Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Hearing
Wednesday, 1 July 2026 – Friday, 3 July 2026

Nursing and Midwifery Council
2 Stratford Place, Montfichet Road, London, E20 1EJ

Name of Registrant:	Henrietta Barbara Haruperi Gibson-Leigertwood
NMC PIN:	76I3196E
Part(s) of the register:	Registered Nurse – Mental Health (Level 2) RN4 – 25 January 1979
Relevant Location:	Kensington and Chelsea
Type of case:	Misconduct
Panel members:	Oluremi Alabi (Chair, lay member) Helen Reddy (Registrant member) Mohammad Anwar (Lay member)
Legal Assessor:	John Donnelly
Hearings Coordinator:	Hamizah Sukiman (1 July 2026) Samara Baboolal (2 July 2026 – 3 July 2026)
Nursing and Midwifery Council:	Represented by Megan Verity, Case Presenter
Mrs Gibson-Leigertwood:	Present and represented by Laura Herbert, instructed by Royal College of Nursing (RCN)
Facts proved by admission:	Charges 1a, 1b, 1c, 2 and 3
Fitness to practise:	Impaired
Sanction:	**Suspension order (3 months)**
Interim order:	**Interim suspension order (18 months)**

Decision and reasons on application to amend the charge

At the outset of the hearing, Ms Verity, on behalf of the Nursing and Midwifery Council (‘NMC’), made an application to amend the date as outlined in the stem of charge 1. She submitted that this was a typographical error, and that the evidence before the panel suggests that the alleged incident occurred on 10 November 2022, as opposed to 11 November 2022. She further submitted that, given the nature of the proposed amendment, no injustice would be caused to you should this amendment be made. This application is made pursuant to Rule 28 of ‘Nursing and Midwifery Council (Fitness to Practise) Rules 2004’, as amended (the Rules).

The proposed amendment reads:

‘That you, a registered nurse:

*1. On **10** ~~11~~ November 2022:*

a. …

b. …

c. …

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

Ms Herbert, on your behalf, accepted that this was a typographical error and did not oppose the application.

The panel accepted the advice of the legal assessor. He advised the panel of its powers to amend any charge prior to a decision being reached on facts, pursuant to Rule 28 of the Rules, subject to the consideration of fairness and the interest of justice.

The panel decided to allow the proposed amendment.

The panel was of the view the proposed amendment was an error which is typographical in nature. The panel considered that allowing the proposed amendment would correct this error, and better reflect the evidence before it, including the CCTV footage. The panel noted that you do not object to the proposed amendment. Accordingly, the panel was satisfied that there would be no prejudice to you and no injustice would be caused to either party by the proposed amendment being allowed. It was therefore appropriate to allow the amendment, as applied for.

Details of charge (as amended)

That you a registered nurse:

1. On 10 November 2022:
   a) Grabbed Patient A without clinical justification.
   b) Pulled Patient A by the hair.
   c) Did not use the de-escalation technique.

2. Recorded an inaccurate entry on the Datix that Patient A had "suddenly attacked" you.

3. Your actions at charge 2 were dishonest in that you sought to represent that Patient A had attacked you when this was not true.

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

Background

The charges relate to an alleged assault of Patient A on 10 November 2022. You were admitted onto the nursing register in January 1979. At the relevant time, you were employed by Central and North West London NHS Foundation Trust (‘the

Trust') as a Band 5 registered mental health nurse at St Charles' Hospital ('the Hospital'). You were in that post since 2012.

The allegations first came to light following concerns raised by an anonymous colleague that, on the 10 November 2022, you had an altercation with Patient A, during which you pulled Patient A's hair on two occasions. Following this, the Trust set up an investigation to establish whether you had breached the Prevention and Therapeutic Management of Violence and Aggression and the Disciplinary policies. The Trust reviewed the CCTV footage of the nurse stationed within the ward of the 10 November 2022, and discovered you allegedly assaulted Patient A on that day.

The footage shows Patient A walking towards the Nurse Station, attempting to enter the area where staff were sitting. The footage then showed you standing in front of Patient A and physically blocking them from entering the Nurse station, before grabbing them by their hair and pulling them away from the Nurse Station area. The Trust alleged that Patient A did not appear to be aggressive, and you made little to no attempt to persuade them to leave the area. Your interaction with Patient A is alleged to have taken place for over a minute, with you grabbing Patient A's hair at least twice.

You recorded this incident on the Datix report three days following the incident, stating:

> *'On Thursday the 10/11/22 I was by the nursing station area when I heard Pnt. A shouting you have raped my son 200 times. Suddenly she attacked me and grabbed my dress by the neck area including the cord holding my name badge and shouting obscenities in an angry manner. She was holding on so tight that she broke the cord around my neck and she tore my dress around the neck area. She was also going for my face and I tried to defend my face with my hand.'*

You initially told the Trust that you tried defending yourself. Upon being shown the CCTV footage, you stated that you did not remember the sequence of the events, but accepted that your actions were unnecessary and inappropriate, and therefore what you recorded on the DATIX was incorrect.

The Trust alleged that Patient A had no history of physical aggression, and there was nothing to suggest that Patient A assaulted you prior to this physical interaction. It is further alleged that you were up to date with your restrictive intervention and breakaway training.

You were dismissed from the Trust following your disciplinary hearing on 14 March 2023.

Decision and reasons on facts

The panel viewed the CCTV footage, which provided a clear and unobstructed view of the incident. There was no sound to accompany the footage, however the parties were clearly identifiable.

At the outset of the hearing, the panel heard from Ms Herbert, who informed the panel that you make full admissions to all the charges. The panel, of its own volition, raised concerns as to whether your admission in respect of charge 3 can be accepted as an unequivocal one.

In respect of charge 3, the panel had sight of your reflective piece, in which you stated:

> *'On the charge of dishonesty (charge 3), I accept this allegation. I have spent a long time reflecting on this, and I understand that I must look at my actions through a wider lens than just my own internal state of mind at the time. When I completed that Datix, my actual state of knowledge and belief was heavily distorted by adrenaline and stress; I genuinely believed the patient had attacked me and that I was defending myself. However, I now fully appreciate that what I believed does not change the objective reality of what I did.'*

Based on your reflective piece, the panel invited legal advice and submissions from both Ms Verity and Ms Herbert in respect of your admission to charge 3, particularly in respect of your state of mind at the time. The panel considered that, pursuant to

Ivey v Genting Casinos [2017] UKSC 67, dishonesty is a two-stage test, namely the consideration of your knowledge or belief as to your conduct in the first instance. Upon making its decision on this stage, the panel should then apply the standards of ordinary, decent people to judge whether the conduct was dishonest.

The panel sought legal advice on this issue, and the legal assessor referred the panel to paragraph 74 of *Ivey*, which states:

> *'[…] When dishonesty is in question the fact-finding tribunal must first ascertain (subjectively) the actual state of the individual's knowledge or belief as to the facts. The reasonableness or otherwise of his belief is a matter of evidence (often in practice determinative) going to whether he held the belief, but it is not an additional requirement that his belief must be reasonable; the question is whether it is genuinely held. When once his actual state of mind as to knowledge or belief as to facts is established, the question whether his conduct was honest or dishonest is to be determined by the fact-finder by applying the (objective) standards of ordinary decent people. There is no requirement that the defendant must appreciate that what he has done is, by those standards, dishonest.'*

Having heard this provisional advice, the panel invited submissions from Ms Herbert and Ms Verity.

Ms Herbert submitted that, whilst you initially believed your Datix entry to be accurate (stage 1 of *Ivey*), you accept that your Datix entry would be regarded as dishonest by the standards of ordinary, decent people based on the CCTV footage (stage 2 of *Ivey*). In these circumstances, it would be appropriate for you to fully admit to charge 3.

Ms Verity endorsed Ms Herbert's submissions on the two-stage *Ivey* test, and she submitted that you have made an unequivocal admission to this charge. She submitted that you accept your action was dishonest, and she invited the panel to accept this admission.

The panel accepted the advice of the legal assessor and considered the submissions from both Ms Verity and Ms Herbert. The panel accepted Ms Herbert's submissions in respect of your admission to charge 3. The panel noted that, whilst your reflective piece indicated that you did not, at the relevant time, believe you were acting dishonestly, upon reflection and having seen the CCTV footage, you admitted that your conduct was dishonest. The panel considered that, based on paragraph 74 of *Ivey*, there is no requirement for you to appreciate your act was dishonest.

Further, the panel bore in mind that you are legally represented by the Royal College of Nursing ('RCN') throughout the regulatory process and by Ms Herbert at this hearing. The panel noted that you would have received legal advice in respect of your admission that your conduct would have been regarded as dishonest by the standards of ordinary, decent people.

The panel determined, in these circumstances, that your admission to charge 3 is unequivocal. The panel noted that any weight attached to your reflective piece and your understanding of the incident at the relevant time can be considered in later stages of the hearing, if needed and as relevant for that stage.

Pursuant to Rule 24(5) of the Rules, the panel therefore finds charges 1a, 1b, 1c, 2 and 3 proved in their entirety, by way of your admissions.

Decision and reasons to hold the hearing partly in private

During your evidence under affirmation, you referred to matters in respect of your family and private life. The panel, of its own volition, determined to hold these parts of your evidence in private, to protect your privacy. This was pursuant to Rule 19 of the Rules.

Fitness to practise

Having reached its determination on the facts of this case, the panel then moved on to consider, whether the facts found proved amount to misconduct and, if so, whether 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 safely and effectively without restriction.

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

The panel adopted a two-stage process in its consideration. First, the panel must determine whether the facts found proved amount to misconduct. Secondly, only if the facts found proved amount to misconduct, the panel must decide whether, in all the circumstances, your fitness to practise is currently impaired as a result of that misconduct.

Submissions on misconduct and impairment

The panel heard your evidence under affirmation and considered all the evidence before it, namely: the NMC witness statement bundle, the NMC exhibit bundle, the CCTV footage, and your bundle, consisting of your reflective account dated 30 June 2025, five testimonials, and your CV. It also heard submissions from both Ms Verity and Ms Herbert.

Ms Verity referred the panel to the NMC Guidance, '*Misconduct'* (FTP-2a) as well as to the decision in *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.'* She submitted that all the charges found proved by way of your admission amounted to serious misconduct, and that paragraphs 1.1, 1.2, 1.5, 6.2, 10.2, 10.3, 19.1, 20.1, 20.2, 20.5 and 20.8 of 'The Code: Professional standards of practice and behaviour for nurses and midwives 2015' (the Code) are engaged.

Ms Verity submitted that your conduct in all of the charges found proved fell far below the standards expected of you as a registered nurse, as set out by the Code. She further submitted that you acknowledge this in your reflective piece, and you

reflected on how your conduct was unacceptable. She submitted that your conduct directly related to your professional practice, involving the physical assault of a vulnerable adult and the subsequent dishonest recording of that incident, which was a breach of a fundamental tenet of the nursing profession, namely the duty of candour.

Ms Verity submitted that you did cause, and had the potential to cause, harm to patients and colleagues, and impacted public confidence in the nursing profession. She submitted that your actions in all of the charges were sufficiently serious to amount to misconduct.

In respect of impairment, Ms Verity referred the panel to the NMC Guidance, '*Impairment'* (DMA-1). She reminded the panel that there is no statutory definition for impairment, but that the guidance indicates that it is an assessment of whether you are able to practise kindly, safely and effectively without restriction. She submitted that, in these circumstances, your fitness to practise is impaired on both public protection and public interest grounds.

Ms Verity referred the panel to the four limbs as set out in the decision of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin). In respect of limb (a), on whether you have in the past or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm, she submitted that your actions did cause harm to Patient A. She further submitted that the situation escalated as a result of your actions, and that Patient A was not initially acting violently or aggressively and was not presenting a risk to themselves or others. Ms Verity submitted that this, at this point, was not an escalating situation and there was nothing which preceded this incident which would warrant your response. She submitted that the conduct itself was a physical assault on Patient A, and a disproportionate use of force in light of Patient A's calm nature at the relevant time.

Ms Verity submitted that your actions were an unprovoked response, which escalated the situation. Consequently, Patient A became distressed. She submitted that your actions therefore caused both physical and psychological harm to Patient

A, particularly given that Patient A was a mental health patient under section at the relevant time. Ms Verity referred the panel to your reflective piece, which you acknowledged that your actions escalated rather than de-escalated the situation with Patient A.

Ms Verity submitted that your actions also placed colleagues at risk of harm, as your colleagues became involved in your altercation with Patient A, who was becoming increasingly agitated and distressed as a result of your conduct.

In respect of dishonesty and duty of candour, Ms Verity submitted that your dishonest conduct did place patients at an unwarranted risk of harm, as inaccurate and dishonest record-keeping could influence the care Patient A received and consequently hinder Patient A's treatment or management plan. She submitted that, in your evidence under affirmation, you failed to properly explain the duty of candour, which creates a risk that you would repeat this conduct in future, leading to harm to patients and colleagues.

On limb (b) of the *Grant* "test", Ms Verity submitted that your actions towards Patient A would shock a member of the public, particularly given Patient A's vulnerability. She submitted that you have breached your duty of candour, which is a fundamental tenet of the nursing profession. She further submitted that members of the public expect nurses to adhere to their duty of candour, and by failing to do so, you have brought the reputation of the nursing profession into disrepute.

In respect of limb (c), Ms Verity submitted that your conduct has breached fundamental tenets of the nursing profession in respect of all the charges, and you accept that your conduct fell far below the standards expected of you as a registered nurse. She further submitted that you ignored procedures which you were trained to and aware of, and caused physical harm to a vulnerable adult. She also submitted that you were subsequently dishonest in your record keeping. These are breaches of fundamental tenets of the nursing profession.

On limb (d), Ms Verity submitted that you accept you were dishonest in respect of representing Patient A as the aggressor, when this was not the case. She submitted

that there is a risk that you would repeat your dishonest conduct, as dishonesty is difficult to address irrespective of its seriousness.

Ms Verity submitted that if a registrant was capable of conduct like yours, it would require careful reflection, insight and development before a panel could be satisfied that they no longer posed a risk to the public. She referred the panel to the NMC Guidance, '*Can the concern be addressed?'*, which cites both dishonesty (especially if it is linked to clinical practice) and incidents of violence towards people receiving care as concerns which are more difficult to address.

Ms Verity submitted that both are present in your case, and in your evidence under affirmation, you were unable to explain why you behaved in this manner. She submitted that you cited some personal matters, but these do not form part of your greater reflective exercise. Notwithstanding this, she submitted that your actions raise concerns that you are an individual who is capable of losing control when there are other difficult circumstances in your life, and consequently, there is a real risk that you would repeat your conduct.

Ms Verity further submitted that you have no full understanding as to why you acted in the manner that you did, particularly as you had the sufficient tools and training to act appropriately. She submitted that you have not worked in a healthcare setting since the incident, and there is no evidence before this panel to demonstrate that you have embedded your insight into your practice. Accordingly, the panel could not be satisfied that this conduct will not repeat itself, and there remains a risk to public safety.

Ms Verity accepted that you are remorseful, but she submitted that your insight is developing, and further evidence of your strengthened practice is required. She further submitted that the testimonials you have provided, whilst positive, predated the relevant incident. She submitted that limited weight can therefore be given to them, as they do not indicate your current nursing practice. Further, she submitted that you have not explored undertaking any courses which would develop your skills in the areas of concern. Taken together, Ms Verity submitted that there remains a real risk to public safety.

In respect of the public confidence, Ms Verity submitted that a finding on public interest grounds is more likely to occur where the conduct breaches fundamental tenets of the profession. She submitted that, in this case, your conduct involved deliberately causing harm to a vulnerable adult and subsequent dishonesty arising from the same incident. She submitted that these are fundamental tenets of the profession, and invited the panel to make a finding of impairment on both public protection and public interest grounds.

Ms Herbert submitted that you accept your conduct was very serious, and falls far below the standards expected of a registered nurse. She submitted that you do not contest that your actions amounted to misconduct.

In respect of impairment, Ms Herbert reminded the panel that impairment is a forward-looking exercise, and invited the panel to consider the decision in, and principles derived from, *Cohen v General Medical Council* [2008] EWHC 581 (Admin). She submitted that there are cases of nurses assaulting patients or acting dishonestly which are not remediable, but your case does not fall within that category. She submitted that this was a short incident which took place on a single day, in context of an otherwise unblemished 25-year nursing career. She reminded the panel that it is not the aim of a fitness to practise process to punish professionals for past events, and that if past concerns have been put right, then a finding of impairment is not necessary.

Ms Herbert submitted that this was an isolated incident in an otherwise lengthy and safe nursing practice. She further submitted that you accept your conduct was serious, you have also reflected on the seriousness and the impact of your actions on others every day since the incident. Ms Herbert submitted that your insight is in-depth, developed over time and you now recognise what you would do differently. Ms Herbert submitted that, in respect of you not testing your insight in a clinical setting, insight involves recognising past failings and ensuring that you possess the mindset to not let it repeat itself. She submitted that you are able to draw on your past experience, and that the regulatory process has been a salutary lesson for you. She further submitted that, based on your evidence under affirmation, you recognise

how stressful working and home environments can impact you, and you take responsibility for your conduct. She submitted that you do not seek to excuse your behaviour, which demonstrates your insight. Ms Herbert submitted that, in respect of the specific pressures you were facing at the time with your family members, they are now deceased and such pressures are no longer present.

Ms Herbert further submitted that you accept your conduct was dishonest, and your oral evidence demonstrated an understanding of honesty being of central importance to nursing practice. She submitted that you accepted you were dishonest from an early stage in the local investigation, and you have held this position since January 2023. Ms Herbert reminded the panel that not all acts of dishonesty are equally serious, and that your dishonesty did not include any personal gain, misuse of power, premeditation and did not, in itself, place people receiving care at direct risk of harm. She submitted that this incident was a one-off event, which you recognised was wrong and you have demonstrated clear remorse for. She submitted that your dishonest conduct was therefore on a lesser scale of seriousness.

In respect of the testimonials, Ms Herbert submitted that the testimonials demonstrate your nursing practice over a significant period of time, and how this conduct was an isolated incident. She referred the panel to the testimonials, citing your professionalism and compassion, written by colleagues and other registered nurses who have known you for a significant period of time. She submitted that this demonstrates that your conduct was isolated, and unlikely to repeat itself. In these circumstances, Ms Herbert submitted that a finding of impairment on public protection grounds is not necessary.

In respect of the public interest, Ms Herbert submitted that this is not a case where your conduct, in and of itself, was so serious that a finding of impairment is necessary. She submitted that this was an isolated incident, and there is no deep-seated attitudinal concern present. She further submitted that if a well-informed member of the public was apprised of all the information before this panel, including your understanding and the significant reflection you have undertaken, a finding of no impairment would not impact the public confidence in the nursing profession, as

they would find it understandable in this particular case, where you have demonstrated significant insight.

The panel accepted the advice of the legal assessor. He reminded the panel that it should approach misconduct and impairment in two stages, namely it must first consider whether the facts found proved amount to misconduct, and if so, move on to consider impairment. He reminded the panel that fitness to practise is for the panel's professional judgement, and there is no standard of proof to be met.

He further advised the panel to consider the decisions in, and principles derived from, *Roylance* in determining whether an act amounted to misconduct. He reminded the panel that, should it find that your actions do not amount to misconduct, it does not move on to consider whether her fitness to practise is currently impaired. He advised the panel to consider each aspect separately, rather than collectively.

He advised the panel that the assessment of impairment is a forward-thinking process and is not intended to be punitive in respect of past misconduct. He referred to the principles as outlined in *Grant* and *Cohen*, and reminded the panel to consider, as a baseline in considering insight, whether you would behave in the same way if presented with the same set of circumstances.

He further advised the panel that there is a spectrum of dishonesty, and every case will turn on its own facts. He referred the panel to the decision in, and principles derived from, the case of *Professional Standards Authority v (1) General Medical Council and (2) Uppal* [2015] EWHC 1304 (Admin), and he advised the panel that dishonesty does not automatically render your fitness to practise impaired. He advised the panel to consider the insight and remediation demonstrated in determining impairment. He further referred the panel to the decision in *Professional Standards Authority v HCPC and Roberts* [2020] EWHC 1906 (Admin), in the consideration of insight and remediation.

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 amounted to breaches of the Code, specifically:

'1.1 treat people with kindness, respect and compassion

1.2 make sure you deliver the fundamentals of care effectively

1.5 respect and uphold people's human rights

10.3 complete records accurately and without any falsification, taking immediate and appropriate action if you become aware that someone has not kept to these requirements

19.1 take measures to reduce as far as possible, the likelihood of mistakes, near misses, harm and the effect of harm if it takes place

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

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

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

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

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

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. The panel considered each of the charges in determining whether each amounted to serious misconduct.

Charge 1 (a), (b) and (c)

The panel took into account that the conduct in this charge directly related to patient care. It involved a vulnerable mental health patient, and you were an experienced nurse who had cared for this patient before. The panel also took into account that you were up-to-date with the relevant Trust's policies on management of violence and aggression presented by patients, de-escalation, and breakaway techniques. It further noted that the evidence demonstrated that there was no provocation from Patient A or any reason to believe that Patient A was presenting a risk to herself or others at the relevant time. It bore in mind that, as a result of your conduct, Patient A suffered harm. The panel found that the 'intervention' used by you and level of force was unwarranted, unnecessary, and inappropriate. The panel determined that your conduct fell seriously below the standards expected of a nurse, especially of your experience and knowledge.

In light of all the above, the panel found that your conduct in this charge amounts to serious misconduct.

Charge 2

The panel took into account the nature and the adverse impact that your conduct in this charge could have had on Patient A and colleagues. The panel noted that the effect of inaccurate record keeping had the potential to harm Patient A, in that it could lead to a misdiagnosis of future treatment and care. It also inaccurately shamed Patient A. The panel noted that inaccurate record keeping is very serious, and when posing the question as to whether your conduct in this charge would be viewed as 'deplorable' by members of the public and other professionals, the panel was satisfied that it would be. You were an experienced nurse, and you were not new to the ward or the patient. Further, the panel also took into account that you did not complete the DATIX report until days after the incident, by which time you would have been more composed and in a better frame of mind to record the DATIX report more accurately.

The panel was satisfied that your actions in this charge fell seriously short of the conduct and standards expected of a nurse and amounted to serious misconduct.

Charge 3

The panel was mindful that dishonesty is always a serious concern, as breaches of the professional duty of trust and/or candour are amongst the most serious category of concerns. The panel, however, considered the context of your dishonest conduct, having regard to the frequency, duration, and planning. It noted that, in your oral evidence, you admitted that you knew making the inaccurate record was wrong. You also maintained your own version of the events until you viewed the CCTV footage. Although the dishonesty was an isolated incident in a long history of an unblemished record, the nature of the dishonesty put the patient and the confidence in the profession at a real risk of harm. The panel determined that members of the public and other professionals would view dishonest record keeping as deplorable.

The panel was satisfied that your actions in this charge fell seriously short of the conduct and standards expected of a nurse and amounted to serious misconduct.

Decision and reasons on impairment

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

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

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

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. To justify that trust, nurses must be open and honest 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 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 she/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) has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

The panel was satisfied that all four limbs of the Grant test, in relation to *'the past'* were engaged.

In relation to the first limb of the Grant test, the panel found that the patient was put at a risk of both physical and emotional harm as a result of your misconduct. You failed to use appropriate de-escalation techniques, and used physical force against Patient A when it was not warranted to do so, as she posed no risk of harm to you. Further, by inaccurately recording the incident on DATIX, the patient was put at a risk of harm as this record had the potential to influence your colleagues' treatment of and interactions with the patient.

Your misconduct breached the fundamental tenets of the nursing profession, and therefore brought its reputation into disrepute. Further, you acted dishonestly by seeking to represent that the patient had attacked you when this was not true.

In considering whether the four limbs of the Grant test are engaged in relation to 'the future', the panel first considered whether the concerns are remediable. It was satisfied that the conduct, though serious, was remediable and could potentially be addressed through strong insight and reflection, remorse, and strengthening of practice.

The panel took into account that you have demonstrated consistent and genuine remorse throughout these proceedings, and that you appear to accept your role and responsibility in the misconduct, have not attempted to deflect blame, and accepted your conduct once you viewed the CCTV footage. You have shown an understanding of what went wrong, made apologies, and reflected on your misconduct in the three charges. The panel also took into account that you made full admissions at the outset of this hearing and engaged with the disciplinary process.

The panel found that the acts of your misconduct in charges 1 and 2 were remediable. It accepted that your dishonesty in charge 3 is not so easily remediable, but that remediation was possible with an appropriate level of insight and reflection. The panel found that you have made attempts to remediate all three charges. You

have demonstrated significant remorse from the time of viewing the CCTV footage throughout the Trust investigation, and during these proceedings.

The panel noted that in your reflective statement, dated 30 June 2026, you stated:

> *'The next day I wrote a reflective account saying my behaviour had been appalling and that I wanted to apologise to the patient, her family and the Trust. I meant every word of it then, and I mean it now.'*
>
> *'I have gone back to The Code and read it carefully against what I did. It is not comfortable reading the standards I was meant to uphold and seeing how far short I fell.'*

The panel found that you have also demonstrated sufficient insight, in that:

- you made early admissions to all three charges
- you accepted the concerns at an early stage during both the Trust investigation and during these proceedings
- you have taken personal responsibility for your actions without apportioning blame on anyone or anything else
- you have demonstrated an understanding of the risk of harm to Patient A and your colleagues, and the damage caused to the public confidence in the nursing profession
- you have apologised and cooperated with the Trust's investigation and engaged with the regulatory proceedings

The panel, however, found that you have not been able to demonstrate sufficient strengthening of practice, as you have not undertaken any paid or unpaid CPD courses, and you have not worked in a clinical or non-clinical setting where you would have been able to put what you have learned from reflections and insight into practice.

The panel noted that your most recent training undertaken was in 2022, which predates the incident in the charges found proved. However, it acknowledged your

explanations as to why you have not undertaken more recent training courses. In relation to strengthening of your practice, the panel took into account that you have not had the opportunity to continue working in this area as you have been unable to secure employment under your interim conditions of practice order. It recognised that you have spent time engaging in further reading and associated reflection, including the ‘nice guideline’ and ‘mental health nurse guidelines’. However, the panel was of the view that this further reading was not sufficient to demonstrate strengthened practice.

The panel took into account the positive testimonials provided by you, and that you have 25 years of experience with no previous regulatory concerns. The panel also considered the impact that your personal circumstances and the working environment may have had on you at the time of the incident.

In light of all the above, in relation to all the charges, the panel was satisfied that there is a low, but real risk of repetition.

The panel determined that, in all the circumstances, a finding of impairment is necessary on the ground of public protection.

The panel next considered the impact that not making a finding of impairment would have on the public interest. It bore in mind the overarching objectives of the NMC; to protect, promote and maintain the health, safety, and well-being of the public and patients, and to uphold and protect the wider public interest. This includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

The panel determined that a finding of impairment on public interest grounds is required due to the serious nature of your misconduct in all three charges found proved. The panel did not find that your conduct was deep-seated or attitudinal. However, your conduct amounted to fundamental breaches of the standards and tenets of the profession. In light of this, the panel was satisfied that confidence in the nursing profession would be seriously undermined if its regulator did not find impairment on the ground of the wider public interest.

The panel therefore concluded that public confidence in the profession would be seriously undermined if a finding of impairment were not made in this case, as members of the public and healthcare professionals would be very concerned if a nurse who used physically de-escalation interventions in a situation with a vulnerable patient when it was not warranted, and dishonestly and inaccurately recorded this incident, were allowed to practise without a finding of impairment. It was satisfied that a finding of impairment would declare proper standards of professional conduct and uphold public confidence in both the nursing profession and the NMC as its regulator.

The panel therefore finds your fitness to practise impaired on the ground of public interest.

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

Sanction

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

In reaching this decision, the panel has had regard to all the evidence that has been adduced in this case and had regard to the NMC Guidance on *‘The sanctions available’* (Reference: SAN-2 Last Updated: 28/01/2026). It also had regard to submissions provided by both Ms Verity, on behalf of the NMC, and Ms Herbert, on your behalf.

Submissions on sanction

Ms Verity submitted that a 6-month suspension order with a review is the appropriate and proportionate order in light of the panel’s findings on impairment. She submitted that you have demonstrated genuine remorse, insight, and that you have engaged with these proceedings.

Ms Verity submitted that there are aggravating factors in this case, namely that the conduct in question was reckless and caused actual harm to a patient, and had potential to cause further harm to a vulnerable adult patient. She submitted that there is no evidence that you have worked safely and professionally in a similar role, and that you have not undertaken any further training.

Ms Verity submitted that taking no further action or imposing a caution order would not be appropriate in the circumstances, or in view of the seriousness of the concerns in this case. She submitted that a conditions of practice order would also not be appropriate in the circumstances of this case.

Ms Verity submitted that a striking off order would be disproportionate, in light of your insight and remediation.
Ms Verity invited the panel to impose a suspension order, which would mark the seriousness of the misconduct in this case and allow you time to further reflect and remediate the concerns.

Ms Herbert submitted that a conditions of practice order is the most appropriate and proportionate order in the circumstances of this case.

Ms Herbert submitted that you have explained in your oral evidence what you would do differently in the future, and submitted that you are able to use appropriate de-escalation techniques. She submitted that you have 25 years of good nursing practice.

Ms Herbert submitted that, in terms of mitigating factors, you were experiencing a stressful time in your personal life and within your work environment at the time of the incident. She submitted that you have provided very good testimonials attesting to your excellent practice and good communication skills.

Ms Herbert submitted that you have worked to mitigate the risk in this case, and you have demonstrated insight and reflection. She submitted that your mitigation and insight reduce the risk of repetition.

Ms Herbert conceded that a caution order would not be appropriate in light of the risks identified, however, she submitted that a suspension order would be disproportionate.

Ms Herbert submitted that a condition of practice order is appropriate and proportionate, and would enable you to further remediate and address the concerns and risk of repetition fully. She submitted that a conditions of practice order would allow you the opportunity to work and demonstrate your ability to practise safely.

Ms Herbert proposed the following conditions, in addition to 'standard' conditions:

- You must complete training courses on restraint, awareness, and de-escalation techniques
- You must have a named supervisor within your role
- You must be indirectly supervised (as opposed to direct supervision)

Ms Herbert submitted that, if the conditions are too restrictive, you may be unable to secure employment. She submitted that your current interim conditions of practice order, which includes conditions of working with a single substantive employer and supervision, are overly restrictive and tantamount to a suspension order. She submitted that restricting your practice to a single employer was not workable or practicable, as this was more appropriate for clinical concerns.

Ms Herbert submitted that a suspension order is only appropriate when a risk can only be managed through temporary removal from the register. She submitted that in your case, the risk can be managed and sufficiently addressed through conditions of practice. She submitted that members of the public, who are fully appraised of your remediation efforts and previous good practice, would not be satisfied that the concerns and risks can only be addressed through a period of suspension.

The panel accepted the advice of the legal assessor, who referred it to the NMC Sanction Guidance SAN-1.

Decision and reasons on sanction

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

The panel took into account the following aggravating features:

- Conduct which recklessly put patients receiving care at risk of harm
- Actual harm caused to a vulnerable mental health patient
- Breach of fundamentals of nursing care
- Insufficient evidence of re-training and/or development which demonstrated a strengthening of practice
- Dishonesty

In relation to dishonesty, the panel noted that the dishonesty in this case, while serious, is on the lower end of the spectrum of seriousness. It was an isolated, spontaneous incident, with no evidence of personal or financial gain. You have apologised, expressed remorse, and accepted responsibility for your conduct.

The panel accepted that you were very distressed immediately after the incident, and indeed during the period which you returned later to complete the DATIX report. In this, you wrote that the patient had attacked you, as opposed to the other way around, which you accepted after viewing the CCTV footage.

The panel also took into account the following mitigating features:

- Early admissions to facts
- Genuine remorse and apologies made to anyone affected
- Personal circumstances and difficult workplace environment at the time of the incident
- 25 years of otherwise unblemished practice

- No further concerns arising since the incident

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 dishonest conduct, and the resulting concerns. The panel found no exceptional circumstances that would justify taking no action. The panel decided that it would be neither proportionate nor in the public interest to take no further action.

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

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

The panel considered that your actions in the charges found proved were together in a one-off, out of character incident, for which you have demonstrated remorse and accepted responsibility. It also took into account that you have worked to remediate the concerns and risks.

However, the panel took into account that the misconduct involved unwarranted, physically aggressive actions towards a vulnerable patient, followed by an inaccurate and dishonest recording of the events. It found that there is a risk to patient and public safety, especially in view of your underdeveloped strengthened practice. The panel therefore determined that a sanction which does not restrict your practise would be insufficient to mark the level of seriousness, and would not adequately protect the public or meet the public interest.

The panel next considered whether placing conditions of practice on your registration would be appropriate. The panel is mindful that any conditions imposed must be relevant, proportionate, workable and measurable. The panel had regard to the NMC

Guidance on *'Conditions of practice order'* (Reference: SAN-2c Last Updated: 28/01/2026) and had regard to the following factors:

- *'no evidence of deep-seated personality or attitudinal problems*
- *identifiable areas of the professional's practice in need of assessment and/or retraining*
- *competence cases where there is a realistic likelihood that the concerns about their practice can be resolved*
- *potential and willingness to respond positively to retraining (this should be based on specific evidence provided by the professional)*
- *insight into any health problems, alongside willingness to abide by conditions relating to a medical condition, treatment and supervision*
- *people using services will not be put at risk either directly or indirectly as a result of the conditions*
- *conditions can be created that can be monitored and assessed.'*

The panel took into account that the concerns in this case can potentially be addressed through conditions of practice. However, it took into account the submissions made by Ms Herbert, and noted that you stated in evidence that, for the past three years, you have been unable to secure any employment as a result of the current interim conditions of practice order.

The panel considered the impact of any new or ongoing conditions, and the effect this would have on your realistic ability to return to practice as a registered nurse. The panel were mindful that its duty is to balance this, together with the need to preserve public safety, with regards to further exposure of similar behaviour and to maintain public confidence in the profession generally. The panel concluded that there are no proportionate or workable conditions that could be formulated in this case.

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

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

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

- *‘while it is possible that the professional could be fit to practise in future, only a period out of practice would be sufficient to allow them to fully strengthen their practice through reflection, the development of their professional skills and / or development of insight and remediation*
- *what went wrong is so serious that public confidence in the profession and professional standards could not be maintained if the professional were able to continue practising without stopping for a period of time*
- *despite the seriousness of what happened, the professional has engaged in the proceedings and has shown at least some meaningful insight which evidences a realistic possibility that they will continue to develop this insight, address their concerns and return to practice.’*

Bearing in mind the dishonesty misconduct, the panel had regard to the NMC Sanction Guidance on *‘Sanctions for the highest risk cases’* (Reference: SAN-4 last updated 28/01/2026). In light of its earlier findings on impairment, and taking this guidance into account, the panel was satisfied that in this case, the misconduct was not fundamentally incompatible with you remaining on the register. The misconduct was a one-off incident, you have engaged with your regulator and these proceedings, there is no evidence of deep-seated attitudinal concerns, demonstrated insight and reflection, taken responsibility for your conduct, and demonstrated genuine remorse.

The panel took into account, however, that you have neither provided evidence of further training, nor demonstrated strengthened practice. It was satisfied that a suspension order for a short period of time would enable you time to fully address

and remediate the concerns and risks, namely by undertaking further relevant training courses, reflecting, and undertaking paid or unpaid work.

Furthermore, the panel was satisfied that a suspension order would adequately mark the seriousness of the misconduct in this case, due to the low, but real risk of repetition, and to ensure the safety of the public and maintain public confidence in the nursing profession.

The panel had regard to SAN-2e on imposing a striking off order. It considered whether a striking-off order would be the *only* appropriate and proportionate sanction. However, taking account of all the information before it, and of the mitigation provided, the panel concluded that this would be disproportionate. The panel acknowledges that a suspension may have a punitive effect, however, it would be unduly punitive in your case to impose a striking-off order.

Balancing all of these factors the panel has concluded that a suspension order would be the appropriate and proportionate sanction.

The panel determined to impose the suspension order for a period of three months, to allow you time to undertake relevant training to strengthen your practice, and to further reflect on the concerns.

The panel bore in mind the importance of maintaining public confidence in the profession. The panel also determined that a suspension order of three months adequately marks the seriousness of the conduct, and sends to the public and the profession a clear message about the standard of behaviour required of a registered nurse.

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

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

Any future panel reviewing this case would be assisted by:

- Completion of relevant training courses focussing on:
    - Restraint and de-escalation
    - Dignity and respect of patients
    - Accurate record keeping
- An updated reflective piece, which includes:
    - Reflections on how you would apply what you have learned through your training to your practice
    - The duty of candour
    - The impact of your behaviour on others
- Up-to-date testimonials
- Evidence of any unpaid or paid work
- Your continued engagement and attendance with future proceedings

This will be confirmed to you in writing.

Interim order

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

Submissions on interim order

The panel took account of the submissions made by Ms Verity and Ms Herbert.

Ms Verity submitted that an interim suspension order for a period of 18 months. She submitted that an interim suspension order would adequately protect the public and meet the public interest during any mandatory appeal period.

Ms Herbert remained neutral on this application.

The panel accepted the advice of the legal assessor.

Decision and reasons on interim order

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

The panel concluded that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order. The panel therefore imposed an interim suspension order for a period of 18 months. the panel was satisfied that an interim suspension order would adequately protect the public and meet the public interest during any mandatory appeal period before the substantive suspension order comes into effect.

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

That concludes this determination.