

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

**Preliminary Hearing
Thursday, 25 September 2025
&
Substantive Hearing
Friday, 26 September 2025,
Monday, 29 September 2025 – Friday, 3 October 2025,
Monday, 6 October 2025 – Tuesday 7 October 2025,
Tuesday, 23 June 2026 – Wednesday, 24 June 2026**

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

Name of Registrant: Eliot Aluge

NMC PIN: 22H0597E

Part(s) of the register: Registered Nurse – sub part 1
RNMH, Registered Nurse - Mental Health 25
October 2022

Relevant Location: London

Type of case: Misconduct

Panel members: Tracy Stephenson (Chair, lay member)
James Kellock (Lay member)
Roselyn Mloyi (Registrant member)

Legal Assessor: Ian Ashford-Thom (25 September 2025)
John Moir (26 September 2025 - 7 October
2025)
Cyrus Katrak (23 - 24 June 2026)

Hearings Coordinator: Fabbihah Ahmed (25 September 2025 – 2
October 2025)
Hamizah Sukiman (3 October only)

Daisy Sims (6 – 7 October 2025, 23 – 24 June 2026)

Nursing and Midwifery Council: Represented by Giedrius Kabasinskas, Case Presenter (25 September 2025)
Represented by Safeena Rashid, Case Presenter (26 September 2025 onwards)
Represented by Stephanie Stevens, Case Presenter (23 - 24 June 2026)

Mr Aluge: Not present and represented by Adewuyi Oyegoke (25 September 2025)
Present and represented by Adewuyi Oyegoke (26 September 2025 – 7 October 2025)
Not present but represented by Adewuyi Oyegoke (23 – 24 June 2026)

Facts proved: Charges 2a, 2b, 3, 8, and charge 9 (not in relation to charge 3).

Facts proved by admission: Charges 1, 4a, 4b, 5, 6, 7, 8 (in part), and 9 (in part)

No case to answer: Charges 9 (in part), 10, 11, 12, 13, 14 and 15

Facts not proved: Charge 9 in relation to charge 3

Fitness to practise: **Impaired**

Sanction: **Striking-off order**

Interim order: **Interim suspension order (18 months)**

Preliminary meeting decisions dated 25 September 2025

Decision and reasons on application for adjournment

Mr Oyegoke, on behalf of Mr Aluge, submitted an application to postpone the substantive hearing.

Mr Oyegoke submitted that Mr Aluge's ability to attend is affected, [PRIVATE]. Mr Oyegoke submitted to the panel that Mr Aluge is particularly affected in the mornings [PRIVATE]. He submitted that these [PRIVATE] would impact on the smooth running of proceedings.

Mr Oyegoke further submitted that there are evidential issues. He submitted that the witness statement of Patient A has not been provided to either himself or Mr Aluge and that they were unaware until this morning that the NMC intended to call on Patient A to give live evidence. Mr Oyegoke further submitted that a postponement would allow time for the statement to be properly served, considered and sufficient time for him to take instructions about it from Mr Aluge.

Mr Oyegoke submitted for these reasons that the panel should consider adjourning today's hearing.

Mr Kabasinkas, on behalf of the Nursing and Midwifery Council ('NMC'), opposed the application for an adjournment.

Mr Kabasinkas submitted that it is in the public interest, and in the interest of the expeditious disposal of this case, for the hearing to proceed. He noted that an adjournment would cause inconvenience for the witnesses to be called by the NMC.

Mr Kabasinskas submitted that witnesses have been arranged to attend this hearing and have set aside time to give their evidence. He submitted that Patient A is willing to give evidence, and it is important that the panel hears directly from this witness without unnecessary delay. Patient A has expressed a desire for this to be heard as soon as possible.

Mr Kabasinskas submitted that it is Mr Aluge's duty to engage with the regulatory process. He referred the panel to relevant case law and acknowledged that, while it is unfortunate that [PRIVATE], there is no supporting [PRIVATE] evidence to demonstrate that he is unable to attend or provide instructions to his representative.

Mr Kabasinskas submitted that there is no independent [PRIVATE]. He submitted that the limited [PRIVATE] material available does not meet the relevant threshold to adjourn the hearing.

Mr Kabasinskas reminded the panel that this matter has already been adjourned previously to accommodate Mr Aluge's change of legal representative. Mr Kabasinskas submitted that while the NMC was sympathetic on that occasion, he submitted that the proceedings cannot be adjourned indefinitely. Mr Kabasinskas submitted that a further postponement would waste public resources.

For these reasons, Mr Kabasinskas invited the panel to reject the application for adjournment.

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

The panel had regard to the considerations within Rule 32 of the Nursing and Midwifery Council (Fitness to Practise) Rules 2004, as amended ('the Rules') and had regard to the public interest in the expeditious disposal of these proceedings. The panel noted that any

delays may inconvenience the witnesses who have been put on notice to attend the hearing on day one to day three of the proceedings.

The panel had no written evidence from independent [PRIVATE] practitioners to support Mr Aluge's [PRIVATE]. The panel had sight of a [PRIVATE]. It determined that it could begin its proceedings after Mr Aluge's [PRIVATE] to accommodate his attendance. The panel acknowledged that it may be difficult for Mr Aluge to attend the hearing in person.

Accordingly, the panel is content to grant Mr Aluge option to attend the hearing virtually.

The panel noted that Mr Aluge's case has been previously postponed and that it has been three months since then. The panel considered that there are four witnesses warned to attend, and it expressed its concern that Patient A's participation may be affected if a further adjournment was granted.

The panel noted that if an adjournment were granted, the case will not be relisted until June 2026 at the earliest. It determined that an adjournment would risk prejudicing the evidence, as the witnesses' recollection could be adversely affected by further delay.

The panel was satisfied that there are a number of measures available to facilitate Mr Aluge's attendance and to ensure that the hearing can proceed fairly.

Accordingly, the panel refuses Mr Oyegoke's request for an adjournment at this stage.

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

Mr Kabasinkas made a request that this case be held in private on the basis that proper exploration of Mr Aluge's case involves inquiry into conduct of a sexual nature and reference to [PRIVATE]. He further submitted that the request was primarily for charges 1 to 7 but he was non-committal in respect of the remaining charges. The application was made pursuant to Rule 19 of the Rules.

Mr Oyegoke submitted that he has had no instructions to support or oppose the application however, he asked the panel to consider hearing the case wholly in private to protect [PRIVATE].

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

Having heard that there will be reference to conduct of a sexual nature and reference to [PRIVATE], the panel determined to hold the entirety of the hearing in private in order to protect the privacy of those involved. In addition, Patient A would be referred to as Patient A throughout the hearing. This was also in the public interest given Patient A's concern about giving evidence in the absence of privacy.

Substantive hearing commenced on 26 September 2025

Details of charge (as amended)

That you, a registered nurse:

- 1) Having entered into a sexual relationship with Patient A failed to disclose your relationship with your manager and/or employer in a timely manner or at all between 10 July 2022 and May 2023.
- 2) On an unknown date, whilst Patient A was an inpatient on [PRIVATE]:
 - a) Took her to a nearby park and kissed and touched her under her clothes.
 - b) Entered her room on the ward and exposed yourself to her, asking her to perform oral sex.

- 3) On unknown dates asked Patient A for money.
- 4) On 10 July 2022:
 - a) Undertook observations upon Patient A through the night.
 - b) Undertook further observations in respect of Patient A when she was taking a bath, that should have been undertaken by a female member of staff.
- 5) On or around 10 July 2022 requested and/or obtained Patient A's telephone number while she was an inpatient on [PRIVATE] without clinical justification.
- 6) In September 2022 made arrangements via WhatsApp and/or text message to meet up with Patient A without clinical justification.
- 7) Between September 2022 and May 2023 rang Patient A on multiple occasions without clinical justification.
- 8) Your conduct at any or all of charges 1, 2, 3, 4, 5, 6 and 7 breached professional boundaries with Patient A.
- 9) Your conduct at any or all of Charges 1, 2, 3, 4, 5, 6 and 7 was sexually motivated.
- 10) In September 2023 when applying for an agency role at MedGen Healthcare Agency answered 'no' to the question
 - a) If you had ever been subject to disciplinary action.
 - b) Were being currently investigated due to alleged misconduct.
- 11) Your conduct at charge 10 was dishonest in that you were attempting to conceal the fact that you were being investigated by South London and Maudsley NHS Foundation Trust due to misconduct.

12)After 16 November 2023 failed to immediately provide MedGen Healthcare Agency with a copy of your interim conditions of practice imposed in breach of condition 7 of your Interim Conditions of Practice Order.

13)Your conduct at charge 12 was dishonest in that you intended to mislead your employer by failing to disclose your interim conditions of practice order.

14)Failed to advise Colleague A of your interim conditions of practice order

a) Voluntarily.

b) When prompted as to whether you had anything to declare in a supervision session on 21 November 2023.

15)Your conduct at charge 14 was dishonest in that you were aware you had an interim order to declare.

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

Decision and reasons on application to amend the charge and admit the witness statement of Patient A into evidence

The panel heard an application made by Ms Rashid, on behalf of the NMC, to amend the charges by adding in two extra charges. Ms Rashid also made this application in respect of admitting Patient A's witness statement, as the two applications are inextricably linked to each other.

The proposed amendment was to bring the charges in line with Patient A's witness statement. Ms Rashid submitted that the proposed additions of new charge 2 and charge 3 would add to what had been disclosed by Patient A. Ms Rashid submitted that any potential unfairness could be addressed by cross-examination if Mr Oyegoke intends to

seek clarification. It was submitted by Ms Rashid that the proposed amendment would provide clarity and more accurately reflect the evidence. She submitted that, the amendments could be made without injustice to Mr Aluge, and that the changes would not alter the general substance of the charges. She further submitted that the amendment does not widen the period that is being considered.

Ms Rashid submitted that the charges as amended would be more specific in terms of what is being alleged by Patient A. Ms Rashid submitted that while she does appreciate that the amendment is being proposed late in the proceedings, this was because Patient A had only signed her witness statement yesterday due to requiring reassurance that her evidence would be heard wholly in private. She submitted that Mr Aluge has had notice of the overall conduct that he has been charged with. Ms Rashid submitted that these amendments of the charges are in relation to a vulnerable patient and still linked to the conduct in relation to Patient A.

Accordingly, Ms Rashid submitted that the amendments can be made without injustice to Mr Aluge and that they are serious charges. She invited the panel to admit the statement of Patient A and accept the proposed amendments.

Mr Oyegoke opposed the application to amend the charge and the application to admit Patient A's witness statement.

He submitted that he would be satisfied to have Patient A's witness statement before the panel if the panel disregarded the paragraphs relating to the proposed amended charges, namely charge 2 and charge 3.

Mr Oyegoke submitted that Patient A has been consistent in her evidence in relation to local and police investigations, [PRIVATE], social worker and her solicitor. He submitted that the new information that had been brought to light by Patient A within her witness statement has not been previously disclosed and was unsupported by all the other statements.

Mr Oyegoke submitted that the relevance of the new allegations is separate to what has been previously brought to light. He submitted that the admission of Patient A's statement and the approval of the proposed amended charges would cause injustice to Mr Aluge.

Mr Oyegoke submitted that the proposed amended charge 2 and 3 are unsupported by any evidence other than Patient A. He submitted that Patient A has maintained, in her previous statements at local investigation level, that nothing of the nature now alleged in Patient A's statement had happened.

Mr Oyegoke accepted that if the panel admitted the witness statement in full and amended the charges he was in a position to take instructions and proceed with the hearing.

Accordingly, Mr Oyegoke invited the panel to reject the application to amend the charges and opposed the application to admit Patient A's statement.

The proposed amendments are as follows:

'That you, a registered nurse:

1) ...

2) On an unknown date, whilst Patient A was an inpatient on [PRIVATE]:

a) Took her to a nearby park and kissed and touched her under her clothes.

b) Entered her room on the ward and exposed yourself to her, asking her to perform oral sex.

3) On unknown dates asked Patient A for money.

4) ...

- a) ...
- b) ...
- 5) ...
- 6) ...
- 7) ...

- 8) *Your conduct at any or all of charges 1, 2, 3, 4, 5, **6 and 7** breached professional boundaries with Patient A.*

- 9) *Your conduct at any or all of Charges 1, 2, 3, 4, 5, **6 and 7** was sexually motivated.*

- 10)...

 - a) ...
 - b) ...

- 11) *Your conduct at any or all of ~~charge 8~~ **charge 10** was dishonest in that you knew that you were being investigated by the NMC.*

- 12)...

- 13) *Your conduct at ~~charge 10~~ **charge 12** was dishonest in that you intended to mislead your employer by failing to disclose your interim conditions of practice order.*

- 14)...

 - a) ...
 - b) ...

- 15) *Your conduct at ~~charge 12~~ **charge 14** was dishonest in that you were aware you had an interim order to declare.'*

The panel accepted the advice of the legal assessor and had regard to Rule 28 of the Rules.

The panel have considered the applications made by Ms Rashid and the response from Mr Oyegoke, it had particular regard to the lateness of the application, and it has explored the matters fully in respect of the public interest.

The panel was of the view that the amendments, as applied for, were in the interest of justice as this would reflect the account given by Patient A. The panel noted the lateness of these applications but were satisfied that the NMC had provided a cogent explanation. The panel was satisfied that there would be no prejudice to Mr Aluge, and no injustice would be caused to either party by the proposed amendments being allowed as Mr Aluge is represented and therefore has the opportunity to challenge the evidence. The panel determined with regard to the matter of admissibility of Patient A's witness statement, that it would be a reasonable exercise of its discretion to admit it in. It was therefore appropriate to allow the amendment, as applied for, to ensure clarity and accuracy.

The panel was of the view that it is clear that in allowing Patient A's witness statement to be admitted and the amendment to the charges to be made, it still leaves the question of weighing the evidence and accessing its reliability at the facts stage if and whether there is any support or lack of support for the evidence.

Background

The NMC received a referral from South London and Maudsley NHS Foundation Trust ('the Trust') on 24 October 2023.

The charges arose whilst you were employed as a Healthcare Assistant by the Trust and studying to be a nurse and later once qualified as a nurse. The referral raised an

allegation in relation to an inappropriate sexual relationship with Patient A while she was a patient at the Trust that allegedly occurred between July 2022 and May 2023.

Patient A was admitted as a patient of the Trust on 10 July 2022 under Section 2 of the Mental Health Act, this was later converted to Section 3 of the Mental Health Act.

A local investigation was conducted into this allegation concerning you, and you were suspended from duty on 2 June 2023, pending its conclusion. During the course of that investigation, you did not deny engaging in a sexual relationship with Patient A however you stated that, she was your girlfriend and you had met prior to her admission. It was alleged that you failed to declare this information to the Ward. Following the investigation, you were dismissed by the Trust on 4 October 2023.

On 16 November 2023, an 18-month interim conditions of practise order was imposed by the NMC against your registration.

In March 2023, you applied to join MedGen Healthcare Agency ('the Agency'). On 6 December 2023, the NMC received an email from the Complaints Manager at the Agency raising concerns that you had failed to declare that you were under investigation by the Trust. Your declaration, signed as part of your application, required you to disclose any ongoing investigations or disciplinary action. It is alleged that you did not meet this obligation.

You also allegedly failed to inform the agency that an interim conditions of practice order had been imposed against your registration. It was further alleged that you did not disclose that you were subject to an NMC investigation until November 2023, and only after you were directly questioned about it during your supervision meeting in November 2023.

Decision and reasons on application for adjournment until Day 4 of the hearing

After hearing from three witnesses, Ms Rashid submitted an application to adjourn the hearing on Day 3 of the hearing, 30 September 2025. She submitted that the NMC had anticipated calling Witness 4 to give evidence, but the NMC was unable to contact her to confirm her attendance. Ms Rashid submitted that attempts to contact Witness 4 had been unsuccessful, with calls going directly to voicemail and no response via email reminding Witness 4 of her duty to attend. Ms Rashid made reference to an email correspondence from Witness 4 in which she stated that she was sick.

Ms Rashid submitted that the NMC is therefore not in a position to proceed at this stage, as Witness 4's evidence is key and relates directly to charges 10 to 15. Ms Rashid requested an adjournment until the next morning, Day 4 of the hearing, to allow further attempts to secure Witness 4's attendance.

Mr Oyegoke opposed the application to adjourn. He submitted that it would not be fair or in the interests of justice to adjourn the proceedings at this stage.

The panel accepted the advice of the legal assessor.

The panel considered the submissions from both Ms Rashid and Mr Oyegoke. The panel determined that Witness 4's evidence was significant to the disputed matters before it and that the NMC should be given a further opportunity to secure Witness 4's attendance.

Accordingly, the panel granted the application to adjourn until the morning of Day 4 of the hearing, namely 1 October 2025.

Decision and reasons on a further application for adjournment for 24 hours

On the morning of Day 4 of the proceedings, Ms Rashid made a further application to adjourn the hearing for 24 hours. She provided the panel with an exhibit bundle containing

communications with Witness 4, which outlined her duty to attend and demonstrated that her evidence is considered vital to the proceedings.

Ms Rashid reiterated that Witness 4's evidence relates to Charges 10 to 15, which concern allegations of dishonesty. She submitted that these are serious matters, and in the NMC's view, it would not be appropriate to proceed without making further efforts to secure the attendance of Witness 4 as she is the sole witness to these charges.

Ms Rashid explained that the NMC had not previously been aware of any issues with this witness's availability and that, as a registered nurse, there was a clear expectation that she would attend the hearing. The communication bundle included attempts to contact Witness 4. Ms Rashid invited the panel to consider an email sent by Witness 4 in which she indicated that she is unwell and could not attend. She submitted that the NMC does not know the nature of the illness as Witness 4 has not provided any details.

Ms Rashid further submitted that there may be scope to consider issuing a witness summons, but at this stage the NMC wished first to explore whether there were any safeguarding issues which might make it inappropriate for the witness to attend. She invited the panel to consider issuing a direction under Rule 22(5) requiring Witness 4's attendance, in the hope that this would encourage her to comply.

Ms Rashid submitted that the NMC have obtained contact details of Witness 4's current employer and they hope to make contact with them.

Ms Rashid invited the panel to grant an adjournment for 24 hours to allow further steps to be taken. Ms Rashid submitted that, if Witness 4's attendance is not secured after this adjournment, the NMC may need to make a further application.

Mr Oyegoke opposed the application to adjourn for a further 24 hours. He reminded the panel that two adjournments had already been granted in this case and submitted that it would not be appropriate to grant a third adjournment.

Mr Oyegoke submitted that the NMC should now consider withdrawing the charges that rely on the evidence of Witness 4, namely charges 10 to 15, and allow the hearing to proceed to conclusion.

Mr Oyegoke acknowledged that the NMC had made multiple attempts to communicate with Witness 4 but submitted that these efforts had not been successful and had not resulted in any indication that the witness was likely to attend, even if a further adjournment were granted.

Mr Oyegoke further submitted that, a well-informed member of the public would observe that Witness 4 does not appear willing to engage with the process. In those circumstances, he submitted that it would be fairer and more proportionate for the NMC to withdraw charges 10 to 15 rather than delaying the proceedings any further.

The panel accepted the advice of legal assessor.

The panel rejected the application to adjourn for a further 24 hours.

The panel considered the application made by Ms Rashid and acknowledged that the NMC has made attempts to contact Witness 4. The panel were of the view that numerous attempts since the beginning of the hearing had been made to contact Witness 4 but there had been no response from her since 29 September 2025. It was evident that she will not be attending, and this was despite the NMC sending correspondence stipulating her duty as a registered nurse to cooperate with her regulator and the potential of issuing a witness summons to secure her attendance. The panel determined that simply adjourning the case and continuing to attempt to contact the witness would be fruitless.

The panel considered whether alternative steps could be taken. It noted that an email from the senior case manager had already outlined Witness 4's duty to attend, and therefore an additional email or direction from the panel would be unlikely to have any greater effect.

The panel noted that you are already facing serious charges that could have a significant impact on your career. In these circumstances, the NMC should take a clear position as to how it intends to proceed in relation to charges 10 to 15.

For these reasons, the panel rejected the application to adjourn for a further 24 hours.

Decision and reasons on application for adjournment until Day 6 of the hearing

On the afternoon of Day 4, Ms Rashid made a further application to adjourn the hearing until the afternoon of Friday, 3 October 2025.

Ms Rashid submitted that the NMC had now got through to Witness 4's current employer and had now been told that she had a virus and that she is in [PRIVATE]. Ms Rashid submitted that Witness 4 did not convey to anyone at the NMC that she would be in [PRIVATE] at this time.

Ms Rashid submitted that, with that information, the NMC would like to start the process of seeking a High Court witness summons.

Ms Rashid submitted that the panel should consider if Witness 4's non-attendance amounts to misconduct given that she is a registered nurse and has a duty to comply with the investigation and attend the hearing. She noted that Witness 4 has left the country without notifying the NMC when asked for availability. Ms Rashid invited the panel to express its concern to the NMC about this possible misconduct.

Ms Rashid requested an adjournment until the afternoon of Friday, 3 October 2025 to allow the NMC time to prepare an application for witness summons and obtain further information, as the reasons for the Witness 4's presence in [PRIVATE] remain unknown.

In response to questions from the panel, Ms Rashid had no further information about the duration of Witness 4's time in [PRIVATE], how long her annual leave was for and when she intended to return. Further, Ms Rashid said that getting a decision on a High Court summons could take up to seven days, which was beyond the current timetable that this case is listed for. She stated the purpose of returning on 3 October 2025 was just to provide the panel with an update on the current situation.

Mr Oyegoke opposed the application to adjourn until Friday, 3 October 2025.

He submitted that given that Witness 4 is in [PRIVATE] and, in the absence of High Court proceedings for a witness summons, the panel would simply be waiting for the NMC. He noted that a summons process is lengthy and complex and submitted that the NMC should take a more robust approach with a clearer alternative plan.

Mr Oyegoke submitted that granting the adjournment would not be in the interest of justice or fair to Mr Aluge and opposed the application in its entirety.

The panel accepted the advice of the legal assessor. The legal assessor reminded the panel that, given that Witness 4 is in [PRIVATE], she is in a different jurisdiction. Accordingly, it was not clear how any order received from the High Court would be enforced.

The panel rejected the application for a further adjournment until the afternoon of Friday, 3 October 2025.

The panel determined that, given Witness 4 is believed to be in [PRIVATE], it is unclear how the NMC intended to serve a witness summons in practical terms. The panel considered that there was very limited information before it about the Witness 4's circumstances.

It was unclear what the point of adjourning until 3 October 2025 would be beyond the promise of an update, it was unlikely that any response from the High Court would have been received by then or that Witness 4 would be giving evidence then. Granting the adjournment sought by Ms Rashid at this stage, in the panel's view, would almost inevitably lead to the hearing going part heard. The panel noted that the NMC had led all of its evidence in relation to charges 1 to 9, these are extremely serious charges in and of themselves. Patient A had given her evidence and both you and Patient A were entitled to an expeditious determination in relation to those and in those circumstances an adjournment until 3 October 2025 would not be appropriate or proportionate.

The panel also determined that Ms Rashid's invitation that it should consider whether Witness 4's non-attendance amounted to misconduct on her part was inappropriate and not a course the panel would follow.

Accordingly, the panel rejected the application for a further adjournment.

Decision and reasons on application to amend Charges 10 and 11 and admit Witness 4's witness statement into evidence

The panel heard an application made by Ms Rashid under Rule 31 to allow the written statement and supporting documentation of Witness 4 into evidence. Witness 4 was not present at this hearing and, whilst the NMC had made sufficient efforts to ensure that this witness was present, they were unable to attend today (1 October 2025).

Witness 4 was involved in your recruitment and your alleged failure to disclose that you were subject to an NMC investigation, and interim order.

Ms Rashid referred to the case of *Thorneycroft v NMC* [2014] EWHC 1565 (Admin) and submitted that it is fair to admit Witness 4's witness statement as hearsay evidence. She submitted that Witness 4's evidence is sole and decisive to charges 10, 11, 12, 13, 14a, 14b, and 15. Ms Rashid submitted that as far as the NMC is aware, Witness 4 has no

personal connection to you and provided their witness statement in a professional capacity. She further submitted that there is no evidence before the panel to suggest that Witness 4 would fabricate their evidence.

Ms Rashid submitted that Witness 4 will not be able to be subject to cross examination, and therefore there will be difficulty in challenging their evidence, however, the evidence can be tested with other documentary evidence in this case which were her exhibits.

Ms Rashid submitted that the request to admit Witness 4's evidence as hearsay is a last resort due to the NMC being unable to secure their attendance. She submitted that the NMC have sent several emails and made a number of phone calls to Witness 4, but that they did not respond. She submitted that Witness 4 has, in the past, responded to email communications from the NMC stating that they no longer work for MedGen Healthcare Agency. In the latest email response to the NMC, dated 29 September 2025, Witness 4 indicated that they were unwell. The NMC contacted Witness 4's current employer and discovered that Witness 4 is believed to be in [PRIVATE] and therefore is unable to attend the hearing. Further efforts were made by the NMC to contact Witness 4's employer, but they did not receive a response.

Ms Rashid submitted that the NMC have taken reasonable steps to secure Witness 4's attendance. She submitted that the difficulties in contacting Witness 4 had not been known to the NMC previously. Ms Rashid submitted that given the late notice of Witness 4's nonattendance, you and Mr Oyegoke had only been made aware of this application at the time this application was made.

Ms Rashid submitted that Witness 4's witness statement is relevant and invited the panel to admit the witness statement and supporting documentation into evidence.

After making submissions on admitting Witness 4's witness statement and supporting documentation as hearsay evidence, Ms Rashid made an application to amend charges 10 and 11, should the panel accept the hearsay application.

It was submitted by Ms Rashid that the proposed amendment would ensure that charges 10 and 11 are in line with the hearsay evidence of Witness 4 as their evidence cannot be tested.

The proposed amendments are as follows:

'That you, a registered nurse:

~~10) In September 2023 when applying for an agency role at MedGen Healthcare Agency answered 'no' to the question~~

~~a) If you had ever been subject to disciplinary action.~~

~~b) Were being currently investigated due to alleged misconduct.~~

10) In September 2023 when interviewing for an agency role at MedGen Healthcare Agency failed to correct the position having answered 'no' in your initial application that you had never been subject to disciplinary action or were being currently investigated due to alleged misconduct when applying in March 2023.

11) Your conduct at ~~any or all of~~ charge 10 was dishonest in that you **were attempting to conceal the fact ~~knew~~ that you were being investigated by **South London and Maudsley NHS Foundation Trust due to misconduct. ~~the NMG.~~****

Ms Rashid submitted that you received notice of the referral some time ago, which included the conduct that you have been charged with in relation to charges 10, 11, 12, 13, 14a, 14b, and 15. She submitted that the proposed amendments do not change the substance of the charges, but instead introduces charges which relate to the same job application/interview process.

Ms Rashid invited the panel to allow the proposed amendments and submitted that these amendments can be made without injustice.

Mr Oyegoke submitted that you oppose the application to admit Witness 4's witness statement and supporting documents as hearsay. He submitted that Witness 4 chose not to attend this hearing to give live evidence.

Mr Oyegoke submitted that Witness 4's evidence is sole and decisive in relation to charges 10, 11, 12, 13, 14a, 14b, and 15. He submitted that if Witness 4 does not attend to give evidence at this hearing, the NMC cannot use their documentary evidence to support the charges, and the panel cannot make a fair decision.

Mr Oyegoke submitted that you were not informed by the NMC of the difficulty in securing Witness 4's attendance and the potential for the NMC to make a hearsay application. Mr Oyegoke submitted that Witness 4's credibility is called into question due to the inconsistencies about their availability in that there was reference to Witness 4 being unwell, and the new information that they were in fact in [PRIVATE].

Mr Oyegoke submitted that Witness 4 will not be able to be subject to cross examination, and therefore the reliance on hearsay evidence should not be such that it disadvantaged you. He submitted that the panel will not be able to challenge Witness 4's evidence to make a fair and justified decision.

Mr Oyegoke submitted that Witness 4 has not provided a good reason for not attending this hearing. Mr Oyegoke further submitted that the NMC have not taken reasonable steps to secure Witness 4's attendance.

Mr Oyegoke submitted that it would not be fair or reasonable to accept Witness 4's witness statement or supporting documentation as hearsay evidence.

Mr Oyegoke submitted that you oppose the application to amend charges 10 and 11. He submitted that the proposed amendments have been raised too late in this case and that they are poorly drafted. He submitted that the NMC have had the evidence of this case for more than a year, and therefore had time to amend the charges if they wanted to.

Mr Oyegoke submitted that amending the charges at this stage in the case would be unfair to you and that by accepting the proposed amendments, this would constitute a new case with new charges. Mr Oyegoke submitted that the sole witness that the NMC are relying upon for these charges is no longer able to attend, and therefore the panel would have to rely on hearsay evidence when making its decision.

The legal assessor advised the panel to consider the NMC's Rule 28 application, before moving on to consider the NMC's Rule 31 application. The panel accepted the advice of the legal assessor in respect of its powers to amend charges prior to reaching its decision on facts.

The panel further accepted the legal assessor's advice on the issues it should take into consideration in respect of the hearsay application. This included that Rule 31 provides that, so far as it is '*fair and relevant*', a panel may accept evidence in a range of forms and circumstances, whether or not it is admissible in civil proceedings.

The panel reminded itself of the legal advice it received. It determined to first consider the application to amend charges 10 and 11, before considering the application to admit Witness 4's witness statement (and accompanying exhibits) into evidence.

The panel considered both in turn.

Amending the charges

In respect of charge 10, the panel considered that the application was made late in the proceedings, and it has been made given Witness 4's absence in this hearing. The panel took into account that the NMC appeared to have been aware for some time that the charge, as it currently stands, required amendment. Further, Ms Rashid said that she would have made a further application to amend the charge following Witness 4's oral evidence in respect of matters not in the witness statement. The panel noted that Witness 4 is not attending to give oral evidence.

The panel also considered that the amendment materially changes the nature of the allegation, in that it suggests a duty imposed upon you (by virtue of the allegation of failure) whilst interviewing (rather than applying). The panel noted that this element appeared to be implicit in some of the other documentary evidence before it.

Taking all the above into account, the panel determined that the amendment, as applied for, would not be in the interest of justice and would be unfair to you. The panel considered that you would have prepared your case on the basis of the initial charge, as it is worded, and the amendment would add additional elements (such as a duty) to the NMC's case. The panel noted that Ms Rashid stated that the NMC had been aware of the necessity to amend the charge from the outset and yet had not brought this to your attention until making this application to amend the charge. The panel acknowledged that there is some documentary evidence before it supporting these elements which you would have been aware of, but it determined that it would be unfair to expect you to defend yourself against a broader case now brought by the NMC, particularly given the seriousness of the charge, which relates to dishonesty.

The panel also considered that, given the NMC's awareness that it appeared to need additional evidence from Witness 4 in support of this charge, it would be unfair to allow the NMC to amend the charge to fit the evidence before it now, in Witness 4's absence. The panel was of the view that charges must be set out properly, and any amendments should

be dealt with expeditiously. The panel determined that there has been a delay in making this application, and that the NMC has not sought to clarify this charge expeditiously.

Accordingly, the panel rejected Ms Rashid's application to amend charge 10.

In respect of charge 11, the panel considered its observations made in relation to the lateness of the application as outlined above. The panel considered that this amendment, as applied for, was to provide clarity as to who was investigating you (ie: the NMC or the Trust), rather than materially change the nature of the conduct alleged.

The panel was therefore of the view that the amendment, as applied for, was in the interest of justice. The panel was satisfied that no prejudice or injustice would be caused to either party by the proposed amendment to charge 11 being allowed. The panel considered that allowing the proposed amendments would not have any impact on your denial of the charges. The panel determined that it was appropriate to allow the amendments, as applied for, to provide clarity as to the alleged conduct in the NMC's case.

Accordingly, the panel allowed Ms Rashid's application to amend charge 11.

Admitting Witness 4's witness statement and exhibits into evidence

Having decided on the application to amend charges 10 and 11, the panel considered the Rule 31 application to admit Witness 4's witness statement and accompanying exhibits into evidence.

In respect of relevance, the panel considered that Witness 4 was the Clinical Lead at the Agency, and she interviewed you for the role. Her evidence includes contemporaneous interview notes which would be relevant to deciding the charges before this panel. The panel was satisfied that this is relevant to its decision-making on facts.

The panel then considered whether it would be fair to admit Witness 4's witness statement and its accompanying exhibits. The panel reminded itself of the principles as outlined in *Thorneycroft*, namely:

- '1. The admission of the statement of an absent witness should not be regarded as a routine matter and the Fitness to Practise (FTP) rules require the Panel to consider the issue of fairness before admitting the evidence.*
- 2. The fact that the absence of the witness can be reflected in the weight to be attached to their evidence is a factor to weigh in the balance, but will not always be a sufficient answer to the objection to admissibility.*
- 3. The existence or otherwise of a good and cogent reason for the non-attendance of the witness is an important factor. However the absence of a good reason does not automatically result in the exclusion of the evidence*
- 4. Where such evidence is the sole or decisive evidence in relation to the charges, the decision whether or not to admit required the Panel to make a careful assessment, weighing up the competing facts. The assessment should involve a consideration of the issues in the case, the other evidence to be called and the potential consequences of admitting the evidence and the Panel must be satisfied having undertaken this assessment that, either the evidence is demonstrably reliable or that there is some means of testing its reliability.'*

The panel considered the above factors in turn.

The panel took into account that Witness 4's witness statement is the sole and decisive evidence in support of charges 10 to 15, as accepted by Ms Rashid in her submissions. It considered that Witness 4 worked for the Agency and interviewed you for your role, and also conducted the supervision therefore she is the only witness whose evidence relates to your alleged conduct involving the Agency.

As to the nature and extent of the challenge to the contents of the statement, the panel noted that you deny these charges and challenge the accuracy of some of the documents, given Witness 4's absence, Mr Oyegoke would not be able to cross-examine her.

In respect of whether there was any suggestion that the witness had reason to fabricate their evidence, the panel considered that Witness 4 knew you in a professional capacity, and there is nothing to suggest that she had reason to fabricate their evidence.

In considering the seriousness of the charge, taking into account the impact which adverse findings might have on your career, the panel considered that the allegations are extremely serious, involving allegations of dishonesty and a breach of an order from your regulator.

In respect of whether there was a good reason for the non-attendance of the witness and whether the NMC had taken reasonable steps to secure the witness's attendance, the panel considered that Witness 4 is a registered nurse who has provided a signed witness statement and has a duty to cooperate with the NMC as her regulator. The panel took into account that Witness 4 provided the NMC with a developing account behind her non-attendance, and that insufficient information was provided to the NMC by her. The panel considered that there did not appear to be a cogent reason for Witness 4's absence. The panel noted that Witness 4 appeared elusive based on the communication since 12 June 2025, and concluded that she was reluctant to give oral evidence in these proceedings. The panel was of the view that the NMC had taken steps to secure Witness 4's attendance shortly before and during this hearing, however the panel noted that Witness 4's reluctance was evident from June 2025 onwards.

Taking all of the above into account, the panel determined that it would be unfair to admit Witness 4's witness statement and its accompanying exhibits into evidence, particularly given the seriousness of the allegations and your interest in allowing you to challenge the evidence.

Accordingly, the panel rejected Ms Rashid's application.

Decision and reasons on application of no case to answer

At the closure of the NMC case, the panel heard an application by Mr Oyegoke of no case to answer in respect of charges 2a, 2b, 3, 8 (in relation to charges 2 and 3), 9 (in relation to charges 2 and 3) as well as charges 10 to 15. This application is made pursuant to rule 24(7) of the Rules.

Mr Oyegoke first outlined Rule 24(7) of the Rules, as well as the decision in, and principles derived from, the case of *R v Galbraith* [1981] 1 WLR 1039. He reminded the panel that the burden of proof rests on the NMC.

In respect of charge 2a, Mr Oyegoke submitted that there is no corroborating evidence to support Patient A's witness statement and oral evidence. He reminded the panel that it has heard a number of professional witnesses – including the investigator and unit manager at the [PRIVATE] Trust – yet none referred to this allegation. He submitted that it would be unfair to place undue weight on Patient A's uncorroborated evidence, and there is no case for you to answer in respect of this charge.

On charge 2b, Mr Oyegoke submitted that there is no evidence corroborating Patient A's witness statement and oral evidence, and therefore there is insufficient evidence before this panel. He submitted that the only mention of this incident which is not from Patient A (and thus could be corroborating evidence) relates to a solicitor involved in [PRIVATE]. He further submitted that, as this solicitor was not interviewed, there is only tenuous evidence from Patient A before this panel in support of this charge.

In respect of charge 3, Mr Oyegoke submitted that the only evidence before the panel supporting this charge is one sentence from Patient A's witness statement. He submitted that there is no further detail from Patient A or other corroborating evidence before this panel.

On charges 8 and 9, Mr Oyegoke submitted that it necessarily follows that, if the panel found that you have no case to answer on charges 2 and 3 above, then there is no case to answer for charges 8 and 9 in relation to these charges. He further submitted that, specifically on charge 9 and its relation to charge 3, the panel could not find this charge proved, as the act of asking for money (charge 3) could not be associated with a sexual motivation (charge 9).

Mr Oyegoke submitted that, in light of the panel's decision not to amend charge 10 as well as its decision to not adduce Witness 4's witness statement (and accompanying exhibits) into evidence, there is no longer any evidence supporting the NMC's case in relation to charges 10 to 15.

Ms Rashid submitted that, in relation to charge 2, Patient A has appeared before this panel to give oral evidence, which was clear and consistent. She further submitted that, whilst Patient A's statement was brief, Patient A elaborated on the allegations in her oral evidence. She reminded the panel that, at this stage, the panel is not considering issues of witness credibility, but rather taking the NMC case at its highest. She reminded the panel that you admit to being in a sexual relationship with Patient A, and there is an imbalance of power between you and Patient A. She invited the panel to consider that, whilst this is not corroborating evidence, it is contextual information which supports the allegations.

In respect of charge 3, Ms Rashid submitted that Patient A provided the panel with oral evidence, where she elaborated on the allegation. She reminded the panel that, whilst Patient A accepted that nothing was forced between you and her, Patient A was nonetheless vulnerable and her vulnerability has been corroborated by other witnesses. She submitted that you would not have asked for the money from Patient A had you not been in a sexual relationship with her, which relates to charge 9. She submitted that the '*sexual motivation*', in this respect, is an inference to the effect that because of your sexual relationship with Patient A, it provided you with the access and opportunity to ask Patient A for money.

Ms Rashid submitted that, as there is enough evidence to support charges 2 and 3, there must necessarily be enough to support charges 8 and 9. She conceded that charges 10 to 15 are for the panel's professional judgment and made no positive submissions to challenge the no case to answer submissions.

The panel accepted the advice of the legal assessor. He endorsed Mr Oyegoke's submissions in respect of Rule 24(7) of the Rules as well as the decision in, and principles derived from, the case of *Galbraith*. He advised the panel that, in relation to charges 10 to 15, there would be no case for you to answer, given the panel's decision not to allow Witness 4's witness statement (and accompanying exhibits) into evidence. He reminded the panel that, at this stage, it is not making any decision on facts, but rather it is assessing the sufficiency of the evidence before it in relation to each charge applied for. He advised the panel that, whilst useful, there is no requirement for corroboration in order for evidence to be deemed sufficient.

In reaching its decision, the panel considered submissions from both Mr Oyegoke and Ms Rashid, as well as the advice from the legal assessor. The panel had sight of the NMC Guidance, 'Evidence' (DMA-6) as well as to the principles derived from *R v Galbraith* [1981] 1 WLR 1039. The guidance states:

'There will be no case for a nurse, midwife or nursing associate to answer where, at the close of our case, there is:

- 1. no evidence*
- 2. some evidence, but evidence which, when taken at its highest, could not properly result in a fact being found proved against the nurse, midwife or nursing associate, or the nurse, midwife or nursing associate's fitness to practise being found to be impaired.*

The question of whether there is a case to answer turns entirely on our evidence. Evidence which might form part of the nurse, midwife or nursing associate's case will not be taken into account.'

The panel noted the following from Galbraith:

'(1) If there is no evidence that the crime alleged has been committed by the defendant there is no difficulty - the judge will stop the case.

(2) The difficulty arises where there is some evidence but it is of a tenuous character, for example, because of inherent weakness or vagueness or because it is inconsistent with other evidence.

a) Where the judge concludes that the prosecution evidence, taken at its highest, is such that a jury properly directed could not properly convict on it, it is his duty, on a submission being made, to stop the case.

b) Where however the prosecution evidence is such that its strength or weakness depends on the view to be taken of a witness's reliability, or other matters which are generally speaking within the province of the jury and where on one possible view of the facts there is evidence on which the jury could properly come to the conclusion that the defendant is guilty, then the judge should allow the matter to be tried by the jury.'

The panel considered each of the applications of no case to answer in respect of the charges applied for in turn.

Charges 2a/2b and 3

The panel considered that the NMC conceded that there is no evidence corroborating Patient A's evidence in relation to these charges. The panel took into account that,

alongside Patient A's witness statement, it also heard live evidence from Patient A. The panel considered that, within her live evidence, Patient A elaborated on the allegations. The panel reminded itself of the legal advice, and it determined that there is sufficient evidence before it at this stage, irrespective of the lack of corroborating evidence. The panel was therefore satisfied that there is a case for you to answer in respect of these charges.

The panel therefore rejected Mr Oyegoke's application in relation to these charges.

The panel reminded itself that the weight the panel gives to any evidence remains to be determined at the conclusion of all the evidence, in its consideration on facts.

Charges 8 (in relation to charges 2 and 3) and 9 (in relation to charge 2 only)

The panel considered its decision in relation to charges 2 and 3 above. The panel accepted Ms Rashid's submissions in that, given the panel has found there is sufficient evidence at this stage for there to be a case for you to answer for these charges, it follows that there is also a case for you to answer in respect of the related charges in charge 8 (in relation to charges 2 and 3) and 9 (in relation to charge 2 only).

The panel therefore rejected Mr Oyegoke's application in relation to these charges.

The panel reminded itself that the weight the panel gives to any evidence remains to be determined at the conclusion of all the evidence, in its consideration on facts.

Charge 9 (in relation to charge 3)

The panel considered Ms Rashid's submissions in relation to '*sexual motivation*', as outlined in charge 9. The panel took into account that the NMC's case, at its highest, appears to be an inference, namely that because you were in a sexual relationship with Patient A, you asked her for money.

The panel was not satisfied that this could amount to a '*sexual motivation*', per the wording of the charge. The panel determined that there is no evidence before it demonstrating the alleged act of asking for money was, in itself, sexually motivated. The panel therefore concluded that there is no case for you to answer in respect of this charge, when it is in relation to charge 3.

Accordingly, the panel accepted Mr Oyegoke's application in respect of charge 9, in relation to charge 3 only.

Charges 10 to 15

The panel reminded itself of the legal assessor's advice. It considered that, as it did not admit Witness 4's witness statement (and accompanying exhibits) into evidence, there is no evidence supporting these charges.

Accordingly, the panel accepted Mr Oyegoke's application in respect of charges 10a, 10b, 11, 12, 13, 14a, 14b and 15.

Decision and reasons on facts

At the outset of the hearing, the panel heard from , Mr Oyegoke who informed the panel that you made admissions to charges 1, 4a, 4b, 5, 6, 7, 8 and 9. You admitted charges 8 and 9 as they relate to charges 1, 4a, 4b, 5, 6 and 7.

The panel therefore found charges 1, 4a, 4b, 5, 6, 7 proved in their entirety, by way of your admissions. The panel also found charges 8 and 9 proved as they relate to charges 1, 4a, 4b, 5, 6 and 7.

In reaching its decisions on the disputed facts, the panel took into account all the oral and documentary evidence in this case together with the submissions made by Ms Rashid on behalf of the NMC and by Mr Oyegoke.

The panel was aware that the burden of proof rests on the NMC, and that the standard of proof is the civil standard, namely the balance of probabilities. This means that a fact will be proved if a panel is satisfied that it is more likely than not that the incident occurred as alleged.

The panel heard oral evidence from the following witnesses called on behalf of the NMC:

- Witness 1: Patient A;
- Witness 2: Lead Occupational Therapist and Investigator
- Witness 3: Ward Manager [PRIVATE]

The panel also heard evidence from you under affirmation.

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

The panel then considered each of the disputed charges and made the following findings.

Charge 2a

2. On an unknown date, whilst Patient A was an inpatient on [PRIVATE]:
 - a. Took her to a nearby park and kissed her and touched her under her clothes

This charge is found proved.

In reaching this decision, the panel took into account the evidence of Patient A and your evidence.

The panel considered Patient A to be a credible witness and found that she was consistent during her oral evidence.

The panel accepted Ms Rashid's submission that Patient A had no reason to fabricate and did not exaggerate these allegations. The panel noted that Patient A had been very reluctant to disclose any detail of these allegations at any stage and prior to this hearing. It considered her oral evidence in which she stated that she had '*only included what I am sure is accurate*'.

The panel took into account the Trust investigation report before it. It noted that this investigation was solely focused on whether [PRIVATE] and not on the allegations before this panel. Other facts were only explored as they arose during the course of the investigation. The panel also noted the Police Case Summary but considered that their investigation only focused on whether the sexual encounters between you and Patient A were consensual. The panel therefore did not consider the case summary assisted its consideration of this charge.

The panel then considered the documentary evidence before it. It noted that within the Trust Investigation Report, it shows that Patient A was escorted outside of the Ward for periods of time.

The panel then noted the evidence of Witness 2 who explained to the panel how the electronic record system of who had escorted Patient A, worked. Witness 2 explained that all NHS Professionals ('NHSP') staff on the Ward signed in under the same general login NHSP. Witness 2 explained that unless the specific staff member inputted their name, the system did not show who had written the note so it would be unclear who had taken the

patient out for escorted leave. The panel determined that it was unable to rely on the documentary evidence to identify who took Patient A out on escorted leave.

The panel noted the undisputed evidence before it that Patient A was a patient on the Ward. It also noted the evidence that you had worked on this ward on five different occasions whilst Patient A was an inpatient on the Ward.

The panel then considered your evidence regarding your relationship with Patient A. It noted that you state that this relationship began before Patient A was an inpatient on the Ward. You stated that there was a sexual relationship between you and Patient A in May/June 2022 and described your relationship as that of '*boyfriend and girlfriend*'. The panel noted that you deny that any sexual encounters occurred between you and Patient A whilst she was an inpatient on the Ward. However, you have accepted that some of your conduct towards Patient A was sexually motivated. You also denied relating to Patient A as your girlfriend on the ward, stating that you were professional and focused only on your allocated tasks. You said this change in how you related to Patient A, who was your girlfriend, was not discussed between the two of you. However, the panel did not find your version of events plausible that you had been in a relationship with Patient A and then had no contact with her, as girlfriend and boyfriend, until two days after her discharge when you resumed a sexual relationship.

The panel also considered the evidence of Patient A about your relationship. The panel noted that Patient A states that you met, for the first time, on the ward and that there were sexual encounters between you whilst Patient A was an inpatient on the ward, but that this did not amount to penetrative sex whilst she was an inpatient as she was not comfortable with this. The panel also noted your admissions in relation to the bath incident and accessing her phone number without clinical justification and considered that these made it more likely than not that there were sexual encounters whilst Patient A was an inpatient.

The panel determined that although your account of when the relationship started differed both made it possible for there to have been sexual encounters between you and Patient A whilst she was an inpatient on the Ward.

The panel noted the oral evidence of Patient A who provided a description of you taking her to a nearby park and kissing her and touching her under her clothes. The panel preferred the evidence of Patient A. It concluded that it is more likely than not that there was a sexual relationship between you and Patient A around this time as described by her.

The panel therefore determined, on the balance of probabilities, that it is more likely than not that whilst Patient A was an inpatient on the Ward, you took Patient A to a nearby park and kissed her and touched her under her clothes.

Charge 2b

2. On an unknown date, whilst Patient A was an inpatient on [PRIVATE]:
 - b. Entered her room on the ward and exposed yourself to her, asking her to perform oral sex.

This charge is found proved.

In reaching its decision, the panel took into account your evidence and the evidence of Patient A.

The panel noted its findings at charge 2a, in particular that it is more likely than not that you were in a sexual relationship with Patient A whilst she was an inpatient on the Ward.

The panel noted the evidence before it regarding the location of Patient A's room on the Ward, particularly that it was at the end of a corridor where not many people passed and

that Witness 2 gave evidence to the panel that no one could see what was happening in Patient A's room from the nurses station.

The panel noted that when Patient A first arrived on the ward she was subject to 1 to 1 observations and this decreased to hourly observations during Patient A's time on the Ward. The panel considered this led to an increased likelihood that Patient A would have been alone for periods of time during which you could have been with her in her room. The panel also noted your admission that you had observed Patient A whilst she was in the bath and this had not been noticed by other staff on the Ward.

The panel preferred the evidence of Patient A in relation to this charge and could not see that Patient A had any reason to fabricate or exaggerate her account. The panel found these actions to be consistent with your evidence that you had been in a sexual relationship with Patient A and your admission that your actions were sexually motivated whilst she was an inpatient.

The panel therefore determined, on the balance of probabilities, that it is more likely than not that whilst Patient A was an inpatient on the Ward, you entered her room on the ward and exposed yourself to her, asking her to perform oral sex.

Charge 3

3. On unknown dates asked Patient A for money.

This charge is found proved.

In reaching its decision the panel took into account your evidence and the evidence of Patient A.

The panel noted your evidence that [PRIVATE]. You stated in your interview with Witness 2 that this occurred in August 2022. However, in oral evidence to the panel you stated that

this occurred in June 2022, before Patient A was an inpatient on the Ward. In your oral evidence you stated that [PRIVATE]. This contradicted your stating that you could not have asked Patient A for money as you worked and had your own money.

The panel noted Patient A's clear evidence that you had asked her for money and that she recalled that you asked for this money [PRIVATE].

The panel preferred the evidence of Patient A. The panel noted that Patient A's evidence about this money being for [PRIVATE] is consistent with your evidence about [PRIVATE]. The panel noted the inconsistency in you stating that this was [PRIVATE]. However, the panel did not consider this inconsistency to be significant.

The panel therefore determined, on the balance of probabilities, that it is more likely than not that you asked Patient A for money.

Charge 8 and 9

8. Your conduct at any or all of charges 1, 2, 3, 4, 5, 6 and 7 breached professional boundaries with Patient A

This charge is found proved.

The panel considered that it is clear that these charges (charges 2 and 3) amount to breaches of professional boundaries in that it has found that you had a sexual relationship with Patient A whilst she was an inpatient on the Ward. Further, it is completely inappropriate, for a nurse to ask a vulnerable patient they are meant to be caring for, for money.

Charge 9

9. Your conduct at any or all of Charges 1, 2, 4, 5, 6 and 7 was sexually motivated.

This charge is found proved.

The panel also determined, in relation to charge 9, that this behaviour was also clearly sexually motivated given the finding that you were in a sexual relationship with Patient A.

Decision and reasons on application for adjournment (Day 8)

Mr Oyegoke stated that after looking at the determination on facts, it becomes inevitable that we are reaching the misconduct and impairment stage. Mr Oyegoke submitted that this is now ultimately a new case from that at the beginning of the hearing. He stated that he would need a few hours to speak to you and put together a bundle of evidence for misconduct and impairment. He submitted that if this case were to have been the same one that it was when this hearing started, he may have been able to move swiftly on to the misconduct and impairment stage.

Mr Oyegoke submitted that if there was an additional day, it would have been possible to request some hours to prepare this evidence, however this is not the case given that this is the last listed day of this hearing.

Mr Oyegoke submitted that given the importance of the second stage, and the fairness to you, an adjournment would be proper. He submitted that this adjournment would allow the panel to hear submissions on misconduct and impairment first thing on the first resuming date of this hearing.

Mr Oyegoke submitted that the NMC would not suffer any prejudice from this application. Whilst he did not attach any blame to any party for the delays in this case, he submitted that it is in the interests of fairness to allow for this adjournment to allow you sufficient time to give instructions on the new charges found proved.

The panel asked why Mr Oyegoke would require multiple hours to prepare for misconduct and impairment submissions and to gather additional evidence. The panel noted that you made significant admissions at the outset of this hearing and Mr Oyegoke stated, before the panel retired to make its decision on facts, that there was a bundle ready on misconduct and impairment. In answer to panel questions, Mr Oyegoke submitted that whilst you had admitted a significant number of charges at the outset of this hearing, the information that is now available to you from the panel's determination on facts, it needs to be dealt with carefully.

Mr Oyegoke submitted that he would like the panel to consider the fairness to you. He resubmitted that this adjournment would not lead to any prejudice to the NMC or to Patient A given that going part heard is inevitable even if this adjournment application is refused. He submitted that there are additional documents that need to be prepared. He submitted that it would be inconclusive and inadequate if today's determinations were not included in your reflections and testimonials.

Ms Rashid opposed this application. She submitted that there is an interest in the expeditious disposal of this case. In relation to this case, she submitted that the amended charges, that were amended on 26 September 2025, were dealt with as a preliminary matter on Day 1 of this hearing. She stated that we are now on Day 8 of this hearing. Ms Rashid submitted that Mr Oyegoke has had over a week to consider the amended charges and how this would affect any submissions on misconduct and impairment. She submitted that the nature of the charges all relate to your relationship with Patient A. She submitted that now that these charges have been found proved, this does not change the position from Day 1 to Day 8 in terms of the case that you were preparing for.

Ms Rashid submitted that there has been ample time to prepare. She submitted that the additional time requested by Mr Oyegoke is opposed. She submitted that the argument that this case will be going part heard anyway is not a factor that should be considered in this application to adjourn given that there is still an afternoon that the panel could usefully use.

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

The panel had regard to the considerations within Rule 32 of the Nursing and Midwifery Council (Fitness to Practise) Rules 2004, as amended ('the Rules') and had regard to the public interest in the expeditious disposal of these proceedings.

The panel noted that this application was made at 12:45 on the last listed day of this hearing. It noted that you wish to give evidence and you wish to produce an updated reflective piece which addresses the additional charges that have just been handed down.

The panel considered that, by granting this application for adjournment, there would be some impact on the expeditious disposal of this case. However, the panel accepted that there is no likelihood that a decision on misconduct and impairment could be made today, following this application.

The panel noted that despite its decision on facts not generally expanding on the charges against you, it accepted that there is not sufficient time for you to address this in your proposed reflective piece and to hear submissions and decide on misconduct and impairment today.

The panel therefore determined that, in fairness to you, it would be appropriate to grant this application.

Hearing resumed on 23 June 2026

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

Ms Stevens, on behalf of the NMC, made a request that this case be held partly in private on the basis that proper exploration of Mr Aluge's case involves reference to his health and private life. The application was made pursuant to Rule 19 of the Rules.

Mr Oyegoke supported this application.

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

Having heard that there will be reference to Mr Aluge's health and private life, the panel determined to go into private as and when such matters are raised in order to maintain his privacy.

The panel were informed that [PRIVATE] Mr Aluge was unable to attend for the two days of the resumed hearing. He was, however, represented and wished for the hearing to proceed in his absence. Mr Oyegoke indicated that Mr Aluge was not intending to give any further evidence even if he had attended

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 Mr Aluge's 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, Mr Aluge's fitness to practise is currently impaired as a result of that misconduct.

Submissions on misconduct

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

Ms Stevens invited the panel to take the view that the facts found proved amount to misconduct. The panel had regard to the terms of 'The Code: Professional standards of practice and behaviour for nurses and midwives 2018' (the Code) in making its decision.

Ms Stevens submitted that the following elements of the Code had been breached as a result of Mr Aluge's actions: 1.1, 1.5, 20, 20.1, 20.3, 20.5 and 20.6.

Ms Stevens submitted that Mr Aluge's actions amount to serious misconduct. She submitted that the charges relate to him having a sexual relationship with Patient A who was a vulnerable patient. She reminded the panel that it heard from Patient A who stated she felt 'ashamed' and did not feel safe seeking help. Ms Stevens submitted that this demonstrates the serious harm caused to Patient A as a direct result of Mr Aluge's actions. She submitted that this conduct is a serious departure from the standards of integrity expected of a registered nurse.

Ms Stevens moved on to the issue of impairment and addressed the panel on the need to have regard to protecting the public and the wider public interest. This included the need to declare and maintain proper standards and maintain public confidence in the profession

and in the NMC as a regulatory body. This included reference to the cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin).

Ms Stevens invited the panel to find that Mr Aluge is impaired. She submitted that Mr Aluge acted in the past to put patients at risk of harm which brought the profession into disrepute by breaching fundamental tenets of the nursing profession. She submitted that his misconduct involved an abuse of position and trust with disregard to professional boundaries and submitted that this caused significant emotional and psychological harm to Patient A. She submitted that this brings continued risks of harm to patients.

Ms Stevens submitted that the public are entitled to expect nurses to protect vulnerable patients, maintain clear professional boundaries and act with integrity at all times. A nurse who initiates or pursues a sexual relationship with an inpatient under his care fundamentally undermines that expectation. Mr Aluge breached the fundamental tenets of the nursing profession by failing to prioritise patient welfare and by failing to promote professionalism and trust.

Ms Stevens submitted that the reflective pieces written by Mr Aluge do not address the core issues in this case, instead they address Mr Aluge's general character and not specific characteristics underpinning the concerns. Additionally, she submitted that the testimonials before the panel are not from people he currently works with therefore cannot be used to determine whether he has actually changed his attitude. She submitted that Mr Aluge's insight has not materially developed since November 2023 where he described his actions as unintentional and attempted to minimise personal responsibility. She submitted that this theme remains in his current reflection.

Ms Stevens therefore submitted that Mr Aluge's actions amount to serious misconduct and ongoing impairment on both public protection and public interest grounds.

Mr Oyegoke submitted that Mr Aluge's early admissions show his insight into his actions. He also submitted that the reflections provided do show insight and remorse.

Mr Oyegoke referred the panel to the reflections and testimonials provided by Mr Aluge and submitted that this shows that he has insight and remorse. He submitted that they show that Mr Aluge has reflected on the impact on Patient A, his colleagues, his employer and the NMC as a regulator as a result of his actions.

Mr Oyegoke referred to case of *Wisson v Health Professions Council* EWHC 1036 (Admin) which supports that good character is relevant at all stages of proceedings. He submitted that Mr Aluge has apologised and that there is a low risk of repetition of the conduct. He also referred the panel to the courses Mr Aluge has completed and submitted that they go directly to the points in issue.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Roylance v General Medical Council* and *Nandi v General Medical Council* [2004] EWHC 2317 (Admin).

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 Mr Aluge's actions did fall significantly short of the standards expected of a registered nurse, and that Mr Aluge's actions amounted to a breach of the Code. Specifically:

'1 Treat people as individuals and uphold their dignity

To achieve this, you must:

1.1 treat people with kindness, respect and compassion.

16 Act without delay if you believe that there is a risk to patient safety or public protection To achieve this, you must:

To achieve this, you must:

16.3 tell someone in authority at the first reasonable opportunity if you experience problems that may prevent you working within the Code or other national standards, taking prompt action to tackle the causes of concern if you can

20 Uphold the reputation of your profession at all times

To achieve this, you must:

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

20.3 be aware at all times of how your behaviour can 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

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

21 Uphold your position as a registered nurse, midwife or nursing associate

To achieve this, you must:

21.2 never ask for or accept loans from anyone in your care or anyone close to them

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct.

Patient A was admitted as a patient of the Trust on 10 July 2022 under Section 2 of the Mental Health Act, this was later converted to Section 3 of the Mental Health Act. She had thoughts of self-harm and was cared for on one-to-one observations due to the seriousness of the risks. Patient A was therefore a highly vulnerable patient.

The panel noted that Mr Aluge was a Healthcare Assistant/Third Year Trainee Nurse near the completion of his training and became a registered nurse on 25 October 2022. Both the NMC and Mr Oyegoke conceded that Mr Aluge would be covered by the NMC Code at all relevant times. The panel determined that in this position Mr Aluge would have responsibility for caring for Patient A in a professional manner. Mr Aluge then, knowing Patient A's vulnerabilities, pursued and subsequently entered into a sexual relationship with Patient A whilst she was an inpatient.

The panel determined that as a result of these actions, Mr Aluge clearly breached the above elements of the Code and the facts found proved amounted to serious misconduct. The panel noted that these actions continued for a period of approximately three months over which Patient A was in a state of crisis and his actions included breaching professional boundaries through sexual advances whilst she was an inpatient, asking Patient A for money, repeatedly attempting to contact Patient A and meeting Patient A outside of the Hospital following her discharge. In addition, Mr Aluge failed to disclose his relationship to management until Patient A reported the matter.

In light of this position, the panel found that each of the charges (apart from charge 4(a)), on their own, amounted to serious misconduct.

The panel recognised that charge 4(a), on its own, cannot amount to misconduct because this would have been part of his general duties. However, the panel determined that charge 4(b) amounts to serious misconduct.

Decision and reasons on impairment

The panel next went on to decide if as a result of the misconduct, Mr Aluge's 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 and to maintain professional boundaries. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. To justify that trust, nurses must be honest and open and act with integrity. They must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

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

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

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

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

- a) *has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
- b) *has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
- c) *has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*
- d) *[...].'*

The panel finds that Patient A was caused emotional and psychological harm as a direct result of Mr Aluge's misconduct. It noted the evidence it heard from Patient A who explained the impact Mr Aluge's actions has had on her.

The panel determined that Mr Aluge's misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute and it was satisfied that confidence in the nursing profession would clearly be undermined if its regulator did not find charges relating to sexual misconduct extremely serious.

In making its decision as to whether the above limbs continue to be engaged, the panel considered Mr Aluge's insight through the training he has undertaken, the testimonials provided and his reflective piece.

The panel considered Mr Aluge's reflective piece. The panel noted that Mr Aluge had the benefit of 8 months from the original sitting of this hearing to consider the facts found proved but did not consider his reflective document adequately dealt with the panel's findings. Whilst the panel noted that Mr Aluge apologised for his actions, he did not focus on the impact his actions had on Patient A or the risks associated with his behaviour. It considered that Mr Aluge focused more on the impact to him instead of the impact of his actions on other people, including Patient A.

The panel noted that Mr Aluge had apparently changed his versions of events in his reflective piece when compared to the evidence he gave at the facts stage. In his reflective document he stated that he had met Patient A for the first time on the ward whereas in his evidence at the facts stage he said that he had met her and formed a relationship with her prior to her admission. The panel considered this could highlight further attitudinal issues.

The panel found it concerning that Mr Aluge described an instant attraction to a vulnerable patient upon meeting her and actively pursued a relationship with her rather than focusing on her care. The panel determined that all of the above demonstrates that Mr Aluge has not addressed the concerns fully, instead it determined that this reflective piece shows evidence of a likelihood of repetition of his actions.

The panel noted that training courses undertaken in response to the concerns in this case were completed between 5 June to 28 July 2025. However, it noted that whilst they are relevant to the charges proved, Mr Aluge has not expressed how these courses have developed his insight into his actions and there was no evidence of any practical application of these courses.

The panel considered all of the testimonials provided. It noted that all of the testimonials are mainly in reference to Mr Aluge's general character before these concerns arose and so there is no evidence within these testimonials of the authors' own experience of how Mr Aluge has developed his practice since the concerns arose.

While the panel accepted that Mr Aluge was a man of good character, they did not consider that this was of significant relevance when considering his fitness to practice in light of the serious allegations, some of which he admitted.

Whilst the panel noted that concerns of a sexual and attitudinal nature are inherently difficult to remediate, it determined that the misconduct in this case could be capable of

being addressed if sufficient insight, reflection and remediation were to be undertaken. However, the panel determined that from the evidence provided by Mr Aluge so far, and despite the passage of time since the incidents, he has not shown sufficient insight, reflection and remediation.

The panel determined that there is a real risk of repetition given the lack of insight and remediation. It therefore determined that a finding of impairment is necessary on the grounds of public protection.

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

The panel determined that a finding of impairment on public interest grounds is required because a member of the public would be very shocked to learn that a registered nurse who has been found to have been sexually inappropriate with a vulnerable patient and to have breached professional boundaries was able to practice unrestricted.

In addition, the panel concluded that public confidence in the profession would be undermined if a finding of impairment were not made in this case and therefore also finds Mr Aluge's fitness to practise impaired on the grounds of public interest.

Having regard to all of the above, the panel was satisfied that Mr Aluge's fitness to practise is currently impaired.

Sanction

The panel has considered this case very carefully and has decided to make a striking-off order. It directs the registrar to strike Mr Aluge off the register. The effect of this order is that the NMC register will show that Mr Aluge has been struck-off the register.

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).

The panel accepted the advice of the legal assessor.

Submissions on sanction

Ms Stevens outlined the aggravating factors in this case including Mr Aluge's deliberate breaches of the Code, the vulnerability of Patient A, his predatory behaviour towards a vulnerable patient, the sustained significant abuse of position of trust and power, his repeated pattern of misconduct, his personal gain as a result of his actions and the dishonesty in his evidence.

Ms Stevens submitted that the only appropriate order in this case is that of a striking off order. She submitted that the charges found proved raise fundamental questions about Mr Aluge's professionalism because of the serious breaches of the Code and the fact that it relates to sexual misconduct involving a vulnerable patient. She submitted that public confidence in the profession cannot be maintained if Mr Aluge is not removed from the Register.

Ms Stevens submitted that Mr Aluge has not demonstrated sufficient insight, remorse and remediation. She reminded the panel that it has been eight months since the decision on the findings of fact was handed to Mr Aluge and there has been little change to his level of

insight. She therefore submitted that there is no realistic prospect that a period of suspension would allow for Mr Aluge to gain sufficient insight.

Mr Oyegoke reminded the panel that it has found that Mr Aluge has insufficient insight at this stage. He submitted that this shows that Mr Aluge does have some insight. He submitted that this is something that can be addressed over that time and so it would not be appropriate to impose a striking off order. He submitted that the panel could formulate conditions that allow for Mr Oyegoke to improve on his insight.

Mr Oyegoke submitted that a suspension order for a period of up to 6 months is appropriate and proportionate. He submitted that this would allow Mr Aluge sufficient time to develop his insight. He submitted that Mr Aluge should be afforded the opportunity to demonstrate a development in his insight and remediation. Mr Oyegoke also informed the panel that Mr Aluge has been subject to an interim suspension order from 2 May 2024 and that it should take this period into account.

Decision and reasons on sanction

Having found Mr Aluge's fitness to practise currently impaired on the grounds of public protection and public interest, 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:

- The charges found proved include sexual misconduct with a patient;
- Abuse of a position of trust;
- The panel accepted that Mr Aluge caused Patient A to suffer emotional and psychological harm;
- A pattern of misconduct over a period over several months;

- Limited insight, specifically given the length of time Mr Aluge has had to consider his actions;
- An exceptionally vulnerable person receiving mental health care;
- Predatory behaviour evidenced by pursuing Patient A repeatedly even though Mr Aluge was no longer working on the ward she was cared for and also continuing this upon her discharge; and
- Personal gain.

The panel noted that Mr Aluge gave untruthful evidence under affirmation at the fact finding stage in that he maintained that he had a relationship with Patient A prior to her admission to Hospital. In his reflective document produced in June 2026, he admitted that his evidence under affirmation was untrue and he had in fact only known Patient A from when she was admitted to Hospital. The panel considered that this was also an aggravating factor.

The panel also took into account the following mitigating features:

- Early admission of some of the facts;
- Apologies to those affected;
- Relevant training courses undertaken, albeit there is no evidence that this has been put into effect; and
- Engagement with the fitness to practice process.

The panel acknowledged the testimonials provided by Mr Aluge, but it has applied limited weight to them due to them not being from people who worked with him since the incidents and it is not apparent whether the authors were aware of the precise charges or full circumstances of this case.

The panel acknowledged that Mr Aluge has not had any previous fitness to practice concerns.

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

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 Mr Aluge’s actions were not at the lower end of the spectrum, and it found that there is a risk to patient and public safety. The panel therefore determined that a sanction that does not restrict Mr Aluge’s practice would not protect the public. The panel also determined that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether to place a conditions of practice order on Mr Aluge’s registration. In considering whether conditions of practice are appropriate, the panel had regard to the factors set out in the NMC Guidance on ‘*Conditions of practice order*’ (Reference: SAN-2c Last Updated: 28/01/2026). The panel noted that the concerns were not related to his clinical skills but to sexual misconduct with a patient. Having found that Mr Aluge repeated his misconduct over a sustained period of time, he has not provided sufficient insight or remediation and having regard to the nature and seriousness of his conduct, the panel determined that a conditions of practice order would not be appropriate in the circumstances. The panel considered that there are no relevant, proportionate, workable or measurable conditions that could be formulated to protect patients and to uphold professional standards.

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) in which the following factors on when a suspension order may be appropriate are set out:

- *‘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:

- *‘the charges found proved are at the most serious end of the spectrum and call into question the professional’s suitability to continue practising, either currently or at all*
- *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*
- *there is a risk to the safety of people using services if the professional were allowed to continue to practise even with conditions*
- *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.’*

Whilst the panel acknowledged that the risks identified could be managed by Mr Aluge's being temporarily removed from the Register, it considered that it would not be sufficient to uphold public confidence in the profession and maintain professional standards due to the seriousness and nature of the facts found proved and also the attitudinal concerns the panel had concerning Mr Aluge's actions and the way he has responded to the regulatory concerns.

The panel considered the NMC Guidance on '*Can the concerns be addressed*' (Reference FTP-16a Last Updated 272/2024). The panel determined that Mr Aluge has shown insufficient insight despite having nearly four years since the events and eight months since the decision on facts in this case was made. The panel determined that there is no realistic prospect that during a period of suspension he would develop proper insight, address the panels concerns and return to practice.

In this particular case, the panel determined that a suspension order would not be a sufficient, appropriate or proportionate sanction.

While recognising that it had to come to their own independent decision on the particular facts of this case, the panel also had regard to the NMC Guidance on '*Sanctions for the highest risk cases*' (Reference SAN-4 Last Updated: 28/01/2026), in particular in relation to sexual misconduct which includes '*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 this conduct has on the:*

- *public confidence*
- *a professional's ability to uphold the standards set out in the code*
- *the safety of people receiving care*

Having regard to all of the above, the panel determined that this case falls within the definition of being a '*highest risk case*' because of the serious sexual misconduct identified within the workplace towards a vulnerable patient.

Given the seriousness of the charges which included sexual misconduct involving a vulnerable patient, the panel considered that public confidence in the profession could not be maintained if Mr Aluge remained on the register.

The panel also had regard to the following considerations as set out in the NMC Guidance entitled '*Striking-off order*' (Reference: SAN-2e Last Updated; 28/01/2026):

- *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?*

The panel found that the charges raise fundamental questions about Mr Aluge's professionalism and public confidence in the profession could not be maintained if he is not removed from the Register. The panel determined that there is no realistic prospect that after suspension Mr Aluge would have gained insight and strengthened practice.

Mr Aluge's 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 Aluge's actions were so serious and to allow him to continue practising would not protect the public and critically would also 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 determined that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the effect of Mr Aluge's 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.

While the panel bore in mind the principles of proportionality and the affect this order would have on Mr Aluge, it had to balance the public interest against Mr Aluge's own interest and considered that removal from the register was necessary to satisfy the overarching objective of public protection and public interest.

This will be confirmed to Mr Aluge in writing.

Interim order

As the striking-off 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 Mr Aluge's own interests until the striking-off sanction takes effect. The panel heard and accepted the advice of the legal assessor.

Submissions on interim order

Ms Stevens submitted that an interim suspension order is necessary and proportionate to manage the risks identified by the panel over an appeal period. She submitted that this order should be imposed for a period of 18 months in order to cover any potential appeal period.

Mr Oyegoke made no submission on an interim order.

Decision and reasons on interim order

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

The panel concluded that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order. The panel therefore imposed an interim suspension order for a period of 18 months in order to protect the public and maintain public interest over any potential appeal period.

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

That concludes this determination.