# Nursing and Midwifery Council
# Fitness to Practise Committee

**Substantive Hearing**
**Monday 6 October 2025 – Friday 10 October 2025**

Nursing and Midwifery Council
2 Stratford Place, Montfichet Road, London, E20 1EJ

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| **Name of Registrant:** | **Mr Geoffrey Caingcoy** |
| **NMC PIN:** | 03A0838O |
| **Part(s) of the register:** | Registered Nurse Sub Part 1<br>Adult Nursing - (Level 1)<br>22 January 2003 |
| **Relevant Location:** | Leicestershire |
| **Type of case:** | Misconduct |
| **Panel members:** | Angela Kell (Chair Lay member)<br>Lisa Holcroft (Registrant member)<br>Fay Jackson (Lay member) |
| **Legal Assessor:** | Michael Hosford-Tanner |
| **Hearings Coordinator:** | Karina Levy |
| **Nursing and Midwifery Council:** | Represented by Naa-Adjeley Barnor, Case Presenter |
| **Mr Caingcoy:** | Present and represented by Mr Short, (Unison) |
| **Facts proved by way of admission:** | Charges 1, 2 and 5 |
| **Facts proved:** | Charges 3 and 4 |
| **Fitness to practise:** | Impaired |
| **Sanction:** | **Suspension Order (12 months)** |

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

**Details of charge**

That you, a registered nurse on 11 April 2024 whilst attending a home visit for Patient A:

1. Picked up a wallet belonging to Patient A

2. Looked through a wallet belonging to Patient A

3. Your actions in charges 1 and/ or 2 were dishonest in that you intended to take the wallet and/ or the contents of the wallet

4. Your actions in charge 2 did not respect the privacy of Patient A

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

**Decision and reasons on application to amend the charge**

The panel heard an application made by Ms Barnor, on behalf of the Nursing and Midwifery Council (NMC), to add an additional charge and amend the wording of charge 4 as it currently stands.

The proposed amendment was to bring the charge in line with the evidence presented, as it relates to dishonesty. It was submitted by Ms Barnor that the proposed amendment would better particularise the misconduct alleged and bring the charges in line with the test of dishonesty as set out in *Ivey v Genting Casinos* [2017] UKSC 67. Ms Barnor submitted that amending the charges, poses no injustice to you, as the amendments do not materially alter the substance of the allegations. Ms Barnor further submitted that your representative was informed of the NMC's intention to amend the charges on 1 October 2025, and on 2 October 2025 it was confirmed that you had no objections to the proposed amendments.

The agreed proposed amended charges are:

That you, a registered nurse on 11 April 2024 whilst attending a home visit for Patient A:

1. Picked up a wallet belonging to Patient A

2. Looked through a wallet belonging to Patient A

3. **Intended to take the wallet and/or the contents of the wallet**

4. Your actions in charge~~s 1 and/ or 2 were~~ **3 was** dishonest in that you ~~intended to take the wallet and/ or the contents of the wallet~~ **knew the wallet and/or contents of the wallet did not belong to you**

5. Your actions in charge 2 did not respect the privacy of Patient A

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

Mr Short submitted to the panel on your behalf, that you agree with the amendment of charges.

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

The panel was satisfied that there would be no prejudice to you and no injustice would be caused to either party by the proposed amendment being allowed. It was therefore appropriate to allow the amendment, as applied for, to better particularise the charges.

The panel also took note of the fact that you and your representative had prior knowledge of these amendments and raised no objection to them.

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

At the outset of the hearing, Ms Barnor made a request that this case be held partly in private where there are references to [PRIVATE]. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Mr Short indicated that he did not oppose the application. Mr Short explained to the panel that [PRIVATE] are in your written statement as you do not intend to give oral evidence.

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 acknowledged that you have the right for [PRIVATE]. The panel determined that the hearing would go into private session when references to [PRIVATE] are raised.

**Decision and reasons on application to admit written hearsay evidence, CCTV evidence and the Police Occurrence Summary Review.**

The panel heard an application made by Ms Barnor under Rule 31 to allow the written statement of Witness 1 into evidence. Witness 1 was not present at this hearing. The NMC had initially warned Witness 1 that her attendance was required; however, she was subsequently advised that it was not necessary for her to attend in person and that her written statement and associated exhibits could be relied on by the panel.

Ms Barnor submitted that Witness 1's statement is not to be viewed as sole and decisive as it is supported by contemporaneous documents. Ms Barnor submitted that the Close Circuit Television (CCTV) that captured the incident was an important part of Witness 1's evidence, as is the Police Occurrence Summary Review. There is no suggestion that any of this evidence has been fabricated, and further, the evidence forms part of the agreed evidence for the case. As such Ms Barnor submitted that it would be fair to admit Witness 1's statement, all of the associated exhibits in the bundle, and the Police Occurrence Summary Review into the record.

Mr Short submitted on your behalf, that the contents of the witness statement were mostly gathered information and he did not oppose the NMC application for the witness statement, and associated exhibits including the Police Occurrence Summary Review to be admitted as hearsay.

The panel accepted the advice of the legal assessor.

This included that Rule 31 provides that, a panel may admit evidence in a range of forms, provided it is fair to do so, whether or not it is admissible in civil proceedings. The advice also included reference to the guidance in the case of *Thorneycroft v NMC* [2014] EWHC 1565 (Admin) and that the CCTV evidence itself is not hearsay because the panel will have the opportunity to view this for itself.

The panel gave the application serious consideration. The panel took into account that there was no suggestion that Witness 1's evidence has been fabricated. Witness 1 has never met or worked alongside you and there is no personal gain from making this statement. The panel acknowledged that Witness 1 is exhibiting formal documentation from within the Trust and not anything she had witnessed first-hand and that you do not object to it being admitted into evidence.

The panel was of the view that the written witness statement from Witness 1 is not sole and decisive and that the CCTV evidence is inherently reliable. The panel noted that it can

view the CCTV footage in order to independently assess the incident related to the charges. The panel also noted that you did not contest the CCTV evidence being admitted. The panel accepted the advice of the legal assessor that any opinions expressed by those present at the safeguarding meeting, the minutes of which are exhibited by Witness 1, must be ignored and the panel will rely solely on its own assessment of the CCTV evidence.

The panel acknowledged that the Police Occurrence Summary Review is an official document, obtained directly from the police system, and that the record of the police interview of you is not challenged.

The panel considered that you would not be disadvantaged by the change in the NMC's position of moving from reliance upon the live testimony of Witness 1 to that of a written statement, associated exhibits and the Police Occurrence Summary Review.

Taking the above into account, the panel determined that it would be fair and relevant to accept this hearsay evidence into the evidence and would not cause you any injustice. The panel would give what it deemed appropriate weight once it had heard and evaluated all the evidence before it.

**Decisions and reasons on application by you to admit hearsay evidence**

At the end of the NMC's case, Mr Short made an application for your evidence to be admitted as hearsay. He submitted that you will not be giving oral evidence in these proceedings. Your evidence includes a personal statement dated 11 September 2025, your CV, [PRIVATE] at the time of the incident and two testimonials dated 25 September 2025 and 21 August 2025. Ms Barnor had no objection to the inclusion of this evidence as hearsay, however she said that caution should be given to the weight the panel applies to this evidence.

With regard to your personal statement dated 11 September 2025, the panel noted that it was your most recent account and reflection on the incident and determined that it would be fair to admit as hearsay evidence. With regard to your CV, the panel was of the view that this document provides some contextual background about your career and experience. It considered that it was both fair and relevant to admit as hearsay evidence and that it would cause no injustice to the NMC.

The panel next considered whether to admit the [PRIVATE]. The panel was satisfied that the records did relate to you as you are named in the record and it is dated 1 May 2024. Mr Short confirmed, when asked, that this was the only [PRIVATE] evidence relating to the time around this incident. The panel determined that admitting this hearsay evidence presented no injustice to the NMC.

With regard to [PRIVATE] time of the incident, the panel noted that this was [PRIVATE] provided by you and not on official documentation and could therefore not be verified although the panel could see no reason for you to fabricate these details. The panel has treated the[PRIVATE] as an addition to your personal statement of 11 September 2025. The panel was of the view that admitting this as hearsay evidence did not cause injustice to the NMC.

Lastly, the panel considered the testimonials presented in your registrant bundle. The panel was satisfied that the testimonial dated 25 September was provided via your union representative from a former work colleague who had provided her contact details. The testimonial contains a statement of truth and demonstrated that your ex colleague was aware of the charges you are facing. It therefore determined that it was fair to admit this.

The testimonial dated 1 August 2025, whilst dated, is not on an email chain nor on headed paper, does not specify which hospital the author worked at, nor provides any contact details. There is also no evidence that the person who supplied the testimonial is aware of the charges against you. The panel therefore determined that this testimonial evidence was so unreliable it would be unfair to admit it as hearsay evidence.

**Background**

The charges arose whilst you were employed via HCRG Healthcare Agency (the Agency) at Leicestershire Partnership NHS Trust (the Trust). At this time, you were regularly working shifts at the Trust as a community nurse.

On 11 April 2024 you were tasked with visiting Patient A's home to check blood glucose levels and to administer insulin. Patient A was an elderly frail gentleman with dementia, and his family had CCTV installed in his home to monitor him as he was susceptible to falls. It was your first visit to Patient A's home.

Patient A's daughter reported to the Trust, that on 11 April 2024 you were seen on CCTV, picking up and going through Patient A's wallet whilst on your visit to his home. The Trust began an internal investigation on the same day. The family confirmed to the Trust during the internal investigation that they had reported the matter to the police. You were later interviewed about the incident by the police on 1 October 2024. No further police action was taken.

On 22 April 2024, the NMC received a referral regarding your conduct from the Trust.

**Decision and reasons on facts**

At the outset of the hearing, Mr Short informed the panel that you made full admissions to charges 1, 2 and 5.

The panel therefore finds charges 1, 2 and 5 proved in their entirety, by way of your admissions.

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

The panel has drawn no adverse inference from you not giving oral evidence.

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.

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor, who reminded the panel that although the standard of proof is constant, the more serious the charge the greater the need for cogent evidence before it might be found proved. It considered the witness and documentary evidence, including the CCTV, provided by both the NMC and Mr Short.

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

**Charge 3**

That you, a registered nurse on 11 April 2024 whilst attending a home visit for Patient A:

3. Intended to take the wallet and/or the contents of the wallet

**This charge is found proved.**

In reaching this decision, the panel took into account the CCTV evidence which it watched several times in real time and in slow time and in close proximity to the screen. The panel

had a clear and unobstructed view of the incident on the CCTV footage which was of high quality.

The panel observed that you walked across the room towards the wallet. As you approached the wallet, the panel considered that your demeanour was furtive, in that you quickly glanced to the right where Patient A was reported to be in the kitchen. You then picked up the wallet, opened it and quickly looked behind a piece of white paper which was at the front of the wallet. You then closed the wallet before replacing it on the table in the same place from which you had picked it up. The panel specifically noted that the wallet was not on the edge of the table before or after you handled it.

In your accounts of the incident, you have accepted that you should not have picked up and examined Patient A's wallet and the panel has therefore considered your explanations for doing so carefully and considered whether your explanations were likely to be true or even plausible.

The panel considered the accounts of the incident provided by you on different dates.

The panel noted that in your first account dated and signed by you on 14 April 2024, you stated that:

> '*I noticed the patient's wallet near the edge of the table. I moved it to a more secure location in the middle of the table'*.

However, having reviewed the CCTV footage, the panel observed that the wallet was not positioned near the edge of the table and did not appear to be at risk of falling. The footage further showed that when you replaced the wallet, you placed it back in the same position in which it had originally been.

The panel noted that this initial statement was provided three days after the incident and two days after an account was requested. The panel would therefore expect this early account to reflect your clearest recollection of events. The panel noted that you had the

weekend to consider your response before providing your written account and rejected your assertion in your written statement of 11 September 2025 for this hearing that you had been rushed to give the account dated 14 April 2024. In any event, even if you did feel under time pressure to complete the statement, the panel was of the view that any time pressure would not have affected your ability to recall the reason why you picked up the wallet.

The panel noted that within your reflective piece, received by the NMC 23 May 2024, you stated that:

> *'I noticed his wallet on the table. I believed that if he accidentally dropped his wallet on the floor, he might not have been able to retrieve it, and there is no one to come and assist him, so I decided to pick up his wallet. However, because of my tendency towards perfectionism, I looked inside his wallet, thinking it could be related to his career (sic) or someone like district nurse attending to his care…. My only intention was to assist the elderly patient in case he accidently drops his wallet while reaching something on the table, given his mobility.'*

The panel noted that in this account you suggest that as well as not wanting the wallet to fall, you thought the contents of the wallet might relate to Patient A's care. However, the panel was clear that at this point you had already delivered the care you were tasked to deliver and had no reason to look for documents relating to Patient A's care and therefore considered this an implausible explanation.

In your police interview on 1 October 2024, when asked what your intentions were when you opened the wallet prior to being shown the CCTV, you answered

> *'Take the prescription to the doctors'*

In the same interview you stated

> *'I see a piece of paper – folded- not a proper wallet – sometimes prescription is left by a patient – I take it and give it to the patient'*

The panel observed on CCTV that you did not give a piece of paper to Patient A at this time. As it was a home visit to a patient whom you had not visited before, the panel found it improbable that you would have reason to look for a prescription.

The panel noted that there had been no challenge to the accuracy of this police report from you.

Lastly, the panel referred to your personal statement of 11 September 2025 where you stated:

> *'When I came out from the toilet I saw, what I thought might be a GP's prescription inside the patient's wallet/ folder. Out of my curiosity I checked it because with some of patient's I drop their GP's prescription to the pharmacy. My intention was to help not to steal.'*

The panel was of the view that it seemed improbable that the intention was to take what you thought was a prescription to the pharmacy as you did not properly look at the paper in the wallet but in fact, as seen on CCTV, you looked behind the piece of paper in the wallet as though looking for something else. The panel also noted the demeanour with which you moved toward the wallet. Whilst Patient A was in the kitchen, the panel was of the view that you knowingly took that opportunity to look inside the wallet. The panel noted that you glanced towards the kitchen, where it was accepted Patient A was, before picking up the wallet, but without informing patient A you were doing so, which the panel would have been able to discern, as the CCTV also recorded sound.

The panel noted that in your police interview in October 2024, as well as in your September 2025 statement, you said that you had been aware of the CCTV. However, in your first statement in April 2024 and even in your second account in May 2024 you never asserted that you had been aware of the CCTV. The panel was of the view that the early statements were likely to have been the best recount of your memory, and you would have

been likely to assert that you were aware of the CCTV in those accounts, especially if you thought that the CCTV was inside Patient A's home.

In your statement of September 2025, you expanded on your explanation that in your earlier accounts you had made errors because you had [PRIVATE]. In your first statement for the Trust on 14 April 2024 you did not mention [PRIVATE], or assert your judgment had been clouded by these, but instead asserted that your actions may have been

*'due to my meticulous nature and a touch of [PRIVATE]'*.

[PRIVATE].

The panel has considered your explanations carefully, and has concluded that the various explanations contained contradictions, and the assertions were inaccurate as could be ascertained from the CCTV evidence. The panel considers that it is not plausible that the inaccuracies were caused by [PRIVATE] does not indicate that at the date of the incident on 11 April 2024 [PRIVATE]. The panel has considered the CCTV evidence carefully, with its conclusions set out above and has concluded that the evidence demonstrated that you picked up the wallet intending to take the wallet and/or is contents, if you had found something valuable. The panel has indeed concluded that your varying and sometimes plainly inaccurate explanations reinforce what the panel observed and concluded about your intentions from the CCTV, namely that you intended to take the wallet and/or its contents, if you found something valuable. The explanations were not plausible, the panel therefore determined that on the balance of probability, Charge 3 was found proved.

**Charge 4**

That you, a registered nurse on 11 April 2024 whilst attending a home visit for Patient A:

4. Your actions in charge~~s 1 and/ or 2 were~~ 3 was dishonest in that you ~~intended to take the wallet and/ or the contents of the wallet~~ knew the wallet and/or contents of the wallet did not belong to you

**This charge is found proved.**

Under charge 3 the panel has found that you intended to take the wallet and/or the contents of the wallet and rejected the various explanations given by you to the contrary.

Your explanations did not include any assertion that the wallet or its contents belonged to you, and you have already admitted charges 1 and 2 which include the words “wallet belonging to Patient A”.

The combination of the panel’s findings under charge 3 and your admissions under charges 1 and 2, point to the finding that you intended to take the wallet and/or the contents of the wallet, whilst knowing that the wallet and its contents did not belong to you, but rather belonged to Patient A. It is difficult to see how this could be anything other than dishonest, but you have not admitted this charge and the panel has considered the background of the incident and your explanations.

The panel was of the view that while you were caring for a vulnerable, elderly patient, with dementia, you would have known not to touch the wallet or to look through it, without Patient A’s expressed permission. The panel was satisfied that there was no plausible reason given by you to justify or explain why you picked up the wallet and went on to look through it. The panel determined that the CCTV footage contradicts all your accounts regarding your actions in the incident.

The panel noted that you had never been to Patient A’s home before and had no ongoing care duties to Patient A after checking his blood glucose and administering insulin.

The panel was of the view that there was a clear element of dishonesty in your conduct, given the panel's assessment of the CCTV evidence, which was compounded by the inconsistencies between all of your accounts. Having discounted your explanation that you were looking for a prescription or information relating to patient care, or that you were moving the wallet to save it from falling off the edge of the table, the panel could find no other plausible or credible reason for your actions. The panel therefore determined that your conduct would be considered as dishonest by the standards of ordinary, decent members of the public.

The panel determined that you knew the wallet and its contents did not belong to you and therefore your intention to take the wallet and/or contents of the wallet as set out in charge 3 was dishonest and therefore finds charge 4 proved on the balance of probabilities.

**Fitness to practise**

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

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

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

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.'*

**Submissions on misconduct**

Ms Barnor, on behalf of the NMC submitted that the facts found proved amount to misconduct. She referred the panel to the case of *Roylance v General Medical Council* [1999] UKPC 16 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. She submitted that an experienced nurse with over 20 years of experience ought to have been aware that picking up and looking through Patient A's wallet without permission amounted to a breach of Patient A's privacy and that nurses should not intend to take patients' belongings for themselves without permission. Ms Barnor submitted that your actions fell far short of what would have been proper in the circumstances and that any informed member of the public would be appalled to learn that a nurse who had been trusted to go into a vulnerable patient's home to administer medication had breached the patient's privacy and attempted to take their wallet or its contents.

Ms Barnor invited the panel to consider the case of *Nandi v General Medical Council* [2004] EWHC 2317 (Admin), when considering the seriousness of the case. It is conduct which would be regarded as deplorable by fellow practitioners. She submitted that your actions exposed Patient A and his family to very serious consequences. In breaching Patient A's privacy and intending to take his belongings, the conduct could have caused Patient A to become distrustful of his community clinicians, risking future engagement with services. Ms Barnor referred the panel to the Police Occurrence Summary, stating that Patient A's daughter did not want to tell Patient A what had happened because they did not want him to become frightened in his own home. She further submitted that Patient A's family experienced distress and worry at the thought of their elderly relative being taken

advantage of. Ms Barnor submitted that the misconduct found proved would be regarded as deplorable by other practitioners.

When considering dishonesty, Ms Barnor referred the panel to the case of *Lusinga v NMC* [2017] EWHC 1458 (Admin) and the NMC's guidance 'Sanctions for serious cases (Ref: SAN-2)' and submitted that the examples in this guidance would point to this case being particularly serious, given that you took advantage of his trusted position in breaching Patient A's privacy, to go through Patient A's belongings with the intention to take them.

Ms Barnor also referred the panel to the specific aspects of the guidance relating to dishonesty which involve a misuse of power, vulnerable victims, and a direct risk to people receiving care and deliberately breaching the professional duty of candour. She submitted that the misconduct is serious and not at the lower end of the spectrum.

Ms Barnor identified specific breaches of the Nursing and Midwifery Council's Code of Conduct ('the Code') which the NMC submit were breached in this case: 1.1, 1.5, 5, 20.1, 20.2, 20.5, and 20.8.

In concluding her submissions on misconduct, Ms Barnor submitted that your actions on 11 April 2024 amount to serious misconduct.

Mr Short submitted that you have accepted readily that your actions have fallen far below the standards of the profession and you deeply regret what has occurred. Mr Short referred to your reflection where you state:

> *'It pains me to see their distress as a consequence of my failure to actively protect the patient's privacy'.*

Mr Short submitted that you fully understand what you have done wrong. Mr Short reiterated that this was a one-off incident, albeit misconduct, it was a single occasion and that you have continuously denied the intention to steal as you state;

*'it is not in your nature'.*

**Submissions on impairment**

Ms Barnor 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.

Ms Barnor submitted that the key question to determine whether a professional's fitness to practise is impaired is "*Can the nurse, midwife or nursing associate practise kindly, safely and professionally?".* She referred the panel to NMC guidance DMA1 and to the case of Council *for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin), and the need to consider not only the risk to the public but also the need to uphold proper professional standards and public confidence in the profession when considering impairment. Ms Barnor submitted that all four limbs of the 'Grant' test are engaged in this case.

Ms Barnor submitted that Patient A was placed at risk of harm by having his privacy violated and the subsequent risk of impact on his sense of security. Ms Barnor submitted that members of the public would be alarmed to learn that a Registered Nurse had breached the privacy of a vulnerable patient in their own home, by intending to take his belongings. Ms Barnor further submitted that you had breached the fundamental tenets of the nursing profession; the prioritisation of people and the promotion of professionalism and trust. Ms Barnor reminded the panel that dishonesty had been found proved and therefore all four questions have been answered in the affirmative. Ms Barnor invited the panel to come to the same conclusion when looking at future risk.

Ms Barnor referred the panel to NMC's guidance at FTP-15, and the case of *R (on application of Cohen) v General Medical Council* [2008] EWHC 581 (Admin). She submitted that the guidance states that it can often be very difficult, if not impossible, to

put right the misconduct, when conduct falls so far short of the standards expected of registered professionals and that public confidence could be undermined. She suggested that your actions might be underpinned by an attitudinal issue. Ms Barnor submitted that the misconduct in this case is the type that cannot be easily addressed through training or supervised practice.

Ms Barnor submitted that dishonesty is difficult to remediate, and you have not provided any evidence of relevant training undertaken since this incident. You have provided one testimonial from a different clinical setting, so cannot comment on your ability to respect a patient's privacy and act honestly when visiting patients in their homes.

Ms Barnor submitted that there is limited insight. She also referred the panel to the case of *Sawati v GMC* [2022] regarding your position that he did not intend to take Patient A's wallet and/or its contents. Given that the panel has rejected your explanations of the incident, she submitted that you have put forward a defence founded on a dishonest account of your intentions on 11 April 2024, and this is relevant to the question of insight.

Ms Barnor submitted that there is insufficient evidence to demonstrate that the misconduct has in fact been remedied. You have not fully appreciated how your actions could have negatively impacted Patient A or the reputation of the profession nor addressed how you would act differently in the future.

Lastly, Ms Barnor invited the panel to consider the NMC's guidance 'Is it highly unlikely that the conduct will be repeated? (Reference: FTP-15c)'. and submitted that given the limited insight shown thus far by you thus far, with a lack of adequate remediation, that there is a real risk of repetition in this case.

Ms Barnor concluded her submissions by saying that you have in the past and continues to present a risk of putting patients at unwarranted risk of harm and that this case is serious enough to have a detrimental impact of public confidence on the profession and

on the regulator, that a finding of current impairment is therefore necessary on the grounds of public interest.

Mr Short submitted that charges 1,2 & 5 have been remediated by your profound insight and apology. Regarding impairment on charges 3 and 4, as you deny any intent of theft, it can only be left down to the panel to decide on impairment.

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, *R (Remedy UK Limited)* 2010 EWHC 1245 (Admin), *Johnson and Maggs v NMC* 2013 EWHC 2140 (Admin), *Grant* [2011] EWHC 927 (Admin) *Sawati v GMC* 2022 EWHC 283 (Admin).

**Decision and reasons on misconduct**

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

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

**1 Treat people as individuals and uphold their dignity**

*To achieve this, you must:*

***1.1*** *treat people with kindness, respect and compassion*

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

***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*

***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…*

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

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel looked at the charges individually and collectively. The panel concluded that charge 1 in isolation did not meet the threshold for misconduct. However, in relation to charges 2 to 5, the panel determined that your actions in each of those charges amounted to misconduct as each fell significantly short of the standards expected of a registered nurse.

The panel considered that the breaches of the Code were particularly serious because the incident happened within Patient A's home which you had been trusted to go into to deliver care. The panel determined that the dishonesty element was also particularly serious. Such conduct would be regarded as deplorable by the standards of ordinary, decent people and the panel therefore amounted to misconduct.

**Decision and reasons on impairment**

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

In coming to its decision, the panel had regard to the Fitness to Practise Library DMA-1, updated on 3 March 2025, which states:

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

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional and to maintain professional standards. 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 finds that Patient A was put at risk of emotional harm and distress as a result of your misconduct, so much so, that Patient A’s family members decided not to inform Patient A of the incident, as they were concerned with the significant emotional upset it would cause. Your misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute. It was satisfied that confidence in the nursing profession would be undermined if its regulator did not find charges relating to dishonesty extremely serious.

Regarding insight, the panel considered that you have shown remorse and some insight regarding the breach of Patient A’s privacy. The panel noted that you made admissions to the charges of picking up and looking through the wallet, and that you have shown remorse from the outset. The panel noted that in your initial statement dated 14 April 2024, you stated:

*‘I deeply regret that the patient and his family*

*experienced a sense of betrayal.'*

In your most recent reflective piece dated 11 September 2025, you further stated:

'*I still feel deeply sorry, upset and remorseful for the patient, his family and the staff who had to deal with the consequences of my actions……. but by not seeking permission to check his wallet, I breached his privacy and deeply upset his children'.*

The panel recognise that you have maintained your position and that you state it was never your intent to take the contents of the wallet. The panel acknowledges that you are entitled to maintain this stance, however, were mindful of the inconsistent accounts you gave in defending this position which has already contributed to the panel's decision that there was dishonesty.

Given that you are entitled to contest the charges and there were no aggravating factors such as an intention to deceive by, for example, blaming others and counter-allegations branding witnesses as deluded or liars in the conduct of your defence, the panel has not found that the fact itself that your defence was rejected assists its consideration of impairment in this case.

In relation to remediation, the panel determined that the misconduct in charges 1, 2 and 5 are more easily remediable, with training, reflection and insight. Given your remorse and some insight, the panel is of the view that whilst there may be a lower risk of repetition of breaching a patient's privacy, dishonesty charges are more difficult to remediate, and the risk of repetition remains. The panel has no information before it to show that you fully understand the consequence of your actions on the wider profession nor any training relevant to the regulatory concern.

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

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

The panel concluded that public confidence in the profession would be undermined if a finding of impairment were not made in this case and therefore also finds your fitness to practise impaired on the grounds of public interest because of the nature and seriousness of the concerns.

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

**Sanction**

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

**Submissions on sanction**

Ms Barnor reminded the panel that in the Notice of Hearing, dated 4 September 2025, the NMC had advised you that it would seek the imposition of a striking off order if the panel found your fitness to practise currently impaired.

Ms Barnor invited the panel to impose a striking off order.

Ms Barnor invited the panel to consider specific factors outlined in the NMC's guidance on sanctions' (Reference SAN-2, last updated on 6 May 2025), 'Sanctions for particularly

serious cases' and 'Available sanction orders. She submitted that your misconduct meets the threshold of serious dishonesty.

Ms Barnor also outlined the following aggravating factors:

- Patient A was vulnerable
- You have not demonstrated sufficient insight
- There was an abuse of position of trust

Ms Barnor also outlined the following mitigating factors:

- There are no concerns with your clinical practice
- You have shown some remorse
- It was a one-off incident
- [PRIVATE]
- No previous fitness to practise history

Ms Barnor submitted that a Striking off order would be proportionate on both public protection and public interest grounds, that no other sanction would be appropriate to mark the seriousness of your misconduct. She added that given the finding of impairment by the panel, a lesser sanction would not guard against the risk to patients.

Ms Barnor submitted that taking no further action nor imposing a caution, would not protect the public or maintain confidence in the profession. She further submitted that a conditions of practice order would be inappropriate as the concerns arise from a deep seated attitudinal issue and that imposing a conditions of practice order would place the patients in the community at risk of harm.

Ms Barnor submitted that a suspension order would also be inappropriate and as the charges relate to a vulnerable patient, the misuse of power is on the upper scale of seriousness. She submitted that although there has been no evidence of repetition since

the incident, you have not demonstrated sufficient insight into your dishonesty and still pose a risk in the future.

Ms Barnor submitted that allegations of dishonesty will always be serious and will always lead to a risk of being removed from the register. She stated that allowing a nurse that has breached a patient's privacy to remain on the register, would damage public confidence in the nursing profession and the regulator's ability to uphold the standards. Ms Barnor referred the panel to the case of *Ige v NMC* [2011] EWHC 3721.

Ms Barnor submitted that striking off orders have previously been upheld for reasons of maintaining trust *Bolton v Law Society* [1994] 1 WLR 512

Mr Short submitted that you are a specialist, band 6 nurse who is well regarded and trusted. He submitted that you can be a safe nurse and reminded the panel that this is a single incident that took place whilst you were working in the community, not on shift at the hospital.

Mr Short submitted that you were [PRIVATE] and that you grasped immediately that you had failed to respect Patient A's privacy. Mr Short further submitted that the risk of repetition has been addressed, and your insight is sufficient. Mr Short informed the panel that you have had a lifetime of nursing, which made it impossible for you to contemplate such an action of theft. It is strongly refuted that it is a deep-seated attitudinal problem and reiterated that it was a single incident in the community that happened [PRIVATE].

Mr Short informed the panel that you have continued to work full time for Nottingham hospital in a specialist department with an interim conditions of practice order since July 2024. Mr Short also informed the panel there has no repetition of the regulatory concerns.

Mr Short submitted that a conditions of practice order similar to the current interim order would be sufficient to allow you to address all issues and would protect the public, as you would be bound to work collectively and in sight of others. He told the panel that if it did

not agree with a conditions of practice order, a suspension order would also address public interest concerns and would allow you to return to work in the future.

[PRIVATE].

The panel accepted the advice of the legal assessor who referred the panel to the relevant NMC guidance and also referred to the case of *Hassan v General Optical Council* [2013] EWHC 1887 (Admin).

**Decision and reasons on sanction**

Having found your fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose in this case. The panel has borne in mind that any sanction imposed must be appropriate and proportionate and, although not intended to be punitive in its effect, may have such consequences.

The panel had careful regard to the SG. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- The misconduct involved a vulnerable patient in his own home
- There was an abuse of a position of trust
- Lack of insight regarding dishonesty element
- Conduct which put Patient A at risk of emotional harm.

The panel also took into account the following mitigating features:

- Early admissions to some charges
- The misconduct was a one-off incident
- Some remorse from the outset regarding the violation of Patient A’s privacy

The panel was informed that you have no history of previous NMC fitness to practise findings against you and that you were experiencing [PRIVATE] at the time of the misconduct.

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

It then considered the imposition of a caution order, but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict your practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where '*the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'* The panel considered that your misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether placing conditions of practice on your registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel took into account the SG. The panel is of the view that whilst there may be practical or workable conditions that could be formulated to meet the public protection requirements, these would be insufficient to meet the public interest given the seriousness of the misconduct.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG states that a 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;*

In making this decision, the panel carefully considered the submissions of Ms Barnor in relation to the sanction that the NMC was seeking in this case. However, the panel, whilst recognising the seriousness of the case, the vulnerability of Patient A and the potential risk of emotional harm, the panel were mindful that this was a one-off incident and has not been repeated even whilst working in the NHS over the past 15 months. The panel had no evidence before it to assess whether there was a deep-seated attitudinal concern. The panel considered the charge found proved regarding the intent to take the wallet and /or its contents might have been for personal gain however, it was clear that nothing was taken.

The panel referred to SAN-2 and considered that the dishonesty is not at the most serious end of the dishonesty spectrum, although, dishonesty by its very nature is serious. The panel determined that a 12 month suspension order is proportionate to the level of seriousness.

It did go on to consider whether a striking-off order would be proportionate but, taking account of all the information before it, and of the mitigation provided, the panel concluded that it would be disproportionate. It had regard to SAN-3e:

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

The panel was of the view that a strike off was not the only sanction sufficient to protect patients, maintain professional standards and uphold public confidence.

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

Whilst the panel acknowledges that a suspension may have a punitive effect, it would be unduly punitive in your case to impose a striking-off order.

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

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

The panel determined that a suspension order for a period of 12 months was appropriate in this case to mark the seriousness of the misconduct.

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

Any future panel reviewing this case would be assisted by:

- An in-depth reflective piece demonstrating insight into the areas or regulatory concern, including insight into the impact of your misconduct on the wider nursing profession.
- Positive testimonials from your workplace.

- Evidence of training related to; privacy, confidentiality, honesty and integrity, and how you will implement this in your future practice.

**Submissions on interim order**

Ms Barnor submitted that it was necessary and proportionate to impose an interim suspension order for a period of 18 months to cover the statutory appeal period of 28 days in which an appeal can be made. She stated that this was necessary to adequately protect the public and in the public interest.

Mr Short submitted that an interim conditions of practice order would be sufficient to protect the public and would allow you to get your affairs in order before the suspension order came into effect.

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

**Decision and reasons on interim order**

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

The panel concluded that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order. The panel therefore imposed an interim suspension order for a period of 18 months due to cover the statutory appeal period of 28 days in which an appeal can be made.

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

That concludes this determination.