

This charge is found proved.

In reaching this decision, the panel took into account the witness statement of Witness 1 at paragraphs 9 and 17:

"9. On the previous shift Mr Ekaete worked on 29 October 2022, two new patients were admitted to Ward 2B. I do not know their names. I checked EPR, which is the Trust's electronic patient record system and realised no admission records had

been completed. In the early hours of 31 October 2022, the patient went into cardiac arrest and, when we checked their paperwork to inform their next of kin, no admission documents were complete. I checked the patient's belongings and fortunately they had a diary with their relative's contact details in.

…

17. Mr Ekaete was responsible for completing records for the two new patients admitted to Ward 2B as it is an expectation for a new patient. Mr Ekaete was allocated these patients and he should have known that they needed to be admitted properly. Mr Ekaete was aware because I told him he had not done this at handover on 30 October 2022 and he said he would do it the next day. However when I then worked the night shift of 30 October 2022, I realised he had still not completed it. This was a very serious failure as one of the patient's next of kin could not be contacted in an emergency."

The panel took into account the oral evidence and witness statement of Witness 1. As noted in charge 1a, the panel found Witness 1 to be clear, credible and consistent in their oral evidence, with no contradictions to their witness statement.

The panel further took into account the contemporaneous WhatsApp message from Witness 1 at Exhibit JM/3 which supports this charge.

The panel took into account Mr Ekaete's response to this allegation from Exhibit JC/1, where he says:

'With regards to some other patients basic routine notes documentation, I informed the ward sister and the same previously night staff nurse that I was unable to write and finish up few patients general routine notes although admittedly was necessary. This was due to extra unusual patients care demand that day on the ward. I even forfeited my break time, something most nurses would sometimes

sacrifice even if they are familiar with the ward, staff and patients. The good natured understanding sister pleasantly accepted in that I was also rescheduled to continue long day shift the following day with high possibility of continuity.'

Based on the evidence before it, the panel was satisfied that it was more likely than not, that on 29 October 2022, Mr Ekaete failed to complete admission documentation for two patients. Therefore, the panel found charge 1c proved.

Charge 2a)

"That you, a registered nurse, on 12 February 2023:-

a) had an inappropriate conversation in the presence of one or more patients (including Patient A) relating to [PRIVATE];"

This charge is found proved.

In reaching this decision, the panel took into account the oral evidence of Witness 2 their written statement and exhibited complaint. The panel found Witness 2 to be credible, consistent and reliable, and found there was no reason for them to fabricate their experience.

[PRIVATE]

The panel took into consideration the local statement of Witness 3 which is consistent with the evidence from Witness 2, as she recorded that patients had told her that Mr Ekaete *'had also spoken about his personal behaviour towards* [PRIVATE]*'.* This is also consistent with the evidence from Witnesses 5 and 8.

In response to this allegation, Mr Ekaete has explained that he is not currently married and therefore does not have a sister-in-law and has profusely denied this type of sexualised

behaviour. In weighing up Mr Ekaete's response to the evidence before it, the panel preferred the evidence of the NMC witnesses as it was compelling and consistent.

Based on the evidence before it, the panel was satisfied that it was more likely than not, on 12 February 2023 Mr Ekaete had an inappropriate conversation in the presence of one or more patients, including Patient A, relating to [PRIVATE] sexual conduct towards him. The panel therefore found charge 2a proved.

Charge 2b)

"That you, a registered nurse, on 12 February 2023:-

b) breached patient confidentiality by telling Patient A that Patient C was "on methadone" and/or was "a drug addict" or words to that effect;"

This charge is found proved.

In reaching this decision, the panel took into account [PRIVATE].

The panel found that Witness 2 was credible and consistent when asked about this in her oral evidence.

The panel took into consideration the evidence of Witness 4 provided in oral evidence, a written statement, and exhibits. The panel specifically considered paragraph 27 of their written statement which states:

'Patient A informed the Trust within their complaint that Mr Ekaete told them Patient C was on Methadone (AR9). Methadone is drug used to ween a patient off Heroin. Mr Ekaete not only breached Patient G's confidence by disclosing their medication to another patient, but also this disclosure meant Patient A would also be aware that

Patient C has a history of drug use. This is a disciplinary offence within the Trust and is very serious. Mr Ekaete had a duty, under section 5 of the Code, to respect people's right to privacy and confidentiality. This is really serious because it is a breach of Patient G's information governance and confidentiality. It also resulted in an incidental disclosure of Patient G's drug history.'

Based on the evidence before it, the panel was satisfied that it was more likely than not, on 12 February 2023, Mr Ekaete breached patient confidentiality by telling Patient A that Patient C was "on methadone" and/or was "a drug addict" or words to that effect. The panel therefore found charge 2b proved.

Charge 2c)

"That you, a registered nurse, on 12 February 2023:-

c) told Patient A that you would not treat Patient C as she was being "difficult" and/or "awkward" or words to that effect;"

This charge is found proved in part.

In reaching this decision, the panel took into account [PRIVATE].

The panel found this was consistent with Witness 2's oral evidence. It also had regard to the written statement of Witness 4, which is informed by the complaint of Witness 2.

The panel noted that Mr Ekaete had not responded to this specific charge.

In light of the evidence before it, the panel considered that although it was satisfied that the conversation between Witness 2 and Mr Ekaete had happened, it determined that Witness 2 had only assumed Mr Ekaete was referring to Patient C rather than being certain it was Patient C. Therefore, the panel determined that it was more likely than not,

on 12 February 2023, that Mr Ekaete told Patient A that he would not treat a patient as they were being “difficult” and/or “awkward” or words to that effect. The panel could not be sure which patient was being referred to. The panel therefore found charge 2c proved in part, being that he spoke about a patient in the manner as charged.

Charge 2d)

> “That you, a registered nurse, on 12 February 2023:-
>
> d) incorrectly told Patient A “something very serious is wrong with your bloods” and/or that they were “seriously ill” (or words to that effect) when their blood test results had not yet come back;”

This charge is found proved.

In reaching this decision, the panel took into account the evidence of Witness 2 provided in her oral evidence and in her written statement. The panel found Witness 2 to be compelling and credible, [PRIVATE].

The panel took into account that Mr Ekaete has not provided a response to this charge.

Based on the evidence before it, the panel was satisfied that it was more likely than not, on 12 February 2023, Mr Ekaete incorrectly told Patient A “something very serious is wrong with your bloods” and/or that they were “seriously ill” (or words to that effect) when their blood test results had not yet come back. The panel therefore found charge 2d proved.

Charge 2e)

> “That you, a registered nurse, on 12 February 2023:-

e) did not give Patient A their prescribed paracetamol on one or more occasions;"

This charge is found proved.

In making this decision, the panel took into account [PRIVATE].

The panel took into account the evidence of Witness 4, specifically in relation to her written statement at paragraph 20 and 21 which state:

> *'20. … paracetamol was prescribed as by oral/ IV route. I am not concerned by this complaint because we do tend to offer oral paracetamol first to mitigate the risk of infection via IV. Both routes of paracetamol do the same thing however, via IV the effects are slightly quicker. I do not consider Mr Ekaete did anything wrong. Administering by IV route did not cause me any concern….'*
>
> *21. … They said at the time of their discharge that they asked Mr Ekaete two to three times for pain relief for their journey home but they did not receive this. Section 1.4 of the Code states that you must 'make sure that any treatment, assistance or case for which you are responsible is delivered without undue delay'. This is a grey area in which it is difficult to comment upon the seriousness of the incident. I do not know if Mr Ekaete purposefully did not give Patient A their pain relief or if they just forgot (and it was simply human error). I do not know if Patient A asked anyone else for pain relief or whether they told Mr Ekaete they were leaving. I would have expected Patient A to have been discharged with pain relief….'*

The panel noted Patient A's medical record at Exhibit AR/1, specifically in relation to her Medication Administration Record (MAR) which shows she was not given paracetamol at lunch time in accordance with her prescription for four times daily.

The panel considered that Mr Ekaete did not provide a response to this allegation.

Based on the evidence before it, the panel was satisfied that it was more likely than not, on 12 February 2023, Mr Ekaete did not give Patient A their prescribed paracetamol on one or more occasions. Therefore, the panel found charge 2e proved.

Charge 2f)

"That you, a registered nurse, on 12 February 2023:-

f) told Colleague 2 (in the presence of Colleague 1) that you would not look after Patient B because you did not like her (or words to that effect);"

This charge is found proved.

In reaching this decision, the panel took into account the evidence of Witness 5 provided in her written statement. Witness 5 stated *'I heard Mr Ekaete tell* [Colleague 2] *that he would not look after Patient B because he did not like her. This conversation as it was openly had on the ward (sic)'*. The panel found Witness 5 to be a consistent, credible, open, and honest witness in regard to her oral evidence.

The panel considered the evidence of Witness 4 in her written statement and Exhibit AR/4 which contained the local statement of Ms 2 who overheard the exchange. The panel heard that Witness 3 took over the patients care.

The panel noted that Mr Ekaete did not provide a response to this allegation.

Based on the evidence before it, the panel determined that it was more likely than not that on 12 February 2023, Mr Ekaete told Colleague 2 (in the presence of Colleague 1) that he would not look after Patient B because he did not like her (or words to that effect). In light of this, the panel found charge 2f proved.

Charge 2g)

"That you, a registered nurse, on 12 February 2023:-

g) left unattended medication in a pot next to Patient E's bed."

This charge is found NOT proved.

In making this decision, the panel considered [PRIVATE]. The panel found this inconsistency to be relevant as there was conflicting evidence of what was left on the side.

The panel further considered that there is a chance that this may not have been medication, noting that it had seen no MAR chart to indicate if the patient was due to have medication administered at that time, or what type of medication it could have been. [PRIVATE].

Additionally, the panel took into consideration the evidence of Witness 4 who explained why leaving medication out was poor practice, however, this was on the assumption that what was left on the side was medication.

The panel decided that there was insufficient evidence before it to demonstrate that on 12 February 2023, Mr Ekaete left unattended medication in a pot next to Patient E's bed. The panel therefore determined that the NMC had not discharged its burden of proof and therefore the panel found charge 2g NOT proved.

Charge 3)

"Your conduct at charge 2d) above was dishonest in that you knew that Patient A's blood test results had not yet been received from the laboratory and, by your conduct, you intended to cause Patient A distress or alarm."

This charge is found proved in part.

In making this decision, the panel considered [PRIVATE].

Furthermore, the panel considered it unlikely that a band 5 agency nurse who was unfamiliar with the patient's background would be responsible for giving any patient significantly bad news, and it would expect a nurse in Mr Ekaete's position to have asked a senior nurse or doctor to talk to the relevant patient in those circumstances.

The panel considered that it only had the evidence of Witness 2 in relation to this charge, and [PRIVATE]. The panel therefore inferred that Mr Ekaete must have known that Patient A's blood test results had not come back yet and therefore subjectively must have known that what he was telling Patient A was untrue. The panel was satisfied that a reasonable observer would consider this dishonest and that the legal test in *Ivey v Genting Casinos (UK) Ltd (t/a Crockfords Club)* [2017] UKSC 67 was satisfied.

In consideration of whether Mr Ekaete intended to cause Patient A alarm or distress, the panel determined that it had no evidence as to Mr Ekaete's intentions. [PRIVATE].

As mentioned in its reasons for finding charge 2d proved, the panel found Witness 2's oral evidence to be compelling and credible in relation to this incident. Subsequently, the panel was satisfied that Mr Ekaete's actions did cause alarm or distress.

However, in the absence of evidence regarding Mr Ekaete's intentions, the panel was satisfied that it was more likely than not that Mr Ekaete had been reckless in causing alarm or distress.

In light of this, the panel determined that Mr Ekaete's conduct at charge 2d was dishonest in that he knew that Patient A's blood test results had not yet been received from the laboratory, and, by his conduct, Mr Ekaete had been reckless in causing Patient A alarm

or distress but fell short of being intentional. The panel therefore found charge 3 proved in part.

Charge 4a)

"That you, a registered nurse, on 12 February 2023:-

a) told Patient B and/or members of their family to "shut up";"

This charge is found proved.

In making this decision, the panel took into account the evidence of Witness 5 from her oral evidence and written statement. The panel specifically considered paragraph 7 of her witness statement which explains that *'I went to check on Patient B (I could not hear what was being said). She told me that her family (bother [sic] and young nephew) had been in to visit her, and whilst they were all speaking, Mr Ekaete came into the room and told the family to shut up. This caused the nephew to cry.'*

This is consistent with the evidence of Witness 8 in her local statement at Exhibit AR/8 who had also received a complaint from Patient B, stating that '*when he took her morning observations, he told her something along the lines of, "shut up and be quite"[sic]'.*

Additionally, the panel considered the evidence of Ms 2 at Exhibit AR/4 which provides a similar account. The panel noted that although the NMC did not call her as a witness in these proceedings, it is clear from this exhibit that Patient B had also reported the incident to her. This consistent with Exhibit AR/17 where Ms 1 is seemingly passing on the complaint of Patient B.

The panel considered the evidence of Mr Ekaete, in his statement to the Agency dated 15 March 2023 where he denies he would do this. The panel preferred the evidence of the NMC witnesses.

Based on the evidence before it, the panel determined that it was more likely than not that on 12 February 2023, Mr Ekaete told Patient B and/or members of their family to “shut up”. In light of this, the panel found charge 4a proved.

Charge 4b)

“That you, a registered nurse, on 12 February 2023:-

b) failed to obtain consent from Patient B before taking their blood pressure;”

This charge is found NOT proved.

In making this decision, the panel took into account the evidence of Witness 4, namely her written statement which notes that this concern was raised by Ms 1after a complaint was raised. However, in paragraph 10 of her written statement she has explained that *‘there is nothing to note of concern.’*

The panel considered Mr Ekaete’s account of this incident in which he states *‘Naturally, I inquired if I could carry out BP on her or to come back, she agreed and stretched out her hand (indicative of consent)’*.

The panel decided that there was insufficient evidence before it to demonstrate that on 12 February 2023, Mr Ekaete failed to obtain consent from Patient B before taking their blood pressure. The panel therefore determined that the NMC had not discharged its burden of proof and therefore the panel found charge 4b NOT proved.

Charge 4c)

“That you, a registered nurse, on 12 February 2023:-

c) failed to follow correct aseptic technique when cleaning Patient B's PICC line by not wearing sterile gloves;"

This charge is found NOT proved.

In making this decision, the panel took into account the evidence of Witness 4 in her oral evidence, written statement, and exhibits. Witness 4 had explained in her oral evidence that sterile gloves were not required for correct aseptic technique in this instance.

The panel took into account the ANTT approach for aseptic technique at Exhibit AR/12. As explained by Witness 4 in her written statement *'this is a national guidance so Mr Ekaete should be aware of this as a registered nurse.'*

The panel took into account Witness 5's local statement at AR/3 which explained that Patient B had questioned why Mr Ekaete had not used sterile gloves. Similarly, Ms 2 at Exhibit AR4 in her local statement states that Mr Ekaete did not use aseptic technique.

The panel took into account the evidence of Witness 8 and Witness 5 who both explained that Patient B expected aseptic technique and *'knew what needed to be done'.* However, in contrast to the evidence of Witness 4, this was not required in this circumstance.

The panel considered that in his response, Mr Ekaete had explained *'With all aseptic techniques procedure ready on the trolley I proceeded competently.*'

As the panel was satisfied that sterile gloves were not required for correct aseptic technique in these circumstances the NMC had not discharged its burden of proof and therefore the panel found charge 4c NOT proved.

Charge 4d)

"That you, a registered nurse, on 12 February 2023:-

d) "stormed out" of Patient B's room by leaving suddenly when they asked you to put on gloves and clean the line properly;"

This charge is found NOT proved.

In making this decision, the panel took into account the evidence of Witness 5 from her oral evidence and written statement. The panel specifically considered paragraph 7 of her witness statement which explains that *'Patient B told me that Mr Ekaete dropped everything and stormed out of the room*'. The panel acknowledged that this is the only evidence in relation to this charge and it is of itself hearsay.

The panel took into account that Mr Ekaete has denied this allegation in his response.

The panel decided that there was insufficient evidence before it to demonstrate that Mr Ekaete "stormed out" of Patient B's room by leaving suddenly when they asked him to put on gloves and clean the line properly. The panel therefore determined that the NMC had not discharged its burden of proof and therefore the panel found charge 4d NOT proved.

Charge 4e)

"That you, a registered nurse, on 12 February 2023:-

e) showed patients one or more sexually explicit or suggestive videos of [PRIVATE];"

This charge is found proved.

In making this decision, the panel took into account the evidence of Witness 5 in her oral evidence, written statement, and local statement. In her oral evidence, Witness 5

confirmed that one patient told her Mr Ekaete had shown them a video, and the others confirmed this. This is consistent with her written statement which she explains that three female patients confirmed that Mr Ekaete had shown them a video of his '*sister-in-law in a nighty*'. The panel found the evidence of Witness 5 to be credible and consistent.

The panel took into account the evidence of Witness 8 which is consistent with the account of Witness 5 where she explains that '*They stated that he had showed them an inappropriate video" of his sister-in-law on someone's lap'*. This is further evidenced by the email from Ms 1 at Exhibit AR/17 who states she was directly informed by two patients that Mr Ekaete had shown them an inappropriate video.

The panel considered the somewhat contradictory oral evidence of Witness 3 who amended her witness statement to reflect her local statement at Exhibit LH/1, to state that when she had asked the two patients about the video, they had denied seeing it. The panel noted that another nurse (Colleague 2) had been present when the patients had said this to Witness 3, but the NMC had not sought to obtain a statement from her and therefore she was not available to give evidence to the panel.

The panel took into account the response from Mr Ekaete who addressed this allegation in his written statement to the Agency dated 15 March 2023 in which he denies that he did this, and, he had left his phone in his car, so did not have it with him.

In light of the evidence before it, the panel preferred the evidence of Witness 5, Witness 8, and Ms 1, over that of Witness 3 which contradicted them. It found that on 12 February 2023, it was more likely than not that Mr Ekaete had shown patients one or more sexually explicit or suggestive videos [PRIVATE]. The panel therefore found charge 4e proved.

Charge 4f)

"That you, a registered nurse, on 12 February 2023:-

f) made a sexual gesture or gyrated behind a patient's back in the presence of other patients;"

This charge is found proved.

In making this decision, the panel took into account the evidence of Witness 5 in her oral evidence, written statement, and local statement. In her written statement, Witness 5 confirmed that three patients were adamant that Mr Ekaete had done this. In her local statement, Exhibit SG/1, in which she explains that the three patients called him a *'dirty bugger'*.

The panel took into account the evidence of Witness 8, which was consistent with the account of Witness 5. In her oral evidence Witness 8 confirmed that the patients had told her that Mr Ekaete had been *'pelvic thrusting'* behind a patient.

The panel considered the evidence of Witness 3, in her local statement she said that a patient reported to her that *'Henry had behaved indecently toward another female patient by gyrating sexually whilst standing behind her'.* This was consistent with her written statement and oral evidence, as well as supporting the primary evidence of Witness 5 and Witness 8.

The panel noted that Mr Ekaete had not provided a response to this allegation.

Based on the evidence before it, the panel was satisfied that it was more likely than not that on 12 February 2023, Mr Ekaete made a sexual gesture or gyrated behind a patient's back in the presence of other patients. Therefore, the panel found charge 4f proved.

Charge 4g) i)

"That you, a registered nurse, on 12 February 2023:- g) acted in a bullying and/or intimidating and/or threatening manner towards Colleague 1 by:

i) telling Colleague 1 “shh you shut your mouth now” or words to that effect; “

This charge is found proved.

In making this decision, the panel took into account the evidence of Witness 5 who they found to be credible and consistent throughout her oral evidence. The panel had particular regard to paragraph 11 of her written statement which explains *‘Mr Ekaete put his hand up to my face and shouted 'shh you shut your mouth now'.*

The panel also took into account the evidence of Witness 8 who supported the account of Witness 5. The panel also took into account the local statement of Ms 2 found in Exhibit AR/4 which is consistent with the account of Witness 5.

The panel noted that when asked in oral evidence, Witness 7 explained that she did not recall this happening but accepted that she was doing something on the computer at the time.

The panel noted that Witness 3 did not mention this in any of their evidence.

The panel considered Mr Ekaete’s account in his response where he said that he did not tell people to shut up.

Based on the evidence before it, the panel was satisfied that it was more likely than not that on 12 February 2023, Mr Ekaete acted in a bullying and/or intimidating and/or threatening manner towards Colleague 1 by telling Colleague 1 “shh you shut your mouth now” or words to that effect. Therefore, the panel found charge 4g) i) proved.

Charge 4g) ii)

"That you, a registered nurse, on 12 February 2023:- g) acted in a bullying and/or intimidating and/or threatening manner towards Colleague 1 by:

ii) saying "do you know who I am" or words to that effect;"

This charge is found proved.

In making this decision, the panel took into account the evidence of Witness 5 who it found to be credible and consistent throughout her oral evidence. The panel had particular regard to paragraph 11 of her written statement which explains *'I told him not to speak to me like that and he said 'do you know who I am' in a very threatening way.'*

The panel also took into account the oral evidence of Witnesses 3 and 7 who suggested that Witness 5 may have appeared aggressive, although Witness 7 suggested that she may have been feeling defensive. Witness 7 supported Witness 5's account, as did the hearsay evidence of Ms 2 who was also present.

The panel considered Mr Ekaete's account in his response where he alleged that Colleague 1 was acting in an aggressive manner towards him. This is supported by the oral evidence of Witness 3.

The panel took into account the evidence of Witness 4 who made the point that she would expect a registered nurse to react in a calm manner in any event, even if Colleague 1 was being aggressive. On balance, the panel was not persuaded that Witness 5 had behaved aggressively or had provoked Mr Ekaete.

Based on the evidence before it, the panel was satisfied that it was more likely than not that on 12 February 2023, Mr Ekaete acted in a bullying and/or intimidating and/or threatening manner towards Colleague 1 by saying "do you know who I am" or words to that effect. Therefore, the panel found charge 4g) ii) proved.

Charge 4g) iii)

> "That you, a registered nurse, on 12 February 2023:- g) acted in a bullying and/or intimidating and/or threatening manner towards Colleague 1 by:
>
> iii) shaking your hand in close proximity to Colleague 1's face and/or gritting your teeth; "

This charge is found proved.

In making this decision, the panel took into account the oral evidence of Witness 5 which the panel found to be clear, consistent, and compelling. In her local statement she details that *'henry put his hand up to my face'.* This was further elicited in her oral evidence.

The panel took into account the evidence of Witness 3. In particular in her written statement at paragraph 6, she states that *'Mr Ekaete opened up their hand … as if he was going to slap* [Colleague 1]*…'* confirming during her oral evidence that she initially thought he was expressing himself but realised the hand gesture was in fact related to his comment about slapping Colleague 1.

The panel noted that Mr Ekaete did not provide a response to this particular allegation.

Based on the evidence before it, the panel was satisfied that it was more likely than not that on 12 February 2023, Mr Ekaete acted in a bullying and/or intimidating and/or threatening manner towards Colleague 1 by shaking your hand in close proximity to Colleague 1's face and/or gritting your teeth. Therefore, the panel found charge 4g) iii) proved.

Charge 4g) iv)

"That you, a registered nurse, on 12 February 2023:- g) acted in a bullying and/or intimidating and/or threatening manner towards Colleague 1 by:

iv) calling Colleague 1 an "evil girl" and/or "the devil" and/or a "white devil";"

This charge is found proved.

In making this decision, the panel took into account the evidence of Witness 5, who was consistent in explaining that Mr Ekaete *"called me a devil".* This is consistent with the account of Ms 2, whose local statement can be found at AR/4, which states that 'he also called her the devil'. Witness 8 also gave evidence which was consistent with this. The panel noted that there was no evidence of collusion between these three witnesses.

The panel also took into account [PRIVATE].

The panel took into account that neither Witness 3, nor Witness 7 offered any evidence in relation to this.

The panel took into consideration that Mr Ekaete does not address this allegation specifically. It noted that Mr Ekaete suggests that there may have been discrimination against him, and the panel noted that Witness 3 spoke in a compelling way about her experience of bullying on the ward, upon which she no longer works. However, as Mr Ekaete did not attend the hearing the panel did not have the opportunity to consider this in more detail. The panel noted that it explored the culture of the ward with a number of witnesses and did not hear widespread evidence that suggested that there were any workplace cultural difficulties.

Based on the evidence before it, the panel was satisfied that it was more likely than not that on 12 February 2023, Mr Ekaete acted in a bullying and/or intimidating and/or

threatening manner towards Colleague 1 by calling Colleague 1 an *"evil girl"* and/or *"the devil"* and/or a *"white devil"*. Therefore, the panel found charge 4g) vi) proved.

Charge 4g) v)

> "That you, a registered nurse, on 12 February 2023:- g) acted in a bullying and/or intimidating and/or threatening manner towards Colleague 1 by:
>
> v) telling Colleague 1 you were going to slap her and/or if you ever saw her outside of work you would slap her and would not stop (or words to that effect)."

This charge is found proved.

In making this decision, the panel took into account the evidence of Witness 5, in her written statement she said that *'He also said he was going to slap me and, if he ever saw me outside of work, he would slap me and he would not stop.'* This was somewhat consistent with her oral evidence where she used the word *"smack"*, however, the panel found this was not dissimilar. The panel noted that in her oral evidence Witness 5 explained how she was shocked that no one had intervened in the altercation until another colleague asked the nurse in charge to get the matron.

The panel took into account the oral evidence of both Witness 7 and Witness 8 who were consistent with the evidence of Witness 5. This was also supported by the hearsay evidence provided by Ms 1 and Ms 2.

The panel took into account the oral evidence of Witness 3 who said that Mr Ekaete had threatened Colleague 1 by saying that *"if he was anywhere else he was going to slap her"*. The panel found this to be consistent and Witness 3 to be a clear and credible witness on

this matter. It noted the slight difference in wording; however, it was satisfied that the event occurred.

Furthermore, the panel took into account Mr Ekaete's written statement to the Agency dated 15 March 2023, where he admits to saying 'I would have slapped you', however, throughout this statement he alleges that Colleague 1 was aggressive towards him.

Based on the evidence before it, the panel was satisfied that it was more likely than not that on 12 February 2023, Mr Ekaete acted in a bullying and/or intimidating and/or threatening manner towards Colleague 1 by telling Colleague 1 he was going to slap her and/or if he ever saw her outside of work he would slap her and would not stop (or words to that effect). The panel therefore found charge 4g) v) proved.

Fitness to practise

Having reached its determination on the facts of this case, the panel then moved on to consider, whether the facts found proved amount to misconduct and, if so, whether Mr Ekaete's fitness to practise is currently impaired. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's ability to practise kindly, safely and professionally.

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

The panel adopted a two-stage process in its consideration. First, the panel must determine whether the facts found proved amount to misconduct. Secondly, only if the facts found proved amount to misconduct, the panel must decide whether, in all the circumstances, Mr Ekaete's fitness to practise is currently impaired as a result of that misconduct.

Submissions on misconduct

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

In her submissions, Ms Khaile referred the panel to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin). Ms Khaile submitted that all elements of the Grant 'test' had been met. In regard to the first element, she submitted that Mr Ekaete put patients A and B as well as Patient ME at an unwarranted risk of harm, and he posed a general risk of harm to other patients and colleagues, especially in relation to Colleague 1. Regarding the second element, Ms Khaile submitted that the nature of the charges found proved have brought the profession into disrepute.

In relation to the third element, Ms Khaile submitted that Mr Ekaete has breached the fundamental tenets of the profession in that he failed to treat people with kindness, respect, and compassion, to act with honesty and integrity at all times, and he was not aware of how his behaviour affected others. Furthermore, in relation to the fourth element of the test, Ms Khaile submitted that in relation to charges 2d and 3, Mr Ekaete has acted dishonestly and is liable to act dishonestly in the future.

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

Ms Khaile identified the specific, relevant standards where Mr Ekaete's actions amounted to misconduct. In doing so, Ms Khaile noted the following parts of the code:

‘1. Treat people as individuals and uphold their dignity

To achieve this, you must:

1.1 treat people with kindness, respect and compassion

1.2 make sure you deliver the fundamentals of care effectively

1.4 make sure that any treatment, assistance or care for which you are responsible is delivered without undue delay

…

4. Act in the best interests of people at all time

…

8. To work cooperatively with others

…

20. uphold the reputation of profession at all times

20.1 to keep an uphold the standards and values set out in the code.

20.2 Act of 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 others.’

Submissions on impairment

Ms Khaile 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 case of *R (on application of Cohen) v General Medical Council* [2008] EWHC 581.

Ms Khaile submitted that Mr Ekaete's past actions are highly relevant when determining impairment. She submitted that although some of the charges proved are clinical in nature, there are also attitudinal issues which are not easy to correct without insight. Even if they could be remedied, Ms Khaile submitted that Mr Ekaete has not formally accepted any of the charges, nor has he provided the panel with any evidence of remediation, remorse, or insight into his behaviour. In light of this, Ms Khaile submitted that there is a risk of repetition in the absence of insight, reflection, or accountability given the widespread nature and the seriousness of the proven charges.

To conclude, Ms Khaile submitted that nurses occupy a position of trust and privilege in society and are expected at all times to be professional and to maintain professional boundaries. She submitted that the panel must find Mr Ekaete's fitness to practice impaired on the grounds of public protection and in the wider public interest as he poses a risk to patients, colleagues, and the public.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Roylance v General Medical Council (No 2)* [2000] 1 A.C. 311, *Calhaem v GMC* [2007] EWHC 2606 (Admin), and *Nandi V GMC* [2004] EWHC 2317 (Admin).

Decision and reasons on misconduct

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

The panel was of the view that Mr Ekaete's actions did fall significantly short of the standards expected of a registered nurse, and that Mr Ekaete's actions amounted to a breach of the code. Specifically:

'1. Treat people as individuals and uphold their dignity

To achieve this, you must:

1.1 treat people with kindness, respect and compassion

1.2 make sure you deliver the fundamentals of care effectively

1.4 make sure that any treatment, assistance or care for which you are responsible is delivered without undue delay

5. Respect people's right to privacy and confidentiality

As a nurse, midwife or nursing associate, you owe a duty of confidentiality to all those who are receiving care. This includes making sure that they are informed about their care and that information about them is shared appropriately.

To achieve this, you must:

5.1 respect a person's right to privacy in all aspects of their care

8. Work co-operatively

To achieve this you must:

8.2 maintain effective communication with colleagues

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

10. Keep clear and accurate records relevant to your practice

This applies to the records that are relevant to your scope of practice. It includes but is not limited to patient records.

To achieve this, you must:

10.1 complete records at the time or as soon as possible after an event, recording if the notes are written some time after the event

20. Uphold the reputation of your profession at all times

To achieve this, you must:

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

20.2 act with honesty and integrity at all times, treating people fairly and without discrimination, bullying or harassment
20.3 be aware at all times of how your behaviour can affect and influence the behaviour of other people
20.5 treat people in a way that does not take advantage of their vulnerability or cause them upset or distress
20.6 stay objective and have clear professional boundaries at all times with people in your care (including those who have been in your care in the past), their families and carer.'

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct and that there requires to be a significant falling short of the standards expected before it could find misconduct.

The panel reviewed the charges found proved, and noted that the most serious charges related to:

- leaving patients without pain relief;
- making sexual references in conversations with patients and showing images;
- dishonestly and incorrectly telling a patient that they were seriously ill;
- intimidating behaviour; and
- threatening to commit violence against a colleague.

In light of this, the panel determined that all charges found proved are of a serious nature. Therefore, the panel found that Mr Ekaete's actions did fall seriously short of the conduct and standards expected of a nurse and amounted to misconduct.

Decision and reasons on impairment

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

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

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

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional and to maintain professional boundaries. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. 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) *has in the past acted dishonestly and/or is liable to act dishonestly in the future.’*

The panel was satisfied that all four limbs of the Grant “test” were engaged.

In consideration of the risk of harm, the panel found that as a result of Mr Ekaete’s misconduct, Patient ME, Patient A, Patient B, and Colleague 1 were put at risk of harm. The panel considered that Mr Ekaete was an experienced registered nurse. In light of this, the panel determined that Mr Ekaete’s misconduct has breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute. It was satisfied that due to Mr Ekaete’s misconduct that included dishonesty, confidence in the nursing profession would be undermined if its regulator did not find charges relating to dishonesty extremely serious.

The panel then went on to consider if Mr Ekaete's misconduct is likely to be remediable. The panel took into account Mr Ekaete's misconduct in relation to poor practice and lack of care and determined that this would be remediable with insight and strengthening of practice. However, in relation to Mr Ekaete's misconduct in relation to dishonesty and making threats of violence, the panel determined that these concerns are inherently more difficult to remediate due to the attitudinal concerns and therefore concluded that these would require very strong evidence of insight, remorse and strengthened practice to be remediable.

The panel went on to consider insight and considered the responses made by Mr Ekaete both to the Agency, and to the NMC. It noted that Mr Ekaete has deflected the blame onto others, and there is no evidence that he has demonstrated insight or remorse, having had the opportunity to do so. The panel therefore concluded that Mr Ekaete does not have insight. Furthermore, the panel considered that it has no evidence that Mr Ekaete has taken any steps to strengthen his practice.

In light of the risk of harm to patients and colleagues, Mr Ekaete's lack of insight and strengthening of practice, as well as the lack of remorse demonstrated, the panel was of the view that there is a high risk of repetition. The panel therefore determined that a finding of impairment is necessary on the grounds of public protection.

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

The panel determined that a finding of impairment on public interest grounds is required. The panel concluded that nurses are in a position of trust and that a member of the public, fully appraised of the facts of the case, would be concerned if a finding of current impairment were not made in this case.

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

Decision and reasons on Sanction

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

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

Submissions on sanction

Ms Khaile informed the panel that in the Notice of Hearing, dated 5 February 2025, the NMC had advised Mr Ekaete that it would seek the imposition of a striking off order if the panel found Mr Ekaete's fitness to practise currently impaired.

Ms Khaile submitted that the aggravating features of this case include:

- The long-term psychological impact on Patient A and Colleague 1;
- Placed patients at risk of harm;
- Pattern of misconduct; and
- Lack of insight into the failings.

Ms Khaile submitted that there are no mitigating features of the case.

Ms Khaile submitted that it would be disproportionate to the seriousness of this case to take no action or to impose a caution order.

Ms Khaile submitted that a suspension order would not be a sufficient, appropriate or proportionate sanction in light of the misconduct identified. The conduct was a significant departure from the standards expected of a registered nurse. There are harmful deep-seated personality and attitudinal problems. This is not a case of single instance of misconduct, nor is there any evidence of insight.

Ms Khaile submitted that whilst the clinical concerns are capable of remediation, the evidence of attitudinal concerns was more serious on the spectrum of misconduct and is incompatible with continuing registration. She submitted that the following matters are incompatible with continuation on the register:

- Inappropriate sexual conversations with patients;
- Showing patients inappropriate content of a sexual nature;
- Threatening violence towards Colleague 1; and
- Deliberately telling a patient she was seriously ill when she was not.

Ms Khaile referred the panel to the NMC guidance at SAN-2 on *'Considering sanctions for serious cases*' as well as the NMC guidance at SAN-3e *'Striking-off order'*. She submitted that the charges found proved have raised fundamental questions about Mr Ekaete's professionalism, and if he were not struck off from the register, public confidence in the profession cannot be maintained due to Mr Ekaete's lack of insight and remediation. Furthermore, she submitted that a striking off order is the only sanction that would be sufficient to protect patients, colleagues, and members of the public in order to maintain professional standards.

In conclusion, Ms Khaile submitted that a striking off order is the only adequate sanction in this case as Mr Ekaete's conduct is fundamentally incompatible with remaining on the register.

The panel heard and accepted the advice of the Legal Assessor.

Decision and reasons on sanction

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

The panel took into account the following aggravating features:

- Abuse of a position of trust;
- Lack of insight;
- Misconduct related to patients and staff in a number of different circumstances;
- Harm to Patient A and Colleague 1; and
- Conduct which put patients at risk of harm.

The panel found that there were no mitigating features.

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, nor would it protect the public.

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict Mr Ekaete's practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'* The panel considered that Mr Ekaete's

misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the seriousness of the case. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order, nor would it protect the public.

The panel next considered whether placing conditions of practice on Mr Ekaete's registration would be a sufficient and appropriate response. The panel is of the view that there are no practical or workable conditions that could be formulated, given the nature of the charges in this case. The misconduct identified in this case was not something that can be easily addressed through retraining. Furthermore, the panel concluded that the placing of conditions on Mr Ekaete's registration would not adequately address the seriousness of this case and would not protect the public.

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

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

The conduct, as highlighted by the facts found proved, was a significant departure from the standards expected of a registered nurse. The panel noted that the serious breach of the fundamental tenets of the profession evidenced by Mr Ekaete's actions is fundamentally incompatible with Mr Ekaete remaining on the register.

In this particular case, as the misconduct identified is at the upper end of seriousness and Mr Ekaete has not demonstrated any insight, the panel determined that a suspension order would not be a sufficient, appropriate or proportionate sanction.

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

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

Mr Ekaete's actions were significant departures from the standards expected of a registered nurse and are fundamentally incompatible with him remaining on the register. The panel was of the view that the findings in this particular case demonstrate that to allow him to continue practising would undermine public confidence in the profession and in the NMC as a regulatory body. The panel also determined that no other sanction would adequately protect the public.

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

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

This will be confirmed to Mr Ekaete in writing.

Interim order

As the striking-off order cannot take effect until the end of the 28-day appeal period, the panel has considered whether an interim order is required in the specific circumstances of this case. It may only make an interim order if it is satisfied that it is necessary for the protection of the public, is otherwise in the public interest or in Mr Ekaete's own interests until the striking-off sanction 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 Ms Khaile. She submitted that the interim order currently imposed will lapse on 24 March 2025 and therefore she submitted that one was necessary to protect the public and the wider public interest until the striking off order takes effect and to cover the period of any prospective appeal.

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 the need to protect the public and the wider public interest until the substantive order takes effect and for any possible appeal period.

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

That concludes this determination.