

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

**Substantive Order Review Hearing  
Monday, 26 January 2026**

Virtual Hearing

**Name of Registrant:** Sarah Omolara Phillips

**NMC PIN:** 16H0231E

**Part(s) of the register:** Registered Nurse – Sub Part 1  
Mental Health Nursing – (16 September 2016)

**Relevant Location:** Ealing, London

**Type of case:** Misconduct

**Panel members:** Linda Owen (Chair, Lay member)  
Juliana Thompson (Registrant member)  
Emma Foxall (Lay member)

**Legal Assessor:** William Hoskins

**Hearings Coordinator:** Emma Hotston

**Nursing and Midwifery Council:** Represented by Maham Malik, Case Presenter

**Miss Phillips:** Present and unrepresented

**Order being reviewed:** Suspension order (4 months)

**Fitness to practise:** Not impaired

**Outcome:** **Order to lapse upon expiry in accordance with Article 30(1), namely 28 February 2026**

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

At the outset of the hearing, Ms Malik, on behalf of the Nursing and Midwifery Council (NMC) made an application that this case be held partly in private on the basis that proper exploration of your case involves health and personal matters. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

You indicated that you supported the application to the extent that any reference to your health should be heard in private.

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 health and personal matters, the panel determined to go into private session as and when such issues are raised.

## **Decision and reasons on review of the substantive order**

The panel decided to allow the current suspension order to lapse at the end of the expiry date, that is, at the end of 28 February 2026 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the first review of a substantive suspension order originally imposed for a period of 4 months by the High Court on 28 October 2025. This order was imposed following a successful appeal by you further to the imposition of a striking-off order by a Fitness to Practise Committee panel on 8 May 2024.

The current order is due to expire at the end of 28 February 2026.

The panel is reviewing the order pursuant to Article 30(1) of the Order.

The charges found proved which resulted in the imposition of the substantive order by the original panel were as follows:

*‘That you, whilst working as a registered mental health nurse in relation to Patient A:*

- 1) *On or around 2 September 2022:*
  - a) ...
  - b) *Called her “fat” or words to that effect; [PROVED]*
  - c) *Called her a “bitch” or words to that effect; [PROVED BY ADMISSION]*
  - d) ...
  - e) *Threw a wet tissue at her; [PROVED]*
  - f) *Threw a medication pot at her; [PROVED]*
  - g) *Pushed her on one or more occasions [PROVED BY ADMISSION]*
  
- 2) *On 2 September 2022 at approximately 19:34 completed an incident report (‘IR1’) where you:*
  - a) *Recorded incorrectly that you “gently pushed” Patient A; [PROVED BY ADMISSION]*
  - b) *Did not record that you pushed Patient A a second time; [PROVED]*
  - c) *Did not record that you threw one or more items at Patient A [PROVED]*
  
- 3) *Your actions as specified in any or all of charges 2a) – 2c) were dishonest in that you attempted to downplay the seriousness of the incident [PROVED]*
  
- 4) *On or around 2 September 2022, knowing that Colleague A was going to submit an IR1 which was not going to mention that you pushed Patient A, you:*
  - a) *Let the IR1 be submitted; [PROVED]*
  - b) ...
  
- 5) *Your actions as specified at charge 4 were dishonest in that:*
  - a) *You knew that what was going to be recorded on the IR1 was not a true account of what had happened; [PROVED]*

- b) You were aware that anyone reading the IR1 would be misled as to the events which had occurred **[PROVED BY ADMISSION]**
- 6) On 2 September 2022 at approximately 21:32, completed a RiO report on the electronic patient records system and you failed to accurately record what happened in that you: **[PROVED IN ITS ENTIRETY]**
- a) Did not record that you had pushed Patient A;
  - b) Did not record that you had thrown one or more items at Patient A
- 7) Your actions as specified in any or all of charges 6a) – 6b) were dishonest in that you attempted to downplay the seriousness of the incident **[PROVED]**
- 8) By failing to accurately record what had happened, your actions as specified in any or all of charges 2 – 7 contributed to the inappropriate seclusion of Patient A for a period of 4 days **[PROVED]**

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

In reviewing the original panel's determination in relation to impairment and sanction the High Court judge stated at various points in his analysis (the panel has extracted key paragraphs):

*'37. Seriousness. Dealing first with her physical actions. The context was that this was a single incident, on one evening, in an otherwise unblemished career spanning 6 years. It is highly relevant that the actions were done in front of fellow staff. It is also relevant that they were done because [PRIVATE]. Whilst the pushing and petulant throwing of a tissue and a paper cup, in front of two other male staff members, were all professional misconduct and worthy of some sanction, it is clear that the Panel took into account the Appellant's state of mind and good record when assessing their seriousness. However, they made no mention of the fact that this was done openly in front of two male staff. In my judgment no reasonable Panel in the circumstances and on the evidence could have erased a nurse for those physical one-off actions and this Panel did not hold those up as the reasons for the*

*erasure. Nor was there any bruise, cut or grade found to have been suffered by Patient A. I am left wondering what physical harm the Panel did find. She did not fall over. The Panel could have imposed conditions on the Appellant's future practise including [PRIVATE] or supervision or suspension, but not erasure. These were not serious enough actions in the factual context.*

*38. Dealing next with the Appellant's "cover up" documentation. There is no appeal against the finding that the Appellant was dishonest. She should not have omitted recording, in her RiO entry and the first IR, the throwing of a tissue and a cup and both pushes. The Panel clearly considered that the erasure was triggered by their dishonesty findings in relation to the documentation. Those findings need to be the subject of anxious scrutiny on appeals like this relating to erasure.*

*41. Her dishonesty was far removed, for instance, from a dishonest cover up about professional misconduct (let us assume violence to a vulnerable patient) done behind closed doors, unseen by anyone else. It is likewise far removed from a subsequent cover up in the assaulted patient's notes, done in cool calmness, without telling any supervisor or manager before writing notes which omit to mention any of the misconduct.*

*47. The assessment of the seriousness of the misconduct is clearly a key factor in the determination of impairment. I have dealt with that above. As for the need for remediation and insight, if the misconduct had been more than one-off and/or had resulted from deep-seated attitudinal problems, the need for proof of insight and remediation would have been raised significantly. In contrast, in this case, the findings which the Panel made were that this was a one-off incident in an otherwise blameless career, in the context of [PRIVATE] and that the Appellant had no deep-seated personality or attitudinal problems and had been advised by her clinical team leader to record matters dishonestly. The Appellant provided insight evidence through admissions, apologies, remorse, co-operation with the process and retraining.*

*56. Ground 3 (para 2). Impairment... I do not consider that the impairment decision in relation to the risk to the public or in relation to public perception was wrong per*

*se. Both risks still justified a decision that the Appellant's fitness to practise was impaired. However, in my judgment the seriousness or level of impairment was lower than the Panel's assessment. Therefore, I will quash the Panel's decision and will substitute my impairment decision which is at a less serious level.*

*61. Replacement sanction. 3 years have passed since the incident. I do not see the need to refer this case back to the FTP committee. I consider it more appropriate to decide on the sanction now. The Appellant has been suspended for 2 years, at first on an interim suspension pending the substantive hearing, and more recently on an immediate suspension, pending appeal. Whilst I take those into account as part of the circumstances, they do not alter one of the twin purposes of the sanction which is to protect the public. They may alter or have a substantial effect on the public perception criteria. I take into account the guidance in Ghosh v GMC [2000] 1 WLR 1915 @ para 34 and Rashid and Fatani v GMC [2007] 1 WLR 1460 @ para. 16. I take careful notice of the Court of Appeal guidance in Aga v GDC [2025] EWCA Civ. 68, and the ruling of Nicola Davies LJ at paras. 49 and 51. I take into account the NMC SG in general and in particular on suspension. I take into account that the training courses taken by the Appellant focussed on patient safety and risk. I consider that the misconduct was serious but not anywhere near the middle or the top of the scale of professional dishonest misconduct. I take into account that the dishonesty was one off, out of character, not for financial gain and committed when the Appellant was [PRIVATE] and the dishonesty was done at the suggestion of and with her superior. I take into account the context, which was that the Appellant carried out a minor assault in front of two other staff members which caused no injury. I take into account that the Appellant disclosed her assault on Patient A to her clinical team leader on the same night and to her superior then next day.*

*62. I consider that a period of suspension of 4 months is appropriate. As for further remediation and insight, I consider that during the suspension period the Appellant should be offered by the Trust or should arrange herself [PRIVATE]. I consider that a review of her progress should take place before the end of her suspension period.'*

## **Decision and reasons on current impairment**

The panel has considered carefully whether your fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as a registrant's ability to practise kindly, safely and professionally. In considering this case, the panel has carried out a comprehensive review of the order in light of the current circumstances. Whilst it has noted the High Court decision, this panel has exercised its own judgement as to current impairment.

The panel has had regard to all of the documentation before it, including the NMC bundle and the on-table papers which included your reflective account, [PRIVATE] and telephone logs relating to [PRIVATE]. It has taken account of the submissions made by Ms Malik on behalf of the NMC, and your oral evidence.

Ms Malik outlined the background to the case and the procedural history leading to this review hearing. She referred the panel to the High Court's judgment, which concluded that the substantive panel had erred in its assessment of both the nature of the misconduct and the level of sanction required. She submitted that the High Court found that whilst all charges amounted to professional misconduct, and were worthy of some sanction, the substantive panel had fallen into error in its assessment of your level of demonstrated insight, the extent of your remediation, and the level of risk you posed to the public in the future. She referred to the Judge's observation that whilst the finding of impairment was not in itself wrong, the true level of impairment was less serious than that which the panel had found.

The High Court found that you had demonstrated a high level of insight and that the risk of repetition was not high. In light of this assessment, the High Court imposed a Suspension Order for four months and recommended [PRIVATE].

Ms Malik submitted that the NMC adopts a neutral position in respect of the outcome of today's review hearing. She reminded the panel that the burden of proof rests with the registrant to demonstrate that their fitness to practise is no longer impaired.

Ms Malik submitted that your written reflection demonstrates insight into your misconduct. She submitted that you have previously undertaken employment as a Special Educational Needs (SEN) assistant to children with learning disabilities but reiterated that you are no longer working in this role.

Ms Malik submitted that the panel had evidence comprising records of a telephone call and email correspondence between you and the NMC, which indicated [PRIVATE].

Ms Malik further submitted that [PRIVATE]. Ms Malik submitted that the panel may wish to allow the current suspension order to lapse, extend the current suspension order, or alternatively consider whether a different sanction is appropriate in light of the evidence before it.

You explained that you would very much like to return to work as a nurse. You submitted that having spent approximately three years away from a healthcare setting, this has given you significant time to reflect on the events that led to the findings against you. You acknowledged that you could have managed matters differently and that your actions had affected the trust between yourself and patients.

You stated that you were keen to return to practice. You said that you are willing to undertake further training in order to update your skills and to rebuild your confidence in working with patients. You told the panel that you keep your skills up to date by reading NMC journals, academic material on medication management, and psychiatry reviews. You emphasised that you remain passionate about mental health nursing.

You explained that you try to volunteer within your community and use your skills to support people with mental health illnesses. You also described your previous work as a SEN assistant, explaining your skills in mental health were valuable when supporting people with SEN. You told the panel that you had to stop working last year due to the NMC reporting to DBS the findings made in these proceedings, [PRIVATE]. You stated that returning to work would help your confidence to grow and that you feel ready to return to practice.

In response to the panel's questions regarding your insight, you explained that you now have a greater understanding of the impact of your actions on Patient A. You stated that you recognise that Patient A may have been frightened and that, although you were there to support them, you accept that you acted negatively. You told the panel that you contacted your manager at the time and accepted that it was your fault, requesting that the patient be taken out of seclusion. You explained that this did not occur and that, following [PRIVATE], you became aware that Patient A had remained in seclusion for four days.

You acknowledged that Patient A was not well supported by you. You stated that when you later encountered Patient A, they ran to their room, which made you feel uncomfortable and reinforced your understanding of the impact of your actions. You explained that you raised these concerns with the doctor on the ward and your manager, prior to being suspended.

You told the panel that, as a nurse, your primary duty was to build trust with patients and to demonstrate that you were there to support and care for them. You accepted that your colleagues had been disappointed in you, particularly given your level of experience, and that they did not understand why you were unable to manage the situation at the time. You expressed remorse and stated that you were sorry to the Trust, the patient, the public, and the NMC. You acknowledged that [PRIVATE] and accepted that you should have stepped back and not attended work this day.

When asked what you would do differently in future, you stated that you would explain the situation more clearly to the patient. You also stated that you would apologise to the patient.

In response to questions by the panel about how you would manage a patient displaying distress or aggression, you stated that you would call for assistance from another member of staff, attempt to calm the patient, and ensure that the patient is treated with respect. You explained that you would also speak with the patient's family to ask how best you could support them.

The panel asked you about the learning you had undertaken. You confirmed that this had been self-directed reading. You explained that you had wanted to undertake more formal

training to update your skills but this had been difficult due to [PRIVATE]. You told the panel that you remain positive and hopeful about returning to practice.

You also described your learning in relation to neurodiversity, gained through your work with children with special educational needs. You explained that many of the children you supported had [PRIVATE] and that, through your reading and experience, you had learned about the differences and similarities between mental health conditions and learning disabilities. You stated that this had helped you to understand the importance of taking time to support individuals effectively.

When asked about disclosure to your employer, you confirmed that you had declared that you were under investigation by the NMC when you applied for the SEN assistant role. You explained that you had informed your employer that you had appealed the original decision. You told the panel that you heard from the DBS in September 2024, following the NMC referral, and that you were barred by the DBS in 2025.

[PRIVATE]

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

In reaching its decision, the panel was mindful of the need to protect the public, maintain public confidence in the profession and to declare and uphold proper standards of conduct and performance.

The panel considered whether your fitness to practise remains impaired.

The panel noted that the persuasive burden is on you to demonstrate that your fitness to practise is no longer impaired and it was of the view that you have sufficiently discharged this burden.

The panel noted that the High Court had found that you had demonstrated insight into the area of regulatory concern. At this hearing, the panel had regard to your oral account and written reflection. The panel found your oral account to be reflective and credible and was satisfied that you had demonstrated a high level of insight and remorse. The panel noted

that you acknowledged your failings and were able to demonstrate a full understanding of how your actions put Patient A at a risk of harm, in addition to how your actions impacted negatively on colleagues, the Trust, the wider public, and the reputation of the nursing profession.

The panel acknowledged that you recognised that your actions at the time of the incident were influenced by [PRIVATE]. The panel noted that you apologised for your misconduct, and when questioned during the course of this hearing about how you would handle the situation differently in the future, were able to provide sufficiently detailed answers about how you would handle a difficult situation in the future.

The panel noted that you have thoroughly engaged with the fitness to practise process, and have taken into account the steps you have taken to address the relevant concerns. This includes [PRIVATE], as recommended by the High Court. The panel noted the efforts you have made to engage with these recommendations by [PRIVATE].

The panel considered [PRIVATE]. The panel acknowledged the context in relation to [PRIVATE] and that this was a one off and isolated incident, in an otherwise unblemished career.

In its consideration of whether you have taken steps to strengthen your practice, the panel took into account that you had made efforts to keep your nursing skills up to date by completing reading on medication management, in addition to reading relevant to your area of practice in mental health.

The panel noted that you had secured and undertaken employment as a SEN assistant. The panel noted the difficulties that you encountered in having to end this employment due to a DBS report and the difficulties that you had encountered seeking employment in a healthcare setting. It considered that it was encouraging that you have taken appropriate steps to undertake employment in a field relevant to your skills and have demonstrated commitment to strengthening your practice through training in neurodiversity. The panel also noted your commitment to returning to a nursing role.

Having had regard to all the information before it, today's panel determined that the risk of repeating the matters of the kind found proved is low, given the evidence of your sustained insight and remorse in respect of the areas of regulatory concern, the support mechanisms that you have put in place through [PRIVATE]. The panel was satisfied that you have addressed the underlying causes of your previous actions. It therefore decided that a finding of continuing impairment is not necessary on the grounds of public protection. The panel determined that you do not present a risk to the public and can practise kindly, safely and professionally.

The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. The panel considered that public confidence in the nursing profession and the NMC have been upheld by the regulatory proceedings. The panel also considered that there is a public interest in allowing a competent nurse, who has addressed her past impairment, to return to practice. It also considered that there is no evidence to suggest that a further finding of impairment is warranted. It determined that, in this case, the panel finds that, although your fitness to practise was impaired at the time of the incidents, given all of the above, your fitness to practise is not currently impaired on the grounds of either public protection or public interest.

In accordance with Article 30(1), the substantive suspension order will lapse upon expiry, namely the end of 28 February 2026.

This will be confirmed to you in writing.

That concludes this determination.