

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

Substantive Hearing

Monday 1 July 2024 – Thursday 18 July 2024

**Remitted Hearing
Thursday, 8 January 2026 – Friday, 9 January 2026
Friday 16 January 2026**

Name of Registrant: Ahmad Shah

NMC PIN: 01G11050

Part(s) of the register: Registered Nurse - Sub Part 1
Adult Nursing (Level 1) - 3 July 2001

Relevant Location: Rotherham

Type of case: Misconduct

Panel members: Museji Ahmed Takolia CBE (Chair, Lay member)
Vanessa Bailey (Registrant member)
Angela Kell (Lay member)

Remitted hearing (8-9 January 2026)
Dale Simon (Chair, Lay member)
Peter Cowup (Lay member)
Jane Colbourne (Registrant member)

Legal Assessor: Tim Bradbury

**Remitted Hearing (8-9 January 2026, Friday
16 January 2026)**
Nina Ellin KC

Hearings Coordinator: Monsur Ali

**Remitted Hearing (8-9 January 2026, Friday,
16 January 2026)**
Khatra Ibrahim

Nursing and Midwifery Council: Represented by Lauren Bates-Brownsword,
Case Presenter

Remitted Hearing

Helen Guest (8-9 January 2026)

Mr Shah:

Present and represented by Zahra Ahmed,
Counsel, instructed by Royal College of Nursing
(RCN) (8-9 January 2026)

Presented and represented by Andrew
Campbell, Counsel, instructed by Royal College
of Nursing (16 January 2026)

Facts proved:

All

Fitness to practise:

Impaired

Sanction:

Striking off order

Interim order:

Interim suspension order (18 months)

Details of charge

That you, a Registered Nurse:

1. Between 8 March 2019 and 29 July 2020, acted towards Colleague A and/or B in a way that was:

- a. Harassing in that you engaged in unwanted conduct, including physical touching, related to a protected characteristic, namely sex, and the conduct had the purpose or effect of violating Colleague A and/or B's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for Colleagues A and or B.
- b. Sexually motivated in that you hoped that by breaking down sexual and/or physical barriers between yourself and Colleague A and/or B your chances of having a sexual relationship with one or both of them would increase.

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

Background

You were referred to the Nursing and Midwifery Council (NMC) on December 4 2020, by Colleague A (Witness 1), a registered nurse. It is alleged that, while working as an agency bank nurse at Ackroyd House Nursing Home (the Home) between April 2020 and July 2020, you engaged in inappropriate behaviour, including sexually motivated harassment and the touching of Witness 1 and another colleague, Colleague B (Witness 2). These incidents allegedly occurred during the COVID-19 pandemic.

The Home, which has 50 beds for adults with various health conditions, including dementia, introduced a COVID-19 wing between April 2020 and June 2020. Staffing was divided between a main wing and the COVID-19 isolation wing. You initially worked in the COVID-19 isolation wing and later transferred to the main wing, primarily working night shifts.

The concerns involve two sets of allegations from two female colleagues. The first set, involving Witness 1, relates to incidents between July 25 and July 31, 2020. The second set of allegations, from Witness 2, are alleged to have taken place over a period of weeks prior to July 2020, though no specific dates are provided.

These allegations were brought to the attention of the Home Manager (Witness 3) on July 31 2020, resulting in your suspension from the Home.

Decision and reasons on facts

In reaching its decisions on the facts, the panel took into account all the oral and documentary evidence in this case together with the submissions made by Ms Bates-Brownsword, on behalf of the NMC, and those made by Ms Ahmed, on your behalf.

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: Worked at the Home as a registered nurse from June 2020 to November 2020.
- Witness 2: Worked at the Home as a care assistant from 8 March 2019 to 28 June 2021.
- Witness 3: Worked at the Home from November 2019 and worked as the Home Manager from March 2020.

- Witness 4: Worked at the Home since 2015 as a registered nurse and from May 2019 have been working as Deputy Manager.

The panel heard live evidence from the following witness called on your behalf:

- Witness 5: Worked at the Home from April 2020 to July 2020 as a registered nurse.

The panel also heard evidence from you under oath.

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

The panel then considered the evidence in respect of each charge separately. However, there was a significant overlap in respect of the facts of each of the charges. Therefore, in its determination, the panel dealt with both parts of the charges together and made the following findings.

Charge 1

1. Between 8 March 2019 and 29 July 2020, acted towards Colleague A and/or B in a way that was:

- a. Harassing in that you engaged in unwanted conduct, including physical touching, related to a protected characteristic, namely sex, and the conduct had the purpose or effect of violating Colleague A and/or B's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for Colleagues A and or B.

- b. Sexually motivated in that you hoped that by breaking down sexual and/or physical barriers between yourself and Colleague A and/or B your chances of having a sexual relationship with one or both of them would increase.

These charges are found proved.

In reaching this decision, the panel considered all the documentary evidence presented to it and the live testimony of all witnesses. The primary issues faced by the panel in the case turned upon the evidence of witnesses 1 and 2, both of whom alleged that they have been the victims of sexually motivated harassment from you whilst at work, as against your evidence that no such incidents had ever occurred. There were no other witnesses to the incidents. This made the panel's decision heavily reliant on assessing the reliability and credibility of the respective witnesses and your testimony. Having heard the evidence from witnesses 1 and 2, and taken account of your testimony, the panel concluded that fundamentally there was no reason to believe that the witnesses' accounts had been fabricated. It also found no reason to believe that these witnesses had colluded. These matters are discussed later in this determination.

The panel took account of the fact that until this referral you have had an otherwise unblemished career spanning over 24 years, with no prior concerns and that the current allegations do not involve concerns about your nursing competence or your clinical skills. It also considered the Home's geographical layout and requirement to work in confined physical spaces at times (for example in the treatment room and when providing personal care to residents), noting that you had worked in close proximity to female colleagues without any previous complaints.

The panel heard oral evidence from Witness 1 based on her written statement dated 27 September 2022. She recounted that during the shift on 25 July 2020, you told her you wanted to be friends outside of work, asked her to have a meal with you, asked to hold her hand, and asked to cuddle her. She described how you put your body close to hers to take a selfie. She stated, *'The Registrant's tone of voice was as if he was talking to a child. It made me really uncomfortable.'*

The panel also heard evidence from Witness 1 saying she repeatedly rejected your advances and at one point went into the treatment room to get away from you. She further alleged that you followed her and were persistent in harassing her.

Witness 1 explained to the panel that you became angry with her when she rejected you, mentioned your wife and refused to take your telephone number.

Witness 1 then described to the panel how you had moved chairs around in an angry manner in the office. It was submitted by Ms Ahmed on your behalf that had this occurred someone would have heard shouting and/or commotion and come to Witness 1's assistance. The panel did not accept this proposition because Witness 1 was clear that you had not shouted but that it was your tone of voice that was angry. It was only the police call log which mentioned shouting and the panel considered this to be the call handler's interpretation of what Witness 1 had told them rather than her evidence as set out in the police witness statement, her local statement and NMC statement. Furthermore, witnesses 3 and 4 were also clear that residents' doors may be closed at night, and that staff could likely be elsewhere in the building. Therefore, noises made in the office may not necessarily be heard by residents and/or other staff on duty.

After following Witness 1 into the treatment room, she said you:

'kept changing from really angry to really calm and asking to hold my hand... '... he started begging me for a cuddle. I started to feel dizzy and lost my balance. I was frightened and sick. I told the Registrant to leave me alone.'

Witness 1 said that you made her feel guilty to the point that she apologised to you. The panel likened this to 'gaslighting' behaviour and found your actions to be deliberate, calculated and manipulative.

When questioned during her oral evidence about why she did not report the incident immediately, Witness 1 explained that as a relatively new employee, she was uncertain of what to do and that your behaviour made her question herself. She also felt that your actions made her feel as though she had done something wrong, leading her to apologise to you. There were no other senior staff on duty and the panel considered

that given her professionalism, and being new in the role, she may not have felt comfortable approaching care assistants about this situation during the shift.

The panel found a similar pattern of behaviour and exchange of comments that are reported in the statement and oral evidence of Witness 2, between which she was consistent. Witness 2 described an incident:

"I noticed [the Registrant] was staring at me weirdly so I looked away and ignored it so he said [...] look at me so I can see those sexy eyes so I said give over you daft sod and tried to brush it off because I felt uncomfortable and embarrassed but he didn't stop he said look at me has no one ever told you how sexy they really are, you have beautiful come to bed eyes, at this point I asked him to stop as I was beginning to feel uncomfortable around him..."

Witness 2 recounted further exchanges between you during that shift and described you staring at her and that your tone of voice was sleazy, making her feel uncomfortable.

Witness 2 went on to refer from her witness statement the following:

'...the Registrant walked up to me and asked me for a cuddle. I responded telling the Registrant to shut up and stop being stupid. The Registrant then forced himself onto me cuddling me. I just stood with my arms by my side, facing away from him. I felt very uncomfortable.'

During her oral evidence, Witness 2 described freezing and that she did not know what to do. Her written statement goes on to say:

When the Registrant stopped cuddling me, he pulled my face mask, which I was wearing as part of my Covid-19 personal protective equipment, down and asked me if he could kiss me. The Registrant's tone of voice was horrible and sleazy and begging. I responded to the Registrant "No, you cannot, how would your wife feel if she knew you were like this". The Registrant became very angry and suggested that it was me in the wrong. This made me feel scared and ashamed.'

Witness 2 described you as having a charm and being able to talk people around. It is the panel's view that this behaviour mirrors the testimony of Witness 1.

Witness 2 went onto describe another incident during which you are alleged to have touched and attempted to kiss her. Witness 2 in her written statement said the following:

'...the Registrant came up behind me and put his hands on my hips. The Registrant said "you really are beautiful [Witness 2], you smell so nice.... I turned around and told the Registrant to get off me. The Registrant did not let go of me and put his lips on my face mask as if to kiss me through my mask. I jumped back and said "what the hell are you doing now stop it".'

Witness 2 also gave evidence recalling an incident where you changed the TV channel to something with sex scenes. You stated that you had no time to watch TV and suggested that it was the residents who changed the TV channel. Witness 2 stated:

'I said "really?" and then I asked him if he could be something more appropriate on and then I got up and walked away.'

Witness 2's response to walk away from this situation is similar to how she dealt with other incidents, that is to say, to make herself busy elsewhere thereby preventing further escalation and minimise contact with you.

During her oral evidence, Witness 2 explained that she did not raise a concern at the time due to her previous negative experiences of reporting sexual assault from a resident to her line manager, where she felt the concern was not managed properly. She also did not want to single herself out again, was concerned about losing her job, and feared that raising it might mean you would get arrested. The panel considered that although it was unlikely that Witness 2 would lose her job by reporting your conduct, it considered that this was a genuine concern and she did not want this to happen.

The panel then heard evidence from Witness 3. In her written statement dated 2 November 2021, confirmed during her oral evidence, Witness 3 stated,

'...[Witness 1] ...texted me during her shift at around 05:00 to tell me that she was feeling very distressed and asked me to come into work earlier that day to have a chat with her. When I arrived at the Home, [Witness 1] was very tearful and informed me that she felt uncomfortable working with the Registrant as he had been making inappropriate comments and behaving inappropriately towards her on the previous shift...'

During her oral evidence, Witness 3 stated that in the meeting with Witness 1 on 29 July 2020, she appeared distressed and shaking. Witness 3 comforted Witness 1 and gave her a hug. Furthermore, Witness 3 mentioned that both staff were relieved that you would not be returning to work at the Home. Witness 3 recalls Witness 1 *"breathed a sigh of relief"* when told of this. The panel accepted that witnesses 1 and 2 were genuinely fearful and scared of working with you.

The panel also considered the evidence of Witness 4. In his written statement dated 28 September 2021, Witness 4 stated:

'...[Witness 1] told me that for the past couple of weeks, the Registrant had been inviting her out on dates, trying to kiss her, asking to take photos with her, and making her feel uncomfortable.'

The panel took into account your written and oral evidence. You stated that all your interactions with witnesses 1 and 2 were professional and innocent and denied all allegations. You claimed that Witness 1 was not truthful, and additionally, Ms. Ahmed, on your behalf, said that Witness 1 had possible financial motivations as she later sought to bring civil proceedings against the Home. Additionally, Ms Ahmed said there might have been collusion between the two witnesses, as they had spoken to each other about your behaviour towards them, before making a complaint.

The panel found the evidence of witnesses 1 and 2 to be credible, consistent, and cogent. It found that Witness 1, as a senior nurse on duty on the night of the incident, had reasonable grounds to feel uncomfortable about raising the issue with a junior staff member whom she also did not know well. Moreover, there was no evidence that Witness 1 knew Witness 2 outside of their occasional work interactions.

The panel acknowledged that witnesses 1 and 2 discussed their concerns before reporting them to Witness 3. Therefore, the panel did not consider that their complaints could be regarded as having been made independently of each other, or that undue weight could be attached to similarities in their respective accounts of your conduct. Furthermore, the panel did not consider that there was any plausible reason why witnesses 1 and 2 would collude in the making of entirely false allegations against you or make false allegations in the terms they did. The panel considered that if witnesses 1 and 2 were motivated to make false allegations of sexually motivated harassment against you, perhaps with a view to pursuing a financial claim against their employer, they would have done so in more serious terms than they in fact did. Furthermore, the panel could not discern any evidence of Witness 1 and/or 2 previously showing any ill will towards you or any other reason why they should make such serious false allegations against you.

The panel considered that Witness 1 and Witness 2's initial reluctance to speak out about your conduct was entirely consistent with that of individuals who had been subjected to unwanted and inappropriate behaviour from a colleague in the workplace but who, for any number of reasons, are uncertain as to how to respond or whether they should make a formal complaint.

The panel determined that it was only when witnesses 1 and 2 had learnt from each other that they had both been subject to your inappropriate and predatory behaviour that they felt able to support each other and to escalate their concerns with management.

The panel also accepted that Witness 2, having previously raised a concern that she perceived had not been managed properly by her employer, would have felt uncomfortable raising another, not dissimilar, concern. Thus, talking to someone who had had a similar experience to herself would have provided Witness 2 with the courage to escalate it further.

Furthermore, the panel deemed that Witness 1's evidence had been consistent throughout, and her description to Witness 3 during the initial meeting was contemporaneous and consistent.

The panel did not consider that your belief that Witness 1 had fabricated the allegations for financial reasons was credible. It considered that it could not conclude that a claim was malicious or false simply because the complainant had sought civil redress in respect of it. The panel found it reasonable that a person who has been mistreated at work might pursue a legitimate civil claim as a result. Moreover, the panel found the evidence provided by witnesses 3 and 4 corroborative and supportive of the evidence of witnesses 1 and 2.

The panel considered that Witness 2, having previously raised a concern that was not managed properly, might have felt uncomfortable raising another concern. Thus, talking to someone who had experienced the same would provide her with the courage to escalate it further.

Furthermore, the panel concluded that Witness 1's evidence had been consistent throughout, and the statement given by her to Witness 3 was contemporaneous and consistent. It found the evidence of Witness 2 was consistent with Witness 1's, with the panel noting similarities about their experiences, with Witness 2 reporting actual touching that went further than what had happened with Witness 1. Therefore, the panel did not accept your claim that Witness 1 fabricated the allegations for financial reasons.

The panel then went onto consider the circumstances relating to your suspension, the investigation and your eventual dismissal. It reviewed a text message sent to you by Witness 3 on 31 July 2020, which stated:

"Hi Ahmed, there have been some allegations against you from two staff members regarding inappropriate behaviour towards them. I'm afraid I have to take you off your shifts until this is investigated. Please do not contact any staff members during the investigation."

The panel noted that you did not respond to this text and you accepted that you had not made any attempt to contact Witness 3, or anyone else, to enquire as to the nature of the allegations that had led to your suspension. The panel considered that this was surprising if, as was your evidence, you had no idea as to what the allegations might relate to. The panel did not accept your explanation that you were merely following the instruction in the text '*not to contact any staff members during the investigation*'. The

panel considered it improbable that you would have thought that this precluded you from seeking to speak to Witness 3, your manager, who had suspended you.

Furthermore, the panel also noted that you were sent three letters on 31 July, 6 August and 14 August 2020 to your address where you resided up until October 2021, but you claimed not to have received any of them. The panel found it unlikely that you did not receive these letters. Given your otherwise unblemished nursing career and faced with serious allegations of inappropriate behaviour at work, it found it unlikely that you would not have made further enquiries. In these circumstances, the panel concluded that the only reasonable explanation for ignoring Witness 3's communications, and your failure to participate in the investigation, was because you knew what the nature of the allegations were, you had no answer to them and/or none that would bear examination at that time.

Having considered all the evidence presented, the panel has determined that Charge 1a is found proved. The panel found that your conduct was harassing, involving unwanted behaviour, including physical touching, based on a protected characteristic, specifically sex. This conduct had the purpose or effect of violating the dignity of Witness 1 and Witness 2, or creating an intimidating, hostile, degrading, humiliating, or offensive environment for them.

Furthermore, the panel concluded that Charge 1b is also found proved. The evidence indicated that the aforementioned conduct was sexually motivated, as it appears you intended to break down sexual and/or physical barriers with Witness 1 and Witness 2 in the hope of increasing your chances of establishing a sexual relationship with one or both of them.

The panel therefore found Charges 1a and 1b proved.

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 amounted 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, does the panel decide whether, in all the circumstances, your fitness to practise is currently impaired as a result of that misconduct.

Submissions on 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.*'

Ms Bates-Brownsword invited the panel to take the view that the facts found proved did amount to misconduct and asked it to refer to the terms of 'The Code: Professional standards of practice and behaviour for nurses and midwives 2015' (the Code) in making its decision.

Ms Bates-Brownsword identified the specific, relevant standards where your actions breached the Code and therefore amounted to misconduct. She stated that each sub-charge will be evaluated individually and collectively, with the panel first considering the seriousness of the conduct before determining if it amounts to misconduct.

Ms Bates-Brownsword submitted that the conduct outlined in the charges, supported by witness testimonies, is serious and could negatively impact the work environment,

performance, attendance, and delivery of care, as well as trust and confidence in nursing professionals.

Ms Bates-Brownsword directed the panel's attention to the relevant guidance from the NMC 'How We Determine Seriousness' (FTP3), which emphasises the serious effects of discrimination, bullying, harassment, and sexual misconduct on trust and confidence in the nursing profession. The Guidance also advises the panel to ensure that such behaviours have been fully addressed with comprehensive insight, remorse, and a commitment to professional improvement. In this case, Ms Bates-Brownsword submitted that you have shown limited insight into your behaviour.

Ms Bates-Brownsword submitted that the guidance FTP3 stresses that sexual misconduct directly conflicts with NMC standards and values, causing profound and lasting harm. She stated that your conduct demonstrates a failure to treat individuals with kindness, respect, and compassion, particularly in respect of a vulnerable colleague.

Ms Bates-Brownsword submitted that your actions, which included attempts to kiss a colleague, and your angry and intimidating behaviour when rejected by both colleagues, have been likened by the panel to 'gaslighting'. Based on these reasons and the test from the case of *Roylance*, she submitted that your conduct constitutes misconduct, falling far below the standard required of a registered nurse.

Ms Ahmed reminded the panel that you were employed at the Home between April and July 2020 as bank staff, with your employment subject to the Home's demands. Witness 1 was a fellow nurse, and Witness 2 had longer tenure at the Home than you. Ms Ahmed submitted that the NMC has not indicated any subordinate relationship between you and these colleagues. However, harassment of any kind, including sexual harassment, is acknowledged as unacceptable and a breach of the Code.

Ms Ahmed submitted that for Witness 1, there is no evidence of physical contact. The discomfort arose from your attempts to ask her out and establish a friendship outside of

work, occurring only once during a single overnight shift between 24 July and 25 July 2020.

Ms Ahmed submitted regarding Witness 2, that the NMC has not suggested a power imbalance or manipulative behaviour on your part. Witness 2 found your attention and compliments unwelcome. She rebuffed your advances, which included compliments, attempts to cuddle, and attempts to kiss her, making her uncomfortable over a period spanning approximately five shifts between April and July 2020.

Ms Ahmed submitted that there is no evidence of long-term impact from your actions. Although Witness 2 took action regarding a separate incident in 2019, she did not file any police complaints against you, and no lasting impact from your conduct has been evidenced.

Submissions on impairment

Ms Bates-Brownsword 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 uphold proper standards and maintain public confidence in the profession and in the NMC as a regulatory body. She made reference to the cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin).

Ms Bates-Brownsword invited the panel to find that your fitness to practise is currently impaired and that your conduct has brought the profession into disrepute. She referred the panel to the NMC Guidance DMA-1 stating that the key question for the panel is whether you can practice kindly, safely, and professionally. Given the repeated behaviour observed by two witnesses, her submission is that the answer to this question is “no”. This behaviour occurred when the witnesses were alone with you, particularly affecting Witness 2, who was vulnerable due to experiencing a sexual assault previously at the Home; a fact about which you were aware.

Ms Bates-Brownsword further submitted that an impairment decision requires consideration of the nature of the concern and the wider public interest. She said the panel must assess whether there is a risk of unwarranted harm to people receiving care in the future and whether there are attitudinal issues such as discriminatory behaviour, including sexual misconduct and harassment. The NMC Code emphasises four themes: prioritizing people, practicing effectively, preserving safety, and promoting professionalism and trust. The fourth theme is especially relevant when considering impairment, as a finding of impairment would underscore the unacceptability of your behaviour and reaffirm proper standards.

Ms Bates-Brownsword submitted that your behaviour created a degrading work environment, violating colleagues' dignity and creating an intimidating, hostile atmosphere, which affects patient care by compromising a fellow professionals' ability to practice safely and professionally. She said your behaviour suggests deep-seated attitudinal issues that pose future risks.

Ms Bates-Brownsword submitted that you have demonstrated limited insight, particularly in responses to questions and that your behaviour was likened by the panel to 'gaslighting'. She stated that the repeated nature of your conduct with two witnesses indicates it is not an isolated incident but was repeated a number of times. She said without a finding of impairment, public confidence in the profession would be undermined. The NMC guidance states that serious concerns, such as sexual misconduct, have lasting impacts, making them harder to rectify.

Referring to the tests set out in *Ronald Jack Cohen v General Medical Council* [2008] EWHC 581 (Admin), Ms Bates-Brownsword submitted that your behaviour was not easily remediable, had not been remedied, and was not highly unlikely to be repeated. Furthermore, she submitted that your behaviour raises fundamental questions about your ability to uphold the Code. Further, she said the profound seriousness of your conduct necessitates a finding of impairment in order to maintain public confidence in the nursing profession and uphold professional standards.

Ms Ahmed reminded the panel that the incidents occurred four years ago in 2020. She emphasised that you have since demonstrated reflection and safe, professional practice, which is crucial for assessing current impairment. According to NMC guidance, the panel's role is to evaluate if a professional's fitness to practice is currently impaired, focusing on the ability to practice kindly, safely, and professionally, not on punishing past behaviour. She said the past concerns can be addressed if evidence shows they have been remediated.

Ms Ahmed argued that your current conduct raises no concerns, particularly regarding harassment. Citing the case of *Cohen*, she asserted that whilst harassment is improper, is an offence, and is serious, the behaviour is potentially remediable and that the panel should consider that it has been sufficiently remediated and is unlikely to be repeated. The incidents involved a single shift with Witness 1 and about five shifts with Witness 2, with no professional or regulatory concerns before or after 2020. Ms Ahmed said you have continued to practice uninterrupted, showing insight and strengthened practice, supported by testimonials attesting to your professionalism and compassion.

Ms Ahmed highlighted the lack of evidence that your behaviour has been repeated or poses a future risk. She addressed your denial of the facts and your right to defend yourself against serious allegations, noting that denial of the allegations does not preclude a finding of insight.

Ms Ahmed submitted that the panel should consider the broader evidence, including your training and feedback from colleagues and patients, which indicates your ability to practice safely, professionally, and kindly. Ms Ahmed concluded that, given these factors, the panel could reasonably find that your practice is no longer impaired.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments.

Decision and reasons on misconduct

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

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

‘Treat people as individuals and uphold their dignity

To achieve this, you must:

1.1 treat people with kindness, respect and compassion

Work cooperatively

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

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

20.4 keep to the laws of the country in which you are practising

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 and midwives to aspire to'

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. The panel had sight of the NMC Guidance FTP-3 which states:

'Sexual misconduct is unwelcome behaviour of a sexual nature, or which can reasonably be interpreted as sexual, that degrades, harms, humiliates or intimidates another. It can be physical, verbal or visual. It could be a pattern of behaviour or a single incident.'

Our Code is clear that nurses, midwives and nursing associates have a responsibility to "uphold the reputation of [their] profession". This involves demonstrating a personal and professional commitment to core values such as integrity and kindness, and protecting vulnerable people from any form of harm and abuse.

Sexual misconduct can have a profound and long-lasting impact, on people, including causing physical, emotional and psychological harm. Acts of sexual misconduct directly conflict with the standards and values set out in the Code.'

The panel was of the view that the FTP-3 is clear that sexual misconduct is particularly serious, as is harassment and misconduct involving predatory behaviour.

The panel found that the nature of your misconduct directly conflicted with many of the standards and values set out in the Code relating to being kind and compassionate when carrying out nursing duties. Additionally, the panel took into consideration your abuse of a position of trust in that Witness 2 was a junior colleague (healthcare assistant) under your supervision.. As such, there was a professional duty upon you as the senior nurse to lead by example, and to role model the values and standards of behaviour expected of a nurse supervising the work of a healthcare assistant. Witness 2 should have been able to trust you, instead she was frightened of you and humiliated by you.

The panel also heard evidence from Witness 2 who described this traumatic experience as having a long lasting impact on her. In your oral evidence, you stated how Witness 2 had spoken to you about her previous experience of a sexual assault at the Home. You went onto recall Witness 2 saying that she could not go into a particular room which had previously been used by the resident who committed this assault against her. Knowing this over a number of shifts you still chose to persistently harass her, touch her, and attempt to kiss her despite her repeated rebuttals. This makes the conduct even more serious. The panel found that knowing of Witness 2's previous experience and ignoring it, compounded the serious nature of the concern.

In the case of Witness 1, the panel heard a submission made on your behalf that it was a single incident occurring during a single shift. However, here too the panel found your behaviour was persistent and repeated during the course of the shift. It was unwanted and predatory in nature, and as such the behaviour illustrated a similar pattern of behaviour with nursing colleagues.

The only evidence of physical contact with Witness 1 was when you tried to take a selfie with her in the treatment room, putting your body up close to hers. The panel determined that sexually motivated physical, emotional, and verbal harassment are as serious as each other and they all have a significant negative impact on the victims. Therefore, the lack of physical contact does not minimise the seriousness of your behaviour or the severity of its' impact on Witness 1.

The panel considered the fact that you ignored the rebuttals from witnesses 1 and 2 and became angry when they rejected you. The effect of this was that they felt humiliated, it caused them to doubt themselves and even to apologise to you. This highlighted the manipulative nature of your behaviour.

The panel therefore concluded that your actions at charges 1a and b individually and collectively fell seriously short of the conduct and standards expected of a nurse and amounted to misconduct, in that fellow practitioners and the general public would find your conduct deplorable.

Decision and reasons on impairment

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

In coming to its decision, the panel had regard to the Fitness to Practise Library, updated on 27 March 2023, which states:

‘The question that will help decide whether a professional’s fitness to practise is impaired is:

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

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

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional and to maintain professional 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 be honest and open and act with integrity. They must make sure that their conduct at all times justifies both their patients’ and the public’s trust in the profession. In the panel’s judgment these principles apply equally in relation to registered nurses’ obligations towards their colleagues.

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 determined that limbs a-c of Dame Janet Smith's test of impairment are engaged in this case.

The panel determined that the public quite reasonably expects healthcare professionals to provide care without engaging in intimidating, degrading, humiliating or any form of harassing behaviour. This expectation extends to professional relationships with colleagues, and is especially problematic in cases involving allegations of sexual harassment or sexually motivated behaviour at work and which will often involve the commission of a criminal offence. The presence of such conduct creates an unhealthy,

unfair and unsafe work environment. This may prevent nurses providing safe delivery of care to patients and will undermine public confidence and trust in the nursing profession.

The panel is of the view that there is a risk of repetition based on the fact that you displayed your sexually motivated behaviour and sexual harassment repeatedly during one shift with Witness 1 and over the course of approximately five shifts spanning a two to three month period with Witness 2. This fact coupled with, as the panel found, an absence of meaningful insight, remorse or remediation created, in the panel's view, a real risk of repetition. Taking account of the nature of the misconduct and the circumstances in which it occurred, the panel was unable to satisfy itself you have continued to practise for approximately four years since the incidents without any further complaints was sufficient to allay its' concerns regarding the risk of repetition.

The panel accepted that you have engaged with the regulatory investigation and process and provided positive testimonials reflecting your ability to continue to practice safely and professionally over the past four years.

The panel referred to the NMC Guidance on impairment (reference DMA-1) and considered whether a professional can practice kindly, safely, and professionally. The panel found insufficient evidence demonstrating that you have addressed the concerns, expressed remorse, or shown meaningful insight into your behaviour.

The panel bore in mind that your continued denial of the allegations did not preclude the possibility of insight although it would inevitably be more difficult to demonstrate. However, even allowing for the constraints of your continued denial, it found little evidence of meaningful reflection on the seriousness of the actions alleged against or their potential impact on others.

The panel had particular regard to the reflection in your response bundle which refers to the upset that these allegations would *'tarnish my reputation ...'*. In that document you stated the impact of the allegations on you personally and how you have *'been reflecting on my practice and questioning on how I can prevent future allegations from*

occurring.' Additionally, in your oral evidence, when asked you stated that you undertook the professional boundaries course in an attempt to explore whether colleagues misinterpreted your personality gestures. As such, your reflections have only shown regard for the impact of the allegations on you rather than the lasting impact of your behaviour on your colleagues, the work environment and the reputation of the nursing profession.

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.

Although there is no evidence of a direct risk of harm to patients, the nature of the misconduct has been shown to create an unsafe work environment, which indirectly could cause harm by preventing nurses working effectively and safely. Having considered all of the above, the panel determined that your fitness to practise is currently impaired on the grounds of public protection and also in the wider public interest.

Remitted hearing

The previous panel imposed a 12 month suspension with review, a decision which was successfully appealed to the High Court by the Professional Standard's Authority. The High Court hearing took place on 1 May 2025, with the written judgment of Mrs Justice Lang DBE dated 19 May 2025. The decision of sanction was therefore remitted to this panel for re-determination in the light of the judgment of the High Court.

Submissions on sanction

Ms Guest, on behalf of the Nursing and Midwifery Council (NMC), informed the panel that the NMC would be seeking the imposition of a striking off order.

Ms Guest submitted that appeals can be made by both the registrant and the Professional Standards Authority (PSA), and that following a substantive hearing in July 2024, the PSA referred this case to the High Court as it believed the decision on sanction made by the previous panel, was insufficient, in light of the charges found proved.

Ms Guest took the panel through the details of the High Court judgement, indicating that the Judge had concluded that the previous panel had made errors in relation to mitigating and aggravating factors, had failed to apply the Sanctions Guidance appropriately and had not given adequate reasons as to why it had imposed a suspension order. The High Court judge therefore concluded that the panel had reached a wrong decision.

Ms Guest also explained that there had been an application on your behalf to admit fresh evidence at the High Court in the form of a witness statement from you dated 14 March 2025 (“the Witness Statement “), which was refused. The High Court judge decided to remit the case to be dealt with by a fresh panel in relation to sanction.

Ms Guest submitted that the panel should consider all evidence before it, and that there was now conflicting evidence, in that in the Witness Statement, which the NMC presented, you appeared to admit the actions complained of, for example:

- “I have taken several steps to address and correct my behaviour”
- “I recognise that my actions constituted sexual harassment, a serious breach of professional boundaries and ethical standards. My colleagues were subjected to inappropriate and unwelcome behaviour that undermined their sense of safety, dignity and respect in the workplace.”
- “In reflecting on my behaviour, I have come to understand the underlying factors that may have contributed to this lapse of judgment...”
- “I have also sought to make amends for my actions by apologising to the colleagues concerned where appropriate.”

Ms Guest submitted that these apparent admissions, are in contrast to your current stance, where you are still denying the allegations and referred to the testimonial of Person 1, dated 30 November 2025 where they state:

‘...I understand that he denies the allegation but accepts the outcome of the regulatory process...’

Ms Guest submitted that there was therefore conflicting evidence before the panel. Ms Guest asked Ms Ahmed to explain to the panel what your position was now, so that she could address it. Ms Ahmed stated that you maintained your denials, although you accepted the panel’s findings and had not appealed them, and that the wording in the Witness Statement was clumsy.

Ms Guest submitted that the Witness Statement was not clumsy but was manipulative and an opportunistic attempt to present a different account to the High Court as fresh evidence.

Ms Guest referred to the certificates for the training courses which you have completed and submitted that they are largely irrelevant to the charges found proved. She submitted that it is accepted that some of the courses are relevant to your clinical practice in your current role as a Senior Carer, but that they do not sufficiently mitigate the risks identified at the initial substantive hearing. She questioned the course on professional boundaries as to whether it was on-line or in person, how long it lasted and what you had derived from it. Ms Guest asked whether there was any real insight into the individual impact on your two colleagues of your conduct and asked where the deep reflection concerning your persistent actions was.

Ms Guest submitted that the testimonials before the panel today were only received yesterday (7 January 2026), and so the NMC have not had the opportunity to explore these testimonials further with the authors. She submitted that they referred to the “current investigation” and several of them used similar wording. She submitted that the fact that you had not abused any further did not undermine what had happened to the

victims and she submitted that your approach to the High Court was manipulative and that you had not been honest throughout the process.

Ms Guest referred the panel to the witness statements of your victims, where they stated they both felt isolated on the night shift. She submitted that your conduct created a hostile, difficult and uncomfortable work environment for your female colleagues, to the point where they felt unsafe and took sick leave. They felt uncomfortable and unsupported and they had told you to stop, but you had persisted, even where one witness had been a victim of a previous sexual assault, which you knew about. She submitted that your conduct was part of a repeated pattern of behaviour, and there is no evidence of insight today.

Ms Guest took the panel through your Witness Statement, insofar as you address any of the findings and challenged the manner in which it addressed them. She submitted that you have only addressed how *you* have been affected by these proceedings, and that the Witness Statement submitted is focussed on the impact on you. She further referred the panel to your comment (para 10): *"I have also sought to make amends for my actions by apologising to the colleagues concerned"* and (para 15) *"I wish to express my deepest remorse for the harm my actions have caused"* and submitted that since you now appear to be denying the charges it is again unclear as to what you are apologising for, or what you are remorseful for.

Ms Guest referred the panel to the previous panel's decision on misconduct and impairment and submitted that your female colleagues was so distressed by your erratic conduct, that they felt the need to apologise to you, and that your fitness to practise was found to be impaired on the grounds of public protection and the wider public interest. She submitted that the findings of the previous panel, show that your conduct is linked to your professional practice, as the incidents took place at work, and involved two female colleagues and that your actions had an indirect effect on patient care.

Ms Guest submitted that you have shown a distinct lack of insight, and that there is an obvious pattern of misconduct, which was repeated over a period of five weeks.

Ms Guest submitted that it is not impossible to show remediation and insight where there was a continued denial of the allegations, but in this case, she submitted that you have shifted position a number of times during these proceedings (both at the High Court and at the substantive hearings), and it is clear that you have not yet realised the impact your conduct had on your colleagues.

Ms Guest took the panel through the Sanctions Guidance and set out the aggravating and mitigating factors which she considered to be present on behalf of the NMC and submitted that the appropriate sanction in this case was that of a strike off.

Ms Guest submitted that the aggravating factors included the following:

- Abuse of position of trust.
- Lack of insight.
- A pattern of repeated misconduct.
- Conduct putting residents at indirect risk of harm, as you and the complainants were not focussed on them, due to your actions.
- Emotional harm and upset caused to the complainants.
- Creation of a toxic work environment.

Ms Guest submitted that the panel may consider the following mitigating factors:

- No other Fitness to Practise referrals prior to this referral;
- Positive testimonials speak of you providing kind and compassionate care to patients in a variety of clinical settings.

However, she observed that this was not a clinical case and that personal mitigation may well be less relevant in cases involving protection of the public interest.

Ms Guest submitted that there remained a risk of repetition and therefore a risk of harm. She submitted that your conduct involved breaching professional boundaries and demonstrating deep seated attitudinal concerns. She submitted that it is for the panel to

consider the level of misconduct that has taken place, and whether you should be allowed to remain on the register.

Ms Guest invited the panel to consider one sanction: a striking off order. She submitted that when considering the charges found proved, a striking off order is the most proportionate order to impose. She submitted that your conduct was sexually motivated and persistent and there is clear evidence of deep-seated attitudinal issues. She submitted that your behaviour was of the most serious kind and you have failed to sufficiently demonstrate any remorse or insight, including the impact your conduct has had on your colleagues.

Ms Guest submitted that the High Court judge also raised a number of aggravating factors which this panel might wish to consider which the previous panel did not identify.

Ms Guest submitted that only a striking off order would address the issues in this case.

In regard to a substantive suspension order, Ms Guest submitted that the public would not be sufficiently protected if you were not removed from the register. Moreover, in light of the panel's findings, a suspension order would fail to satisfy the wider public interest. The fact that your conduct was repeated over a period of time further demonstrates deep-seated attitudinal concerns. There has been limited evidence of sufficient insight, reflection, or meaningful remediation. In these specific circumstances, a well-informed member of the public would be very concerned if you were not struck from the register, having been found impaired on the basis of serious sexual misconduct.

Ms Guest submitted that in regard to your character, although you have not repeated the conduct since, that is simply the absence of an aggravating factor. She submitted that the previous panel determined that there was a risk of repetition, and that you had not developed any insight since then.

Therefore, Ms Guest's submission was that based on all the evidence before this panel, the only appropriate order in this case was a striking-off order.

Ms Ahmed, on your behalf, submitted that you have been suspended since the imposition of the substantive order and throughout the appeal process. She submitted that you have therefore served more than the 12 month interim suspension order imposed by the previous substantive panel. She said you had worked under the full glare of colleagues, managers and your agency, and that you have attempted to show reflection and remediation. You have not appealed the previous panel's decision, and you accept it.

Ms Ahmed submitted that you have been fully transparent in disclosing the outcome of the hearing to some colleagues and she referred the panel to the testimonial from the Agency you are employed by. She submitted that the Agency remain supportive of you. When asked what the writers of the testimonials knew of the allegations and findings, Ms Ahmed said that the Agency was clear about what had occurred and that others may simply not have expressed themselves within the testimonials in a legal or regulatory manner. She said your colleagues were aware that you no longer had a PIN, and those providing testimonials were prepared to answer any questions.

Ms Ahmed submitted that in regard to remediation, you have made some attempts to demonstrate remediation by way of a reflective statement and carrying out and completing training courses, albeit mandatory. She accepted that the conduct is serious and relates to sexual misconduct, but she submitted that proportionality should be considered in this case and submitted that the panel should not be punitive. She further stated that although your statement has been '*clumsily drafted*', you have made an attempt to acknowledge the impact of your actions. She submitted that you have not attempted to hide behind the charges as found proved at the last substantive hearing. She emphasised that most of the testimonials before this panel are from female colleagues and would not have been provided if they felt that you were unsafe to work with and that you have placed yourself in a position of scrutiny in order to learn and reflect on your behaviour. She submitted that you have continued to work in healthcare and co-operated and engaged in order to save your PIN and career.

Ms Ahmed referred the panel to the references and positive testimonials and submitted that since the imposition of the interim order, you have been working as a Senior Carer

in a healthcare setting, and you have not had any concerns. She also submitted that you have been working without any complaints, and that there have been no previous regulatory concerns raised regarding your conduct or clinical practice prior to this. Ms Ahmed also reminded the panel that this is a forward-looking exercise.

Ms Ahmed submitted that in regard to remorse, it is difficult to apply the NMC guidance to a reflection, having had your defence rejected. She submitted that you have reflected on the impact your colleagues felt, and the details of the initial determination, and you have taken the words of the panel and attempted to make a remorseful reflection from this.

Ms Ahmed submitted that you have constantly sought to make amends, and that you can only do so much in your position. She submitted that although the High Court had some reservations about undercharging of the incident regarding Witness 1, when you kissed her through the mask and held her hips, this was not touching of an intimate kind.

Ms Ahmed referred the panel to the case of *Arunachalam v GMC [2018] EWHC 78 (Admin)* and paragraphs 14 and 79 of that judgement. She submitted that the context of your unblemished record should be taken into consideration. She referred the panel to the previous panel's decision and submitted that you have sufficiently reflected on the very damning findings. She submitted that whilst there is no denying that there are some aggravating features present, it should also be considered that there are some mitigating factors which this panel should take into account.

Ms Guest asked if Ms Ahmed on your behalf accepted that the acts relating to kissing and touching as found proved constituted an offence under Sexual Offences Act 2003 and Ms Ahmed, in her response, submitted that it is for the panel to determine and that she had no comment.

The panel asked Ms Ahmed about the training certificates provided and how you carried out and completed the training. She submitted that the training was on-line and was a

part of the expectations of your role with the Agency, and that it was part of the annual mandatory training.

The panel also asked what the referees who provided the testimonial were aware of in relation to the charges and/or '*allegations*' as referenced in their testimonials. She stated that she cannot speak to the language used by the various writers of the testimonials but informed the panel that the Agency was clear and were aware of the outcome of the substantive hearing in 2024.

Ms Ahmed informed the panel that there was knowledge amongst the staff at the Agency that there had been some form of action against you, as you were no longer in a nursing role, and instead were moved to a Senior Carer role.

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

Decisions and reasons on remitted sanction

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

The panel also had regard to the findings of the previous panel and the material which was placed before it at the remitted hearing.

The panel heard that you were a senior nurse in a leadership role. It was also aware from the findings that Witness 1 was a nurse who had recently started working at the Home in June 2020 and Witness 2 was a Healthcare Assistant who was junior to you in the workplace setting. The panel determined that you were responsible and accountable for your own professional conduct and should have been setting an example for your team and more junior colleagues. They were entitled to work in an environment free from harassment and they had a right to feel safe at work. This panel noted and agreed

with the findings of the previous panel that your conduct “*had the purpose or effect of violating the dignity of Witness 1 and Witness 2, or creating an intimidating, hostile, degrading, humiliating or offensive environment for them.*”

The panel had evidence before it that your misconduct was repeated over the course of one shift in relation to Witness 1 and over approximately five weeks in relation to Witness 2. Both witnesses had made it clear that your attentions were not wanted, and you had reacted with anger towards both of them, when rejected. The panel saw this as a repeated pattern of behaviour.

You also had knowledge that Witness 2 had previously been sexually assaulted, but you remained persistent with your unwelcome and unwanted sexual advances, despite both colleagues making it categorically clear that your actions were unwanted. The panel concluded that this made your conduct in relation to this victim more serious.

Your conduct was deliberate and predatory, in that you targeted lone females, one of whom was a more junior colleague, at night, when they were isolated from other staff members, and where no assistance was available. They were in a situation where they had to continue to work in order to care for the residents, and you placed them in a difficult, frightening and unsafe working environment.

Further, the panel concluded that your conduct, by cuddling, grabbing the hips of and/or attempting to kiss Witness 2 through her face mask is akin to an unwanted sexual assault within the Sexual Offences Act 2003.

The panel had regard to the evidence from Witness 2 who described this traumatic experience as having a “*long-lasting impact*” on her. Both witnesses also described feeling humiliated and doubting themselves, as a result of your anger when they rejected you, highlighting your manipulative behaviour towards them. It observed that each victim considered your behaviour serious enough to report it to the police, even though they did not pursue the allegations through the criminal courts. The panel concluded that your conduct towards them caused them emotional harm.

As a result of your unwanted attentions to these lone women working on nightshifts, they would have been distracted by your conduct towards them and would not have been able to fully focus on their work. Your attentions towards your colleagues were also a distraction to your work. The panel therefore determined that as a result of your actions, there would have been an indirect risk of harm to the residents.

Insight and Remediation

The panel recognised that in cases where there is a denial of the charges, it is difficult to demonstrate insight and/or remediation or remorse, although it considered that steps could be taken to reflect on the findings made and the impact of those findings on the victims, the nursing profession and the wider public interest.

The panel was of the view that your submission of the Witness Statement to the High Court dated 14th March 2025 was both misleading and self-serving, and you have now resiled from the apparent admissions made within it. The panel heard at this hearing that you continue to deny the charges and that you did not want this panel to have sight of the Witness Statement. In any event, the panel was also of the view that that Witness Statement focussed mostly on the impact of these allegations on you. The panel was of the view that the submission of this Witness Statement to the High Court and your subsequent reluctance to submit it to this panel, provided a further example of your manipulative behaviour, as previously identified by the original panel.

You have not provided this panel with any further, more recent, written reflection, nor did you give evidence before this panel, to demonstrate what you have learned since the previous panel's findings, or that you now acknowledge and understand the impact of this type of conduct on the victims, your colleagues or the nursing profession and wider public.

The panel noted the training you have completed to date, although it also noted that it was taken on-line over a period of two days as part of your mandatory Continuing Professional Development (CPD) as a care assistant. Most of the training related to your clinical practice, and it was not clear what the Professional Boundaries course

covered, and there is no further reflection to explain what you learned from this course. The panel therefore concluded that this training provided limited assistance in relation to any assessment of your insight or remediation.

The panel also had regard to the testimonials which you provided to support your assertions that there have been no further concerns raised or repetition of your misconduct since the incidents. It also heard from Ms Ahmed, who informed the panel that throughout this process, you have remained transparent with your colleagues about the findings against you. However, it was unclear to this panel whether the authors of the testimonials had full knowledge of the case, and what they had been told in relation to the allegations and/or findings against you. Further, the panel was of the view that the absence of prior or further allegations or concerns relating to sexual misconduct did not amount to any significant mitigation in the context of the deep-seated attitudinal concerns shown in this case, which had not been addressed by you by way of reflection or any other demonstration of insight.

The panel therefore determined that you have failed to address the concerns identified by the previous panel and therefore the risk of repetition remains.

For the reasons set out above, the panel concluded that the following aggravating features were present in this case:

- Abuse of position of authority in your role;
- Deliberate and predatory behaviour when working alone at night;
- Failing to act collaboratively and creating a harmful and negative work environment;
- Repeated pattern of misconduct affecting two colleagues;
- Persistent conduct, notwithstanding rejections;
- Sexual misconduct to a vulnerable colleague who you knew had been subject to previous similar unwanted abuse;
- Causing significant distress to the complainants;
- Indirect risk of harm to patients;

- Conduct in relation to one complainant which was akin to unwanted sexual touching/sexual assault; and
- Lack of insight, lack of reflection and on-going deep-seated attitudinal concerns

Having determined that the allegations against you relate to deep-seated attitudinal concerns and that you lack insight, the panel found that the absence of any regulatory concerns prior to and since the dates of these allegations was not relevant to the issue of sanction in this case. The panel therefore found that there were no relevant mitigating factors in this case.

The decision on sanction is a matter for the panel independently exercising its own judgement. In relation to the facts found proved at the initial substantive hearing, this panel were of the view that it was sexual misconduct of the most serious kind, and had regard to SAN-2 (the section relating to cases involving sexual misconduct) where it states:

‘Long-term or repeated conduct is more likely to suggest risk of harm, together with conduct involving imbalances of power, cruelty, exploitation and predatory behaviour.’

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 NMC guidance – SAN-3d, 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;*
- *Potential and willingness to respond positively to retraining;*
- *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 sexual nature of the charges in this case.

Furthermore, the panel concluded that the placing of conditions on your registration would not adequately address the seriousness of this case and would not adequately protect the public, or maintain public confidence in the nursing profession.

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

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

The panel considered that the incidents were serious in nature, relating to two victims, repeated over a significant period of time, namely five weeks in relation to one victim, and was predatory, harassing, degrading and created a hostile work environment. The environment also became unhealthy and unsafe and created an indirect risk of harm to residents. The panel further concluded that, notwithstanding the absence of any repetition of your misconduct since these events, you have failed to demonstrate adequate insight, remorse or remediation, and there remains evidence of harmful and deep-seated attitudinal problems and therefore a risk of repetition. It therefore concluded that a suspension order is not appropriate, as it would not sufficiently protect the public or meet the wider public interest.

The panel next went on to consider a striking off order, and had regard to NMC Guidance SAN-3e. It determined that your actions constituted a significant departure from the standards expected of a registered nurse and are fundamentally incompatible with you remaining on the register. The findings in this particular case demonstrate that your actions were serious and sexual in nature, and that you continue to show a significant lack of insight and continue to demonstrate deep-seated attitudinal concerns. The panel has concluded that to allow you to continue practising would undermine public confidence in the profession and in the NMC as a regulatory body.

After taking into account all the evidence before it during this hearing, the panel has determined that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the effect of your actions in bringing the profession into disrepute by adversely affecting the public's view of how registered nurses should conduct themselves, the panel concluded that nothing short of a striking-off order would be sufficient in this case. The panel determined that your misconduct undermines the core values and principles in the nursing professions and as such undermined public confidence in the nursing profession.

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.

The panel therefore decided that a striking off order is the most appropriate and proportionate sanction.

Decisions and reasons on interim order

Ms Guest invited the panel to impose an interim suspension order for a period of 18 months. She submitted that an interim suspension order for a period of 18 months is necessary given the panel's findings in order to protect the public and meet the wider public interest. Further, she submitted that this was required to cover the 28-day appeal period and, if you wish to appeal the decision, the period for which it may take for that appeal to be heard.

Mr Campbell, on your behalf did not oppose the application.

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

Decision and reasons on interim order

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

The panel concluded that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the striking-off order. The panel therefore imposed an interim suspension order for a period of 18 months to cover the 28-day appeal period and any period which an appeal may be heard.

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

This will be confirmed to you in writing.

That concludes this determination.