

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

Substantive Hearing

**Monday, 17 November 2025 – Friday, 21 November 2025
Friday, 20 February 2026
Monday, 22 June
Tuesday, 23 June – Thursday, 25 June 2026**

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

Virtual Hearing

Name of Registrant: Sanjay Kumar Narasimhan

NMC PIN: 18F0298O

Part(s) of the register: Registered Nurse – Sub Part 1
Adult Nursing – 19 June 2018

Relevant Location: London

Type of case: Misconduct

Panel members: John Kelly (Chair, Lay Member)
Sharon Aldridge-Bent (Registrant Member)
Farrah Pradhan (Lay Member)

Legal Assessor: Charlotte Mitchell-Dunn

Hearings Coordinator: Amira Ahmed (17 – 21 November 2025)
Angela Nkansa-Dwamena (20 February 2026; 22
– 25 June 2026)

Nursing and Midwifery Council: Represented by Sahara Fergus-Simms, Case
Presenter (17 – 21 November 2025)

Represented by Nicola Kay, Case Presenter (20
February 2026 – hand down of facts)

Represented by Ben Edwards, Case Presenter
(22 – 25 June 2026)

Mr Narasimhan:

Present and represented by Chuba Nwokedi,
Counsel instructed by the Royal College of
Nursing (RCN)

Facts proved by admission:

Charges 3a, 3b, 3c, 5a (with respect to Charges
3 and 6)

Facts proved:

Charges 1a, 1b, 2a, 2b, 4a, 4b, 4c, 5a (with
respect to Charges 1, 2, 4, 5b and 7)

Facts not proved:

None

Fitness to practise:

Impaired

Sanction:

Suspension order (4 months)

Interim order:

Interim suspension order (18 months)

Details of charge (as amended)

That you, a registered nurse, working as a ward manager:

1. Retrospectively allocated and/or authorised the following bank shifts to Colleague 1, knowing that he had not worked them and had no knowledge of the shifts:

- a. 24 January 2022
- b. 1 February 2022

2. Requested and/or received a sum of £321.47 from Colleague 1' personal banking account to yours, on or around 24 February 2022, in relation to the following shifts they had not worked:

- a. 24 January 2022
- b. 1 February 2022

3. Re-instated the following shifts that Colleague 1 had cancelled on or after the 26 February 2022, knowing that he could not work them, instead of recording them as covid leave:

- a. 25 February 2022
- b. 26 February 2022
- c. 27 February 2022

4. On or around the 8 March 2022, requested Colleague 1 to transfer the payments received for the following shifts that they knew that Colleague 1 could not have worked:

- a. 25 February 2022
- b. 26 February 2022
- c. 27 February 2022

5. Your conduct at charges 1 and /or 2, and/or 3 and/or 4 was dishonest in that:

- a. You knew that Colleague 1 had not worked the shifts or could not have worked them.
- b. It was motivated by financial gain.

6. Your conduct at any or all of the charges above was an abuse of your position as a senior manager

7. Behaved in an intimidating and or threatening manner towards Colleague 1 in relation to charges 1 and/or 2, and/or 3 and or 4 above.

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

Decision and reasons on application to amend the charge

The panel heard an application made by Ms Fergus-Simms, on behalf of the Nursing and Midwifery Council (NMC), to amend the wording of the stem of the charges to include the words '*working as a senior ward manager*'. She also submitted that Charges 1, 2, 5 and 7 should be amended to include the words '*and/or*'.

It was submitted by Ms Fergus-Simms that the proposed amendments would provide clarity and more accurately reflect the evidence. The proposed amendments are as follows:

That you, a registered nurse, **working as a senior ward manager:**

1. Retrospectively allocated ~~and~~ **and/or** authorised the following bank shifts to Colleague 1, knowing that he had not worked them and had no knowledge of the shifts:
 - a. 24 January 2022
 - b. 1 February 2022
2. Requested ~~and~~ **and/or** received a sum of £321.47 from Colleague 1' personal banking account to yours, on or around 24 February 2022, in relation to the following shifts they had not worked:
5. Your conduct at charges ~~1, 2, 3 and 4~~ **1 and /or 2, and/or 3 and/or 4** was dishonest in that:
7. Behaved in an intimidating and or threatening manner towards Colleague 1 in relation to charges ~~1-6~~ **1 and/or 2, and/or 3 and or 4** ~~1-6~~ above.

Mr Nwokedi, on your behalf, did not oppose the proposed amendments.

The panel accepted the advice of the legal assessor and had regard to Rule 28 of 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The panel agreed to the amended schedule of charges on the basis that there was no opposition to the proposed amendments and the panel considered that the amendments accurately reflected the case brought against you. The panel was satisfied that there

would be no prejudice to you and no injustice would be caused to either party by the proposed amendments being allowed.

During the panel's deliberation, the panel considered your evidence in cross examination, in which you maintained that you are not a 'senior' ward manager. The panel considered, on the basis of your evidence, that it should amend the charge again, of its own volition, to remove the word 'senior' to accurately reflect your role. The panel considered that there was no injustice to such an amendment, as it purely reflected your role at the relevant time, and did not impact upon the nature or gravity of the charge itself.

The charge will therefore read:

'That you, a registered nurse, **working as a ward manager:**'

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

At the outset of the hearing, Mr Nwokedi made a request that this case be held partly in private. This is on the basis that proper exploration of your case involves references to sensitive information of a private nature, which will be referred to in your evidence. The application was made pursuant to Rule 19 of the Rules.

Ms Fergus-Simms did not oppose the application.

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

The panel agreed to go into private session, as and when such issues are raised during the course of the hearing, in order to protect your confidentiality and private life.

Interim order (21 November 2025)

As this case is now going part heard, the panel considered whether an interim order is required in the specific circumstances of this case. It may only make an interim order if it is satisfied that it is necessary for the protection of the public, is otherwise in the public interest or in your own interests.

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

Submissions on interim order

Ms Fergus-Simms submitted that she would not be making an application for an interim order.

Mr Nwokedi submitted that he opposes any interim order being made at this stage of the hearing. He submitted that it would be disproportionate and there has been nothing that has indicated any change to the level of risk. He submitted that you have continued to practice as a nurse, and no other conduct matters have arisen since the allegations in this case.

Decision and reasons on interim order

The panel determined to not impose an interim order at this stage.

The panel noted that the NMC have not made an application for an interim order. It also noted the submissions of Mr Nwokedi on your behalf. The panel has not made a decision on the facts of this case and there is no new information before it as such, that the risk profile relating to your nursing practice or the public interest has changed.

Consequently, the panel determined that an interim order was not necessary for the protection of the public, is not otherwise in the public interest or in your own interest.

Background

The charges arose whilst you were employed as a registered nurse and ward manager by Royal Free London NHS Foundation Trust (the Trust).

The concerns relate to allegations that you retrospectively allocated and/or authorised bank shifts to Mr Gerard Glenn (Colleague 1), a Band 5 nurse knowing that they had not worked those shifts. It is further alleged that you requested and/or received a sum of £321.47 in relation to those shifts from Colleague 1's personal banking account to yours, on or around 24 February 2022.

It is alleged that you amended the rota to show Colleague 1 as having worked three shifts during February 2022, knowing that he did not work them and later requested Colleague 1 to transfer the payments received for those shifts to you.

It was at this point that Colleague 1 sought advice and reported the matter to the Trust.

It is alleged that you acted dishonestly, abused your position and that your conduct towards Colleague 1 was intimidating and or threatening.

Decision and reasons on facts

At the outset of the hearing, Mr Nwokedi, told the panel that you admit Charges 3a, 3b, 3c, 5a (with respect to Charges 1 and 3) and 6.

The panel noted that you deny Charge 1 in its entirety and therefore could not accept your admission to Charge 5a in so far as it relates to Charge 1.

The panel therefore found Charges 3a, 3b, 3c, 5 a) (with respect to Charge 3) and 6 proved in its entirety, by way of your admissions.

The panel took into account all the oral and documentary evidence in this case together with the submissions made by Ms Fergus-Simms and Mr Nwokedi.

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:

- Colleague 1: Band 5 Nurse at the Trust at the time
- Sara Zulu (Ms Zulu): Senior Matron Medical Specialities at the Trust at the time

The panel also heard evidence from you under oath.

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

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

Charges 1a and 1b

That you, a registered nurse, working as a ward manager:

1. Retrospectively allocated and/or authorised the following bank shifts to Colleague 1, knowing that he had not worked them and had no knowledge of the shifts:

- a. 24 January 2022
- b. 1 February 2022

These charges are found proved.

In your witness statement dated 5 November 2025, you accepted that you retrospectively allocated and authorised two shifts on 24 January and 1 February 2022, in agreement with Colleague 1, as follows:

“I did retrospectively allocate and authorise the shift on the 24 January 2022, but this was with the full knowledge and consent of colleague 1.”

You maintained this position during your oral evidence and said that you allocated these shifts, intending that they be worked on a later date by Colleague 1 to alleviate what you described as a ‘staffing crisis’ in the Acute Assessment Unit (AAU).

The panel heard evidence from Ms Zulu, that the way in which you allocated these shifts was outside of Trust policy and that staffing difficulties should not have been managed in this way. You told the panel that you knew you were acting outside Trust policy.

You also gave evidence that you retrospectively allocated shifts as a means of managing staff cover. However, you accepted that this practice was confined to Colleague 1 only, and not other staff members. You stated in oral evidence that it was your intention to help Colleague 1 achieve a bonus (a scheme offered by the Trust for working additional bank shifts) and that the early payments for shifts not worked were a ‘sweetener’ towards Colleague 1, with a view to the hours being banked and worked at a later date.

The panel heard evidence from Colleague 1 that, having sought advice from his trade union representative on 18 March 2022, Colleague 1 made a local statement that day in which he states:

“On 18 February, he asked me to come into his office. He told me that he has allocated me bank shifts on my previous days off, January 24 Night shift and February 1 Night shift. I was never at work on these dates and have never consented to this arrangement.”

Colleague 1 was interviewed by Ms Zulu on 11 May 2022, and he maintained this position in his statement on 18 March 2022. The panel noted that he also made a NMC witness statement and gave oral evidence, maintaining that the first that he knew of being allocated shifts on 24 January and 1 February 2022, was during a conversation with you in your office on 18 February 2022.

Colleague 1 told the panel that he was aware that there was a bonus being offered by the Trust for working additional bank shifts during Covid and that he had asked for bank shifts from you to achieve this bonus, but he did not agree or ask for early payment for shifts he had not worked.

The panel noted the extract from the rota and that it shows the retrospective shift for 1 February 2022 being inputted on 18 February 2022 and both parties agreed that they had a discussion about this on 18 February 2022 in your office.

The panel had regard to extracts of the computerised records for the two shifts allocated to Colleague 1. It noted that the shift for 24 January 2022 was ‘assigned and finalised’ on 26 January 2022. The shift for 1 February 2022 was ‘assigned and finalised’ on 18 February 2022.

The panel considered your evidence that you told Colleague 1 that you had retrospectively allocated a shift for 24 January 2022, not worked by Colleague 1, on 26 January 2022.

This was, on your account, in order that Colleague 1 would cover a shift on 14 February 2022. The panel considered that it was agreed by all parties that Colleague 1 was unable to work the shift of 14 February 2022, due to sickness. The panel therefore considered that on or around 14 February 2022, you would have known that the shift for 24 January 2022, had been allocated and not worked. It is your evidence however, that on 18 February 2022, you again retrospectively allocated a shift for 1 February 2022, not worked by Colleague 1. This was, on your account, in order that Colleague 1 would cover a shift on 4 March 2022. The panel considered your explanation for allocating retrospective shifts to be entirely implausible on the basis that you would have known on or around 14 February 2022 that the arrangement for the first retrospectively allocated shift had not been fulfilled. The panel considered that, on this basis, it would be highly unlikely that you would go on to create a second retrospective allocation knowing that the first arrangement had not been fulfilled, if your motivation was solely to manage the staffing rota.

Further, the panel was of the view that your explanation that you used retrospective allocation of bank shifts to Colleague 1 to sort out staffing difficulties was similarly implausible because the beneficial impact of adjusting one person's shifts would be minimal in relation to the overall staffing crisis and could not add to the overall hours being worked.

The panel gave weight to the contemporaneous records and concluded that they support Colleague 1's account, that he was unaware of the retrospective allocation of shift until 18 February 2022. The panel found Colleague 1 to be credible. He maintained his account from the report of the first incident, which was confirmed in his witness statement. He gave clear evidence to the panel and was non evasive in answers under cross examination, consistently maintaining that the first time that he had knowledge of matters was on 18 February 2022.

For the reasons above, the panel preferred the evidence of Colleague 1 and concluded that it was more likely than not that he did not have knowledge of, nor consent to the shifts allocated to him on 24 January 2022 and 1 February 2022.

The panel considered that you accept retrospectively allocating bank shifts to Colleague 1, knowing he had not worked them. The panel considered its conclusion that Colleague 1 had no knowledge of the shifts. The panel therefore found Charges 1a and 1b proved in their entirety.

Charges 2a and 2b

2. Requested and/or received a sum of £321.47 from Colleague 1's personal banking account to yours, on or around 24 February 2022, in relation to the following shifts they had not worked:
 - a. 24 January 2022
 - b. 1 February 2022

These charges are found proved.

The panel considered evidence in the form of WhatsApp messages between you and Colleague 1, which show that a sum of £321.47 was transferred from Colleague 1's personal banking account to your bank account on or around 24 February 2022. The panel also saw evidence that Colleague 1 was paid this sum on 24 February 2022 as a result of working bank shifts.

The panel noted that it is agreed by parties that the transfer of this money between you and Colleague 1 actually took place. However, you dispute that the payment was in relation to the two shifts on 24 January and 1 February 2022.

In your statement, dated 15 April 2022, submitted as part of the Trust investigation, you stated that in December 2021 and January 2022, you spoke to Colleague 1 about a visa extension for [PRIVATE] and asked to borrow £250 to £300 from him as a back-up. You

said that Colleague 1 told you that once he received his 'bank payment', he would transfer the money to you. You confirmed this discussion in your oral evidence.

In the same statement, you said that during a conversation with Colleague 1 on 23 February 2022:

'I then asked [Colleague 1] if he had forgotten my loan or is it too much for him to help me at this time. [Colleague 1] replied that he will figure it out and will let me know. Later that night he texted me saying that he received his bank payment of 321.47 pounds after tax. I responded to him the next day with my bank details. I assumed that he might transfer 200-300 pounds as I requested to him earlier.'

In your reflection document dated 2 November 2025, you said that you had been approached by a Health Care Assistant (HCA) in your team requesting financial support. You stated that you asked Colleague 1 to lend you the money to cover a loan to the HCA but did not tell Colleague 1 of the purpose.

In your statement dated 5 November 2025 you stated:

"I had a conversation with colleague 1 in December 2021, in which I asked him if he was able to loan me some money in the sum of around £200.00 to £250.00. I told colleague 1 this was to assist me in applying for [PRIVATE] visa. In fact, I was going to give the money to a healthcare assistant who was experiencing severe financial hardship. The healthcare assistant had asked me to loan them the money which they intended to repay me, and I in turn would repay back to colleague 1."

In oral evidence, you told the panel that your [PRIVATE] visa application was completed by the end of January 2022.

The panel had regard to a record of an interview which took place on 30 May 2022 between Ms Zulu and the HCA and was adduced by you into evidence. This shows that a

request to borrow money from you by the HCA was made to you on 11 February 2022. The panel noted the inconsistency between your witness statement, your oral evidence and the contemporaneous interview record of the HCA in terms of the reasoning for and timing of your request for a loan from Colleague 1. On your own account, you first asked for a loan from Colleague 1 in advance of 11 February 2022, the date on which the contemporaneous record indicates that you were approached by the HCA.

During your oral evidence, you told the panel that you reiterated your request for a loan from Colleague 1 in February 2022 but did not inform Colleague 1 that your visa application had been paid for some weeks before. You said that the loan was to cover the money advanced to the HCA and alternatively was to provide a buffer in your own personal funding.

You also stated that you did not tell Colleague 1 of the loan to the HCA due to fear of conflict as they were both then working in the same area.

Colleague 1 in his evidence explained that he was approached by you in January 2022 for a loan to cover a visa application. Colleague 1 explained that he found the situation awkward given that you were his manager and added that a figure was not discussed. He explained how he brushed off your request by telling you that if he had any money left over, he would let you know and that he thought that was the end of it. The panel noted that he maintained throughout his evidence that this was the one and only conversation between you about a potential loan.

The panel further noted Colleague 1's witness statement which stated:

'On 18th February 2022 Sanjay asked me to come into his office, where he proceeded to tell me that he had allocated me two bank shifts of previous days off without me knowing. These were for January 24th 2022 and February 1st 2022. Sanjay asked me to send him the money that I received for these shifts to help him with his financial issues.'

'I was surprised at Sanjay asking me to borrow money as he is a higher band than me and I therefore don't make as much money as him. He was my manager and therefore someone that I am supposed to look up to and the whole thing just felt weird. I was aware that Sanjay used to joke around sometimes, and I therefore thought maybe he was just joking, but there was no one else around. I am not aware of him having asked anyone else for a loan and do not know why he asked me.'

Colleague 1's evidence refers to a specific amount of money of £321.47, and this is reflected in the WhatsApp messages between yourself and Colleague 1. The panel was of the view that Colleague 1's reference in the WhatsApp messages to '*banks after tax*' makes it clear that this was a payment that he understood was for the retrospective shifts on 24 January and 1 February 2022.

In your immediate response to Colleague 1's WhatsApp message, you used emojis which the panel considered signalled your acknowledgement of the amount and your approval. These messages were followed by a further message sent by you, containing your bank details. The panel was of the view that by sending your details, this amounted to a request by you to transfer the '*banks after tax*' amount. Furthermore, the panel had sight of the bank transfer confirmation in which Colleague 1 had cited 'BNK' which the panel took to indicate that the payment was for bank shifts.

The panel considered that you accepted the amount of £321.47, despite your evidence that you only required between £250 and £300 for either the loan to the HCA or your visa application. The panel considered that you had an opportunity to challenge Colleague 1 about the amount mentioned in his messages when they were sent and further you had a second opportunity to question the amount when it was received. You were asked why you accepted additional money over and above what you were seeking as a loan. You said you were overwhelmed and it was not a priority to check your account on a regular

basis. You stated that this was a miscommunication between yourself and Colleague 1. The panel did not accept this explanation because you were already aware of the specific amount being transferred from the WhatsApp exchange, which also included proof of the transfer having been made, which showed the same amount.

The panel noted that in your Trust investigation statement, you made no mention of a request for a loan from the HCA. You had a further opportunity to declare your involvement with the HCA when interviewed by Ms Zulu, but still made no mention of it. You explained that you did not appreciate the seriousness and scope of the investigation which was at an early stage and that you did not want to involve the HCA unnecessarily. The panel rejected this explanation as you were a Band 7 Ward Manager at the time, and the panel was of the view that you would have been aware of the seriousness of the matters being raised against you and the need for candour on your part.

In relation to the record of the interview conducted by Ms Zulu with the HCA in May 2022, the panel gave little weight to this evidence on the basis that the HCA was not called as a witness in this hearing to expand his account and was therefore not available for cross examination by the NMC or questioning by the panel.

Having regard to the inconsistencies across the various accounts you gave of the circumstances and reasons for you seeking a loan from Colleague 1, Colleague 1's consistent evidence and the content of WhatsApp messages around the 25 February 2022, the panel preferred Colleague 1's evidence to your own. It concluded that the transfer from Colleague 1's bank account to your own bank account was not made as part of a loan to you.

The transfer of money made by Colleague 1 to you was for a specific amount which he understood was related to the retrospectively allocated shifts. In his written statement dated 18 March 2022 and submitted as part of the Trust investigation, Colleague 1 referred to a conversation that took place with you on 18 February 2022. He stated:

'He told me that I should send him the money I will be from those bank shifts to help him with the problem that he has disclosed with me previously' [sic]

Colleague 1 maintained this position in his written NMC statement and oral evidence. It was agreed by all parties that on 18 February 2022, a discussion between yourself and Colleague 1 took place with respect to retrospective shift allocation. The panel concluded on the balance of probabilities, that on the basis of the credible evidence of Colleague 1, that you requested that Colleague 1 make a transfer to your personal account in respect of the retrospectively allocated shifts. This was also supported by the WhatsApp messages dated 24 and 25 February 2022.

The panel considered the wording of the charges and noted submissions made on your behalf in respect of the timing of the receipt of funds for the shifts completed on 24 January 2022 and 1 February 2022. The panel reviewed the payslips produced by Colleague 1 between the dates 30 January 2022 to 25 February 2022. It noted that on the basis of the payslips and the evidence of Ms Zulu that it could not be sure that on or around 24 February, you received payment for the exact shifts completed on 24 January 2022 and 1 February 2022. However, the panel noted the agreed amendment to the allegation which includes the words "*requested and/or received*". Whilst the panel could not be certain about the receipt date for 24 January and 1 February 2022 shifts, it considered that there was clear evidence from Colleague 1 that you requested payment for those shifts.

The panel concluded that on the balance of probabilities that you requested a sum of £321.47 from Colleague 1's personal bank account to your own, in respect of the retrospectively allocated shifts on 24 January and 1 February 2022.

Accordingly, the panel found Charge 2a and 2b proved.

Charges 4a, 4b and 4c

4. On or around the 8 March 2022, requested Colleague 1 to transfer the payments received for the following shifts that they knew that Colleague 1 could not have worked:

- a. 25 February 2022
- b. 26 February 2022
- c. 27 February 2022

These charges are found proved.

The panel noted Colleague 1's unchallenged evidence that he booked bank shifts for 26 and 27 February 2022, but was unable to work them because he had been diagnosed with COVID on 25 February, which was an annual leave date in which he had visited the hospital. Colleague 1's evidence was that he later noticed that he remained on the rota for these shifts, despite having sent an email cancelling them.

Your evidence was that you were aware of the cancellation but re-instated Colleague 1 for the shifts for 26 and 27 February, as a result of being confused about the Trust's policy for payment for bank shifts during COVID. When challenged on this, you explained that you also retrospectively included Colleague 1 on a bank shift on 25 February 2022 which was a mistake.

Colleague 1's unchallenged evidence is that on 8 March 2022 he received a WhatsApp message from you stating:

"...have put 3 bank shifts on your roster last week prior to your covid sickness. Kindly help me out this time as well please."

The panel considered the meaning of the phrase '*kindly help me out this time as well please.*' Colleague 1 explained that he understood this as you wanting him to transfer to

you the money for shifts, he had not worked on those three dates, as he had previously done in relation to 24 January 2022 and 1 February 2022.

Your evidence was that the phrase *'kindly help me out this time as well please'* was a reference to a continuing need for Colleague 1 to help you by working further retrospective shifts in order to alleviate staffing difficulties in the AAU. You told the panel that your reference to 'help' was not related to the bank shifts of 25, 26 and 27 February 2022 but related to other dates. You added that there were other messages between yourself and Colleague 1 around this time which explain the context of your request more clearly. However, you did not adduce these messages in evidence and when cross examined stated that you had access to your phone and WhatsApp messages and therefore could have done so.

The panel considered this explanation to be implausible because at this stage, on your account, the shift of 24 January and 1 February 2022 were still outstanding and had not been covered by Colleague 1. The panel therefore considered it highly unlikely that you would continue to allocate a further three shifts retrospectively when two dates remained outstanding.

The panel noted that no other dates for covering retrospective shifts are mentioned in the WhatsApp messages and in context, your request to *'kindly help me out this as well please'* could only refer to 25, 26 and 27 February 2022. The panel had regard to its findings in relation to Charge 2, particularly the implausibility of rostering one person's shifts, in relation to three dates, having a noticeable impact on what you describe as a *'staffing crisis'*. The panel concluded that this was more likely than not a request for an additional transfer of payment for the bank shifts of 25, 26 and 27 February 2022 to that found proved in Charge 2.

Accordingly, the panel found Charges 4a, 4b and 4c proved.

Charge 5a

5. Your conduct at charges 1 and / or 2 and/or 3 and/or 4 was dishonest in that:

- a. You knew that Colleague 1 had not worked the shifts or could not have worked them.

This charge is found proved.

The panel noted your admission to this charge in relation to Charge 3.

The panel considered the case of *Ivey v Genting Casinos Ltd t/a Crockfords* [2017] UKSC 67.

Charge 5a (in relation to Charge 1)

It first considered what you knew or believed as to the facts and circumstances in which the alleged dishonesty arose. You, on your own account knew that Colleague 1 had not worked the shifts at Charges 1,2 and 4. You also knew that the manipulation of staffing rotas in this way was outside Trust policy and that your conduct would lead to payment for work that had not been done.

In relation to Charge 1, the panel determined that the two shifts were allocated to Colleague 1 without his knowledge and or consent. You first mentioned these shifts to Colleague 1 after the relevant dates. You were aware of the power imbalance between yourself and Colleague 1 and that he was seeking additional bank shifts in order to achieve a bonus being offered by the Trust. The panel rejected your account that the allocation of shifts described in the charges was simply to alleviate a staffing crisis in the AAU.

The panel went on to consider, given your knowledge and belief of the circumstances, whether your conduct would be considered dishonest by the standards of an ordinary,

decent person. It concluded that your conduct would be objectively viewed as dishonest. It noted that you retrospectively allocated shifts that you knew Colleague 1 had not worked, in the knowledge that this was contrary to Trust policy. The panel noted its previous conclusions as to the implausibility of your account in respect of retrospective allocation of shifts and in all the circumstances, considered that an ordinary decent person would find your conduct to be dishonest.

The panel therefore found Charge 5a proved in relation to Charge 1.

Charge 5 (in relation to Charges 2 and 4)

The panel went on to consider Charge 5 in relation to Charges 2 and 4.

The panel considered what you knew or believed as to the facts and circumstances in which the alleged dishonesty arose. The panel noted its previous conclusions in respect of Charges 2 and 4 and noted that in respect of both allegations, you requested payment for shifts that you knew Colleague 1 had not and could not have worked. You accepted in evidence that a pop-up message appeared on a screen when you retrospectively allocated the shifts which stated:

“I am signing below to confirm that both the grade and the shift that I am authorising are accurate and I approve payment. I understand that if I knowingly authorise false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings.”

You accepted that retrospectively allocating shifts was a process of entirely of your own creation, only in relation to Colleague 1 and certainly outside Trust policy.

Given your knowledge and belief of the circumstances, the panel went on to consider whether your conduct would be considered dishonest by the standards of an ordinary, decent person. The panel was of the view that an ordinary decent person would find your

conduct in requesting payment from a junior nurse for shifts they had not worked to be dishonest.

The panel therefore found Charge 5a proved in relation to Charges 2 and 4.

Charge 5b

5. Your conduct at charges 1, 2, 3 and/or 4 was dishonest in that:

b. It was motivated by financial gain.

This charge is found proved.

In considering what you knew or believed as to the facts and circumstances in which the alleged dishonesty arose, the panel bore in mind its finding set out at Charge 5a above. It also noted, in relation to Charges 1 and 3 that you acknowledge retrospectively allocating or reinstating the shifts subject of those charges and you knew that doing so was outside Trust policy and led to payments being made for shifts that had not been worked

In respect of Charges 2 and 4, in that you requested Colleague 1 to transfer payments for shifts that you knew Colleague 1 had not worked. The panel determined that you knew your retrospective allocation of bank shifts and request for transfer of money was not connected to a request you made to Colleague 1 for a loan in December 2021 or January 2022.

Your explanation in respect of receipt of the funds sent to your bank account by Colleague 1 was inconsistent. You initially said that the money was a personal loan to cover a visa application and later that it was for a loan to an HCA. During cross examination, you stated the funds were a loan to *'buffer'* your own personal account and *'anticipating for an emergency needed an extra in advance'*.

At no stage did you inform Colleague 1 of a loan to the HCA, and the panel noted its previous conclusion in respect of the implausibility of your account. You maintained that your conduct was not motivated by financial gain. However, having considered your explanations for requesting/receiving payments from Colleague 1, the panel determined that you knew that this was not connected to your earlier request for a loan from Colleague 1 and was simply payment passed to you for unworked shifts. It was therefore for financial gain on your part.

Given your knowledge and belief of the circumstances, the panel went on to consider whether your conduct would be considered dishonest by the standards of an ordinary, decent person. The panel concluded that the ordinary decent person would find your conduct to be dishonest because you were motivated by financial gain and dishonestly requested funds for shifts not worked.

The panel therefore found Charge 5b proved in relation to Charges 1, 2, 3 and 4.

Charge 7

7. Behaved in an intimidating and or threatening manner towards Colleague 1 in relation to charges 1 and/or 2, and/or 3 and or 4 above.

This charge is found proved.

In considering this charge the panel considered 'intimidating' as behaving in a way that is frightening or causes a loss of confidence. It also noted 'threatening manner' as being to act in a hostile way or have a deliberately frightening quality or manner.

Colleague 1 's evidence was that you did not directly threaten him with repercussions. He stated:

‘Sanjay never directly threatened me with repercussions if I did not do as he told me...’

However, Colleague 1 went on to say:

‘...but I felt intimidated by both his physical presence and also his position.’

Colleague 1 went on to tell the panel that he feared for his employment if he refused to do what you had asked. The panel noted Colleague 1’s witness statement which stated:

‘...I was fearful that I would again lose my job if I didn’t do as he said.’

It was submitted on your behalf that in terms of intimidation this may have been an issue of perception on behalf of Colleague 1 and a product of his own history/anxiety. However, the panel rejected this submission on the basis of direct evidence from Colleague 1, as to the impact of your conduct on him. You were a senior member of staff responsible for managing Colleague 1, a Band 5 nurse. Colleague 1 had come to the UK from abroad to work here without family support and was reliant on the Trust to provide his accommodation. The consequence therefore of losing his job, would have been significant.

The panel considered that your actions caused Colleague 1 to lose confidence. He became fearful for his job and eventually sought support from a union representative. The panel considered the evidence of Colleague 1 and noted his vulnerability in respect of his position as a junior member of staff, his first role being in the UK and his previous working history, leaving him feeling unable to challenge his line manager. The panel considered that you were aware of these vulnerabilities.

In the circumstances, the panel found Colleague 1’s feelings of intimidation to be reasonable. It noted that on Colleague 1’s evidence, you did not threaten him, and it

therefore found this charge proved on the basis that you acted in an intimidating manner in relation to Charges 1, 2, 3 and 4.

Fitness to practise

Having reached its determination on the facts of this case, the panel then moved on to consider, whether the facts found proved amount to misconduct and, if so, whether your fitness to practise is currently impaired. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's ability to practise safely and effectively without restriction.

The panel, in reaching its decision, 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 therefore exercised its own professional judgement.

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

Submissions on misconduct

Mr Edwards, on behalf of the NMC, invited the panel to take the view that the facts found proved amount to misconduct. He referred 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. The standard of propriety may often be found by reference to the rules and standards ordinarily required to be followed by a [nurse] practitioner in the particular circumstances...'

Mr Edwards also referred the panel to *'The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates'* (2015) (the Code) and the cases of *Calhaem v GMC* [2007] EWHC 2606 (Admin) and *Nandi v GMC* [2004] EWHC 2317 (Admin). He submitted that misconduct connotes a serious breach which indicates that a nurse's fitness to practise is impaired, and the adjective serious must be given its proper weight and in other contexts, and has been referred to as conduct which would be regarded as deplorable by fellow practitioners. He further submitted that breaches of the Code do not necessarily amount to misconduct however, it would assist the panel in its consideration of whether the facts found proved amount to misconduct.

Mr Edwards submitted that your actions breached sections 20.1, 20.2, 20.3, 20. and 21.3 (Promote professionalism and trust) of the Code. He submitted that section 20.2, is particularly important because your case involves serious dishonesty and elements of harassment/bullying toward a colleague. Section 20.3 is also relevant as your behaviour could have affected and influenced others, especially Colleague 1. He further submitted that section 20.8 is relevant as nurses in managerial or senior positions must act as professional role models for students and newly qualified nurses, and your conduct fell below this expectation. Finally, he submitted that section 21.3 is cited in relation to honesty and integrity in financial dealings, as you took money for shifts that were not worked.

Mr Edwards submitted that your conduct amounted to serious misconduct. He submitted that you breached your position of trust as a senior nurse in a managerial role. He submitted that your actions fell far below the standards expected of a nurse, particularly because honesty and integrity are fundamental to the nursing profession. Mr Edwards therefore invited the panel to find that the facts found proved amount to misconduct, both individually and cumulatively.

Mr Nwokedi submitted that the panel must first decide whether your conduct amounts to misconduct, before moving on to impairment. He referred to the cases of *Aga v General*

Medical Council [2012] EWHC 782 (Admin) and *Cheatle v GMC* [2009] EWHC 645 (Admin) and submitted that misconduct has no statutory definition and is a matter for the panel's judgment, but it must be serious rather than mere misconduct and that the phrase 'deplorable conduct' is not helpful when seeking to describe serious misconduct.

Mr Nwokedi submitted that you accept that the panel's findings amount to misconduct, though the final decision remains for the panel, including whether the matters individually or cumulatively reach that threshold.

Submissions on impairment

Mr Edwards 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.

Mr Edwards referred to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin) and outlined the summary of Dame Janet Smith's 'test' outlined within the 5th Shipman report. He submitted that limbs a, b, c and d of that test are engaged in this case. He submitted that your actions could have put patients at an unwarranted risk of harm, you brought the nursing profession into disrepute, you breached the fundamental tenets of the nursing profession and acted dishonestly.

Mr Edwards referred to the case of *Cohen v General Medical Council* [2008] EWHC 581 (Admin) and outlined the three key questions: whether your conduct is easily remediable, whether it has been remedied and whether it is highly unlikely to be repeated. He submitted that your conduct is not easily remediable, because dishonesty is inherently difficult to remedy.

Mr Edwards referred to your previous reflective pieces, training certificates and your recent reflective piece before the panel. He submitted that although your reflection is thoughtful and shows developing insight, your conduct has not yet been sufficiently remedied, given the seriousness of your dishonest behaviour, its calculated nature and the fact it occurred more than once. He further submitted that there remains a real risk of repetition, despite the steps you have taken since the case began.

Mr Edwards submitted that your actions involved serious and calculated dishonesty, and although you have shown some insight and understanding, this is at an early stage and does not sufficiently address the seriousness of your conduct. He submitted that your dishonesty occurred within your work as a registered nurse, rather than outside of work, and was therefore closely linked to your professional role.

Mr Edwards submitted that your conduct raises concerns about your honesty and integrity. He submitted that honesty and integrity strike at the heart of the nursing profession and your dishonesty, together with your behaviour towards a colleague, would seriously undermine public confidence in the profession.

Mr Edwards submitted that public confidence in the nursing profession, and in the NMC as its regulator, would be undermined if no finding of impairment were made. He therefore invited the panel to find that your fitness to practise is impaired on public protection and public interest grounds.

Mr Nwokedi referred to the cases of *Cohen*, *Grant* and other relevant case law. He submitted that impairment is a forward-looking assessment and its purpose is not to punish past misconduct, but to protect the public, uphold professional standards and maintain confidence in the profession. He submitted that although the panel may find that your past behaviour breached key professional tenets relating to, honesty, integrity and leadership, the key consideration is whether your fitness to practise is impaired as of today.

Mr Nwokedi submitted that with respect to the panel's finding of dishonesty, your updated reflection shows clear engagement with your actions and an acceptance of that finding. He submitted that while dishonesty is serious and often considered difficult to remediate, it is not impossible to remedy and the evidence before the panel demonstrates that you have taken meaningful steps to remediate the concerns.

With respect to the limbs of the *Grant* test, Mr Nwokedi submitted that charges in your case relate solely to your interactions with a colleague and, by extension, the Trust and there is no suggestion that your conduct placed any patient at risk. He submitted that you accept that your actions had an impact on the nursing profession and your reflection shows that you now understand this clearly therefore, you are not liable to repeat such behaviour in the future. He further submitted that fundamental tenets of the nursing profession were breached however, the key question for the panel is whether you are likely to breach them again. Lastly, Mr Nwokedi submitted that although dishonesty has been found, since then, you have undertaken training on the duty of candour, bullying and harassment, attitude and behaviour and honest communication which demonstrate insight, learning and a commitment to change.

Mr Nwokedi informed the panel that after the allegations arose, you did not leave the Trust. He submitted that you remain employed by the same hospital within the same department and have continued to work safely. He submitted that you have since progressed significantly in your career, as you have been promoted to the position of a Band 8a Ward Matron, you have been nominated for the Chairman's Leadership Award, received a certificate for delivering excellence at the Trust and were a finalist for a leadership award.

Mr Nwokedi submitted that the panel has before it numerous testimonials attesting to your colleagues' trust in your integrity, confidence in your practice, and their surprise at the allegations in this case. He submitted that one key testimonial from the Divisional Director of Nursing for the Emergency Department confirms that she chaired the original disciplinary hearing, observed genuine remorse and reflection, noted your previously

unblemished record and highlighted the extraordinary pressures of the post-COVID period. She further stated that she was reassured that this was an isolated incident.

Mr Nwokedi submitted that you have had a long NHS career with no previous concerns, and crucially, no issues have arisen since. He submitted that the evidence shows that you have examined your behaviour, addressed it and ensured it will not recur. He further submitted that you returned the £321.47 you had received from one of the shifts. Mr Nwokedi submitted that you had attempted to repay it earlier, but delays arose due to the Trust's merger and reconfiguration. Nonetheless, you repaid the money promptly on 28 August 2025.

Mr Nwokedi submitted that although your misconduct involved several dates, it should be viewed as a single, isolated episode occurring within a short period between January and March 2022. He submitted that there is no evidence of similar behaviour at any other time in your career, nor any suggestion of repeated misconduct. He submitted that in the context of your overall professional history, this incident is an anomaly. He submitted that at the time, you were newly appointed as a Band 7 manager and have subsequently been through Trust internal disciplinary proceedings.

Mr Nwokedi submitted that since the incidents, you have continued to work safely and you are a Matron for Elderly Medicine, responsible for two wards and approximately 170 staff. He outlined that your current duties include approving shifts, finalising payroll, signing employment contracts and overseeing governance, training, infection control, finance, and quality management. Mr Nwokedi submitted that your authority has increased and yet no concerns have arisen.

Mr Nwokedi submitted that it has now been almost four years since your misconduct, during which you have demonstrated sustained safe practice, significant professional development and continued trust from your employer. There have been no reports of dishonesty, bullying, intimidation or any behaviour for personal gain. He submitted that the evidence before the panel shows genuine insight, meaningful remediation, and a negligible risk of repetition. He further submitted that your career progression, employer

confidence and strong character evidence all support the conclusion that this was an isolated incident and that you are currently a safe, reliable, and trusted practitioner.

Mr Nwokedi submitted that a well-informed member of the public would recognise that your misconduct occurred four years ago, that you have practised safely since and that you have undertaken substantial CPD and reflective work. As such, the public would not conclude that you currently pose a risk to patients, colleagues, or the wider profession.

Mr Nwokedi submitted that public confidence is maintained when a regulator distinguishes past misconduct from present fitness to practise and recognises that an individual can remediate, learn and progress. He submitted that in this case, the evidence demonstrates that you have done this. For these reasons, Mr Nwokedi invited the panel to find that your fitness to practise is not currently impaired.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Roylance, Nandi, Grant, Cohen, Mallon v General Medical Council* [2007] ScotCS CSIH_17, *Shaw v General Osteopathic Council* [2015] EWHC 2721 (Admin), *Spencer v General Osteopathic Council* [2012] EWHC 3147 (Admin), NMC Misconduct Guidance, *Meadows v General Medical Council* [2007] 1 All ER 1, *Cheatle v General Medical Council* [2009] EWHC 645 (Admin), *Yeong v General Medical Council* [2009] EWHC 1923 (Admin) and *Sawati v General Medical Council* [2022] EWHC 283.

Decision and reasons on misconduct

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

The panel was of the view that your actions fell significantly short of the standards expected of a registered nurse, and that your actions amount to breaches of the Code. Specifically:

'20 Uphold the reputation of your profession at all times

To achieve this, you must:

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

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

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

...

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

...

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

To achieve this, you must:

21.3 *act with honesty and integrity in any financial dealings you have with everyone you have a professional relationship with, including people in your care*

...

25 Provide leadership to make sure people's wellbeing is protected and to improve their experiences of the health and care system

To achieve this, you must:

25.1 *identify priorities, manage time, staff and resources effectively and deal with risk to make sure that the quality of care or service you deliver is maintained and improved, putting the needs of those receiving care or services first*

25.2 *support any staff you may be responsible for to follow the Code at all times. They must have the knowledge, skills and competence for safe practice; and*

understand how to raise any concerns linked to any circumstances where the Code has, or could be, broken'

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, it determined that, taken separately, each charge amounts to serious misconduct. Your actions involved retrospectively allocating and authorising bank shifts to Colleague 1, knowing they had not worked those shifts and had no knowledge of those shifts on two occasions. You then requested from Colleague 1, who was junior to you and whom you line managed, a sum of money related to those shifts to be put into your personal bank account. You received the money into your account knowing that the shifts had not been worked.

The panel recognised that your conduct involved both dishonesty and coercive behaviour towards a junior member of staff. The panel accepted that Colleague 1 described feeling fearful and intimidated by your behaviour. The panel considered that dishonesty is, in of itself, a serious matter and in this case, it was committed by you, a senior manager in a position of responsibility and accountability as the ward manager.

The panel considered the nature of the dishonesty and concluded that it was calculated. You sought to use a junior colleague as a means of perpetrating your dishonest actions and drew him into the misconduct. The panel considered that this was not an isolated incident as you altered records on at least two occasions and sought and received money for shifts that you knew Colleague 1 had not worked. The panel noted that you attempted to repeat this behaviour and your conduct only came to an end when Colleague1 sought advice and the matter was escalated to the Trust.

The panel noted that your actions resulted in money that should have been directed towards patient care being diverted to you personally. This represented a serious abuse of your position and a significant departure from the standards expected of a registered nurse. The dishonesty was serious by its nature and further exacerbated by these features, placing it at the higher end of the spectrum of misconduct.

The panel accepted that these events took place during a period when the hospital was under significant pressure following the pandemic and managers were working hard to maintain safe and effective services. While the panel acknowledged this context, it concluded that it carried limited weight as your actions were motivated by personal financial gain.

Your actions were contrary to Trust policy and your course of conduct namely, manipulating and altering the rota, was designed and instigated by you. The panel found that this was a deliberate pattern of behaviour, not something arising from systemic pressures or operational strain.

The panel also had regard to NMC guidance *FtP 2-a* and concluded that your behaviour had the potential to adversely affect the workplace environment and professional culture. The panel considered that several of the charges involved coercive behaviour towards Colleague 1, who felt under pressure to comply with your instructions. As a result, Colleague 1 had become inadvertently involved in diverting hospital resources intended for patient care for your own personal financial gain.

In light of the above, the panel found that your actions fell seriously short of the conduct and standards expected of a nurse and amounted to misconduct.

Decision and reasons on impairment

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

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

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

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. To justify that trust, nurses must be 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 judgment of Mrs Justice Cox in the case of *CHRE v NMC and Grant* in reaching its decision. In paragraph 74, she said:

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

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

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

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

b) has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or

c) has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or

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

The panel had regard to the above and determined that all four limbs are engaged in this case. The panel determined that although it was submitted on your behalf that no actual harm occurred, your misconduct had the potential to place patients at an unwarranted risk of harm. By diverting money, albeit a modest amount, from patient care, you interfered with resources intended to support the safe delivery of clinical services. The panel also considered that the manipulation of working rotas for personal financial gain also created uncertainty about staffing levels, both actual and anticipated and that this had the potential to compromise safe and effective delivery of care.

The panel considered your reflective statement, in which you acknowledged that dishonesty undermines trust and that patients must be able to rely on a nurse's professional judgement. The panel took the view that the reputation of or the confidence in the nursing profession is undermined, they may avoid accessing necessary nursing support, thereby giving rise to a risk to patient safety.

The panel found that your conduct, as reflected across all the charges, would clearly bring the nursing profession into disrepute. The panel also determined that you breached fundamental tenets of nursing, relating to honesty, integrity and leadership. These principles lie at the heart of the nursing profession, and your conduct demonstrated a failure to adhere to the Code and represented a serious departure from expected

standards. The panel considered that your dishonesty was deliberate, calculated and involved you placing a junior colleague's reputation and career at risk for your own personal gain.

The panel was aware that this is a forward-looking exercise, and accordingly it went on to consider whether your misconduct was remediable and whether you have already remediated your misconduct.

The panel considered the questions outlined in the case of *Cohen* and concluded that dishonesty and coercive behaviour can be difficult to remediate, on the basis that they are attitudinal concerns. Further, the panel noted that your actions occurred whilst you were in a senior position. Despite this, the panel considered that remediation is possible.

The panel considered that you have developed insight and that you accept that you acted for personal financial gain and recognised the impact of dishonesty on public trust. Your apologies were extensive and sincere and that you have expressed remorse and apologised to Colleague 1, the Trust, the NMC and the public. Although the panel did not accept that this was a one-off incident, it recognised that your misconduct arose during a narrow period of your career as a registered nurse. The panel noted that in your recent reflective statement, you have recognised the importance of honesty, integrity and psychological safety and the potential consequences when patients cannot trust nurses.

The panel gave great weight to the significant number of testimonials before it. It noted that the testimonials were provided by a range of people, both senior and junior to you, including fellow nurses, doctors, managerial and other hospital team members. Many expressed surprise at the allegations and described your behaviour as out of character. The testimonials spoke favourably of you in terms of your clinical abilities (though your clinical abilities were not questioned in this case), honesty, integrity and leadership.

The panel had regard to the fact that you have undertaken relevant training. You provided a comprehensive, non-mandatory CPD learning log showing courses attended by you

over a period of time. The panel considered the courses shown to be relevant to the concerns raised in this case. The panel gave weight to your previously unblemished record and noted that no concerns have been raised since the matters in this case. You were subsequently promoted into a more senior leadership role with the Trust.

Taking all of the above into account, the panel considered that you have taken significant steps to remediate your misconduct and were particularly impressed with the testimonials offered on your behalf. However, the panel identified two gaps in your reflection and insight. Firstly, Colleague 1 gave clear evidence as to how your conduct made him feel and the panel felt that you could have better recognised the actual impact on him, as opposed to reflecting on the potential impact. Secondly, the panel felt that you could have provided further information as to the steps you would take in the future to avoid reoccurrence of the circumstances.

Balancing all aspects of your remediation, reflections and testimonials, the panel did not consider the two matters above to be significant such that they give rise to an increased risk of repetition in this case. In all of the circumstances, the panel concluded that your efforts to remediate the concerns in this case has been significant and as such, the risk of repetition is low.

Accordingly, the panel concluded that the limbs of the *Grant* test are not engaged as to the future and your fitness to practice is therefore not impaired on the ground 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 whether a finding of impairment on public interest grounds is required. The panel acknowledged that your case has never involved concerns about your clinical practice or competence. However, it noted that:

- A junior member of staff, who was pressurised and placed in a vulnerable position.
- Your behaviour was an abuse of a position of trust as a senior nurse and set a poor example of how a senior manager should act.
- Your dishonesty was calculated, involved several steps and required the participation of a junior colleague.
- A well-informed member of the public would be concerned by such conduct.
- The behaviour represented a significant departure from the standards expected of a registered nurse.

Honesty and integrity are fundamental tenets of the profession. The panel determined that dishonesty of this nature, particularly when perpetrated by a senior manager for personal gain, strikes at the heart of professional trust. Even in the absence of concerns about clinical practice, a finding of impairment is necessary to maintain public confidence in the profession and to uphold proper professional standards. The panel concluded that public confidence in the profession would be undermined if a finding of impairment were not made in this case and therefore finds your fitness to practise impaired on the grounds of public interest.

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

Sanction

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

In reaching this decision, the panel had regard to all the evidence that has been adduced in this case and had regard to the NMC Guidance on '*The sanctions available*' (Reference: SAN-2 Last Updated: 28/01/2026).

The panel accepted the advice of the legal assessor.

Submissions on sanction

Mr Edwards invited the panel to impose a striking-off order and outlined the following aggravating features in this case:

- An abuse of a position of power
- A pattern of misconduct over a period of time involving calculated dishonesty
- Lack of insight into your dishonesty

Mr Edwards submitted that you misused your position as a ward manager and dishonestly allocated shifts to a junior member of staff for your financial gain. He submitted that your dishonesty was planned and whilst your insight and understanding is developing, you still lack insight into your dishonesty.

Mr Edwards then went on to outline the following mitigating features in this case:

- No previous concerns raised about your clinical practice
- Positive testimonials from a range individuals you have worked with
- No concerns raised about your conduct since your misconduct

Mr Edwards referred to NMC guidance *SAN-4* and submitted that irrespective of the steps you have taken to remediate, your conduct would be considered as serious dishonesty as

it involved personal financial gain and a misuse of power. He submitted that honesty is important to the nursing profession therefore, allegations of dishonesty will almost always put the public at risk as a professional would be considered untrustworthy and a registrant who has acted dishonestly will always be at risk of strike-off.

Mr Edwards submitted that the most appropriate and proportionate sanction in the circumstances is a striking off order. He submitted that a suspension order would not be appropriate in these circumstances, as this was not a case of a single instance of misconduct, it was premeditated conduct spanning over a period of time and was a serious abuse of a position of trust for financial gain. In light of this, he submitted that this is not a case in which temporary removal from the register would satisfy the public interest.

Mr Edwards submitted that honesty is essential to being a nurse and you misused your position of power as a ward manager for financial gain from a junior member of staff. He submitted that you knowingly allocated shifts to a junior member of staff and thereafter requested payment, when you knew that Colleague 1 had not or would not work those shifts.

Mr Edwards submitted that public confidence cannot be maintained unless you are struck off from the register. He submitted that such an abuse of power is so serious that public confidence in the nursing profession and the NMC would be seriously undermined if you were to remain on the register or only be removed temporarily from the register.

Mr Edwards submitted that this is the type of case where the panel should consider whether a suspension order or a striking-off order is the appropriate sanction. He submitted that if the panel is minded to impose a suspension order, it should consider directing a review.

Mr Nwokedi submitted that the purpose of a sanction is to protect the public when a professional is currently unable to practise unrestricted, not to punish them for their past

actions. He submitted that it is agreed that there are aggravating features in your case such as an abuse of a position of trust and serious dishonesty and that you do not seek to minimise the seriousness of the findings. However, he submitted that serious misconduct does not automatically require a striking-off order, as sought by the NMC.

Mr Nwokedi submitted that the evidence before the panel (your reflections, testimonials, promotion and four years of remediation and unrestricted practice) overwhelmingly supports the fact that you can be trusted to work as a nurse. He submitted that the evidence demonstrates that this was an incident that occurred within a limited period of time, from which you have genuinely learned.

Mr Nwokedi submitted that if the panel does not consider that a conditions of practice order is a sufficient sanction, then a suspension order is a more proportionate response, rather than permanent erasure from the register. He submitted that the sanction guidance recognises that suspension remains available where misconduct is serious, but not fundamentally incompatible with continued registration.

Mr Nwokedi asked the panel not to judge you by the worst three months of your career, but by the four years that followed and the time before your misconduct occurred. He submitted that the mitigating features in your case are:

- This is the only blemish in your nursing career
- No issues have been raised prior to or since your misconduct
- You have continued to work even after the Trust's internal disciplinary process
- You are remorseful and have expressed great shame for your actions
- You have developed insight
- You have returned the money
- You have provided numerous testimonials and detailed reflections which speak to how remorseful you are

Mr Nwokedi submitted that you have shown genuine reflection and insight into your misconduct, rather than simply saying what the panel wants to hear. He submitted that you have accepted that your actions were wrong, you have taken time to understand the reasons behind them and you acknowledge the panel's observations about areas where further insight is needed. He further submitted that since the incident, you have undertaken relevant CPD and continued learning to address the concerns identified by the panel.

Mr Nwokedi informed the panel that you are the sole breadwinner for your family, which includes your wife and two young children, who are dependent on you and whose immigration status may be affected if you are unable to continue working as a nurse. He submitted that any sanction should balance the public interest with the significant impact that striking you off would have on your family.

Mr Nwokedi submitted that you have fully engaged with the proceedings, attended every hearing and made admissions where appropriate. He submitted that you have continued working in the same Trust, even after the internal investigation, alongside colleagues who were aware of the concerns but still trusted and supported you and consider you a capable and trusted practitioner.

Mr Nwokedi submitted that public interest does not automatically require a striking-off order in your case. He referred to the case of *Lusinga v Nursing and Midwifery Council* [2017] EWHC 1458 (Admin) and other relevant case law and submitted that panels should consider sanctions progressively, starting with the least severe, and that public confidence can sometimes be maintained by allowing a competent practitioner to return to practice where appropriate.

Mr Nwokedi submitted that you have shown insight, remorse, remediation therefore, there is a low risk of repetition. He submitted that you have completed relevant CPD, remained respected by colleagues and have had no further concerns raised since the events. He submitted that because you are considered capable and potentially safe to practise with

restrictions, a conditions of practice order including supervision by a senior nurse and approval for financial decisions, may be suitable and proportionate.

Mr Nwokedi submitted that a suspension, rather than striking off order, is also a proportionate sanction. He submitted that your misconduct was serious, but not so serious that it is fundamentally incompatible with remaining in the profession. He submitted that a suspension would mark the seriousness of your dishonesty, abuse of position and financial gain, while also recognising the panel's findings on remediation, insight and low risk of repetition. He submitted that a suspension order would protect the public, uphold professional standards, maintain public confidence, and still allow for the possibility of you returning to unrestricted practice in the future.

Mr Nwokedi invited the panel to impose a shorter length of suspension as a lengthy suspension would go beyond what is necessary and proportionate. He further submitted that striking you off the register would be disproportionate as permanent removal would go further than necessary because you have demonstrated, through years of remediation that your misconduct does not define your character, professionalism or future practice and that a suspension order would be a more appropriate and balanced response.

Decision and reasons on sanction

Having found your fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose. The panel bore 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 as a ward manager
- Conduct which deliberately put a vulnerable junior member of staff at risk

- Premeditated and calculated dishonesty
- A period of misconduct over a period of time
- Deliberate breaches of the Code

The panel also took into account the following mitigating features:

- Your early admission to Charges 3a, 3b, 3c, 5a (with respect to Charges 3 and 6)
- Your demonstration of insight, genuine remorse and the apologies you have given to Colleague 1, the Trust, the NMC and the public
- Your continued employment at the same Trust, with a subsequent promotion with no concerns raised since your misconduct
- Numerous positive references attesting to your honesty, integrity, leadership and clinical capabilities.
- Extensive reflective accounts focused on the areas of concern
- Continued non-mandatory training and CPD relevant to the concerns in the case
- Your personal circumstances at the time of your misconduct
- The lack of support available to you as a newly appointed ward manager at the time of your misconduct
- The fact that your misconduct occurred during a pressured time following the COVID-19 pandemic
- The fact that you have returned the money you received back to the Trust

The panel had regard to NMC sanction guidance *SAN-4* and noted that, although your dishonesty occurred over a discrete period and against the background of a long and otherwise unblemished career, it was particularly serious. The panel considered that this placed your misconduct at the higher end of the spectrum.

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

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

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

The panel considered that your actions were not at the lower end of the spectrum, and it found that there would be a risk to public confidence in the nursing profession if a sanction that does not restrict your practise were not imposed at this time. 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 placing conditions of practice on your registration would be appropriate. The panel was mindful that any conditions imposed must be relevant, proportionate, workable and measurable. The panel had regard to the NMC Guidance on 'Conditions of practice order' (Reference: SAN-2c Last Updated: 28/01/2026) and had regard to the following factors which may indicate that a conditions of practice order is appropriate:

- *'no evidence of deep-seated personality or attitudinal problems*
- *identifiable areas of the professional's practice in need of assessment and/or retraining*
- *competence cases where there is a realistic likelihood that the concerns about their practice can be resolved*
- *potential and willingness to respond positively to retraining (this should be based on specific evidence provided by the professional)*
- ...

- *people using services will not be put at risk either directly or indirectly as a result of the conditions*
- *conditions can be created that can be monitored and assessed.'*

The panel is of the view that there are no relevant, proportionate, workable or measurable conditions that could be formulated. Given the nature of the charges in this case and the seriousness of your dishonesty, the panel determined that this was not something that could be addressed through retraining. Furthermore, the panel concluded that placing conditions on your registration would not adequately mark the seriousness of this case and would not sufficiently meet the public interest.

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

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

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

- *'the charges found proved are at the most serious end of the spectrum and call into question the professional's suitability to continue practising, either currently or at all*
- *while it is possible that the professional could be fit to practise in future, only a period out of practice would be sufficient to allow them to fully strengthen their practice through reflection, the development of their professional skills and / or development of insight and remediation*

- *there is a risk to the safety of people using services if the professional were allowed to continue to practise even with conditions*
- *what went wrong is so serious that public confidence in the profession and professional standards could not be maintained if the professional were able to continue practising without stopping for a period of time*
- *despite the seriousness of what happened, the professional has engaged in the proceedings and has shown at least some meaningful insight which evidences a realistic possibility that they will continue to develop this insight, address their concerns and return to practice.'*

In the panel's judgement, your misconduct was sufficiently serious that public confidence in the profession and professional standards could not be maintained without removal from the register. However, the panel considered that you have gone to considerable lengths to demonstrate genuine remorse, insight and a desire to remediate the concerns in this case. The panel was of the view that although your misconduct and dishonesty was serious, it was not fundamentally incompatible with remaining on the register and that a suspension order, in light of your remediation, reflection and testimonials, is a sufficiently robust and proportionate sanction to address the public interest in this case.

The panel also considered that removing a competent practitioner from practice permanently would be disproportionate. It was mindful that as there were no concerns raised about your professional practice, a suspension order would be sufficient to maintain public confidence and to declare and uphold professional standards. The panel considered that you would be able to return to unrestricted practice in the future, particularly in light of the favourable testimonials and the steps you have taken to remediate. You have engaged with the regulatory process and accepted the need to reflect and remediate and based on this, the panel is confident that you would use a period of suspension to reflect further and pursue a return to unrestricted practice.

It did go on to consider whether a striking-off order would be proportionate but, taking account of all the information before it, and of the mitigation provided, the panel concluded

that it would be disproportionate. The panel had regard to SAN-2e and it accepted that although your actions raised fundamental questions about your professionalism, public confidence could still be maintained without permanent removal from the NMC register. Whilst the panel acknowledges that a suspension may have a punitive effect, it would be unduly punitive in your case to impose a striking-off order.

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

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

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

The panel determined that a suspension order for a period of four months was appropriate in this case to mark the seriousness of your misconduct.

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

Any future panel reviewing this case would be assisted by:

- Your continued engagement and attendance at a future review hearing.
- A reflective piece addressing the panel's concerns in relation to how your conduct impacted Colleague 1 and the steps you would take in the future to avoid reoccurrence of the circumstances.
- Evidence of how you have kept your nursing knowledge up to date.
- Any information which may be relevant for a future panel's consideration.

This will be confirmed to you in writing.

Interim order

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

Submissions on interim order

The panel took account of the submissions made by Mr Edwards. He invited the panel to impose an interim suspension order for a period of 18 months on the grounds of public protection and otherwise in the public interest. He submitted that as the suspension order will not take effect until after the 28-day period, an interim order is necessary to cover this intervening period to protect the public and meet the public interest in light of the panel's findings.

Mr Nwokedi submitted that you do not make any submissions in this regard and that it is a matter for the panel to decide whether an interim order is required in this case.

Decision and reasons on interim order

The panel was satisfied that an interim order is necessary on public interest grounds. The panel had regard to the sanction it has imposed; namely a suspension order and the reasons for that, and its findings and reasons on the facts, misconduct and impairment.

The panel determined that in view of its findings and reasons overall, only an interim suspension order would be consistent with its determination, and it would also be

proportionate. The panel determined that, in imposing an interim suspension order, public interest would continue to be upheld. In the panel's judgement, this outweighs your own interests during the potential appeal period or the 28-day notice period.

The panel therefore determined to impose an interim suspension order for a period of 18 months to allow for the possibility of an appeal to be made and determined.

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

That concludes this determination.