Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Hearing
Monday 26 January 2026 – Thursday 29 January 2026

Virtual Hearing

Name of Registrant:	Orla Dillon
NMC PIN:	20A0680E
Part(s) of the register:	Nurses part of the register Sub part 1 RNMH: Mental health nurse, level 1 – 21 August 2020
Relevant Location:	England, Sussex
Type of case:	Misconduct
Panel members:	Alan Greenwood (Chair, Lay member) Hazel Walsh (Registrant member) Christine Wroe (Lay member)
Legal Assessor:	Mark Ruffell
Hearings Coordinator:	Hazel Ahmet
Nursing and Midwifery Council:	Represented by Rowena Wisniewska, Case Presenter
Ms Dillon:	Present and represented by Anna Deery (instructed by the Royal College of Nursing 'RCN')
Facts proved:	All charges found proved by way of your admission.
Fitness to practise:	Impaired
Sanction:	**Suspension Order (12 months)**
Interim order:	**Interim Suspension Order (18 months)**

Details of charge

That you, a registered nurse:

1. On 27 March 2024 hugged and/or kissed Patient A on his cheek.

2. On 28 March 2024:

   a) Held hands and/or kissed Patient A on one or more occasion.
   b) Exchanged chess.com usernames with Patient A to continue contact.

3. On 30 March 2024 in respect of Patient A:

   a) Arranged to meet him at Queen's Park.
   b) Kissed him.
   c) Arranged to meet up with him later that evening at 'Green Door Store'.
   d) Danced with him.
   e) Kissed and/or hugged him on one or more occasion.
   f) Allowed him to walk you home.

4. On 1 April 2024 in respect of Patient A:

   a) Engaged in conversation with him via chess.com.
   b) Invited him to your home.
   c) Kissed and/or hugged him on one or more occasion.
   d) Engaged in sexual intercourse and/or sexual acts on one or more occasion.
   e) Allowed him to stay overnight at your home.

5. On 2 April 2024 arranged to meet Patient A at your home.

6. Between 1 and 5 April 2024 engaged in conversation with Patient A via chess.com to continue contact.

7. On 6 April 2024 in respect of Patient A:

   a) Invited him to your home.
   b) Engaged in sexual intercourse and/or sexual acts on one OR more occasion.
   c) Allowed him to stay overnight at your home.

8. On 7 April 2024 engaged in sexual intercourse and/or sexual acts with Patient A on one or more occasion.

9. On 9 April 2024 in respect of Patient A:

a) Arranged to meet him at Saunders Park.
b) Kissed him.

10. On 11 April 2024 in respect of Patient A:

a) Arranged to meet up with him at ‘the Level.’
b) Kissed and/or hugged him on one or more occasion.
c) Agreed to go back to his home.
d) Engaged in sexual intercourse and/or sexual acts on one or more occasion.
e) Stayed overnight at his home.

11. On 12 April 2024 in respect of Patient A:

a) Arranged to meet up with him at Preston Park.
b) Kissed and/or hugged him on one or more occasion.

12. On 14 April 2024 in respect of Patient A:

a) Arranged to meet up with him at ‘the Level.’
b) Agreed to go back to his home.
c) Engaged in sexual intercourse and/or sexual acts on one or more occasion.
d) Stayed overnight at his home.

13. Between 15 April 2024 and 16 April 2024 engaged in conversation via chess.com to maintain contact.

14. In your statement to the Trust dated 16 April 2024, indicated your intention to continue a romantic and/or sexual relationship with Patient A.

15. In your investigatory meeting on 29 April 2024 indicated you were continuing a romantic and/or sexual relationship with Patient A.

16. Between 27 March 2024 and 11 November 2024 engaged in a romantic and/or sexual relationship with Patient A.

17. Your conduct at one or more of the charges at 1 to 16 amounted to a breach of professional boundaries with Patient A.

18. Your conduct at one or more of the charges at 1 to 16 was sexually motivated in that your actions were in pursuit of a relationship with Patient A.

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

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

At the outset of the hearing, Ms Wisniewska, on behalf of the Nursing and Midwifery Council (NMC), and Ms Deery, on your behalf, made a joint application for this case be held entirely in private on the basis that proper exploration of your case involves [PRIVATE]. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

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

Having heard that there will be reference to your [PRIVATE], alongside other personal private matters, the panel determined to hold parts of this hearing in private as and when such matters arise, in order to protect your privacy.

Background

The charges in this case arose whilst you were employed as a Charge Nurse on the Regency Ward of Sussex Partnership NHS Foundation Trust, 'the Trust'. Your role, in essence, was that of a Deputy Ward Manager, and commenced in October 2023. Your

role entailed a requirement to have oversight of the entire ward, to supervise staff, to complete staff appraisals and to have leadership oversight, supporting the ward manager.

On 19 March 2024, Patient A was discharged from the Trust.

On 21 March 2024, a routine supervision meeting took place between yourself and Witness 1 [the Ward Manager], which was requested by you. During this meeting you told Witness 1 that you had come into contact with Patient A, but that your relationship was strictly professional, though you did state you had built a *'therapeutic rapport'* with him.

On 28 March 2024, a patient who was recently discharged from the ward and was previously under your close care notified his probation officer that he had met up with a mental health nurse from the ward and had kissed her, considering there to be a romantic connection between the two. Your identity, however, was not disclosed at this stage.

On 2 April 2024, you completed a statement, whereby you continued to deny any wrongdoing, and noted that you had stressed the importance of maintaining professional boundaries to Patient A when having *'bumped into'* him at Queen's Park. You were informed that you would be placed on 'special leave' pending an internal investigation by the Trust.

On 9 April 2024, you attended a further meeting whereby you were suspended and notified that an internal investigation would need to take place. At this meeting, you continued to deny any wrongdoing.

On 12 April 2024 you contacted Witness 1 by telephone and during this conversation you indicated that you needed to change your original statement and admitted that you had not been truthful previously. On this date, you admitted that you were involved in a romantic and sexual relationship with Patient A.

On 16 April 2024, you submitted a statement where you disclosed the full extent of your relationship with Patient A.

On 20 June 2024, following the completion of the Trust's investigation, you were dismissed at a disciplinary hearing.

Decision and reasons on facts

At the outset of the hearing, you made full admissions to all of the charges.

The panel therefore finds all of the charges proved in their entirety, by way of your admissions.

Ms Dillon's oral evidence

The panel at this stage heard oral evidence from you in relation to misconduct and impairment, under affirmation.

You stated that you left the relationship with Patient A on 11 November 2024; he is blocked on all digital platforms. Since this date you have received a couple of messages from him from unknown numbers, to which you responded by blocking these numbers. You said that you do not intend to have any further direct or indirect contact with Patient A; the last time you saw him in public was during Spring of 2025.

[PRIVATE]

You stated that you were in a relationship between March 2024 and November 2024 with Patient A (who was no longer a patient), and that during these months, [PRIVATE]

You stated that your relationship with Patient A was *'turbulent'*, and most of the time [PRIVATE].

[PRIVATE]

[PRIVATE]

[PRIVATE]

You stated that the reason you continued in the relationship with Patient A, knowing the risks which came with it, was because when you did attempt to end the relationship in May 2024, you received [PRIVATE]. You also received phone calls and voicemails from an individual who knew Patient A, who you had not consented to having your phone number. [PRIVATE]

Further, you stated that you were isolated by Patient A within your relationship and were discouraged from spending time with your own friends. You said that being isolated with one individual, at all times, made it difficult to leave.

You stated that through embarking on a relationship with someone with who it was your role to protect and to care for, you breached boundaries, and fractured the trust of a patient under the healthcare system. You said that you understand that Patient A's trust and engagement with future therapeutic relationships is going to be *'really'* affected. You also stated that you are aware that Patient A will have an identified risk on his record, which will impact the type of care that he receives, and the way risks assessments will be conducted, in the future. You said that you have great sorrow for failing him as a clinical professional.

You stated that your role was one of seniority and leadership, and so your sudden and long-term unplanned absence from the team, likely made the day-to-day shifts of your colleagues, a lot harder. Further, your actions, as a senior colleague, would have caused confusion for your colleagues. You acknowledged the impact your actions would have had on Witness 1, making her job in the hospital a lot harder.

You stated that you understand that as a registered nurse, it was your duty to uphold and represent the values set out by the NMC in the Code of Conduct. You said that in failing to do so, it reflects on the profession negatively. You stated that the impact of nurses failing to promote the right values and maintain boundaries, can cause public loss of faith in the profession. You said that you understand that your actions would have potentially contributed to this loss of faith, and a possible poor perception of nursing as a whole.

You stated that you never had any clinical or behavioural issues in any of your previous nursing employments, prior to these proceedings. You also never experienced any clinical or behavioural concerns in any of your non-nursing clinical employments.

You talked the panel through your two most recent employments, and what your responsibilities entailed and entail. You stated that you are currently working as an Assistant Practitioner in the Positive Behaviour Support team at [PRIVATE]. You stated that you work a full-time role of 37.5 hours a week. You said that you have *'a lot'* of direct contact with clients now, but the majority of this time would be in communal areas with other members of staff. You also stated that your current employer is aware of the current NMC proceedings.

You stated that you have undertaken a lot of mandatory training which relates to professional boundaries, professional relationships, and how you could professionally support clients.

You also went into detail in relation to a private training course you funded and undertook on 8 May 2024, which was in relation to professional boundaries in care settings. You stated that this training helped you reflect, and at that point, you attempted to end the relationship with Patient A, but it took *'a few attempts of leaving'* as you had a fear for your own safety, [PRIVATE]

[PRIVATE] You said that if you observed that someone was *'hinting'* at being interested in you, in an inappropriate way, you would escalate this to your line manager immediately and suggest a change in professional links with this person so you can maintain proper boundaries. You said that if you *'ran into'* someone who you had previously supported in a professional capacity, you would *'maybe wave'* from afar, and would not engage in any conversation nor any physical contact with them.

You stated that you are *'completely changed by the experience'* and understand the gravity of what you did, the impact it had on Patient A, on the staffing team, and the nursing profession as a whole.

You then answered questions under cross examination from Ms Wisniewska, as follows:

[PRIVATE]

You then answered questions from panel, as follows:

[PRIVATE]

You said that you were receiving regular supervision from your line manager, and aside from this, you did not have any structured or organised support, specifically from work, in relation to [PRIVATE]

[PRIVATE]

[PRIVATE]

You stated that there are many different environments and types of services that you could work in as a mental health nurse if you were to practise as one again. You said that you would explore those options rather than returning to *'ward'* work, at least for quite some time.

[PRIVATE]

[PRIVATE]

Submissions on misconduct

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

Ms Wisniewska identified the specific, relevant standards where your actions amounted to misconduct. She submitted that the following sections of the Code were breached: 20, 20.1, 20.5, 20.6, 20.8, 20.10.

Ms Wisniewska submitted that the subject matter of the charges in this case are extremely serious, involving a vulnerable patient and sexual conduct with such patient. Ms Wisniewska submitted that you were Patient A's primary nurse and were involved in important decisions pertaining to the care of this patient. She submitted that the seriousness of your actions is not explained away by any evidence before the panel. Ms Wisniewska further submitted that the panel do not have anything before it causatively linking [PRIVATE] to the actions set out in the charges which have been found proved by admission. Ms Wisniewska therefore submitted that, in the absence of such information, it is not possible for the panel to make a finding that [PRIVATE] was what led you to act in the manner which you did. Consequently, Ms Wisniewska submitted that the panel cannot be satisfied that you are [PRIVATE]. She submitted that you were *not* unable to rationalise the propriety and decision making of commencing a relationship with Patient A.

Ms Wisniewska submitted that your actions were sexually motivated and are indicative of serious attitudinal failings. Consequently, your actions amount to serious professional misconduct, which is a route to impairment.

Ms Deery submitted that on your behalf that the charges admitted were outside of the scope of your professional practice, and outside of your direct work as a nurse.

Ms Deery submitted that the finding of misconduct is a matter of judgement for the panel.

Ms Deery submitted that the panel should consider the context of the allegations, and your evidence, when making its determination on misconduct.

Submissions on impairment

Ms Wisniewska moved on to the issue of impairment and addressed the panel on the need to have regard to protecting the public and the wider public interest. This included the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body. This included reference to the cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin).

Ms Wisniewska submitted that you are not fit to practise without restriction, as your fitness to practise is currently impaired by reason of your misconduct.

Ms Wisniewska submitted that you put Patient A at risk of harm. Patient A was an individual who had been [PRIVATE], whose future therapeutic relationship, as well as future care and risk assessments, will now be impacted.

Ms Wisniewska submitted that you breached professional boundaries and breached each of the four fundamental tenets of the nursing profession: prioritise people, practise effectively, preserve safety, and promote professionalism and trust.

Ms Wisniewska submitted that you have in the past brought the nursing profession into disrepute. She submitted that you are liable in the future to repeat the same behaviour.

Ms Wisniewska submitted that your insight is still developing, and given the seriousness of the behaviour, [PRIVATE], there is a real risk of harm and a risk of repetition. Ms Wisniewska therefore submitted that you are impaired on the grounds of public protection.

Ms Wisniewska submitted that the panel should find you impaired also in the wider public interest. An informed member of the public, with full knowledge of your misconduct, would expect the panel to make a finding of impairment.

Ms Deery on your behalf submitted that the finding of misconduct or a breach of the NMC code does not inevitably lead to a finding that a registrant's fitness to practise is impaired.

Ms Deery submitted that the question of impairment also looks forward, not back, and therefore the panel should consider whether your fitness to practise is impaired on today's date, 27 January 2026.

Ms Deery submitted that context is very important in this case and invited the panel to consider this in the conduct involved within the concerns. [PRIVATE]

[PRIVATE]

Ms Deery submitted that your relevant conduct occurred some time ago, and since then, you have presented the *'highest level'* of insight into your professional boundaries and your behaviour. Ms Deery also submitted that you are very aware of your conduct, and how it impacted your colleagues, Patient A, and the nursing profession. Ms Deery further highlighted that you admitted to these allegations just ten days after they were raised; you have also completed multiple training courses and remained engaged with the NMC. Ms Deery also highlighted the positive testimonial from your previous manager, and the fact that you have never had any previous referrals to the NMC.

Ms Deery submitted that *'you believe'* it to be highly unlikely that the conduct in the charges admitted, will be repeated. Therefore, Ms Deery submitted that you can practise kindly, safely, and professionally, and therefore there would be no risk to the public if a finding of impairment is not found.

Ms Deery also submitted that in light of all of the circumstances of this case, the public confidence in the profession would not be undermined if there was no finding of impairment.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Roylance v General Medical Council* (No 2) [2000] 1 A.C. 311, *Nandi v General Medical Council* [2004] EWHC 2317 (Admin), and *General Medical Council v Meadow* [2007] QB 462 (Admin).

Decision and reasons on misconduct

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

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

The panel adopted a two-stage process in its consideration. First, the panel must determine whether the facts found proved amount to misconduct. Secondly, only if the

facts found proved amount to misconduct, the panel must decide whether, in all the circumstances, your fitness to practise is currently impaired as a result of that misconduct.

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

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

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

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

To achieve this, you must:

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

20) Uphold the reputation of your profession at all times

To achieve this, you must:

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

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

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

20.6 stay objective and have clear professional boundaries at all times with people in your care (including those who have been in your care in the past), their families and carers

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

[PRIVATE]

20.10 use all forms of spoken, written and digital communication (including social media and networking sites) responsibly, respecting the right to privacy of others at all times.

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel was of the view that your actions were very serious and involved a vulnerable patient who was previously under your nursing care. The panel determined that it has before it the potential harms which may have been caused to Patient A, as expressed by you within your oral evidence. The panel also noted the description you gave within your own registrant's bundle of events following the attempt to end your relationship with Patient A in May 2024 [PRIVATE].

The panel were of the view that your actions did fall seriously short of the conduct and standards expected of a nurse and consequently amounted to misconduct.

Decision and reasons on impairment

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

In coming to its decision, the panel had regard to the NMC Guidance on *'Impairment'* (Reference: DMA-1 Last Updated: 03/03/2025) in which the following is stated:

> *'The question that will help decide whether a professional's fitness to practise is impaired is:*

“Can the nurse, midwife or nursing associate practise kindly, safely and professionally?”

If the answer to this question is yes, then the likelihood is that the professional’s fitness to practise is not impaired.’

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

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

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

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

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

a) *has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*

b) *has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*

c) *has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*

d) *[…]'*

The panel finds that a vulnerable patient was caused real emotional harm as a result of your misconduct. Your misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute.

Regarding insight, the panel considered that you have shown frankness and insight within your reflective pieces and your oral evidence. The panel acknowledged your openness in relation to the details surrounding both your misconduct, and the impact this had on those around you, in particular, Patient A. The panel also noted that you stated you are deeply remorseful and regretful of your actions, alongside your clear acknowledgement of the difference in power between yourself and Patient A. The panel also noted your openness and willingness to accept how your misconduct would have potentially caused harm to [PRIVATE] Patient A, alongside the ability to tarnish the reputation of the nursing profession. [PRIVATE] The panel also noted the record of your disciplinary meeting from 20 June 2024, whereby your insight was also mentioned to be present.

The panel also carefully considered the evidence before it in determining whether or not you have taken steps to strengthen your practice. The panel took into account your reflective account and the evidence that you have taken various courses, such as: Professional and Personal Boundaries in Care Settings, completed on May 8, 2024, and General Data Protection Regulation, completed on May 8, 2024.

[PRIVATE]

[PRIVATE] The panel determined that you have not demonstrated sufficient insight to persuade the panel that you will not repeat conduct of a similar kind. The panel also took into account the fact that you continued your relationship with Patient A over a period of months, and that your misconduct was not a single incident, but continuously repeated during your relationship with Patient A. The panel were of the view that your misconduct related to attitudinal concerns. Consequently, the panel decided that a finding of impairment is necessary on the grounds of public protection.

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

The panel determined that a finding of impairment on public interest grounds is required as a well-informed member of the public, with full knowledge of the details surrounding your relationship with Patient A, would be concerned, if no impairment were found. The panel concluded that public confidence in the profession would be undermined if a finding of impairment were not made in this case and therefore also finds your fitness to practise impaired on the grounds of public interest.

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

Sanction

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

Submissions on sanction

Ms Wisniewska submitted that the aggravating features in this case are:

1) Your failure to maintain professional boundaries;
2) Your relationship with Patient A continued for a number of months, from March 2024 through to November 2024;
3) Patient A was a vulnerable patient who had [PRIVATE];
4) There was a power imbalance given the nature of the professional relationship between yourself and Patient A;
5) Your relationship with Patient A continued after having notified both the Trust and the NMC regarding your relationship;
6) You were in a senior nursing position as a Charge Nurse, and had primary care for patient risk assessment, alongside Patient A's care planning;
7) Your conduct identified suggests an underlying attitudinal problem which is hard to remediate;
8) [PRIVATE]
9) You completed a course titled 'Professional and Personal Boundaries in Care Settings', which was completed on 8 May 2024. During the time you completed this course, you remained in the relationship with Patient A, though you were aware of your obligations through this increased education regarding professional boundaries.

Ms Wisniewska submitted that the mitigating features in this case are:

1) You made full admissions at local level, albeit you initially denied the allegations;
2) [PRIVATE]
3) [PRIVATE]
4) You have provided extensive reflection and do recognise your wrong-doing;
5) You have been frank and insightful within your reflective pieces and your oral evidence;
6) You have completed reading in relation to professional boundaries as a nurse.

Ms Wisniewska submitted that no order, a caution order, a conditions of practice order, or a suspension order, would not appropriately address the concerns surrounding public protection. These orders would be relevant if there were no evidence of harmful or deep-seated attitudinal or personality problems, if conditions were to be workable, and where there is no significant risk of repetition. Ms Wisniewska further submitted that any of these orders would not protect the public interest either, in particular, the maintaining of the public confidence in the nursing profession or the NMC as a regulator.

Ms Wisniewska submitted that the appropriate and proportionate sanction to be imposed in this case, given the seriousness of the issues identified, is a striking-off order. She submitted that given this is sexual misconduct and is conduct which is not easily remediable, along with the risk of repetition, this conduct is serious enough to justify your removal from the register. Ms Wisniewska further submitted that the public confidence in the NMC can be maintained if you are removed from the register.

Ms Wisniewska submitted that although you made admissions in your responses, the underlying misconduct is serious, with a plethora of aggravating features, including a prioritisation of your relationship with Patient A, over the Code of Conduct as set out by the NMC. She submitted that your conduct is fundamentally incompatible with ongoing registration.

Ms Deery submitted that you accept that there are some aggravating factors applicable in this case but reminded the panel that you do have an otherwise positive professional

background. She further submitted that you have an exceptionally high level of insight into your failings, which is evident from both your reflections and your oral evidence to the panel.

Ms Deery submitted that there are mitigating factors in this case, as follows: you have presented insight and understanding into your actions. She submitted that you have made attempts to address your conduct, have shown great remorse and recognised the impact of your actions on Patient A, on your colleagues, and the profession as a whole. Ms Deery submitted that you have, since the incidents, followed the principles of good practice, and kept up to date in your area of practice. She noted that you have been working in care settings and have been working with vulnerable individuals. [PRIVATE]. Ms Deery therefore submitted that there is a significant degree of mitigation in your case.

Ms Deery submitted that it is accepted by you that this is not a case in which taking no further action would meet the interests of justice in this matter; you recognise that your behaviour was unacceptable and should be marked by a sanction.

Ms Deery on your behalf submitted that your position is that in the first instance, a caution order could meet the justice of this matter, on the higher end of the timescale. She submitted that this would mark to both you and the public that this behaviour was unacceptable and must not happen again.

Ms Deery submitted that a conditions of practice order would not be appropriate in this case as the concerns raised would not be managed appropriately with conditions.

Ms Deery submitted that in the alternative to a caution order, a suspension order could proportionally satisfy the panel's concern. She submitted that it is accepted that your misconduct did not relate to one single instance of misconduct, however, the evidence in this case does not support that you currently have harmful, deep seated personality and attitudinal problems. Ms Deery also submitted that there is no evidence of repetition since this incident, and you have shown a significant level of insight since the misconduct

occurred. Therefore, a *'short, sharp, suspension order'* would be sufficient in protecting the public and also in upholding the public confidence. This would provide you with a further opportunity on self-reflection and also allow the panel to mark to you that your behaviour was unacceptable; thus, maintaining the public confidence.

Ms Deery submitted that it is strongly contended that you should not face the most onerous sanction of a striking off order, in all the circumstances of this case. She submitted that this would be wholly disproportionate, and that this is *not* the *only* order which would be sufficient to protect the public or the public standards.

[PRIVATE]

Decision and reasons on sanction

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

The panel took into account the following aggravating features:

1) Your relationship with Patient A continued for a number of months, from March 2024 through to November 2024;
2) Patient A was a vulnerable patient who had been [PRIVATE];
3) You were in a senior nursing position as a Charge Nurse, and had primary care for patient risk assessment, alongside Patient A's care planning;

The panel also took into account the following mitigating features:

1) You made full admissions at local level, albeit you initially denied the allegations. You then made admissions at the commencement of these proceedings in respect of all of the charges that you face;
2) [PRIVATE]
3) You engaged fully with the NMC process and the panel, sharing a considerable amount of information honestly and frankly, as well as reflections and showing developing insight and understanding;
4) You have been working within a care role with no issues or concerns being identified;
5) [PRIVATE]

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

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

The panel next considered whether placing conditions of practice on your registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel took into account the Sanctions Guidance, in particular:

- *No evidence of harmful deep-seated personality or attitudinal problems;*

- *Identifiable areas of the nurse or midwife's practice in need of assessment and/or retraining;*
- *No evidence of general incompetence;*
- *Potential and willingness to respond positively to retraining;*
- *The nurse or midwife has insight into any health problems and is prepared to agree to abide by conditions on medical condition, treatment and supervision;*
- *Patients will not be put in danger either directly or indirectly as a result of the conditions;*
- *The conditions will protect patients during the period they are in force; and*
- *Conditions can be created that can be monitored and assessed.*

The panel is of the view that there are no practical or workable conditions that could be formulated, given the nature of the charges in this case. The misconduct identified in this case was not something that can be addressed through retraining.

Furthermore, the panel concluded that the placing of conditions on your registration would not adequately address the seriousness of this case and would not protect the public.

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

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

- *In cases where the only issue relates to the nurse or midwife's health, there is a risk to patient safety if they were allowed to continue to practise even with conditions; and*
- *In cases where the only issue relates to the nurse or midwife's lack of competence, there is a risk to patient safety if they were allowed to continue to practise even with conditions.*

The panel considered this to be a highly unusual case. [PRIVATE]. This relationship was highly inappropriate, given your previous professional responsibilities for Patient A. [PRIVATE]. The panel was satisfied that in this unusual case, the misconduct was not fundamentally incompatible with you remaining on the register.

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

Balancing all of these factors the panel has concluded that a suspension order would be the appropriate and proportionate sanction. The panel determined that you engaged with this process very fully and recognised your wrongdoing with a significant level of insight.

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

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

In making this decision, the panel carefully considered the submissions of Ms Wisniewska in relation to the striking-off order that the NMC was seeking in this case. However, the

panel considered that this would be disproportionate in this case, as a striking-off order is not the only order which can be imposed.

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

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

Any future panel reviewing this case would be assisted by:

- [PRIVATE]
- [PRIVATE]
- A further, updated reflective statement to include: your current working circumstances, alongside [PRIVATE]
- [PRIVATE]
- [PRIVATE]
- Any testimonials you are able to put before the next reviewing panel, relating to your previous work as a nurse or a care assistant.

This will be confirmed to you in writing.

Interim order

As the suspension order cannot take effect until the end of the 28-day appeal period, the panel has considered whether an interim order is required in the specific circumstances of this case. It may only make an interim order if it is satisfied that it is necessary for the protection of the public, is otherwise in the public interest or in your own interests until the suspension order takes effect. The panel heard and accepted the advice of the legal assessor.

Submissions on interim order

The panel took account of the submissions made by Ms Wisniewska. She submitted that the appropriate and proportionate interim order would be an interim suspension order for a period of 18 months to cover any appeal period.

Ms Deery submitted that whilst a risk of repetition has been identified by the panel, the risk in this case is low, relating to issues around one patient. You have shown insight, understanding, and have worked in caring roles with no issues at all since the misconduct identified. Therefore, Ms Deery submitted that there is no risk of harm to anyone, nor is there a necessity for an interim order on the ground of public protection.

Ms Deery also submitted that the substantive order itself *'does enough'* to uphold public confidence in the nursing profession. Therefore, to impose an interim order in the wider public interest, is not necessary.

Ms Deery submitted that an interim order is neither necessary nor appropriate in this case. She therefore submitted that to impose an interim order would be disproportionate in this case.

Decision and reasons on interim order

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

The panel concluded that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's

determination for imposing the substantive order. The panel therefore imposed an interim suspension order for a period of 18 months in order to cover any appeal period.

If no appeal is made, then the interim suspension order will be replaced by the suspension order for 12 months, 28 days after you are sent the decision of this hearing in writing.

That concludes this determination.