

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

**Substantive Hearing
Tuesday 16 June 2026 – Tuesday 23 June 2026**

Virtual Hearing

Name of Registrant: Jayne Patricia Livesey

NMC PIN: 97C0782E

Part(s) of the register: Registered Adult Nurse, Level 1 (27 March 2000)
Nurse independent/ supplementary prescriber (18 March 2006)
Specialist Practitioner: District nursing (25 August 2009)

Relevant Location: Blackburn

Type of case: Misconduct

Panel members: Simon Banton (Chair, Lay member)
Richard Curtin (Registrant member)
Louise Print-Lyons (Lay member)

Legal Assessor: Paul Housego

Hearings Coordinator: Sara Glen

Nursing and Midwifery Council: Represented by Alejandra Tascon, Case Presenter

Ms Livesey: Not present; represented by Simon Holborn, (Humans Ltd.)

Facts proved by admission: 1b

Facts proved: 1a, 1c(i), 2

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| Facts not proved: | 1c(ii) |
| Fitness to practise: | Impaired |
| Sanction: | Striking-off order |
| Interim order: | Interim suspension order (18 months) |

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

At the outset of the hearing, Ms Tascon, on behalf of the Nursing and Midwifery Council (NMC) made a request that this case be held wholly in private on the basis that proper exploration of Ms Livesey's case involves matters pertaining to the mental health of Person A and to the health of Patient A. Further she submitted that there are [PRIVATE] which may become relevant as the hearing proceeds. She submitted that without hearing the whole case in private, it will be difficult to separate matters relating to mental health and therefore it would be difficult for them to be fully and effectively explored. The application was made pursuant to Rule 19 of the Nursing and Midwifery Council (Fitness to Practise) Rules 2004, as amended (the Rules).

Mr Holborn on Ms Livesey's behalf indicated that he supported the application that these matters should be heard entirely in private.

The legal assessor reminded the panel that while Rule 19(1) provides, as a starting point, that hearings shall be conducted in public, Rule 19(3) states that the panel may hold hearings partly or wholly in private if it is satisfied that this is justified by the interests of any party or by the public interest. The legal assessor reminded the panel that the NMC has moved to a position where it recognises and respects the need for transparency in regulatory hearings.

In making its decision, the panel noted that Person A would be anonymised throughout the proceedings and it did not identify any risk in any jigsaw identification of Person A. It also considered the issues surrounding [PRIVATE]. The panel noted that at this stage, there is not sufficient evidence before it that would require the entirety of the hearing to be heard in private.

In that regard, the panel did not accept the NMC's application for the entirety of the hearing to be heard in private. The panel determined to hold parts of the hearing in private

as and when such matters are raised in order to protect the privacy of those concerned whilst maintaining the principles of open justice.

Details of charge

'That, you a registered nurse,

- 1) Between October 2017 and January 2020, breached professional boundaries with Person A in that;
 - a) from October 2017 to January 2018, you groomed Person A for a sexual relationship whilst caring for Patient A.
 - b) from January 2018 to January 2020, you had a sexual relationship with Person A.
 - c) You attempted to influence clinical decision making regarding Person A's mental health treatment,
 - i) through your status as a registered nurse and/or
 - ii) through your status as a Band 7 nurse
- 2) Your actions at charge 1 above were carried out in the knowledge that Person A was vulnerable by reason of her mental health.

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

Background

The charges arose whilst Ms Livesey was employed as a Registered Nurse by Lancashire South Cumbria NHS Foundation Trust (“the Trust”). Ms Livesey was referred to the NMC on 7 October 2020 by Person A.

The regulatory concerns relate to incidents that allegedly took place around October 2017 to January 2020 while Ms Livesey was first working as a District Nurse. It is alleged that Ms Livesey started a relationship with the referrer, Person A, after meeting when Ms Livesey was the District Nurse for her mother, Patient A, [PRIVATE] in 2017. At that time, Person A was vulnerable due to suffering from poor mental health and had been receiving treatment from the Crisis Mental Health Team.

As a result of Patient A’s [PRIVATE], Person A attended a meeting with Patient A’s adult social worker, the family GP and Ms Livesey. This meeting took place around 26 October 2017. The meeting would not usually have been attended by Ms Livesey, but the key worker for Patient A was not available at the time to attend. It is alleged that after this meeting, Ms Livesey began to provide regular care for Patient A and expressed concerns for Person A as a member of Patient A’s family.

During that initial meeting, it is alleged that Ms Livesey asked Person A what support she was getting for her mental health and what, if any, treatment she was receiving. Person A provided this information to Ms Livesey. Person A recalled not giving Ms Livesey her phone number, but her email address instead. When Ms Livesey contacted Person A the following day by telephone, it is alleged that she had spoken to Person A’s GP regarding her mental health and obtained information about Person A that had not previously been disclosed to her by Person A.

It is alleged that Ms Livesey continued to pursue contact with Person A, and it is alleged that Person A became reliant on Ms Livesey’s support.

In and around November 2017, it is alleged that Ms Livesey became increasingly involved in Person A's mental health treatment and made efforts to influence her treatment. Person A alleged that Ms Livesey contacted her GP and mental health team and became involved in her care by attending her appointments as well as trying to influence her medical decisions.

Person A was alleged to be extremely vulnerable around the period of December 2017 and January 2018. Patient A passed away in January 2018 and it is alleged that was around this time that Ms Livesey suggested that Person A and herself go for a drink and Ms Livesey allegedly told Person A that she had relationships with women in the past. It is alleged that Person A tried to kiss Ms Livesey, but that Ms Livesey did not permit this.

Following Patient A's death, it is alleged that Ms Livesey took advantage of Person A's poor mental health and pursued a relationship by continually contacting her in a personal capacity. One week after Patient A's death, it is alleged that Ms Livesey invited Person A to a Best Western hotel, where she was staying overnight after a disagreement with her husband, and Person A met Ms Livesey at the hotel, and stayed with her overnight. It was from this point that Ms Livesey and Person A began a sexual relationship. At the start of the relationship, it is alleged that Ms Livesey asked Person A to keep their relationship secret as it could affect her work. Ms Livesey changed jobs in April 2018 and gradually the relationship became public. Ms Livesey ended the relationship in January 2020, which Person A struggled with in terms of her mental health.

Application for special measures for Person A/Witness 1

Ms Tascon submitted that there are some special measures that ought to be considered by the panel prior to Witness 1 giving their evidence. She submitted that Witness 1 had requested frequent breaks as and when she needs them, someone at home to give practical support whilst she is giving her evidence and that her therapist is available to provide professional support throughout the hearing. Ms Tascon submitted that unfortunately Witness 1's therapist would not be available but that she had a telephone

number for a crisis team that she would be able to get in contact with at short notice. She submitted that Witness 1 also requested that she was supported by the Senior Public Support Officer from the NMC, prior to the hearing, during the hearing and after the hearing. Ms Tascon also raised the issue that Witness 1 had requested that Ms Livesey turn her camera off whilst she was giving evidence, however, Ms Tascon accepted that as Ms Livesey was not in attendance at these proceedings, this request was not relevant.

Ms Tascon submitted that these requests were made by Witness 1 as she is [PRIVATE] and requires some assistance to be able to give cogent evidence.

Mr Holborn made no observations.

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

The panel decided that it would be reasonable to accept Witness 1's request for these special measures. The help sought at the home of Witness 1 was limited to her son making sure Witness 1 had no technical difficulty and he would not be in the room with Witness 1 when she gave her evidence.

Decision and reasons on the definition of grooming in Charge 1a.

Ms Tascon submitted that for the purpose of these proceedings, as the NMC provided no guidance as to grooming, the panel should consider that '*grooming*' has the technical meaning as set out in the Health and Professionals Council (HCPC) guidance last updated 13 September 2024,

'Grooming is when a person builds a relationship with you so that they can manipulate, coerce or encourage you to do things, or allow things to be done to you, that you might not otherwise agree to.'

It is possible for adults and children of any gender to be groomed, or prepared for abuse, particularly when we are vulnerable or feeling vulnerable. Grooming can happen in person or online.

Often the person doing the grooming is in a position of power or control, for example they may be more senior than you are or be a professional with more knowledge and experience than you might have.'

Mr Holborn submitted that whilst he acknowledged this to be an accepted definition of 'grooming' by the HCPC, and whilst he did not disagree with it being used in these proceedings, he could not agree to it being the definition used when these charges were formulated.

The panel heard and accepted the advice of the legal assessor who advised that this is a good current definition of 'grooming' and it has been accepted by another health regulator. He advised that although this post-dates the events leading to the charges by some years, it would be reasonable for the panel to consider that it accurately defines grooming retrospectively as well as prospectively.

The panel decided that for the purposes of this hearing, it would adopt the definition of 'grooming' as set out by the HCPC in its guidance as it is in the context of a health care regulator, appears to be cogent and there is no alternative within the NMC's guidance.

Decision and reasons on application to admit the written statement of Ms Livesey as hearsay evidence.

The panel heard an application made by Mr Holborn under Rule 31 of the Rules, to admit the written statement of Ms Livesey into evidence.

Mr Holborn submitted that Ms Livesey has, to the best of her ability, engaged and cooperated throughout the process. Ms Livesey was not present at this hearing and Mr

Holborn referred the panel [PRIVATE], outlining that she was unable to attend today due to [PRIVATE].

Mr Holborn submitted that Charge 1b is admitted and the written statement is relevant and necessary at all stages of this process. He submitted that whilst Ms Livesey's written statement was not signed and dated, there will be email confirmation from Ms Livesey that the written statement is hers. He submitted that Ms Livesey has indicated that she does not intend to return to nursing and has found alternative employment, though she is taking these proceedings seriously. He submitted that the written statement addresses issues such as insight, remorse, remediation and her settled intention not to return to nursing. Mr Holborn accepted that the NMC does not have an opportunity to test Ms Livesey's written statement in a robust manner as would be the case with of a live witness. He submitted that the written statement is admissible.

Mr Holborn submitted that the statement is not the sole and decisive evidence in respect of the remaining charges, and Ms Livesey has provided her statement as openly and fairly as she is able. He submitted that there is no reason for Ms Livesey to fabricate these allegations. He submitted that she has been open and clear throughout the seven years this case has been continuing and that she has taken it very seriously.

Mr Holborn submitted that the seriousness of the charges and its impact on Ms Livesey's career is to a certain extent academic, but also that it is not. He submitted that Ms Livesey is working and has a professional standing which she would like to have portrayed properly. He submitted that the reason for Ms Livesey's non-attendance has been set out and that it is a fair and reasonable decision based on all the facts.

Mr Holborn submitted that the NMC has not been prejudiced as it has had the opportunity to call its own witnesses, will make submissions and it can make submissions on the weight to be given on any of the facts in the statement. He submitted that the written statement will be verified by Ms Livesey, and that the panel, as an experienced panel are able to assess the evidential weight it affords this statement.

Mr Holborn invited the panel to admit the written statement of Ms Livesey into evidence and for it to be given such weight as the panel considers appropriate.

Ms Tascon submitted that there is no dispute in relation to Ms Livesey's medical evidence and the difficulties that she may be undergoing.

Ms Tascon outlined the principles in paragraph 56 of *Thorneycroft v NMC* [2014] EWHC 1565 (Admin) for the panel to consider when determining whether it is fair to admit the evidence of Ms Livesey.

1. *'Whether the statement is the sole and decisive evidence in support of the charges;*
2. *The nature and extent of the challenge to the contents of the statement;*
3. *Whether there was any suggestion that the witness had reason to fabricate their allegation;*
4. *The seriousness of the charge, taking into account the impact which adverse findings might have on the registrant's career;*
5. *Whether there was a good reason for the non-attendance of the witness;*
6. *Whether the regulator had taken reasonable steps to secure the witness's attendance; and*
7. *Whether the registrant did not have prior notice that the witness statement would be read.'*

Ms Tascon submitted that in terms of admissibility, this document is titled '*Written statement*' and is sought to be admitted by way of hearsay provisions, therefore making it subject to the rules of evidence. She submitted that the panel will have noted that in other witness statements in this case, the standard form will contain a clause at the end indicating that the contents of the statement are true and that the witness has signed and dated their statement. She submitted that Ms Livesey's written statement is neither dated

nor signed and that it is not clear if this is the first version of the document or the tenth. Ms Tascon submitted that at the moment, the panel are being asked to admit a document that is unsigned and undated and that there is nothing to confirm that this evidence, is in fact from Ms Livesey. She submitted that whilst this does not render the document inadmissible, it brings into question the reliability that the panel ought to place upon it when it considers the matter of weight.

Ms Tascon submitted that if this document had been provided in a timely manner, Person A would have been given a fair opportunity to answer the challenges to her account that are put forward in this document, many of which were not put to her during cross-examination. Further, Ms Tascon submitted that there are matters which she would have asked Person A in regard to her relationship with Ms Livesey, in particular around the initial meetings, the development of the relationship and Ms Livesey's involvement in Person A's mental health meetings. She submitted that Person A has been deprived of the opportunity to give evidence on these matters as the document was not provided in a timely manner.

Ms Tascon submitted that it would be unjust to the NMC for this document to be admitted at the close of the NMC's case, it not having been disclosed before the close of the NMC's case challenges evidence in a way not put in cross-examination and so is one sided as her account could not be explored with the witnesses and the NMC were unaware of the contents of this document until after the close of the NMC's case.

Ms Tascon submitted that if the panel were minded to admit Ms Livesey's written statement into evidence, little weight ought to be given to it on the basis that it cannot be verified by the panel who the author of this document is, whether it is the final version and whether it is in fact Ms Livesey's own evidence. She submitted that Ms Livesey has absented herself, and although she is represented, there can be no challenge to the evidence given through this document in cross-examination, thus leaving her assertions as untested evidence. She submitted that the NMC disputes these assertions made in Ms Livesey's written statement. She submitted that the application should be rejected.

The panel heard and accepted the advice of the legal assessor on the issues it should take into consideration in respect of this application. In addition to the *Thorneycroft* tests, he reminded the panel of the importance of cross examination in testing witness evidence (*Ogbonna -v- NMC* [2013] EWHC 1595 (Admin)), and that admissibility had to be considered first, and weight given to a document only if it was fair to admit it (*El Karout v Nursing And Midwifery Council* [2019] EWHC 28 (Admin)). He referred the panel to the case law guidance that if evidence could be sole, or decisive, then it should be admitted only if demonstrably reliable, or capable of being tested otherwise than by cross examination.

In making its decision, the panel acknowledged Ms Livesey's ongoing engagement with the NMC in regard to these proceedings. It noted and took careful consideration of the importance of cross-examination in what would be key evidence from Ms Livesey and noted that parts of the case were not put to the NMC's witnesses.

The panel decided to refuse this application to admit Ms Livesey's written evidence as hearsay evidence as it could be decisive, and it is not demonstrably reliable in that there is no means of testing its reliability. However, the panel further noted that much of the written statement is clearly of great importance and that Ms Livesey's voice should be heard, it decided that the written statement of Ms Livesey could be admitted for use at the later stages of these proceedings should Mr Holborn decide to make a further application.

Decision and reasons on facts

At the outset of the hearing, the panel heard from Mr Holborn who informed the panel that Ms Livesey made full admissions to Charge 1b.

The panel therefore finds Charge 1b proved, by way of Ms Livesey's admissions.

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 Tascon on behalf of the NMC and by Mr Holborn on Ms Livesey's behalf.

The panel has drawn no adverse inference from the non-attendance of Ms Livesey.

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

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

- Witness 1: Is Person A and is the daughter of Patient A.
- Mandy Illingworth: Team Leader for Blackburn and Darwen's Crisis, Resolution and Home Treatment Team at the Trust.
- Anna-Marie Dorsett: Occupational Therapist within the Blackburn and Darwen Crisis, Resolution and Home Treatment Team at the Trust.

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 Mr Holborn on Ms Livesey's behalf.

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

Charge 1a

'That you, a registered nurse,

- 1) Between October 2017 and January 2020, breached professional boundaries with Person A in that;
 - a) from October 2017 to January 2018, you groomed Person A for a sexual relationship whilst caring for Patient A.'

This charge is found proved.

In reaching this decision, the panel took into account the oral and documentary evidence of Witness 1 and the Health and Care Professionals Council (HCPC) guidance on '*grooming*'.

The panel considered the wording in the stem of Charge 1 and considered that a breach of professional boundaries is separate to and different from the allegation in Charge 1a. It noted that Ms Livesey, by her own admission, accepted that she breached professional boundaries.

The panel considered the wording of Charge 1a, in particular the meaning of '*grooming*' and the agreed definition as set out in the HCPC guidance last updated 13 September 2024 which states,

'Grooming is when a person builds a relationship with you so that they can manipulate, coerce or encourage you to do things, or allow things to be done to you, that you might not otherwise agree to.'

It is possible for adults and children of any gender to be groomed, or prepared for abuse, particularly when we are vulnerable or feeling vulnerable. Grooming can happen in person or online.

Often the person doing the grooming is in a position of power or control, for example they may be more senior than you are or be a professional with more knowledge and experience than you might have.'

The panel considered this definition to be relevant to these proceedings in the absence of the provision of an alternative definition of the word 'grooming'. It considered that this definition is recent, has been adopted by another healthcare regulator (HCPC) and has not changed over time. The panel considered that what is being charged is that Ms Livesey groomed Witness 1 with the intent of establishing a sexual relationship.

The panel gave careful consideration to the oral and documentary evidence of Witness 1 regarding the relationship with Ms Livesey. The panel paid particular attention to the way the relationship developed and its intensity and how swiftly it occurred, at a time of trauma for Witness 1.

In her oral evidence and in her NMC statement, Witness 1 said that she had first met Ms Livesey when she had attended a meeting for her mother [PRIVATE]. She had never met her before. Ms Livesey attended the meeting as Patient A's routine District Nurse was absent that day and as her supervisor, Ms Livesey attended in her stead. After this initial meeting, Witness 1 said that Ms Livesey had contacted her by phone and that she did not remember giving Ms Livesey her telephone number. Witness 1 said that when she spoke to Ms Livesey, she told her that she had contacted Person A's GP as she was concerned about her mental health. She said that this happened the day after the meeting about [PRIVATE]. In her NMC witness statement, Witness 1 said,

'When I questioned Jayne how she knew about my medical history she said that she was only being professional and doing her due diligence and

since she was caring for my mother this meant she was involved with my family'.

The panel considered that Ms Livesey had used her position, whilst caring for Patient A to acquire information about Witness 1 which would not have been otherwise available to her. The panel considered that Ms Livesey used her position to speak to Witness 1 about her mental health struggles and then contact Witness 1's GP and discuss her concerns, in order to strengthen the relationship that she sought with Witness 1. The panel considered this to be an abuse of trust and that there are alternatives available that Ms Livesey could have actioned given her concerns. The panel considered that Ms Livesey could have contacted Witness 1's key worker or the crisis team, discussed her concerns and encouraged them to act. The panel considered that Ms Livesey did not do that but instead engaged in matters relating to Witness 1 and significantly inserted herself into Witness 1's health care which she was already receiving without any good reason for doing so. The panel considered that Ms Livesey attended many meetings with Witness 1 in uniform, not making it clear that she was there in a friend capacity only, and making significant suggestions as to Witness 1's care.

The panel noted that this created some ambiguity around her professional boundaries and it accepted the evidence of Witness 1 that Ms Livesey even began to help Witness 1 get [PRIVATE], and enabled private health interventions. The panel noted that Ms Livesey would contact Witness 1 daily, was insistent on getting a response, swiftly leading to Witness 1 becoming reliant upon Ms Livesey. During this time, Ms Livesey switched from using her work phone to using her personal phone. The panel did not regard this to be the usual behaviour of a District Nurse. Concurrently, Ms Livesey confirmed that she arranged for another District Nurse to supervise Patient A's care despite her being involved in it for the previous 18 months or more. The panel inferred that this was to focus her attention on Witness 1.

In her witness statement, Witness 1 said;

'The week after I first met Jayne, she contacted me to suggest that we go for a coffee. I remember at the time I questioned if that was okay for her to do as a nurse. When we met for the coffee, Jayne told me that she wouldn't normally meet patients outside of work but that I had "gotten under her skin".

The panel considered the phrasing that Witness 1 said Ms Livesey used toward her and considered that it would be unusual for a Registered Nurse to tell someone that they had 'gotten under her skin'. The panel also noted that the week after Patient A's death, Ms Livesey invited Witness 1 to stay at the Best Western Hotel with her and spend the night. The panel had regard to evidence from Witness 1 that around the time of late January/ early February, and on the Friday after Patient A's funeral, Witness 1 stayed over at Ms Livesey's house and they were intimate with one another for the first time. It considered that there is little alternative explanation from Ms Livesey as to why those events occurred in the way that they did, apart from that she was offering friendship. The panel determined that this was not a credible explanation given that a sexual relationship developed at speed and intensity.

Further, the panel considered the intensity of the relationship and whether Ms Livesey was someone who was infatuated and was genuine but perhaps misguided in her intent to enter into a relationship with Witness 1. The panel considered the evidence that Ms Livesey continued to make contact with Witness 1 after their initial meeting. It also considered the evidence that in regard to the chronology of events, it appears that 3 days after Patient A had died, Ms Livesey and Witness 1 went out for a drink and Witness 1 tried to kiss Ms Livesey.

Further, the panel considered Witness 1's written statement where she said;

'When I met Jayne, I was so vulnerable and under so much pressure as I tried to cope with the fact [PRIVATE]. Jayne knew all of this when she met me, yet she still pursued a relationship with me, she dugged into my

background, [PRIVATE], she knew what [PRIVATE] and yet she still took the decision to get involved with my life and my family. Jayne had a duty of care yet she decided to take advantage of me when I was emotionally at my lowest.'

The panel concluded that the circumstances involving taking over care of Witness 1, was over and above 'wooing' and was instead to use her professional involvement to inveigle Witness 1 into a relationship, which she may not otherwise have contemplated, and in doing so, took advantage of Witness 1. In making this finding the panel considered Ms Livesey's attempts to maintain secrecy of her relationship with Witness 1. Witness 1 reported that Ms Livesey demanded she should not speak about the relationship and Ms Livesey did not meet her in public in the local area. Ms Livesey said that she spoke to a senior colleague, Ms McDonough, about the propriety of her relationship with Witness 1. Ms McDonough, in her testimonial for Ms Livesey, made no mention of this important conversation and declared Ms Livesey had never breached any professional boundaries. From this, the panel inferred that Ms Livesey had not had a conversation with Ms McDonough regarding the propriety of the relationship with Witness 1 and this was indicative of Ms Livesey's desire to manipulate events.

The panel considered that this is indicative of grooming, particularly as Ms Livesey was a District Nurse and in a position of trust. The panel considered that she was in the privileged position of being in someone's home and that she used that to enable her to access clinical and/or confidential information about Witness 1 which she could not have reasonably secured by any other means. It also considered that the development of the sexual relationship between Witness 1 and Ms Livesey all happened in a very short space of time, immediately after the death of Patient A and at a highly vulnerable time for Witness 1. The panel determined that Witness 1 was someone who was pushed into a relationship by Ms Livesey rather than having simply expressed an interest and inviting reciprocation.

As such, the panel determined that it was more likely than not that Ms Livesey groomed Witness 1 for a sexual relationship, within the definition set out above. Therefore, it found Charge 1a proved.

Charge 1c)

‘That you, a registered nurse,

1. Between October 2017 and January 2020, breached professional boundaries with Person A in that;

c) You attempted to influence clinical decision making regarding Person A’s mental health treatment,

i) through your status as a registered nurse and/or

ii) through your status as a Band 7 nurse’

Charge 1c(i) is found proved.

Charge 1c(ii) is found NOT proved.

In reaching this decision, the panel took into account the oral and documentary evidence of Witness 1, the oral and documentary evidence of Anna-Marie Dorsett and the oral and documentary evidence of Mandy Illingworth.

The panel considered the email communication from Ms Livesey to the Care Group Manager of the Mental Health Network in the Trust dated 29 November 2017 in which she discussed Witness 1 and her medical history. The panel noted that Ms Livesey wrote this email communication from her work email address which indicates her job title to be ‘*District Nurse Team Manager*’. The panel further noted that the style of the email is written in the style of a clinician to another clinician and there is nothing contained in the email that suggest that Ms Livesey was contacting the Care Group Manager in a friend capacity. Further the panel noted that Ms Livesey expressed some specific treatment

recommendations, *'I feel [Person A] needs some long-term management and support with her mental health'* when Witness 1 is not under her care. The panel considered that this would not be something that a friend would direct. The panel also noted that Ms Livesey indicated in this email that she has been in contact with Witness 1's GP Dr Wooding, *'I have spoken with her GP (Dr Wooding) this morning and voiced my concerns.'* on the same date that the email was sent, therefore it is clear that Ms Livesey was in contact with Witness 1's GP on more than one occasion.

The panel considered Ms Illingworth's NMC written statement in which she said;

'Jayne was waiting in the foyer of the building, in her nursing uniform, and asking to speak with Anna-Marie and expressed some concerns that she was unhappy with [Person A's] treatment. Following this exchange, Anna-Marie approached me and said she wasn't comfortable with Jayne's approach and that she was uncertain in what capacity Jayne was actually there in and that she felt forced to give information'.

Further, she stated;

'...at the time we felt how Jayne behaved was inappropriate as she turned up at the building in her staff uniform asking to speak to a member of our team... We also felt it was inappropriate to go direct to Anna-Marie to discuss a patient without a prior appointment...It was also unclear to us at the time what Jayne's role was and if she was there in a professional role or friendship capacity because of how she approached this. This is because it would not be normal practice to approach the situation this way if she were there in a professional capacity.'

The panel considered the multi-disciplinary team (MDT) meeting notes exhibited by Ms Illingworth in which it states that on 29 December 2017, Witness 1 attended a review with

Ms Livesey. The meeting notes state that Ms Illingworth, Ms Dorsett and Consultant Dr Waheed were in attendance at the review meeting. It says;

'Jane (sic) is offering ongoing support with [Person A], she has supported her with college work planning and also to attend her recent appointment but it is unclear whether Jane (sic) is supporting her in a professional capacity or a friendship role...Mandy met with Jane (sic) and Jane (sic) advised that she is acting in a friendship role only.'

The panel considered Anna-Marie Dorsett's NMC witness statement in which she stated in regard to Witness 1,

'I cannot recall the date, however Jayne was also present at that first appointment.... Jayne was present during that appointment and she stated that she disagreed with the Consultant's rationale and felt that [Person A] should be referred to the community mental health team a long term input was needed.'

Ms Dorsett also said;

'Following one of the appointments, I had a discussion with my manager. I told my manager of what had happened during [Person A] appointments and that as I was a Band 6 occupational therapist and Jayne was Band 7, I felt that Jayne was trying to take advantage of her seniority in challenging the rationale for [Person A's] care and treatment... During this time, Jayne was attending [Person A's] appointments in her work uniform and it was unclear as to what her role was in those appointments... On one occasion, the Consultant asked Jayne was she was in the meeting and Jayne said she is there as a friend. However, she was present in her uniform.'

In her NMC witness statement, Witness 1 said,

'Due to Jayne's involvement in my meetings with the crisis team they eventually asked me if I wanted Jayne to continue attending my meetings. I said yes because she was a district nurse and I believed that she was attending in a professional capacity and providing me with additional support. However, the crisis team felt that she was crossing professional boundaries and told me they felt Jayne attending my meetings was inappropriate as she wasn't in charge of my care. In spite of the crisis teams concerns Jayne insisted she be involved in my meetings with them, and she would tell me that because she was involved with my family it was important, she attend. Jayne would attend these meetings in her uniform, and looking back I feel the like the lines are blurred because at this point we had been speaking so frequently I felt like she was attending as a friend to support me but I also felt like she was at these meeting because she was the district nurse looking after my mum and that this was part of her role to do so.'

With regard to Charge 1c(i), the panel determined that it was more likely than not that Ms Livesey attempted to influence clinical decision making regarding Person A's mental health treatment through her status as a Registered Nurse. The panel had regard to evidence that Ms Livesey attended Witness 1's meetings in uniform and that it was clear there was ambiguity from the Crisis Mental Health Team and from the Consultant as to the capacity in which Ms Livesey was attending the meeting. The panel also noted in the email dated 29 November 2017, the tone that Ms Livesey uses is clinical and not written like a friend who is concerned. Further, the panel had regard to evidence of Ms Illingworth that Ms Livesey went above her and directed her email to the Care Manager prior to bringing her concerns about Person A to Ms Illingworth's attention. Taking all of the above into consideration and on the balance of probabilities, the panel found Charge 1c(i) proved.

The panel determined that in regard to Charge 1c(ii) and the allegation that Ms Livesey attempted to influence clinical decision making regarding Person A's mental health treatment through her status as a Band 7 nurse is related to a specific incident involving Anna-Marie Dorsett. The panel determined that this charge related to Ms Dorsett's perception that Ms Livesey was using her position as a Band 7 nurse to challenge the clinical decision making regarding Person A. As there is no persuasive evidence before the panel of any actual wrongdoing relating to Ms Livesey being a Band 7 nurse. The panel found Charge 1c(ii) not proved.

Charge 2

'Your actions at charge 1 above were carried out in the knowledge that Person A was vulnerable by reason of her mental health.'

This charge is found proved.

In reaching this decision, the panel took into account the oral and documentary evidence of Person A and Ms Livesey's response to the regulatory concerns in the Exhibit bundle.

The panel considered evidence of Ms Livesey in her response to the allegations where she said in regard to meeting Person A for the first time;

'In October 2017 (approximately) I attended a multi-disciplinary meeting at the home of Patient A ([Person A]'s mother). Person A and [PRIVATE], lived with Patient A and her husband. This was the first time I had met [Person A]. During the meeting it was clear [Person A] was struggling with aspects of her [PRIVATE], I clearly remember she cried for the majority of the meeting.'

Further she said;

'The following day I phoned [Person A]... whilst on the phone her voice was low in tone and her speech was very slow, a conversation took place, during this conversation I was becoming increasingly concerned about [Person A] wellbeing and during that conversation I asked [Person A] if she had [PRIVATE].'

In her written statement, Witness 1 said;

'I first met Jayne in the school holidays of October 2017 when she attended a meeting for my mother who [PRIVATE]... I found this meeting very upsetting [PRIVATE] and was now distressed as I tried to cope with my [PRIVATE]. I remember Jayne asking me questions about any support or mental health treatment I was receiving so I told her that due to my previous mental health concerns, I had been placed under the care of the local crisis mental health team who provided me with daily support once my mum [PRIVATE].'

Witness 1 said in her evidence that Ms Livesey then began to continually contact her using her work phone and by email. She said;

'I eventually spoke with Jayne on the phone, and she had told me that she had contacted Dr Wooding about me as she was concerned about my mental health. I found out that Jayne had gone to see Dr Wooding in person to discuss me and this happened the day after we first met.'

Ms Livesey provided some evidence through her representative Mr Holborn by way of explanation of the allegations she is facing. Mr Holborn said that Ms Livesey was aware of the difficulties but not necessarily aware that Person A was vulnerable and what developed was a normal personal relationship. The panel found that at the very earliest stage of the involvement Ms Livesey had full knowledge regarding Witness 1's situation and would have understood her to be

vulnerable by way of her mental health struggles and personal circumstances. Indeed, that was the thrust of her interventions into the care Witness 1 was receiving. The panel considered that it was more likely than not that a Registered Nurse, with the experience of Ms Livesey, would have recognised that Witness 1 was vulnerable. As a Registered Nurse, Ms Livesey has knowledge, responsibility and is bound by the NMC Code of Conduct.

Therefore, the panel determined that it was more likely than not that Ms Livesey's actions in Charge 1 were carried out in the knowledge that Person A was vulnerable. Therefore, it found Charge 2 Proved.

Fitness to practise

Having reached its determination on the facts of this case, the panel then moved on to consider, whether the facts found proved amount to misconduct and, if so, whether Ms Livesey'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, Ms Livesey's fitness to practise is currently impaired as a result of that misconduct.

Submissions on misconduct

Ms Tascon referred the panel 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 Tascon 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 2015’ (the Code) in making its decision.

Ms Tascon submitted that the behaviour outlined in the charge is found proven and that it constitutes a serious falling short of the professional standards expected of nurses under the code of conduct. She submitted that whilst the standards breached are a matter for the panel, she identified the specific, relevant standards where she submitted that Ms Livesey’s actions amounted to misconduct. She identified these as: 5.1, 20.1, 20.3, 20.5 and 20.6.

She submitted that standard 20.6 is a broad and all-encompassing provision intended to capture all diversity of factual scenarios to ensure that the standards of appropriate treatment and appropriate relationships are maintained. She submitted that the facts of this case fall within it.

Ms Tascon referred the panel to guidance from the Professional Standards Authority for Health and Social Care titled ‘*Clear sexual boundaries between healthcare professional and patients*’. She submitted that the panel may find that the underlying message in that guidance is about confidence in the profession and confidence in practitioners within that profession, which she submitted, in this instance has been seriously breached.

Ms Tascon submitted that in pursuing Person A for sex for almost 3 months between October 2017 to January 2018 through phone calls, text messages, social calls and making herself dependable, Ms Livesey breached standard 20.6 of the Code and that this

is at the top end of the spectrum of seriousness. She submitted that the acts through with the pursuit took place, give rise to other breaches of standards, such as accessing confidential information without the consent of Person A.

Ms Tascon submitted that the admitted fact 1b, is also a clear breach of standard 20.6 of the Code and is demonstrative of a sustained and long-term breach of professional boundaries, which on its own amounts to serious misconduct.

Ms Tascon submitted that looking at Charge 1c(i), Ms Livesey's actions arising out of this charge, put her in breach of standard 20.3 of the Code and by wearing her uniform she failed to account for how that may make other people feel when raising opposition to Person A's medical treatment in a clinical setting. She submitted that this is a serious breach of the standards such that it amounts to serious misconduct. She submitted that the charges found proved are serious such that they amount to misconduct both individually but also cumulatively.

Mr Holborn on Ms Livesey's behalf submitted that Ms Livesey has engaged, cooperated and continues to engage and cooperate in order to bring this matter to a proper conclusion. He reported that Ms Livesey accepted that you cannot sensibly argue that in the circumstances of this case, it is anything other than misconduct. He submitted that he agreed with the NMC that standard 20.6 of the Code is key to this and that it is serious.

He submitted, however, that it is not clinical misconduct and that no patients in Ms Livesey's clinical care came to any harm. He submitted that Person A was never Ms Livesey's patient and that there have been no dishonesty charged or found. He submitted that the conduct arose from a personal relationship and all that this entails and that there was nothing more, however ill-judged that was.

Mr Holborn submitted that a relationship which the NMC accepts was at points consensual, whilst the misconduct is placed at a serious level, it is more the middle to lower end of seriousness on the spectrum of cases that engage public confidence. He

submitted that this is a boundaries case and not a patient safety case for all the circumstances in this specific case.

Submissions on impairment

Ms Tascon 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.

Ms Tascon submitted that whilst Ms Livesey has demonstrated a level of insight, she has not demonstrated full insight into her behaviour and specifically the impact that her behaviour would have had on Person A. Further, she submitted that Ms Livesey has not demonstrated insight into why her behaviour and her actions which were specific to Person A put her in breach of the various professional standards.

Ms Tascon submitted that whilst there is a continuous professional development (CPD) log, there is not much by way of specific and targeted work aimed at the issue of professional boundaries and in particular, a breach of professional boundaries through sexual misconduct. She submitted that Ms Livesey does appear to demonstrate some remorse, but that this appears to be somewhat limited and does not consider the impact that her behaviour would have had on Person A or the reputation of the profession. She submitted that in the absence of specific and targeted remediation, there is a risk that the behaviours may happen again.

With regard to the public interest, Ms Tascon submitted that in making its decision, the panel will consider the need to declare and uphold proper standards of conduct and behaviour to maintain the public confidence in the profession. She submitted that in doing so the panel will consider not only whether Ms Livesey continues to present a risk to members of the public in her current role but also whether there is a need to uphold proper professional standards and public confidence in the profession. She submitted that this

would be undermined if a finding of impairment were not made. Ms Tascon accepted that Ms Livesey is not currently working in nursing, but she submitted that there is nothing to prevent her from returning to work in nursing. She submitted that an ordinary member of the public, if they were made aware of all the facts and context of this case, would find that their confidence in the profession was diminished if a finding of impairment were not made.

Mr Holborn on Ms Livesey's behalf, submitted that in looking at how Ms Livesey has acted in the past to put Person A at unwarranted risk of harm, the profession into disrepute and breach the fundamental tenets of the profession, whilst some of these are engaged, he submitted that patient safety is not engaged going forward. He submitted that Ms Livesey accepts that the historic conduct would have risked bringing the profession into disrepute but that it is highly unlikely to be repeated.

Mr Holborn submitted that the conduct is remediable. He submitted that it was a on-off relationship with one person in a unique and emotionally charged personal context. He submitted that Ms Livesey's behaviour was not attitudinal, not a pattern nor deep-seated and it has not been repeated. He submitted that it has been 6 to 9 years since the conduct occurred and there has been no further referral, no other regulatory concerns, no repetition and Ms Livesey has indicated that she is not going to return to nursing practice. He submitted in that respect, Ms Livesey has not engaged as she would have otherwise done as she has not renewed her registration and has sought voluntary removal from the register.

Mr Holborn drew the panel's attention to Ms Livesey's reflection and submitted that the panel will see comments that Ms Livesey's professional judgement was impaired at the time and she was not thinking rationally but she has learned significant amounts about herself since then. He submitted that Ms Livesey said that the professional boundaries were blurred and compromised, she made some errors and that she was distracted from her professional role. Mr Holborn submitted that this is insight and if not full insight, it is developing insight which is strong enough for the panel to see that there is a suitable and

appropriate level of insight to obviate the need for a finding of current impairment.

Mr Holborn submitted that remediation and an absence of future risk is placed beyond doubt by the fact that Ms Livesey has indicated that she does not intend to return to the register. As such, he submitted that the risk of repetition is nil. He submitted that you cannot breach professional boundaries if you are not in professional contact with patients.

Mr Holborn referred the panel to the testimonials and CPD record and Ms Livesey's professionalism and longstanding unblemished career.

Mr Holborn submitted that in regard to the public interest, a finding of misconduct in itself marks the seriousness and upholds the standards. He submitted that while the conduct is serious and accepted, it does not involve any clinical harm, dishonesty or criminality. He submitted that a fully fair-minded member of the public knowing that this was a consensual adult relationship, six to nine years ago with no repetition by a nurse who has since permanently left the profession, would not consider that confidence in the profession demands a finding of ongoing impairment to be maintained.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Remedy UK v General Medical Council* [2010] EWHC 1245, *Schodlock v General Medical Council* [2015] EWCA Civ 769 and *Roylance*.

Decision and reasons on misconduct

The panel noted Ms Livesey's admission to misconduct, submitted via Mr Holborn. Whilst the panel acknowledged this admission, it determined that it was its duty to decide whether the facts found proved amount to misconduct.

The panel had regard to the case of *Roylance* 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.' It also noted that the cases require the falling short to be serious and be disgraceful to the extent that it brings opprobrium upon the registrant.

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

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

'5 Respect people's right to privacy and confidentiality

As a nurse, midwife or nursing associate, you owe a duty of confidentiality to all those who are receiving care. This includes making sure that they are informed about their care and that information about them is shared appropriately.

To achieve this, you must:

5.1 *respect a person's right to privacy in all aspects of their care*

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'*

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel was of the view that Ms Livesey's actions did fall

seriously short of the conduct and standards expected of a nurse and amounted to misconduct.

The panel had regard to the NMC Guidance FTP-2a namely '*Misconduct*' last updated 20 May 2026.

In relation to Charge 1a and that between October 2017 and January 2018, Ms Livesey groomed Person A for a sexual relationship whilst caring for Patient A, the panel determined that from the beginning, Ms Livesey had an understanding that Person A was vulnerable. It noted that whilst the concerns do not relate directly to Ms Livesey's clinical practice or the care she provided to Patient A, but the opportunity to pursue a relationship with Person A arose through her professional practice. The panel had sight of evidence which identified multiple areas where Ms Livesey used her position of trust as a nurse to manipulate Person A and exploit her professional relationship with her to achieve greater control, obtain confidential information and use that to further her relationship with Person A. The panel had sight of evidence that Ms Livesey enabled hypnotherapy sessions for Person A and helped [PRIVATE].

Further, the panel also had sight of evidence of attempts by Ms Livesey to keep what she was doing, and her relationship with Person A, a secret. The panel considered that Ms Livesey knew what she was doing was wrong and whilst there ultimately was a consensual relationship between Ms Livesey and Person A, this does not affect the manner in which the relationship began. The panel determined that Ms Livesey's behaviour is far beyond what constitutes a reasonable understanding of what professional boundaries are and therefore is a serious breach of the behaviour expected from a Registered Nurse. The panel determined that Ms Livesey's actions fell seriously short of the conduct and standards expected of a Registered Nurse and found that her actions amounted to misconduct, and that the misconduct was serious.

In relation to Charge 1b, and from January 2018 to January 2020 Ms Livesey had a sexual relationship with Person A, the panel noted the way that the relationship between Ms

Livesey and Person A began. The panel had regard to evidence from Person A that at the beginning stages of the relationship, it was intense and the panel noted that things moved very quickly in the way that Ms Livesey inserted herself into Person A's family life and how she became trusted and depended on by Person A. The panel acknowledged that over time, the relationship became mutually supportive and loving, but that this does not negate how in the time period until January 2018 Ms Livesey cultivated her relationship with Person A which was completely inappropriate.

The panel noted that Ms Livesey as a defence, stated that Person A was not her patient and therefore she was not crossing any professional boundaries. However, The panel also had regard to evidence showing that Ms Livesey stated to Person A that she had a professional responsibility to all of Person A's family and so justified her behaviour toward Person A. The panel determined that by purporting to extend her duty of professional responsibility to Patient A and to the whole of Person A's family, Ms Livesey breached fundamental tenets of the nursing profession and breached her professional boundaries as a nurse. Her actions intentionally brought Person A into a quasi- professional relationship which she then abused to form a sexual relationship. As such, the panel determined that Ms Livesey's actions fell seriously short of the conduct and standards expected of a Registered Nurse and found that her actions amounted to misconduct and that the misconduct was serious.

In relation to Charge 1c(i) and that Ms Livesey attempted to influence clinical decision making regarding Person A's health treatment through her status as Registered Nurse, the panel considered the evidence that Ms Livesey had attended meetings in her nursing uniform and sent emails from her work email. It considered that on both occasions she was not explicit about the capacity in which she was attending, whether as a friend or as a clinician. The panel considered that as a Band 7 nurse, Ms Livesey was experienced enough to know the impact of attending a meeting in her uniform and making clinical interventions but without being explicit about why she was there. The panel determined that in not being clear and transparent with other clinicians about the reasons behind why she was attending the meetings or seeking information, and also in her disregard of how

her conduct may affect her colleagues, her actions fell far short of the standards expected of a Registered Nurse and therefore amounted to misconduct.

In relation to Charge 2, and that Ms Livesey's actions found proved in Charge 1a, 1b, and 1c(i) were carried out in the knowledge that Person A was vulnerable by reason of her mental health, the panel was satisfied that Ms Livesey would have been aware that Person A was vulnerable from the beginning of their relationship. Indeed, that was her reason for stating to Person A that she had a professional duty to look after her as a close family member and carer for Patient A. The panel considered that as an experienced District Nurse, Ms Livesey was in a trusted position and had access to private information about people of which she would not reasonably have been aware. The panel consider that as a Registered Nurse, Ms Livesey would be expected to treat that information with the utmost care and caution and through her role as a District Nurse, would have a good understanding of the signs that someone is vulnerable. The panel determined that Ms Livesey's conduct found proved in Charges 1a, 1b and 1c(i) could not have been carried out without the knowledge that Person A was vulnerable by reason of her mental health. Therefore, the panel determined that Ms Livesey's actions fell far short of the standards expected of a Registered Nurse and that her actions amount to misconduct.

The panel, having considered each charge individually, determined that Charges 1a, 1b, 1c(i) and 2, individually and collectively amounted to misconduct which was serious.

Decision and reasons on impairment

The panel next went on to decide if as a result of the misconduct, Ms Livesey's fitness to practise is currently impaired. It noted that impairment is an assessment addressed to the present and the future albeit made in the context of your past misconduct.

In coming to its decision, the panel had regard to the NMC Guidance DMA-1 on '*Impairment*' last updated 28 January 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.

The panel considered the factors set out in the cases of *Grant* [2011] EWHC 927 (Admin) and *Ronald Jack Cohen v General Medical Council* [2008] EWHC 581 (Admin).

The panel considered the judgment of Mrs Justice Cox in the case of *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 concluded that limbs a), b) and c) of Dame Janet Smith's "test" in *Grant* are engaged in this case. The panel noted that in the past, Ms Livesey's failings placed Person A at an unwarranted risk of emotional and psychological harm. The panel first assessed whether Ms Livesey's fitness to practise is currently impaired, and then, whether or not this was the case, whether or not the public interest required a finding of current impairment. The panel had heard and accepted evidence from Person A regarding the intensity with which Ms Livesey sought to make contact with her and the creation of dependence of Person A on Ms Livesey. The panel determined that whilst the relationship between Person A and Ms Livesey ultimately lasted for two years and Person A felt was loving, Ms Livesey did not have the foresight at the beginning of the relationship to know that this would be how things turned out. The panel considered that Ms Livesey knew that Person A was vulnerable when she met her, and therefore in pursuing a relationship with her, and creating a degree of dependency on her in that process, she showed no regard to the impact on Person A's mental health should things go wrong. The panel determined that by Ms Livesey telling Person A that she had a professional responsibility and was concerned about Person A and all of her family, she placed Person A at an unwarranted risk of harm by improperly leading Person A into a sexual relationship.

Further, the panel considered that Ms Livesey's misconduct breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute. The panel considered that as a District Nurse, Ms Livesey's duties would include entering people's homes and meeting family members who one would not otherwise meet on a hospital ward. The panel noted that Ms Livesey was working in a very trusted and privileged position and that she abused her position by pursuing a relationship with Person A whilst caring for Patient A brought to fruition soon after Patient A's death. The panel considered that the misconduct found proved raises fundamental questions around Ms Livesey's professionalism.

The panel considered whether Ms Livesey was likely in the future to put patients at risk of harm.

The panel next considered the questions posed in the case of *Cohen* namely:

- 1) Whether the conduct is easily remediable
- 2) Whether it has been remedied (or evidence to that effect)
- 3) Whether that conduct is highly unlikely to be repeated

In assessing these questions, the panel paid careful regard to the information before it regarding insight. The panel acknowledged that Ms Livesey, through her representative, had made an admission to Charge 1b. Further, the panel acknowledged that Ms Livesey has declared that she is no longer working as a nurse and does not intend to return to nursing practice. The panel had sight of a reflective statement from Ms Livesey and determined that whilst there is some evidence of insight, Ms Livesey has limited insight regarding how her actions may have affected her colleagues or the wider reputation of the nursing profession. The panel considered that whilst there is evidence that Ms Livesey accepted that she breached professional boundaries in some areas of her behaviour, there is a lack of insight into why the steps that she took inserting herself into Person A's life and family were unprofessional. The panel noted that Ms Livesey does not appear to fully understand how her actions put Person A and potentially others at risk of harm nor

demonstrate any understanding of why her behaviour was wrong. Further, the panel considered that Ms Livesey has not sufficiently demonstrated how she would handle a situation of attraction to someone whom she encountered professionally differently in the future. The panel determined that Ms Livesey has shown regret for her misconduct but this is not the same as, and is less than, remorse.

The panel had sight of testimonials and noted that whilst they are positive in nature, the panel were not satisfied that many of the authors were fully aware of the truth of what occurred. Further, the panel carefully considered the evidence before it in determining whether or not Ms Livesey has taken steps to strengthen her practice. The panel had sight of Ms Livesey's CPD record and noted that it does not sufficiently address the issue of professional boundaries or any of the concerns found proved. The panel noted that Ms Livesey stated that she has not been working as a Registered Nurse nor does she intend to return to nursing practice therefore evidence of strengthening of practice is limited.

The panel determined that Ms Livesey's misconduct whilst not directly related to her clinical practice, is attitudinal in nature and is difficult to fully address. The panel considered the intensity and speed that the relationship developed between Ms Livesey and Person A and how Ms Livesey inserted herself into Person A's family life. It determined that in doing so, Ms Livesey had no regard to the wider impact her actions may have had on Person A and others. The panel considered Ms Livesey's justification for her actions that she did not start a relationship with Person A until after Patient A died as concerning, particularly as it was very soon after the death of Patient A.

Nevertheless, the panel was of the view that in the context of Ms Livesey's long career history without any disciplinary action or referrals, her misconduct is potentially remediable. However, the panel noted that at the very heart of the concerns found proved, is an inappropriate sexual relationship, which according to NMC guidance, is more difficult to remediate. The panel considered that Ms Livesey has shown limited insight into her misconduct and a lack of accountability for her actions and failed to fully acknowledge the gravity of what happened. The panel noted that Ms Livesey has not sufficiently shown any

understanding as to how she would do things differently in the future if faced with a similar situation. As such, the panel concluded that there is a risk of repetition of Ms Livesey's misconduct.

The panel therefore decided 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 considered that the public expects high standards of professionalism from a Registered Nurse and that Ms Livesey's behaviour fell far below these standards. It considered that Ms Livesey's misconduct was serious and breached fundamental tenets of the nursing profession: in particular the obligation to maintain professional boundaries. As a Band 7 District Nurse, the panel considered that Ms Livesey would have had privileged access to people's homes and would have had contact with family members that she may not have otherwise if she was working on a hospital ward. The panel determined that Ms Livesey through her misconduct abused that trust placed in her, and that, public confidence in the profession, in the NMC as its regulator, and the confidence of her colleagues, would be seriously undermined, if a finding of impairment were not made in this case. This is because of the sexually inappropriate nature of the matters found proved. Therefore, the panel finds Ms Livesey's fitness to practise also impaired on the ground of public interest.

Having regard to all of the above, the panel was satisfied that Ms Livesey'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 Ms Livesey off the register. The effect of this order is that the NMC register will show that Ms Livesey 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 SAN-2 on '*The sanctions available*' last updated 28 January 2026 and to the other guidance notes in the NMC Guidance library.

The panel accepted the advice of the legal assessor.

Submissions on sanction

Ms Tascon informed the panel that in the Notice of Hearing, dated 14 May 2026, the NMC had advised Ms Livesey that it would seek the imposition of a strike-off order if the panel found Ms Livesey's fitness to practise currently impaired. Ms Tascon referred the panel to the NMC Guidance on '*Sanctions*'.

Ms Tascon submitted that consideration should be given to a number of factors in this case, including aggravating and mitigating features. She submitted that there are a number of aggravating features in this case such as;

- An abuse of trust in that Ms Livesey was a highly qualified and experienced Band 7 nurse who pursued contact with Person A beyond professional boundaries. She submitted that Ms Livesey did this despite knowing that Person A was vulnerable due to her mental health issues and went on to have an intimate relationship with her.

- Limited and developing insight. Ms Tascon submitted that in her reflective statements, Ms Livesey has provided more information contradicting Person A than any other information. She submitted that Ms Livesey has not demonstrated that she fully understood how her actions overstepped professional boundaries.

Ms Tascon did not put forward any mitigating features.

In respect of sanctions, Ms Tascon submitted that in regard to taking no further action, this would not be appropriate in this case due to the breach of the fundamental tenets of the profession and the seriousness of the misconduct found proved.

In respect of a caution order, Ms Tascon submitted that this sanction is only appropriate if the Fitness to Practise Committee has decided that there is no risk to the public or patients requiring the nurse's practice to be restricted and meaning that the case is at the lower end of the spectrum of seriousness. Ms Tascon submitted that the matters found proved in this case relate to breaches of professional boundaries and that they are serious. She submitted that the panel found these to be serious misconduct and that these matters do not fall at the lower end of the spectrum. Therefore, she submitted that a caution order would be inappropriate in these circumstances.

In respect of a conditions of practice order, Ms Tascon submitted that this would not be suitable as the matters in this case do not relate to Ms Livesey's clinical practise and she submitted that a conditions of practice order would not sufficiently mark the seriousness of the charges found proved. She submitted that it would be difficult to find any workable conditions bearing in mind that that charges found proved do not relate to Ms Livesey's clinical practice but relate to professional boundaries.

In respect of a suspension order, Ms Tascon submitted that a suspension order would not be sufficient to mark the seriousness of the conduct found proved. She referred the panel to the Council for Healthcare Regulatory Excellence Guidance, namely '*Clear sexual boundaries between healthcare professional and patients: guidance for fitness to practise*

panels' last updated January 2008. Ms Tascon submitted that Ms Livesey's insight is developing but that it does not appear from her reflections that she has sufficient insight into her actions or how the matters in this case cross boundaries specifically in relation to Person A and the impact that those actions had upon Person A.

Ms Tascon submitted that the breach of professional boundaries happened over a period of time, between October 2017 and January 2020, where Ms Livesey did various things to overstep professional boundaries. She submitted that the panel found grooming, the sexual relationship and attempting to have an influence over the clinical decisions in relation to Person A's care to be an overstepping of the professional boundaries. Ms Tascon submitted that there are some other relevant matters where it cannot be said that Ms Livesey did anything other than overstep her professional boundaries, these include:

- contacting Person A everyday via the work phone and later switching to her personal phone,
- inviting Person A for coffee,
- Inviting Person A for a drink and to stay overnight with her at the Best Western hotel,
- being involved in Person A's mental health appointments and attempting to influence her treatment,
- recommending hypnotherapy and attempting to pay for those sessions, and;
- spending time with Person A and other close family members outside of work.

Ms Tascon submitted that Ms Livesey was fully aware that Person A was vulnerable and that it is clear from the evidence that she took an immediate interest in Person A after meeting her in the course of her practice. She submitted that Ms Livesey sought Person A's medical history soon after their first meeting and whilst Person A raised concerns in relation to Ms Livesey's actions, Ms Livesey told Person A that she was doing it because she was caring for her. Ms Tascon submitted that this indicated a clear imbalance of power. Therefore, she submitted, a suspension order would not be appropriate in this instance.

In relation to a strike-off order, Ms Tascon referred the panel to the NMC Guidance SAN-2e '*Striking-off order*' last updated 28 January 2026 and the considerations on whether a strike-off order should be imposed. She submitted that there had been breaches of fundamental tenets of the profession and therefore the panel can be satisfied that there are questions about Ms Livesey's professionalism. She submitted that public confidence in the nursing profession could not be maintained if Ms Livesey were not to be removed from the register as the allegations in this case are serious and relate to breaches of professional boundaries relating to a vulnerable person leading to a sexual relationship. She submitted that if the public were to be aware of all the circumstances of this case there is a high risk that public confidence in nurses would not be maintained if Ms Livesey were not struck off.

Further, Ms Tascon submitted that whilst this is not a clinical case and there are no concerns relating to Ms Livesey's clinical practice, the concerns found proved raise fundamental questions about Ms Livesey's professionalism and that public confidence in nurses could not be maintained if Ms Livesey continues to remain on the register and that any sanction less than a strike-off order would not adequately address the public interest in this case.

She submitted that a strike-off order would be the most appropriate sanction in this case, but ultimately it is a matter for the panel.

The panel also bore in mind Mr Holborn's submissions on Ms Livesey's behalf.

Mr Holborn submitted that this is a boundaries case, not a case of dishonesty, clinical harm or criminality and that there is no risk to the public going forward.

Mr Holborn submitted that Person A was not Ms Livesey's patient and that the relationship that followed on was consensual and lasted 2 years.

In relation to mitigating factors, Mr Holborn submitted that there are substantial mitigating factors in this case. He submitted that Ms Livesey has been in this process for six years where she has fully engaged and cooperated with these proceedings at every stage. He submitted that she has reflected, accepted that professional boundaries were crossed and that her position was compromised by her actions. He submitted that this shows genuine insight and maintains honesty. He submitted that Ms Livesey's position is that it was never her purpose to exploit Person A. Mr Holborn also submitted that Ms Livesey has self-funded [PRIVATE] and provided records and reports to the NMC. He submitted that these proceedings have had a profound and lasting effect on Ms Livesey's [PRIVATE]. Ms Holborn submitted that Ms Livesey has provided testimonials from colleagues which speak to her clinical practice, care and professional standards over her long career. He submitted that Ms Livesey's career is otherwise unblemished.

Mr Holborn accepted that looking at sanctions, taking no action or a caution order do not meet the test of seriousness and therefore were not appropriate in this case.

Mr Holborn submitted that in respect of a conditions of practice order, the matters in this case are not related to a clinical deficiency that can be retrained or supervised. He submitted that Ms Livesey does not intend to return to nursing practise and therefore there are no workable conditions that could be put in place.

In respect of a suspension order, Mr Holborn submitted that this would be the most appropriate sanction. He submitted that it is a serious sanction, and it marks the conduct as unacceptable. He submitted that a suspension order would satisfy the public interest as it declares and upholds the proper standards without extinguishing a long career with the heaviest mark the Register allows.

With regard to a strike-off order, Mr Holborn submitted that Ms Livesey has developing insight, her insight is developing external to the nursing profession and that it could be developed further during a period of suspension. He submitted that a strike-off order is imposed when there is a continuing risk, dishonesty or conduct so grave that nothing else

will maintain confidence in the profession. He submitted that in this case, there is no continuing risk as Ms Livesey has indicated that she will never return to nursing and has not revalidated her registration. He submitted that even if Ms Livesey were minded to return to nursing practice, she would not be able to lawfully do so. He submitted that the only thing a strike-off would add is punishment, and that is not appropriate where it serves no protective purpose. He submitted that imposing a strike-off order would be disproportionate.

Mr Holborn submitted that the most proportionate sanction in this case is a suspension order as it marks the seriousness of the misconduct and satisfies the public interest and upholds standards.

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

Decision and reasons on sanction

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

The panel took into account the following aggravating features:

- Abuse of a position of trust – The panel considered that Ms Livesey was aware of Person A's vulnerability by way of her mental health issues from the very start of her misconduct.
- Conduct which deliberately or recklessly put Person A at risk of suffering psychological and emotional harm

- Limited insight – The panel considered that Ms Livesey’s insight is limited and her reflections do not address the impact of how her actions may have impacted Person A, nor upon the reputation of the profession.
- Targeting Person A who was especially vulnerable at the time of Ms Livesey’s misconduct because her mother, Patient A, [PRIVATE].
- Sought to hide any wrongdoing by not being explicit about her capacity in which she was attending Person A’s meetings.

The panel did not consider there to be any mitigating factors in this case.

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 SAN-2b on ‘*Caution order*’ last updated 28 January 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 Ms Livesey’s actions were not at the lower end of the spectrum of seriousness, and it found that there is a risk to patient and public safety. The panel therefore determined that a sanction that does not restrict Ms Livesey’s practise would not protect the public. The panel decided that a caution order would not meet the public interest. The panel therefore 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 on Ms Livesey's registration. In considering whether conditions of practice are appropriate, the panel had regard to the factors set out in the NMC Guidance SAN-2c on '*Conditions of practice order*' last updated 28 January 2026. The panel considered that this is not a case that is directly related to Ms Livesey's clinical skills and competence and is instead related to Ms Livesey's attitude and behaviour. Having regard to the nature and seriousness of Ms Livesey's conduct, and that Ms Livesey has not been working as a Registered Nurse since 2020, 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. Further, the panel considered that a conditions of practice order would not sufficiently mark the seriousness of Ms Livesey's conduct. As Ms Livesey was clear that she would not seek to return to practice, had not practised for over 5 years, had not revalidated nor paid registration fees, she did not have a practice to which conditions could be applied. For these reasons, the panel determined that a conditions of practice order would not be feasible, appropriate or proportionate.

The panel went on to consider whether a suspension order is appropriate in this case. The panel had regard to the NMC Guidance SAN-2d on '*Suspension order*' last updated 28 January 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.'*

The panel considered that Ms Livesey's conduct in the charges found proved is serious relating to significant breaches of her professional boundaries. It considered that this included but is not limited to;

- Seeking the clinical records of Person A without any clinical justification and without her permission and using that information to assist in developing a relationship with Person A, including becoming involved in her clinical care.
- Pursuing a relationship with Person A whilst in the knowledge that Person A was vulnerable due to her mental health,
- Pursuing a relationship with Person A whilst in the home of Patient A who was [PRIVATE] and initiating that relationship very soon after Patient A's death.

The panel acknowledged the impact that these proceedings have had on Ms Livesey's [PRIVATE]. It considered that whilst Ms Livesey has shown some insight, it is limited. The panel considered Ms Livesey's reflection statements and noted that there is a lack of understanding as to why what she did was wrong and the impact that her actions would have had specifically on Person A. The panel determined this is especially the case in the reflection statement written in response to the panel's decision on facts, misconduct and

impairment. It noted that she does not address the issue of accountability and is more focussed on her own professional reputation. After reading the panel's detailed reasons for the finding of grooming the panel noted that Ms Livesey was unable to accept that this was what she had done, remaining of the view that this was a consensual relationship, albeit one which crossed professional boundaries. Her reflections do not address the impact of her misconduct on the reputation of the profession. The panel noted that Ms Livesey had denied that the sexual relationship forming the basis of Charge 1b was a breach of professional boundaries, when forming that relationship was clearly such a breach, as was accepted on her behalf by Mr Holborn in his submissions.

The panel noted that it is Ms Livesey's settled view that she does not intend to return to nursing practise and that she has not revalidated her registration, nor paid her fees. Therefore, the panel concluded that there is no realistic possibility that Ms Livesey would be able to show further evidence of improved insight or strengthened practice following a period of suspension.

The panel considered that a suspension order 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.

The panel also considered the NMC's Guidance SAN-3 '*Deciding between suspension and strike off*' last updated 28 January 2026. It paid particular attention to the following paragraph:

- *'consider all of the relevant aggravating and mitigating factors*
- *consider that, unless the Committee directs otherwise, a suspension order will be reviewed before its expiry and may be extended. However, the Committee cannot direct that the suspension must be extended on review. As such the Committee should consider whether public confidence in the*

profession would be protected if the professional returned to practice after one year, or ever

- *Consider the professional's insight and attitude to addressing the concerns, and whether it is realistically possible that these will change positively during the suspension period. If it is unlikely the professional will try to address the concerns, there may not be appropriate for them to be suspended in the hopes that they will eventually return to practice.'*

The panel considered that there is no realistic prospect that Ms Livesey would address the concerns to such an extent that she would be able to return to unrestricted practice, should she change her mind and wish to do so. The panel determined that a suspension order would not be a sufficient, appropriate or proportionate sanction to protect the public.

Further, the panel determined that public confidence in the profession and professional standards could not be maintained if Ms Livesey was able to resume practising as a nurse, even though she did not wish to do so. It concluded that a suspension order would not be sufficient to uphold public confidence in the profession and in the NMC as its regulator due to the seriousness and nature of the facts found proved.

The panel had regard to the following considerations as set out in the NMC Guidance SAN-2e entitled '*Striking-off order*' last updated 28 January 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 also considered the NMC Guidance San-2e and the identified types of cases that are most likely to result in a striking-off order in which sexual misconduct, as is in this case, is one. The panel considered the considerations set out in the NMC Guidance San-2e and concluded that Ms Livesey's actions raised significant questions about her professionalism. It considered that Ms Livesey's actions were significant departures from the standards expected of a Registered Nurse and are fundamentally incompatible with Ms Livesey remaining on the register. Further, the panel noted Ms Livesey's settled intention not to return to nursing practice and is not satisfied that Ms Livesey could be able to show to a reviewing panel further evidence of improved insight or strengthened practice following a period of suspension.

The panel was of the view that the findings in this particular case demonstrate that Ms Livesey's actions were serious and any sanction less than a strike-off would not protect the public and would undermine public confidence in the profession and in the NMC as a regulatory body.

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel determined that the appropriate, proportionate and only sanction in this case is that of a striking-off order. The panel considered that the effect of Ms Livesey's actions in bringing the profession into disrepute by adversely affecting the public's view of how a Registered Nurse should conduct herself, led the panel to conclude that nothing short of this would be sufficient in this case.

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

This will be confirmed to Ms Livesey 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 Ms Livesey'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

The panel took account of the submissions made by Ms Tascon. She submitted that given the panel's decision on sanction, an interim suspension order for a period of 18 months is necessary to protect the public and is also otherwise in the public interest, to cover the 28 day appeal period before the substantive order becomes effective.

The panel also took into account the submissions of Mr Holborn. He submitted that Ms Livesey has not been subject to an interim order thus far. He submitted that she is no longer working in the nursing profession and that she has indicated she will not be returning to nursing practise. He submitted that it is a matter for the panel.

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

Decision and reasons on interim order

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

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

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

This will be confirmed to Ms Livesey in writing.

That concludes this determination.