Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Meeting
Thursday, 16 July 2026

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

Name of Registrant:	Lance Jukes
NMC PIN:	12C0043E
Part(s) of the register:	RNA, Registered Nurse – Adult 25 July 2012
Relevant Location:	Bath
Type of case:	Misconduct and Caution
Panel members:	Michelle McBreeze (Chair, Lay member) Jason Flannigan-Salmon (Registrant member) Graham Woodham (Lay member)
Legal Assessor:	Justin Gau
Hearings Coordinator:	Elizabeth Fagbo
Consensual Panel Determination:	Accepted
Facts proved:	Charges 1a, 1b, 1c, 2, 3, 4, 5, 6 and 7
Facts not proved:	N/A
Fitness to practise:	Impaired
Sanction:	**Striking-off order**
Interim order:	**Interim suspension order (18 months)**

Decision and reasons on service of Notice of Meeting

The panel noted that there was a typographical error on the front sheet of the Notice of Meeting Bundle stating that the date of notice was sent to Mr Jukes on 10 July 2026. However, it determined that the Notice of Meeting had been sent to Mr Jukes's registered email address by secure email on 11 June 2026, as there was an email to Mr Jukes from his NMC case officer dated 11 June 2026 before the panel.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Meeting provided details of the allegation, the time, date and venue of the meeting.

In the light of all of the information available, the panel was satisfied that Mr Jukes has been served with notice of this meeting in accordance with the requirements of Rules 11A and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Details of charge

> *'That you, a registered nurse:*
>
> *1) Between 5 November 2017 and 19 January 2022, on one or more occasion, sent to and/or received from Person A explicit and/or graphic messages relating to the sexual abuse and/or rape of:*
>
> *a) Children;*
> *b) Babies;*
> *c) A disabled person.*

2) Between 5 November 2017 and 19 January 2022, shared with and/or received from Person A indecent images and/or videos of children.

3) One or more of the messages in charge 1 contained racist language as set out in Schedule A below.

4) Your conduct at charge 3 was racist and/or racially motivated.

5) On or after 3 January 2024, failed to inform the NMC about your caution as set out in charge 7.

6) Your conduct at charge 5 was motivated by an intention to conceal your caution from the NMC.

7) On 3 January 2024, received a police caution for the offence of Harassment without Violence, contrary to section 2(1) and (2) of the Protection from Harassment Act 1997.

AND, in light of the above your fitness to practise is impaired by reason of your misconduct as set out in charges 1 to 6, and your caution as set out in charge 7

Schedule A

"I'm also going to arrange when you get home to have some 12 year old really black girl naked tied starfishes to the bed but only if you use her hard and have very racist sex lol"

" … encourages Person A to be racially abusive during the sexual abuse"'

Consensual Panel Determination

At the outset of this meeting, the panel was made aware that a provisional agreement of a Consensual Panel Determination (CPD) had been reached with regard to this case between the Nursing and Midwifery Council (NMC) and Mr Jukes.

The agreement, which was put before the panel, sets out Mr Jukes's full admissions to the facts alleged in the charges, that his actions amounted to misconduct, and that his fitness to practise is currently impaired by reason of that misconduct and caution. It is further stated in the provisional CPD agreement that an appropriate sanction in this case would be striking-off order.

The panel has considered the provisional CPD agreement reached by the parties.

That provisional CPD agreement reads as follows:

> *'The Nursing & Midwifery Council ("the NMC") and Mr Lance Jukes ("Mr Jukes"), PIN 12C0043E ("the Parties") agree as follows:*
>
> *1. Mr Jukes is content for his case to be dealt with by way of a CPD meeting.*
>
> **The charge**
>
> *2. Mr Jukes admits the following charges:*
>
> *That you, a registered nurse:*
>
> *1) Between 5 November 2017 and 19 January 2022, on one or more occasion, sent to and/or received from Person A explicit and/or graphic messages relating to the sexual abuse and/or rape of:*
> *a) Children;*
> *b) Babies;*

c) A disabled person.

2) Between 5 November 2017 and 19 January 2022, shared with and/or received from Person A indecent images and/or videos of children.

3) One or more of the messages in charge 1 contained racist language as set out in Schedule A below.

4) Your conduct at charge 3 was racist and/or racially motivated.

5) On or after 3 January 2024, failed to inform the NMC about your caution as set out in charge 7.

6) Your conduct at charge 5 was motivated by an intention to conceal your caution from the NMC.

7) On 3 January 2024, received a police caution for the offence of Harassment without Violence, contrary to section 2(1) and (2) of the Protection from Harassment Act 1997.

AND, in light of the above your fitness to practise is impaired by reason of your misconduct as set out in charges 1 to 6, and your caution as set out in charge 7

Schedule A

“I’m also going to arrange when you get home to have some 12 year old really black girl naked tied starfishes to the bed but only if you use her hard and have very racist sex lol”

“Sarah encourages Person A to be racially abusive during the sexual abuse”

The facts

3. Mr Jukes appears on the register of nurses, midwives and nursing associates maintained by the NMC as a Registered Nurse - Adult and has been on the NMC register since 25 July 2012.

4. On 11 February 2022 the NMC received an employer referral from Royal United Hospitals Bath NHS Foundation Trust ("the Trust") in respect of Mr Jukes. The NMC were told that Mr Jukes had been arrested by Wiltshire Police ("the Police") on 10 February 2022 at the Trust, where he worked as a Senior Charge Nurse.

5. A MEGA account (a secure cloud storage account) containing indecent images of children was accessed by an IP address registered to the home address of Mr Jukes and his then partner on 26 September 2020.

6. A WhatsApp account that exchanged 6,444 pages of messages with Person A, including those related to sexual abuse, was linked to a phone number that Mr Jukes was using throughout the period that the messages were exchanged.

7. Once the NMC received the referral from the Police, the NMC contacted the Police who disclosed that Mr Jukes had been arrested on suspicion of making indecent photographs /pseudo-photographs of a child. The Police had received intelligence from the NCA that the user of a Snapchat account had uploaded a Category C indecent image of a female child. The arrest on 10 February 2022 was made following a surveillance operation and in conjunction with another police force. During the police interview Mr Jukes denied seeing any indecent images of children. He was released on bail with the condition to not have any unsupervised contact with anyone under the age of 18.

8. Mr Jukes was suspended from his role at the Trust on 11 February 2022 whilst a local investigation was undertaken. The Investigatory team were of the view that

there was a case to answer in relation to both allegations put before them, and then case was referred to a conduct hearing.

9. On 10 November 2022, Mr Jukes was further arrested for making indecent images of children. The Police told the NMC that exhibits were seized and examined (iPad, laptop, and iPhone) but no offending material was found.

10.On 17 April 2023, the Police informed the NMC that no further action was being taken in relation to the arrest on 10 February 2022.

11. The conduct hearing was held on 5 June 2023, and Mr Jukes was summarily dismissed from his role at the Trust.

12.Mr Jukes received a police Caution 3 January 2024 for the offence of Harassment without Violence, contrary to section 2(1) and (2) of the Protection from Harassment Act 1997.

13.On 14 February 2024, during the course of the NMC investigation the NMC received information from the Police that Mr Jukes had accepted a police caution for harassment.

14.The incidents in relation to the harassment offences involved Mr Jukes' former partner and occurred after their relationship had ended. It is alleged that Mr Jukes engaged in conduct such as continually contacting his ex-partner via text messages, email, voicemail and turning up at his address.

15.The ex-partner made it clear that he wanted nothing more to do with Mr Jukes and allegedly had this conversation with him around 4 times.

16.Mr Jukes sent him cards and presents on his birthday and got family members to contact his ex—partner telling him to rebuild his relationship with him.

17.Mr Jukes failed to inform the NMC of the caution.

18.In relation to the arrest of 10 November 2022, the Police informed the NMC on 12 August 2024, that in the absence of illegal material there was insufficient evidence to proceed with the case; no further action was being taken.

19. On 4 November 2025 Mr Jukes informed the NMC that he admitted the charges in full and conceded both heads of impairment.

Misconduct

20.The Parties agree that the facts amount to misconduct.

21.The comments of Lord Clyde in Roylance v General Medical Council [1999] UKPC 16 provide some assistance when seeking to define misconduct: '[331B-E] Misconduct is a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rule and standards ordinarily required to be followed by a [nurse] practitioner in the particular circumstances'.

22.As do the comments of Jackson J in R (Calhaem) v General Medical Council [2007] EWHC 2606 (Admin) and Collins J in Nandi v General Medical Council [2004] EWHC 2317 (Admin) respectively: '[Misconduct] connotes a serious breach which indicates that the doctor's (nurse's) fitness to practise is impaired'. And Page of 19 4 7 'The adjective "serious" must be given its proper weight, and in other contexts there has been reference to conduct which would be regarded as deplorable by fellow practitioner'.

23.Where the acts or omissions of a registered nurse are in question, what would be proper in the circumstances (per Roylance) can be determined by having reference to the Nursing and Midwifery Council's Code of Conduct ("the Code").

24. Mr Jukes was and is subject to the provisions of the Code. The Code sets out the professional standards that nurses must uphold. These are the standards that patients and members of the public expect from health professionals. On the basis of the charges admitted, it is agreed that the following provisions of the Code have been breached in this case:

Prioritise people

1 Treat people as individuals and uphold their dignity
To achieve this, you must:
1.1 treat people with kindness, respect and compassion
Promote professionalism and trust
20 Uphold the reputation of your profession at all times
To achieve this, you must:
20.1 keep to and uphold the standards and values set out in the Code
20.2 act with honesty and integrity at all times, treating people fairly and without discrimination, bullying or harassment
20.3 be aware at all times of how your behaviour can affect and influence the behaviour of other people
20.5 treat people in a way that does not take advantage of their vulnerability or cause them upset or distress
20.8 act as a role model of professional behaviour for students and newly qualified nurses, midwives and nursing associates to aspire to
20.10 use all forms of spoken, written and digital communication (including social media and networking sites) responsibly…
23 <u>Cooperate with all investigations and audits</u>

23.2 tell both us and - any employers as soon as you can about any caution or charge against you, or if you have received a conditional discharge in relation to, or have been found guilty of, a criminal offence (other than a protected caution or conviction)

25. The NMC's guidance entitled: Misconduct (Reference: FTP-2a) states: 'Broadly speaking, the following behaviours are more likely to suggest a risk of harm to the public and impaired fitness to practise, regardless of where they take place…: • discrimination,…'

'We've made clear that no form of discrimination including, for example, racism, should be tolerated within healthcare. Discriminatory behaviours of any kind can negatively impact public protection and the trust and confidence the public places in nurses, midwives, and nursing associates. We therefore take concerns of this nature seriously regardless of whether they occur in or out of the workplace. These concerns may suggest a deep-seated problem with the nurse, midwife or nursing associate's attitude, even when there's only one reported complaint.

When a professional on the register engages in these types of behaviours, the possible consequences are far-reaching. Members of the public may experience less favourable treatment, or they may feel reluctant to access health and care services in the first place. We know that experiences of discrimination can have a profound effect on those who experience it9[sic] and that fair treatment of staff is linked to better care for people.

Where a professional on our register displays discriminatory views and behaviours, this usually amounts to a serious departure from the NMC's professional standards. In such cases where displaying discriminatory views and behaviours is proved, some level of sanction will likely be necessary unless there's been insight at the most fundamental level and the earliest stage. However, if a nurse, midwife or nursing associate denies the problem or fails to engage with the fitness to practise

process, it's more likely that a significant sanction, such as removal from the register, will be necessary to maintain public trust and confidence….

Sexual misconduct is unwelcome behaviour of a sexual nature, or behaviour that 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. As a healthcare regulator, it is not our role to pursue or punish potential criminal activity in place of the police. However, sexual misconduct outside professional practice could indicate deep-seated attitudinal issues which could put the public at risk, as well as raise fundamental questions about the professional's ability to uphold the standards and values set out in the Code….

Safeguarding and protecting people from harm, abuse and neglect is an integral part of providing safe and effective care. It is also a key principle embedded throughout our Code.

The Code says that nurses, midwives and nursing associates must 'take all reasonable steps to protect people who are vulnerable or at risk of harm, neglect or abuse'. Professionals are also expected to make sure that people's physical, social and psychological needs are assessed and responded to, which includes acting as advocates for the vulnerable and challenging poor practice and behaviour related to a person's care.

Protecting people from harm, abuse and neglect goes to the heart of what nurses, midwives and nursing associates do. Failure to do so, or intentionally causing a person harm, will always be treated very seriously due to the high risk of harm to those receiving care, if the behaviour is not put right. Where professionals are shown to be involved in serious neglect or abuse outside their professional practice, there is likely to be a risk of harm to people receiving care. Such behaviour also has

the potential to seriously undermine the public's trust and confidence in the professions we regulate.'

26. It is agreed that Mr Jukes' conduct as detailed in charges 1 to 6 falls significantly short of what is expected of a registered nurse. The misconduct is particularly serious and wide ranging in the nature of the concerns raised by his conduct. The misconduct took place over a significant length of time and in part, related to the sexual and racial abuse of some of the most vulnerable in society. Also to be taken into account is the dishonesty element of the charges and Mr Jukes' motivation to conceal his caution from the NMC which demonstrates a serious disregard for his regulator. His behaviour demonstrates a significant departure from the principles of prioritising people and promoting professionalism and trust in the profession, which would be seen as deplorable by fellow practitioners and would damage the trust and confidence that the public places in the profession.

Impairment

27.It is agreed that Mr Jukes' fitness to practise is currently impaired by reason of his misconduct and/or caution.

28. The NMC's guidance entitled: Impairment (Reference: DMA-1) explains that when deciding whether or not a professional's fitness to practise is currently impaired, the Fitness to Practise Committee should assess whether the professional would pose a risk to public safety, public confidence in the professions or professional standards, if the professional were permitted to practise without restrictions. Being fit to practise is not defined in legislation but for the NMC it means that a professional on the NMC register can practise as a nurse, midwife or nursing associate safely and effectively without restriction.

29.In determining whether Mr Jukes' fitness to practise is currently impaired, the Parties considered the questions outlined by Dame Janet Smith in the 5th Shipman Report (as endorsed in the case of Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin)) as instructive. Those questions were:

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

(b)has [the Registrant] in the past brought and/or is liable in the future to bring the [nursing] profession into disrepute; and/or

(c) has [the Registrant] in the past committed a breach of one of the fundamental tenets of the [nursing] profession and/or is liable to do so in the future and/or

(d) has [the Registrant] in the past acted dishonestly and/or is liable to act dishonestly in the future.

30.The Parties have also considered the comments of Cox J in Grant at paragraph 101:

"The Committee should therefore have asked themselves not only whether the Registrant continued to present a risk to members of the public, but whether the need to uphold proper professional standards and public confidence in the Registrant and in the profession would be undermined if a finding of impairment of fitness to practise were not made in the circumstances of this case."

31. It is agreed that limbs (a) to (d) can be answered in the affirmative in this case. Dealing with each in turn:

<u>Limb (a)</u>

32. Notwithstanding Mr Jukes' actions did not put patients at unwarranted risk of harm – sharing and/or receiving explicit and graphic messages with others about the sexual and racial abuse of highly vulnerable members of society suggests a dangerous and discriminatory view towards black people, children, babies and disabled people which could pose a risk to the public in the course of professional practice. Furthermore, Mr Jukes' caution for a harassment offence could cause concern for future patients in his care as well.

Limbs (b) and (c)

33. Mr Jukes' misconduct and/or caution has brought the profession into disrepute. The incidents in the case are serious and likely to be considered as abhorrent by fellow professionals and members of the public. The public has the right to expect high standards of registered professionals. Registered professionals occupy a position of privilege and trust in society and are expected at all times to be professional. Members of the public must be able to trust registered professionals with their lives and the lives of their loved ones. Prioritisation of people, professionalism and acting with honesty and integrity are fundamental tenets of the Code.

Limb (d)

34.Mr Jukes' failure to inform the NMC about his caution with an intention to conceal it from the NMC is a serious act of dishonesty.

Public protection impairment

35. Impairment is a forward-thinking exercise which looks at the risk the registrant's practice poses in the future. NMC guidance adopts the approach of Silber J in the

case of R (on application of Cohen) v General Medical Council [2008] EWHC 581 (Admin) by asking the questions:

(i) whether the concern is easily remediable;
(ii) whether it has in fact been remedied; and
(iii) whether it is highly unlikely to be repeated.

36.The Parties have considered the NMC's guidance entitled: Can the concern be addressed? (Reference: FTP-15a) which provides that some concerns are so serious that it may be less easy for the registered professional to put right the conduct or attitude concerned. Examples of this type of conduct include;

- *incidents of discrimination that have taken place either inside or outside professional practice;*

- *incidents of harassment, including sexual harassment, and other forms of sexual misconduct, whether it occurs inside or outside professional practice;*

- *dishonesty, particularly if it was serious and sustained over a period of time, or is directly linked to the nurse, midwife or nursing associate's professional practice*

37. The Parties agree that this case falls within these above categories. The Parties also agree that the caution for harassment offences is also another example of conduct that is more difficult to put right.

38. Cautions and Convictions (Reference: FTP-2c: Assessing the seriousness of convictions and cautions - offending outside professional practice): 'Whilst it is less likely that we will need to take action when offending occurs outside professional practice or isn't closely related to it, and it is neither a specified offence nor involves a custodial sentence, sometimes the underlying behaviour will be so serious as to:

- indicate deep-rooted attitudinal issues which could pose a risk to people in the professional's care or to the professional's colleagues, or
- be capable of undermining public trust and confidence in the profession or raise fundamental questions about the person's ability to uphold the standards and values set out in the Code.
We will always consider each case on its facts.

For example, depending on the particular facts and context, we might take action against professionals who receive non-custodial sentences for:

stalking or harassment offences.

When considering risk to the public, we will need to assess how likely the nurse, midwife or nursing associate is to repeat similar conduct or failings in the future and, if they do, if it is likely that people in their care or colleagues would come to harm, and in what way.'

39. Mr Jukes' conduct is indicative of deep rooted attitudinal issues which could pose a risk to people in his care or his colleagues.

40.It is agreed that Mr Jukes' misconduct places the misconduct at the upper end of the scale of seriousness and indicates a deep-seated personality issue. Insight, along with tangible and targeted remediation such as training and demonstrable nursing competency, cannot necessarily remedy these types of concern.

41.The Parties have considered the NMC's guidance entitled: Has the concern been addressed? (Reference: FTP-15b) and Is it highly unlikely that the conduct will be repeated? (Reference: FTP-15c).

Remorse, reflection, insight, training and strengthening practice

42. Mr Jukes has not reflected on the gravity and distressing nature of the concerns raised against him nor the potential impact on patients, colleagues and members of the public should information about the allegations become known. In his agreed removal application on 22 July 2025, Mr Jukes cites personal mitigating factors around the time of the allegations and that no police charge was ever brought against him and states that assumptions were made about him. He offered a brief apology. In his CE submissions early in the year in March 2025, Mr Jukes confirms that he has made mistakes and is working hard to move forward.

43.Mr Jukes confirmed in his March 2025 CE submissions that he has not worked in nursing for 4 years, so there is no evidence of strengthened practice. Whilst there is no training that could be undertaken to fully remediate the concerns, he has not provided evidence of relevant training either. Mr Jukes has indicated that he has no intention of returning to nursing practices and has retrained in (and now works in) the financial sector

44.The Parties therefore agree that there is an inherent risk of repetition, given that the concerns have not been remediated through insight and remorse. A finding of impairment is thus necessary for the protection of the public.

<u>Public interest impairment</u>

45.The Parties agree that a finding of impairment is necessary on public interest grounds.

46.In Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin) at paragraph 74 Cox J commented that:

“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."

47.Consideration of the public interest therefore requires the Fitness to Practise Committee to decide whether a finding of impairment is needed to uphold proper professional standards and conduct and/ or to maintain public confidence in the profession.

48.In upholding proper professional standards and conduct and maintaining public confidence in the profession, the Fitness to Practise Committee will need to consider whether the concern is easy to put right. For example, it might be possible to address clinical errors with suitable training. A concern which hasn't been put right is likely to require a finding of impairment to uphold professional standards and maintain public confidence.

49.However, there are types of concerns that are so serious that, even if the professional addresses the behaviour, a finding of impairment is required either to uphold proper professional standards and conduct or to maintain public confidence in the profession. It is agreed that this is one such case.

50. It is submitted that there is a public interest in a finding of impairment being made in this case to declare and uphold proper standards of conduct and behaviour. The prioritisation of people and upholding the reputation of the profession are fundamental tenets of the profession. Nurses must ensure that their conduct at all times justifies the public's trust in the profession. The Parties agree that a member of the public appraised of the facts, would be shocked to hear that a registered nurse who had shared and/or received explicit and graphic messages with others about the sexual and racial assault of vulnerable people, along with a having a caution for harassment offences which was dishonestly concealed from

the NMC was entitled to practice without restriction. As such, the need to protect the wider public interest calls for a finding of impairment to declare and uphold proper standards of the profession and maintain trust and confidence in the profession and the NMC as its regulator. Without a finding of impairment, public confidence in the profession, and the regulator, would be seriously undermined.

Sanction

51.Taking into account the NMC Sanctions Guidance, the Parties agree the following sanction is necessary, appropriate and proportionate: striking-off order.

52.Any sanction imposed must do no more than is necessary to meet the public interest and must be balanced against Mr Jukes' right to practice in his chosen career. To achieve this the panel is invited to consider each sanction in ascending order.

53.In their contemplation the Parties have considered the following aggravating and mitigating factors:

<u>Aggravating factors:</u>

- Pattern of behaviour over a significant period of time;

- Allegations involve highly vulnerable members of society – babies, children and disabled people;

- Absence of insight;

- Predatory behaviour;

<u>Mitigating factors:</u>

- *Personal mitigating circumstances – Mr Jukes has stated that he was in a coercive and controlling relationship which impacted upon his ability to think clearly.*

54. However guidance at SAN-1 states that, because the purpose of sanctions is to protect the public, personal mitigation is usually less relevant than other forms of mitigation.

55.Considering the available sanctions in ascending order:

56. Taking no further action or imposing a caution order would be wholly inappropriate as they would not reflect the seriousness of the misconduct, nor would they protect the public or maintain the public confidence in the profession.

57.Imposing a conditions of practice order would be inappropriate. Guidance at SAN-2c says that a conditions of practice order is appropriate when there is no evidence of deep-seated personality or attitudinal problems and there are identifiable areas of the professional's practice in need of assessment/retraining. It is agreed that there are no conditions which can be formulated to address the misconduct. The concerns in this case do not involve clinical failings, but rather a deep-seated attitudinal/personality issue that cannot be addressed through conditions. There are no conditions that can be imposed to adequately protect the public and meet the wider public interest concerns.

58.NMC guidance at SAN-2d suggests key things to weigh up before imposing a ***suspension order.*** *These include but aren't limited to:*
• Whether the risk posed to the public, or to people receiving care, can only be managed by temporary removal from the Register?
• Will suspension be sufficient to protect people using services, public confidence in the profession, or professional standards?

• Is it realistic that the professional could return to unrestricted practice in the future, even if it is not appropriate for them to do so now?
• What would the registrant need to do in order to be fit to practise in the future? Is it realistic that they will be able to do this?

59.The concerns raised are serious and highlight a deep-seated attitudinal issue. The evidence in relation to sharing and/or receiving explicit messages about the sexual assault and/or rape of children, babies and disabled people does not suggest that this was an isolated, one-off event as the behaviour involved Mr Jukes engaging in this conduct over a significant period of time. Moreover, Mr Jukes' failure to inform the NMC about his caution with an intention to conceal it from the NMC is a serious act of dishonesty. It thus is not realistic that Mr Jukes could return to unrestricted practice in the future given the very serious nature of the concerns and there is not much that Mr Jukes could do in order to be fit to practise in the future given there are clearly deep-seated personality issues and therefore any amount of insight and reflection would not be enough in order to keep the public safe, maintain public confidence in the profession, and uphold professional standards A suspension will thus not be sufficient to protect people using services, public confidence in the profession or professional standards.

60. Furthermore, guidance SAN-2d provides a non-exhaustive list of circumstances that may make a suspension order an appropriate sanction, one such circumstance being; where 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. Mr Jukes has not demonstrated this meaningful insight and has made clear his intentions not to return to practice. A suspension is therefore not appropriate.

61. In line with our guidance entitled: Striking-off order (Reference: SAN-2e) ***a striking off order*** *is likely to be appropriate as looking at Mr Jukes' conduct as a*

whole, it is fundamentally incompatible with being a registered professional. The guidance sets out four questions which the Fitness to Practise Committee should consider:

• Do the charges found proved raise fundamental questions about their professionalism?
• Can public confidence in the profession be maintained if the professional is not removed from the Register?
• Is there any amount of insight and reflection which could keep people receiving care and members of the public safe, maintain public confidence in the profession, and uphold professional standards?
• Is there a realistic prospect that, after suspension, the professional will have gained insight and strengthened their practice such that the risk they pose will have reduced?

62. Applying these questions to this case: Sharing and/or receiving explicit messages with others about the sexual assault of children, babies and disabled people suggests an abhorrent view towards some of the most vulnerable of society coupled with a caution for harassment could all pose a risk to the public in the course of professional practice. Furthermore, Mr Juke's failure to inform the NMC about his caution with an intention to conceal it from the NMC is a serious act of dishonesty. All this conduct undoubtedly raises fundamental questions about Mr Jukes' professionalism and public confidence cannot be maintained without Mr Jukes being removed from the register. Due to the nature of the concerns, no amount of insight and reflection could keep people receiving care and members of the public safe, maintain public confidence in the profession and uphold professional standards. Given the circumstances of this case there is not a realistic prospect that after suspension Mr Jukes would have gained insight and strengthened his practice such that the risk he poses will have reduced.

63. The Fitness to Practise Committee should also refer to NMC guidance entitled: Sanctions for the highest risk cases (Reference: SAN-4). This guidance highlights concerns that are particularly serious that are most likely to attract the strongest sanctions because they are mostly likely to risk the health and safety of the public, public confidence in the profession and upholding professional standards. The concerns relevant to Mr Jukes' case are as follows:

• Cases involving dishonesty or a breach of the professional duty of candour;

• Sexual misconduct (whilst Mr Jukes' was not convicted of a sexual offence, the guidance suggests that as part of their consideration of sexual misconduct, the Fitness to Practise Committee should consider aggravating factors which include: convictions for sexual offences including those relating to images or videos involving child sexual abuse or exploitation).

• Abuse of children or vulnerable adults (although Mr Jukes has not directly abused children or vulnerable adults – he certainly was involved in sharing and/or receiving explicit messages with others about the sexual assault of children, babies and disabled people).

64. Cases which fall into these categories gravely undermine the public's trust in the professions and makes it highly unlikely the professional can uphold the standards and values set out in the Code. Any professional who is found to have behaved in this way will be at risk of being removed from the Register this is because of the severe impact the conduct has on public confidence, a professional's ability to uphold the standards and values set out in the Code and the safety of people receiving care.

65. The Parties are mindful of the case of Ige v Nursing and Midwifery Council [2011] EWHC 3721 to support the decision of a strike off despite there being no concerns around Mr Jukes' clinical skills. The case of Ige is an example which

displays the courts supporting decisions to strike off healthcare professionals where there has been lack of probity, honesty or trustworthiness, notwithstanding that in other regards there were no concerns around the professional's clinical skills. Striking-off orders have been upheld on the basis that they have been justified for reasons of maintaining trust and confidence in the professions. Similarly, in this case, although there were no concerns around Mr Jukes' clinical skills, misconduct of such severity significantly undermines the public's trust and confidence in the profession.

66.Moreover, and as per the NMC's guidance, the Parties are also mindful and refer to the case of Bolton v Law Society [1994] 1 WLR 512 which illustrates the principle that the reputation of the professions is more important than the fortunes of any individual member of those professions. Here, and as mentioned above, although there were no concerns around Mr Jukes' clinical skills, it can nonetheless be argued that a strike-off is still appropriate because this is the 'price' you pay for being a registered professional and maintaining the reputation of the profession. Mr Jukes' actions raise fundamental concerns about his professionalism and public confidence in nurses cannot be maintained if he is not removed from the register. A striking-off order is the only sanction which will be sufficient to protect patients, members of the public, maintain professional standards and address the public interest in this case.

Maker of allegation comments

67.The NMC contacted the referrer by email dated 9 February 2026 seeking comments in respect of the proposed agreed striking off order. The referrer did not respond to the NMC's email.

Interim order

68.An interim order is required in this case. The interim order is necessary for the protection of the public and is otherwise in the public interest for the reasons given above. The interim order should be for a period of 18 months in the event that Mr Jukes seeks to appeal the panel's decision. The interim order should take the form of an interim suspension order.

The Parties understand that this provisional agreement cannot bind a panel, and that the final decision on findings impairment and sanction is a matter for the panel. The Parties understand that, in the event that a panel does not agree with this provisional agreement, the admissions to the charges and the agreed statement of facts set out above, may be placed before a differently constituted panel that is determining the allegation, provided that it would be relevant and fair to do so.'

Here ends the provisional CPD agreement between the NMC and Mr Jukes. The provisional CPD agreement was signed by Mr Jukes and the NMC on 27 May 2026 and 2 June 2026 respectively.

Decision and reasons on the CPD

The panel decided to accept the CPD agreement.

The panel heard and accepted the legal assessor's advice.

He reminded the panel that they could accept, amend or outright reject the provisional CPD agreement reached between the NMC and Mr Jukes. Further, the panel should consider whether the provisional CPD agreement would be in the public interest. This means that the outcome must ensure an appropriate level of public protection, maintain public confidence in the professions and the regulatory body, and declare and uphold proper standards of conduct and behaviour.

The panel had regard to the *'NMC Sanctions Guidance' (SG)* and to the *'NMC's guidance on Consensual Panel Determinations'*.

The panel noted that Mr Jukes admitted all the facts of the charges. Accordingly, the panel was satisfied that the charges are found proved by way of Mr Jukes admissions as set out in the signed provisional CPD agreement.

Decision and reasons on misconduct

The panel noted that Mr Jukes accepts that his behaviour amounted to misconduct. Whilst acknowledging the agreement between the NMC and Mr Jukes, the panel exercised its own independent judgement.

In respect of misconduct, having considered the proven charges individually, the panel determined that Mr Jukes's actions in the charges found proved, did fall seriously short of the conduct and standards expected of a registered nurse and amounted to misconduct. In this respect, the panel endorsed paragraphs 20 to 26 of the provisional CPD agreement.

The panel agreed that the misconduct is particularly serious and wide ranging in the nature of the concerns raised by his conduct. The misconduct took place over a significant length of time and in part, related to the sexual and racial abuse of some of the most vulnerable in society. Also to be taken into account is the dishonesty element of the charges and Mr Jukes' motivation to conceal his caution from the NMC which demonstrates a serious disregard for his regulator. The panel agreed that Mr Jukes' behaviour demonstrates a significant departure from the principles of prioritising people and promoting professionalism and trust in the profession, which would be seen as deplorable by fellow practitioners and would damage the trust and confidence that the public places in the profession.

The panel also agreed with the specified breaches of *The Code: Professional standards of practice and behaviour for nurses and midwives* (2015) ("the Code"), namely, paragraphs, 1, 1.1, 20, 20.1, 20.2, 20.3, 20.5, 20.8, 20.10, 23 and 23.2 as outlined in paragraph 24 of the provisional CPD agreement.

Decision and reasons on impairment

The panel then went on to consider whether Mr Jukes' fitness to practise is currently impaired by reason of misconduct and caution. Whilst acknowledging the agreement between the NMC and Mr Jukes, the panel has exercised its own independent judgement in reaching its decision on impairment.

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

> *'The question that will help decide whether a professional's fitness to practise is impaired is:*
>
> *"Can the nurse, midwife or nursing associate practise kindly, safely and professionally?"*
>
> *If the answer to this question is yes, then the likelihood is that the professional's fitness to practise is not impaired.'*

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) has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

The panel first considered whether any of the limbs of the Grant test were engaged in the past. It determined that limbs a, b, c and d of the *Grant* test are engaged.

The panel agreed that this case should be considered under the Guidance *'Sanctions for the highest risk cases'* (Reference: SAN-4 Last Updated 28/01/2026) in relation to the following concerns:

- incidents of discrimination that have taken place either inside or outside professional practice;
- incidents of harassment, including sexual harassment, and other forms of sexual misconduct, whether it occurs inside or outside professional practice;
- dishonesty, particularly if it was serious and sustained over a period of time, or is directly linked to the nurse, midwife or nursing associate's professional practice

The panel also considered the case of *Cohen v GMC* [2008] EWHC 581 (Admin) in which the court addressed the issue of impairment with regard to the following three considerations:

a. *'Is the conduct that led to the charge easily remediable?*
b. *Has it in fact been remedied?*
c. *Is it highly unlikely to be repeated?'*

The panel endorsed paragraphs 27 to 50 of the provisional CPD agreement in respect of misconduct and caution.

The panel first considered whether Mr Jukes's misconduct is capable of being addressed. The panel found that the caution for harassment offences and dishonesty are examples of conduct that is more difficult to put right and that there are deep seated attitudinal issues within this case. It found that there is an inherent risk of repetition, given that the concerns

have not been remediated through any evidence of insight and remorse. Therefore, the panel concluded that a finding of impairment is necessary for the protection of the public.

The panel then went on to consider whether the concerns have been addressed and remediated. It had regard to the NMC Guidance – *'Has the concern been addressed'* (Reference: FTP-16b Last Updated 25/03/2026). The panel was of the view that the types of concerns in this case are so serious that, even if the professional addresses the behaviour, a finding of impairment is required either to uphold proper professional standards and conduct or to maintain public confidence in the profession. In considering whether Mr Jukes had taken any steps to remediate his misconduct, the panel noted that there was no evidence before it to indicate that he has. It also had no information before it to demonstrate that Mr Jukes had demonstrated any sufficient meaningful insight into the areas of concern, particularly, his attitudinal failings arising from his dishonesty.

In light of this, the panel was not satisfied that Mr Jukes' misconduct had been remediated. Accordingly, the panel determined that the misconduct is likely to be repeated. Therefore, limbs a, b, c and d of the *Grant* test are engaged as to the future.

The panel determined that there is a public interest in a finding of impairment being made in this case to declare and uphold proper standards of conduct and behaviour. The prioritisation of people and upholding the reputation of the profession are fundamental tenets of the profession. Nurses must ensure that their conduct at all times justifies the public's trust in the profession. The panel agreed that a member of the public appraised of the facts, would be shocked to hear that a registered nurse who had shared and/or received explicit and graphic messages with others about the sexual and racial assault of vulnerable people, along with a having a caution for harassment offences which was dishonestly concealed from the NMC was entitled to practice without restriction. As such, the panel was of the view that the need to protect the wider public interest calls for a finding of impairment to declare and uphold proper standards of the profession and maintain trust and confidence in the profession and the NMC as its regulator. Without a

finding of impairment, public confidence in the profession, and the regulator, would be seriously undermined.

The panel therefore concluded that a finding of impairment is necessary on the grounds of public protection and public interest. It decided that this finding is necessary to mark the seriousness of the misconduct, the importance of maintaining public confidence in the nursing profession, and to uphold proper professional standards.

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

Decision and reasons on sanction

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

The panel took into account the following aggravating features:

- Pattern of behaviour over a significant period of time;
- Allegations involve highly vulnerable members of society – babies, children and disabled people;
- Absence of insight;
- Predatory behaviour;
- Discriminatory behaviour;
- Originally denied all charges excluded 5 and 7, and then at a later date accepted all charges.

The panel also took into account the following mitigating features:

- Admissions;
- Mr Jukes' signing of the CPD agreement.

In this respect, the panel endorsed paragraphs 59 to 66 of the provisional CPD agreement. The panel had regard to the NMC Guidance on considering sanctions for serious cases, in particular, cases involving dishonesty.

The panel then turned to the question of whether the sanction proposed in the provisional CPD agreement is proportionate and appropriate. In so doing it considered each available sanction in turn, starting with the least restrictive sanction and moving upwards. The panel noted that Mr Jukes and the NMC have agreed that the appropriate sanction is a striking-off order.

The panel first considered whether to take no action. It agreed with paragraph 56 and 57 of the provisional CPD agreement that to take no action would be wholly 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 and public interest identified, an order that does not restrict Mr Jukes's 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 Mr Jukes's misconduct was not at the lower end of the spectrum and that a caution order 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 impose a caution order.

The panel next considered whether placing conditions of practice on Mr Jukes' registration would be a sufficient and appropriate response. It agreed with paragraph 57 of the provisional CPD agreement that there are no practical or workable conditions that could be formulated, given the nature of the charges in this case. Also, the misconduct identified in this case was not something that can be addressed through retraining. Furthermore, the panel concluded that the placing of conditions on Mr Jukes' registration would not adequately address the seriousness of this case and would not protect the public.

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

- *A single instance of misconduct but where a lesser sanction is not sufficient;*
- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *No evidence of repetition of behaviour since the incident;*
- *The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour;*
- *In cases where the only issue relates to the nurse or midwife's health, there is a risk to patient safety if they were allowed to continue to practise even with conditions; and*
- *In cases where the only issue relates to the nurse or midwife's lack of competence, there is a risk to patient safety if they were allowed to continue to practise even with conditions.*

The conduct, as highlighted by the facts found proved, was a significant departure from the standards expected of a registered nurse. The panel noted that the serious breach of the fundamental tenets of the profession evidenced by Mr Jukes' actions is fundamentally incompatible with Mr Jukes remaining on the register. In this particular case, the panel agreed with paragraphs 58 and 59 of the provisional CPD agreement that a suspension order would not be appropriate given the attitudinal concerns and the risk of repetition. As

he could return to unrestricted practise at the end of the suspension, the panel determined that a suspension order would not be a sufficient, appropriate or proportionate sanction.

Finally, in looking at a striking-off order, the panel took note of the following paragraphs of the SG:

- *Do the regulatory concerns about the nurse or midwife raise fundamental questions about their professionalism?*
- *Can public confidence in nurses and midwives be maintained if the nurse or midwife is not removed from the register?*
- *Is striking-off the only sanction which will be sufficient to protect patients, members of the public, or maintain professional standards?*

The panel noted the comments of the NMC on the sanction bid. The panel agreed with paragraphs 59 to 66 of the provisional CPD agreement that Mr Jukes misconduct is so serious that it raises fundamental concerns about his professionalism; public confidence would be affected if Mr Jukes was not removed from the register; and a striking-off order is the only appropriate and proportionate sanction in the circumstances. The panel also determined that Mr Jukes' actions were significant departures from the standards expected of a registered nurse, and are fundamentally incompatible with him remaining on the register. The panel was of the view that the findings in this particular case demonstrate that Mr Jukes' actions were serious and to allow him to continue practising would undermine public confidence in the profession and in the NMC as a regulatory body.

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel agreed with the CPD that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the matters it identified, in particular the effect of Mr Jukes' actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct himself, the panel has concluded that nothing short of this would be sufficient in this case.

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

This will be confirmed to Mr Jukes in writing.

Decision and reasons on interim order

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 Mr Jukes' own interest.

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

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 agreed with the CPD 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.

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

That concludes this determination.