

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

**Substantive Hearing
21- 28 July 2025
3, 4 and 5 February 2026**

Virtual Hearing

Name of Registrant: Tracy Jane Chamberlain

NMC PIN: 10F1093E

Part(s) of the register: Nurses part of the register Sub part 1
RNA: Adult nurse, level 1 (13 May 2011)

Relevant Location: Chelmsford

Type of case: Misconduct

Panel members: Bryan Hume (Chair, Lay member)
Chloe McCandlish-Boyd (Registrant member)
Colin Mark Allison (Lay member)

Legal Assessor: Juliet Gibbon (21 – 28 July 2025)
Valerie Paterson (3 and 4 February 2026)
Graeme Sampson (5 February 2026)

Hearings Coordinator: Emma Norbury-Perrott (21 – 28 July 2025)
Vicky Green (3 February 2026 onwards)

Nursing and Midwifery Council: Represented by Alex Radley, Case Presenter (21 – 28 July 2025)
Represented by Sophia Ewulo, Case Presenter (3 February 2026 onwards)

Miss Chamberlain: Not present and unrepresented

Facts proved: 1)a)iii), 1)g), 4)a)i), 4)b), 4)c), 5), 7)b)ii), 7)b)iii)(1), 7)h), 7)k), 11)a), 11)b), 11)c), 11)d), 11)e), 11)f), 11)g), and 13).

Facts not proved: 1)a)i), 1)a)ii), 1)a)iv), 1)b), 1)c), 1)d), 1)e), 1)f), 1)h), 2), 3), 4)a)ii), 6), 7)a), 7)b)i), 7)b)iii)(2), 7)c), 7)d), 7)e), 7)f), 7)g), 7)i), 7)j), 8), 9), 10), and 12).

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 Miss Chamberlain was not in attendance and that the Notice of Hearing letter had been sent to Miss Chamberlain's registered email address on 20 June 2025.

Mr Radley, 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 Miss Chamberlain's right to attend, be represented and call evidence, as well as the panel's power to proceed in her absence.

In the light of all of the information available, the panel was satisfied that Miss Chamberlain 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 Miss Chamberlain

The panel next considered whether it should proceed in the absence of Miss Chamberlain. It had regard to Rule 21 and heard the submissions of Mr Radley who invited the panel to continue in the absence of Miss Chamberlain. He submitted that Miss Chamberlain had voluntarily absented herself.

Mr Radley referred the panel to email correspondence from Miss Chamberlain, dated 17 July 2025, in which she stated:

'...I am only free for one day I feel it best to allow the process to continue in my absence.'

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 Miss Chamberlain. In reaching this decision, the panel has considered the submissions of Mr Radley, the email correspondence between Miss Chamberlain and the NMC, 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 Miss Chamberlain;
- Miss Chamberlain has informed the NMC that she has received the Notice of Hearing and confirmed she is content for the hearing to proceed in her absence;
- There is no reason to suppose that adjourning would secure her attendance at some future date;
- One witness has attended today to give live evidence, with three others scheduled to attend on subsequent days this week;
- Not proceeding may inconvenience the witnesses, their employers 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 Miss Chamberlain in proceeding in her absence. Although the evidence upon which the NMC relies has been sent to her at her registered address, she will not be able to challenge the evidence relied upon by the NMC in person and will not be able to give evidence on her 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 Miss Chamberlain's decision to absent herself from the hearing, waive her right to attend, and/or be represented, and to not provide evidence or make submissions on her own behalf.

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

Details of charge (as amended)

'That you, a registered nurse, whilst working as Clinical Lead at Springfield Hospital:

- 1) Between 1 January 2022 and 1 October 2022 in respect of Nurse A;
 - a) On one or more occasion made inappropriate sexual comments/sexually suggestive comments to them, in particular;
 - i) Made comments about them "bending over" or words to that effect. **[Not proved]**
 - ii) Stated that "[you] did not need a man because [you] let [your] fingers do the talking" or words to that effect. **[Not proved]**
 - iii) Stated that they were to remove their t-shirt immediately as "[you] like seeing a hairy chest" or words to that effect. **[Proved]**
 - iv) On one or more occasion made comments about their body and bottom. **[Not proved]**
 - b) Spoke to them about your "masturbation styles" or words to that effect. **[Not proved]**

- c) Discussed in their presence;
 - i) Unknown doctors' body shapes and physical features. **[Not proved]**
 - ii) Unknown member/s of staff "unimaginative sex lives" or words to that effect. **[Not proved]**

 - d) Told them;
 - i) That you "had beaten someone up" or words to that effect. **[Not proved]**
 - ii) That you and your family could "do damage to people who crossed [you] her" or words to that effect. **[Not proved]**

 - e) Told them they were not make any clinical decisions without talking to Matron 1 without justification. **[Not proved]**

 - f) Offered to them Health Care Assistant 1's personal details without obtaining permission from Health care Assistant 1. **[Not proved]**

 - g) On one or more occasion advised them that you had a "close relationship with Senior staff" or words to that effect and/or that you were "really friendly with management" or words to that effect. **[Proved]**

 - h) Stopped allocating them weekend shifts without justification. **[Not proved]**
- 2) Your conduct at all or part of 1a and/or 1b and/or 1c above was motivated by the pursuit of sexual gratification and/or of a sexual relationship. **[Not proved]**
- 3) Your conduct at all or part of charge1 above amounted to bullying in that your unwanted behaviour directed at Nurse A was offensive and/or intimidating and/or malicious and/or insulting that undermined, humiliated, or caused physical or emotional harm to them. **[Not proved]**
- 4) In respect of Administrator 1;
- a) On an unknown date;

- i) Mimicked their voice and/or accent. **[Proved]**
 - ii) Stated about them that “whoever they were on the phone to would not be able to understand their accent and language” or words to that effect. **[Not proved]**
 - b) On an unknown date stated about them “she’s my bitch” or words to that effect. **[Proved]**
 - c) On an unknown date made a remark to them when they made a comment about the neckline of their uniform being low that “she should show it off to all the doctors” or words to that effect. **[Proved]**
- 5) Your conduct at charge 4a and or 4b above was racially motivated and/or discriminatory. **[Proved]**
- 6) Your conduct at all or part of charge 4 above amounted to bullying in that your unwanted behaviour directed at Administrator 1 was offensive and/or intimidating and/or malicious and/or insulting that undermined, humiliated, or caused physical or emotional harm to them. **[Not proved]**
- 7) In respect of Nurse B;
- a) Directed them to do their mandatory training at home without being paid. **[Not proved]**
 - b) Stated to them;
 - i) On or around November/December 2022 “I don’t want to hear you getting pregnant within your first year of work” or words to that effect. **[Not proved]**
 - ii) On 11 January 2023 that you did not want any complaints from patients as “they could not understand [their] accent” or words to that effect. **[Proved]**
 - iii) On 7 June 2023
 - (1) Commented that their “uniform looked tight” or words to that effect. **[Proved]**

- (2) Asked them “if [Nurse B] am pregnant” or words to that effect. **[Not proved]**
- c) Between 28 November 2022 and July 2023 did not organise/allow them to undertake phlebotomy training. **[Not proved]**
- d) On one or more occasion made inappropriate comments to them about their personal/private life. **[Not proved]**
- e) On or around January 2023 singled them out in that you requested from them proof of their hospital appointments when they requested time off work to attend when you did not request proof of appointments from other staff members. **[Not proved]**
- f) On or around March/April 2023 showed them a photograph of your ex-partner’s penis. **[Not proved]**
- g) On or around April 2023 stated to them that you “hates some of the people from Springfield hospital so badly, that [you] would smash their faces if [you] met them somewhere outside the hospital and if there were no consequences” or words to that effect. **[Not proved]**
- h) On or around 10 July 2023;
- i) Told Nurse A not to help/support them which was not appropriate. **[Proved]**
- ii) Stated to Nurse A in relation to not helping them “that is what I want, so do not help them” or words to that effect. **[Proved]**
- i) On an unknown date showed to them a cheeky/sexual meme. **[Not proved]**
- j) On an unknown date stated to them “still I wouldn’t give you a job if I interviewed you as you don’t have experience” or words to that effect. **[Not proved]**

- k) On an unknown date when they approached you about covering bank shifts on other wards you stated “ I don’t want you to work anywhere else and don’t go behind my back discussing other opportunities again” or words to that effect. **[Proved]**
- 8) Your conduct at all or part of charge 7b(i) and/or 7b(iii) above was discriminatory. **[Not proved]**
- 9) Your conduct at all or part of charge 7b(ii) above was racially motivated and/or discriminatory. **[Not proved]**
- 10) Your conduct at all or part of charge 7 above amounted to bullying in that your unwanted behaviour directed at Nurse B was offensive and/or intimidating and/or malicious and/or insulting that undermined, humiliated, or caused physical or emotional harm to them. **[Not proved]**
- 11) In respect of Nurse C;
- a) On or around August/September 2022 pointed your finger at them and stated to them;
- i) you “were now the manager” or words to that effect and/or they were “only a bloody bank nurse” or words to that effect. **[Proved]**
- ii) That you “were in charge” or words to that effect and/or if you wanted your office “like this. I’ll bloody have it like this” or words to that effect. **[Proved]**
- b) On or around 17 November 2022 when they had expressed an interest in Orthopaedic triage stated to them that they were “two faced” and/or “how dare they go to Clinical Lead/Manager 1 behind [your] back” or words to that effect. **[Proved]**
- c) On or around April 2023 in relation to a date error on a blood sample told them that they were “fucking incompetent” or words to that effect. **[Proved]**

- d) On or around April 2023 referred to them to other member/s of staff as an “old dinosaur” or words to that effect. **[Proved]**
- e) On one or more occasion criticised and/or made comments about other staff members to them which was not appropriate, in particular;
- i) In relation to Nurse D “She’s not what pre-assessment needs. I’m going to get her out” or words to that effect. **[Proved]**
- ii) In relation to Nurse E “Thinks she knows everything but I’ll soon sort that out” or words to that effect. **[Proved]**
- iii) In relation to Nurse A;
- (1) “he’s slap dash and the consultants have complained to me about his work” or words to that effect. **[Proved]**
- (2) “Upstairs outpatient staff find him sleazy” or words to that effect. **[Proved]**
- (3) “I may extend his probation” or words to that effect. **[Proved]**
- iv) In relation to Nurse B;
- (1) “I’ve had multiple complaints from patients and staff about her attitude and poor language skills” or words to that effect. **[Proved]**
- (2) “She’s not up to the job and is very slow” or words to that effect. **[Proved]**
- (3) “I’m extending her probation” or words to that effect. **[Proved]**
- v) In respect of Health Care Assistant 1 “Her attitude is wrong. I’ve had to tell her who is in charge, I don’t like telling me what to do ” or words to that effect. **[Proved]**
- vi) In relation to Technician 1 “just to make you aware, I have had to stop [Technician 1] doing our ECGs as she has made some serious errors and not recognising or escalating problems, the consultants have made very serious complaints about her work” or words to that effect. **[Proved]**
- f) Told them about staff member Ms 1’s health and/or health issues without their permission. **[Proved]**

g) On one or more occasion told them you had a close relationship with senior management. **[Proved]**

12) Your conduct at charge 11d was discriminatory. **[Not proved]**

13) Your conduct at all or part of charge 11 above amounted to bullying in that your unwanted behaviour directed at Nurse C was offensive and/or intimidating and/or malicious and/or insulting that undermined, humiliated, or caused physical or emotional harm to them. **[Proved]**

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

Decision and reasons on application to hear Witness 1's evidence in private

Mr Radley made an application to hear Witness 1's evidence in private on the basis that Witness 1 was a vulnerable witness whose evidence relates to matters of alleged sexual misconduct. The application was made pursuant to Rule 26(1) and 26(6) of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

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

Having heard that Witness 1's evidence relates to alleged sexual misconduct and that Witness 1 was the alleged victim, the panel considered that Witness 1 is a vulnerable witness. It therefore determined to hear Witness 1's evidence in private in order to protect Witness 1's right to privacy.

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

Mr Radley made an application that this case be held partly in private on the basis that proper exploration of Miss Chamberlain's case may involve reference to health and private matters relating to witness evidence. 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 session if any matters relating to health or personal circumstances are raised to protect Miss Chamberlain's right to privacy.

Decision and reasons on application to admit hearsay evidence

The panel heard an application made by Mr Radley under Rule 31 to allow the written statement of Nurse B into evidence. Nurse B was not present at this hearing and, whilst the NMC had made sufficient efforts to ensure that this witness was present, she was unable to attend today due to her health condition, as evidenced by a signed GP letter, dated 19 June 2025, and email correspondence between Nurse B and the NMC.

Mr Radley outlined the principles of the case law of *Thorneycroft v. Nursing and Midwifery Council* [2014] EWHC 1565 (Admin). Mr Radley submitted that the evidence of Nurse B is not sole and decisive as there are other witnesses attending the hearing who speak to matters of a very similar nature which supports Nurse B's written statement. He submitted that allowing Nurse B's written statement into evidence was relevant and fair.

In the preparation of this hearing, the NMC had indicated to Miss Chamberlain in the Case Management Form (CMF), that it was the NMC's intention for Nurse B to provide live evidence to the panel. Despite knowledge of the nature of the evidence to be given by Nurse B, Miss Chamberlain made the decision not to attend this hearing. On this basis Mr Radley advanced the argument that there was no lack of fairness to Miss Chamberlain in allowing Nurse B's written statement into evidence.

The panel heard and accepted the legal assessor's advice on the issues it should take into consideration in respect of this application. This included that Rule 31 provides that, so far as it is '*fair and relevant*', a panel may accept evidence in a range of forms and circumstances, whether or not it is admissible in civil proceedings.

The panel gave the application in regard to Nurse B serious consideration and had regard of the principles set out in the case of *Thorneycroft*:

- '*Whether the statement is the sole and decisive evidence in support of the charges;*
- *The nature and extent of the challenge to the contents of the statement;*
- *Whether there was any suggestion that the witness had reason to fabricate their allegation;*
- *The seriousness of the charge, taking into account the impact which adverse findings might have on the registrant's career;*
- *Whether there was a good reason for the non-attendance of the witness;*
- *Whether the regulator had taken reasonable steps to secure the witness's attendance; and*
- *Whether the registrant did not have prior notice that the witness statement would be read.'*

The panel noted that Nurse B's statement had been prepared in anticipation of being used in these proceedings and contained the paragraph, '*This statement ... is true to the best of my information, knowledge and belief*' and was signed by them on 15 April 2024.

The panel acknowledged the NMC's attempts in securing Nurse B's attendance to give live evidence at the hearing and that Nurse B's reasons for not attending to give evidence were justified, based on the evidence provided by her GP.

The panel considered that there is no indication that the witness statement of Nurse B was fabricated in any way. The panel acknowledges the seriousness of the charges against Miss Chamberlain.

The panel considered whether Nurse B's evidence was sole and decisive. The panel noted that some of the matters raised by Nurse B in her statement were of a similar nature to matters raised by other witnesses attending the hearing to give live evidence. However, it was of the view that some of the evidence contained in Nurse B's statement was sole and decisive in respect of certain charges.

The panel determined that it was fair to admit Nurse B's witness statement into evidence in respect of the following charges:

- 7)b)ii) and 7)b)iii)(1);
- 7)g);
- 7)h)i) and 7)h)ii);
- 7)k);
- 9); and
- 10).

In respect of charge 7)b)iii)(1), the panel determined that there is evidence provided by other witnesses of complaints of a very similar nature. Miss Chamberlain does not dispute the evidence in relation to this charge in her completed CMF, where she makes an admission to this charge.

Charges 7)b)ii) and 7)g) are supported by evidence provided by Witness 1 relating to matters of a similar nature.

Witness 1's evidence also supports charge 7)h)i) and 7)h)ii). Again, Miss Chamberlain does not dispute the evidence in relation to these charges in her completed CMF, where she makes admissions to these charges.

Witness 2's evidence supports Nurse B's evidence as they gave evidence that Miss Chamberlain had made similar remarks to them as that alleged in charge 7)k).

Charge 9), in respect of charge 7)b)ii), will subsequently be a matter for the panel to decide if that charge is found proved.

Charge 10), in respect of any conduct found proved in relation to charge 7), will also subsequently be a matter for the panel.

The panel determined that it would be unfair to allow Nurse B's witness statement into evidence in respect of the paragraphs relating to the remaining charges; (7)a), 7)b)i), 7)b)iii)(2), 7)c), 7)d), 7)e), 7)f), 7)i), 7)j), and 8), as there was no supporting evidence. The panel determined that Nurse B's evidence was therefore the sole and decisive evidence in relation to these charges and could not be tested by questioning Nurse B.

There was also a public interest in the issues being explored fully which supported the admission of this evidence into the proceedings. The panel considered that the unfairness in this regard worked both ways in that the NMC was deprived, as was the panel, from reliance upon the live evidence of Nurse B and the opportunity of questioning and testing her evidence. The panel was of the view that there was also a public interest in the issues being explored fully which supported the admission of some of Nurse B's evidence into the proceedings in respect of the charges outlined above.

In these circumstances, the panel came to the view that it would be fair and relevant to accept into evidence the hearsay evidence of Nurse B in respect of the charges listed above, but would give what it deemed appropriate weight once the panel had heard and evaluated all the evidence before it.

Background

Miss Chamberlain was employed as a Staff Nurse by Springfield Hospital ('the Hospital'), part of the Ramsay Group ('Ramsay'), from May 2022. Miss Chamberlain

was appointed as Sister/Lead Nurse in the Pre-Assessment (the 'PAC') Team from February 2023. The alleged concerns regarding Miss Chamberlain's conduct arose during both roles.

On 10 October 2023, the NMC received an anonymous referral from a staff member at the Hospital. The referral outlined that various colleagues had reported Miss Chamberlain for displaying bullying/harassing behaviour, making racially discriminatory comments and generally behaving in an inappropriate and aggressive manner towards her team.

Witness 1 and Witness 2 submitted a formal grievance to the Hospital in July 2023 and it is alleged that several other colleagues also raised concerns about Miss Chamberlain, which resulted in a local investigation. Miss Chamberlain resigned from the Hospital in or around October 2023, before the investigation concluded.

Decision and reasons on application to amend the charge

Mr Radley made an application to amend the wording of charges 10) and 13). The proposed amendments were to correct an administrative error. He submitted that the proposed amendment would provide clarity and correct the administrative errors.

Proposed amendment:

10) Your conduct at all or part of charge 7 above amounted to bullying in that your unwanted behaviour directed at Nurse B ~~and/or~~ was offensive and/or intimidating and/or malicious and/or insulting that undermined, humiliated, or caused physical or emotional harm to them.

...

13) Your conduct at all or part of charge 11 above amounted to bullying in that your unwanted behaviour directed at Nurse C ~~and/or~~ was offensive and/or intimidating and/or malicious and/or insulting that undermined, humiliated, or caused physical or emotional harm to them.

The panel accepted the advice of the legal assessor.

The panel determined that the amendments, as applied for, were in the interests of justice. It was satisfied that there would be no prejudice to Miss Chamberlain 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 ensure clarity and to correct the administrative errors.

Decision and reasons on facts

In reaching its decisions on the disputed facts, the panel took into account all the oral and documentary evidence adduced in this case together with the submissions made by Mr Radley.

The panel had sight of Miss Chamberlain's completed CMF, dated 28 March 2025. It noted that Miss Chamberlain made admissions to some of the charges. However, the panel determined that as Miss Chamberlain was not in attendance and was unrepresented, it would be unfair to find any of the facts found proved by way of admission solely based on Miss Chamberlain's completed CMF. The panel determined that it was fair to consider all of the evidence adduced in this case when determining the facts of this case.

The panel has drawn no adverse inference from the non-attendance of Miss Chamberlain.

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: Registered Nurse at the Hospital;
- Witness 2: Registered Nurse at the Hospital;
- Witness 3: Registered Nurse and department Manager at the Hospital; and
- Witness 4: Registered Nurse and Head of Clinical Services at the Hospital.

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor.

The panel carefully assessed all of the evidence before it, having particular regard to any corroborative and contemporaneous evidence.

The panel noted that a number of these allegations were one witness's word against Miss Chamberlain's, who had denied most of the allegations both in her local investigation meeting with Witness 3 and in her completed CMF. The panel therefore considered it necessary to assess the credibility of the witnesses.

In relation to Witness 1, the panel considered that the evidence before it showed that he had not been happy when Miss Chamberlain was brought in to make changes in the department and he found her management style very challenging. The panel was also concerned that Witness 1 had said in his oral evidence that he had not discussed his concerns with any of his colleagues when the evidence of Witness 2 was that she had discussed such matters with him. The panel was also concerned that Witness 1 was unable to say anything positive about Miss Chamberlain when

asked to. It also noted that some of the concerns raised in Witness 1's NMC witness statement had not been included in Witness 1's local grievance statement. The panel was of the view that Witness 1 may have exaggerated some of the concerns that he raised to the NMC and it, therefore, determined that it should look for corroborative evidence to support Witness 1's written and oral evidence when considering whether the facts in relation to Charges 1a to 1h, 2 and 3 have been proved or not.

The panel determined that Witness 2 was a very experienced nurse who was straight-forward and a compelling witness who did her best to assist the panel. It was impressed by the detail that Witness 2 was able to provide in relation to the alleged incidents in her oral evidence. The panel noted that Witness 2 gave evidence to it that she had kept a contemporaneous diary of events at the time of the incidents. The panel found Witness 2 to be a credible witness who was able to describe each incident to it in full detail.

Witness 3 undertook the local investigation. She was able to expand in her oral evidence as to how she had assessed Miss Chamberlain to be during and after her local investigation meeting with her. Witness 3 had not met Miss Chamberlain prior to that meeting. The panel found her to be a credible witness who did her best to assist the panel.

Witness 4 was Head of Clinical Services at the hospital and had worked in the same corridor as Miss Chamberlain at the relevant time. She was shocked to learn of the allegations and told the panel that she had never seen Miss Chamberlain act in the ways alleged by the witnesses. Witness 4 was very positive about Miss Chamberlain's performance in her role and described how she positively implemented change in the department. Witness 4 stated in her oral evidence that the consultants didn't have any complaints and the patients didn't have any complaints. She further stated that the senior contracted staff nurses had not been part of the investigation and that they were happy with the way Miss Chamberlain was leading, had seen nothing untoward and had no problems with her. The panel found Witness 4 to be a credible witness who did her best to assist the panel.

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

Charges 1)a)i) and 1)a)ii)

"That you, a registered nurse, whilst working as Clinical Lead at Springfield Hospital:

- 1) Between 1 January 2022 and 1 October 2022 in respect of Nurse A;
 - a) On one or more occasion made inappropriate sexual comments/sexually suggestive comments to them, in particular;
 - i) Made comments about them "bending over" or words to that effect.
 - ii) Stated that "[you] did not need a man because [you] let [your] fingers do the talking" or words to that effect"

Charges 1)a)i) and 1)a)ii) are found NOT proved.

In reaching this decision, the panel had regard to all of the evidence before it. It had particular regard to the written and oral evidence of Witness 1.

The panel had regard to Witness 1's witness statement in which he stated:

'Ms Chamberlain mentioned about me bending over, although there was never an instruction to do so.

...

...when I was having a conversation with Miss Chamberlain she expressed that she did not need a man because quote "I let my fingers do the talking".'

In oral evidence, Witness 1 told the panel that he was not initially convinced by Miss Chamberlain's experience when she was appointed to the role of staff nurse in the department. When asked by the panel if he thought the alleged line of conversation was appropriate, he stated "*possibly in the pub after a few drinks*". He told the panel that he could see no positive attributes regarding Miss Chamberlain's clinical ability, and that he found her management style very challenging.

The panel considered the oral and written evidence of Witness 1. It noted that there was no other supporting evidence in respect of charges 1)a)i) and 1)a)ii) which corroborated Witness 1's account. The panel could not be satisfied that Witness 1's evidence was solely reliable in the absence of any evidence to corroborate it.

In light of this, the panel found charges 1)a)i) and 1)a)ii) not proved.

Charge 1)a)iii)

"That you, a registered nurse, whilst working as Clinical Lead at Springfield Hospital:

- 1) Between 1 January 2022 and 1 October 2022 in respect of Nurse A;
 - a) On one or more occasion made inappropriate sexual comments/sexually suggestive comments to them, in particular;
 - iii) Stated that they were to remove their t-shirt immediately as "[you] like seeing a hairy chest" or words to that effect."

This charge is found proved.

In reaching this decision, the panel had regard to all of the evidence before it. It had particular regard to the written and oral evidence of Witness 1 and Witness 2.

The panel considered Witness 1's witness statement:

'Miss Chamberlain asked me to remove my T-shirt from under my uniform, which most of us wear in the winter months. Ms Chamberlain proceeded by saying "I like seeing a hairy chest" or words to that effect, which made me uncomfortable.'

The panel also considered Witness 2's statement in which she said:

'I witnessed on one occasion Miss Chamberlain making inappropriate personal comments to [Witness 1], telling him to take his t-shirt off under his tunic so people could see his hairy chest.'

Witness 2's oral evidence was consistent with her documentary evidence and the panel considered her to be a credible and compelling witness. Further, Witness 2's evidence spoke to matters of a similar nature in respect of Miss Chamberlain making comments about Administrator 1's body and uniform.

The panel accepted the evidence of Witness 1, as it was supported by Witness 2's evidence in relation to Miss Chamberlain saying similar words to another colleague about their uniform and showing off their body.

Therefore, the panel found this charge proved on the balance of probabilities.

Charge 1)a)iv)

"That you, a registered nurse, whilst working as Clinical Lead at Springfield Hospital:

- 1) Between 1 January 2022 and 1 October 2022 in respect of Nurse A;
 - a) On one or more occasion made inappropriate sexual comments/sexually suggestive comments to them, in particular;
 - iv) On one or more occasion made comments about their body and bottom."

This charge is found NOT proved.

In reaching this decision, the panel had regard to all of the evidence before it. It had particular regard to the written and oral evidence of Witness 1 and its earlier findings at charges 1)a)i) and 1)a)ii).

The panel considered the oral and written evidence of Witness 1. It noted that there was no other supporting evidence, or evidence of a similar nature, in relation to this charge which corroborated Witness 1's account. The panel could not be satisfied that Witness 1's evidence was solely reliable in the absence of any evidence to corroborate it.

In light of this, the panel found this charge not proved.

Charge 1)b)

"That you, a registered nurse, whilst working as Clinical Lead at Springfield Hospital:

1) Between 1 January 2022 and 1 October 2022 in respect of Nurse A;

b) Spoke to them about your "masturbation styles" or words to that effect."

This charge is found NOT proved.

In reaching this decision, the panel had regard to all of the evidence before it. It had particular regard to the written and oral evidence of Witness 1.

The panel had regard to Witness 1's witness statement in which he stated:

'Miss Chamberlain talked openly about her masturbation styles to me.'

The panel noted that in Witness 1's local grievance statement there had been no mention of this allegation. It was first documented in Witness 1's NMC witness statement that was made on 18 May 2024, some considerable time after the alleged incident. The panel also noted that Witness 1 did not make a formal complaint at the time that the conversation was alleged to have taken place.

The panel considered the oral and written evidence of Witness 1. It noted that there was no other supporting evidence, or evidence of a similar nature, in relation to this charge which corroborated Witness 1's account. The panel, therefore, could not be satisfied that Witness 1's evidence was reliable in the absence of any evidence to corroborate it.

In light of this, the panel found this charge not proved.

Charge 1)c)

"That you, a registered nurse, whilst working as Clinical Lead at Springfield Hospital:

- 1) Between 1 January 2022 and 1 October 2022 in respect of Nurse A;
 - c) Discussed in their presence;
 - i) Unknown doctors' body shapes and physical features.
 - ii) Unknown member/s of staff "unimaginative sex lives" or words to that effect."

This charge is found NOT proved.

In reaching this decision, the panel had regard to all of the evidence before it. It had particular regard to the written and oral evidence of Witness 1.

The panel had regard to Witness 1's witness statement in which he stated:

'Miss Chamberlain spoke about Doctors' body shapes and physical features, most often the bottom, this was done in an open office with others present Ms Chamberlain also spoke to other members of staff about their "unimaginative sex lives".'

The panel considered the oral and written evidence of Witness 1. It noted that there was no supporting evidence in relation to this charge to corroborate Witness 1's account. The panel could not be satisfied that Witness 1's evidence was reliable in the absence of any other evidence to corroborate it.

In light of this, the panel found this charge not proved.

Charge 1)d)

"That you, a registered nurse, whilst working as Clinical Lead at Springfield Hospital:

1) Between 1 January 2022 and 1 October 2022 in respect of Nurse A;

d) Told them;

i) That you "had beaten someone up" or words to that effect.

ii) That you and your family could "do damage to people who crossed [you] her" or words to that effect.

This charge is found NOT proved.

In reaching this decision, the panel had regard to all of the evidence before it. It had particular regard to the written and oral evidence of Witness 1.

The panel had regard to Witness 1's witness statement in which he stated:

'On the first occasion I met Miss Chamberlain, she verbally told me she had beaten someone up.

...

She made a strong impression that she was not someone "to be crossed" or confronted.'

The panel considered the oral and written evidence of Witness 1. It noted that there was no other supporting evidence, or evidence of a similar nature, in relation to this

charge which corroborated Witness 1's account. The panel also noted that in Witness 1's initial grievance statement that there was no mention of this allegation and he did not refer to it in his formal grievance meeting with Witness 3. It was first documented in Witness 1's NMC witness statement. The panel also noted that Witness 1 had not made a formal complaint at the time that the alleged events occurred.

On the evidence before it the panel could not be satisfied that Witness 1's evidence was reliable in the absence of any other evidence to corroborate it.

In light of this, the panel was not satisfied on the balance of probabilities that the alleged incident occurred and therefore, the panel found this charge not proved.

Charge 1)e)

"That you, a registered nurse, whilst working as Clinical Lead at Springfield Hospital:

1) Between 1 January 2022 and 1 October 2022 in respect of Nurse A;

e) Told them they were not make any clinical decisions without talking to Matron 1 without justification."

This charge is found NOT proved.

In reaching this decision, the panel had regard to all of the evidence before it. It had particular regard to the written and oral evidence of Witness 1.

The panel noted that there was no supporting evidence, or evidence of a similar nature, in relation to this charge which corroborated Witness 1's account. The panel also noted that in Witness 1's initial grievance statement, submitted in relation to these incidents, there was no mention of this allegation. It was not referred to by Witness 1 in his formal grievance meeting with Witness 3 and was first documented in Witness 1's NMC witness statement.

The panel was of the view that even if Miss Chamberlain had told Witness 1 that he was not to make any clinical decisions without talking to Matron 1, the NMC had not produced any evidence to show that there was no justification for her telling him this.

Therefore, the panel found this charge not proved.

Charge 1)f)

"That you, a registered nurse, whilst working as Clinical Lead at Springfield Hospital:

1) Between 1 January 2022 and 1 October 2022 in respect of Nurse A;

f) Offered to them Health Care Assistant 1's personal details without obtaining permission from Health care Assistant 1."

This charge is found NOT proved.

In reaching this decision, the panel had regard to all of the evidence before it. It had particular regard to the written and oral evidence of Witness 1.

The panel had regard to Witness 1's witness statement in which he stated:

'Ms Chamberlain volunteered personal contact details of another colleague, Health Care Assistant 1, to me.

...

I said to Miss Chamberlain that she should not give out personal details without asking their permission first'

The panel considered the oral and written evidence of Witness 1. It noted that there was no other supporting evidence, or evidence of a similar nature, in relation to this charge which corroborated Witness 1's account. It further noted that Witness 1 had not referred to this alleged concern in either his grievance statement or his formal

grievance meeting with Witness 3. The panel could not be satisfied that Witness 1's evidence was solely reliable in the absence of any evidence to corroborate it.

The panel therefore found this charge not proved.

Charge 1)g)

"That you, a registered nurse, whilst working as Clinical Lead at Springfield Hospital:

1) Between 1 January 2022 and 1 October 2022 in respect of Nurse A;

g) On one or more occasion advised them that you had a "close relationship with Senior staff" or words to that effect and/or that you were "really friendly with management" or words to that effect."

This charge is found proved.

In reaching this decision, the panel had regard to all of the evidence before it. It had particular regard to the written and oral evidence of Witness 1 and Witness 2.

The panel had regard to Witness 1's witness statement in which he stated:

'It was my perception (reinforced by Ms Chamberlain's statements "I am really friendly with the management") that certain members of the management team ... had a close relationship with Miss Chamberlain'

The panel had regard to Witness 2's witness statement in which she stated:

'I was constantly led to believe from Miss Chamberlain that she was close

friends with both the [management]. She stated numerous times that she would know if staff discussed anything with them as they would tell her.'

The panel noted that Witness 1 had raised this complaint in his formal disciplinary meeting with Witness 3. In the meeting Witness 1 stated:

'[Miss Chamberlain] would say things like "I am best friends with" referencing her friendship with named individuals such as [X] and [X] – and that she "had the ear" of [X].'

The panel was also of the view that Witness 1's evidence was supported by Witness 2's evidence.

Therefore, the panel found this charge proved on the balance of probabilities.

Charge 1)h)

"That you, a registered nurse, whilst working as Clinical Lead at Springfield Hospital:

- 1) Between 1 January 2022 and 1 October 2022 in respect of Nurse A;
 - h) Stopped allocating them weekend shifts without justification."

This charge is found NOT proved.

In reaching this decision, the panel had regard to all of the evidence before it. It had particular regard to the written and oral evidence of Witness 1 and Witness 4.

The panel had regard to Witness 1's witness statement in which he stated:

'I experienced what I would consider hostility towards me. This involved [Miss Chamberlain] stopping my regular weekend shifts'

The panel heard live evidence from Witness 4 where she stated that the Hospital was moving towards more substantive staff contracts as opposed to bank contracts in respect of service provision, costs and efficiency.

The panel determined that there was no evidence before it to demonstrate malicious intent in terms of the weekend shifts not being allocated to Witness 1. Further, it was of the view that the NMC had not produced any evidence to prove that Miss Chamberlain's decision not to allocate Witness 1 weekend shifts was made without justification, especially given the changes that were taking place in the department at the time.

Therefore, the panel found this charge not proved.

Charge 2

"That you, a registered nurse, whilst working as Clinical Lead at Springfield Hospital:

- 2) Your conduct at all or part of 1a and/or 1b and/or 1c above was motivated by the pursuit of sexual gratification and/or of a sexual relationship."

This charge is found NOT proved.

In reaching this decision, the panel had regard to all of the evidence before it. It had particular regard to the written and oral evidence of Witness 1, Miss Chamberlain's completed CMF, and its earlier findings at charge 1)a)iii).

In oral evidence, Witness 1 told the panel that he did not believe that Miss Chamberlain was trying to pursue a sexual relationship with him and he did not believe himself to be "*special*". Rather, he suggested that Miss Chamberlain's behaviour towards him was that of "*berating, belittling behaviour*". Witness 1 also stated in his oral evidence that he found Miss Chamberlain's behaviour "*crass and uncomfortable*", but he said that he'd met a lot of people like that. He did not state

that he perceived Miss Chamberlain's behaviour towards him as her seeking sexual gratification.

The panel was of the view that this is a serious charge, which is denied by Miss Chamberlain in her completed CMF.

Charge 1)a)iii) was found proved by the panel. However, the panel was of the view that that its findings at charge 1)a)iii) alone, are not sufficient to find that, in saying those words, Miss Chamberlain was motivated by the pursuit of sexual gratification and/or a sexual relationship. The panel noted that there was no supporting evidence in relation to this charge.

Therefore, the panel found this charge not proved.

Charge 3

"That you, a registered nurse, whilst working as Clinical Lead at Springfield Hospital:

- 3) Your conduct at all or part of charge 1 above amounted to bullying in that your unwanted behaviour directed at Nurse A was offensive and/or intimidating and/or malicious and/or insulting that undermined, humiliated, or caused physical or emotional harm to them."

This charge is found NOT proved.

In reaching this decision, the panel had regard to all of the evidence before it. It had particular regard to the written and oral evidence of Witness 1, the written and oral evidence of Witness 3, Miss Chamberlain's completed CMF, and its earlier findings at charge 1)a)iii).

The panel had regard to Witness 1's witness statement in which he stated:

'I felt bullied and harassed by Miss Chamberlain and her behaviour intimidated me.'

The panel noted that in his formal grievance meeting with Witness 3, she had asked Witness 1 if he could provide any other specific examples of when Miss Chamberlain had been belittling, degrading or humiliating towards him. He replied that the only incident of this was her use of sexual language and use of innuendos. The panel noted that it had found these particular charges against Mrs Chamberlain not proved.

The panel was of the view that this is a serious charge, which is denied by Miss Chamberlain in her completed CMF.

In her witness statement, Witness 3 said:

'There was an element of personal reflection, in relation to the bullying and harassment allegations that Miss Chamberlain shared, in that at the time she was particularly stressed due to implementing a new project that she was leading for the department. Miss Chamberlain acknowledged that she could have managed the implementation of the pre-assessment project in a more considered way and provided explanations for the claims made against her such as her management and communication style ... In my opinion, the explanation supported the need to deal with challenging situations with more sensitivity and confidentiality. I felt that it could be something to consider as a learning opportunity going forward, in how to communicate and manage a team through a difficult transition of change which fundamentally impacts their specific workload within the department'

Charge 1)a)iii) was found proved by the panel. However, the panel was of the view that that it could not be satisfied on the evidence before it that Miss Chamberlain's conduct in relation to Charge 1)a)iii) amounted to bullying.

Therefore, the panel found this charge not proved.

Charge 4)a)i)

"That you, a registered nurse, whilst working as Clinical Lead at Springfield Hospital:

4) In respect of Administrator 1;

a) On an unknown date;

i) Mimicked their voice and/or accent."

This charge is found proved.

In reaching this decision, the panel had regard to all of the evidence before it. It had particular regard to the written and oral evidence of Witness 1, the written and oral evidence of Witness 2, the written and oral evidence of Witness 3, and the written and oral evidence of Witness 4.

The panel had regard to Witness 1's witness statement in which he stated:

'Administrator 1 was an Administrator for the Unit. Administrator 1 is Indian.

...

I entered the office where Administrator 1 and Miss Chamberlain were. Administrator 1 was on the phone talking with a patient, when she finished and put the phone down Miss Chamberlain mimicked her voice and accent. Miss Chamberlain used provocative language mimicking her conversation using a strong Indian accent, she said that whoever Administrator 1 was on the phone to would not be able to understand her accent and language, despite the fact Administrator 1 spoke good English'.

The panel also had regard to Witness 1's local grievance statement in which he stated:

'... Administrator 1 and [Miss Chamberlain] were in the office. Administrator 1 was on the phone and so I waited to chat to her about a patient issue. As soon as she finished [Miss Chamberlain] leaned in very close to her face and spoke loudly in a broad Indian accent (sic) accentuating every word. [Miss Chamberlain] appeared to think this was funny and laughed afterwards. I found this very uncomfortable and offensive.'

The panel noted that it had been this incident that led Witness 1 to make a grievance.

The panel considered Witness 3's report of her formal grievance meeting with Witness 1, in which it is recorded:

'[Witness 1] describes walking the PAC Administration office when [Administrator 1] was on the phone. He witnessed [Miss Chamberlain] "mimicking" [Administrator 1]'s voice but with a "grotesque caricature" of an Indian accent. Once [Administrator 1] had put the phone down, he witnessed [Miss Chamberlain] leaning over her and continuing to speak to her in the same accent ... this continued for around 30 seconds before [Miss Chamberlain] then left the room.'

The panel had regard to Witness 2's witness statement in which she stated:

'[Miss Chamberlain] on one occasion mimicked Administrator 1's accent, which is of Indian decent, in my presence.'

The panel was of the view that Witness 1 had been consistent in his accounts about this incident and it noted that it was this that had caused him to make his grievance

statement. The panel was also of the view that Witness 1's evidence was supported by Witness 2's evidence.

Therefore the panel found this charge proved on the balance of probabilities.

Charge 4)a)ii)

"That you, a registered nurse, whilst working as Clinical Lead at Springfield Hospital:

4) In respect of Administrator 1;

a) On an unknown date;

ii) Stated about them that "whoever they were on the phone to would not be able to understand their accent and language" or words to that effect."

This charge is found NOT proved.

In reaching this decision, the panel had regard to all of the evidence before it. It had particular regard to the written and oral evidence of Witness 1 and the written and oral evidence of Witness 2. It also had regard to its earlier findings at charge 4)a)i).

The panel had regard to the corroborated evidence of Witness 1 and Witness 2 in respect of Charge 4)a)i). However, it noted that there was no corroboration regarding this charge. The panel also noted that Witness 1 did not report this allegation in his initial grievance statement, and it features solely in his NMC statement. He stated that he reported this to HR at the time of the incident. However, the panel has seen no evidence to support this.

The panel determined that there was no evidence before it to corroborate Witness 1's evidence. The panel could not be satisfied that Witness 1's evidence was reliable in the absence of any evidence to corroborate it.

Therefore, the panel found this charge not proved.

Charge 4)b) and 4)c)

"That you, a registered nurse, whilst working as Clinical Lead at Springfield Hospital:

4) In respect of Administrator 1;

b) On an unknown date stated about them "she's my bitch" or words to that effect.

c) On an unknown date made a remark to them when they made a comment about the neckline of their uniform being low that "she should show it off to all the doctors" or words to that effect."

Charges 4)b) and 4)c) are found proved.

In reaching this decision, the panel had regard to all of the evidence before it. It had particular regard to the written and oral evidence of Witness 2.

The panel had regard to Witness 2's witness statement in which she stated:

'[Miss Chamberlain] commented in front of us that Administrator 1 never had enough work to do and "she's my bitch"

...

On another occasion Administrator 1 said she felt that her uniform neckline was a little low. Miss Chamberlain's comments were that [Administrator 1] should show it all off to the Doctors. As Administrator 1 was embarrassed about this, I brought in a scarf for Administrator 1 to tuck in.'

In her oral evidence Witness 2 stated that Miss Chamberlain had said the words "she's my bitch" in a joking manner but she felt it was condescending.

She told the panel that she responded to Miss Chamberlain: *“she’s not anyone’s bitch, she’s just a great secretary”*.

Witness 2 also said in her oral evidence that:

“the girls had been given brand new uniforms and our secretary is really tiny and the ‘v’ neck was rather low. She’s Muslim and although westernised, she is modest and felt the neckline was too low. [Miss Chamberlain] said bend over and show it off to the doctors, let it all hang out girl. I said don’t worry I’ve got a silk scarf at home that you can pop around your neck. I brought it in the following day”.

The panel noted that there was no specific evidence to corroborate Witness 2’s evidence. However, the panel found Witness 2 to be a very credible and compelling witness who was able to recall fully all the relevant details relating to the alleged incidents, including a detailed description of the scarf that she gave to Administrator 1, and the reason why she had felt so strongly about wanting to help Administrator 1. Witness 2 also told the panel that she had kept a contemporaneous diary of events.

The panel determined that Witness 2’s evidence was credible and reliable in respect of charges 4)b) and 4)c).

Therefore the panel found charges 4)b) and 4)c) proved on the balance of probabilities.

Charge 5

"That you, a registered nurse, whilst working as Clinical Lead at Springfield Hospital:

5) Your conduct at charge 4a and or 4b above was racially motivated and/or discriminatory.”

This charge is found proved in relation to Charge 4)a)i) and not proved in relation to Charge 4)b)

In reaching this decision, the panel had regard to all of the evidence before it. It had particular regard to the written and oral evidence of Witness 1, the written and oral evidence of Witness 2 and the written and oral evidence of Witness 4. It also took account of its earlier findings at Charge 4)a)i) and 4)b).

The panel noted Witness 1 and Witness 2's recollection of the alleged incidents, as detailed above at charge 4)a)i).

Witness 4 told the panel in oral evidence that Miss Chamberlain was: "*friendly with Administrator 1, they would go to lunch together and socialise*". She also recalled Miss Chamberlain asking Administrator 1 for advice on what would be an appropriate outfit for her to purchase to attend an Indian wedding. Witness 4 told the panel that Administrator 1 went shopping with Miss Chamberlain to help her choose an appropriate outfit.

Witness 4 also told the panel that when Miss Chamberlain was questioned about the allegations against her, she was absolutely shocked. Her words were: "*she's my friend*". She told the panel that Miss Chamberlain, however, took on board the complaint, said that she'd apologise and accepted an action plan including training courses in management and equality and diversity training. She told the panel that Miss Chamberlain explained that she never meant to cause offence and that '*Administrator 1 was her friend*'.

The panel considered that there was no evidence before it that reported Miss Chamberlain mimicking other staff members accents. The panel was of the view that there was no justification for copying and exaggerating the accent of a colleague of Indian descent and that there could be no other explanation for this kind of behaviour, other than it being racially motivated and or discriminatory.

The panel considered the fact that Administrator 1 and Miss Chamberlain were '*friends*' and that perhaps Miss Chamberlain's style and approach of her

management duties was not as professional as it should have been, given her position within the team. However, the panel was of the view that in relation to Charge 4)a)i), Miss Chamberlain's actions were racially motivated and there was no justification to support her conduct.

The panel considered its earlier findings at charge 4)b). It determined that while charge 4)b) was found proved, it was not satisfied to the requisite standard, however, that Miss Chamberlain's conduct in using the words "*she's my bitch*" about Administrator 1 amounted to discriminatory and or racially motivated conduct.

Therefore, the panel found this charge proved on the balance of probabilities in respect of Charge 4)a)i), only.

Charge 6

"That you, a registered nurse, whilst working as Clinical Lead at Springfield Hospital:

- 6) Your conduct at all or part of charge 4 above amounted to bullying in that your unwanted behaviour directed at Administrator 1 was offensive and/or intimidating and/or malicious and/or insulting that undermined, humiliated, or caused physical or emotional harm to them."

This charge is found NOT proved.

In reaching this decision, the panel had regard to all of the evidence before it. It had particular regard to the written and oral evidence of Witness 1, the written and oral evidence of Witness 2, the written and oral evidence of Witness 3 and the written and oral evidence of Witness 4. It also took account of its earlier findings at Charge 4).

Witness 1 stated that he approached Administrator 1 after observing Miss Chamberlain mimicking their accent. He stated that Miss Chamberlain '*laughed*' after

making the remarks, which indicated to him that Miss Chamberlain believed her remarks to be *'funny'*.

Administrator 1 allegedly told Witness 1 that she did not speak to management about Miss Chamberlain's conduct towards her as she felt that management were friends with Miss Chamberlain. Witness 3 told the panel that Administrator 1 was reluctant to speak to her regarding the alleged incident. Witness 2 also stated that Administrator 1 was upset by Miss Chamberlain's conduct towards her.

Witness 3 stated that there may have been a blurring of professional boundaries on Miss Chamberlain's part and that perhaps her communication style towards staff members was too familiar and unprofessional at times, which had the potential to cause offence.

The panel took into account Witness 4's evidence in which she told the panel that Miss Chamberlain and Administrator 1 were friendly and that Miss Chamberlain appeared to have cultural awareness. The panel noted that it has not heard evidence from Administrator 1 as to how she felt about Miss Chamberlain's behaviour towards her. Further, Administrator 1 would not confirm the allegations to Witness 3 when interviewed in the local investigation.

The panel considered Miss Chamberlain's conduct to be totally unacceptable and offensive and had the potential to cause emotional harm to a colleague, but it was not satisfied, given the particular circumstances, that her conduct amounted to bullying.

Therefore, the panel found this charge not proved.

Charges 7)a), 7)b)i), 7)b)iii)(2), 7)c), 7)d), 7)e), 7)f), 7)g), 7)i), and 7)j).

"That you, a registered nurse, whilst working as Clinical Lead at Springfield Hospital:

7) In respect of Nurse B;

- a) Directed them to do their mandatory training at home without being paid.

- b) Stated to them;
 - i) On or around November/December 2022 “I don’t want to hear you getting pregnant within your first year of work” or words to that effect.

 - ii) ...

 - iii) On 7 June 2023
 - (1) ...
 - (2) Asked them “if [Nurse B] am pregnant” or words to that effect.

- c) Between 28 November 2022 and July 2023 did not organise/allow them to undertake phlebotomy training.

- d) On one or more occasion made inappropriate comments to them about their personal/private life.

- e) On or around January 2023 singled them out in that you requested from them proof of their hospital appointments when they requested time off work to attend when you did not request proof of appointments from other staff members.

- f) On or around March/April 2023 showed them a photograph of your ex-partner’s penis.

- g) On or around April 2023 stated to them that you “hates some of the people from Springfield hospital so badly, that [you] would smash their faces if [you] met them somewhere outside the hospital and if there were no consequences” or words to that effect.

- h) ...

- i) On an unknown date showed to them a cheeky/sexual meme.
- j) On an unknown date stated to them “still I wouldn’t give you a job if I interviewed you as you don’t have experience” or words to that effect.”

Charges 7)a), 7)b)i), 7)b)iii)(2), 7)c), 7)d), 7)e), 7)f), 7)g), 7)i), and 7)j) are found NOT proved.

In reaching this decision, the panel had regard to all of the evidence before it. It had particular regard to its earlier decision regarding the admissibility of the hearsay evidence of Nurse B.

The panel determined that aside from the hearsay evidence of Nurse B, which it had not admitted into evidence in relation to charges 7)a), 7)b)i), 7)b)iii)(2), 7)c), 7)d), 7)e), 7)f), 7)g), 7)i), and 7)j), there is no evidence to support these charges. Therefore, the panel determined that the NMC has failed to discharge its evidential burden.

Accordingly, the panel found these charges not proved.

Charge 7)b)ii)

"That you, a registered nurse, whilst working as Clinical Lead at Springfield Hospital:

- 7) In respect of Nurse B;
 - b) Stated to them;
 - ii) On 11 January 2023 that you did not want any complaints from patients as “they could not understand [their] accent” or words to that effect.”

This charge is found proved.

In reaching its decision, the panel had regard to all of the evidence before it. It had particular regard to the written and oral evidence of Witness 2, the written and oral evidence of witness 3 and the written statement of Nurse B.

In her written statement, Witness 2 stated that Miss Chamberlain had divulged the following to her in respect of Nurse B:

'I've had multiple complaints from patients and staff about her attitude and poor language skills ...'

Witness 2 also stated the following:

'I did say to [Miss Chamberlain] ... that I was surprised by her statements, in particular with [Nurse B] as I had worked with her in clinic and found her patient interaction and communication skills to be excellent. She was thorough and never hesitated to seek help if unsure, as we all would'

Nurse B stated in her written statement:

'At the end of December 2022/beginning of January 2023, I was given a combination of telephone and face-to-face patient appointments which I undertook independently. Miss Chamberlain told me this was because she did not want to have complaints about the fact that patients could not understand my accent. She said this to me on a few occasions, but I cannot recall if there were others around when she said this. As far as I am aware, there were no complaints regarding my spoken English. I am a Polish national, living in the UK for the last 10 years and I did my Nursing degree in the UK. None of my patients have ever complained about a lack of understanding due to my accent.'

In oral evidence, Witness 3 told the panel that she was able to communicate with Nurse B easily during her meeting with her and there were no language barriers at all.

The panel was of the view that Nurse B's admitted hearsay evidence was supported by the evidence of Witness 2 about what Miss Chamberlain had said to her in relation to Nurse B's poor language skills.

Therefore, the panel found this charge proved on the balance of probabilities.

Charge 7)b)iii)(1)

"That you, a registered nurse, whilst working as Clinical Lead at Springfield Hospital:

7) In respect of Nurse B;

b) Stated to them;

iii) On 7 June 2023

(1) Commented that their "uniform looked tight" or words to that effect."

This charge is found proved.

In reaching this decision, the panel had regard to all of the evidence before it. It had particular regard to the written and oral evidence of Witness 2, the written statement of Nurse B, Nurse B's local grievance investigation documentation, and Miss Chamberlain's completed CMF.

In Nurse B's local investigation grievance documentation, it states:

‘On the 7th June 2023, [Miss Chamberlain] once again commented that [Nurse B’s] uniform looked tight ... [Nurse B] explained that this made her feel very uncomfortable.’

The panel also had sight of Miss Chamberlain’s CMF in which she made an admission to this charge.

Therefore, the panel found this charge proved on the balance of probabilities.

Charge 7)h),

"That you, a registered nurse, whilst working as Clinical Lead at Springfield Hospital:

7) In respect of Nurse B;

h) On or around 10 July 2023;

- i) Told Nurse A not to help/support them which was not appropriate.
- ii) Stated to Nurse A in relation to not helping them “that is what I want, so do not help them” or words to that effect.”

This charge is found proved.

In reaching this decision, the panel had regard to all of the evidence before it. It had particular regard to the written and oral evidence of Witness 1, the written statement of Nurse B, and Miss Chamberlain’s completed CMF.

In Witness 1’s written statement, he said:

‘I was told by Miss Chamberlain specifically not to help [Nurse B], despite it being normal practice to help new colleagues

...

Ms Chamberlain said she did not care if I helped anyone else but I should not help [Nurse B.]'

In Nurse B's written statement, it states:

'[Witness 1], who was helping me with my phone calls as I was behind, and Miss Chamberlain told him off for helping me. [Witness 1] told me, that Miss Chamberlain told him not to help me.'

The panel also had sight of Miss Chamberlain's CMF in which she made admissions to both limbs of this charge.

Therefore, the panel find this charge proved in its entirety.

Charge 7)k)

"That you, a registered nurse, whilst working as Clinical Lead at Springfield Hospital:

7) In respect of Nurse B;

k) On an unknown date when they approached you about covering bank shifts on other wards you stated " I don't want you to work anywhere else and don't go behind my back discussing other opportunities again" or words to that effect."

This charge is found proved.

In reaching this decision, the panel had regard to all of the evidence before it. It had particular regard to the written and oral evidence of Witness 2, to the written and oral evidence of Witness 3, the written statement of Nurse B, and Nurse B's local grievance documentation.

The panel noted that Miss Chamberlain denied this charge in her CMF.

Witness 3 interviewed Nurse B as part of the local investigation. In her report it is stated:

‘[Nurse B] stated that when she approached [Miss Chamberlain] with the request she replied “I don’t want you to work anywhere else and don’t go behind my back to discuss other opportunities again”.’

The panel also considered Witness 2’s evidence of matters of a similar nature which occurred between Witness 2 and Miss Chamberlain when she had expressed interest in moving to another department.

Witness 3 told the panel in oral evidence that in her view Miss Chamberlain was inexperienced and should not have been put in a managerial position. She also said that Miss Chamberlain lacked an awareness of how she could positively or negatively affect her team and had adopted a poor management style.

The panel determined that there was evidence of similar behaviour on the part of Miss Chamberlain on another occasion and that, on balance, it is more likely than not that this incident did occur.

Therefore, the panel find this charge proved on the balance of probabilities.

Charge 8

"That you, a registered nurse, whilst working as Clinical Lead at Springfield Hospital:

8) Your conduct at all or part of charge 7b(i) and/or 7b(iii) above was discriminatory."

This charge is found NOT proved.

In reaching this decision, the panel had regard to all of the evidence before it. It had particular regard to its earlier decision regarding the admissibility of the hearsay evidence of Nurse B.

The panel determined that as it had not admitted Nurse B's hearsay evidence into evidence in relation to charges 7)a), 7)b)i), 7)b)iii) (2), 7)c), 7)d), 7)e), 7)f), 7)g), 7)i), and 7)j) and 8), there is no evidence to support this charge. Therefore, the panel determined that the NMC has failed to discharge its evidential burden.

Accordingly, the panel find this charge not proved.

Charge 9

"That you, a registered nurse, whilst working as Clinical Lead at Springfield Hospital:

9) Your conduct at all or part of charge 7b(ii) above was racially motivated and/or discriminatory."

This charge is found NOT proved.

In reaching this decision, the panel had regard to all of the evidence before it. It had particular regard to the written and oral evidence of Witness 2, the written and oral evidence of witness 3, the written statement of Nurse B and its earlier findings at charge 7)b)ii).

The panel considered its findings at charge 7)b)ii) and the evidence from Witness 2 and Nurse B.

The panel was of the view that performance management and handling of probation periods can result in challenging relationships between colleagues, and that this was perhaps exacerbated by Miss Chamberlain's overly familiar management and communication style. The panel was not satisfied on the evidence before it, however, that Miss Chamberlain's conduct in telling Nurse B that she did not want any

complaints from patients as *'they could not understand [Nurse B]'s accent'* or words to that effect was racially motivated or discriminatory.

Therefore, the panel found this charge not proved.

Charge 10

"That you, a registered nurse, whilst working as Clinical Lead at Springfield Hospital:

10)Your conduct at all or part of charge 7 above amounted to bullying in that your unwanted behaviour directed at Nurse B was offensive and/or intimidating and/or malicious and/or insulting that undermined, humiliated, or caused physical or emotional harm to them."

This charge is found NOT proved.

In reaching this decision, the panel had regard to all of the evidence before it. It had particular regard to the written and oral evidence of Witness 2, the written and oral evidence of witness 3, the written statement of Nurse B and its earlier findings at charge 7).

The panel considered its findings at charge 7) and the evidence from Witness 2, evidence from Witness 3, and Nurse B. It noted that charges 7)b)ii), 7)b)iii)(1), 7)h), and 7)k) were found proved.

The panel was of the view that this is a serious charge, which is denied by Miss Chamberlain in her completed CMF.

In her witness statement, Witness 3 stated:

'In relation to the bullying and harassment allegations that Miss Chamberlain shared, in that at the time she was particularly stressed due to implementing a new project that she was leading for the

department. Miss Chamberlain acknowledged that she could have managed the implementation of the pre-assessment project in a more considered way and provided explanations for the claims against her such as her management and communication style’.

The panel noted that in her oral evidence Witness 3 was asked to expand on why she had not found the bullying claims upheld. She told the panel:

“... I think that defining the bullying and harassment is a tricky subject under any circumstances. I got the distinct impression that [Miss Chamberlain] said things inappropriately and wasn’t mindful of her position and what comes with that and my opinion, my feeling, is she blurred the boundaries between peer and manager and said things in jest that you shouldn’t be saying as a manager and that was then perceived as targeting and bullying and saying things that you shouldn’t be saying ... when it came down to bullying specifically, I wasn’t convinced there was enough evidence to support that”.

The panel determined that its findings at 7)b)ii), 7)b)iii)(1), 7)h), and 7)k) are serious, both singularly and collectively and that Miss Chamberlain’s conduct was totally inappropriate. The panel was of the view, however, that on the evidence before it, in relation to its findings at 7)b)ii), 7)b)iii)(1), 7)h), and 7)k), the NMC had not satisfied it to the requisite standard that Miss Chamberlain’s conduct amounted to bullying.

Therefore, the panel found this charge not proved.

Charge 11)a)

"That you, a registered nurse, whilst working as Clinical Lead at Springfield Hospital:

11)In respect of Nurse C;

- a) On or around August/September 2022 pointed your finger at them and stated to them;
- i) you “were now the manager” or words to that effect and/or they were “only a bloody bank nurse” or words to that effect.
- ii) That you “were in charge” or words to that effect and/or if you wanted your office “like this. I’ll bloody have it like this” or words to that effect.

This charge is found proved.

In reaching this decision, the panel had regard to all of the evidence before it. It had particular regard to the written and oral evidence of Witness 2.

The panel considered Witness 2’s witness statement:

‘Miss Chamberlain approached me closely pointing her finger at me and saying loudly that she ‘was now the manager’ and I was ‘only a bloody bank nurse’, she ‘was in charge’ this was her office and if she wanted her office like this ‘I’ll bloody have it like this’.

In her oral evidence, Witness 2 stated:

“... I said I was unsure about the position of the filing cabinets. She stood up and came over and pointed her finger and leant in and said, “I’m now the manager, its my bloody office and you’re only a bank nurse and I’m in charge and I like it”. Witness 2 said that Miss Chamberlain had not touched her, but it was ‘close’. Witness 2 said she didn’t think that Miss Chamberlain was going to hit her or do anything, but she was invading her space. She said that the incident had made her feel really upset and angry”.

The panel noted that whilst the ‘pointing’ was not documented in Witness 2’s local grievance statement, Witness 2 explained to the panel in her oral evidence that the grievance email that she sent to the CEO was just very basic about what had gone

on and the CEO had asked her to reflect carefully and prepare statements when she said the matter was going further. The panel also noted that Witness 2 had kept a contemporaneous diary of events.

The panel noted that there was no other evidence to corroborate Witness 2's evidence. However, the panel found Witness 2 to be a very credible and compelling witness who was able to recall compelling and relevant details relating to the time of the alleged incidents.

The panel determined that Witness 2's evidence was credible and reliable.

Therefore, the panel found this charge proved on the balance of probabilities.

Charge 11)b)

"That you, a registered nurse, whilst working as Clinical Lead at Springfield Hospital:

11)In respect of Nurse C;

- b) On or around 17 November 2022 when they had expressed an interest in Orthopaedic triage stated to them that they were "two faced" and/or "how dare they go to Clinical Lead/Manager 1 behind [your] back" or words to that effect."

This charge is found proved.

In reaching this decision, the panel had regard to all of the evidence before it. It had particular regard to the written and oral evidence of Witness 2, the written and oral evidence of Witness 3, and the written statement of Nurse B.

The panel considered Witness 2's witness statement:

'Miss Chamberlain turned to me and said loudly 'I hate two faced people'. I asked her what was wrong and she stated quite clearly that I was two faced and 'how dare you go to Manager 1 behind my back". She also stated "I am your manager and you do not discuss anything with anyone unless you ask my permission".'

The panel also noted Witness 2's oral evidence in which she told the panel that Miss Chamberlain's response to her had been very aggressive.

The panel took into account its finding in respect of charge 7)k) which was conduct of a similar nature towards Nurse B on the part of Miss Chamberlain.

Witness 3 told the panel in oral evidence that Miss Chamberlain had adopted a poor management style and was inexperienced. The panel determined that there was evidence of similar behaviour from Miss Chamberlain and that, on balance, it is more likely than not that this incident did occur.

Therefore, the panel found this charge proved on the balance of probabilities.

Charge 11)c)

"That you, a registered nurse, whilst working as Clinical Lead at Springfield Hospital:

11)In respect of Nurse C;

- c) On or around April 2023 in relation to a date error on a blood sample told them that they were "fucking incompetent" or words to that effect."

This charge is found proved.

In reaching this decision, the panel had regard to all of the evidence before it. It had particular regard to the written and oral evidence of Witness 2 and Witness 3.

The panel considered Witness 2's witness statement:

'I walked in to a tirade of abusive language from Miss Chamberlain. She shouted that I was "fucking incompetent" and how dare I send incorrectly labelled blood sample.'

The panel noted Witness 2's oral evidence in which she stated that:

"I had to go straight into the office ... I couldn't believe it she stood up and said 'you're just fucking incompetent'. The office door was open and it was busy ... I was devastated over that. I picked up my stuff and walked out. That made me cry. I'm a hardened nurse but that was awful".

The panel also noted Witness 3's report of her meeting with Witness 2 in which it is recorded:

'[Witness 2] walked into [Miss Chamberlain]'s office to be told that she was "fucking incompetent.'

The panel found Witness 2 to be a very credible and compelling witness who was able to recall relevant details about the alleged incident.

The panel noted that whilst Witness 2's local grievance documented that Miss Chamberlain stated that Witness 2 was *'bloody incompetent'* and not *'fucking incompetent'*, Witness 2 explained in her oral evidence that she severely dislikes the use of profanity and therefore did not want to write the words *'fucking incompetent'* at the time that she logged her local grievance. She was advised, however, that she had to use the exact words that Miss Chamberlain had said to her and she told the panel that is what she did in her formal grievance meeting with Witness 3 and in her NMC witness statement. Witness 2 was able to explain this to the panel in great

detail. Witness 2 also told the panel that she had kept a contemporaneous diary of events.

The panel determined that Witness 2's evidence was credible and reliable.

Therefore, the panel found this charge proved on the balance of probabilities.

Charge 11)d)

"That you, a registered nurse, whilst working as Clinical Lead at Springfield Hospital:

11)In respect of Nurse C;

d) On or around April 2023 referred to them to other member/s of staff as an "old dinosaur" or words to that effect."

This charge is found proved.

In reaching this decision, the panel had regard to all of the evidence before it. It had particular regard to the written and oral evidence of Witness 2.

The panel considered Witness 2's witness statement:

'In June 2023, I overheard Miss Chamberlain telling staff in the office that I was an "old dinosaur". witnessed this but I did not recognise the other staff as they had their backs to me. The door was partially open so I did not misinterpret it. Although I thought it to be an amusing description, I thought her behaviour was juvenile and to make derogatory comments about colleagues was totally unprofessional for a sister/team lead.'

In oral evidence, Witness 2 told the panel that she was in the corridor outside the office getting the trolley prepared. The door to the office was open and she heard

Miss Chamberlain say '[Witness 2], she's just an old dinosaur'. Witness 1 also told the panel that although she initially thought the comment was '*amusing*', on reflection she found it to be upsetting and undermining.

The panel found Witness 2 to be a very credible and compelling witness who was able to recall relevant details relating to the alleged incident. Witness 2 was able to explain this to the panel in great detail. Witness 2 also told the panel that she had kept a contemporaneous diary of events.

The panel determined that Witness 2's evidence was credible and reliable.

Therefore, the panel found this charge proved on the balance of probabilities.

Charge 11)e)

"That you, a registered nurse, whilst working as Clinical Lead at Springfield Hospital:

11)In respect of Nurse C;

e) On one or more occasion criticised and/or made comments about other staff members to them which was not appropriate, in particular;

i) In relation to Nurse D "She's not what pre-assessment needs. I'm going to get her out" or words to that effect.

ii) In relation to Nurse E "Thinks she knows everything but I'll soon sort that out" or words to that effect.

iii) In relation to Nurse A;

(1) "he's slap dash and the consultants have complained to me about his work" or words to that effect.

(2) "Upstairs outpatient staff find him sleazy" or words to that effect.

(3) "I may extend his probation" or words to that effect.

iv) In relation to Nurse B;

- (1) "I've had multiple complaints from patients and staff about her attitude and poor language skills" or words to that effect.
 - (2) "She's not up to the job and is very slow" or words to that effect.
 - (3) "I'm extending her probation" or words to that effect.
- v) In respect of Health Care Assistant 1 "Her attitude is wrong. I've had to tell her who is in charge, I don't like telling me what to do " or words to that effect.
- vi) In relation to Technician 1 "just to make you aware, I have had to stop [Technician 1] doing our ECGs as she has made some serious errors and not recognising or escalating problems, the consultants have made very serious complaints about her work" or words to that effect."

This charge is found proved.

In reaching this decision, the panel had regard to all of the evidence before it. It had particular regard to the written and oral evidence of Witness 2, the written and oral evidence of Witness 3, and Miss Chamberlain's completed CMF.

The panel considered Witness 2's witness statement:

'I had the following comments divulged to me by Miss Chamberlain in breach of staff confidentiality and also her personal thoughts about staff (these are the words I remember):

- *[Nurse A] (nurse): "he's very slapdash and the consultants have complained to me about his work"; "upstairs outpatient staff find him sleazy"; "I may extend his probationary period";*
- *[Nurse B] (nurse): "I've had multiple complaints from patients and staff about her attitude and poor language skills"; "she's not up to the job and is very slow"; "I am going to extend her probationary period";*

...

•[Technician 1] *“just to make you aware, I have had to stop doing our ECG’s as she has made some serious errors and not recognising or escalating problems, the consultants have made serious complaints about her work”*

•[Nurse D] *“She’s not what pre-assessment needs, I’m going to get her out”;*

•[Health Care Assistant 1] (level four HCA): *“her attitude is wrong, I’ve had to tell her who is in charge, I don’t like her telling me what to do”*

•[Nurse E] (previously senior staff nurse, now bank staff nurse in the Unit) *“thinks she knows everything but I’ll soon sort her out”.*’

In her oral evidence Witness 2 told the panel that she had told Miss Chamberlain that it was not appropriate to be telling her such things but she had said that she was only telling her because she had done this before. Witness 2 stated it was as if Miss Chamberlain was trying to take her into her confidence.

The panel found Witness 2 to be a very credible and compelling witness who was able to recall relevant details relating to the alleged conversations that Miss Chamberlain had with her about other colleagues. The panel had no reason to believe that Witness 2 would fabricate such evidence.

The panel also noted that Miss Chamberlain has admitted charges 11)e)iii)(1), 11)3)iii)(3), 11)e)iv)(2), 11)e)iv)(3) and 11)e)vi) in her CMF.

Further, the panel took into account that there was other evidence before it in relation to other charges that demonstrated Miss Chamberlain’s overly familiar and unprofessional manner of communication with the staff that she was managing.

Therefore, the panel found this charge proved on the balance of probabilities in its entirety.

Charge 11)f)

"That you, a registered nurse, whilst working as Clinical Lead at Springfield Hospital:

11) In respect of Nurse C;

- f) Told them about staff member Ms 1's health and/or health issues without their permission."

This charge is found proved.

In reaching this decision, the panel had regard to all of the evidence before it. It had particular regard to the written and oral evidence of Witness 2, the written and oral evidence of Witness 3, and Miss Chamberlain's completed CMF.

The panel noted that Witness 2 stated in her witness statement:

'[Ms 1] "I've had to demote her back to junior staff nurse due to her prolonged sickness and high stress levels. She has a lot of mental health issues." (Ms 1's senior role was a temporary position as she was covering a staff member on long term sickness).'

In her oral evidence Witness 2 told the panel that she had told Miss Chamberlain that it was not appropriate to be telling her such things, but she had said that she was only telling her because she had done this before. Witness 2 stated it was as if Miss Chamberlain was trying to take her into her confidence. Witness 2 told the panel that she did not think it was right for Ms 1 to be demoted as she had been asked to act up due to staff sickness.

The panel found Witness 2 to be a very credible and compelling witness who was able to recall relevant details relating to the time of the alleged incidents. The panel noted that Miss Chamberlain denied this allegation in her CMF but it had no reason to believe that Witness 2 would fabricate this conversation.

Further, the panel took into account that there was other evidence before it in relation to other charges that demonstrated Miss Chamberlain's overly familiar and unprofessional manner of communication with the staff that she was managing.

Therefore, the panel found this charge proved on the balance of probabilities in its entirety.

Charge 11)g)

"That you, a registered nurse, whilst working as Clinical Lead at Springfield Hospital:

11)In respect of Nurse C;

g) On one or more occasion told them you had a close relationship with senior management."

This charge is found proved.

In reaching this decision, the panel had regard to all of the evidence before it. It had particular regard to the written and oral evidence of all four witnesses.

The panel had regard to Witness 2's witness statement in which she stated:

'I was constantly led to believe from Miss Chamberlain that she was close friends with both the [management]. She stated numerous times that she would know if staff discussed anything with them as they would tell her.'

The panel noted that Witness 1 also reported matters of a similar nature in his written statement:

'It was my perception (reinforced by Ms Chamberlain's statements "I am really friendly with the management") that certain members of the

management team ... had a close relationship with Miss Chamberlain'

The panel noted that in Witness 3's report of her formal grievance meeting with Witness 2 it is reported that:

'[Witness 2] stated that [Miss Chamberlain] often remarks that she was very friendly with both [the CEO] and [the Matron], therefore it was generally felt amongst the team that they would not be listened to, should they have raised any concerns, so they continued to put up with a lot of things'

In her oral evidence Witness 2 told the panel:

"we were worried. We were told by [Miss Chamberlain] that she was good friends with the CEO and Matron and that she'd know about anything we told them."

The panel noted that Witness 4 spoke positively about Miss Chamberlain and stated that Miss Chamberlain was well respected and liked by the senior managers. Therefore, the panel was of the view that this indicated that it was likely that Miss Chamberlain told Witness 2 that she had a close relationship with senior management.

The panel found Witness 2 to be a very credible and compelling witness who was able to recall relevant details relating to the time of the alleged incidents. The panel was of the view that Witness 2's evidence was supported by Witness 1's evidence.

Therefore, the panel found this charge proved on the balance of probabilities in its entirety.

Charge 12

"That you, a registered nurse, whilst working as Clinical Lead at Springfield Hospital:

12)Your conduct at charge 11d was discriminatory."

This charge is found not proved.

In reaching this decision, the panel had regard to all of the evidence before it. It had particular regard to the written and oral evidence of Witness 2, the written and oral evidence of witness 3, and its earlier findings in relation to charge 11)d).

The panel was of the view that there is no dispute that Miss Chamberlain's use of the words '*old dinosaur*' to describe Witness 2 in charge 11)d) relates to a protected characteristic; age. However, there is no contextual evidence in respect of whether this was purposely said by Miss Chamberlain in an intentionally discriminatory way.

The panel was of the view that Witness 2 was a very experienced nurse with decades of experience who had worked as part of the PAC team since 2011. The panel saw no evidence to suggest that her colleagues were not well aware of Witness 2's extensive experience and knowledge in terms of nursing.

The panel considered that Miss Chamberlain often used a familiar communication style that she perhaps saw as being humorous. The panel was of the view that this does not excuse Miss Chamberlain's conduct. However, the panel was not satisfied on the evidence before it, that Miss Chamberlain's use of the words '*old dinosaur*' amounted to discriminatory conduct.

Therefore, the panel found this charge not proved.

Charge 13

"That you, a registered nurse, whilst working as Clinical Lead at Springfield Hospital:

13)Your conduct at all or part of charge 11 above amounted to bullying in that your unwanted behaviour directed at Nurse C was offensive and/or intimidating and/or malicious and/or insulting that undermined, humiliated, or caused physical or emotional harm to them.”

This charge is found proved.

In reaching this decision, the panel had regard to all of the evidence before it. It had particular regard to the written and oral evidence of Witness 2 and its earlier findings at charge 11).

The panel was of the view that this is a serious charge, which is denied by Miss Chamberlain in her completed CMF.

In her witness statement, Witness 2 said:

‘Although Miss Chamberlain could be pleasant between these episodes, I remained feeling quite vulnerable when arriving for duty and would be anxious the night before, particularly following incidents. I felt that if I had a query about a particular patient, I would rather ask someone else as I felt her advice would not be helpful and I would be criticised to other staff members. The atmosphere remained tense and sometimes hostile when she was on duty and staff were made to feel they couldn’t trust anyone to help. As I stated to [Ms 2], The Ramsay ethos of professionalism, respect and caring for people in our community was certainly not felt by myself or other team members because of the level of intimidation and demoralisation we were experiencing.

Since Miss Chamberlain has resigned, the department has been transformed. There is a greater level of trust, and the team has pulled together to create an atmosphere of openness and support. Staff morale is noticeably high; altogether it is a much happier place to work in.’

In oral evidence, Witness 2 told the panel that she had never, in her lengthy career, met or worked with anyone like Miss Chamberlain and that she was one of the most unprofessional nurses that she had ever come across. She also told the panel that:

“There did need to be changes but it was the way it was handled. I’d go home frustrated and wouldn’t sleep. It really got to me and I didn’t sleep, I’d toss and turn and go in thinking ‘what am I going to face’. It made me feel vulnerable and question everything I was doing, even though I was performing my job well. It took all my confidence away. I love my job but she made me question this. It was her attitude and then she wouldn’t speak for a couple of days. I cut down my hours because of it”

The panel found Witness 2 to be a very credible and compelling witness who had been able to recall a number of incidents that the panel have found proved with great detail.

The panel noted that although no physical harm had occurred as a result of Miss Chamberlain’s conduct, there was evidence of emotional harm caused to Witness 2.

The panel determined that its findings at charge 11) are serious, both singularly and collectively. The panel was satisfied that Miss Chamberlain’s conduct towards Witness 2 was offensive, intimidating, insulting, had the potential to undermine Witness 2 and had caused her emotional harm. It was satisfied, on the balance of probabilities, that Miss Chamberlain’s conduct in charge 11 amounted to bullying.

Therefore, the panel found this charge proved on the balance of probabilities.

[This hearing resumed on 3 February 2026]

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this resuming hearing that Miss Chamberlain was not in attendance and that the Notice of Hearing (the Notice) had been sent to her registered email address on 16 January 2026.

Ms Ewulo referred the panel to Rule 32(3) of the Rules. She submitted that the notice period was reasonable and had been sent by the NMC to Miss Chamberlain as soon as practicable.

Ms Ewulo submitted that on 30 July 2025, the NMC informed Miss Chamberlain that the substantive hearing had adjourned and the panel's determination on the facts had been sent to her. In this letter, Ms Ewulo submitted that the NMC informed Miss Chamberlain that a resuming hearing would be organised and that she would be notified of the dates, which she was. Ms Ewulo submitted that good service has been effected.

The panel accepted the advice of the legal assessor.

The panel had regard to Rule 32(3) of the Rules and the NMC Guidance on '*Notice of our hearings and meetings*' (Reference: PRE-6 Last Updated 14/10/2022). The panel noted that Miss Chamberlain was given in excess of two weeks notice of this resuming hearing. It also noted that on 30 July 2025, she was made aware that the hearing had adjourned and that it would be resuming at a later date. The panel was satisfied that the notice period was reasonable and that good service had been effected in accordance with the Rules and NMC Guidance.

Decision and reasons on proceeding in Miss Chamberlain's absence

Ms Ewulo referred the panel to the cases of *Jones* and *Adeogba*. She submitted that Miss Chamberlain is aware of this hearing resuming and she was aware of this

hearing when it commenced in July 2025. Ms Ewulo submitted that Miss Chamberlain has voluntarily absented herself and she has not requested an adjournment or postponement. Ms Ewulo submitted that there is no reason to suppose that an adjournment would secure Miss Chamberlain's attendance in the future. She submitted that there is a public interest in the expeditious disposal of hearings and invited the panel to proceed in Miss Chamberlain's absence.

The panel accepted the advice of the legal assessor.

The panel noted that on 30 July 2025 Miss Chamberlain was notified of the panel's decision on the facts and that the hearing adjourned and a resuming hearing would be listed. The panel also noted that Miss Chamberlain has not engaged with the NMC since this hearing adjourned and she has not requested an adjournment of this resuming hearing. The panel therefore concluded that an adjournment would serve no useful purpose and it would not be in the public interest. Having found a number of charges proved, the panel considered that the public would expect for matters to be dealt with expeditiously in order to meet the NMC's overarching objectives. The panel was also of the view that delaying matters would neither be in the interests of the witnesses nor Miss Chamberlain.

Balancing all of the above, the panel decided to proceed in the absence of Miss Chamberlain.

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

Submissions on misconduct

Ms Ewulo submitted that the conduct which led to the charges which have been proved amounts to misconduct. She referred the panel to the case of *Roylance v General Medical Council (No. 2)* [2000] 1 AC 311 that defines misconduct as a 'word of general effect, involving some act or omission which falls short of what would be proper in the circumstances.' Ms Ewulo also referred the panel to the cases of *R (on the application of) Calhaem v General Medical Council* [2007] EWHC 2606 and *Nandi v General Medical Council* [2004] EWHC 2317 (Admin).

Ms Ewulo referred the panel to '*The Code: Professional standards of practice and behaviour for nurses and midwives 2015*' (the Code) and identified a number of parts of the Code which, in her submission, had been breached.

Ms Ewulo submitted that Miss Chamberlain's actions were serious, she failed to conduct herself appropriately and failed to treat colleagues with dignity and respect. She submitted that the behaviour occurred over an 18 month period and, during this period, Miss Chamberlain made inappropriate sexual comments, engaged in racially motivated discrimination, bullied a colleague, used abusive language, breached confidentiality and abused her position of leadership.

Ms Ewulo submitted that Miss Chamberlain, in deliberately acting in the way she did towards a number of colleagues over a sustained period, breached the Code. She submitted that discrimination and racism are particularly serious, and have no place in the nursing profession. Ms Ewulo submitted that the racially motivated

discrimination found in this case was particularly serious as it occurred in a healthcare workplace where diversity and equality are fundamental values.

Ms Ewulo submitted that whilst bullying is not a prohibited behaviour under the Equality Act, it can have serious effect on workplace culture and therefore the safety of people receiving care. She submitted that Miss Chamberlain's conduct caused Nurse C emotional harm and a loss of confidence which she stated resulted in her having to reduce her working hours.

Ms Ewulo submitted that Miss Chamberlain's actions were a very serious departure from the standards expected of a registered nurse, particularly from the standards expected of a clinical lead. She submitted that Miss Chamberlain's actions in engaging in racially motivated discrimination, bullying a colleague, making sexual comments, using profane language, breaching confidentiality and abusing a position of leadership would be considered as deplorable conduct by fellow practitioners. Ms Ewulo therefore invited the panel to find that the conduct found proved amounted to misconduct.

Submissions on impairment

Ms Ewulo 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. She referred the panel to the NMC Guidance on '*Impairment*' (Reference: DMA-1 Last Updated: 28/01/2026).

Ms Ewulo also referred the panel to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin).

Ms Ewulo submitted that Miss Chamberlain placed colleagues and patients at a risk of harm by creating a toxic and intimidating working environment. She submitted that colleagues were caused actual emotional harm as a result of Miss Chamberlain's misconduct. Ms Ewulo submitted that Miss Chamberlain's conduct brought the profession into disrepute and breached fundamental tenets of the profession.

Ms Ewulo submitted that whilst some of the charges could potentially be addressed through re-training, the root cause of the concerns are deep-seated attitudinal problems. She submitted that deep-seated attitudinal concerns cannot be easily addressed through training alone. Ms Ewulo submitted that Miss Chamberlain has not provided any evidence that she has reflected on her actions, and she has not acknowledged the harm caused to her colleagues or demonstrated that she understands the impact on public confidence and professional standards. She submitted that the concerns have not been addressed and there remains a risk that the behaviour could be repeated.

Ms Ewulo submitted that a finding of impairment was required on public protection and public interest grounds.

The panel accepted the advice of the legal assessor.

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 Miss Chamberlain's actions fell significantly short of the standards expected of a registered nurse, and that her 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

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

8.7 be supportive of colleagues who are encountering health or performance problems. However, this support must never compromise or be at the expense of patient or public safety

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

To achieve this, you must:

9.1 provide honest, accurate and constructive feedback to colleague

20 Uphold the reputation of your profession at all times

To achieve this, you must:

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

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

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

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

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

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

The panel first considered the charges proved individually and was satisfied that when taken together, both individually and cumulatively, the charges found proved amounted to misconduct.

The panel found that Miss Chamberlain's conduct was particularly serious, it occurred when she was in a position of leadership and power. The panel also found that Miss Chamberlain repeatedly breached professional standards and core values over a prolonged period of time and a number of colleagues were subject to racism, bullying and harassment. The panel found that Miss Chamberlain's actions fell seriously short of the conduct and standards expected of a nurse and amounted to misconduct.

Decision and reasons on impairment

The panel next went on to decide if as a result of the misconduct, Miss Chamberlain'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. 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/ fitness to practise is impaired in the sense that S/He:

- a) has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
- b) has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
- c) has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*
- d) ...'*

The panel found limbs a, b and c engaged. The panel found that Miss Chamberlain caused actual emotional harm to a Nurse which resulted in her having to reduce her working hours. The panel was of the view that in creating an intimidating and hostile working environment, patient care and safety could have been negatively impacted.

The panel considered that Miss Chamberlain's actions, in engaging in racially motivated and discriminatory behaviour and bullying brought the profession into

disrepute. The panel was also of the view that in acting inappropriately and using her position of power and leadership to bully colleagues, Miss Chamberlain's actions brought the profession into disrepute.

The panel found that Miss Chamberlain breached multiple parts of the Code. Nurses are expected to prioritise people, practise effectively, preserve safety and promote professionalism and trust. In creating a hostile working environment and engaging in racially motivated discrimination, bullying and inappropriate behaviour the panel found that Miss Chamberlain breached fundamental tenets of the nursing profession.

The panel next considered the factors set out in the case of *Ronald Jack Cohen v General Medical Council* [2008] EWHC 581 (Admin). The panel first considered whether the misconduct found was capable of remediation.

The panel had regard to the NMC Guidance on '*Impairment*' and had particular regard to the section entitled '*what do we mean by a 'deep seated attitudinal issue'?*'. The panel was of the view that racially motivated, discriminatory and bullying behaviour is indicative of an ingrained mindset or belief system that are resistant to change.

The panel had sight of a number of documents from Miss Chamberlain which included the following:

- Miss Chamberlain's response to the NMC dated 26 October 2023.
- An employment reference dated 30 October 2023.
- Miss Chamberlain's responses to the charges in the PCED.
- An employment reference dated 1 May 2024.
- Homecare Nurse Role Profile.

The panel also had regard to a testimonial from the Head of Clinical Services dated 12 March 2025.

In the employment references, the panel noted that there were some positive comments and reference to Miss Chamberlain completing some relevant training courses.

Whilst the panel acknowledged that the underlying attitudinal concerns found proved in this case are inherently difficult to put right, meaningful change and remediation are not impossible. However, the panel found that there was an absence of compelling evidence that Miss Chamberlain has genuinely reflected on her behaviour and attitudes. The panel also found that there was no evidence that Miss Chamberlain has any remorse for her actions or recognised the impact on those affected by her behaviour or the wider profession. Furthermore, Miss Chamberlain has not provided sufficient evidence of learning and development.

Having regard to all of the above, the panel determined that Miss Chamberlain's insight into her misconduct was limited and she has not remediated the concerns. The panel therefore determined that Miss Chamberlain is liable to put patients at an unwarranted risk of harm, bring the profession into disrepute and breach fundamental tenets of the profession in the future.

The panel found that there is a risk of repetition of the misconduct and a consequent risk of harm to colleagues and patients. The panel therefore decided that a finding of impairment is necessary on the ground of public protection.

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

The panel determined that a finding of impairment on public interest grounds is required to mark the profound unacceptability of Miss Chamberlain's behaviour. In addition, 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 Miss Chamberlain's fitness to practise impaired on the grounds of public interest.

The panel determined that Miss Chamberlain is not currently able to practise safely and effectively without restriction for all of the reasons set out above.

Having regard to all of the above, the panel was satisfied that Miss Chamberlain's fitness to practise is currently impaired on both public protection and public interest grounds.

Sanction

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

The panel accepted the advice of the legal assessor.

Submissions on sanction

Ms Ewulo submitted that the NMC sanction bid is that of a striking-off order. She provided the panel with some factors of the case that were aggravating in her submission. Ms Ewulo submitted that there are no mitigating factors in this case.

Ms Ewulo submitted that the misconduct in this case is particularly serious and falls into higher risk concern as set out in the NMC Guidance on '*Sanctions for the highest risk cases*' (Reference: SAN-4 Last Updated: 28/01/2026). She also referred the panel to the NMC Guidance on '*Striking-off order*' (Reference: SAN-2e Last Updated: 28/01/2026). She submitted that having regard to the four factors set out in the guidance, Miss Chamberlain's actions are fundamentally incompatible with her being a registered nurse and that the most appropriate and proportionate sanction is that of a striking-off order.

Decision and reasons on sanction

Having found Miss Chamberlain'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 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 factors:

- Abuse of position of leadership, authority and trust.
- Miss Chamberlain caused actual emotional harm to a colleague.
- In creating a hostile environment, Miss Chamberlain's conduct placed patients at a risk of suffering harm.
- Miss Chamberlain failed to work collaboratively with her colleagues.
- There was a pattern of behaviour which involved racial discrimination, bullying and inappropriate communications.
- Miss Chamberlain's behaviour persisted over a prolonged period of approximately 18 months and involved a number of colleagues.
- Miss Chamberlain has not engaged in the NMC Fitness to Practise process.
- Miss Chamberlain has limited insight into her conduct.
- There is no evidence of remorse.

In considering whether there were any mitigating factors in this case, the panel had regard to all of the evidence before it. It noted that Miss Chamberlain provided some contextual information about change management process that was in place at the relevant time and some difficult personal circumstances. Whilst the panel acknowledged the pressures Miss Chamberlain may have been under, it was of the view that this does not justify or mitigate against any of the conduct or behaviour found.

The panel first considered whether to take no action and noted that this is only appropriate in cases where a finding of impairment has been made solely to uphold professional standards and a registrant has demonstrated an exceptional level of remediation and insight. The panel found that Miss Chamberlain's practise is currently impaired on both public protection and public interest grounds, her level of insight is limited and there is no evidence of remediation. The panel therefore found

that taking no further action would neither protect the public nor uphold public confidence in the profession.

The panel next considered a caution order which is only appropriate if there is no risk to the public or to people using services. In the NMC Guidance on '*Caution order*' (Reference: SAN-2b) Last Updated: 28/01/2026) the following is set out:

'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 this case is particularly serious and was not at the lower end of the spectrum of impaired fitness to practise and would be inappropriate in view of the seriousness of the case. As the panel found that there is a risk to patient and public safety, it determined that a sanction that does not restrict Miss Chamberlain's 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 order on Miss Chamberlain'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). Having found that there is evidence of deep-seated personality and attitudinal problems and having regard to the nature and seriousness of Miss Chamberlain's conduct, the panel determined 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 as stated:

- *‘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 and considered the following list of circumstances that 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 Miss Chamberlain 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 Miss Chamberlain’s lack of engagement, limited insight, lack of remorse,

together with no evidence of training and development, 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).

The panel found that Miss Chamberlain misused her power as a clinical lead, and she created a hostile and intimidating environment in which collaborative working and patient safety were compromised. The panel also found that Miss Chamberlain's unacceptable and inappropriate behaviour was not isolated, it occurred over a period of approximately 18 months and involved a number of colleagues. The panel found that Miss Chamberlain's actions were racially motivated and discriminatory. The panel also found that Miss Chamberlain, who was in a position of authority and power, bullied her colleagues and caused emotional harm. 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?*
- *Can public confidence in the profession be maintained if the professional is not removed from the Register?*
- *Is there any amount of insight and reflection which could keep people receiving care and members of the public safe, maintain public confidence in the profession, and uphold professional standards?*
- *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 Miss Chamberlain, whilst in a position of authority, demonstrated racially motivated, discriminatory, bullying and inappropriate behaviour. The panel found that Miss Chamberlain's actions caused emotional harm to a colleague, placed colleagues at risk of emotional harm and compromised patient safety through creating a hostile environment. In the panel's view, Miss Chamberlain's behaviour and conduct raise fundamental questions about her professionalism.

Given that Miss Chamberlain's behaviour is indicative of an ingrained mindset or belief system and a deep-seated and harmful attitudinal concern, the panel considered that public confidence in the profession and the NMC as its regulator could not be maintained if Miss Chamberlain was not removed from the Register.

As set out previously, the panel found that Miss Chamberlain has limited insight into her conduct. The panel found that Miss Chamberlain has failed to meaningfully engage with the Fitness to Practise process and demonstrate that she has reflected on her conduct and developed her insight to the extent that public safety, public confidence in the profession, and professional standards could be maintained.

Having regard to the seriousness and nature of Miss Chamberlain's conduct and behaviour, and to her lack of engagement and limited insight, the panel determined that there is no realistic prospect that even after a period of suspension, Miss Chamberlain would have gained insight and strengthened her practice to reduce the risks identified.

Miss Chamberlain's conduct and behaviour 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 Miss Chamberlain's conduct and behaviour were so serious that to allow her to continue practising would not protect the public and 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 effect of Miss Chamberlain's conduct in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct themselves, 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.

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 Miss Chamberlain's own interests until the striking-off sanction takes effect.

Submissions on interim order

Ms Ewulo submitted that an interim suspension order for a period of 18 months is necessary to protect the public and to maintain public confidence for the appeal period.

The panel 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. Having already determined that a striking off order is necessary to protect the public and to satisfy the public interest in this case, to not impose an interim suspension order to cover the appeal period would be inconsistent with its earlier findings. The panel therefore imposed an interim suspension order for a period of 18 months to cover any appeal period.

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

This will be confirmed to Miss Chamberlain in writing.

That concludes this determination.