

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

**Substantive Meeting
Thursday, 16 April – Friday, 17 April 2026**

Virtual Meeting

Name of Registrant: Sarah-Jane Swift

NMC PIN: 79J0230E

Part(s) of the register: Nurses part of the register Sub part 1
RN3: Mental health nurse, level 1 – 15
September 1991
Nurses part of the register Sub part 2
RN4: Mental health nurse, level 2 – 17
November 1981

Relevant Location: Hampshire and Isle of Wight

Type of case: Misconduct

Panel members: George Duff (Chair, Lay member)
Joanne Morgan (Lay member)
Juliana Thompson (Registrant member)

Legal Assessor: Emma Boothroyd

Hearings Coordinator: John Kennedy

Facts proved: Charges 1a, 1b, 1c, 2a, 2c, 2d i, and 2d ii

Facts not proved: Charge 2b

Fitness to practise: Impaired

Sanction: Striking-off order

Interim order: Interim suspension order (18 months)

Decision and reasons on service of Notice of Meeting

The panel noted at the start of this meeting that that the Notice of Meeting had been sent to Ms Swift's registered email address by secure email on 19 January 2026 by an officer of the Nursing and Midwifery Council (NMC).

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Meeting provided details of the allegation, the time, the date after which the meeting would be considered and that this meeting was heard virtually.

In the light of all of the information available, the panel was satisfied that Ms Swift has been served with notice of this meeting in accordance with the requirements of Rules 11A and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Details of charge

That you, a registered mental health nurse:

1. On 13 April 2022:
 - a. Knew that Colleague A was vulnerable by virtue of his disability and/or health
 - b. Placed your hands under Colleague A's top without his consent
 - c. Rubbed your hands on Colleague A's bare chest without his consent

2. Your conduct at charges 1(b) and/or 1(c) harassed Colleague A in that it:
 - a. was unwanted
 - b. related to a protected characteristic, namely Colleague A's sex and/or disability
 - c. was sexual in nature
 - d. had the purpose and/or effect of:
 - i. Violating Colleague A's dignity.

- ii. Creating an intimidating, hostile, degrading, humiliating and offensive environment for Colleague A.

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

Background

The charges arose whilst Ms Swift was employed as a registered nurse by Southern Health NHS Foundation Trust as a Mental Health Nurse/Assistant Clinical Manager. In October 2022 the NMC received a referral from Colleague A relating to an incident on 13 April 2022 where it is alleged that Ms Swift touched him in an inappropriate manner in the workplace.

Decision and reasons on facts

In reaching its decisions on the disputed facts, the panel took into account all the documentary evidence in this case together with the representations made by the NMC and information from Ms Swift.

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 had regard to the written statements of the following witnesses on behalf of the NMC:

- Colleague A: Healthcare Support Worker and complainant;
- Carol Barnard: Ms Swift's line manager at the time;

- Louisa Lammas: Manager who carried out the investigation

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

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

Charge 1a

1. On 13 April 2022:
 - a. Knew that Colleague A was vulnerable by virtue of his disability and/or health

This charge is found proved

In reaching this decision, the panel took into account the local statement of Colleague A and the documentary evidence.

The panel noted that Ms Swift and Colleague A had worked together for eight or nine years prior to the incident and that previously Colleague A had been a patient at the hospital where Ms Swift worked. It was therefore likely that Colleague A's medical history would have been known to Ms Swift.

Colleague A further stated in his local statement that Ms Swift had previously stated to him, in the presence of Linda Bentley, *"you will always be a mentally ill service user to me."* This is not challenged by any of the other evidence.

Therefore the panel concluded that Ms Swift was aware of Colleague A's health and his disability.

Charge 1b

- b. "Placed your hands under Colleague A's top without his consent

This charge is found proved

In reaching this decision, the panel took into account the statement of Colleague A and the statement of Ms Barnard. Ms Barnard was a direct witness to the event and stated that Ms Swift placed her hands under Colleague a's top during a staff meeting without his consent.

The panel noted that at the local investigation meeting Ms Swift made admissions to placing her hands on Colleague A's body for several seconds.

Therefore the panel finds this charge proved.

Charge 1c

- c. Rubbed your hands on Colleague A's bare chest without his consent

This charge is found proved

The panel noted that there is some disparity between the accounts as to whether it was Colleague A's chest or midriff that Ms Swift touched. However, it is consistent throughout that she touched his bare skin with her bare hands and without his consent.

The panel considered that the local statements of Ms Barnard and Colleague A, which were the earliest statements to the incident, both state that Ms Swift touched his chest. It is not until a later interview in January 2023 where Ms Barnard first uses the term midriff to describe where Ms Swift touched Colleague A.

The panel considered that the earlier accounts, which were the first reported statements of the incident, are to be preferred to the later accounts as being more accurate. It considered that as multiple accounts initially stated chest while it is only one account at a later date which indicated it was the midriff that the earlier accounts are more likely to be correct.

Therefore the panel finds this charge proved.

Charge 2a

2. Your conduct at charges 1(b) and/or 1(c) harassed Colleague A in that it:
 - a. was unwanted

This charge is found proved

The panel considered the statement of Colleague A who stated clearly that the conduct was wholly unwanted by him. He described being shocked and confused by the unexpected and intrusive actions of Ms Swift.

Further the panel noted that Ms Barnard stated that the contact was not asked for by Colleague A in any way and that she was also shocked by the actions of Ms Swift.

Therefore the panel finds this charge proved.

Charge 2b

- b. related to a protected characteristic, namely Colleague A's sex and/or disability

This charge is found not proved

While Colleague A expressed a personal belief that Ms Swift "*perhaps*" acted as she did because of his mental health diagnosis, this was speculation and unsupported by any of the contemporary evidence before the panel. The panel considered that neither Ms Swift nor Ms Barnard were able to give an explanation or reasons for the actions of Ms Swift other than it being a spontaneous "*spur of the moment*" action. The panel was not provided with any evidence that Ms Swift selected Colleague A due to his sex or disability and did not seek him out due to any protected characteristic. The panel considered it more likely that Ms Swift selected Colleague A due to a comment he made about the temperature.

The panel considered that there were no accompanying comments from Ms Swift that made reference to either Colleague A's sex or disability. Therefore the panel concluded that the burden of proof has not been discharged in relation to demonstrating the actions of Ms Swift were related to a protected characteristic and this charge is found not proved.

Charge 2c

- c. was sexual in nature

This charge is found proved

The panel had regard to the case of *General Medical Council v Haris* [2020] EWHC 2518 (Admin) in regard to determining if an action is sexual in nature.

The panel considered that Ms Swift touched Colleague A, without his consent, on his chest and in order to do so she reached up under his clothes to touch his bare skin with her hands. The panel considered that this act is likely to be considered by a reasonable person to be sexual in nature as it related to the touching of an area normally covered by clothing and rubbing of hands against the chest.

While the panel noted that there were no flirtatious comments made by Ms Swift at the time it considered that the act of reaching under Colleague A's clothing to reach his bare chest was likely to be viewed objectively as sexual in nature.

Therefore the panel found this charge proved.

Charge 2d

- d. had the purpose and/or effect of:
 - i. Violating Colleague A's dignity.
 - ii. Creating an intimidating, hostile, degrading, humiliating and offensive environment for Colleague A.

This charge is found proved on both points in regard to effect

The panel first considered the purpose of Ms Swift's actions. It had regard to the statements of Ms Swift and Ms Barnard that the actions were spontaneous and that Ms Swift stated she did not know why she did it. Therefore the panel concluded that it is not possible to be satisfied to the required standard that the purpose of Ms Swift's actions were as charged.

The panel then considered the effect that Ms Swift's actions had on Colleague A. It noted that he felt violated after the incident, how he described feeling humiliated, intimidated and felt that others could treat him however they wanted. The panel noted that since the incident Colleague A's health has been significantly impacted as a direct result.

Therefore the panel concluded that Ms Swift's actions did have the effect of violating Colleague A's dignity and created an intimidating, hostile, degrading, humiliating, and offensive environment for him.

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 Ms Swift'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 safely and effectively without restriction.

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, Ms Swift's fitness to practise is currently impaired as a result of that misconduct.

Representations on misconduct and impairment

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

The NMC 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.

The NMC identified the specific, relevant standards where Ms Swift’s actions amounted to misconduct and submitted that her actions amount to a serious departure from the expected standards of the nursing profession.

The NMC requires the panel to bear in mind its overarching objective to protect 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. The panel has referred to the cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin).

The NMC invited the panel to find Ms Swift’s fitness to practise impaired on the grounds that her actions caused Colleague A actual psychological harm, and breached the fundamental tenets of the nursing profession thus bringing into disrepute and undermining public confidence in nurses.

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*, *Nandi v General Medical Council* [2004] EWHC 2317 (Admin), and *General Medical Council v Meadow* [2007] QB 462 (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 Ms Swift's actions did fall significantly short of the standards expected of a registered nurse, and that Ms Swift's actions amounted to a breach of the Code. Specifically:

'1 Treat people as individuals and uphold their dignity

1.1 treat people with kindness, respect and compassion

20 Uphold the reputation of your profession at all times

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

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

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

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

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

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel was of the view that Ms Swift's actions were a serious departure from the expected standards of a registered nurse and would be considered deplorable by fellow practitioners. The panel considered that touching a colleague in a sexual manner in the workplace, without their consent is an extremely serious matter that is wholly out of line with the expectations of a registered nurse.

The panel found that Ms Swift'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, Ms Swift's fitness to practise is currently impaired.

In coming to its decision, the panel had regard to the NMC Guidance on *'Impairment'* (Reference: DMA-1 Last Updated:28/01/2026) in which the following is stated:

'Being fit to practise is not defined in our legislation but for us it means that a professional on our register can practise as a nurse midwife or nursing associate safely and effectively without restriction.'

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional and to maintain professional boundaries with colleagues. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. They must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

In this regard the panel considered the judgment of Mrs Justice Cox in the case of *CHRE v NMC and Grant* in reaching its decision. In paragraph 74, she said:

'In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.'

In paragraph 76, Mrs Justice Cox referred to Dame Janet Smith's "test" which reads as follows:

'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her/their fitness to practise is impaired in the sense that S/He/They:

- 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 considered that the first three limbs of the test are engaged in this case.

The panel found that Colleague A was caused psychological and emotional harm as a result of Ms Swift's misconduct. Ms Swift's 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 harassment extremely serious.

Regarding insight, the panel considered that Ms Swift whilst showing some remorse has not engaged with the NMC process, she has not provided any reflection or insight into her actions and stated that she will not engage with the NMC any further. She has not provided any evidence of strengthening of practice or training courses to address the inappropriate behaviours she displayed.

Therefore the panel is of the view that there is a risk of repetition. 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.

Given the serious nature of Ms Swift's misconduct, including the non-consensual sexual touching of a colleague in the workplace and subsequent psychological and emotional harm, the panel determined that a finding of impairment on public interest grounds is required to declare and uphold the standards of the nursing profession and to maintain public confidence in nurses.

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

Sanction

The panel has considered this case very carefully and has decided to make a striking-off order. It directs the registrar to strike Ms Swift off the register. The effect of this order is that the NMC register will show that Ms Swift 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 regard to the NMC Guidance on '*The sanctions available*' (Reference: SAN-2 Last Updated: 28/01/2026).

The panel accepted the advice of the legal assessor.

Representations on sanction

The panel noted that in the Notice of Meeting, the NMC had advised Ms Swift that it would seek the imposition of a striking off order if it found Ms Swift's fitness to practise currently impaired.

Decision and reasons on sanction

Having found Ms Swift's fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose. 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 regard to the NMC

Guidance on *'The sanctions available'* (Reference: SAN-2 Last Updated: 28/01/2026). 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 power
- Conduct which placed a vulnerable colleague at risk of harm
- Conduct that caused significant psychological and emotional harm to Colleague A
- Failure to engage in the Fitness to Practise (FtP) process, without good reason
- Absence of insight

The panel also took into account the following mitigating features:

- An apology was made to Colleague A

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.

The panel next considered a caution order and had regard to the NMC Guidance on *'Caution order'* (Reference: SAN-2b Last Updated: 28/01/2026) in which the following is stated:

'A caution is only appropriate if the Committee has decided there's no risk to the public or to people using services that requires the professional's practice to be restricted. This means the case is at the lower end of the spectrum of impaired fitness to practise, but the Committee wants to mark that what happened was unacceptable and must not happen again.'

The panel considered that Ms Swift's misconduct was not at the lower end of the spectrum, and it found that there is a continuing risk to public safety and the public interest if Ms Swift were permitted to practice without restriction, given the nature of the misconduct, the abuse of position, and the absence of insight or remediation. The panel therefore determined that a sanction that does not restrict her practise would not protect

the public. The panel also determined that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether to place a conditions of practice on Ms Swift's registration. In considering whether conditions of practice are appropriate, the panel had regard to the factors set out in the NMC Guidance on 'Conditions of practice order' (Reference: SAN-2c Last Updated: 28/01/2026). The panel considered that given the lack of engagement and that Ms Swift has indicated she will not engage with the NMC in further training or remediation, that a conditions of practice order would not be appropriate in the circumstances. The panel considered that there are no relevant, proportionate, workable or measurable conditions that could be formulated to protect patients and to uphold professional standards.

The panel went on to consider whether a suspension order is appropriate in this case. The panel had regard to the NMC Guidance on '*Suspension order*' (Reference: SAN-2d Last Updated: 28/01/2026) in which the following factors on when a suspension order may be appropriate are set out:

- *'the impairment is very serious but not fundamentally incompatible with continuing to be a registered professional*
- *an outcome less severe than strike-off would still satisfy the over-arching objective.'*

The panel also had regard to the key considerations as set out in the NMC Guidance to weigh up before imposing a suspension. It noted the following list of circumstances that may make a suspension order an appropriate sanction:

- *'the charges found proved are at the most serious end of the spectrum and call into question the professional's suitability to continue practising, either currently or at all*
- *while it is possible that the professional could be fit to practise in future, only a period out of practice would be sufficient to allow them to fully strengthen their practice through reflection, the development of their professional skills and / or development of insight and remediation*
- *there is a risk to the safety of people using services if the professional were allowed to continue to practise even with conditions*

- *what went wrong is so serious that public confidence in the profession and professional standards could not be maintained if the professional were able to continue practising without stopping for a period of time*
- *despite the seriousness of what happened, the professional has engaged in the proceedings and has shown at least some meaningful insight which evidences a realistic possibility that they will continue to develop this insight, address their concerns and return to practice.'*

Whilst the panel acknowledged that the risks identified could be managed by Ms Swift being temporarily removed from the Register, it considered that it would not be sufficient to uphold public confidence in the profession and maintain professional standards due to the seriousness and nature of the facts found proved. Given Ms Swift's lack of engagement, limited insight, limited evidence of remorse, together with no evidence of training and development, and her statement that she does not intend to engage with the NMC or nursing in the future the panel considered that there is no realistic possibility that she would address the concerns to such a level where she could return to practise safely.

In this particular case, the panel determined that a suspension order would not be a sufficient, appropriate or proportionate sanction.

In considering a striking-off order, the panel had regard to the NMC Guidance on '*Sanctions for the highest risk cases*' (Reference SAN-4 Last Updated: 28/01/2026). Having regard to all of the above, the panel determined that this case falls within the definition of being a '*highest risk case*'.

The panel had regard to the following considerations as set out in the NMC Guidance entitled '*Striking-off order*' (Reference: SAN-2e Last Updated; 28/01/2026):

- *Do the charges found proved raise fundamental questions about their professionalism?*
- *Is there a realistic prospect that, after suspension, the professional will have gained insight and strengthened their practice such that the risk they pose will have reduced?*

The panel found that the charges found proved raise fundamental questions about Ms Swift's professionalism and her ability to maintain appropriate professional boundaries. It was satisfied that public confidence in the nursing profession and in the regulator could not be maintained if Ms Swift were permitted to remain on the Register, given the nature of the misconduct and the harm caused. The panel considered there was no insight or reflection that could be relied upon in this case, as Ms Swift has not engaged, has provided no evidence of reflection or remediation, and has stated that she does not intend to work in the nursing profession in the future, nor engage further with the NMC. In those circumstances, the panel concluded there is no realistic prospect that a period of suspension would lead to meaningful insight or strengthened practice such that she would be able to return to unrestricted safe practice.

Ms Swift's actions were significant departures from the standards expected of a registered nurse, and are fundamentally incompatible with her remaining on the register. The panel was of the view that the findings in this particular case demonstrate that Ms Swift's actions were serious and to allow her to continue practising would undermine public confidence in the profession and in the NMC as a regulatory body.

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 matters it identified, in particular the effect of Ms Swift's actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct herself, 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 Ms Swift 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 Ms Swift's own interests until the striking-off sanction takes effect. The panel heard and accepted the advice of the legal assessor.

Representations on interim order

The panel took account of the representations made by the NMC for the imposition of an interim suspension order as necessary on the grounds of public protection and otherwise in the public interest to cover any potential appeal period.

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. Having regard to the seriousness of the facts found proved, the finding of current impairment, and the need to maintain public confidence pending the outcome of any appeal, the panel therefore imposed an interim suspension order. The panel considered that a period of 18 months on the grounds of public protection and otherwise in the public interest would be necessary to cover any potential appeal period.

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

That concludes this determination.